

**HEALTHY MINDS**  
**A WEEKLY COLUMN ALL ABOUT MENTAL WELLNESS**  
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**Personality Disorders – Part 2**



In our last column we discussed Personality Disorders, and briefly mentioned the first two clusters: Cluster A – Paranoid, Schizoid, and Schizotypal Personality Disorders, and; Cluster B – Antisocial, Borderline, Histrionic, and Narcissistic Personality Disorders. Today we shall discuss Class C disorders.

Cluster C disorders are the fearful or anxious disorders. They are:

**AVOIDANT PERSONALITY DISORDERS:** These individuals also avoid social interaction, but do so because they are very sensitive to criticism; they feel inhibited and not up to par with others.

**DEPENDENT PERSONALITY DISORDER:** These individuals are totally psychologically dependent on other people; without support they do not function well.

**OBSESSIVE-COMPULSIVE PERSONALITY DISORDER:** These people are excessively orderly, and conform very rigidly to rules, codes of behavior and morality, to a fault; they can be excessively devoted to their work, very stubborn, and sometimes dictatorial. (This is not the same as Obsessive Compulsive Disorder, which is characterized by obsessive hand washing, counting, and other ritualistic behavior).

There is one other catch-all category for personality disorders, when none of the above applies, but the general behavioral patterns and characteristics are still present. This is called **PERSONALITY DISORDER NOT OTHERWISE SPECIFIED (NOS)**.

There were some other categories removed from the list (the DSM-IV Diagnostic Manual that all mental health therapists use) by the American Psychiatric Association, but still are of interest. Sometimes you may hear others speak of them. They are the Self-defeating Personality Disorder, the Sadistic Personality Disorder, the Passive-Aggressive Personality Disorder, and the Depressive Personality Disorder.

There is a vast array of disorders here, and many diverse means of treatment. Various forms of psychotherapy are often helpful. It is a slow process to help a client to see his or her behavior and understand the consequences; then, after that first major step they must make another one – changing behavior and habits. There are many methods to do this. Some practitioners rely on drugs a great deal, but very often they only mask symptoms, and sometimes seem to dull other aspects of the personality. If used wisely and sparingly, in concert with an effective program of talk therapy (psychotherapy), they can be most helpful. Personality disorders can be difficult to “cure”, but clients can learn

better behavior and self-control, and can learn to be more functional and in harmony with the world in which they move and interact.

**TIP OF THE WEEK:** A study in England in 2005, using personality tests applied to both high-level British executives and criminal psychiatric patients found that three personality disorders were higher among the businessmen (successful psychopaths) than among the criminals (unsuccessful psychopaths). The disorders were histrionic, narcissistic, and obsessive-compulsive. Interesting.