

Correspondence: Irina SĂCUIU
Spitalul Clinic de Psihiatrie "Socola"
Șos. Bucium no. 34, cod 700282, Iași, Romania
Tel./Fax: +40 232 430920
E-mail: irina_sacuiu@yahoo.com

PERSONALITY AND MENTAL DISORDER

Irina SĂCUIU

Irina SĂCUIU – M. D., Ph. D., Assistant Professor University of Medicine and Pharmacy "Gr. T. Popa" Iași, Department of Psychiatry, Psychiatrist, Clinical Psychiatric Hospital "Socola", Iași, Romania

Personality is the characteristic way in which an individual thinks, feels, and behaves; it accounts for the ingrained behaviour patterns of the individual and is the basis for predicting how the individual will act in particular circumstances. Personality embraces a person's moods, attitudes, and opinions and is most clearly expressed in interactions with other people. A personality disorder is a pervasive, enduring, maladaptive, and inflexible pattern of thinking, feeling, and behaving that either significantly impairs an individual's social or occupational functioning or causes the person distress.

Theories of personality disorder, including their descriptive features, etiology, and development, are as various as theories of personality itself. For example, in trait theory (an approach toward the study of personality formation), personality disorders are viewed as rigid exaggerations of particular traits. Psychoanalytic theorists (Freudian psychologists) explain the genesis of the disorders in terms of markedly negative childhood experiences, such as abuse, that significantly alter the course of normal personality development. Still others in fields such as social learning and sociobiology focus on the maladaptive coping and interactional strategies embodied in the disorders.

Personality disorders (PD) are a separate diagnostic category (Axis II) in Statistical Manual of Mental Disorders (DSM) and ICD 10. It is important to note that the mere presence of the trait, even having it to an abnormal extent, is not enough to constitute disorder; rather, the abnormality must also cause disturbance to the individual or to society. It is also common for personality disorders to co-occur with other psychological symptoms, including those of depression, anxiety, and substance use disorders. Because personality traits are by definition virtually permanent, these disorders are only partially, if at all, amenable to treatment. The most effective treatment combines various types of group, behavioral, and cognitive psychotherapy. The behavioral manifestations of personality disorders often tend to diminish in their intensity in middle and old age.

Unlike the major mental disorders (Axis I), which are characterized by periods of illness and remission, personality disorders are generally ongoing. Often, they first appear in childhood or adolescence and persist throughout a person's lifetime. Aside from their persistence, the other major characteristic of personality disorders is inflexibility; persons affected by these disorders have rigid personality traits and coping styles, are unable to adapt to changing situations, and experience impaired social and / or occupational functioning. A further difference between personality disorders and the mental disorders listed in Axis I of DSM-IV-TR is that people with personality disorders may not perceive that there is anything wrong with their behavior and are not motivated to change it. In



current diagnostic systems, personality disorders are placed on Axis II, with the significance of predisposing factors or elements of vulnerability or aggravating factors of mental disorders from Axis I.

The relations of personality disorders with mental disorders of Axis I were proposed by Hippocrates through the four temperamental types predisposing to a variety of somatic and mental suffering. It is known about the predisposing effect of personality disorders on mental illness, although it remains the most difficult to assess. Between PD and disorders of Axis I, there is a spectrum relationship, the latter being maladaptive variants of PD and the first, characteriology variants of the Axis I disease.

Although, the DSM-IV-TR lists specific descriptions of ten personality disorders, these conditions are often difficult to diagnose. Some characteristics of the various disorders overlap. In other cases, the complexity of human behavior makes it difficult to clear dividing line between pathology and normality in the assessment of personality. In other cases, persons may have more than one personality disorder, complicating the diagnosis.

Personality disorder diagnosis integrates a particular proper professional and moral responsibility for overall damage of conscious psyche and major existential meanings. It is impossible at present to decide whether personality disorders are mental disorders or not, and this will remain so, until there is an agreed definition of mental disorder. The historical reasons for regarding personality disorders as fundamentally different from illnesses are being undermined by both clinical and genetic evidence.

It is also apparent that personality disorders are conceptually heterogeneous, but information about them is limited and existing knowledge is largely derived from unrepresentative clinical populations. The clinical literature on personality disorders has few points of contact with the psychological literature on personality structure and development, and little is known of the cerebral mechanisms underlying personality traits. The literature on personality disorders is not extensive and consists mainly of clinical rather than population-based studies. There is also an obvious need for a better classification of personality disorders and for more long-term follow-up studies of representative samples, derived from community rather than clinical populations, to answer basic questions about the extent, nature and time course of the handicaps associated with different types of personality disorder.