



# ICD-11 DIAGNOSTIC GUIDELINES

## Personality Disorder and Related Traits

*Note:* This document contains a pre-publication version of the ICD-11 diagnostic guidelines for Personality Disorder and Related Traits. There may be further edits to these guidelines prior to their publication.

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## PERSONALITY DISORDERS AND RELATED TRAITS

Personality refers to an individual's characteristic way of behaving, experiencing life, and of perceiving and interpreting themselves, other people, events, and situations. Personality Disorder is a marked disturbance in personality functioning, which is nearly always associated with considerable personal and social disruption. The central manifestations of Personality Disorder are impairments in functioning of aspects of the self (e.g., identity, self-worth, capacity for self-direction) and/or problems in interpersonal functioning (e.g., developing and maintaining close and mutually satisfying relationships, understanding others' perspectives, managing conflict in relationships). Impairments in self-functioning and/or interpersonal functioning are manifested in maladaptive (e.g., inflexible or poorly regulated) patterns of cognition, emotional experience, emotional expression, and behaviour.

The following diagnostic guidelines for Personality Disorder first present a set of Essential Features, all of which must be present to diagnose a Personality Disorder. Once the diagnosis of a Personality Disorder has been established, it should be described in terms of its level of severity:

6D10.0	Mild Personality Disorder
6D10.1	Moderate Personality Disorder
6D10.2	Severe Personality Disorder

Also listed in this grouping is:

QE50.7	Personality Difficulty
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Personality Difficulty is not classified as a mental disorder, but rather is listed in the grouping of Problems Associated with Interpersonal Interactions in the chapter on Factors Influencing Health Status or Contact with Health Services. Personality Difficulty refers to pronounced personality characteristics that may affect treatment or health services but do not rise to the level of severity to merit a diagnosis of Personality Disorder.

Personality Disorder and Personality Difficulty can be further described using five trait domain qualifiers. These trait domains describe the characteristics of the individual's personality that are most prominent and that contribute to personality disturbance. As many as necessary to describe personality functioning should be applied.

Trait domain qualifiers that may be recorded include the following:

6D11.0	Negative Affectivity
6D11.1	Detachment
6D11.2	Dissociality
6D11.3	Disinhibition
6D11.4	Anankastia

More detailed guidance about the personality characteristics reflected in the trait domain qualifiers is provided in the following sections.

Clinicians may also wish to add an additional qualifier for 'Borderline pattern':

### 6D11.5 Borderline pattern

The Borderline pattern qualifier has been included to enhance the clinical utility of the classification of Personality Disorder. Specifically, use of this qualifier may facilitate the identification of individuals who may respond to certain psychotherapeutic treatments.

A complete description of a particular case of Personality Disorder includes the rating of the severity level and the assignment of the applicable trait domain qualifiers (e.g., Mild Personality Disorder with Negative Affectivity and Anankastia; Severe Personality Disorder with Dissociality and Disinhibition.) The Borderline pattern qualifier is considered optional but, if used, should ideally be used in combination with the trait domain qualifiers (e.g., Moderate Personality Disorder with Negative Affectivity, Dissociality, and Disinhibition, Borderline pattern).

### ***6D10 Personality Disorder (general diagnostic requirements)***

#### *Essential Features:*

- An enduring disturbance characterized by problems in functioning of aspects of the self (e.g., identity, self-worth, accuracy of self-view, self-direction), and/or interpersonal dysfunction (e.g., ability to develop and maintain close and mutually satisfying relationships, ability to understand others' perspectives and to manage conflict in relationships).
- The disturbance has persisted over an extended period of time (e.g., lasting 2 years or more).
- The disturbance is manifest in patterns of cognition, emotional experience, emotional expression, and behaviour that are maladaptive (e.g., inflexible or poorly regulated).
- The disturbance is manifest across a range of personal and social situations (i.e., is not limited to specific relationships or social roles), though it may be consistently evoked by particular types of circumstances and not others.
- The patterns of behaviour characterizing the disturbance are not developmentally appropriate and cannot be explained primarily by social or cultural factors, including socio-political conflict.
- The symptoms are not due to the direct effects of a medication or substance, including withdrawal effects, and are not better accounted for by another mental disorder, a Disease of the Nervous System, or another medical condition.
- The disturbance is associated with substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.
- Personality Disorder should not be diagnosed if the patterns of behaviour characterizing the personality disturbance are developmentally appropriate (e.g., problems related to establishing an independent self-identity during adolescence) or can be explained primarily by social or cultural factors, including socio-political conflict.

**Severity of Personality Disorder:**

The areas of personality functioning shown in Table A should be considered in making a severity determination for individuals who meet the general diagnostic requirements for Personality Disorder.

**Table A. Aspects of personality functioning that contribute to severity determination in Personality Disorder**

- Degree and pervasiveness of disturbances in functioning of aspects of the self:
  - Stability and coherence of one's sense of identity (e.g., extent to which identity or sense of self is variable and inconsistent or overly rigid and fixed).
  - Ability to maintain an overall positive and stable sense of self-worth.
  - Accuracy of one's view of one's characteristics, strengths, limitations.
  - Capacity for self-direction (ability to plan, choose, and implement appropriate goals).
- Degree and pervasiveness of interpersonal dysfunction across various contexts and relationships (e.g., romantic relationships, school/work, parent-child, family, friendships, peer contexts):
  - Interest in engaging in relationships with others.
  - Ability to understand and appreciate others' perspectives.
  - Ability to develop and maintain close and mutually satisfying relationships.
  - Ability to manage conflict in relationships.
- Pervasiveness, severity, and chronicity of emotional, cognitive, and behavioural manifestations of the personality dysfunction:

*Emotional manifestations:*

- Range and appropriateness of emotional experience and expression.
- Tendency to be emotionally over- or underreactive.
- Ability to recognize and acknowledge emotions that are difficult or unwanted by the individual (e.g., anger, sadness).

*Cognitive manifestations:*

- Accuracy of situational and interpersonal appraisals, especially under stress.
- Ability to make appropriate decisions in situations of uncertainty.
- Appropriate stability and flexibility of belief systems.

*Behavioural manifestations:*

- Flexibility in controlling impulses and modulating behaviour based on the situation and consideration of the consequences.
  - Appropriateness of behavioural responses to intense emotions and stressful circumstances (e.g., propensity to self-harm or violence).
- The extent to which the dysfunctions in the above areas are associated with distress or impairment in personal, family, social, educational, occupational or other important areas of functioning.

## **6D10.0 Mild Personality Disorder**

### *Essential Features:*

- All general diagnostic requirements for Personality Disorder are met.
- Disturbances affect some areas of functioning of the self but not others (e.g., problems with self-direction in the absence of problems with stability and coherence of identity or self-worth; see Table A), or affect all areas but are of mild severity, and may not be apparent in some contexts.
- There are problems in many interpersonal relationships or in performance of expected occupational and social roles, but some relationships are maintained and/or some roles fulfilled.
- Specific manifestations of personality disturbances are generally of mild severity (see below for examples).
- Mild Personality Disorder is typically not associated with substantial harm to self or others.
- Mild Personality Disorder may be associated with substantial distress or with impairment in personal, family, social, educational, occupational or other important areas of functioning that is either limited to circumscribed areas (e.g., romantic relationships; employment) or present in more areas but of milder severity.

### **Examples of specific personality disturbances in Mild Personality Disorder**

**Note:** *This list of examples is not exhaustive and not intended to suggest that all items will be present in any single individual.*

- The individual's sense of self may be somewhat contradictory and inconsistent with how others view them.
- The individual has difficulty recovering from injuries to self-esteem.
- The individual's ability to set appropriate goals and to work towards them is compromised; the individual has difficulty handling even minor setbacks.
- The individual may have conflicts with supervisors and co-workers, but is generally able to sustain employment.
- The individual's limitations in the ability to understand and appreciate others' perspectives create difficulties in developing close and mutually satisfying relationships.
- There may be estrangement in some relationships, but relationships are more commonly characterized by intermittent or frequent, minor conflicts that are not so severe that they cause serious and long-standing disruption.
- Alternatively, relationships may be characterized by dependence and avoidance of conflict by giving in to others, even at some cost to themselves.
- Under stress, there may be some distortions in the individual's situational and interpersonal appraisals but reality testing typically remains intact.

## **6D10.1 Moderate Personality Disorder**

### *Essential Features:*

- All general diagnostic requirements for Personality Disorder are met.

- Disturbances affect multiple areas of functioning of the self (e.g., stability and coherence of identity, self-worth, self-direction; see Table A) and are of moderate severity.
- There are marked problems in most interpersonal relationships and the performance of most expected social and occupational roles is compromised to some degree.
- Relationships are likely to be characterized by conflict, avoidance, withdrawal, or extreme dependency (e.g., few friendships maintained, persistent conflict in work relationships and consequent occupational problems, romantic relationships characterized by serious disruption or inappropriate submissiveness).
- Specific manifestations of personality disturbance are generally of moderate severity (see below for examples).
- Moderate Personality Disorder is sometimes associated with harm to self or others.
- Moderate Personality Disorder is associated with marked impairment in personal, family, social, educational, occupational or other important areas of functioning, although functioning in circumscribed areas may be maintained.

### **Examples of specific personality disturbances in Moderate Personality Disorder**

**Note:** *This list of examples is not exhaustive and not intended to suggest that all items will be present in any single individual.*

- The individual's sense of self may become incoherent in times of crisis.
- The individual has considerable difficulty maintaining positive self-esteem or, alternatively, has an unrealistically positive self-view that is not modified by evidence to the contrary.
- The individual exhibits poor emotion regulation in the face of setbacks, often becoming highly upset and giving up easily. Alternatively, the individual may persist unreasonably in pursuit of goals that have no chance of success.
- The individual may exhibit little genuine interest in or efforts toward sustained employment.
- Major limitations in the ability to understand and appreciate others' perspectives hinder developing close and mutually satisfying relationships.
- There are persistent problems in those relationships that do exist. They may be characterized by frequent, serious, and volatile conflict, or be significantly unbalanced (e.g., the individual is highly dominant or highly submissive).
- Under stress there are marked distortions in the individual's situational and interpersonal appraisals. There may be mild dissociative states or psychotic-like beliefs or perceptions (e.g., paranoid ideas).

### **6D10.2 Severe Personality Disorder**

*Essential Features:*

- All general diagnostic requirements for Personality Disorder are met.
- There are severe disturbances in multiple areas of functioning of the self (e.g., sense of self may be so unstable that individuals report not having a sense of who they are or so rigid that they refuse to participate in any but an extremely narrow range of situations; self view may be characterized by self-contempt or be grandiose or highly eccentric; See Table A).

- Problems in interpersonal functioning seriously affect virtually all relationships and the ability and willingness to perform expected social and occupational roles is severely compromised or absent.
- Specific manifestations of personality disturbance are severe (see below for examples) and affect most, if not all, areas of personality functioning.
- Severe Personality Disorder is often associated with harm to self or others.
- Severe Personality Disorder is associated with severe impairment in all or nearly all areas of life, including personal, family, social, educational, occupational, and other important areas of functioning.

### **Examples of specific personality disturbances in Severe Personality Disorder**

**Note:** *This list of examples is not exhaustive and not intended to suggest that all items will be present in any single individual.*

- The individual's self-view is very unrealistic and typically is highly unstable or contradictory.
- The individual has serious difficulty with regulation of self-esteem, emotional experience and expression, and impulses, as well as other aspects of behaviour (e.g., perseveration, indecision).
- The individual is largely unable to set and pursue realistic goals.
- The individual's interpersonal relationships, if any, lack mutuality; are shallow, extremely one-sided, unstable, or highly conflictual, often to the point of violence. Family relationships are absent (despite having living relatives) or marred by significant conflict.
- The individual has extreme difficulty acknowledging difficult or unwanted emotions (e.g., does not recognize or acknowledge experiencing anger, sadness, or other emotions).
- The individual is unwilling or unable to sustain regular work due to lack of interest or effort, poor performance (e.g., failure to complete assignments or perform expected roles, unreliability), interpersonal difficulties, or inappropriate behaviour (e.g., fits of temper, insubordination).
- Under stress, there are extreme distortions in the individual's situational and interpersonal appraisals. There are often dissociative states or psychotic-like beliefs or perceptions (e.g., extreme paranoid reactions).

### **OE50.7 Personality Difficulty**

As noted, Personality Difficulty is not considered a mental disorder, but rather is listed in the grouping of Problems Associated with Interpersonal Interactions in the chapter on Factors Influencing Health Status or Contact with Health Services. Personality Difficulty refers to pronounced personality characteristics that may affect treatment or health services but do not rise to the level of severity to merit a diagnosis of Personality disorder.

Personality Difficulty is characterized by long-standing difficulties (e.g., at least 2 years), in the individual's way of experiencing and thinking about the self, others and the world. In contrast to Personality Disorder, Personality Difficulty is manifested in cognitive and

emotional experience and expression only intermittently (e.g., during times of stress) or at low intensity. Personality Difficulty is typically associated with some problems in functioning, but these are insufficiently severe to cause notable disruption in social, occupational, and interpersonal relationships or may be limited to specific relationships or situations.

### ***Trait Domain Qualifiers***

Trait domain qualifiers may be applied to Personality Disorders or Personality Difficulty to describe the characteristics of the individual's personality that are most prominent and that contribute to personality disturbance.

Trait domains are continuous with normal personality characteristics in individuals who do not have Personality Disorder or Personality Difficulty. Trait domains are not diagnostic categories, but rather represent a set of dimensions that correspond to the underlying structure of personality.

As many trait domain qualifiers may be applied as necessary to describe personality functioning. Individuals with more severe personality disturbance tend to have a greater number of prominent trait domains. However, a person may have a Severe Personality Disorder and manifest only one prominent trait domain (e.g., Detachment).

Trait domain qualifiers that may be recorded include the following:

#### **6D11.0 Negative Affectivity**

The core feature of the Negative Affectivity trait domain (sometimes referred to as Neuroticism) is the tendency to experience a broad range of negative emotions. Common manifestations of Negative Affectivity, not all of which may be present in a given individual at a given time, include the following:

- ***Experiencing a broad range of negative emotions with a frequency and intensity out of proportion to the situation.*** Common negative emotions include but are not limited to anxiety, worry, depression, vulnerability, fear, anger, hostility, guilt, and shame. The particular negative emotions that are most characteristic of any particular person vary across individuals and are largely dependent on the presence or degree of other trait domains. For example, individuals high on Dissociality are more likely to experience 'externalizing' negative emotions (e.g., anger, hostility, contempt), whereas those high on Detachment are more likely to experience 'internalizing' negative emotions (e.g., anxiety, depression, pessimism, guilt).
- ***Emotional lability and poor emotion regulation.*** Individuals high on Negative Affectivity are overreactive to both their own negative cognitions and to external events. They can become overwrought through their own thought processes, such as by ruminating over their shortcomings or past mistakes, over real or perceived threats, slights, or insults; or over potential future problems. They are overreactive to external threats or criticism, problems, and setbacks. They have low frustration tolerance and easily become visibly upset over even minor issues. They often experience and display multiple emotions simultaneously or vacillate among a range of emotions in a short period of time. Once upset, they have difficulty regaining their composure and must rely on others or on leaving the situation to calm down.



- **Negativistic attitudes.** Individuals high on Negative Affectivity typically reject others' suggestions or advice, arguing that enacting others' ideas would be too complicated or difficult; or that the suggested actions would not lead to the desired outcomes or have a high likelihood of negative consequences. The manner of rejection is largely dependent on the individual's other traits. For example, those high on Detachment are most likely to blame themselves for the likely difficulties or poor outcomes, whereas those high on Dissociality are most likely to blame others for offering such bad ideas.
- **Low self-esteem and self-confidence.** Individuals high on Negative Affectivity may exhibit low self-esteem and self-confidence in several different ways. These include: *avoidance of situations and activities* that either are judged to be too difficult (e.g., intellectually, physically, socially, interpersonally, emotionally, etc.), even despite evidence to the contrary; *dependency*, which may be manifested in frequent reliance on others for advice, direction, and other kinds of help; *envy* of others' abilities and indicators of success; and, in more severe cases of low self-esteem, believing themselves to be useless, to have lived a worthless life, to be incapable of accomplishing anything of value, which may be associated with *suicidal ideation or behaviours*.
- **Mistrustfulness.** Interpersonally, this is typically manifested as suspicion that others have ill intent, and that neutral or even benign remarks and positive behaviours are hidden threats, slights, or insults. Individuals high on Negative Affectivity tend to hold grudges and be unforgiving even over long time periods. In non-interpersonal situations, this mistrustfulness typically takes the form of bitterness and cynicism (e.g., the belief that the 'system is rigged').

### **6D31.1 Detachment**

The core feature of the Detachment trait domain is the tendency to maintain interpersonal distance (social detachment) and emotional distance (emotional detachment). Common manifestations of Detachment, not all of which may be present in a given individual at a given time, include the following:

- **Social detachment.** Social detachment is characterized by avoidance of social interactions, lack of friendships, and avoidance of intimacy. Individuals high on Detachment do not enjoy social interactions and avoid all kinds of social contact and social situations to the extent possible. They engage in little to no 'small talk' even if initiated by others (e.g., at store check-out counters), seek out employment that does not involve interactions with others, and even refuse promotions if these would entail more interaction with others. They have few to no friends or even casual acquaintances. Their interactions with family members tend to be minimal and superficial. They rarely, if ever, engage in any intimate relationships and are not particularly interested in sexual relations.
- **Emotional detachment.** Emotional detachment is characterized by reserve, aloofness, and limited emotional expression and experience. Individuals high on Detachment keep to themselves to the extent possible, even in obligatory social situations. They are typically aloof and respond to direct attempts at social engagement only briefly and in ways that discourage further conversation. Emotional detachment also encompasses emotional inexpressiveness, both verbally and non-verbally. Individuals high on Detachment do not talk about their feelings and it is difficult to discern what they might be feeling from their behaviours. In extreme cases, there is a lack of

emotional experience itself and they are non-reactive to either negative or positive events, with a limited capacity for enjoyment.

### **6D31.2 Dissociality**

The core feature of the Dissociality trait domain is disregard for the rights and feelings of others, encompassing both self-centeredness and lack of empathy. Common manifestations of Dissociality, not all of which may be present in a given individual at a given time, include the following:

- ***Self-centeredness.*** Self-centeredness in individuals high on Dissociality is manifested in a sense of entitlement, believing and acting as if they deserve—without further justification—whatever they want, preferentially above what others may want or need, and that this ‘fact’ should be obvious to others. Self-centeredness can be manifested both actively/intentionally and passively/unintentionally. Active—and usually intentional—manifestations of self-centeredness include expectation of others’ admiration, attention-seeking behaviours to ensure being the center of others’ focus, and negative behaviours (e.g., anger, ‘temper tantrums,’ denigrating others) when the admiration and attention that the individual expects are not granted. Typically, such individuals believe that they have many admirable qualities, that their accomplishments are outstanding, that they have or will achieve greatness, and that others should admire them. Passive and unintentional manifestations of self-centeredness reflect a kind of obliviousness that other individuals matter as much as oneself. In this aspect of Dissociality, the individuals’ concern is with their own needs, desires, and comfort, and those of others simply are not considered.
- ***Lack of empathy.*** Lack of empathy is manifested as indifference to whether one’s actions inconvenience others or hurt them in any way (e.g., emotionally, socially, financially, physically, etc.). As a result, individuals high on Dissociality are often deceptive and manipulative, exploiting people and situations to get what they want and think they deserve. This may include being mean and physically aggressive. In the extreme, this aspect of Dissociality can be manifested as callousness with regard to others’ suffering, and ruthlessness in obtaining one’s goals, such that these individuals may be physically violent with little to no provocation and may even take pleasure in inflicting pain and harm. Note that this aspect of Dissociality does not necessarily imply that individuals high on Dissociality do not cognitively understand the feelings of others, only that they are not concerned about them and instead are likely to use this understanding to exploit others.

### **6D31.3 Disinhibition**

The core feature of the Disinhibition trait domain is the tendency to act rashly based on immediate external or internal stimuli (i.e., sensations, emotions, thoughts), without consideration of potential negative consequences. Common manifestations of Disinhibition, not all of which may be present in a given individual at a given time, include the following:

- ***Impulsivity.*** Individuals high on Disinhibition tend to act rashly based on whatever is compelling at the moment, without consideration of negative consequences for oneself or others, including putting oneself or others at physical risk. They have difficulty delaying reward or satisfaction and tend to pursue immediately available

short-term pleasures or potential benefits. In this way, the trait is strongly associated with such behaviours as substance use, gambling, and impulsive sexual activity.

- ***Distractibility.*** Individuals high on Disinhibition also have difficulty staying focused on important and necessary tasks that require sustained effort. They quickly become bored or frustrated with difficult, routine, or tedious tasks, and are easily distracted by extraneous stimuli, such as others' conversations. Even in the absence of distractions, they have difficulty keeping their attention focused and persisting on tasks, and tend to scan the environment for more enjoyable options.
- ***Irresponsibility.*** Individuals high on Disinhibition are unreliable and lack a sense of accountability for their actions. As a result, they often do not complete work assignments or perform expected duties; they fail to meet deadlines, do not follow through on commitments and promises, and are late to or miss formal and informal appointments and meetings because they allow themselves to become engaged in something more compelling that has caught their attention.
- ***Recklessness.*** Individuals high on Disinhibition lack an appropriate sense of caution. They tend to overestimate their abilities and thus frequently do things that are beyond their skill level, without considering potential safety risks. Individuals high on Disinhibition may engage in reckless driving or dangerous sports, or perform other activities that put them or others in physical danger without sufficient preparation or training.
- ***Lack of planning.*** Individuals high on Disinhibition prefer spontaneous over planned activities, leaving their options open should a more attractive opportunity arise. They tend to focus on immediate feelings, sensations, and thoughts, with relatively little attention paid to longer term or even short-term goals. When they do make plans, they often fail to follow through on them, thus they seldom are able to reach long-term goals and often fail to achieve even short-term goals.

#### **6D31.4 Anankastia**

The core feature of the Anankastia trait domain is a narrow focus on one's rigid standard of perfection and of right and wrong, and on controlling one's own and others' behaviour and controlling situations to ensure conformity to these standards. Common manifestations of Anankastia, not all of which may be present in a given individual at a given time, include:

- ***Perfectionism.*** Perfectionism is manifested in concern with social rules, obligations, norms of right and wrong; scrupulous attention to detail; rigid, systematic, day-to-day routines; excessive scheduling and planning; and an emphasis on organization, orderliness, and neatness. Individuals high on Anankastia have a very clear and detailed personal sense of perfection and imperfection that also extends beyond community standards to encompass the individual's idiosyncratic notions of what is perfect and right. They believe strongly that everyone should follow all rules exactly and meet all obligations. Individuals with high on Anankastia may redo the work of others because it does not meet their perfectionistic standards. They have difficulty in interpersonal relationships because they hold others to the same standards as themselves and are inflexible in their views.
- ***Emotional and behavioural constraint.*** Emotional and behavioural constraint is manifested in rigid control over emotional expression, stubbornness and inflexibility, risk-avoidance, perseveration, and deliberativeness. Individuals with prominent Anankastic traits tightly control their own emotional expression and disapprove of

others' displays of emotion. They are inflexible and lack spontaneity, stubbornly insisting on following set schedules and adhering to plans. Their risk-avoidance includes both refusal to engage in obviously risky activities and a more general over-concern about avoiding potential negative consequences of any activity. They often perseverate and have difficulty disengaging from tasks because they are perceived as not yet perfect down to the last detail. They are highly deliberative and have difficulty making decisions due to concern that they have not considered every aspect and all alternatives to ensure that the right decision is made.

### **6D31.5 Borderline pattern**

**Note:** The Borderline pattern qualifier has been included to enhance the clinical utility of the classification of Personality Disorder. There is considerable overlap between this pattern and information contained in the trait domain qualifiers (most typically Negative Affectivity, Dissociality and Disinhibition). However, use of this qualifier may facilitate the identification of individuals who may respond to certain psychotherapeutic treatments.

The Borderline pattern qualifier may be applied to individuals whose pattern of personality disturbance is characterized by a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, as indicated by five (or more) of the following:

- Frantic efforts to avoid real or imagined abandonment.
- A pattern of unstable and intense interpersonal relationships, which may be characterized by vacillations between idealization and devaluation, typically associated with both strong desire for and fear of closeness and intimacy.
- Identity disturbance, manifested in markedly and persistently unstable self-image or sense of self.
- A tendency to act rashly in states of high negative affect, leading to potentially self-damaging behaviours (e.g., risky sexual behaviour, reckless driving, excessive alcohol or substance use, binge eating).
- Recurrent episodes of self-harm (e.g., suicide attempts or gestures, self-mutilation).
- Emotional instability due to marked reactivity of mood. Fluctuations of mood may be triggered either internally (e.g., by one's own thoughts) or by external events. As a consequence, the individual experiences intense dysphoric mood states, which typically last for a few hours but may last for up to several days.
- Chronic feelings of emptiness.
- Inappropriate intense anger or difficulty controlling anger manifested in frequent displays of temper (e.g., yelling or screaming, throwing or breaking things, getting into physical fights).
- Transient dissociative symptoms or psychotic-like features (e.g., brief hallucinations, paranoia) in situations of high affective arousal.

Other manifestations of Borderline pattern, not all of which may be present in a given individual at a given time, include the following:

- A view of the self as inadequate, bad, guilty, disgusting, and contemptible.

- An experience of the self as profoundly different and isolated from other people; a painful sense of alienation and pervasive loneliness.
- Proneness to rejection hypersensitivity; problems in establishing and maintaining consistent and appropriate levels of trust in interpersonal relationships; frequent misinterpretation of social signals.

*Additional Clinical Features of Personality Disorder:*

- Personality Disorder tends to arise when individuals' life experiences provide inadequate support for typical personality development, given the person's temperament (the aspect of personality that is considered to be innate, reflecting basic genetic and neurobiological processes). Thus, early life adversity is a risk factor for later development of Personality Disorder, as it is for many other mental disorders. However, it is not determinative. That is, some individuals' temperament allows typical personality development despite an extremely adverse early environment. Nonetheless, in the context of a history of early adversity, ongoing behavioural, emotional, or interpersonal difficulties suggest that a Personality Disorder diagnosis should be considered.
- Personality Disorder often complicates and lengthens treatment of other clinical syndromes. Thus, poor or incomplete response to standard treatments of, for example, Depressive Disorders and Anxiety or Fear-Related Disorders, may suggest the presence of Personality Disorder. Relatedly, persistent functional impairment after resolution of the clinical syndrome(s) being treated may suggest the presence of Personality Disorder.
- There is often considerable variability in the degree to which individuals and those around them agree that the individual's behaviours reflect a particular trait. If there is a marked discrepancy between an individual's self-description and the kinds of problematic behaviours exhibited, it often is helpful to interview someone who knows the person well. Marked differences between the individual's self-description and the informant's description may be suggestive of Personality Disorder.

*Boundary with Normality (Threshold):*

- Personality refers to an individual's characteristic way of behaving, experiencing life, and of perceiving and interpreting themselves, other people, events, and situations. Personality is manifested most directly in how individuals think and feel about themselves and their interpersonal relationships, how they behave in response to those thoughts and feelings and in response to others' behaviours, and how they react to events in their lives and changes in the environment. An important characteristic of non-disordered personality is sufficient flexibility to react appropriately and adapt to other people's behaviours, life events, and changes in the environment. In Personality Disorder, patterns of cognition, emotional experience, emotional expression, and behaviour are sufficiently maladaptive (e.g., inflexible or poorly regulated) that they result in substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.
- To warrant a diagnosis of Personality Disorder, personality disturbance must be manifest across a range of personal and social situations over an extended period of time (e.g., lasting 2 years or more). Behaviour patterns that are apparent only in the context of specific relationships, social roles, or environmental circumstances, or that have lasted for a shorter period of time, are not a sufficient basis for a diagnosis of Personality Disorder. Instead, the possibility that such behaviour patterns are a response to

environmental circumstances must be considered. A focus on problems in the relevant relationship or in the environment (e.g., with family or school) may be more appropriate than a diagnosis of Personality Disorder in such cases.

*Course Features:*

- Manifestations of personality disturbance tend to appear first in childhood, increase during adolescence, and continue to be manifest into adulthood, although individuals may not come to clinical attention until later in life. Caution should be exercised in applying the diagnosis to children because their personalities are still developing.
- Overt behavioural manifestations of certain traits (Dissociality, Disinhibition) tend to decline over the course of adulthood. Other traits (Detachment, Anankastia) are less likely to do so. In both cases, functional impairment in broad areas of life (e.g., employment, interpersonal relationships) among people with Personality Disorder is often persistent.
- Personality Disorder is relatively stable after young adulthood, but may change such that a person who had Personality Disorder during young adulthood no longer meets the diagnostic requirements by middle age.
- Much less commonly, a person who earlier did not have a diagnosable Personality Disorder develops one later in life. Emergence of Personality Disorder in older adults may be related to the loss of social supports that had previously helped to compensate for personality disturbance.
- When there is a change in personality during middle adulthood or later in life, in the absence of change in the individual's environment, the possibility that the change is due to an underlying medical condition (i.e., Secondary Personality Change) or to an unrecognized Disorder Due to Substance Use should be considered.

*Developmental Presentations:*

- Personality Disorder is not typically diagnosed in pre-adolescent children. Over the course of their development, children integrate knowledge and experience about themselves and other people into a coherent identity and sense of self, as well as into individual styles of interacting with others. Different children vary substantially in the rate at which this integration occurs, and there is also substantial variation in the rate of integration within individuals over time. Therefore, it is very difficult to determine whether a pre-adolescent child exhibits problems in functioning in aspects of the self, such as identity, self-worth, accuracy of self-view, or self-direction, because these functions are not fully developed in children. This is also true of interpersonal functions such as the ability to understand others' perspectives and to manage conflict in relationships.
- However, prominent maladaptive traits may be observable in pre-adolescent children and may be precursors to Personality Disorder in adolescence and adulthood. For example, individual differences in Negative Affectivity and Disinhibition, as well as more specific features such as lack of empathy (an aspect of Dissociality) and perfectionism (an aspect of Anankastia) may be observed in very young children. However, such traits are also associated with the development of other mental disorders (e.g., Mood Disorders, Anxiety or Fear-Related Disorders) and should not be interpreted as childhood forms of Personality Disorder.

- Features of Personality Disorder manifest in similar ways in adolescents and in adults. However, in evaluating adolescents, it is important to consider the developmental typicality of the relevant behaviour patterns. For example, risk-taking behaviour, self-harm, and moodiness are more common during adolescence than during adulthood. Therefore, thresholds for evaluating whether such behaviour patterns are indicative of Personality Disorder or of elevations in trait domains such as Disinhibition and Negative Affectivity among adolescents should be correspondingly higher. The wide variability in normal adolescent development that may affect the expression of these behaviours or characteristics should also be considered.

#### *Culture-Related Features:*

- Assessment of personality across cultures is challenging, requiring knowledge of normative personality function for the sociocultural context, variations in cultural concepts of the self, and evidence for consistent traits and behaviours across time and multiple social contexts.
- Culture shapes modes of self-construal, social presentation, and levels of insight about behaviours that are related to personality development, including what are considered normal and abnormal personality states in a given setting. For example, children reared in collectivist societies may develop attachment styles and traits that are viewed as dependent or avoidant related to the norms of more individualistic cultures. In turn, traits of self-involvement that are accepted or positively valued in individualistic cultures may be considered narcissistic in collectivist cultures.
- Diagnosis of Personality Disorder must take into account the person's cultural background. Collateral information may be needed to assess whether certain disruptive self-states and behaviours are considered culturally uncharacteristic and therefore consistent with Personality Disorder in a given culture. In general, a diagnosis of Personality Disorder should be assigned only when the symptoms exceed thresholds that are normative for the socio-cultural context.
- Among ethnic minority, immigrant, and refugee communities, responses to discrimination, social exclusion, and acculturative stress may be confused with Personality Disorder. For example, suspiciousness or mistrust may be common in situations of endemic racism and discrimination.
- Socio-cultural contexts of exclusion affecting marginal social groups can evoke repeated attempts at self-affirmation or acceptance by others that are based on ambiguous or troubled relationships with authority figures and limited adaptability. These reactions may be confounded with manifestations of Borderline pattern, such as impulsivity, instability, affective lability, explosive/aggressive behaviour or dissociative symptoms. However, a diagnosis should be assigned only when the symptoms exceed thresholds that are normative for the socio-cultural context.

#### *Gender-Related Features:*

- Available evidence indicates that gender distribution of Personality Disorder is approximately equal. However, there are significant gender differences in the behavioural expression of Personality Disorder and in the associated trait domains. Specifically, elevations on Dissociality and Disinhibition are more common among men, and elevations on Negative Affectivity are more common among women.

*Boundaries with Other Disorders and Conditions (Differential Diagnosis):*

- ***Boundary with Personality Difficulty:*** Individuals with pronounced personality characteristics that do not rise to the level of severity to merit a diagnosis of Personality Disorder may be considered to have Personality Difficulty if they affect treatment or health services. In contrast to Personality Disorder, Personality Difficulty is manifested only intermittently (e.g., during times of stress) or at low intensity. The difficulties are associated with some problems in functioning but these are insufficiently severe to cause notable disruption in social, occupational, and interpersonal relationships and may be limited to specific relationships or situations.
- ***Boundary with persistent mental disorders:*** A number of persistent and enduring mental disorders (e.g., Autism Spectrum Disorder, Schizotypal Disorder, Dysthymic Disorder, Cyclothymic Disorder, Separation Anxiety Disorder, Obsessive-Compulsive Disorder, Complex Post-Traumatic Stress Disorder, Dissociative Identity Disorder) are characterized by enduring disturbances in cognition, emotional experience, and behaviour that are maladaptive, manifest across a range of personal and social situations, and that are associated with significant impairment in problems in functioning of aspects of the self (e.g., self-esteem, self-direction), and/or interpersonal dysfunction (e.g., ability to develop and maintain close and mutually satisfying relationships, ability to understand others' perspectives and to manage conflict in relationships). Accordingly, individuals with these disorders may also meet the diagnostic requirements for Personality Disorder. Generally, individuals with such disorders should not be given an additional diagnosis of Personality Disorder unless additional personality features are present that contribute to significant problems in functioning of aspects of the self or interpersonal functioning. However, even in the absence of these additional features, there may be specific situations in which an additional diagnosis of Personality Disorder is warranted (e.g., entry into clinically indicated forms of treatment that are connected to a Personality Disorder diagnosis).
- ***Boundary with Conduct-Dissocial Disorder with limited prosocial emotions:*** Conduct-Dissocial Disorder is characterized by a recurrent pattern of behaviour in which the basic rights of others or major age-appropriate social or cultural norms, rules, or laws are violated that may range in duration from a discrete period lasting a number of months to a pattern that persists across the lifespan. Conduct-Dissocial Disorder with limited prosocial emotions is further characterized by limited or absent empathy or sensitivity to others' feelings and limited or absent remorse, shame, or guilt. Conduct-Dissocial Disorder with limited prosocial emotions has features in common with Personality Disorder with Dissociality, which is characterized by disregard for the rights and feelings of other, self-centeredness, and lack of empathy. Conduct-Dissocial Disorder may be diagnosed among pre-adolescent children and based on shorter duration of symptoms than Personality Disorder. Among individuals with Conduct-Dissocial Disorder, an additional diagnosis of Personality Disorder is warranted only if there are personality features in addition to Dissociality that contribute to significant impairments in functioning of aspects of the self or problems in interpersonal functioning.
- ***Boundary with Secondary Personality Change:*** Secondary Personality Change is a persistent personality disturbance that represents a change from the individual's previous characteristic personality pattern that is judged to be a direct pathophysiological consequence of a medical condition not classified under Mental, Behavioural or Neurodevelopmental Disorders, based on evidence from the history, physical



examination, or laboratory findings. Personality Disorder is not diagnosed if the symptoms are due to another medical condition.

- ***Boundary with Disorders Due to Substance Use:*** Disorders Due to Substance Use often have pervasive effects on functioning of the self and interpersonal functioning. For example, they may exhibit problems with self-direction, self-esteem, difficulties and conflicts in relationship, dissocial behaviour related to obtaining or using drugs, and a wide range of other features that are commonly seen in individuals with Personality Disorder. If the personality disturbance is entirely accounted for by a Disorder Due to Substance Use, a diagnosis of Personality Disorder should not be given. However, if the personality disturbance is not entirely accounted for by the Disorder Due to Substance Use (e.g., if the personality disturbance preceded the onset of substance use) or if there are features of a Personality Disorder that are not accounted for by substance use (e.g., perfectionism), an additional diagnosis of Personality Disorder may be assigned.