

## Personality Disorder and its treatment

Everyone has a personality. We are all different. Some people are very anxious, some very calm. Some are completely unreliable, others steady as a rock. Some become easily angry in comparison with those whose calm seems unshakeable. Some are robust and others seem easily bowled over by adversity. The variations are endless.

As we grow up, we learn to recognise these personal differences and adapt our own behaviour to take account of them. We are able to predict how certain people are likely to behave in certain situations and approach or respond to them in a way most likely to get the best out of them and ourselves. In our own minds, we establish a wide spectrum of behaviour, much of which we might not like or approve of but which we accept as just "what some people are like". Society also creates such a spectrum, which may differ from our own. There are, however, some people whose behaviour is carried to such extremes that they are regarded as falling outside any such spectrum. It is these people who are usually described as having a personality disorder.

Many personality disorders cause little problem except to the people who have them. The excessively anxious or the perfectionist, for instance, may make themselves physically ill with worry. The excessively tidy may find it impossible to live with anyone else. Neither do much harm to others. It is only when people's excessive behaviour is likely to cause damage to themselves or others that public concern about people with personality disorders is aroused. The most common examples are with people who are excessively aggressive or violent or who are convinced that, for instance, they have a right to take anything that they want. The questions to be answered are then:

- how far such people should be blamed for what they do,
- whether there is any way of changing them
- whether they can be made to undertake whatever is needed to change them.

One of the problems with all kinds of personality disorder is the perception that the people concerned can change themselves if they really wish to do so and that it is therefore their fault if they do not. We therefore tend to blame people who have a personality disorder. Yet is it right to assume that people can change through sheer effort of will ?

The differences between human beings are partly related to their heredity and partly to what has happened to them since they were born. These are also the main factors which determine differences in function which amount to personality disorder. The detailed structure and chemistry of the brain differs between people and this may also affect personality, as may religious or spiritual beliefs. All these things are largely beyond the control of individuals yet contribute to the development of their personality during childhood and are usually sufficiently stable by adolescence for the inherent personality to be regarded as established during the teenage years. In normal people, aspects of personality are often modified in the light of subsequent experience, but in the case of people with personality disorders, the aspects which are excessive tend to become more firmly established rather than modified.

In view of all these different contributing factors, it is always difficult to know how much someone can change his or her habits by effort of will. A good analogy is with someone who has a weight problem. Some people who are overweight are like that because they are lazy and self-indulgent. On the other hand there are others whose metabolisms are such that it would be an enormous struggle for them to stop putting on weight. With personality

disorders there is a comparable spectrum and it is never easy to say how much that person can be blamed rather than pitied for the condition.

What can or should be done to try and change the personality where this is causing suffering to the person or those around him? The first and most important thing to say is that it is difficult to help those who wish to change and almost impossible to change those who are not motivated for change. There is also a very serious ethical issue about imposing change even if it could be done. With mental illness, the Mental Health Act 1983 allows and indeed obliges us to treat people against their will where they are a danger to themselves or others. In such cases psychiatrists are attempting to restore that person to how he is normally and the law insists that there must be a reasonable chance that the person will respond to compulsory treatment.

These considerations make it difficult to apply the Mental Health Act to people with personality disorders who are not motivated to change and for whom no recognised treatment is available. In authoritarian countries, psychiatrists have been pressed into being repressive agents of the State to deal with non-conformists. In democratic countries psychiatrists are very suspicious of anything that smacks of such activity.

The personality can be likened to an onion, with each outer layer an attempt to cover up the strains of an inner layer. People with dangerous personality disorders are often deeply anxious and depressed though this may not show. It may be easier to sort out problems when the cover-up is stripped off and the issues are faced more directly. Anorexia nervosa is often an obvious form of rigid self-control and avoidance but in someone who underneath is terrified of their inner impulses. Alcoholism allows a man to become dependent on his mates in a "masculine" fashion and can unlock habitual violence.

For those people who have an enduring motivation to change, there is a variety of approaches that may help. There are major Units run on psychoanalytical principles, such as the Henderson Hospital and the Cassel Hospital. The therapy is intensive and managed both in groups and individual sessions. The principles are to make people aware of what they do to others, why they do it and then to give them the support that allows them to behave differently.

Treatment in these Units usually runs for one, two or more years and most patients are expected to live away from the Units at weekends.

Another approach is behavioural which concentrates more on changing the behaviour and not bothering too much about tracing the roots back into childhood. This is commonly done by keeping the individual exposed to the circumstances in which he finds it difficult to function while giving him sympathetic support and rewards when he gets it right. Self-esteem is often a central issue in Personality Disorder and this can be tackled, among other ways, by helping the person to pay attention to the positive things about himself instead of concentrating on the negative.

The Mental Health Act is sometimes used in specialist settings to treat people with Personality Disorder against their will, where there is reason to believe that with patience a therapeutic relationship may be formed that could lead to greater motivation for treatment. This is particularly the case for younger deprived persons who are likely to prove more flexible than the older person set in his ways. Such an approach must be considered

experimental. There is a case to be made out for exploring the frontiers of therapy but this must be properly planned and resourced as an experiment with ethical approval and a proper period of evaluation before it becomes more generally applied.

Psychiatrists are only too aware of the pressures that build up – particularly from the Justice system – to take over people to whom they can act only as jailers and not as therapists. Anything that contributes to the Public's perception of the psychiatrist as a custodian, rather than a helper, will confirm the stigma attached to psychiatry and make it that more difficult for people who could benefit from psychiatric help to come forward at an early stage when help is simpler and most effective.

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#### **Links for further reading**

“Personality disorder, its nature, stigmatisation, relationship to mental illness and its treatment possibilities” – Chapter 5 of Every Family in the Land: understanding prejudice and discrimination against people with mental illness.

<http://www.stigma.org/everyfamily/chapter5.html>