




PERSONALITY DISORDERS: A NARRATIVE REVIEW

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ABSTRACT

This study aims to describe personality disorders, offering an overview of their characteristics, diagnosis, and impact on the lives of individuals. The narrative research carried out is based on a careful analysis of articles and books, allowing us to explore the different types of personality disorders such as narcissistic, histrionic, avoidant, dependent and obsessive-compulsive personality, etc. Knowing that personality disorders are described as one of the most difficult and controversial subjects in psychopathology, the main objective is to provide clear and relevant information so that professionals in the field can better understand these disorders and their implications. The article addresses treatment strategies, focusing on the effectiveness of cognitive-behavioral therapy, drug treatment, and Integrative and Complementary Practices (PICs). Specific techniques are discussed, highlighting their importance in the management and improvement of patients' quality of life. Thus, this study seeks to contribute both to the improvement of technical knowledge and to clinical practice in the context of personality disorders.

Keywords: Personality Disorders. Diagnosis. Cognitive-behavioral therapy.

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INTRODUCTION

Personality was defined by Widger (2011) as the characteristic way a person feels, reacts, thinks, behaves and relates to other people.

According to Dalgarrondo (2019), the subject of personality is one of the most difficult and controversial in all psychopathology because there are several terms, concepts, disorders, temperaments, personality traits, psychopathy, among others.

According to the DSM V TR, personality disorders are divided into three subgroups: Group A personality disorders (paranoid, schizoid, schistoid, and schistotic). Group B (antisocial, borderline, histrionic, and narcissistic). Group C (avoidant, dependent, obsessive-compulsive). Each disorder presenting some type of pattern or emotional instability (APA, 2022).

In this article, I seek to describe some of the constructs associated with personality that were most present in psychopathology manuals through a narrative review of the literature, as well as forms of treatment.

DIAGNOSTIC CRITERIA FOR PERSONALITY DISORDERS

The most affected functions in affective, neurotic, and personality disorders are psychomotricity, affectivity, will, and personality (Dalgarrondo, 2019).

To characterize personality disorder, the DSM V-TR describes that the individual must present a lasting pattern of behaviors that deviate significantly from social norms (APA, 2022).

Table 1. Groups and characteristics of personality disorders according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).

	Paranoide	Padrão de desconfiança e suspeita que induz à crença de que as motivações dos outros são malévolas.
Grupo A	Esquizoide	Padrão de distanciamento das relações sociais com restrição da expressão emocional.
	Esquizotípica	Padrão de desconforto agudo nas relações íntimas, de distorções cognitivas ou perceptivas e "comportamento excêntrico".
	Narcisista	Padrão de grandiosidade, com necessidade de admiração e falta de empatia.
Grupo B	Borderline	Padrão de instabilidade nas relações interpessoais, na autoimagem e nos afetos, além de impulsividade.
	Histrionica	Padrão de emocionalidade e busca excessiva pela atenção.
	Antissocial	Padrão de desrespeito e violação dos direitos de outros indivíduos.
Grupo C	Esquiva	Padrão de inibição social, sentimentos de inadequação e hipersensibilidade a críticas.
	Dependente	Padrão de comportamento submisso e apegado associado à necessidade excessiva de ser cuidado.
	Obsessivo-compulsiva	Padrão de preocupação com ordem, perfeccionismo e controle.

GROUP A OF PERSONALITY DISORDERS

Schizoid, paranoid and schizotypal personality disorders are part of this group. They are characterized by a strange pattern of cognition and affect, transient psychotic conditions, social isolation. It has a relationship with the schizophrenic spectrum (Louzã, 2024).

- Paranoid disorder is marked by excessive distrust and unfounded suspicion of others, interpreting their actions as malicious. They distrust without evidence of betrayal, doubt the loyalty of friends, have difficulty trusting, interpret neutral comments or actions as threats, hold grudges, react angrily to criticism and suspect their partner's fidelity, make it difficult to live together because these individuals can be hostile, argumentative, reserved and emotionally distant (APA, 2022).
- Schizoid disorder is characterized by social distancing and little emotional expression. They have a lack of interest in intimate relationships, including family members, a preference for solitary activities, little or no interest in sexual relations, an absence of pleasure in almost all activities, absence of close friends, except family members, indifference to praise or criticism, and affective detachment. This disorder is not related to other conditions, such as schizophrenia or psychotic disorders (APA, 2022).
- Schizotypal personality disorder is characterized by difficulty in social relationships, interpersonal discomfort, cognitive distortions, and eccentric behaviors. Main traits are ideas of reference, but without delusions, strange beliefs or magical thinking (e.g., superstition, telepathy), unusual perceptions, such as bodily illusions, strange speech, such as being vague or metaphorical, distrust or paranoid thoughts, inappropriate or restricted affect, peculiar appearance, lack of close friends, except family, and intense social anxiety, linked more to paranoia than to self-criticism. This disorder is not explained by other conditions, such as schizophrenia or psychotic disorders (APA, 2022).

GROUP B OF PERSONALITY DISORDERS

Borderline, histrionic, narcissistic, and antisocial personality disorder are part of this group. Borderline was described in psychoanalysis as a state between neurosis and psychosis, histrionic is a term that is accompanied by prejudices, especially in relation to women. Narcissism has its origins in Greek mythology and was explored by Freud in 1914, evolving into "narcissistic personality disorder". Antisocial personality disorder, one of the best known by society, is related to the absence of empathy, remorse and guilt, and is often

associated with the terms "psychopathy" and "sociopathy". Visible since childhood or adolescence, it has biological and environmental influences (Louzã, 2024).

- Antisocial personality disorder is marked by a persistent pattern of disrespect and violation of the rights of others, and can begin before the age of 15. The main characteristics include disrespect for legal norms, tendency to lie, cheat or use false names for personal gain, impulsiveness, aggressiveness, disregard for one's own safety and that of others, irresponsibility at work or in finances, lack of remorse. They often lack empathy, are insensitive, cynical, and disdain the feelings or rights of others. The diagnosis requires a minimum age of 18 years and a history of conduct disorder before the age of 15 (APA, 2022).
- Borderline personality disorder is characterized by instability in interpersonal relationships, self-image, emotions, and impulsive behaviors. Key characteristics include desperate efforts to avoid abandonment, real or imagined, unstable relationships, alternating between idealization and devaluation, instability in self-image. Impulsivity in self-destructive areas such as spending or substance abuse, recurrent suicidal behaviors or threats and self-harm, intense mood swings, feelings of emptiness, intense anger, paranoid ideas, or stress-related dissociative symptoms. The disorder appears in early adulthood and affects various aspects of life (APA, 2022).
- Narcissistic Personality Disorder is characterized by a persistent pattern of grandiosity, need for admiration, and lack of empathy, beginning in adulthood and manifesting itself in various contexts. For the diagnosis, it is necessary that the person presents five or more of the following criteria: exaggerated feeling of importance, expecting to be recognized as superior without the corresponding achievements; preoccupation with fantasies of unlimited success, believes it to be "special"; excessive need for admiration. expectation of special treatment; exploitation of interpersonal relationships for one's own benefit; lack of empathy; envy; arrogant and insolent attitudes (APA, 2022).
- Histrionic Personality Disorder is characterized by a persistent pattern of excessive attention-seeking and emotionality, which begins in adulthood and manifests itself in various contexts. For the diagnosis, it is necessary that the person presents five or more of the following criteria: discomfort when it is not the center of attention; seductive or provocative inappropriate in interactions; rapid changes in emotions; excessive use of physical appearance to attract attention; impressionist discourse; self-dramatization; easy to external influences;

Regarding personal relationships as more intimate than they really are. They exhibit sexually provocative behavior. They can feel frustrated when they are not in the spotlight, constantly seeking novelty to avoid boredom and frustration for immediate gratification (APA, 2022).

GROUP C OF PERSONALITY DISORDERS

Avoidant, dependent, obsessive-compulsive personality disorders are specified by individuals with dependent personality, perfectionists, and are avoidant. The disorders are mixed with each other and with the symptoms of anxiety, making classification even more difficult (Louzã, 2024).

- Avoidant Personality Disorder is characterized by a persistent pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning in adulthood and manifesting in various contexts. For the diagnosis, it is necessary that the person presents four or more of the following criteria: avoids professional activities that involve significant interpersonal contact for fear of criticism or rejection; he only gets involved with people when he is sure of being accepted positively; he is reserved in intimate relationships; is excessively preoccupied with criticism in social situations; feels inadequate in new interpersonal situations; he sees himself as inferior to others; fear of embarrassment (APA, 2022).
- Dependent Personality Disorder is characterized by an excessive need for care, leading to submissive and attachment behaviors. For the diagnosis, it is necessary that the person presents five or more of the following criteria: difficulty in making daily decisions without excessive advice and reassurance; the need for others to take responsibility for the main areas of life; difficulty expressing disagreement for fear of losing support; difficulty in initiating projects or acting independently, due to a lack of self-confidence; he goes to extremes to get affection and support, even offering himself for unpleasant tasks; feels uncomfortable or helpless when alone; quickly seeks another relationship after an intimate relationship ends for care and support; fear of being abandoned (APA, 2022).
- Obsessive-Compulsive Personality Disorder is characterized by a persistent pattern of preoccupation with order, perfectionism, and control, which impairs flexibility and efficiency. For the diagnosis, it is necessary that the person presents four or more of the following criteria: excessive concern with details,

rules, organization or schedules, to the point of losing focus on the main objective; perfectionism that prevents the completion of tasks, because the own standards are excessively rigid; excessive dedication to work, to the detriment of leisure and friendships, without financial justification; excessive conscientiousness and inflexibility in matters of morality and ethics; inability to discard objects, even without sentimental value; reluctance to delegate tasks or work with others unless they follow their exact way of doing things; economic lifestyle, with a view of money as something to be saved for future catastrophes; rigidity and stubbornness. (APA, 2022).

TREATMENTS

According to CASTRO (2024), personality disorders are conditions that profoundly affect the way individuals interact with themselves and others, differing from personality styles by the negative impact on various areas of life, such as work, relationships, emotional control, self-identity, and impulsive behavior. Individuals with these disorders often exhibit inconsistent and confusing behaviors, causing frustration in those close to them. In addition, they may demonstrate difficulties in understanding realistic and acceptable ways of relating and acting in society, often without awareness of how their behaviors generate problems for themselves or for others. Parenting style can range from detached, excessively emotional, abusive, or irresponsible, generating physical, emotional, or mental consequences for your children. This complexity highlights the need for appropriate therapeutic interventions, which aim not only to relieve symptoms, but also to promote coping skills and improve quality of life.

For effectiveness in personality disorders, one of the most important approaches refers to psychotherapy and its association with medication. These two simultaneous treatments control the symptoms. However, it is important that the patient is engaged in the treatment and a constancy in the therapies to maintain good results in the treatment (MAZER; M; JURUENA, 2017).

Some very important tools for the diagnosis and treatment of these disorders are neuropsychological tests. Referral to a neuropsychologist or clinical psychologist allows personality or cognitive tests to be carried out, helping to understand how the individual perceives and interprets the world around them. However, diagnosis can be challenging due to overlap between types of disorders and the presence of co-occurring mental health conditions such as depression, anxiety, post-traumatic stress disorder, eating disorders, or substance abuse. These comorbidities can make it difficult to identify the specific disorder,

but investing time and effort to obtain an accurate diagnosis is essential to ensure appropriate and effective treatment (CASTRO, 2024).

It is essential that professionals are aware of the disorders they are working on, this knowledge allows for a good evolution of the case, clear communication, delimitation of limits and offering regular consultations. For example, for borderline personality disorder (BPD), treatment includes crisis control, reduction of suicidal behaviors, development of coping skills, and stress management (MAZER et al., 2017). A multi-professional approach is ideal because it integrates psychiatrists, psychotherapists and family support. The patient must be monitored in a specialized service, but if limited access is obtained, there is a primary health team that works in conjunction with the specialized team. Professionals must be prepared to develop a therapeutic alliance between patient and team, as this is the pillar of treatment. If this process is carried out, there will be a positive evolution of the patient. Activities such as sleep hygiene, physical activity, and social support are essential (MAZER et al., 2017).

INTEGRATIVE AND COMPLEMENTARY PRACTICES.

According to the Regional Council of Pharmacy of Ceará (2019), Integrative and Complementary Practices (PICS) are knowledge-based therapeutic resources that prevent various emotional and physiological diseases. They can also be used as palliative treatments in some chronic diseases. The Unified Health System (SUS) offers, fully and free of charge, 29 Integrative and Complementary Practices (PICS) procedures to the population. The services begin in Primary Care, the main gateway to the SUS.

Studies carried out in primary health care show improvements in the quality of life of users undergoing PICS, not only in Basic Health Units (UBS), but also in Psychosocial Care Centers – CAPS (MINISTRY OF HEALTH 2024).

Scientific evidence has shown the benefits of integrated treatment between conventional medicine and integrative and complementary practices. There is a considerable number of trained and qualified professionals and a greater appreciation of traditional knowledge from which a large part of these practices originate. These practices are an additional, a complement to the treatment and indicated by specific professionals (REGIONAL COUNCIL OF PHARMACY OF CEARÁ, 2019).



According to the Ministry of Health (2024), "different types of research have presented favorable results for the application of Integrative and Complementary Practices for mental health users of the Psychosocial Care Network – RAPS. Despite the demedicalizing, comprehensive, singular and humanizing potential of PICS and its ability to instrumentalize care for psychic suffering, it needs more appreciation and action in health care. ICPs are recognized as important for enhancing the Mental Health actions developed at the primary level of care, but they should not be the only possibilities of Mental Health care. Thus, it is important to reinforce that its insertion in the care of people with mental disorders does not alter or replace the pharmacological and/or psychotherapeutic care protocol".

METHODOLOGY

According to Ercole, de Melo and Alcoforado (2014), review articles are a form of research that uses bibliographic or electronic information sources to theoretically support a given objective. In this work we chose to use the narrative review which the authors claim to be appropriate to describe and discuss a subject from a theoretical or contextual point of view. This methodology basically consists of the analysis of literature published in books, printed and/or electronic journal articles, in the interpretation and personal critical analysis

of the author. Thus, the article was constructed according to the Narrative Review, consisting of: Introduction, Development, Methodology and References.

FINAL CONSIDERATIONS

In this study, personality disorders were described from the perspective of diagnostic manuals, as well as some strategies on how to deal with them. In addition to traditional treatments such as psychotherapy and drug treatment, in this work we add a topic of Integrative and Complementary Practices in the treatment of mental disorders. It is hoped that with this work some professionals can improve their clinical practice.

It was observed that PICS are described as important in the complementary follow-up of mental disorders, but we did not find studies that correlated with personality disorders. Therefore, I see the importance of more studies in this area, which has been used as an aid in the monitoring of pathologies.

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