



MIND MATTERS



EDITORIAL

PERSONALITY DISORDERS:

THE MAD CHAOS BENEATH THE MASK

People with Personality Disorders (PD) pose a serious challenge to their families and to their intimate partners specifically. They mess up personal relationships, create negativity in the atmosphere, generate conflicts, have mood swings, express extreme emotions, blame others for their problems, don't own responsibility for their actions, do not feel accountable for their bad behavior and in fact always justify their bad behavior!



They are difficult to handle and can prove to be illogical and irrational in their thinking, perceptions, beliefs and arguments. **They use unhealthy emotional strategies to manipulate people. They can burden the family with their erratic behavior and impact the mental health of the 'normal' family members, who can start questioning their own sanity.**

On the other hand, socially, they can be well-behaved, charming, poised, pleasing, attractive, as the social mask hides their idiosyncrasies, a mask they wear quite effectively, and deceptively. **There is a distinct difference between their social behavior and personal behavior at home with loved ones.**

Personality Disorders are distinctly different from other mental illnesses as they are more deep-rooted in the structure of the personality and the formation of traits. **The patterns of behavior are deep set at the foundation level and therefore quite resistant to change and treatment.** Among the spectrum of mental illness, Personality Disorders are relatively lesser known, even though the overall prevalence rate in the population **can be as high as ten percent.** Countries show different profiles in terms of prevalence of the different types of PDs, which may be due to the socio-cultural norms and practices which temper the formation of personality traits among the various other factors.

However, specific types of PDs are certainly on the rise in modern times. The Cluster B personality disorders which include, narcissistic, histrionic, borderline and antisocial personality show an upward trend which can be explained by the complex interplay of multiple forces operating on the individual. Some of the factors could be the influence of social media and technology, increasing stress and pressures, changing values and norms, childhood trauma, shrinking family size with one child norm, individualism, self-promotion, upbringing and nurturing practices.

With all that chaos inside, people afflicted with PD are generally unhappy people. They have partial insight into their malady, as they often get rejected by others, invite criticism, fail to make long-lasting relationships and often feel unloved. They harbor deep-seated feelings of low self-worth, feel a sense of void and may suffer mild levels of anxiety and depression. They are generally discontented with themselves and hence crave for attention, repetitive doses of praise, status, power, excitement, love and pampering. **They feel they are entitled to all this and hence feel angry and heavily disappointed when it does not happen. Then they manipulate with whatever strategies they can cook up.**

Although it is hugely challenging to treat people with PD, there is always hope. Long-term therapy with cognitive appraisals, emotional regulation techniques, self-reflection, awareness, insight into their faulty thought patterns and beliefs can be redeeming.

Even though the effort would be exhausting, it would be worth it.



Rita

**-Rita Aggarwal
Editor**

ROTARY SOUTH ASIA INTERNATIONAL PEACE CONFERENCE, BENGALURU -23rd MARCH 2025: A REPORT. Positive Mental Health Promotes Peace

A one -day conference on Peace was organized by Rotary District 3192 at Bengaluru. It has been recognized that for fostering peace, some of the critical global issues that need to be addressed are mental and physical health, and environment. The slogan was "Healthier World, Greener Tomorrow".

Five District Chapters of the Rotary Action Group- Mental Health Initiatives, (RAGMHI) India set up a booth to generate awareness on mental health and increase membership in Chapters. **The five Chapters represented were Districts 3030, 3192, 3055, 3011 and 3150.** Chair D3192 Rupashree Venkat, Chair D3055 Mukesh Parmar, Chair Elect RAGMHI Rita Aggarwal worked hard for putting up the booth and manning it. Board Members of the local chapter D3192, Lalitha Panch, Parvati Anand, Rashmi Raj, Lakshmi Naveen, Aiyaz Zanteria were active throughout. Posters on mental health, RAGMHI toolkits on projects, chapter formation and handouts were given to visitors. New members were enrolled in the local chapter 3192 and new chapter formations were encouraged. Rotarians from across India and District Governors past, present and future were interested. A huge crowd was witnessed and everyone agreed that mental health was a silent pandemic which needs to be taken up in all earnest. The event was a huge success.

**-Rita Aggarwal
Chair Elect, RAGMHI D3030**



PERSONALITY DISORDERS: DEFINITION & TYPES

A personality disorder is a mental health condition where people have a lifelong pattern of seeing themselves and reacting to others in ways that cause problems. People with personality disorders often have a hard time understanding emotions and tolerating distress.

DSM V-TR definition of personality disorder - "An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment."

Psychologist Theodore Millon (1928-2014), contributed significantly to the classification and understanding of personality disorders.

Types of Personality Disorders (According to DSM-V-TR Diagnostic and Statistical Manual of Mental Disorders)

There are 10 types of Personality Disorders. They are grouped into three different categories called Clusters (A, B, and C). Each cluster has some similar symptoms and similar characteristics.

Cluster A: Odd or Eccentric Disorders

These disorders are marked by **unusual or peculiar thinking, behavior or appearance.**

•Paranoid Personality Disorder

- Persistent distrust and suspicion of others.
- Belief that others have malicious intentions.

•Schizoid Personality Disorder

- Detachment from social relationships.
- Limited emotional expression.

•Schizotypal Personality Disorder

- Discomfort in close relationships.
- Eccentric behavior and distorted thinking.
- Odd beliefs or magical thinking.

Cluster B: Dramatic, Emotional, or Erratic Disorders

These disorders involve problems with **impulse control and emotional regulation.**

•Antisocial Personality Disorder

- Disregard for the rights of others.
- Deceitfulness and impulsivity.

- Lack of remorse
- Borderline Personality Disorder (BPD)**
- Instability in relationships, self-image, and emotions.
- Fear of abandonment.
- Impulsive and self-destructive behaviors.
- Histrionic Personality Disorder**
- Excessive emotionality and attention-seeking behavior.
- Desire to be the center of attention.
- Narcissistic Personality Disorder**
- Grandiose sense of self-importance.
- Need for excessive admiration.
- Lack of empathy for others.

Cluster C: Anxious or Fearful Disorders

These disorders are characterized by **high levels of anxiety and fear.**

•Avoidant Personality Disorder

- Extreme sensitivity to rejection.
- Feelings of inadequacy.

•Dependent Personality Disorder

- Excessive need to be taken care of.
- Submissive and clingy behavior.

•Obsessive Compulsive Personality Disorder (OCPD)

- Preoccupation with order, perfection, and control.
- Rigidity and inflexibility.
- Over commitment to work at the expense of relationships.

The prevalence of Personality Disorders globally is about 6-10%. The commonly diagnosed personality disorders are Borderline Personality Disorder (BPD) and Antisocial Personality Disorder.

As with all mental health conditions, seeking help as soon as symptoms appear can help decrease the disruptions to your life. Mental health professionals can offer treatment plans that can help you manage your thoughts and behaviors. The family members of people with personality disorders often experience stress, depression, grief and isolation. It's important to take care of your mental health and seek help if you're experiencing these symptoms.

-Dr Sahithya Raghu

Psychiatric Social Worker, NIMHANS

HIDDEN IN PLAIN SIGHT: IDENTIFYING THE EARLY SIGNS OF A PERSONALITY DISORDER

According to the World Health Organisation (WHO), half of all mental health disorders in adulthood start by the age of 18, but most of them remain undetected and untreated. Same is the case with **Personality Disorders- the early warning signs can be seen manifesting from adolescence (10-19 years) and early adulthood (20-30 years).**

With school children, it starts with **problems in completing tasks, reluctance to follow school norms, intense emotional reactions to seemingly minor issues, unstable relationships with peers and teachers, extreme mood swings, impulsivity** etc. Their actions may be unusual or difficult to explain and may be termed as 'abnormal' by few people, since they may not be according to the social norms. They **lack proper emotional regulation**, which in turn may stem from a **fear of rejection or abandonment**. All of this makes it difficult for them to maintain relationships in the long run.

If the above signs go unnoticed and untreated, with growing age and experiences of the person, these symptoms may start developing more deeply towards a disorder- they **may develop distrust or suspicion for others, may have disordered thoughts and in severe cases, may even start to lose contact with reality**. Most of the time, they are unaware of how their behaviour might be causing a problem for themselves or others. Furthermore, they may indulge in **impulsive and risk taking behaviours**, often alternating between extremes- **either idealizing themselves or**

devaluing themselves.

Most teachers and parents would generally say this is just a 'passing phase' or 'teenage tantrums' and might expect these signs to go away on their own, with age. However, it is important to take serious note of these behaviours and address them positively, **by teaching them coping strategies, problem solving skills and emotional regulation techniques and so on. Parents need to be psychoeducated about these behaviours which need to be checked before they become deep rooted habits which can lead to maladjustment and personality disorders.** The sooner the signs are addressed and treated, less is the chance for them to develop into a disorder. **Consulting the school's counselor or a psychologist will help in the early intervention.**

According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR)*, **for a personality disorder to be diagnosed in an individual younger than 18 years, the above signs must have been present for at least 1 year.** It is important for us to know that given the complexity of a Personality Disorder, its diagnosis needs to be done by a Clinical Psychologist or Psychiatrist, which will significantly help in the treatment and alleviation of symptoms.

-Devika Gokhale,

Psychologist and Counselor

PSYCHOLOGICAL DEFENCES & EMOTIONALLY MANIPULATIVE BEHAVIORS

Sigmund Freud, the 'father of psychoanalysis', proposed 'Defence Mechanisms,' which are psychological strategies used unconsciously to reduce a person's anxiety and stress. Some commonly used defences can be 'denial' (not acknowledging a painful event, for example, the death of someone close, to reduce anxiety), 'projection' (attributing one's undesirable attitudes to others ("I don't hate him, he hates me") or blaming others for one's shortcomings ("I was deliberately failed.")), 'displacement' (a scolded employee returns home and vents his anger on his spouse), 'regression' (return to a previous stage of development to reduce the anxiety associated with the later stages, e.g., a grown-up child who fails starts bedwetting). Conscious defence e.g. 'suppression', which is deliberately suppressing memories or facts that can be painful. The distinction between such conscious and unconscious use can sometimes blur. For example, a person who lies repeatedly, starts believing his own lie.

Emotional manipulation is a fairly common phenomenon in relationships by people with Personality Disorders. It can be subtle, leaving the person on the receiving end feeling confused, guilty, or powerless without understanding why. Manipulative individuals often twist situations and use psychological tactics to control others, exploit emotions, and achieve their own goals. Some emotionally manipulative behaviours can be partly based on defence mechanisms.

1. Guilt-Tripping is a classic form of manipulation where someone makes you feel responsible for their negative emotions or hardships. They may say things like, "After everything I've done for you, this is how you treat me?" The goal is to make you guilty to comply with their wishes. This behaviour uses projection as a defence by blaming others for their difficulties.

2. Gaslighting: a psychological tactic where a manipulator questions your memory, perception, or sanity. They may deny events, twist facts, or dismiss feelings by saying, "You're just being too sensitive" or "That never happened." Gaslighting can leave victims unsure of their memory or perceptions. A person doing gaslighting often uses denial by not acknowledging the reality that he would better forget.

3. Silent Treatment: It is one of the worst forms of communication used to punish or control by withholding communication and affection. It creates a power imbalance where the manipulator forces the other person to feel anxious and desperate for reconciliation. This tactic plays on the human fear of abandonment and rejection.

4. Emotional Blackmail: involves threats or ultimatums to coerce someone into compliance. Statements like, "If you really loved me, you would do this," or even threats of self-harm to provoke fear and compliance. This creates a toxic dynamic where one person's emotions are used as leverage.

5. Playing the Victim: Some manipulators adopt the role of the perpetual victim to gain sympathy and avoid accountability. Using the defence of projection, they may exaggerate their suffering or blame others for their problems, making you feel responsible for fixing things or protecting them.

6. Withholding Information: is done to maintain control and keep you guessing, creating dependency and confusion, making it harder for you to make informed decisions.

-Dr. Sudhir Bhawe,
Psychiatrist, Nagpur

DARK LOVE

In Indian society, loyalty and respect for the family are deeply ingrained; hence, toxic relationships will often masquerade as normal. **Emotional abuse is easily dismissed as 'discipline,' 'tough love,' or 'just their nature.'** When such toxic relationships are linked to personality disorders (PD), they silently shatter mental well-being, leaving scars that may last a lifetime.

An online tale tells of a woman who lovingly raised a serpent from infancy. Over time, the serpent grew closer, curling around her body each night in what she believed was an affectionate embrace. But in reality, the serpent was measuring her size to swallow her whole. Much like this chilling fable, toxic relationships often feel nurturing at first. **Emotional dependence, manipulation disguised as love, and control masked as care slowly tighten their grip, leaving victims gasping for air.**

Parental love becomes possessive control: Aditi's father was an accomplished academician who demanded excellence. His rigid expectations, constant criticism, and unpredictable anger toiled Aditi's self-esteem. Behind this behaviour lay traits of **obsessive-compulsive personality disorder (OCPD)**—a relentless drive for perfection masked as discipline. Despite excelling in academics, Aditi battled anxiety and self-doubt. Her father's toxic control blurred the line between tough love and emotional abuse.

Marriage or emotional battlefield: Rahul's marriage to Priya seemed ideal. However, Priya's mood swings, impulsive spending, and emotional outbursts overwhelmed him. Friends rejected it as "typical marriage adjustments," but Priya's behaviour spiralled into manipulation, guilt-tripping, and insecurity. Priya exhibited traits of **Borderline Personality Disorder (BPD)**, yet cultural stigma prevented Rahul from seeking help. Divorce stigma in Indian culture forces people like Rahul to silently endure toxic patterns.

The boss who breaks spirits: Arun joined an IT firm under a charismatic manager, Ramesh. However, Ramesh's leadership masked toxic behaviours—micromanagement, public humiliation, and hostility. He indulged in malpractices and forced his employees to follow. Ramesh's behaviour reflected traits of antisocial personality disorder (ASPD), where manipulation and dominance replace empathy and fairness. Under constant stress, Arun's mental health deteriorated, and he began doubting his own abilities.

A captivating friend: In college, Meera befriended Nisha, who showered her with affection. Over time, Nisha's possessiveness intensified. She demanded constant attention, isolated Meera and manipulated her to maintain control. Nisha's behaviour reflected **narcissistic personality disorder (NPD)** tendencies — a need for admiration coupled with manipulation. Meera, caught between guilt and obligation, struggled to break free.

Personality disorder symptoms are commonly misunderstood for "difficult," "moody," or "strong-headed." Cultural values of obedience, loyalty, and family reputations, silences the victims. Women may endure years of abuse for familial peace. The stigma around mental health further silences those seeking help.

Breaking the Cycle: The Way Forward

1. Awareness and Education about PD symptoms must be provided through schools, workplaces, and media.
2. Therapy and Counselling to support clarity and coping strategies.
3. Individuals must recognise familial or social expectations cannot justify emotional harm and set their own boundaries.
4. Victims need safe spaces to voice experiences and receive validation.

After all, love is not meant to suffocate; it should allow the soul to breathe freely.

-Dr Sripriya Shaji PhD
Counselling Psychologist & Nutritionist
Kozhikode

Picture Credit- Domesticshelters.org



WHAT DO WE KNOW ABOUT NARCISSISM?

Have you met someone with an enormous sense of self-importance, innate need for excessive admiration, and unreasonable sense of entitlement? Talking to that person has left you feeling smaller, disempowered or exploited? Hello, you just met a narcissistic personality type. **They are preoccupied with fantasies of limitless power, beauty, success, or ideal love. They demand special treatment or privileges to align with their sense of superiority over others, often leading to arrogance.** They exaggerate their talents or achievements, and dismiss others' needs without feeling empathy or remorse for their wrongdoings. They are known to be sensitive to the slightest of criticism, displaying a fragile sense of self-worth much in contrast to their outward confidence.

Their self-centred attitude, with a tendency to deflect responsibility and blame others for their problems, along with use of manipulative tactics, fuel dissatisfaction and bitterness in close relationships. When these behavioural patterns exist for years, pervading all areas of a person's life and causing social-occupational dysfunction, narcissism can be labelled as a disorder.

On the other end of the spectrum, researchers have identified **'healthy narcissism'** as a **positive sense of self in alignment with greater good. It comes from a sense of self-abundance, without derogatory elements for others.** It is seen as feeling good about oneself, more compassionate, attractive, more human than an average person, more optimistic and able to give and receive in relationships. Also called 'adaptive' narcissism when leaning into positive traits like self-sufficiency and confidence. Some researchers warn against stigmatising functional narcissistic traits which help us navigate the challenges of the evolving modern world.

Some people inhabit traits of both borderline and narcissistic personalities – often referred to as 'borderline narcissism.' Borderline personality is characterised by poor self-esteem, high impulsivity traits, mood instability and a tendency to self-harm. They have experiences of emptiness and fear of abandonment. These features overlap in 4 out of 10 people having narcissistic personality.

Recent trends suggest a potential increase in narcissistic tendencies, particularly among young adults, possibly linked to factors like social media and a culture of self-promotion. The rise in self-focused individualistic culture along with careful self-curation on social media to seek external validation, gives a steep rise to prevalence of narcissistic traits. Social media has received the most criticism as likes, followers and comments have become the new metric of self-worth for today's youth, encouraging an unhealthy pursuit of admiration from the virtual world and reinforcing a shallow sense of self-esteem. **Other contributing factors are 'me first' mentality, online influencers, pursuing celebrity status, desire for fame, exceptionalism, reduction in traditional social settings, and digital fragmentation of communities, causing lack of meaningful conversations.**

Promoting emotional intelligence and empathy from an early age, encouraging compassion, promoting self-awareness and authentic social connections can lead to the development of balanced personalities.

-Dr Bhakti Murkey

Associate Professor in Psychiatry, Geetanjali Hospital, Udaipur

PERSONALITY DISORDERS: CAUSES & MANAGEMENT

The causation of PD is a complex phenomena and although experts are still trying to understand the factors that contribute to it, they believe that genetic as well as environmental factors play an important role.

Genetic factors: The role of family history and heritability is about 50% in PD (1). Disorders like anxiety can actually be passed horizontally (from womb to the fetus). A single gene may not always be responsible; it could be multiple genes as well.

Biological factors: Researchers have found a connection of brain changes with PD in few patients. e.g. Studies on Paranoid Personality Disorders have shown altered amygdala functioning. In another study, researchers have found *volumetric decrease in the frontal lobe of the brain* in patients with Schizotypal Personality Disorder (2).

Environmental factors: Childhood Abuse & Trauma: Children who experience verbal abuse are three times more likely to have borderline, narcissistic, obsessive-compulsive or paranoid personality disorders in adulthood (3). Substance abuse disorders (SUD) and addictions may also contribute to personality disorders since they affect the brain function on prolonged and unprescribed use of substances. *Borderline PD and antisocial PD are particularly found to be associated with SUDs.* According to a study conducted in 2018, *the prevalence of PD ranges from 10% to 14.8% in the normal population and from 34.8% to 73.0% in patients treated for addictions* (4). **Peers & Cultural Factors:** Researchers say, *there are remarkably low cases of antisocial personality disorders in Taiwan, China and Japan, along with significantly higher rates of cluster C personality disorders* (2).

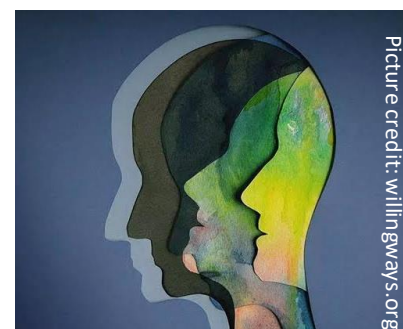
Management: Sadly, Personality Disorders (PD) cannot be cured completely, but they can definitely be controlled and monitored well with the help of psychotherapy. PD patients require long-term treatment and need to be very consistent with their therapy sessions. The majority of the PD patients are oblivious of the fact that there is something wrong in their personality. Few of them display symptoms of anxiety and also a lack of trust in people around them. These factors pose challenges in the therapy.

Psychotherapy helps such people understand their condition, recognise their own thoughts, feelings, behaviours and how these factors affect their functioning and relationships with others. Some of the therapies used are Dialectical Behaviour Therapy (DBT), Cognitive Behavior Therapy (CBT), Rational Emotive Behavior Therapy (REBT), transference-focused psychotherapy, interpersonal (group) therapy, psychoeducation (for family). Studies have shown that patients with histrionic personality disorder often benefit from CBT (2). Apart from the psychotherapies; anti-anxiety, antidepressant and mood-stabiliser medicines can help the PD patients to a great extent.

-Sara Pimprikar

**Member, DAGMHI 3030
India Mental Health Ally**


1. [Genetic factors](#)
2. [Biological factors](#)
3. [Childhood and trauma](#)
4. [Addiction and substance abuse](#)



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