

# 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 (often 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 (myself included) 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 revolve around characterological issues that are triggered situationally or episodically, thus making the disorders recurrent. *So, if both personality & non-personality disorders can reflect characterological issues, then what defines the former (and set them 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. For example, the capacity to be aware of, let alone care about, the views and needs of others (i.e., mature beyond “egocentrism”); reasonably read the meaning or intent behind others’ behaviours; accept necessarily delayed or denied fulfilment of needs or desires; discern between and gradually moderate one’s emotions; construct a robust sense-of-self and concepts of others that are evolving but not rapidly decaying (i.e., do not require constant proof or reassurance to avert doubts or confusion); internalize morals and values, but then develop the ability to see shades-of-grey and factor practical considerations, are among the many things that can be grossly underdeveloped. *Lacking in these and/or other foundational capacities will limit or bias what the person can comprehend, truly value, see as issues, and utilize as solutions (e.g., in relationships). Such effects tend to be global and pronounced, and practically define the person’s apparent character (thus labelled as “personality disorder”).*

Because these capacities are supposed to develop in the early years of life with the input of nurturing parents, it is not surprising that therapies that work for personality disorders (often via facilitating “catch-up” development) are often described as measured efforts to “re-parent” 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, then strive towards making any necessary improvements.*

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