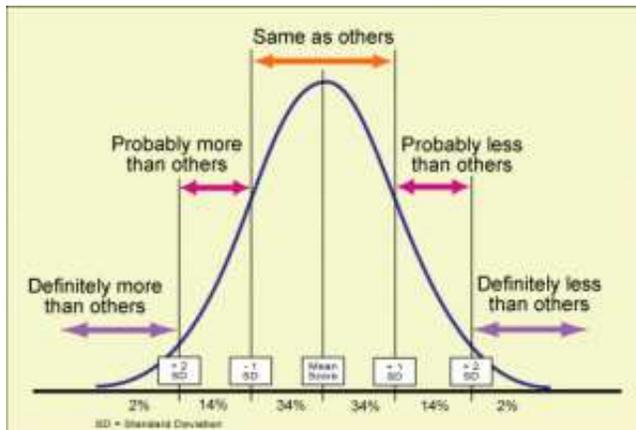


# Understanding Personality Disorders

By Christine Hammond, MS, LMHC



Eventually in everyone's life, they will come across a person with a personality disorder (PD). It may be a family member, co-worker, neighbor or friend. Usually, it is hard to discern if a person has a PD in the beginning of the relationship, but eventually it comes to light. Having an accurate understanding will keep frustration levels to a minimum.

**What is a personality disorder?** It helps to begin with the visual image of a bell-shaped curve. Using empathy as a personality characteristic, there is the average range of plus or minus one standard deviation (the largest range of the curve). Everyone within that range, which is the majority of the population, has a normal amount of empathy. Those, with a standard deviation of greater than one but less than two, has either too much or too little empathy compared to the average (the medium range of the curve in between the largest and smallest sections). More than two deviation points places empathy at the dysfunctional level. This is the point where it becomes part of a disorder (the smallest range of the curve). Do this same procedure for each one of the personality disorder characteristics.

**Where does it come from?** This is the topic of many scientific studies. With the information currently available today, it is believed that half is biological and half is environmental. My opinion is that there is a third component: choice.

The biological component means that someone in the family tree also has a PD. It does not need to be the same exact PD, as there are several characteristics which apply to more than one PD. It just

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needs to be there in the same way as a person inherits other traits such as sensitivity, compassion, determination, or perfectionism.

The environmental component can come from a variety of sources. A parent who has a PD may model the behavior as being the “correct” way to live. A traumatic event, severe childhood illness, or repeated abuse can also trigger the development of a PD. This does not mean that everyone who has one of these events will develop a PD; rather it is a possible explanation for the existence of one. A parent can also encourage the development of a PD through incorrect use of discipline, inconsistent and unsafe environments, and over-giving to the point a child feels entitled.

The third component is choice. At some point a person, usually in the teen years, makes a conscious decision to be or not be a certain way. This decision then becomes an integral part of who they are transitioning to the subconscious level. For instance, a teen might despise an overly emotional parent (biology) because their discipline was never consistent (environment) and therefore decide to never show emotion. This is an over-simplification but it serves the point that choice is also a factor.

**When does it develop?** Technically, a PD cannot be diagnosed until eighteen years of age but for many of the PDs, evidence of it must exist in the early teens. Sometimes the traits of a PD are seen in the very early years but not the PD itself. Traits are not the same as a disorder. Think back to the bell-shaped curve, a trait is in the medium range whereas a disorder is in the smallest range. A trait is not as intense as the disorder. Rather it is a milder version. So a child can have the traits but not the disorder.

The reason for the delay in diagnosis is best explained through Erik Erikson’s Eight Stages of Psychosocial Development. The fourth stage from twelve to eighteen is Identity vs. Confusion. During these years, a teen is experimenting with a variety of personalities from family and peers to see which is most like who they want to be. If all goes well, they don’t formally develop their identity till eighteen at the earliest. So a PD can’t be diagnosed until a personality is established.

What is the technical definition? According to the DSM-V, a PD must meet the following criterion:

- An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture (*think of the bell-shaped curve*). This pattern is manifested in two or more of the following areas:
  - Cognition (ways of perceiving and interpreting self, other people and events)
  - Affectivity (the range, intensity, ability, and appropriateness of emotional response)

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- Interpersonal functioning
- Impulse control
- The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.
- The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The pattern is stable and of long duration, and its onset can be traced to adolescence or early adulthood.
- The enduring pattern is not better explained as a manifestation or consequence of another mental disorder.
- The enduring pattern is not attributable to the physiological effects of a substance (drug abuse) or another medical condition (head trauma).

**What are the different types of PDs?** The DSM-V lists the following as specific PDs:

- Cluster A: Paranoid PD, Schizoid PD, Schizotypal PD
- Cluster B: Anti-Social PD, Borderline PD, Histrionic PD, Narcissistic PD
- Cluster C: Avoidant PD, Dependent PD, Obsessive-Compulsive PD

Other PDs which did not make the DSM-V are:

- Passive-Aggressive
- Depressive
- Sadistic
- Self-Defeating

*Christine Hammond is the award-winning author of *The Exhausted Woman's Handbook* available from Amazon, Barnes & Noble and iBooks.*

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