

BIS Psyche & Soul 39:

PERSONALITY DISORDERS

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Hello, this is Jose Parappully, Salesian priest and clinical psychologist at Sumedha Centre for Psychospiritual Wellbeing at Jeolikote, Uttarakhand, with another edition of Psyche & Soul.

In this edition I shall explore another aspect of mental illness, namely, Personality Disorders which take a toll especially on our interpersonal relationships.

What are Personality Disorders?

Personality is a complex mixture of biologically based temperament, the internalized record of the events and experiences that have shaped our character, the way we see ourselves and others, the conflicts involving wishes and defenses against those wishes that direct and motivate us, and our vulnerabilities and aspirations. These varied dimensions and characteristics define who we are as persons and form our personality styles.

Our personality is built on various personality traits each of which develop, mostly unconsciously through our genetic (inborn endowments) and our relational and environmental experiences. These “traits are enduring patterns of perceiving, relating to, and thinking about the environment and ourselves that are exhibited in a wide range of social and personal contexts.

Sometimes these personality features become maladaptive and inflexible, detrimental to our health and wellbeing and significantly impair our ability to function effectively in daily life, affect our relationships and cause us much subjective distress. When this happens, these impaired and maladaptive personality features move from a style to a disorder – a personality disorder. This impairment is often unconscious, the person affected not being aware of it. The resulting distress is often suffered not merely by the person himself or herself but by those around too.

A Personality Disorder, as defined by the DSM “is an enduring pattern of inner experience and behaviour that deviates markedly from the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to significant subjective distress or functional impairment.”

Enduring here means that the characteristics are not transient, manifesting only now and then, but are always present and manifest across a broad range of personal situations. These characteristics are not in keeping with what a culture expects of healthy individuals. These characteristics are quite well embedded in the personality and are not easily amenable to change. They have become part and parcel of the personality and follow the person wherever he or she goes. The most important criteria that establishes a personality disorder, and distinguishes it from merely personality style, is that it causes significant distress to the person and impairs his or her ability to function effectively in daily life.

These maladaptive features usually become recognizable in adolescence or early adulthood. However, individuals may not recognize need for help until relatively late in life. A personality disorder may be exacerbated following the loss of significant supportive persons and other resources.

There is a high degree of psychological impairment associated with personality disorders. These include tendency toward suicide, violent aggression, self-destructive behaviour, cognitive and interpersonal impoverishment and painful isolation.

In order to be diagnosed as resulting from a personality disorder this impairment and distress has to manifest in at least two of the four dimensions of daily life:

- (1) cognition (i.e., perceiving, and interpreting self, other people, and events)
- (2) affectivity (i.e., range, intensity, appropriateness of emotional response)
- (3) interpersonal functioning (how one deals with persons)
- (4) impulse control (the ability to manage one's impulse to do something)

Which are the Personality Disorders?

The DSM-IV listed 10 different personality disorders, grouped into three clusters. These are: Paranoid, Schizoid, and Schizotypal forming Cluster A; antisocial, borderline, histrionic, and narcissistic forming cluster B and the avoidant, dependent and obsessive-compulsive forming cluster C.

Cluster A brings together the odd and the eccentric personalities; Cluster B brings together the dramatic and emotional types and Cluster C includes the anxious and fearful types.

Here is a brief description of the 10 Personality Disorders as given in the *Diagnostic and Statistical Manual of Mental Disorders - IV* or the DSM –IV.

- **Paranoid Personality Disorder** is a pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent.
- **Schizoid Personality Disorder** is a pattern of detachment from social relationships and a restricted range of emotional expression.
- **Schizotypal Personality Disorder** is a pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships, as well as by cognitive or perceptual distortions, and eccentricities of behaviour.
- **Antisocial Personality Disorder** is a pattern of disregard for, and violation of, the rights of others.
- **Borderline Personality Disorder** is a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.
- **Histrionic Personality Disorder** is a pattern of excessive emotionality and attention seeking.
- **Narcissistic Personality Disorder** is a pattern of grandiosity, need for admiration, and lack of empathy.
- **Avoidant Personality Disorder** is a pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.

- **Dependent Personality Disorder** is a pattern of submissive and clinging behaviour related to an excessive need to be taken care of.
- **Obsessive-Compulsive Personality Disorder** is a pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control at the expense of flexibility, openness, and efficiency.

While continuing with the DSM –IV model of Personality disorders, the latest version of the DSM (the 5th edition) gives an alternate model of Personality Disorders and reduces them from 10 to 6. Many leading personality psychologists do not accept this new model. They find it seriously flawed, based not on clinical models but research models which are not helpful in clinical/therapeutic work.

In the next few podcasts I shall present some the more frequent and troublesome personality Disorders as presented in DSM IV.

Introspection and Prayer

Sit quietly for a while with what you heard in this podcast, especially with the descriptions of the 10 Personality Disorders. Can you recognise these characters in you or in anyone around you? If in yourself, how do you feel about it? If in others, how does it affect your relationships with them?

Then sit for a while in the presence of our God who knows you through and through and is interested in your wellbeing. Talk to God about all that bothers you about yourself and others you relate to, and listen to what God has to tell you in response.

Have a safe, healthy and happy weekend. Be blessed.

Thank you for listening. Reading.

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