

PSYC SPOT PSYCHOLOGY CLINIC

Understand and Develop Your Inner-Workings

The Essence of Personality Disorders

NEWSLETTER #5

In the past few decades there have been vigorous campaigns promoting the idea that mental disorders such as Depression and Bulimia Nervosa are “just like any other disease” and their presence cause people’s miseries and dysfunctions. While the campaigns’ goal of reducing blame and facilitating understanding (e.g., “the person is only doing this or not doing that because of the illness”) is admirable, propagating the typically erroneous notion that (over reified) disorders are the culprits of people’s problems has broad implications. One of which is that it may inadvertently single out those with personality disorders, making it seem as if they are the only ones with problems that cannot be “externalised” – whose personal faults and flaws lead to clinical problems.

This cannot be further from the truth. I do not know of any individual who do not have an abundance of character flaws and quirks that can result in diagnosable struggles and sufferings under the “right” circumstances. Indeed, research suggests large portions of non-personality disorders actually revolve around characterological issues that are triggered situationally or episodically, making the disorders recurrent. **So, if both personality and non-personality disorders can reflect characterological issues, then what defines the former sets it apart from the latter in our diagnostic system?**

Some might suggest the defining feature of personality disorders is that they capture clustered (instead of isolated or scattered) characterological issues that form distinct and easily recognizable patterns (e.g., Narcissistic / Histrionic / Paranoid / Dependant). But the fact that Personality Disorder *Not Otherwise Specified* is applied more than most of the specific personality disorders undermines this suggestion.

Others might suggest personality disorders tend to denote more severe characterological issues. This is often true, but then one must wonder, what makes them more severe? What is this diagnostic category’s essence?

An important part of the complex answer is that individuals higher on the personality disorder spectrum tend to have underdeveloped foundational capacities as the basis of their experienced problems. These include the capacity to be aware of and care about the views and needs of others (i.e., mature beyond “egocentrism”); reasonably read the intent behind others’ behaviours; accept delayed or denied fulfilment of needs and desires; recognise, experience, and regulate various emotions; construct mental representations of self and others that are evolving but not rapidly decaying (i.e., do not require constant proof of reassurance to avert doubts or confusion, can integrate conflicting elements); form secure interpersonal attachments; internalize moral values but factor pragmatic considerations, and so forth. **Lacking in these and other capacities will limit or bias what the person can comprehend, truly value, see as central issues (aka “fixate” on different issues), and utilize as solutions (e.g., tendency to misread the intent behind behaviours, undervalue relationships and feelings of others, cannot form realistically positive and robust sense-of-self, thus prone to misperceiving ego-threats and likely cope via putting others down below oneself).**

Because these capacities (which are prerequisites for mature and adaptive psychological functioning) normally develop in the early years of life with the input of nurturing parents, it is not surprising that therapies which work for personality disorders via patching gaps in development are described as measured efforts to “reparent” the client.

Putting technicalities to the side, what should be emphasised is that no matter how big or small our human imperfections may be, we all need to find the strength and willingness to candidly acknowledge our shortcomings, and strive towards making any necessary improvements.

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