CHAPTER 12: PERSONALITY DISORDERS
CLINICAL ISSUES

- Are personality disorders discrete disorders or simply representative of extremes on conventional personality dimensions?
- Many of the personality disorders contain characteristics that overlap (e.g. impulsivity, poor self-image) and this often leads to the diagnosis of more than one personality disorder in the same individual.
- Schizotypal personality disorder has a number of behavioural and genetic links with schizophrenia, which suggests it may not be a discrete and independent disorder, but part of a broader schizophrenia spectrum disorder.
- Recent changes in the diagnosis of antisocial personality disorder (APD) have moved towards defining it in terms of anti-social activities, and this could blur the distinction between psychopathology in need of treatment and criminal behaviour in need of restraint.
- Borderline personality disorder (BPD) is so closely associated with mood disorders, depression, and suicide, that it may well be a form of depression rather than a discrete and independent disorder.
- Borderline personality disorder (BPD) is comorbid with PTSD in 56% of cases, which has led some theorists to suggest that it may be a form of PTSD rather than a discrete and independent disorder.
- Because of lack of empathy and the tendency to exploit others for personal benefit, narcissistic personality disorder may be a sub-type of antisocial personality disorder (APD).
- Avoidant personality disorder is commonly comorbid with social phobia, which suggests it may be part of a broader social anxiety spectrum disorder rather than a discrete independent disorder.
- Because the patterns of behaviour exhibited by individuals with personality disorders can be considered to be on dimensions of normal behaviour (albeit at the extremes of these dimensions), it may not be the behavioural styles of these individuals *per se* that is pathological, but their behavioural styles may make them vulnerable to developing more traditional psychological symptoms (such as anxiety and depression).
- Individuals with personality disorders rarely believe they have a disorder that requires treatment and this makes successful therapy difficult to achieve.
- Borderline personality disorder (BPD) is regularly comorbid with bipolar disorder, and BPD may therefore be part of a broader bipolar disorder spectrum rather than a discrete and independent disorder.
- Dependent personality disorder shares a number of characteristics in common with depression (e.g. indecisiveness, passiveness, pessimism, self-doubting, and low self-esteem), which suggests that it may be a disorder that is not independent of mood disorders generally.
- Many of the personality disorders (e.g. antisocial, borderline, narcissistic personality disorders) have features which make the individual manipulative and unable to form trusting relationships and this makes the development of a working, trusting relationship between therapist and client very difficult.
- Some therapeutic approaches to personality disorders (e.g. dialectical behaviour therapy) emphasis that therapist needs to convey complete acceptance of what the client does to enable a successful dialogue to ensue about the client's problems and difficulties.
- Cognitive therapies for personality disorders aim to challenge the client's dysfunctional belief systems, but they must avoid direct challenges because such individuals often possess intense sensitivity to criticism, hostility to views other than their own, and extreme mood swings which mean they may summarily leave therapy if directly challenged.