

PERSONALITY DISORDERS



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Definition

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Lifelong, persistent, deeply integrated maladaptive **behavior and Inner experiences** that:

- characterizes the individual

- deviates markedly from culturally expected

- onset in adolescence or early adulthood

- Are ego-syntonic: (acceptable to the ego)

- Are alloplastic: (adapt by trying to alter the external environment rather than themselves).

- manifests in at least two of the following four areas: cognition, affectivity, interpersonal function, or impulse control and gratification need

Etiology

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➤ Genetics

- Monozygotic twins reared apart have nearly same personalities
- Cluster A : More common in the biological relatives of patients with schizophrenia than among control groups.
- Cluster B: Antisocial personality disorder is associated with alcohol use disorders ; depression is common in family backgrounds of patients with borderline personality disorder; a strong correlation between histrionic and somatization disorders.
- Cluster C : Patients with avoidant personality often have high anxiety levels; obsessive-compulsive traits are more common in monozygotic twins than in dizygotic twins – they also show some signs of depression.

➤ Neurotransmitters

-Low levels of **5-HIAA** , a metabolite of serotonin is low in people who are impulsive and aggressive --- Cluster B p.d

➤ Environmental Factors

- Children with minimal brain damage are at risk for antisocial personality disorder.
- Link between [fearful children raised by fearful mothers] and[avoidant personality disorder]
- Cultures that encourage aggression may contribute to paranoid and antisocial personality disorders.

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❖ “**Eccentric behavior**” refers to **unusual actions, mannerisms, or ways of interacting** with others that **deviate from social norms**.

Example:

•Wearing mismatched or bizarre clothing combinations.

❖ “**Erratic behavior**” refers to **unpredictable, impulsive, or unstable actions**, especially in relationships or emotions.

Examples:

- **Borderline PD:** Alternating between idealizing and devaluing others (“splitting”), impulsive self-harm, or suicidality.
- **Antisocial PD:** Reckless driving, substance abuse, violation of rules without forethought.
- **Histrionic PD:** Quickly shifting emotions; inconsistent behavior depending on audience.
- **Narcissistic PD:** Sudden rage when criticized; unpredictable social responses if not admired.

Types of Personality Disorders



CLUSTER A:

Odd thinking and eccentric behavior

- ✓ Paranoid personality disorder
- ✓ Schizoid personality disorder
- ✓ Schizotypal personality disorder



CLUSTER B:

Dramatic and erratic behavior

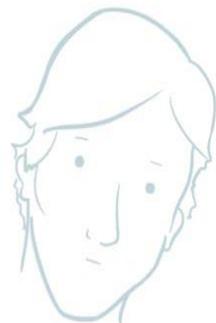
- ✓ Antisocial personality disorder
- ✓ Borderline personality disorder
- ✓ Histrionic personality disorder



CLUSTER C:

Severe anxiety and fear

- ✓ Avoidant personality disorder
- ✓ Dependent personality disorder
- ✓ Obsessive-compulsive disorder



CLUSTER A PERSONALITY DISORDERS



Paranoid Personality Disorder

“GET FACT”

Grudges held for long periods

Exploitation expected (without a sufficient basis)

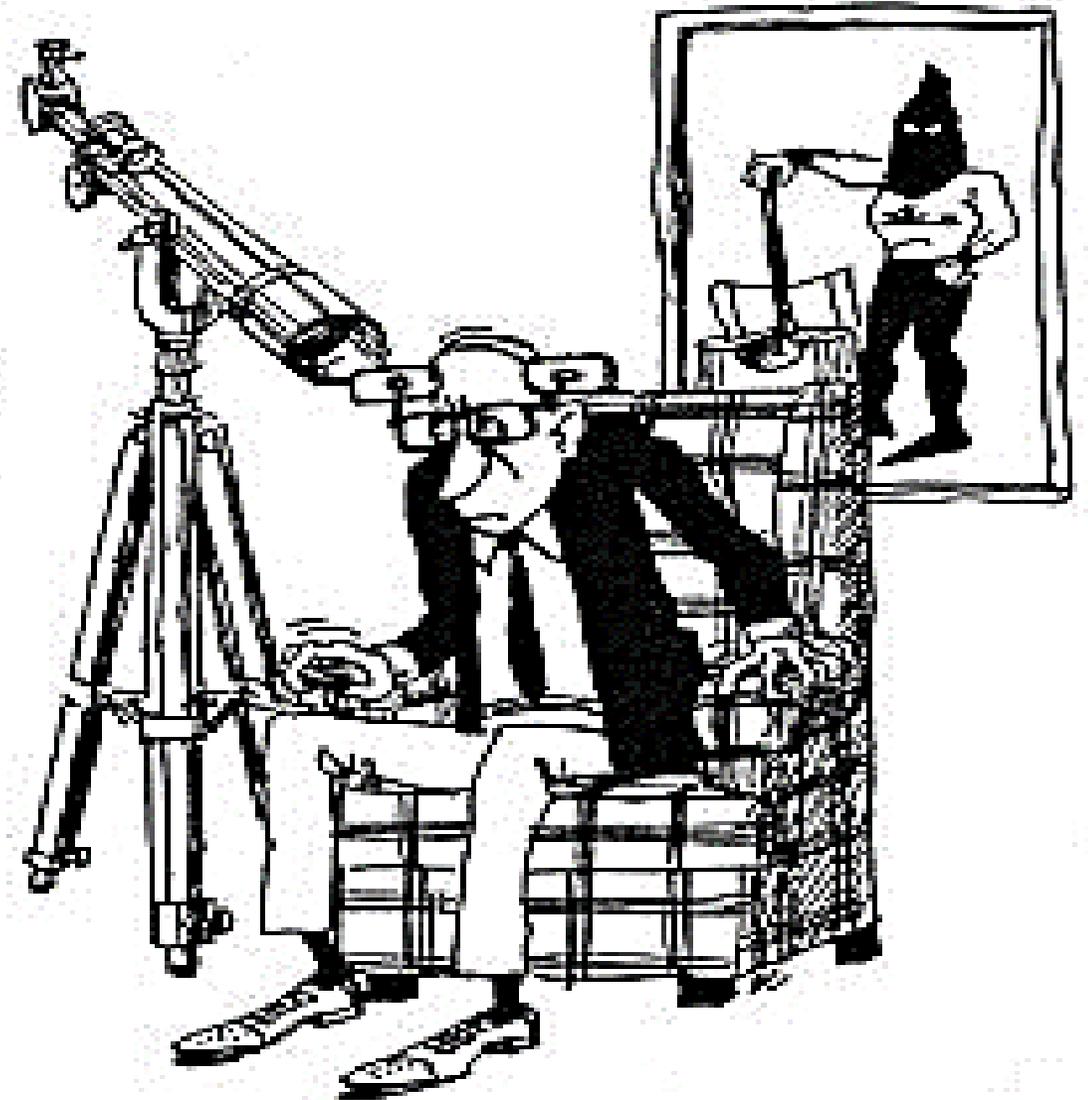
Trustworthiness of others doubted

Fidelity of sexual partner questioned

Attacks on character are perceived

Confides in others rarely, if at all

Threatening meanings read into events



Diagnostic Criteria

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A. a **pervasive distrust** and **suspiciousness** of others such that their motives are interpreted as malevolent, **beginning by early adulthood** and present in a variety of contexts, as indicated by **four (or more)** of the following:

1. **Suspects**, without sufficient basis, that others are **exploiting, harming, or deceiving** him or her.
2. Is preoccupied with **unjustified doubts** about the **loyalty** or **trustworthiness** of friends or associates.
3. Is **reluctant to confide in others** because of unwarranted fear that the information will be used maliciously against him or her.
4. **Reads hidden demeaning or threatening meanings** into benign remarks or events.
5. **Persistently bears grudges** (i.e., is unforgiving of insults, injuries, or slights).
6. **Perceives attacks on his or her character or reputation** that are not apparent to others and is **quick to react angrily** or to counterattack.
7. Has recurrent **suspicious**, without justification, regarding **fidelity of spouse** or sexual partner.

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Diagnostic Criteria

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B. Does not occur exclusively during the course of schizophrenia, a bipolar disorder or depressive disorder with psychotic features, or another psychotic disorder and is not attributable to the physiological effects of another medical condition.

Note: If criteria are met prior to the onset of schizophrenia, add “premorbid,” i.e., “paranoid personality disorder (premorbid).”

Schizoid Personality Disorder

“SIR SAFE”

Solitary lifestyle

Indifferent to praise or criticism

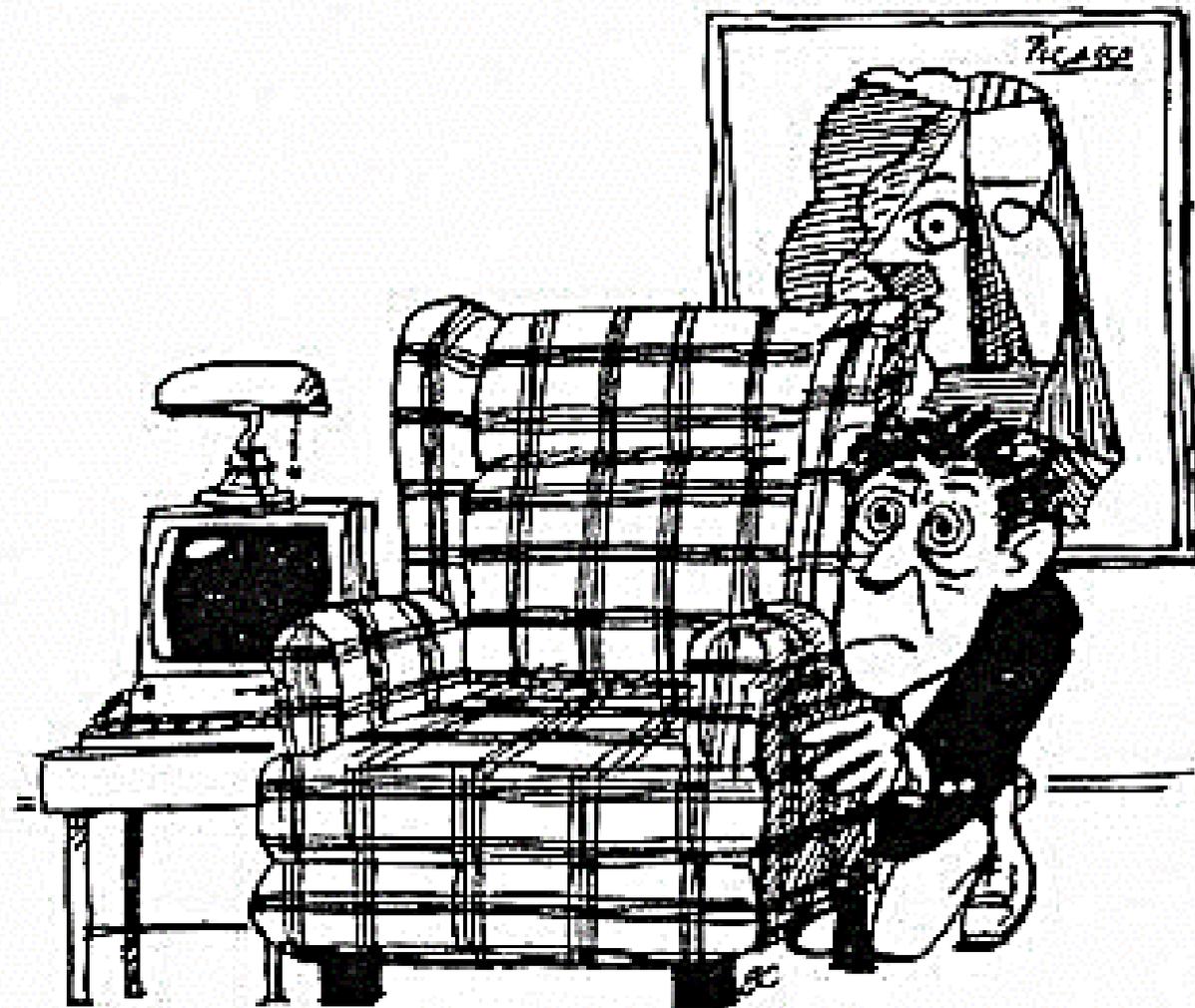
Relationships of no interest

Sexual experiences not of interest

Activities not enjoyed

Friends lacking

Emotionally cold and detached



Diagnostic Criteria

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A. a pervasive pattern of **detachment from social relationships** and a **restricted range of expression of emotions** in interpersonal settings, **beginning by early adulthood** and present in a variety of contexts, as indicated by **four (or more)** of the following:

1. **Neither desires nor enjoys close relationships**, including being part of a family.
2. Almost always **chooses solitary activities**.
3. Has **little, if any, interest in having sexual experiences** with another person.
4. Takes **pleasure in few, if any, activities**.
5. **Lacks close friends** or confidants other than first-degree relatives.
6. Appears **indifferent to the praise or criticism** of others.
7. Shows **emotional coldness, detachment**, or flattened affectivity

B. Does not occur exclusively during the course of schizophrenia, a bipolar disorder or depressive disorder with psychotic features, another psychotic disorder, or autism spectrum disorder and is not attributable to the physiological effects of another medical condition.

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Schizotypal Personality Disorder

“UFO AIDER”

Unusual perceptions

Friendless except for family

Odd beliefs, thinking, and speech

Affect – inappropriate, constricted

Ideas of reference

Doubts others – suspicious

Eccentric – appearance/behavior

Reluctant in social situations,
anxious



Diagnostic Criteria

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A.

a pervasive 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 behavior**, beginning **by early adulthood** and present in a variety of contexts, as indicated by **five (or more)** of the following:

1. **Ideas of reference** (excluding delusions of reference).
2. **Odd beliefs or magical thinking** that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, **telepathy**, or “**sixth sense**”: in children and adolescents, **bizarre fantasies** or preoccupations).
3. **Unusual perceptual experiences**, including **bodily illusions**.
4. **Odd thinking and speech** (e.g., vague, **circumstantial**, **metaphorical**, **overelaborate**, or **stereotyped**).
5. **Suspiciousness or paranoid ideation**.
6. **Inappropriate or constricted affect**.
7. **Behavior or appearance** that is **odd, eccentric, or peculiar**.
8. **Lack of close friends** or confidants other than first-degree relatives.
9. **Excessive social anxiety** that does not diminish with familiarity and tends to be **associated with paranoid fears** rather than **negative judgments** about self.

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Diagnostic Criteria

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B. Does not occur exclusively during the course of schizophrenia, a bipolar disorder or depressive disorder with psychotic features, another psychotic disorder, or autism spectrum disorder.

Note: If criteria are met prior to the onset of schizophrenia, add “premorbid,” e.g., “schizotypal personality disorder (premorbid).”

SCHIZOID

VOLUNTARY SOCIAL
WITHDRAWAL AND LIMITED
EMOTIONAL EXPRESSION



SCHIZOTYPAL

INTERPERSONAL
AWKWARDNESS, SOCIAL
ISOLATION, SUPERSTITIOUS,
ECCENTRIC APPEARANCE,
ODD SPEECH

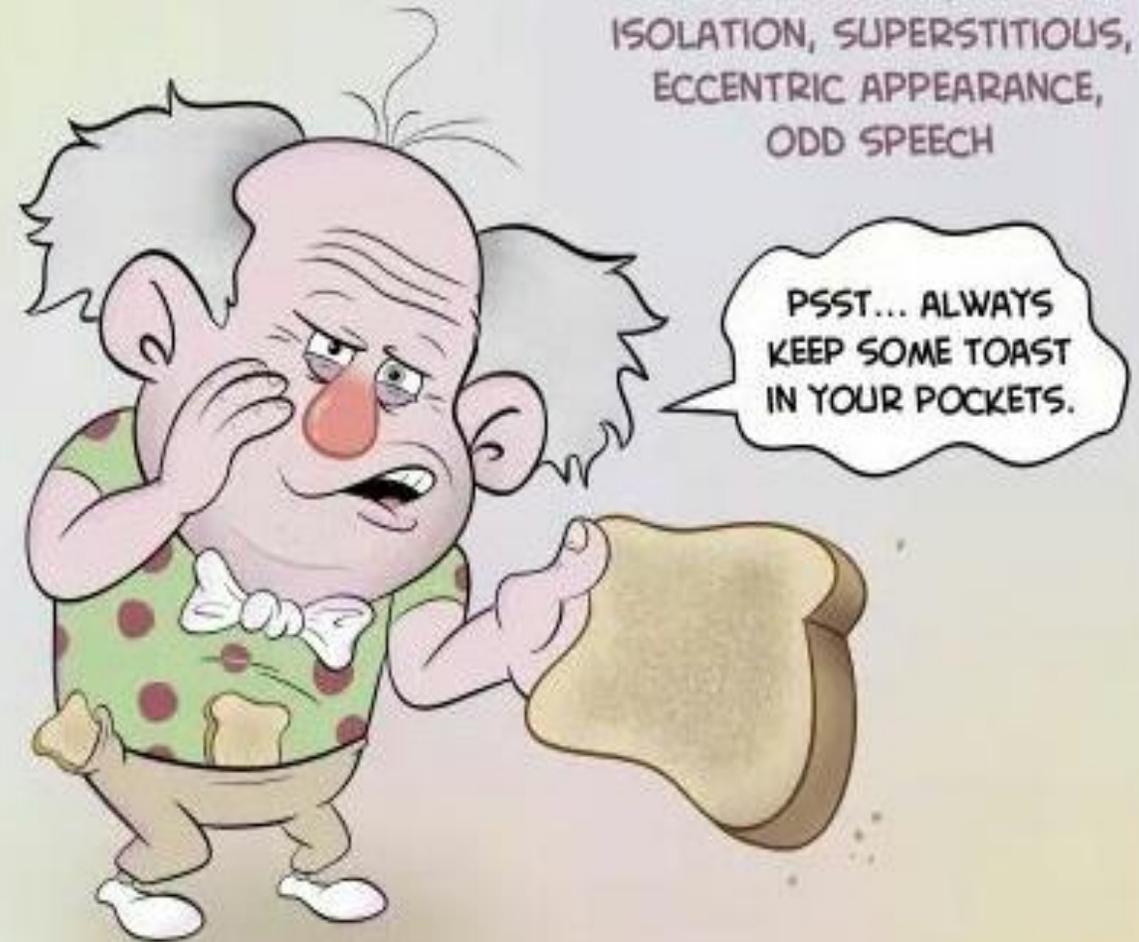
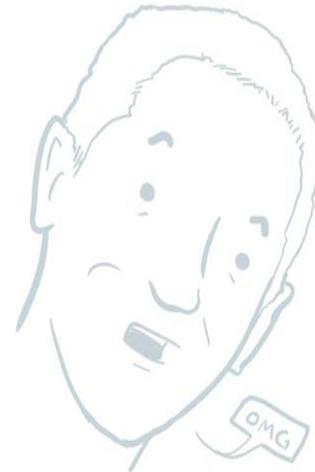


Table 10. Key Differences Among Schizoid, Schizotypal, and Schizophrenia

	Schizoid	Schizotypal	Schizophrenia
Thought Form	Organized	Organized, but vague and circumstantial	Disorganized, tangential, loosening of associations
Thought Content	No psychosis	No psychosis, may have ideas of reference, paranoid ideation, odd beliefs and magical thinking	Psychosis, hallucinations
Relationships	Solitary, NO desire for social relationships	Lacks close relationships, INTERESTED in relationships but socially inept	Socially marginalized, but not by choice



CLUSTER B PERSONALITY DISORDERS



Antisocial Personality Disorder

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Antisocial Personality Disorder

“CALLOUS MAN”

Conduct disorder before age 15y;

Current age at least 18y

Antisocial acts; commits acts that
are grounds for **A**rrest

Lies frequently

Lacunae – **L**acks a superego

Obligations not honored

Unstable – can't plan ahead

Safety of self and others ignored

Money problems – spouse and
children are not supported

Aggressive, **A**ssaultive

Not occurring exclusively during schizophrenia or mania



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Diagnostic Criteria

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A. A pervasive pattern of **disregard** for and **violation of the rights of others**, occurring **since age 15 years**, as indicated by **three (or more)** of the following:

A. .

1. **Failure to conform to social norms** with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.
2. **Deceitfulness**, as indicated by repeated **lying**, use of aliases, or conning others for personal profit or pleasure.
3. **Impulsivity** or failure to plan ahead.
4. **Irritability** and **aggressiveness**, as indicated by repeated physical fights or assaults.
5. **Reckless** disregard for safety of self or others.
6. Consistent **irresponsibility**, as indicated by repeated **failure** to sustain consistent **work** behavior or honor **financial obligations**.
7. **Lack of remorse**, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.

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Diagnostic Criteria

- B.** The individual is at least age 18 years.
- C.** There is evidence of conduct disorder with onset before age 15 years.
- D.** The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or bipolar disorder.

Borderline Personality Disorder

“I RAISED A PAIN”

Identify disturbance

Relationships are unstable

Abandonment frantically avoided (whether real or imagined)

Impulsivity

Suicidal gestures (threats, self-mutilation, etc.)

Empiness

Dissociative symptoms

Affective instability

Paranoid ideation (stress-related and transient)

Anger is poorly controlled

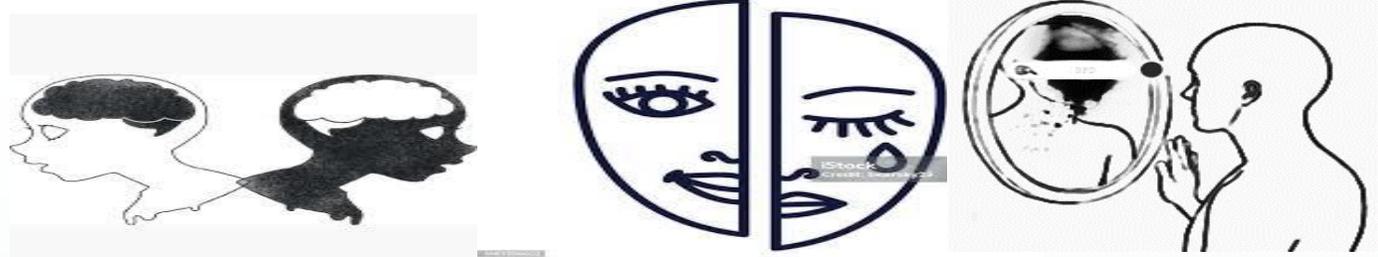
Idealization followed by devaluation

Negativistic (undermine themselves with self-defeating behavior)



Diagnostic Criteria

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A pervasive pattern of **instability of interpersonal relationships, self-image, and affects**, and **marked impulsivity**, beginning by **early adulthood** and present in a variety of contexts, as indicated by **five (or more)** of the following:

1. **Frantic efforts to avoid “real or imagined” abandonment.**
2. A pattern of **unstable and intense interpersonal relationships** characterized by alternating between **extremes of idealization and devaluation.**
3. **Identity disturbance**: markedly and persistently **unstable self-image** or sense of self.
4. **Impulsivity** in at least two areas that are **potentially self-damaging** (e.g., **spending, sex, substance abuse, reckless driving, binge eating**).
5. **Recurrent suicidal behavior**, gestures, or threats, or **self-mutilating behavior.**
6. **Affective instability** due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. **Chronic feelings of emptiness.**
8. Inappropriate, **intense anger** or **difficulty controlling anger** (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. **Transient, stress-related paranoid ideation** or **severe dissociative symptoms**

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A frequent defence mechanism in BPD sufferers is: **SPLITTING**

Also known as: **ALL OR NOTHING, BLACK AND WHITE THINKING**

This affects the way we see ourselves, others and the world...

100% BAD

100% GOOD



Histrionic Personality Disorder

“I CRAVE SIN”

Inappropriate behavior – seductive or provocative

Center of attention

Relationships are seen as closer than they really are

Apppearance is most important

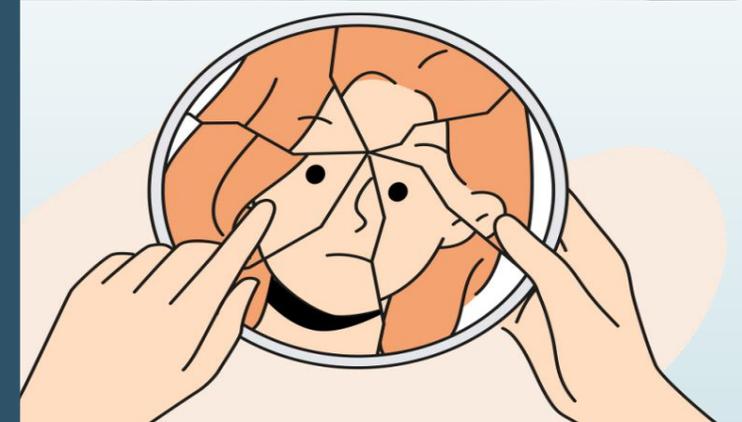
Vulnerable to others' suggestions

Emotional expression is exaggerated

Shifting emotions, **S**hallow

Impressionistic manner of speaking (lacks detail)

Novelty is craved



Diagnostic Criteria

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A pervasive pattern of **excessive emotionality and attention seeking**, beginning by **early adulthood** and present in a variety of contexts, as indicated by **five (or more)** of the following:

1. **uncomfortable** in situations in which he or she is **not the center of attention**.
2. Interaction with others is often characterized by **inappropriate sexually seductive** or provocative **behavior**.
3. Displays rapidly shifting and **shallow expression of emotions**.
4. Consistently uses **physical appearance to draw attention to self**.
5. Has a style of **speech** that is excessively **impressionistic and lacking in detail**.
6. Shows self-dramatization, **theatricality**, and **exaggerated expression of emotion**.
7. **Easily suggestible** (i.e., easily influenced by others or circumstances).
8. Considers **relationships to be more intimate than they actually are**.

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Narcissistic personality disorder is a mental disorder in which people have an inflated sense of their own importance and a deep need for admiration.



som^{ee}cards
user card



Narcissists fake crying, fake tears, fake empathy, fake charm, fake illness, fake emotions, fake regret, fake sensitivity, fake caring, fake jobs, fake education, fake strength, fake love, fake guilt, fake character, fake friendship, fake appeal, fake friendliness, fake (PLACE YOUR WORDS HERE).

Narcissistic Personality Disorder

“A FAME GAME”

Admirations required in excessive amounts

Fantasizes about unlimited success, brilliance, etc.

Arrogant

Manipulative

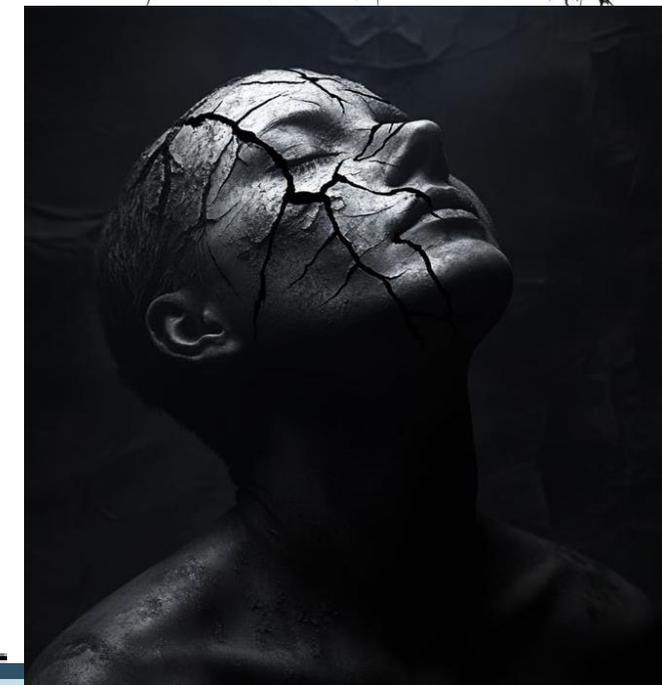
Envious of others

Grandiose sense of importance

Associates with special people

Me first attitude

Empathy lacking for others



Diagnostic Criteria

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A pervasive pattern of **grandiosity** (in fantasy or behavior), **need for admiration**, and **lack of empathy**, beginning by **early adulthood** and present in a variety of contexts, as indicated by **five (or more)** of the following:

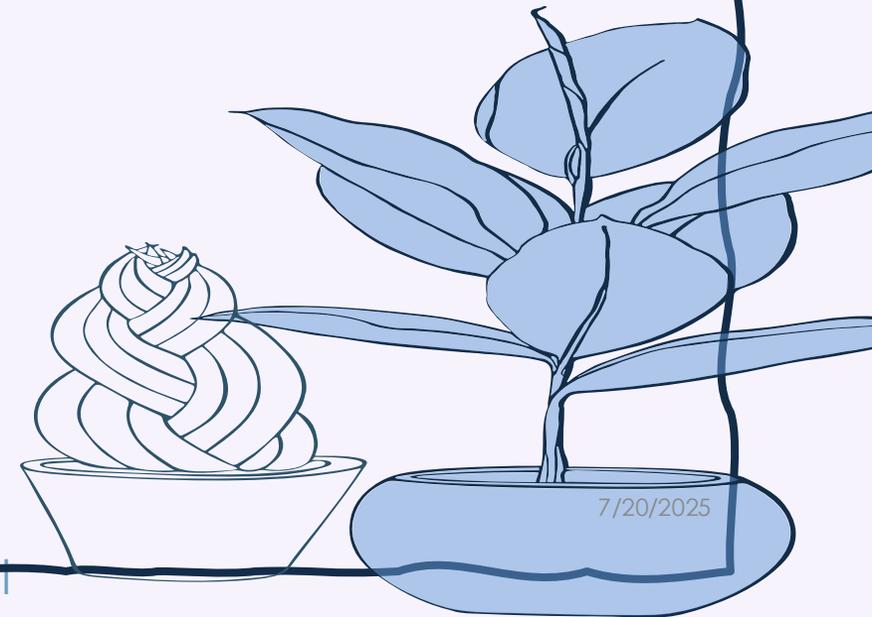
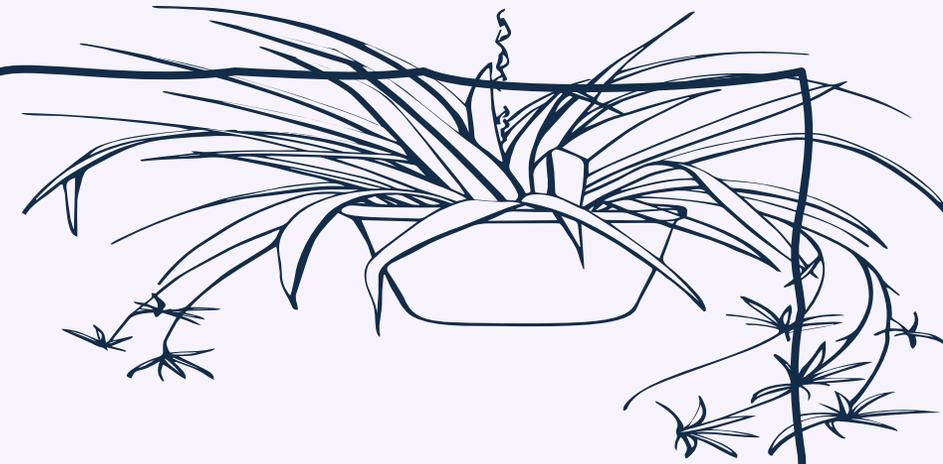
1. Has a **grandiose sense of self-importance** (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements).
2. Is **preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love**.
3. **Believes** that he or she is **“special”** and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).
4. **Requires excessive admiration**.
5. **Has a sense of entitlement** (i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations).
6. Is **interpersonally exploitative** (i.e., takes advantage of others to achieve his or her own ends).
7. **Lacks empathy**: is unwilling to recognize or identify with the feelings and needs of others.
8. Is often **envious of others** or believes that others are envious of him or her.
9. Shows **arrogant, haughty behaviors** or attitudes.

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IF YOU'RE
TIRED
LEARN TO
REST
NOT QUIT



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Avoidant Personality Disorder

“RIDICULE”

Restrained within relationships

Inhibited in interpersonal situations

Disapproval expected at work

Inadequate (view of self)

Criticism is expected in social situations

Unwilling to get involved

Longs for attachment to others

Embarrassment is the feared emotion



Diagnostic Criteria

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A pervasive pattern of **social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation**, beginning by **early adulthood** and present in a variety of contexts, as indicated by **four (or more)** of the following:

1. **Avoids occupational activities** that involve significant interpersonal contact because of **fears of criticism, disapproval, or rejection**.
2. Is **unwilling to get involved** with people **unless certain of being liked**.
3. Shows **restraint within intimate relationships** because of the **fear of being shamed or ridiculed**.
4. Is **preoccupied** with **being criticized or rejected** in social situations.
5. Is **inhibited in new interpersonal situations** because of **feelings of inadequacy**.
6. **Views self as socially inept**, personally unappealing, or **inferior to others**.
7. Is unusually **reluctant to take personal risks or to engage in any new activities** because they may **prove embarrassing**.

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Dependent Personality Disorder

“DARN HURT”

Disagreement is difficult to express

Advice – needs excessive input

Responsibility for major areas delegated to others

Nurturance – seeks excessive degree from others

Helpless when alone

Unrealistically preoccupied with being left to care for self

Relationships are desperately sought (when an established one ends)

Tasks – has difficulty initiating projects



Diagnostic Criteria

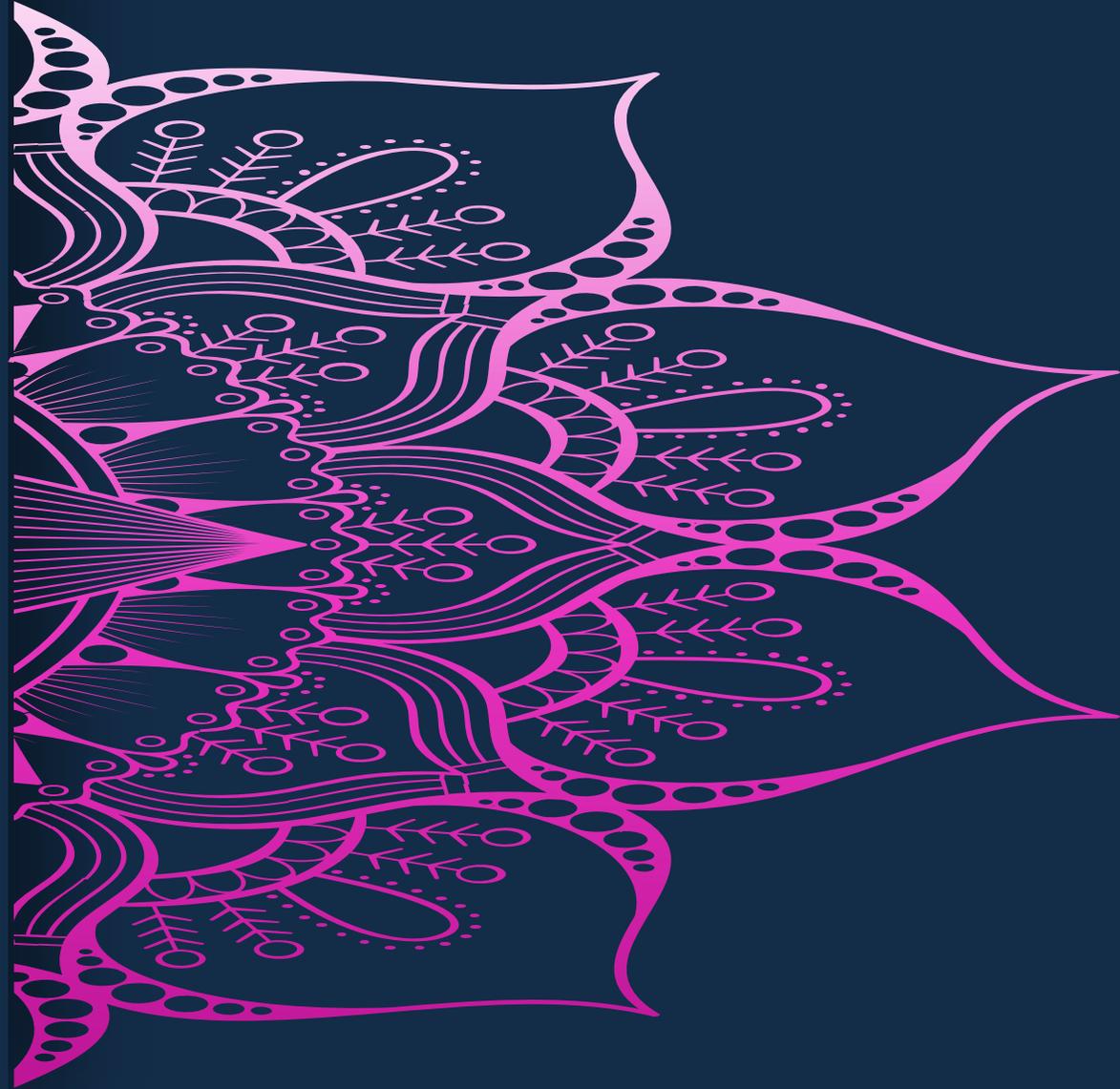
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A pervasive and **excessive need to be taken care** of that leads to **submissive and clinging behavior** and **fears of separation**, beginning by **early adulthood** and present in a variety of contexts, as indicated by **five (or more)** of the following:

1. Has **difficulty making everyday decisions without an excessive amount of advice and reassurance** from others.
2. **Needs others to assume responsibility** for most **major areas of his or her life**.
3. Has **difficulty expressing disagreement** with others because of **fear of loss of support or approval**.
4. Has **difficulty initiating projects** or doing things on his or her own
5. **Goes to excessive lengths to obtain nurturance and support** from others, to the point of volunteering to do things that are unpleasant.
6. **Feels uncomfortable or helpless when alone** because of exaggerated **fears of being unable to care for himself** or herself.
7. **Urgently seeks another relationship** as a source of care and support **when a close relationship ends**.
8. **Is unrealistically preoccupied with fears of being left to take care of himself** or herself.

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FINALLY



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Dr. Yazeed Al-Ataylat, Psychiatrist

Obsessive-Compulsive Personality

“LOW MIRTH”

Leisure activity is minimal

Organizational focus

Work and productivity
predominate

Miserly spending habits

Inflexible around morals,
values, etc.

Rigidity and stubbornness

Task completion impaired (by
perfectionism)

Hoards items – cannot discard
them



Diagnostic Criteria of OCPD (Anankastic)

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A pervasive pattern of **preoccupation with orderliness, perfectionism**, and mental and **interpersonal control**, at the **expense of flexibility, openness, and efficiency**, beginning by **early adulthood** and present in a variety of contexts, as indicated by **four (or more)** of the following:

1. Is **preoccupied with details, rules, lists, order, organization**, or schedules to the extent that the major **point of the activity is lost**.
2. Shows **perfectionism that interferes with task completion** (e.g., is unable to complete a project because his or her own overly strict standards are not met).
3. Is **excessively devoted to work** and productivity to the **exclusion of leisure** activities and friendships
4. Is **overconscientious, scrupulous, and inflexible** about **matters of morality, ethics, or value**.
5. Is **unable to discard worn-out or worthless objects** even when they have **no sentimental value**.
6. Is **reluctant** to delegate tasks or to **work with others** unless they submit to exactly **his or her way of doing things**.
7. Adopts a **miserly spending style toward both self and others**; money is viewed as something to be **hoarded for future catastrophes**.
8. Shows **rigidity and stubbornness**

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A silhouette of a person wearing a hooded garment, possibly a raincoat, stands on a beach looking out at the ocean during a sunset. The sun is a bright, glowing orb in the sky, casting a warm orange and yellow light over the scene. The ocean waves are visible in the distance, and the beach is in the foreground. The overall mood is contemplative and serene.

PERSONALITY DISORDER TREATMENT

Treatments

Schizoid	Psychodynamic and/or group therapy
Paranoid	Not likely to seek therapy
Dissocial	Highly unresponsive to any form of treatment Disciplined environment may improve behaviour
Emotionally unstable	Chronic treatment seekers CBT/ DBT (self-harm & suicide)/ group therapy
Histrionic	Psychodynamic/ CBT/ Group therapy
Borderline	DBT
Anankastic (Obsessional)	Psychotherapy: insight-oriented psychodynamic techniques & CBT
Anxious [avoidant]	Psychodynamic / CBT / group therapy, social skills training
Dependent	Psychodynamic and/or CBT and/or group therapy/ assertiveness training

Drugs

Most effective if individually tailored and symptom focused

1. **Antipsychotics** – cognitive symptoms, impulsivity and intense angry affect
2. Monoamine Oxidase Inhibitors – borderline PD to alleviate abnormal mood
3. Carbamazepine and **lithium** – episodic behavioural dyscontrol and **aggression**

Drug treatment and psychotherapy not mutually exclusive and combination may be summative.

Treatment

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Pharmacological treatments are used to treat specific symptoms as apposed to treating the underlying personality :

- **Mood stabilizers** such as Lithium, Lamotrigine and Carbamazepine may be useful in treating aggression, impulsivity & mood instability.
- **Antipsychotics** may be of some use in treating the psychotic symptoms that sometimes are experienced by Schizotypal & borderline personality disorder patients and have shown to reduce the parasuicidal behavior, impulsivity, aggression & agitation.
- **Antidepressants** may be useful in treating depressive symptoms. SSRI's may help with obsessive-compulsive symptoms as well as impulsivity & self-harm behavior.
- **Benzodiazepines** should be used with caution as abuse may lead to dependence. They may, however, be used to alleviate acute anxiety or sedate an acutely agitated or aggressive patient.

Course & prognosis

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- Patients with personality disorder have a greater incidence of other mental illnesses such as depression, anxiety, Schizophrenia & OCD.
- These illnesses tend to be more severe & have a worse prognosis than if the personality disorder was not present.
- Patients with personality disorders (especially cluster B) also have higher rates of suicide & accidental death than the general population.
- Half of all borderline personality disorder patients will show clinical recovery at 10-25 year follow-up.
- Schizotypal & obsessive-compulsive personality disorders tend to be stable over time, although schizotypal patients may go on to develop schizophrenia.

Prognosis

Cluster A: no change	Cluster B: varied, some may improve slowly	Cluster C: better outcome
<p>Paranoid</p> <ul style="list-style-type: none">• Long-term prognosis usually not encouraging <p>Schizoid</p> <ul style="list-style-type: none">• Relapse highly likely at end of treatment	<p>Dissocial</p> <ul style="list-style-type: none">• Unremitting course• Early death -accident, homicide or suicide <p>Emotionally unstable</p> <ul style="list-style-type: none">• 75-80% attempt or threaten suicide• 8- 10% success <p>Histrionic</p> <ul style="list-style-type: none">• Symptoms can last lifetime	<p>Anxious (avoidant)</p> <ul style="list-style-type: none">• Lower-functioning persons more likely to drop out of treatment.



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Life is about moments.

Create them.

Don't wait for them.

