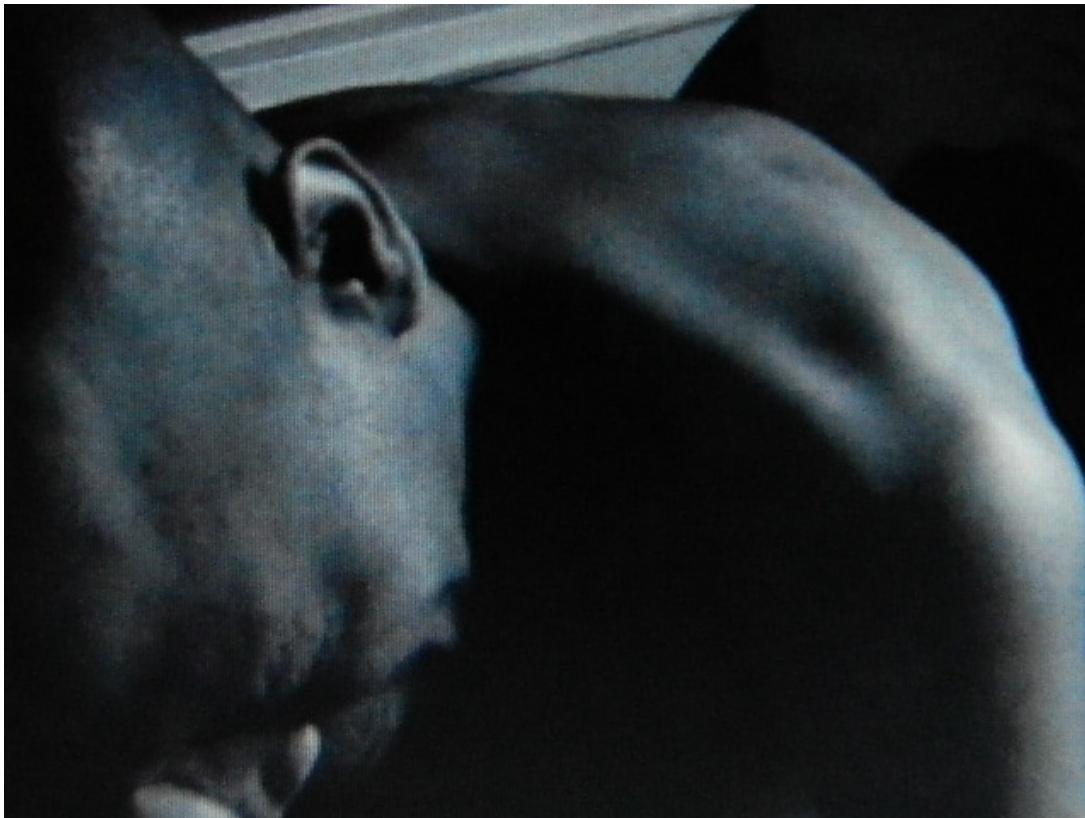


Overview of Personality Disorders: Cluster A, Cluster B and Cluster C Personality Disorders

[See online here](#)

Personality disorders are a cluster of mental diseases that involve semi-permanent patterns of thoughts and behavior which can be harmful and obstinate. These individuals have difficulties in handling everyday stresses and issues and their behavior can lead to serious issues with relationships and work. It has been seen that this disorder normally starts in the teen years or early adulthood. The clinical signs of personality disorder include emotional dysregulation, impulsive aggression, repeated self-injury, and chronic suicidal tendencies. Identifying this diagnosis is the most important thing for treatment planning.



Definition of Personality Disorders

Personality disorder is defined as “a persistent pattern of inner understanding and behavior that differs evidently from the prospects of the individual’s values, is prevalent and stubborn, has an inception in adolescence or early adulthood, becomes steady with time, and results in grief or damage”.

It is the way of thinking, feeling and behavior of an individual that gets deviated from the

expectations of the society, leading to agony or issues in working and may last over time.

Epidemiology of Personality Disorders

It has been noted that **1 in 10 people suffer from PD**.

Sex-related demographics

Personality disorders are distributed into 3 clusters (A, B, and C) and also according to their relative sex, these clusters include:

- **Cluster A** - This includes the **schizoid personality disorder** and is more common in males compared to females.
- **Cluster B** - This cluster includes **antisocial personality disorder**. This is three times more predominant in men compared to women; borderline personality disorder is three times more prevalent in women than in men
- **Cluster C** - This includes **obsessive-compulsive personality disorder** and is identified more commonly in men than in women.

Age-related differences

The norms for the diagnosis of personality disorders are mostly related to the **behavior occurring during the young and middle adulthood**; therefore, the thumb rule or the main criteria for the diagnosis of PD is that it cannot be made until the individual has turned 18 years.

Classification of Personality Disorders

Personality disorders can be grouped into three clusters, which are based on their descriptive similarities within each cluster. These clusters are:

Cluster A

Schizoid Personality Disorder

Individuals suffering from this disorder are generally **shy or timid, reserved, lonely, emotionless, and aloof**. These people are mostly absorbed in their own thoughts and feelings, and they are mostly fearful of closeness and intimacy with other people. They are more of a day dreamer's kind.

Paranoid Personality Disorder

The characteristic feature for the individual suffering from a paranoid personality disorder is that the **interpretations of the actions of others are deliberately threatening or derisive**. These people are mostly:

- Untrusting, difficult, and prone to fuming or violent outbreaks without any justification for their actions. This is because they identify others as disloyal, fickle, arrogant or dishonest.
- Individuals suffering from this disorder are jealous, defensive, private, and devious, and they mostly seem to be emotionally "cold" or unreasonably serious.

Schizotypal Personality Disorder

This disorder shows a pattern of peculiarities. These people mostly show the following characteristic:

- Strange or weird manners of talking or dressing
- Strange, unusual or paranoid opinions and beliefs.
- They have difficulty in establishing relationships and experience extreme apprehensions in handling social circumstances.
- Their reaction can be inappropriate or, at times, they may not respond at all during a conversation or they may even talk to themselves. They can also show signs of “mystic thinking” by stating that they have the power to see into the future or read other people’s minds or thoughts.

Cluster B

Anti-social personality disorder

Most of the individuals suffering from this disorder typically **act out their struggles and mostly overlook the normal rules of societal behavior**. These individuals are:

- Spontaneous, negligent, and insensitive.
- Usually, they have a history of legal complications, violent and reckless behavior, aggressive and sometimes violent relationships.
- They commonly show no respect for other individuals and feel no guilt about the effects of their behavior or actions on others.
- They are at menace for substance abuse, particularly alcoholism, as it aids them in getting relief from tension, irritability, and tediousness.

Borderline personality disorder

These individuals are mostly **unstable in numerous areas**, which include personal relationships, attitudes or moods, and self-respect. These individuals mostly have the show the following characteristics:

- Sudden and risky mood changes.
- Squally personal relationships.
- An unbalanced and inconsistent self-image, erratic and self-destructive actions.
- These individuals generally have difficulty in self-identification.
- They usually experience the world in extreme states, i.e., having a view point for others as either “completely good or bad.”
- Self-mutilation or recurrent suicidal thoughts or action, which is used to gain attention or manipulate others.
- Rash actions, chronic feelings of boredom or hollowness, and sessions of intense untimely anger.

Narcissistic personality disorder

People suffering from this disorder commonly have an **extreme sense of self-importance**, which can be accompanied by illusions of unrestricted success, and want constant attention. These people characteristically are:

- Vulnerable for failure and habitual complaints of multiple somatic symptoms.
- They are prone to extreme mood swings which can be in-between self-admiration and uncertainty.
- They are inclined to the exploitation of personal relationships.

Cluster C

Avoidant personality disorder

Individuals suffering from this personality disorder can be **over-sensitive to refusal or denial and are mostly reluctant in getting involved with others** unless they are certain of being adored. These individuals have:

- Extreme social anxiety and nervousness.
- The fright of criticism or denial.
- Avoidance of societal or work activities can have involvement of interpersonal relations.
- They are appalling of saying something and think they might be considered as being silly by others.
- They will blush or cry in front of others and can easily get hurt by any disapproval.
- These people mostly have no close relationships outside their family circle, although they want to, and get upset or disappointment at their inability to relate well with others.

Dependent personality disorder

People with this disorder can reveal a **pattern of dependent and submissive behavior**, i.e., they mostly rely on others to take decisions for them.

- They need extreme reassurance and guidance.
- They can easily get hurt or offended by criticism or disapproval.
- They are mostly uncomfortable and feel abandoned when alone, and can easily get devastated on the ending of a close relationship.
- They have a very strong fear and anxiety of rejection.
- They mostly lack self-confidence.
- This disorder commonly commences in early adulthood and is diagnosed more frequently in females than in males.

Cluster A (MAD) Familial association with psychotic disorders	Cluster B (BAD) Familial association with mood disorders	Cluster C (SAD) Familial association with anxiety disorder
<ul style="list-style-type: none"> • schizoid • schizotypal • paranoid 	<ul style="list-style-type: none"> • histrionic • borderline • narcissistic • antisocial 	<ul style="list-style-type: none"> • avoidant • dependent • obsessive-compulsive disorder

Pathophysiology of Personality Disorders

Individuals suffering from personality disorder most commonly show **abnormalities in their frontal, temporal, and parietal lobes**. These aberrations are commonly caused by perinatal injury, encephalitis, trauma injury or genetics. These disorders are can also

be seen with **reduced monoamine oxidase (MAO) and serotonin levels.**

Effects of Personality Development

The **short-term and long-term effects** of personality disorder include:

- Relationship difficulty.
- Increased withdrawal from socialization.
- Mood swings.
- Depression.
- Suicidal thoughts.
- Attempted suicide.
- Due to a lack of care, there can be a decline in physical health.

Causes of Personality Disorders

A personality disorder is a **combination of thoughts, emotions, and behavior.**

Personality is mostly formed during childhood and is shaped through interaction with:

- **Genes:** There are certain personality traits which are passed through our parents through our inherited genes and are sometimes termed as temperament.
- **Environment:** This involves the surroundings in which the patient has grown up, events that have happened and the patient's relationship with family members and others.
- Any kind of **trauma or shock** in childhood.
- Verbal **abuse** or exploitation.
- High reactivity.
- Peers.

Risk Factors of Personality Disorders

There are certain factors which can increase the risk of causing or triggering personality disorders, these factors include:

- A family history of personality disorders or another kind of mental illness
- An abusive, violent, unbalanced, or disordered family life during childhood.
- Diagnosed with a childhood conduct disorder.
- Disparities in brain chemistry and structure.

Diagnosis of Personality Disorders

If a patient is suspected of having a personality disorder, then the following methods are performed to diagnose the disorder:

Physical examination

A physical examination is performed and in-depth questions about the patient's health are noted. **There are certain cases in which the symptoms might be related to an underlying physical health problem.** These problems require an appropriate evaluation, which may include lab tests and also a screening test for alcohol and drugs.

Psychiatric evaluation

This includes a comprehensive evaluation of feelings, outlooks, and behavior. This may also include a questionnaire to help identify the diagnosis.

Diagnostic criteria in the DSM-5

The doctor compares the symptoms to the criteria mentioned in the diagnostic and statistical manual of Mental Disorders (DSM-5), published by the American Psychiatry Association.

Criteria for diagnosis

Personality disorder has its own set of diagnostic criteria, and, according to DSM-5, the diagnosis includes long-standing noticeable deviation from the social prospects that commonly leads to substantial distress or damage.

Treatment of Personality Disorders

Treatment of personality disorders mostly involves a **complete course of psychological therapy**, which normally lasts for at least six months or longer and will depend on the severity of the condition, along with other co-existing problems.

Treatment mostly depends on the particular type of personality disorder, situation, and life severity.

Psychological Therapies

This treatment encompasses the discussion of thoughts, feelings, and behavior with the help of a trained professional. The main aim of this treatment is:

- Improve patients' ability to control their feelings, emotions, and thoughts.
- There are few therapies which mostly focus on dysfunctional thoughts.
- Some commonly focus on self-reflection.
- They help people get to know the social-relationships in a better way.
- They can also suggest strategies to resolve problems, and, if required, can also change the patient's attitude and behavior.

They are basically classified into:

Psychodynamic psychotherapy

It is centered on the idea that **many adult patterns of behavior are associated with negative early childhood experiences**. These negative experiences commonly lead to a pattern of erroneous thinking and beliefs that may have been more understandable in childhood and challenging to work in adult life. The main goal of this therapy is to:

- Explore these distortions.
- Understanding the root causes of these problems.
- Find affective means and their implementation to overcome the influences on thinking and behavior.

Cognitive behavior therapy

This therapy is based on the theory that **how we think about a situation affects how we act** which, in turn, shows how our actions can affect how we think and feel. The main goal of this therapy is:

- It is vital to change both the act of thinking and behavior at the very same time.
- It must help in coping with better emotional uncertainty.
- Inspiring the patient to behave in a positive manner.

Interpersonal therapy

This therapy is based on the theory that **our relationship with other people and the outside world in general and has a very powerful effect on mental health**. A personality disorder is commonly associated with feelings of low self-esteem, anxiety, and self-doubt.

Medications for Personality Disorders

Medications are **no curative way** for any personality disorder; they are mostly used as an adjunct to encourage the patient to go for psychotherapy.

Personality disorder medication can have several **side-effects**; these include:

- Changes in libido.
- Weight loss or gain.
- Insomnia.
- Fatigue.
- Agitation.
- Drug addiction, dependence, and withdrawal.

Complications with Personality Disorders

Personality disorder can considerably **disturb the lives of both the affected person and also the person related to them**.

If left untreated, then the complications of personality disorder include:

- Difficulty in a relationship.
- Problems occurring at work or school.
- Depression or sadness.
- Drug or alcohol abuse.
- Suicidal thoughts, tendencies or behavior.

Prognosis of Personality Disorders

There are a lot of people who are suffering from borderline personality disorder and they are told that their chronic disorder cannot be treated; however, people suffering from borderline personality disorder have a **good prognosis if given proper and timely treatment**.

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