

Personality Disorders: Dramatic, Emotional, and Erratic Behaviors

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NUR 203

January 26, 2016

Abstract

Personality disorders are incapacitating for some clients and render them unable to function normally in society. Young people and older people alike are affected by these disorders. Often leading to criminal behaviors, clients end up in jail and prison because of their mental illnesses where they will end up not getting the treatment so desperately needed. Plagued by dramatic, emotional, and erratic behaviors, a client, all too often contemplates suicide as an escape. These clients present with numerous other odd behaviors not understood by most making them inherently social outcasts. Although finding the right treatment is sometimes difficult, nurses have a duty to delve into the behaviors exhibited by these clients and assist in directing them to the appropriate treatment.

Keywords: antisocial personality, borderline personality, histrionic personality, narcissistic personality, mental illness, mental health

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Shannon L. Alder states, “Never give up on someone with a mental illness. When “I” is replaced by “We”, illness becomes wellness” (Alder, 2016). If more healthcare workers thought like Alder, treatment for mental illnesses might be more attainable. Dramatic, emotional, and erratic behaviors are part of the previously defined DSM–V Cluster B. The personality disorders associated with this group of behaviors are antisocial personality, borderline personality, histrionic personality, and narcissistic personality. Personality disorders cause an array of problems for clients in various aspects of their lives such as personal relationships and work. Genetics and issues during childhood play a role in the development of personality disorders. Unfortunately, more times than not, clients who have a personality disorder do not feel they have a problem; therefore, these clients present unique challenges in providing treatment.

One disorder in this group is the antisocial personality disorder. It is a mental condition in which a person has a long-term pattern of manipulating, exploiting, or violating the rights of others (Medline Plus, 2014). Antisocial personality disorder often leads to criminal activity; hence, many individuals in prisons and jails are diagnosed with this disorder. Clients who grew up in an abusive home as a child or have parents diagnosed with the disorder have a higher risk of developing an antisocial personality disorder. To be diagnosed with antisocial personality disorder, a person must have had emotional and behavioral problems—conduct disorder—during childhood (Medline Plus, 2014). The disorder tends to manifest the greatest symptoms in the early twenties. Although charismatic and engaging at times, people with antisocial disorder routinely disobey the laws, are often angry, lie, cheat, are instigators and manipulators, disregard the safety of self and others, have drug abuse problems, and never exhibit guilt or remorse for wrongdoing. The primary focus of the nurse should be to work on establishing trust with the

client. Further, the nurse needs to ensure the client understands what behaviors are acceptable and which ones are not; it is the behavior that is not acceptable, not the client. Positive feedback for appropriate behavior is especially helpful with these clients because it can increase their feelings of self-confidence; thereby, satisfying their need for a higher degree of dignity.

Antisocial personality disorder is one of the most difficult personality disorders to treat (Medline Plus, 2014). Sadly, clients with this disorder feel they do not need treatment; therefore, they may only seek treatment if required to do so by the court.

Another personality disorder in this group is the borderline personality disorder (BPD). It is a mental condition in which a person has long-term patterns of unstable or turbulent emotions (Medline Plus, 2014). The inherent emotional exploitations time and again dismally transpire into impetuous actions and tumultuous partnerships with other people. Abandonment during childhood, poor family communication, disrupted family life, and physical, sexual, or emotional abuse are all risk factors that can lead to the development of BPD (Medline Plus, 2014). Clients with BPD may exhibit frequent anger outbursts and despise being alone. They get bored easily and may also fall victim to drug abuse. Additionally, clients with BPD do not have any inhibitions in regards to sexual encounters. Further, they are impulsive, self-destructive, often exhibit suicidal tendencies, and use “splitting” behaviors—a defense mechanism—to sometimes pit one person against another due to their “all or nothing” and “black and white” thinking patterns. The nurse should not listen as a client tries to degrade other staff members, but instead, suggest the client discuss the problem directly with the staff person involved (Townsend, 2015, p. 686). Moreover, treatment for BPD is involved, and clients with this disorder tend to utilize the healthcare system more so than other clients. Group therapy has shown to be somewhat effective as a long-term treatment solution for this disorder. However, one study utilizing a

phenomenological approach and a brief psychiatric admission of one to three nights during a BPD crisis showed promise. The study proved how important the role of a nurse is in the treatment of these clients. According to the study, patients highlighted the quality of the contact with a nurse as the most important aspect of the brief admission (Helleman, 2014). Establishing a mutual trust with the nurse was what made the nursing role such an important aspect of the crisis intervention in the study. Contact with a nurse enabled patients to reconnect with themselves. During this contact, they felt seen, heard, and accepted, and safe enough to share their vulnerabilities with the nurse (Helleman, 2014). Ideally, this is exemplary of why a nurse becomes a nurse—to make a difference in a client's life. At the end of the study, findings showed a brief admission can be an effective solution to a crisis. The study concluded:

Patients described a growth in autonomy and self-esteem, a feeling of security, and growing sense of responsibility for their own recovery when using brief admission.

Communication and support from a nurse can help a patient recover. Supportive reactions from nurses are perceived to be calming. If a nurse acknowledges a patient's struggles, then the patient feels accepted as a person. Achieving this requires connection with the patient, and such connection and acceptance can heal. (Helleman, 2014)

Although BPD is a difficult disorder to treat, nurses can play one of the most important roles in helping the client recover in a crisis situation. A nurse should never take this responsibility lightly, as it could make all the difference in a particular client's recovery.

Next, the histrionic personality disorder is a mental condition in which people act in a very emotional and dramatic way that draws attention to themselves (Medline Plus, 2014). Although, heredity and pubescent events play a part in the development of this disorder in teenage years or the early twenties, the exact etiology is unexplainable thus far. The client with

histrionic personality disorder presents as always needing to be the center of attention. To accomplish this, they often overreact to simple situations, embellish everything, attempt to be seductive, and are overly theatrical. They tend to be boisterous, immature, and coquettish to draw attention to themselves. The nurse should always be clear and concise and respond to specific needs. The nurse should also identify coping needs and work to improve individual coping skills of the client. The psychoanalytical psychotherapy is the treatment of choice for the client with histrionic personality disorder (Townsend, 2015, p. 695).

Finally, the narcissistic personality disorder (NPD) is a mental condition in which a client has a grandiose sense of self-importance, is overly preoccupied with self-love, and has a lack of empathy for others (Medline Plus, 2014). Even though the exact etiology is unknown, lack of sensitive parenting may play a role in the development of this disorder. Another idea is narcissism may also develop from an environment in which parents attempt to live their lives vicariously through their child (Townsend, 2015, p. 677). Arrogance, attention-seeking and admiration, exploitation of others, and preoccupation with power and appearance are all traits of a client who has a narcissistic personality disorder. Narcissistic clients believe they are superior to everyone else and are entitled to special rights and privileges (Townsend, 2015, p. 676). Because of self-gratification characteristics in a narcissist, intimate relationships tend to suffer. The narcissist needs constant praise and positive feedback in a relationship (Townsend, 2015, p. 676). If they are unable to pull this from their partners or their self-image is broken by the partner, the situation can become jeopardous to the point of killing the partner for their own self-preservation. For some pathological narcissists, their self-image is their entire self—shatter it and there is no more person (Muller, 2011). The nurse needs to remember not to argue, negotiate, or rationalize with these clients; likewise, the nurse needs to point out when the client is

supercilious. Discussions about the client's mindset toward superiority may further prove to be helpful. Interpersonal psychotherapy may also be a practical treatment in NPD because the core element of treatment is to establish an empathic therapist-client relationship based on collaboration and guided discovery in which the therapist functions as a role model for the client (Townsend, 2015, pp. 694-695). However, because dependency on treatment is viewed as humiliating by a narcissist, treatment for this disorder sometimes becomes an issue (Kernberg, 2009).

In the end, a personality disorder can be a life-altering, debilitating problem for a client. It is tough for them to live an ordinary every-day life because they feel everyone else in the world has a problem—not them. They are unable to deal with common stressors and are often socially unaccepted. The maladaptive thought patterns of these clients make it extremely difficult to treat them. Even so, there are treatments available that will allow these clients to maintain a functional lifestyle and more satisfying relationships. A nurse has the responsibility to seek out, identify, and refer these clients to the appropriate place for treatment. By doing this, he or she plays an essential role in the rehabilitation of these clients. Ultimately, rehabilitation and recovery are two of the main goals for clients with a personality disorder.

References

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NUR 203 Assignment
Spring 2016

Choose one (1) of the disease processes that is covered in class and write a paper discussing the **nursing care** of client with that particular diagnosis. Each student must choose a **different topic**. When you have selected your topic, email your classmates with your choice. You must include information related to evidence-based research following **the nursing process**. The paper must be written in **APA format with a minimum of 3 scholarly, peer-reviewed references**. The body of the paper must be a minimum of 2 pages.

Due Date—April 20, 2016 by 3 pm.

Grading Rubric

APA format —4 points (Title page, Abstract, Main body, References)	_____
Grammar and Mechanics—3 points	_____
Content—3 points	_____
Total	_____