“Personality Disorder”?

Understanding the diagnosis and how to tell people

A guide created by people who use the Dartmouth Park Unit
What is a ‘personality disorder’?

A ‘personality’ is the collection of hundreds of personality ‘traits’ or characteristics, which, when mixed together in all their varying degrees and expressions, make us unique as individuals. For example, someone might be very honest and loyal and get upset if they believe other people are acting unfairly or insincerely. Or someone might be shy and standoffish to strangers yet very compassionate and kind to people once they get to know them.

Our personality traits begin forming in childhood and are influenced by our environment, culture, genetics, family, body, intellect, temperament, gender as well as many other factors, including someone’s ‘biological sensitivity’. If someone has a ‘biological sensitivity’ this means that they were born with a brain and nervous system that frequently interprets incoming information as a threat, resulting in strong emotional reactions and sometimes a struggle to cope with change.

Sometimes people develop a set of very extreme, intense and inflexible personality traits as a response to difficult early life experiences. For example, someone may report difficulties with controlling intense anger even when triggered by seemingly small things, such as someone forgetting...
to do something they said they would. This might be interpreted as the person not caring about them and often relates to painful childhood experiences where they felt forgotten, ignored or rejected. Perhaps they were bullied at school or perhaps their primary caregiver had little support and several other children to look after and so their physical and emotional needs were not consistently met. Intense anger is the way their childhood self tried to help them survive repeatedly painful experiences - as a way of defending themselves and desperately trying to get their needs met.

When someone has a set of intense, inflexible personality traits that developed in childhood, have persisted over time and continue to cause significant barriers to a person’s wellbeing and ability to manage daily life, people in the medical community will sometimes give them a diagnosis of ‘personality disorder’.

The personality ‘disorder’ is only referring to the set of intense personality traits that create significant problems for the person. That person will still have hundreds of other personality traits that make them unique, interesting individuals and which create no problems for them in their daily life.

**A broad definition of ‘personality disorder’**

_Destabilising early life experiences and an emotionally sensitive temperament can lead to a person developing very intense, inflexible and unhelpful patterns of relating to other people and themselves. These patterns develop in childhood and persist over time causing someone to become overwhelmed with unbearable feelings, and they will often engage in impulsive or self-destructive behaviours as a way of coping. As a result, they will experience severe difficulties managing the demands of daily living and will have frequent emotional crises’._
If you have been diagnosed with a personality disorder, it is very important that you understand that the problems you face are not your fault and do not determine your worth as a person. The diagnosis is testament to the fact that your difficulties are both real and serious and specialist help is now available to you.

**Your difficulties understood in the context of your life**

It can be helpful to understand your difficulties within the context in which you were born and grew up. You will have:

- Social and environmental factors that influenced your upbringing (such as your family’s financial means or whether you migrated here from another country)
- The cultural influences of your gender, sex, race, sexuality and other factors that identify you
- A past full of personal experiences unique to you
- Unique personal relationships, especially to those who parented you and to those who you are emotionally close to now
- Individual physical and genetic factors that influence your capacity to regulate your emotions and ‘read’ emotions in other people, perhaps including a ‘biological sensitivity’
Advantages of receiving a diagnosis

Not everyone will agree with their diagnosis and that’s okay - it is just one way of making sense of your difficulties from a medical perspective. A diagnosis does not change who you are - you are still the same person you were before.

You will likely notice that people with the same diagnosis will actually be very different to one another, even in their description of their problems and how these play out in their daily lives. You may also realise that all mental disorders share a range of symptoms. For example, some of the defining personality traits of Borderline Personality Disorder are similar to some of the defining features of both Autism Spectrum Disorder and Bi-Polar Disorder. So whilst diagnoses are fairly reliable for most people, at the edges of diagnosis there are uncertainties. Diagnosing people is a skill, and something the medical community are striving to get better at.

With these things in mind, it can be helpful to view a diagnosis as an ‘offer’ – an offered description of your symptoms and/or a recognition of patterns in your life. It is not a definition and it is not a fact. Instead, being given a diagnosis is an intention to try and understand you and your problems, and most importantly, to give you access to specialist care and treatment.

J’ve been diagnosed, so what do I do now?

Being diagnosed brings up different feelings in different people. Some people feel relieved and validated to finally be told that what they are going through isn’t normal and to be offered help. Other people dislike labels and may have doubts about working with professionals. You may even have frequently changing feelings about it, sometimes feeling comforted by the diagnosis and at other times rejecting it. This is normal.

Ideally, we would offer everyone specialist treatment or care immediately after being diagnosed. Unfortunately, in the current financial climate, this is often not possible so you may be placed on a waiting list before being able to see a specialist worker on a regular basis. This can understandably feel very frustrating and be hard to accept, especially after finally receiving a diagnosis, which tends to bring up strong emotions in people and sometimes painful childhood memories.

Therefore, in the meantime it is really important that you find other ways to feel supported until you can start working regularly with your care-coordinator or therapist. People who use our service tell us that the most helpful resources for understanding the diagnosis and feeling supported are:
What about telling other people?

It can feel very scary but often relieving to confide in someone close to you about the diagnosis. If this person is trustworthy and patient, they may be able to help you process the diagnosis and support you whilst you wait for treatment. Many people we work with have felt closer to the people in their life after disclosing their diagnosis, and over time their relationships come to feel more authentic. On the next page are some suggestions for how you could tell your loved ones about the diagnosis.

Sometimes telling people doesn’t always go the way you want it to. Your partner, friends or family might have their own daily issues and feelings to manage and may not always respond in a way that you find helpful. If this happens, it’s important to remember that you were brave to put yourself in a vulnerable position by reaching out and asking for help. Many people find this a very hard and frightening thing to do. Try to be pleased with the efforts you made to share yourself with others. It can also be helpful to keep remembering that we cannot control other people’s reactions, even if we disclose in the most careful and considered way. This is because everyone has their own unique mixture of personality traits and personal histories and they may not have the current capacity to be supportive to you right now. This often changes with time though.

Take your time to process your feelings about the diagnosis. It can often take a while to fully understand and accept your difficulties. Try to be patient and kind to yourself whilst you go through this process.
We hope this leaflet has helped you to start understanding your diagnosis and to consider ways to share it with loved ones, if and when this feels right for you.

Start by telling one trusted person.

If you have a care coordinator or therapist, talk to them beforehand about how to tell your loved one(s).

Choose a location where you feel comfortable and can have a personal conversation.

You could give them this leaflet.

You could share your care plan or mental health formulation with them.

You might share the list of reading resources with them.

You can ask for a carer’s assessment, which could give them access to a 6 week Carer’s Support Group at the Dartmouth Park Service.

If telling your loved ones about the diagnosis doesn’t go well, remember:

- it’s not your fault, we can’t control others’ reactions
- be proud of yourself for trying
- your loved ones may need time to process things too
- people may become more supportive over time

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Written by people who use the Dartmouth Park Service, illustrated by