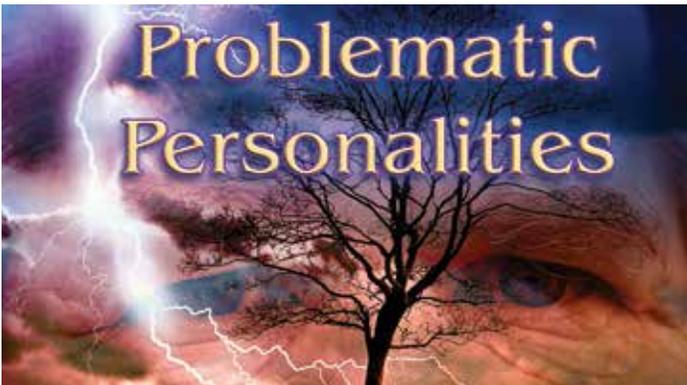


EMOTIONAL WELLNESS MATTERS

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We all have our own unique ways of feeling and thinking and expressing ourselves. Most of the time, our uniqueness is seen simply as an individual difference – or something special about each of us. In fact, this is what brings interest and variety to the people in our lives. This is a positive thing. One of the healthiest things we can do is to achieve a fairly objective understanding of just how we are unique or different from other people. Then we can understand how our behavior impacts other people and adjust the way we act accordingly. That is, we can problem-solve our way through situations when we have a good understanding of our unique personality characteristics. We are talking here about *personality style* – and all of us have our own styles.

Some of us, though, have personalities that vary significantly from the expectations found within the culture. This can involve patterns of feeling, thinking, impulse control, and interpersonal functioning that cause distress – sometimes to the person, but especially to those around the person. If the pattern is enduring and pervasive (that is, it persists over time and can be found across a broad range of situations), then it might meet the criteria for a *personality disorder*. One of the features of a personality disorder is that the person may not realize how their behavior affects others – and that’s why it continues over time and with a variety of different people. So a person with a personality disorder may have difficulty with problem-solving, which impairs their ability to adapt to life’s challenges. People with personality disorders don’t feel distressed about their personality traits, but may suffer from the way others react to them. Personality disorders seem to begin fairly early in life, and, unless a change is made, they may continue



Naomi Berger

LMFT, LMHC, CEDS, CAP
Marriage and Family Therapist
Advanced IMAGO Relationship Clinician
Certified Eating Disorder Specialist
EMDR Trauma Therapist
Collaborative Divorce Mediator
Approved Clinical Supervisor
License Numbers: LMFT0001665;
LMHC0004945; CAP1934L

561-988-0375 (office)

naomiberger@thecouplesplace.net (E-mail)
www.thecouplesplace.net (Web page)

Are you ready to let go of anxieties, depressions, and unhappiness? Do you want to get to the bottom of your difficulties in the first session?

Naomi Berger can help you resolve the past and move forward. An advanced and experienced clinician and supervisor, Naomi is skilled in getting to the core of your issues and guiding you to free yourself from paralyzing and self sabotaging coping styles, experience emotional relief, and resolve your internal and relational struggles.

Naomi creates a safe caring and confidential environment where clients can share and resolve their concerns. Naomi is trained in Short Term Intensive Dynamic Psychotherapy, Advanced IMAGO Relationship, Eating Disorders, Trauma and Addictions, and in clinical supervision.

Naomi brings with her insight and appreciation for the complexity of making relationships work. She sees her mission as helping her clients reach their personal and relational potential.

on through the person's adulthood. It is important to realize that the behavior of those with personality disorders may have served a positive function at one point in the person's life – but now those behaviors are an ingrained part of the personality (although they no longer serve the person well). They actually work against the person's ability to adapt.

Professional therapists help people to address a number of problems in everyday living, such as mood and thinking disorders, anxiety, impulse control problems or addictive behavior. Personality disorders fall into their own category, however. That is, personality disorders may, or may not, be related to these more traditional areas of treatment. For example, a person suffering from depression may, or may not, also have a personality disorder. Fortunately, there is help for people suffering from personality disorders, as well as their families, work colleagues and close friends. In most cases, people who suffer from a personality disorder can learn to make changes in the behavior that causes distress. It's not really feasible to say that therapists can "cure" a personality, but they can help the person learn to manage life's details and responsibilities better.

A Word of Warning: Read the following as an educational pursuit, not as an exercise in self-diagnosis or the diagnosis of anyone else. Many people, when they read the definitions of the various personality disorders, tend to personalize them. That is, they see themselves or others in the definition. This can be a very dispiriting experience. All of us, from time to time, have experiences that are common to many people – but a few experiences hardly constitute the evidence needed for a diagnosis of personality disorder. We can find at least some of our own behavior, or the behavior of someone else, in all of the definitions that follow. Above all, remember that you can do harm to someone by loosely categorizing their behavior based on a few bits of evidence, and you would not want to do this. Diagnosis is best left to those with the training to do it, and is used only when it can help the person. With that in mind, here are descriptions of the ten common personality disorders.



Paranoid Personality Disorder – The paranoid personality constitutes about one percent of the population. The pattern is long-standing, often beginning in early adulthood. People with paranoid personality disorder tend to have a pervasive distrust of others. They attribute malevolent motives to other people. Without any real basis for their beliefs, they feel that others are harming or exploiting them. They become preoccupied with the issue of who can be trusted and who cannot. They read demeaning messages into the words and behavior of others, and they frequently bear grudges against others. They perceive attacks against them that are not apparent to other people. They have difficulty in confiding in others for fear that information will be used against them. They become angry quickly and they are quick to counter-attack.

Schizoid Personality Disorder – This is a rare disorder that constitutes less than one percent of the population. It usually begins in early adulthood and presents itself as a pervasive problem affecting virtually every aspect of the sufferer's life. The person feels detached from virtually all social relationships. They show a restricted range of emotions around others. They almost always choose solitary activities, but they show pleasure in few, if any, of these activities. They are often indifferent to the praise or criticism they receive from others. They lack close friends or people they can open up to.

Schizotypal Personality Disorder – This begins in early adulthood and is more common since about three percent of the population could be described by this diagnosis. These people tend to be described as eccentric in their dress and behavior. They feel uncomfortable with close relationships. They tend to have odd beliefs and engage in what is called "magical thinking," that is, they draw conclusions without considering the logic behind their inferences. Their thinking and speech are often described as odd. They tend to be suspicious of others and their range of emotion is limited. People with schizotypal personality disorder usually have few close friends and they feel anxious in social situations.

Antisocial Personality Disorder – About three percent of men and one percent of women can be described by this diagnosis – and the pattern becomes obvious during adolescence, if not before. People with antisocial personalities tend to violate the rights of others. They often have brushes with the law and fail

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to conform to social norms. They may lie to others or con others for personal gain. They are impulsive and fail to plan ahead. They manipulate others and often disregard their own safety or the safety of others. They are irresponsible with their work or financial obligations. People with antisocial personality disorder get into fights, and are irritable and aggressive around other people. A lack of remorse is one of the defining characteristics of this disorder.

Borderline Personality Disorder – The borderline pattern becomes apparent at least by early adulthood, and it is estimated that about two percent of the population suffers from this disorder. The defining characteristic of this disorder is instability of mood, self-image, and interpersonal relationships. In their relationships, people with borderline disorders tend either to idealize others or devalue them – and this can switch back and forth quickly. They fear both being abandoned by and becoming intimate with others. Their behavior is impulsive, and self-destructive threats are common. Their moods can change abruptly from happiness to misery, often over the course of only a few hours. They may feel empty inside and show frequent displays of temper, as well as suspicious thinking.

Histrionic Personality Disorder – About two to three percent of the population can be diagnosed with histrionic personality disorder, a problem which begins to show itself by early adulthood. The defining characteristic of this disorder is excessive expression of emotions and attention-seeking. Sufferers may feel uncomfortable when they are not the center of attention. They use their physical appearance to draw attention to themselves. They are often theatrical and dramatic – and they are suggestible and easily influenced by others. They express emotions in a rapidly shifting manner. People with histrionic personality disorder may think that their relationships are more intimate than they actually are.

Narcissistic Personality Disorder – This is a fairly rare disorder, affecting about one percent of

the population, and it first appears by early adulthood. A loose definition of narcissism is “self love.” People with this disorder have a great need for admiration from others, but little capacity for empathy. They tend to be grandiose in their fantasy world and superior to others in their thoughts. They are preoccupied with fantasies of unlimited success and power, and they have a sense of entitlement (that is, they feel they deserve special treatment). They believe they are special or unique, and others may describe them as arrogant. They tend to exploit others and manipulate them, and they lack empathy for the feelings of other people.

Avoidant Personality Disorder – This is another rare disorder that describes less than one percent of the population. Again, it becomes apparent by early adulthood. People with this disorder are inhibited or timid. They feel inadequate, but are sensitive to negative criticisms. Unless they are certain they will be liked, they tend to avoid involvement with other people. They are preoccupied with being criticized or rejected by others, and they feel inadequate when people are being compared or evaluated. They are reluctant to take risks for fear of being embarrassed.

Dependent Personality Disorder – This disorder may affect less than three percent of the population, and it appears by early adulthood. It is characterized by an excessive need to be taken care of. People with this disorder tend to cling to others and to show a submissive stance in their interpersonal relationships. They have a fear of separation and they require others to assume responsibility for most life activities. Dependent personalities have difficulty in making everyday decisions, and they have difficulty in disagreeing with others for fear of being rejected. They are preoccupied with the fear of having to take care of themselves. They lack confidence in their own judgment, so they have difficulty in initiating projects. They go to any lengths to get nurturance from other people.

Obsessive-Compulsive Personality Disorder – This disorder, which usually shows itself by adulthood, affects about one percent of the population. People with this diagnosis are preoccupied with being orderly and perfect and they need a sense of mental and interpersonal control. They have difficulty with flexibility and openness. They often get so involved in rules, procedures and organization that the point of the activity is lost. Others may describe them as “workaholics.” They are rigid and miserly, and they have difficulty in throwing out things. At work, they find it difficult to delegate tasks.



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THERE IS HOPE FOR THOSE WITH PERSONALITY DISORDERS

When therapists attempt to achieve behavior changes

in their clients, they usually assume the absence of a personality disorder. It is, after all, a major task to work with clients in making significant life changes without going through the hurdle of addressing a personality disorder as well. People with personality disorders often lack the feeling of distress that motivates major changes within the therapeutic setting.

However, when the focus is on specific behaviors that can be changed to bring about smoother life adjustments, therapists can have great success in working with people who have personality disorders. People can recognize when they have a recurrent pattern of difficulty in their lives – and this recognition can serve as the motivator for change in therapy. A trained professional therapist is able to find those areas that help a client recognize the need for change. For example, people with dependent personality disorder may come to understand that they may well lose their significant relationship unless some changes occur in their need to be taken care of. While the person's internal needs for dependency may persist even after the therapeutic intervention, changes in the person's

overt behavior can go a long way in resolving the situation. When the outer behaviors are changed, the internal needs may then undergo adjustments in a healthier direction.

People with paranoid personality disorder, for example, can activate their sensitivity so that they become attuned to the needs of other people in a productive way. People with schizotypal personality disorder can transform a pattern of odd beliefs into a more creative and socially approved set of responses. Those with borderline personalities can use their tendency toward rapidly shifting moods to being more spontaneous (and sensible) in their responses toward others. Negative symptoms associated with these disorders can be turned into positive qualities which help the person in adapting to life's demands.

A trained professional therapist is able to provide a setting in which seemingly intractable problems can be addressed. A feeling of safety and trust is built between the therapist and client – and this opens the door to trying new behaviors, with support, which have seemed impossible until now. A whole new world awaits those who give it a try.

The Couples Place
1900 Glades Rd. #352
Boca Raton FL 33431