

## **Personality Difficulties**

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. There are two main types seen in private practice: Narcissistic and Borderline. Please see below:

### **Narcissistic Personality**

- An exaggerated or grandiose sense of self importance that isn't supported by reality. He/she believes that his/her priorities, interests, opinions and beliefs are better than or more important than others and as a result, they feel entitled to dominate and control those around them.
- A preoccupation with fantasies of extraordinary success, power, beauty or love. He/she lives more in a fantasy world of their own making than in reality of both successes and recognized failures.
- A belief that he/she is special and unique and can only be understood by other special people. He/she sees himself/herself as more special than others, whether it be more accomplished, more feeling, more giving, more ethical, more long suffering, more insightful, etc.
- An intense need for admiration. When in conversation, he/she can't listen attentively and will bring the conversation back around to him/her. Often partners of a Narcissist will refer to the one thing they have in common with their Narcissist partner is that they both love him/her.
- A delusional sense of entitlement. He/she feels that rules, regulations and normal standards don't apply to them, and also may find hard work, working toward a goal, illness and injury difficult to cope with, as they believe themselves to be above these kind of common things.
- A tendency to exploit others without guilt and remorse. He/she is a "user" who may manipulate situations such that others end up doing all the work (and the Narcissist often gets the glory), or may end up losing their money. He/she will also promise things that they never deliver on.
- An absence of meaningful empathy for others. This is almost a universal trait with all Narcissists. He/she is so caught up in their own grandiose fantasy life that they pay no real attention to others in any genuine way. In the courting stage, he/she will use "fake empathy", but beyond this stage, partners of Narcissists feel completely unsupported and not understood.

- A tendency to be envious or to assume that he/she is the object of others envy. He/she will be very envious if others close by have more than him/her, and will usually express this as contempt, disdain and belittling towards them.
- An arrogant attitude. He/she will often be judgemental and condescending toward anyone who they feel is not up to their high standards and will regularly “put down” others to bolster their own self esteem.
- 75% of those with Narcissistic traits are male and 25% are female.

### How partners feel when they are attempting to have a relationship with a Narcissist.

- Very disappointed and disillusioned about who he/she seems to be now, compared with who he/she was in the beginning stages of the relationship
- Confused because of the lies and half truths he/she continually feeds you
- Hurt and shell shocked because of the myriad of ways he/she belittles, criticises and blames you
- The relationship feels unrewarding because it never feels that he/she is really there, and it is not possible to share any real intimacy with him/her
- Unhappy because he/she always tries to undermine the happiness you create for yourself
- Untrusting of yourself because you don't know what to trust anymore, wanting a real and happy relationship but always feeling that it is not available to you
- Intensely frustrating when he/she can't be reasonable or honour agreements or work with you for a win-win solution
- Utter perplexity at how he/she can be so sweet and nice one minute, and so mean and callous the next
- Despair at the dawning realisation that he/she doesn't really care about you or how you feel

## **Borderline Personality Disorder**

- People affected by Borderline Personality Disorder (BPD) frequently experience distressing emotional states, difficulty in relating to other people, and self-harming behaviour.
- Between two and five per cent of the population are affected by BPD at some stage in their lives. The symptoms of the disorder usually first appear in mid to late teens or in early adulthood. Women are three times more likely to be diagnosed with BPD than men.
- The causes of BPD are not fully understood. They are likely to be a combination of biological and life factors. It is thought that many people with BPD have experienced abuse, trauma or neglect during childhood, and that this may have contributed to development of the disorder.
- With early diagnosis and effective treatment, the outcomes for people with BPD are good.

### **Symptoms:**

People with BPD have persistent difficulty relating to other people and to the world around them. This can be very distressing for the person and for those who care for them.

#### *Deep feelings of insecurity*

Difficulty coping with fear of abandonment and loss; continually seeking reassurance, even for small things; expressing inappropriate anger towards others whom they consider responsible for how they feel; a fragile sense of self and one's place in the world.

#### *Persistent impulsiveness*

Abusing alcohol and other drugs; spending excessively; gambling; stealing; driving recklessly, or having unsafe sex.

#### *Confused, contradictory feelings*

Frequent questioning and changing of emotions or attitudes towards others, and towards aspects of life such as goals, career, living arrangements or sexual orientation.

#### *Self-harm*

Causing deliberate pain by cutting, burning or hitting oneself; overdosing on prescription or illegal drugs; binge eating or starving; abusing alcohol and

other drugs; repeatedly putting oneself in dangerous situations or attempting suicide.

Some people with BPD may also have symptoms of other mental illnesses. They may experience symptoms associated with anxiety or mood disorders, such as excessive worrying and having panic attacks, obsessive behaviour, hoarding or having unwanted thoughts, feeling persistently sad, moving or talking slowly, losing sexual interest or having difficulty concentrating on simple tasks.

They may even experience psychotic symptoms such as delusions or false beliefs – believing, for example, they are being deceived, spied on or plotted against.

### More about BPD:

- BPD is a complex disorder that is often misunderstood.
- Not all people who harm themselves have BPD. While self-harm is common among people with BPD, not all those who do this have the disorder. People may self-harm for other reasons such as low self esteem, to momentarily express and release emotional pain or even to punish themselves. This may relate to a mental illness, a disorder or emotional problem unrelated to BPD.
- People with BPD are not 'bad'. The anger and rejection that people with BPD display mean they are sometimes labelled as 'bad,' 'manipulative' or 'attention-seeking'. While things they do may at times lead to confusion, distress or inconvenience for other people, it should be remembered that this behaviour results from feelings of fear, loneliness, desperation, or hopelessness associated with BPD.
- People with BPD can get better. Contrary to common belief, people with BPD can recover well with appropriate ongoing treatment and support. While there is no cure yet, BPD is a treatable disorder.
- With appropriate treatment and support, most people with BPD can lead full and productive lives.

## Treatment:

The most effective treatment usually involves a combination of, psychological therapy, medication and support. Psychological therapies are effective in the treatment of BPD. Individuals can learn new and effective ways to relate to significant people in their lives, learn to handle their emotions better and re-learn the way they typically respond to situations and other people.

Medication alone does not 'fix' BPD. It can be helpful, however, in the management of some symptoms, such as depression, anxiety and mood swings. Longer term psychiatric treatment may be provided by a GP or community mental health services – a clinic with specialist health workers treating people in their local area.

Community support programs may include help with finding suitable work, accommodation, training and education, psychosocial rehabilitation and mutual support groups.

Family and friends of people with BPD can often feel confused, angry and alone. Education and support for family and other carers is an important part of treatment, as is understanding from the community.