

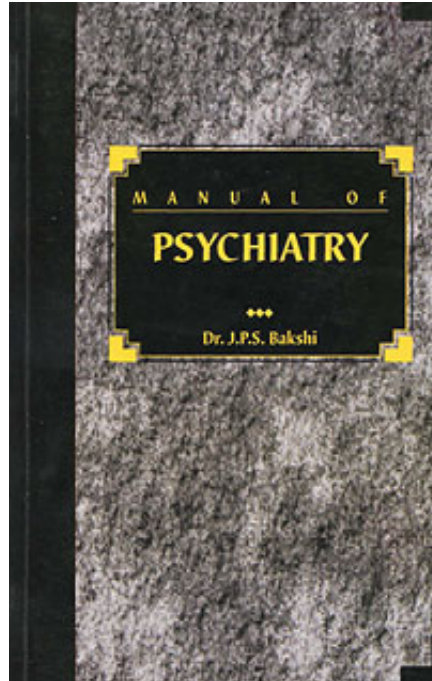
# J.P.S. Bakshi

## Manual of Psychiatry

Leseprobe

[Manual of Psychiatry](#)

von [J.P.S. Bakshi](#)



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# Personality Disorders

The term personality refers to enduring qualities of an individual that are shown in his ways of behaving in a wide variety of circumstances.

Features of personality can make some people more vulnerable to emotional disorders when experiencing stressful events. In people with more abnormal personalities, unusual behavior occurs even in the absence of stressful events.

The treatment of a psychiatric disorder is more difficult when the patient has a personality disorder.

## Classification of Abnormal Personalities

Two kinds of term are used for abnormal personalities. The first is descriptive, and includes terms such as anxious or dependent. The second is etiological, includes terms that relate abnormal personalities to a syndrome of mental disorder to which they bear some resemblance e.g. personalities characterized by eccentricity and emotional coldness are called schizoid because these features resemble some of those found in Schizophrenie patients.

## Epidemiology of Personality Disorders

When a structure interview was used in the UK, disorders of personality were found in 13 per cent of adults in an urban population (Casey and Tyrer 1986). A common finding in epidemiological studies is that rates of personality disorder are higher in men and decrease with age.

## Etiology of Personality Disorders

### ***Genetic causes of Personality Disorders***

Most genetic studies of personality disorder concern the antisocial type.

Some investigators have reported that paranoid personality disorder is more frequent among first degree relatives of probands with schizophrenia than among the general population.

Some studies have found increased rates of schizotypal personality disorder amongst relatives of probands with this disorder compared with controls.

### ***Personality Disorders and Upbringing***

Psychological causes have been suggested for most types of personality disorder, but there is no scientific evidence on which to judge their importance. It has to be accepted that very little is known about the psychological causes of abnormalities of personality.

## **Prognosis of Personality Disorders**

Just as normal personalities may show small changes with increasing age, so abnormal personalities may become less abnormal.

## **Management of Personality Disorders**

It has been said that people cannot change their natures, but can only change their situations. It is recognized that some changes in abnormal personalities may occur slowly over many years (see prognosis above). The psychiatrist's role is often to help patients to avoid adding to their problems (for example by abusing drugs or alcohol, or by entering into unsatisfactory relationships) until natural changes occur. Whatever treatment is used, aims should be modest and considerable time should be allowed to achieve them.

### ***Psychological treatment in general***

#### **Counselling**

This kind of treatment is most likely to help young people who lack confidence, have difficulty in making relationships, and are uncertain about the direction that their lives should take. It is important that they be highly motivated to work at solving their problems by examining their attitudes and emotions.

Whatever the nature of the disorder, the treatment plan usually includes attempts to bring about limited changes whereby the patient has less contact with situations that provoke difficulties and more opportunity to develop assets in the personality.

#### **Dynamic Psychotherapy**

Treatment by dynamic psychotherapy is much the same for personality disorders as for neuroses. It can be carried out individually or in groups.

#### **Cognitive Therapy**

Attempts have recently been made to adapt cognitive therapy methods for the management of personality disorder. These methods have not yet been evaluated adequately. They focus on the modes of thinking that characterize the personality disorder and attempt to change them with basic cognitive therapy techniques.

## **Drug Treatment of Personality Disorders**

Anti-psychotic drugs have short-term beneficial effects for patients with borderline personality disorder.

Anxiolytics should generally be avoided because they may lead to dependence and may produce disinhibition in people prone to act violently. These drugs are sometimes useful for short-term relief of symptoms in anxious or obsessional personalities at times of increased stress.

Lithium carbonate appears to reduce mood variation in some patients with cyclothymic personality disorder.

Anti-epileptic drugs have been used to treat people who have sudden episodes of violent or otherwise disruptive behavior.

### **1. Paranoid Personality Disorder**

The central features of this kind of abnormal personality are suspiciousness and sensitivity. In people with paranoid personality disorder, suspiciousness can be shown in several ways. The person may be constantly on the look out for attempts by others to get the better of him, to deceive him, or to play tricks on him. He may doubt the loyalty of other people and may be unable to put his trust in them. As a result, he appears touchy and suspicious. He does not make friendships easily and may avoid involvement in groups. He may be perceived by other people as secretive, devious, and self-sufficient to a fault. He seems to have little sense of humor or capacity for enjoyment. Such personality traits are fertile grounds for jealousy.

People with paranoid personalities appear argumentative and stubborn. Presented with a new proposal, they are over cautious and look for ways in which it might be designed to harm their own interests. Some engage in litigation that is prolonged long after any non-paranoid person would have abandoned it.

An important feature of the paranoid personality is a strong sense of self-importance. The paranoid person often has a powerful inner conviction that he is unusually talented and capable of great achievements. This idea is maintained, despite only modest accomplishments, by paranoid beliefs that other people have prevented him from fulfilling his real potential, that he has been let down, tricked, swindled, or deceived. Sometimes these self-important ideas are crystallized round central overvalued idea that persists for many years.

Sensitivity is another important aspect of the paranoid personality. People of this kind readily feel shame and humiliation. They take offence easily and see rebuffs where none are intended. As a result, other people find them difficult, prickly, and unreasonable.

#### **Psychological Treatment**

Patients with this disorder do not engage well in psychological treatment because they are touchy and suspicious.

Homeopathic Repertorial References

**suspiciousness • suspiciousness that others are deceiving him • suspicious that others are tricking with him • suspicious that others are trying to better of him • may doubt the loyalty of others**

*Mind; ANGER; jealousy, with*  
*Mind; ENVY, hate, and*  
*Mind; ENVY*  
*Mind; ESCAPE, attempts to, vigilance offriends, avoids*  
*Mind; HAPPY, seeing others, agg.*  
*Mind; IRRITABILITY; suspicious*  
*Mind; JEALOUSY; accuses wife of being faithless*  
*Mind; JEALOUSY; neglect, accuses husband of*  
*Mind; MOCKING, jealousy, with*  
*Mind; SUSPICIOUSNESS, enemy, considering everybody his*  
*Mind; SUSPICIOUSNESS, everyone, to*  
*Mind; SUSPICIOUSNESS, family, towards*  
*Mind; SUSPICIOUSNESS, fear of Company, with*  
*Mind; SUSPICIOUSNESS, friends, to*  
*Mind; SUSPICIOUSNESS, insulting*  
*Mind; SUSPICIOUSNESS, looks on all sides*  
*Mind; SUSPICIOUSNESS, solitude, desire for*  
*Mind; SUSPICIOUSNESS, talking about her, that people are*  
*Mind; SUSPICIOUSNESS*

**jealousy**

*Mind; JEALOUSY; happy, seeing others*  
*Mind; JEALOUSY; irrational*  
*Mind; JEALOUSY; others getting all attention*  
*Mind; JEALOUSY; people around, of*  
*Mind; JEALOUSY; value or appreciate anything, desires that others shall not*

**sensitivity**

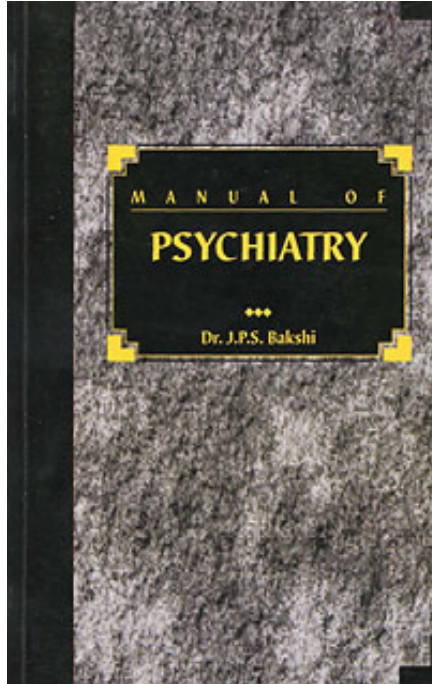
*Mind; IMPRESSIONABLE*  
*Mind; SENSITIVE*

**unable to put his trust in others**

*Mind; ABUSIVE; morose and mistrustful all day, he treated his associates almost insultingly, and looked upon everybody as his worst enemy*  
*Mind; COMPLAINING; others, of*

**touchy**

*Mind; CARESS, agg.*  
*Mind; CONSOLATION, agg.*  
*Mind; HORRIBLE things, sad stories affect her profoundly*  
*Mind; SADNESS; annoyance, front least*  
*Mind; SADNESS; persecutions of others, by*



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