

Personality disorders

This factsheet covers what personality disorders are, what the symptoms are and how you can get treatment. You might find it useful if you have a personality disorder yourself, or if you care for someone who does.



- A personality disorder can affect how you cope with life, manage relationships and feel emotionally.
- There are a number of different types of personality disorders.
- There is no single cause of personality disorder. It is likely to be a combination of reasons, including genetic and environmental causes.
- Talking therapies are recommended as treatment for personality disorders.
- It is possible to have a personality disorder alongside other mental health problems such as anxiety and depression.

This factsheet covers:

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1. What are personality disorders?

Everyone has different ways of thinking, feeling and behaving. It is these thoughts, feelings and behaviours that make up our 'personality', and are often referred to as our traits. These tend to shape the way we view the world and the way we relate to others. By the time we are adults these will make us part of who we are.

You could think of your traits as sitting along a scale. For example, everyone may feel emotional, get jealous or want to be liked at times. However, it is when these traits start to cause problems that you may be diagnosed as having a personality disorder.

A personality disorder can affect how you cope with life, manage relationships and feel emotionally. You may find that your beliefs and ways of dealing with day-to-day life are different from others and that you find it difficult to change them. You may find your emotions confusing, exhausting and hard to control. This can end up being distressing for both yourself, and others. Because it is distressing, you may find that you develop other mental health problems like depression or anxiety. You may also do other things such as drink heavily, use drugs or self-harm to cope.

Research shows that personality disorders are fairly common.¹ Around one in 20 people live with some form of personality disorder.²

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2. What are the different types of personality disorder and how are they diagnosed?

Doctors use guidelines for diagnosing mental health problems. The main guidelines used are the:

- International Classification of Diseases (ICD-10) produced by the World Health Organisation (WHO)
- Diagnostic and Statistical Manual (DSM-5) produced by the American Psychiatric Association.

The guidelines say which symptoms you should have and for how long for to get a particular diagnosis. A doctor (such as a psychiatrist) will ask you questions about your life and what sort of feelings, emotions and behaviours you have. This is called an 'assessment'.

You should not feel as though it is your fault, or that you are in some way to blame, if you have been diagnosed with a personality disorder. Problems with diagnosis are explored in more detail later on in [section 6](#).

Personality disorders diagnoses are grouped into three 'clusters', A, B and C.

Cluster A personality disorders

- **Paranoid personality disorder**

If you have been diagnosed with paranoid personality disorder you may feel very suspicious of others without there being a reason to be. This suspicion can make you feel other people are lying to you or exploiting you. This can make it difficult to trust others, even friends. You may find it difficult to forgive insults and will bear grudges.

If a doctor diagnoses you with paranoid personality disorder, they should rule out schizophrenia and mood disorders that include psychosis. You can find out more about psychosis at www.rethink.org.

- **Schizoid personality disorder**

With schizoid personality disorder, you may have few social relationships and will prefer to be alone. You might actually be very shy, but other people may think you are quite cold and distant.

- **Schizotypal personality disorder**

Schizotypal personality disorder is where you have problems with social and interpersonal relationships. You may have strange thoughts, feel paranoid and see or hear things that aren't there. You may also lack emotion or be described as being 'eccentric'.

If a doctor diagnoses you with schizotypal personality disorder, they should rule out schizophrenia and mood disorders that include psychosis.

Cluster B personality disorders

- **Antisocial personality disorder (ASPD)**

If you are diagnosed with antisocial personality disorder (ASPD), you may be impulsive or reckless without thinking of the impact on others. You may get easily frustrated, aggressive and be prone to violence. You may do things to get what you want. Others may see this as acting selfishly and without guilt.

- **Borderline personality disorder (BPD)**

If you have borderline personality disorder (BPD), you may have strong emotions, mood swings and feelings you can't cope with easily. You may feel anxious and distressed a lot of the time and have problems with self-image (how you see yourself) and your identity. You may self-harm or use drugs and alcohol to cope with these feelings. This can affect the relationships you have with other people.

BPD is also known as 'emotionally unstable personality disorder'.

You can find out more about this in our '**Borderline personality disorder**' factsheet, which you can download from www.rethink.org. Or call 0300 5000 927 and ask for a copy to be sent to you.

- **Histrionic personality disorder**

If you have a diagnosis of histrionic personality disorder, you may find that you like being the centre of attention and feel anxious about being ignored. This can cause you to be lively and over-dramatic. You may become bored with normal routines, worry a lot about your appearance and want to be noticed.

- **Narcissistic personality disorder**

Narcissistic personality disorder can mean you have a sense of inflated self-importance. You may have fantasies about unlimited success and want attention and admiration. You may feel you are more entitled to things than other people, and act selfishly to gain such success. You may do this because inside, you don't feel significant or important.

Cluster C personality disorders

- **Dependent personality disorder**

If you have dependent personality disorder, you may allow other people to take responsibility for parts of your life. You may lack self-confidence or be unable to do normal things alone. You may find that you put your own needs second to the needs of others, and feel hopeless or fear being alone.

- **Avoidant personality disorder**

If you have avoidant personality disorder you may have a fear of being judged negatively. This can cause you to feel uncomfortable in social situations. You may be sensitive to criticism, worry a lot and have low self-esteem. You may want affection, but worry that you will be rejected.

- **Obsessive-compulsive personality disorder**

If you have this condition, you may feel anxious about issues that seem unorganised or 'messy'. Everything you do must be just right, and nothing can be left to chance. You may be overly cautious about things and be preoccupied with detail. Others may view you as being controlling.

Obsessive-compulsive personality disorder is different to obsessive compulsive disorder (OCD). If you have obsessive-compulsive personality disorder, you may believe your actions are justified. People with OCD tend to realise that their behaviour is not rational.

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3. What causes personality disorders?

It is not clear what causes personality disorders. It seems that a combination of factors can mean that some people develop personality difficulties later in life. These can include biological factors (when it is passed on through your genes) and your environment growing up.

Many people diagnosed with personality disorders describe experiences of past traumas or events. These can often include difficulties growing up, including childhood neglect or physical, emotional or sexual abuse. When you are growing up, you learn to cope with and manage intense emotional changes and form relationships with other people. Children who are abused or neglected often do not learn these things, so they may find it more difficult to manage how they feel when they are adults.

This does not mean that all people who experience trauma will develop personality disorders, but they may be more likely to.

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4. How are personality disorders treated?

Generally speaking, there is no general approach to treating personality disorders.

If your GP feels you have a complex personality disorder, they may refer you to a:

- community mental health team
- specialist personality disorder service or unit, if there is one locally.

These services are made up of professionals such as psychologists, psychiatrists and therapists who will have specialised experience in helping people with personality disorders. Sometimes it might be possible to contact these services yourself and get help that way.

You and your doctor or healthcare team should agree on a treatment plan that works best for you. One-to-one and group psychological treatments or 'talking therapies' are often recommended and effective at helping. They all involve talking with a therapist, but are different from one another. However, the options for treating personality disorders are continuously developing.

The following treatments can help if you have a personality disorder:

Dialectical behaviour therapy (DBT)

Dialectical behaviour therapy (DBT) can help you learn to spot and control your emotions and behaviour. It is adapted from cognitive behavioural therapy (CBT).

It aims to help you recognise then change unhelpful behaviour by learning new skills. Unhelpful behaviour might include thinking about suicide, self-harming, drinking alcohol or using drugs to cope with your emotions.

The National Institute for Health and Care Excellence (NICE) says DBT can be helpful if you have borderline personality disorder.³ Normally, you access one-to-one and group therapy appointments, education groups and telephone support.⁴

Cognitive analytical therapy (CAT)

Cognitive analytical therapy (CAT) helps you recognise relationship patterns that can cause you problems and are difficult to change. You may have learnt these patterns while growing up to cope with difficult emotions. You and the therapist will work together to recognise these patterns and then to try and change them. This type of therapy usually lasts 16-20 sessions. You and your therapist will agree the end goal at the start of the therapy.

Mentalisation based therapy (MBT)

Mentalising is about making sense of what other people think, intend, need or want. It is about being aware of what's going on in your own head and in the minds of others. Mentalising refers to the fact that sometimes when you feel distressed, it can be harder to 'mentalise'.

You would attend group and one-to-one therapy. The aim is to help you better understand yourself and others, and learn 'how to' mentalise.

Psychodynamic/ psychoanalytic therapy

This type of therapy gives you time to talk about how you feel about yourself and other people. This might include:

- what has happened in the past
- what's happening in your life now
- how the past can affect how you are feeling, thinking and behaving at the moment.

You would usually have regular (weekly or fortnightly) sessions on a one-to-one basis. This type of therapy can be ongoing.

Therapeutic communities

A therapeutic community is somewhere you would get long-term group therapy. You would visit, or sometimes stay, for a number of weeks or months. Sometimes you may visit for just a few days a week (called a 'day programme'). You learn from getting on – or not getting on - with other people in the treatment group. It offers a safe place if there are any disagreements or upsets. People in a therapeutic community often have a lot of say over how the community runs.⁵

There are only a few therapeutic communities in the UK. You could check with your local Patient Advice Liaison Service (PALS) if your NHS trust has one. You can search for your PALS office here:

[www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363)

Medication

There is no recommended medication for the treatment of personality disorders. However, your doctor may sometimes suggest medication to help with symptoms such as anxiety, anger or low mood. These might include antidepressants, mood stabilisers or antipsychotics.

You can find out more about these types of medications in our factsheets, which you can download for free from www.rethink.org.

It is always worth asking why a certain treatment is being offered and whether there are other things that could help you to get better. If you are given any medication, your doctor should tell you how it should help and about any side effects you might get.

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5. What if I am not happy with treatment?

If you ever feel unhappy with how your treatment or care is being handled, or feel that the relationship between yourself and a professional is not working well, you could call the Patient Advice and Liaison Service (PALS) at your NHS trust. They can try to resolve any problems or questions you have. You can find your local PALS' details at [www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

You could also complain if you are not happy. You can find out more information in our '**Complaints – NHS or social services**' factsheet. You can download this for free from www.rethink.org or call 0300 5000 927 and ask for the information to be sent to you.

You might find a general/community advocate helpful if you are unhappy with your treatment. Advocacy can help you understand the mental health system and enable you to be fully involved in decisions about your care. An advocate is someone independent from mental health services who can help to make your voice heard when you are trying to resolve problems. They may be able to help with writing letters or support you in appointments or meetings. You can find more information about advocacy in our '**Advocacy**' factsheet.

There may be a local advocacy service in your area which you can contact for support. You can search online for a local service or the Rethink Mental Illness Advice Service could search for you.

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6. What risks and complications can personality disorders cause?

Diagnosis

Doctors sometimes find it difficult to reach a diagnosis of personality disorder. This can be because:

- an overlap with other mental health problems can make it difficult to pinpoint or 'narrow down' symptoms
- personality disorders are complex. The symptoms may not easily fit into any one of the 'clusters'
- if you use drugs or drink alcohol a lot, it can make it more difficult for health professionals to reach a correct diagnosis
- some doctors are reluctant to give this diagnosis, feeling that it may be 'problematic' or create barriers to getting help.

You may feel as though you have been given a diagnosis of personality disorder because a professional is unsure of your diagnosis.

You may find it an unhelpful label or that it is stigmatising. Some people however find that a diagnosis can help them to understand certain things they do, and help with finding the right treatment and support.

Jenny's story

I didn't understand why I had been given the diagnosis of personality disorder. At first it was insulting. It felt like I was being told my personality was wrong or that I was somehow 'flawed'. Everyone has faults and traits and everyone does things wrong. However, after some encouragement from my partner, I started the therapy that was offered. Over time I began to learn techniques and methods that slowly helped with how I was feeling.

Services and recovery

The Department of Health says that people with personality disorders should have access to the right care and services.⁶

But because there aren't specialist personality disorder units in every area, some people are not always able to get access to the right treatment.

If your NHS Trust doesn't offer a type of treatment that might be helpful for you, you could ask if you can get this treatment in a different NHS trust. You can do this by making an 'individual funding request'. Once you have made a request, a panel will consider your case and decide whether the NHS will pay for this. You need to show that the treatment you are asking

for will help with the symptoms of your illness and that other available treatments have not worked.

You can find out more about asking for out of area treatment in our factsheet '**NHS treatment – your rights**'. You can download this from www.rethink.org, or call 0300 5000 927 and ask for a copy to be sent to you.

A study found that many people who start treatment for personality disorders do not complete treatment.⁷ This can mean that getting better can be difficult or slow for some people. Dropping out of therapy might make people feel they can't change or that their condition isn't treatable.

In some areas, services use pre-therapy preparation to help people understand the link between emotions and decisions. The aim is to help you recognise your emotions before starting therapy, and hopefully finish your sessions.

Self-harm

Self-harm is common if you have borderline personality disorder (BPD).⁸ People self-harm to help manage feelings that are triggered by specific events or strong negative emotions. It can also act as a way of coping with distressing events and communicating that stress.

You can find out more in our factsheet '**Self-harm**', which you can download for free from www.rethink.org.

Use of alcohol and drugs

People with personality disorders can find that they use drugs or drink alcohol to cope with difficult emotions and feelings. Drinking alcohol or using drugs can lead to:

- doing things that you might not do normally (loss of inhibition)
- behaving impulsively (acting on the spur of the moment)
- poor physical health.

Antisocial personality disorder and borderline personality disorder have the strongest links with alcohol and drugs.⁹

If you use drugs or drink alcohol heavily, you may find that some specialist personality disorder services will say that you need to cut down or stop before you can use the service.

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7. Information for carers, friends and relatives

As a carer, friend or family member of someone living with a personality disorder, you might find that you also need support. Caring for someone with a personality disorder can be challenging.

It is important to seek emotional support for yourself if you are struggling to cope. You could try contacting one of the organisations listed in the 'useful contacts' section of this factsheet and also check whether there are any local support groups for carers, friends and relatives in your area. New education and support programmes for families are being set up in some parts of the country.

You may find our factsheet '**Supporting someone with a mental illness**' useful.

If you feel you need additional support to care for your loved one you could ask for a carer's assessment. You can find more information in our '**Carers assessments**' factsheet.

If your loved one is supported by a mental health team and you are their carer, you should be involved with decisions about care planning.

There are particular rules regarding confidentiality and carers. Unless the person you care for consents, confidential information about them cannot be passed on to you or other family, friends and carers. The team should seek permission from them and ask what they are happy for others to know. This would also include any care plans that are drawn up. You can find more information in our '**Confidentiality and information sharing – for carers, friends and relatives**' factsheet.

You can download our factsheets for free from www.rethink.org.

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Emergence is an organisation that supports people living with personality disorder and carers, friends and relatives.

Web: www.emergenceplus.org.uk

BPD World is committed to raising awareness and reducing the stigma of mental health with a focus on borderline personality disorder (BPD). It provides online information, advice and support and has an online forum.

Web: www.bpdworld.org

Time to Change blogs offer a space for people to tell their own story. You can submit your own.

Web: www.time-to-change.org.uk/category/blog/borderline-personality-disorder

Tara (Treatment and Research Advancements) for BPD is an American education-based and support community for carers and families of people living with BPD.

Web: www.tara4bpd.org

Out of the Fog offers information on personality disorders and an online support forum.

Web: <http://outofthefog.net/index.html>

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¹ Coid, J. & Ullrich, S. Prevalence and correlates of personality disorder in Great Britain. *The British Journal of Psychiatry*. 2006; 188: 423-431

² NHS Choices, personality disorders
(<http://www.nhs.uk/conditions/personality-disorder/Pages/Definition.aspx>)
(Accessed Oct 2014)

³ National Institute for Health and Clinical Excellence (2009) Borderline Personality Disorder. The management of Borderline Personality Disorder in adults, children and adolescents, in primary and secondary care. CG78. London: National Institute for Health and Clinical Excellence.

⁴ See reference 3

⁵ Royal College of Psychiatrists. *Personality disorder*.
<http://www.rcpsych.ac.uk/mentalhealthinfo/problems/personalitydisorders/personalitydisorder.aspx> (Accessed Oct 2014)

⁶ National Institute for Mental Health for England. *Personality Disorder - No Longer a Diagnosis of Exclusion. Policy Implementation Guidance for the Development of Services for People with Personality Disorder*, Gateway Reference 1055. London- NIMH(E). 2003

⁷ McMurrin M., Huband M., Overton, E. *Non-completion of personality disorder treatments: A systematic review of correlates, consequences and interventions..* Institute of Mental Health, University of Nottingham, United Kingdom. 2010

⁸ See reference 3

⁹ Welch, S. Substance use and personality disorders. *Psychiatry*. 2007; 6(1), 27-29

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This factsheet is available
in large print.



Rethink Mental Illness Advice Service

Phone 0300 5000 927

Monday to Friday, 9:30am to 4pm
(excluding bank holidays)

Email advice@rethink.org

Did this help?

We'd love to know if this information helped you.

Drop us a line at: feedback@rethink.org

or write to us at Rethink Mental Illness:

RAIS
PO Box 17106
Birmingham B9 9LL

or call us on 0300 5000 927.

We're open 9:30am to 4pm
Monday to Friday (excluding bank holidays)



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 www.rethink.org

Need more help?

Go to www.rethink.org for information on symptoms, treatments, money and benefits and your rights.

Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

Need to talk to an adviser?

If you need practical advice, call us on 0300 5000 927 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

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