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Error 404: Not Found Loading... Personality disorders include 10 diagnosable psychiatric conditions that are recognized and described in the most recent, fifth edition of the "Diagnostic and Statistical Manual of Mental Disorders" (DSM-5). Each is a distinct mental illness defined by personality traits that can be troubling enough to create problems with relating to other people in healthy ways and can lead to significant distress or impairment in important areas of functioning. Seksan Mongkhonkamsao / Getty Images It is estimated that about 8% of the world's population suffers from a personality disorder. Personality is the way of thinking, feeling, and behaving that makes each person different from other people. An individual's personality typically stays the same over time. A personality disorder is a way of thinking, feeling, and behaving that: Deviates from the expectations of the culture Causes distress or problems functioning Lasts over time The DSM-5 organizes personality disorders into three groups, or clusters, based on shared key features and symptoms. Some people may have signs and symptoms of multiple personality disorder types. These personality disorders are characterized by odd or eccentric behavior. People with cluster A personality disorders tend to experience major disruptions in relationships because their behavior may be perceived as peculiar, suspicious, or detached. Cluster A personality disorders include: Paranoid personality disorder: Someone with this disorder has a constant mistrust and suspicion of others, believing that others are trying to demean, harm, or threaten them. Schizoid personality disorder: People with this disorder are distant, detached, and indifferent to social relationships. They generally are loners who prefer solitary activities, and they rarely express strong emotions. Schizotypal personality disorder: This disorder features odd thinking and speech, inappropriate behavior and appearance, strange beliefs, and trouble in forming relationships. A person with schizotypal personality disorder is often described as odd or eccentric, usually has few, if any, close relationships, and may have excessive social anxiety. Cluster B personality disorders are characterized by dramatic or erratic behavior. People with a personality disorder from this cluster tend to either experience very intense emotions or engage in extremely impulsive, theatrical, promiscuous, or law-breaking behaviors. Cluster B personality disorders include: Antisocial personality disorder: Symptoms include a pattern of disregarding or violating the rights of others. A person with an antisocial personality disorder may not conform to social norms, may repeatedly lie or deceive others, or may act impulsively. Borderline personality disorder: This disorder is characterized by instability in interpersonal relationships, emotions, self-image, and behavior. A person with borderline personality disorder may have attempted suicide more than once, may display inappropriately intense anger, or may have ongoing feelings of emptiness. Histrionic personality disorder: People with histrionic personality disorder may be uncomfortable when they are not the center of attention, may use physical appearance to draw attention to themselves, or have rapidly shifting or exaggerated emotions. Narcissistic personality disorder: A person with narcissistic personality disorder may have grandiose fantasies or behaviors, have a sense of entitlement, take advantage of others, or lack empathy, which is often driven by an underlying fragility in their sense of self. Cluster C personality disorders are characterized by anxiety. People with personality disorders in this cluster tend to experience pervasive anxiety and/or fearfulness. Cluster C personality disorders include: Avoidant personality disorder: People with avoidant personality disorder may be unwilling to get involved with people unless they are certain of being liked, may be preoccupied with being criticized or rejected, or may view themselves as inadequate or as socially inept. Dependent personality disorder: Individuals with dependent personality disorder may have difficulty making daily decisions without reassurance from others or may feel uncomfortable or helpless when alone because of fear of being unable to take care of themselves. Obsessive-compulsive personality disorder: A person with obsessive-compulsive personality disorder may be overly focused on details or schedules, may work excessively, not allowing time for leisure or friends, or may be inflexible in their morality and values. Though similarly named, it is not the same as obsessive-compulsive disorder (OCD). Symptoms vary depending on the type of personality disorder and can range from mild to severe. All personality disorders affect how someone thinks, feels, and behaves. These symptoms can potentially cause huge conflicts with other people, impacting relationships, social situations, and life goals. People with personality disorders often don't recognize that they have problems and can be confusing and frustrating to people around them. Symptoms of personality disorders can fall into one of two categories: self-identity and interpersonal functioning. Self-identity problems include: Unstable self-image Inconsistencies in values, goals, and appearance Interpersonal problems include: Being insensitive to others (unable to empathize) Difficulty recognizing boundaries between themselves and others Inconsistent, detached, overemotional, abusive, or irresponsible styles of relating Overall, there are no clear distinctions among disorders in terms of sex, socioeconomic class, and race. However, in antisocial personality disorder, men can outnumber women 6:1. In borderline personality disorder, women outnumber men 3:1 (but only in clinical settings, not in the general population). According to the DSM-5, a person must meet the following criteria to be diagnosed with a personality disorder: Chronic and pervasive patterns of behavior that affect social functioning, work, school, and close relationships Symptoms that affect two or more of the following four areas: thoughts, emotions, interpersonal functioning, impulse control The onset of patterns of behavior that can be traced back to adolescence or early adulthood Patterns of behaviors that cannot be explained by any other mental disorders, substance use, or medical conditions Although there are no laboratory tests to specifically diagnose personality disorders, the doctor might use various diagnostic tests—such as X-rays and blood tests—to rule out physical illness as the cause of the symptoms. A correct diagnosis is very important but can be difficult to get since personality disorders also commonly co-occur with other mental illnesses. A person who meets the criteria for one personality disorder will often also meet the criteria for one or more additional personality disorders. Personality disorders are among the least understood and recognized mental disorders. It is thought that a combination of genetic factors and life experiences—particularly adverse childhood experiences—contribute to personality disorder development. In addition to biological factors, personality disorders might develop as a way of coping with a troubling developmental environment. There is also a significant association between a history of childhood trauma as well as verbal abuse. One study found that children who experience verbal abuse are three times more likely to have borderline, narcissistic, obsessive-compulsive, or paranoid personality disorders in adulthood. High reactivity in children has also been linked to certain personality disorders, including sensitivity to: Light Noise Texture Other stimuli Compared to mood disorders such as clinical depression or bipolar disorder, there are relatively few studies on how to effectively treat personality disorders. However, there is an increasing number of evidence-based treatments that are being found effective for personality disorders. In general, the goal of personality disorder treatment includes the following: Reducing subjective distress and symptoms such as anxiety and depression Helping people to understand the aspect of their problems that are internal to themselves Changing maladaptive and socially undesirable behaviors, including recklessness, social isolation, lack of assertiveness, and temper outbursts Modifying problematic personality traits like dependency, distrust, arrogance, and manipulativeness The National Alliance on Mental Illness (NAMI) lists several types of psychotherapy that may be useful in the treatment of personality disorders: Dialectical behavior therapy (DBT), which teaches coping skills and strategies for dealing with urges related to self-harm and suicide, regulating emotions, and improving relationships Cognitive behavior therapy (CBT), the goal of which is to help reduce symptoms by changing the way someone thinks about or interprets situations, as well as the actions that they take in their daily life Psychodynamic therapy, which places a large emphasis on the unconscious mind, where upsetting feelings, urges, and thoughts that are too painful for someone to directly confront are housed Family therapy, during which family members learn to change unhealthy reactions to each other and learn effective communication skills Typically, personality disorders are not very responsive to drugs, although some medications can effectively target associated or comorbid depression or anxiety (conditions existing along with personality disorder). Depending on someone's symptoms, a healthcare provider may prescribe one or more of the following: Antianxiety medications: These relieve anxiety, agitation, and insomnia. Antidepressants: These help improve a depressed mood, anger, or impulsivity. Antipsychotics: These may be beneficial for people who often lose touch with reality. Mood stabilizers: These prevent mood swings and reduce irritability and aggression. People with untreated personality disorders are at risk for substance use disorder, violent or self-destructive behavior, and even suicide. One research study found a 20-fold increase in suicide risk for patients with personality disorder versus no recorded psychiatric disorder, and a four-fold increase versus all other psychiatric illnesses combined. Learning how to cope with a personality disorder is key to feeling well. In addition to seeking professional support, it's important to reach out to a supportive friend or family member who can help when you are struggling with strong emotions. If there is no one to reach out to, call a helpline. Know the triggers: No matter which type of personality disorder you may have, one of the keys to coping is to recognize your emotional patterns and triggers. In conjunction with a therapist, you will learn to identify strategies that help you deal with strong emotions. Engage fully with treatment: Even if you are not feeling well, you should not skip therapy sessions or stop taking medications without talking to a healthcare professional. Similarly, you should be sure to stick with regular appointments. Practice self-care strategies: Regular exercise and consistent eating and sleeping schedules can help prevent mood swings and manage anxiety, stress, and depression. It's also important to avoid drugs and alcohol, which can exacerbate symptoms and interact with medications.

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