CONDITION

Personality disorders

Personality disorders are long-lasting patterns of thinking, feeling, and behaving that cause distress or difficulties in daily life.

WHAT IT IS
Enduring patterns affecting thoughts, feelings, behaviour, and relationships

BODY SYSTEM
Mental health and nervous system

MAIN SYMPTOMS
Rigid thinking, intense emotions, relationship problems, impulsive behaviour

WHAT CAUSES IT
Complex mix of inherited and life factors

HOW IT IS DIAGNOSED
Detailed mental health assessment over time

MAIN TREATMENT
Structured talking therapies and practical support

CAN IT BE CURED?
Sometimes - symptoms can fall below diagnosis

IS IT AN EMERGENCY?
Sometimes - suicidal thoughts or immediate danger

LONG-TERM OUTLOOK
Many improve, though some patterns may persist

Overview

Personality disorders are a group of mental health conditions. They involve long-standing patterns in how a person understands themselves, responds to emotions, behaves, and relates to other people.

Everyone has personality traits. A trait becomes part of a disorder only when the pattern is unusually rigid, appears across different situations, and causes significant distress or problems. These problems may affect relationships, work, education, finances, safety, or daily responsibilities.

The patterns often begin to become clear during adolescence or early adulthood. They are not simply difficult behaviour, a lack of willpower, or a "bad personality." Symptoms may reflect ways of coping that developed over many years.

Different diagnostic systems describe personality disorders in different ways. Some use named types. These include borderline, antisocial, avoidant, dependent, narcissistic, paranoid, schizoid, schizotypal, histrionic, and obsessive-compulsive personality disorder.

Other systems focus on how severe the difficulties are and which personality traits are most prominent. A diagnosis should describe a person's needs, not define their identity.

Personality disorders can occur alongside depression, anxiety, trauma-related conditions, eating disorders, substance use, or other mental health concerns. Care needs to consider the whole picture.

Symptoms

Symptoms differ considerably between people and between types of personality disorder. They are usually persistent rather than limited to one stressful event.

Possible patterns include:

Some people experience self-harm, suicidal thoughts, anger outbursts, dissociation, or risky behaviour. Dissociation means feeling disconnected from yourself, your surroundings, or your memories. These symptoms are particularly associated with some presentations, but they are not present in everyone.

Occasional jealousy, impulsiveness, perfectionism, or relationship conflict does not by itself mean someone has a personality disorder. For diagnosis, clinicians look for an enduring pattern that causes substantial difficulty and is not better explained by another condition or a temporary crisis.

- finding it hard to trust others or feeling unusually suspicious
- intense fear of rejection, criticism, or abandonment
- unstable or conflict-filled relationships
- difficulty understanding other people's feelings or viewpoints
- a changing, uncertain, or strongly negative sense of self
- emotions that feel intense, change quickly, or are hard to manage
- acting impulsively without fully considering the consequences
- avoiding social contact because of fear or discomfort
- relying heavily on others for decisions or reassurance
- needing control, perfection, attention, or admiration

- seeming emotionally distant or having little interest in close relationships
- repeatedly disregarding rules, responsibilities, or other people's rights

Causes and risk factors

There is no single cause. Personality develops through a complex interaction between inherited traits, brain development, relationships, social surroundings, and life experiences.

Some people may be born with a stronger tendency toward emotional sensitivity, impulsiveness, caution, or other traits. These traits do not guarantee that a personality disorder will develop.

Experiences during childhood and adolescence may also matter. These can include inconsistent care, family conflict, neglect, abuse, loss, unstable living conditions, or repeated rejection. Many people with personality disorders have experienced trauma, but not everyone has. Most people who experience trauma do not develop a personality disorder.

Social exclusion, discrimination, poverty, and limited support may add to distress or make it harder to cope. Protective relationships and stable support can help, although they do not remove every risk.

Personality disorders are not caused by the person choosing to be difficult. They are also not the fault of one parent, partner, or family member.

Diagnosis

There is no blood test, brain scan, or online questionnaire that can confirm a personality disorder. Diagnosis is based on a detailed assessment by a suitably trained mental health professional.

The assessment usually explores:

More than one appointment may be needed. A careful assessment is important because symptoms can overlap with autism, attention deficit hyperactivity disorder, bipolar disorder, post-traumatic stress disorder, depression, psychosis, substance-related problems, and other conditions.

A clinician may also consider physical illnesses or medicines that could affect mood or behaviour. With permission, information from someone who knows the person well may sometimes help. However, the person's own account remains central.

Diagnostic language may differ between services. One system may use a named disorder,

while another describes severity and prominent traits. It can be reasonable to ask what the diagnosis means, which patterns led to it, and how it will guide support.

- thoughts, emotions, behaviour, and relationships over time
- when the difficulties began and where they occur
- effects on daily life, wellbeing, and safety
- physical and mental health history
- alcohol, drug, and medicine use
- cultural background and major life experiences

Treatment and management

Treatment aims to reduce distress, improve safety and relationships, and help with daily life. A collaborative plan is usually more useful than focusing only on a diagnostic label.

Structured psychological therapy, also called talking therapy, is the main treatment. It is usually provided over months or longer. Depending on the person's needs and local services, approaches may include dialectical behaviour therapy, mentalisation-based treatment, schema therapy, cognitive approaches, or structured psychodynamic therapy.

These therapies may help a person:

No single therapy is best for everyone. Regular attendance, a clear treatment structure, and a trusting working relationship can be important. Progress may be uneven, especially when therapy explores painful experiences.

Medicines do not treat the full personality pattern. They may sometimes be used for specific symptoms or for another condition such as depression, anxiety, or psychosis. Benefits and side effects should be reviewed rather than assuming medication must continue indefinitely.

Practical support may address housing, employment, education, finances, substance use, or family difficulties. A written crisis or safety plan can set out warning signs, coping strategies, supportive contacts, and where to seek urgent help.

If a treatment relationship is not working, this does not mean treatment is impossible. It may help to discuss what feels unhelpful and whether the approach, goals, or level of support should change.

- recognise patterns and triggers
- understand and regulate emotions

- reduce impulsive or harmful behaviour
- communicate needs more effectively
- build steadier relationships
- develop a more stable sense of self
- make plans for periods of crisis

Complications

Without effective support, personality difficulties can contribute to repeated relationship breakdown, isolation, interrupted education or employment, financial problems, or legal difficulties. Alcohol or drug use may become a way of coping and can make emotions and impulsive behaviour harder to manage.

Depression, anxiety, eating disorders, and trauma-related symptoms are common alongside personality disorders. Some people experience self-harm or suicidal behaviour, particularly during conflict, loss, or fears of abandonment.

These outcomes are not inevitable. Recognising patterns and receiving suitable treatment can reduce risk and improve functioning.

Prevention

There is no proven way to prevent every personality disorder. Inherited traits and early development cannot be changed, and experiencing adversity does not mean the condition will develop.

Safe and stable relationships, early support for trauma or emotional difficulties, and timely help with behavioural or family problems may reduce distress and improve coping. These steps should not be presented as a guarantee of prevention.

For someone already diagnosed, learning personal warning signs, reducing harmful alcohol or drug use, and following a crisis plan may help prevent avoidable crises or complications.

Living with it and what to expect

Personality patterns can feel deeply established because they have often developed over many years. Change is usually gradual. It may involve learning new responses rather than

becoming a different person.

Symptoms do not always remain equally intense throughout life. Research and clinical experience show that many people improve, and some eventually no longer meet diagnostic criteria. Certain traits or relationship sensitivities may continue even when crises, self-harm, or severe distress become less frequent.

Progress is rarely a straight line. Stress, rejection, loss, or major changes may temporarily bring back older coping patterns. This does not erase earlier gains. A plan for setbacks can make them easier to manage.

Many people with personality disorders have relationships, raise families, study, work, and take part in their communities. The amount of support needed differs. Some need long-term specialist care, while others later manage with routine follow-up, primary care, or self-management strategies.

Reducing shame is an important part of recovery. A diagnosis describes a pattern of difficulty; it does not measure someone's worth, intelligence, or ability to care about others.

When to get medical help

Arrange a routine appointment with a primary care professional or mental health service if long-standing emotional or relationship patterns are causing distress, repeated conflict, difficulty working or studying, or harmful coping. Help is also appropriate if a previous diagnosis does not seem to explain your experiences.

Seek prompt professional help if self-harm is increasing, substance use is becoming difficult to control, or you are struggling to stay safe. Contact your existing mental health team or local urgent mental health service if you have one.

Get emergency help now if you:

Call your local emergency number or go to the nearest emergency department. If possible, stay with a trusted person and move away from weapons, excess medicines, or other means of harm.

- are about to harm yourself or someone else
- have attempted suicide or taken an overdose
- have a serious injury from self-harm
- cannot keep yourself safe

- are severely confused or losing contact with reality in a way that creates immediate danger

Common questions

Does a personality disorder mean I have a bad personality?

No. It is a mental health diagnosis describing persistent patterns that cause distress or impairment. It is not a moral judgement. Stigma around the word "personality" can be painful, but the diagnosis does not define the whole person.

Can a personality disorder go away?

Symptoms can improve substantially. Some people later fall below the threshold for diagnosis, while others continue to have certain traits or difficulties. Improvement often develops over months or years rather than after a short course of treatment.

Is borderline personality disorder the same as bipolar disorder?

No. Borderline personality disorder involves ongoing difficulties with emotions, identity, relationships, and impulsivity. Bipolar disorder causes distinct episodes of depression and mania or hypomania. Mood shifts in borderline personality disorder are often quicker and linked to events, although the conditions can occur together.

Can someone have more than one personality disorder?

Yes. A person may meet criteria for more than one named type or have a mixture of traits. Newer diagnostic approaches may describe overall severity and the main traits instead of assigning several labels.

Can relationships work when someone has a personality disorder?

Yes. Relationships may be affected by mistrust, fear of rejection, emotional intensity, avoidance, or difficulty communicating. Therapy, clear boundaries, and learning to recognise patterns can help. Abuse or intimidation should not be accepted as an unavoidable part of any diagnosis.

Can an online personality disorder test diagnose me?

No. Screening questionnaires may highlight experiences worth discussing, but they cannot show whether a pattern is persistent, severe, or better explained by another condition. Diagnosis requires a full professional assessment.

Sources

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