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

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

A 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 inception in adolescence or early adulthood, becomes steady with time, and results in grief or damage.” The term refers to an individual’s thought processes, feelings, and behaviors that deviate
from societal expectations. Untreated, the disorders may lead to difficulty functioning and self-harm. The condition may last over time.

**Epidemiology of Personality Disorders**

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

**Sex-related demographics**

Personality disorders are distributed into three clusters (A, B, and C), which are based on their descriptive similarities within each cluster and according to their relative sex; these clusters include:

- **Cluster A** – This cluster includes the **schizoid personality disorder**, which is more common in males than in females.
- **Cluster B** – This cluster includes **antisocial personality disorder**. This is three times more common in males than in females. A **borderline personality disorder** is three times more common in females than in males.
- **Cluster C** – This cluster includes **obsessive-compulsive personality disorder** and is more common in males than in females.

**Age-related differences**

Personality disorders are diagnosed according to the **behavior occurring during young and middle adulthood**. The main criterion for PD is that it cannot be made until the individual is at least 18 years old.

**Classification of Personality Disorders**

**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 (“daydreamers”) and tend to be fearful of closeness and intimacy with other people.

**Paranoid Personality Disorder**

Individuals suffering from paranoid personality disorder tend to **interpret others’ actions as deliberately threatening or derisive**. These people are mostly:

- Distrusting, difficult, and prone to fuming or violent outbreaks with no justifiable reason 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. To others, they seem emotionally “cold” or unreasonably serious.
Schizotypal Personality Disorder

This disorder shows a pattern of peculiarities, and may include the following characteristics:

- Unusual manners of talking or dressing
- Irrational or paranoid opinions and beliefs.
- Difficulty establishing relationships; the individual may be extremely apprehensive in social situations.
- Inappropriate responses to others during conversation. At times, the individual may not respond during a conversation or may carry on a conversation with him/herself. 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. Most overlook the normal rules of societal behavior. These individuals are:

- Spontaneous, negligent, and insensitive.
- Have a history of legal complications in many cases, with violent and reckless behavior, aggressive and sometimes violent relationships.
- Show no respect for other individuals and feel no guilt about the effects of their behavior or actions on others.
- At risk for substance abuse, particularly alcoholism, as it aids them in getting relief from tension, irritability, and tediousness.

Borderline personality disorder

These individuals tend to be unstable in numerous areas, including personal relationships, attitudes or moods, and self-respect. These individuals may have the following characteristics:

- Sudden mood changes.
- Unstable personal relationships.
- An unbalanced and inconsistent self-image, with erratic and self-destructive actions.
- Difficulty with self-identification.
- Experience the world in extreme states, i.e., viewing others as either “completely good or bad.”
- Self-mutilation or recurrent suicidal thoughts or actions, which are used to gain attention or manipulate others.
- Rash actions, chronic feelings of boredom or hollowness, and sessions of intense 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. They want
constant attention. These people characteristically are:

- Vulnerable for failure and habitual complaints of multiple somatic symptoms.
- Prone to extreme mood swings between self-admiration and uncertainty.
- 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 reluctant to get involved with others unless they are certain of being adored. These individuals have:

- Extreme social anxiety and nervousness.
- Fear of criticism or denial.
- Avoidance of societal or work activities involving interpersonal relations.
- Fear of saying something that might be considered silly.
- A tendency to blush or cry in front of others and be hurt easily by any disapproval.
- No close relationships outside their family circle, although they want to, and get upset or disappointed over their inability to relate well to 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 make decisions for them. This disorder commonly commences in early adulthood and is diagnosed more frequently in females than in males.

- They need extreme reassurance and guidance.
- They can get hurt or offended by criticism or disapproval easily.
- They are mostly uncomfortable and feel abandoned when alone, and can easily become devastated over the ending of a close relationship.
- They have a very strong fear and anxiety of rejection.
- They mostly lack self-confidence.

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<th>Cluster A (MAD)</th>
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**Pathophysiology of Personality Disorders**

Individuals suffering from personality disorders often have abnormalities in their frontal, temporal, and parietal lobes. These aberrations are commonly caused by perinatal injury, encephalitis, trauma injury, or genetics. They may also occur because of 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.
- Decline in physical health from lack of self-care.

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:

- **Genes**: Certain personality traits, sometimes considered temperament, are inherited.
- **Environment**: The surroundings in which the patient has grown up, events that occurred, and the patient’s relationship with family members and others.
- Any kind of trauma or shock in childhood.
- Verbal abuse or exploitation.
- High reactivity.
- Interaction with 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 other kinds 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 procedures are performed to diagnose the disorder:

Physical examination

A physical examination is performed and in-depth questions about the patient’s health are noted. In certain cases, the symptoms might be attributable to an underlying physical health problem. These problems require an appropriate evaluation, which may include lab tests and screening 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 disorders have their own set of diagnostic criteria. According to DSM-5, the diagnosis includes long-standing noticeable deviation from social aspects, which 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 aims of this treatment include:

- Improving patients’ abilities to control their feelings, emotions, and thoughts.
- Helping patients manage dysfunctional thoughts.
- Encouraging self-reflection.
- Understanding social relationships in a better way.
- Developing strategies to resolve problems, and, if required, change the patient’s attitude and behavior.

They are basically classified into:

Psychodynamic psychotherapy

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

- Exploring these distortions.
- Understanding the root causes of these problems.
- Finding and implementing effective strategies to overcome these 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:

- To change both the act of thinking and behavior at the very same time.
To help the patient with better emotional uncertainty.
To inspire the patient to behave in a positive manner.

Interpersonal therapy

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

Medications for Personality Disorders

There are no medications to cure any personality disorder; mostly, they are used as an adjunct to encourage the patient to undergo psychotherapy.

Personality disorder medication can have several side effects, including:

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

Complications with Personality Disorders

Personality disorders 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 at work or school.
- Depression or sadness.
- Drug or alcohol abuse.
- Suicidal thoughts, tendencies, or behavior.

Prognosis of Personality Disorders

Many people suffer from borderline personality disorders and are told that their chronic disorders cannot be treated. However, people suffering from borderline personality disorder have good prognoses if given proper and timely treatment by qualified professionals.

References


American Psychiatric Association.

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