

Personality disorders

This factsheet tells you 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, how you behave, and how you feel.
- There are 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.
- You can 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'. These are often called our traits. They 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 can think of your traits as sitting along a scale. For example, everyone may feel emotional, get jealous, or want to be liked at times. But 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, tiring, and hard to control. This can be distressing for you 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), and
- Diagnostic and Statistical Manual (DSM-5) produced by the American Psychiatric Association.

The guidelines say which symptoms you may have and for how long you should have them 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 to blame if you have been diagnosed with a personality disorder. Problems with diagnosis are explored in more detail in [section 6](#).

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

Cluster A personality disorders

People with cluster A personality disorders can find it hard to relate to other people. Their behaviour might seem odd or eccentric to other people.³

Paranoid personality disorder

You may feel very suspicious of others but without a reason if you have been diagnosed with paranoid personality disorder. This can make you feel other people are lying to you or using you. This can make it difficult to trust others, even friends. You may find it difficult to forgive insults and will bear grudges.⁴

Your doctor should rule out schizophrenia, psychosis, and mood disorders if you have been diagnosed with paranoid personality disorder.⁵ 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.⁶

Schizotypal personality disorder

Schizotypal personality disorder is where you have problems relationships with other people. 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'.⁷

Cluster B personality disorders

People with cluster B personality disorders can find it hard to control their emotions. Other people might see them as unpredictable.⁸

Antisocial personality disorder (ASPD)

Being diagnosed with antisocial personality disorder (ASPD) may mean you are impulsive, reckless and do not think about how your actions affect other people. 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.⁹

Borderline personality disorder (BPD)

You may have strong emotions, mood swings, and feelings you can't cope with if you have borderline personality disorder (BPD). You may feel anxious and distressed a lot of the time. You may have problems with 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.¹⁰

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

You can find out more about '**Borderline personality disorder**' at www.rethink.org. Or call or General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

Histrionic personality disorder

If you are diagnosed with histrionic personality disorder, you may like being the centre of attention. You may 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.¹¹

Narcissistic personality disorder

Narcissistic personality disorder can mean you have a high sense of self-importance. You may fantasise about unlimited success and want attention and admiration. You may feel you are more entitled to things than other people are. You might act selfishly to gain success. You may do this because inside, you don't feel significant or important.¹²

Cluster C personality disorders

People with cluster C personality disorders have strong feelings of fear or anxiety. They might appear withdrawn to other people.¹³

Dependent personality disorder

If you have dependent personality disorder, you may allow other people to take responsibility for parts of your life. You may not have much self-confidence or be unable to do things alone. You may find that you put your own needs after the needs of others. You may feel hopeless or fear being alone.¹⁴

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 might not like criticism, worry a lot and have low self-esteem. You may want affection, but worry that you will be rejected.¹⁵

Obsessive-compulsive personality disorder

If you have this condition, you may feel anxious about things that seem unorganised or 'messy'. Everything you do must be just right, and nothing can be left to chance. You may be very cautious about things and think a lot about small details. Others may see you as being controlling.¹⁶

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.¹⁷

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3. What causes personality disorders?

It is not clear what causes personality disorders. It seems that a mix of factors can mean some people develop personality disorders later in life. These can include biological factors (when it is passed on through your genes) and the environment around you when you were growing up.¹⁸

Many people diagnosed with personality disorders have experience of trauma. These can include difficulties growing up, including childhood neglect or physical, emotional or sexual abuse. When you are growing up, you learn to cope with emotional changes and make 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.¹⁹

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?

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, or
- 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 experience in helping people with personality disorders. Sometimes you can contact these services yourself to get help.

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. They all involve talking with a therapist, but are different from one another. The options for treating personality disorders are continuously developing.

Care Programme Approach

Having a personality disorder may put you at risk, mean you have a lot of needs, and need a high level of care. You can be supported through the Care Programme Approach (CPA).²⁰ The CPA is used to plan and outline the support you need to manage complex needs and your mental health if you are on the CPA you will have a care coordinator. They will work with you to write a care plan, which will set out how the NHS will support you.

You can find more information about the '**Care Programme Approach**' at www.rethink.org. Or call or General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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

Cognitive behavioural therapy (CBT)

CBT can help you to change how you think ('cognitive') and what you do ('behaviour'), which are both linked to how you feel. CBT looks at problems and difficulties in the 'here and now' more than your past or childhood. CBT can help you understand how you think about yourself, the world and other people and how that affects how you deal with things in your life.²¹

Dialectical behaviour therapy (DBT)

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

It helps 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.²² Normally, you get one-to-one and group therapy appointments, education groups and telephone support.²³ A course of BDT usually takes between 12 and 18 months to complete.²⁴

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.²⁵

Mentalisation based therapy (MBT)

Mentalising is about making sense of what other people think, need, or want. It is about being aware of what's going on in your own mind and in the minds of others. Mentalising refers to the fact that sometimes when you feel distressed, it can be harder to 'mentalise'.²⁶

You would attend group and one-to-one therapy. This may help you better understand yourself and others, and learn how to mentalise.²⁷

Psychodynamic/ psychoanalytic therapy

This type of therapy gives you time to talk about how you feel about yourself and other people. This might include:²⁸

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

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

Therapeutic communities

A therapeutic community is a place 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 –spending time 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.²⁹

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. But your doctor may give you medication to help with symptoms such as anxiety, anger, or low mood. These might include antidepressants, mood stabilisers, or antipsychotics.³⁰

You can find out more about:

- antidepressants
- mood stabilisers
- antipsychotics

At www.rethink.org. Or call or General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

It is always worth asking why a certain treatment is being offered and if 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?

You could call the Patient Advice and Liaison Service (PALS) at your NHS trust if you:

- feel unhappy with how your treatment or care is being handled, or
- feel that the relationship between you and a professional is not working well.

They can try to sort out 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 can also complain if you are not happy. You can find out more about '**Complaints**' at www.rethink.org. Or call or General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

You might find an advocate helpful if you are unhappy with your treatment. Advocacy can help you understand the mental health system and allow you to be involved in decisions about your care. An advocate is independent from mental health services. They can help to make your voice heard when you are trying to sort out problems. They might help you write letters or support you in appointments and meetings.

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

You can find out more information about '**Advocacy**' at www.rethink.org. Or call or General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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6. What risks and complications can personality disorders cause?

Diagnosis

Doctors sometimes find it difficult to diagnose personality disorder. This can be because of the following.^{31,32,33}

- 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 make it harder for you to get help.

You may feel 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. But some people 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 be able to get the right care and services.³⁴

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

You can ask to get treatment from a different NHS trust if your trust doesn't offer a type of treatment you feel may help. 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 it. 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 '**NHS treatment – your rights**' at www.rethink.org. Or call or General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

A study found that a lot of people who start treatment for personality disorders do not finish it.³⁵ 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).³⁶ 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 the stress that they feel.

You can find out about '**Self-harm**', at www.rethink.org. Or call or General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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. This is sometimes known as dual diagnosis. 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), and
- poor physical health.

Antisocial personality disorder and borderline personality disorder have the strongest links with alcohol and drugs.³⁷

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 get emotional support for yourself if are finding it hard to cope. You can contact one of the organisations in the 'useful contacts' section of this factsheet. You can 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 can ask for a carer's assessment if you are a carer and feel you need more support to care for your loved one.

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

There are rules regarding confidentiality and carers. Unless the person you care for agrees, confidential information about them cannot be passed on to you or other family, friends and carers. The team should ask their permission and ask what they are happy for others to know. This would also include any care plans they have.

You can find out more about:

- supporting someone with a mental illness
- carers' assessments
- confidentiality – for carers, friends and relatives

at www.rethink.org. Or call or General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.



USEFUL CONTACTS

BPD World

An organisation 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.

Website: www.bpdworld.org

Time to Change

Time to change offers a space for people to tell their own story. You can submit your own.

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

Tara (Treatment and Research Advancements) for BPD

An American education-based and support community for carers and families of people living with BPD.

Website: www.tara4bpd.org

Out of the Fog

They offer information on personality disorders and an online support forum.

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



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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:

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