

Exploring the Association Between Personality Disorders and Mental Wellness

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DESCRIPTION

Personality disorders were included in Axis II in DSM-III, where they remain in DSM-IV, emphasising that they can coexist alongside mental illnesses. This coexistence may be coincidental, but studies have shown that people with personality problems are more likely to suffer from various mental illnesses. This association may occur because there is a common underlying vulnerability, because personality disorders can be 'spectrum' disorders, because personality disorders confer vulnerability to mental illness, or because distinguishing between disorders labelled as personality disorders and mental illnesses is difficult. This distinction between mental illness and personality disorder was made to urge clinicians to investigate personality in addition to other presenting diseases. Affective personality disorders have evolved into mood disorders, dysthymia, and cyclothymia, and while schizotypal personality disorder is listed as a personality disorder in DSM-IV, it is classified as a psychotic condition in ICD-10. Because of its genetic link with mood disorders and its trajectory, some argue that borderline personality disorder should be classed as an affective illness. Personality disorders are primarily treated psychotherapeutically. Cognitive behavioural therapy and dialectical behaviour therapy, in particular for borderline personality disorder, are evidence-based psychotherapies for personality disorders. A number of psychoanalytic techniques are also employed. Personality disorders are connected with significant stigma in both popular and clinical discourse.

Despite different methodological schemas aim to categories personality disorders, there are numerous challenges with defining a personality disorder because the theory and diagnosis of such diseases occur within the context of prevalent cultural norms expectations; thus, their validity is contested by some experts on the basis of inherent subjectivity. They contend that personality disorder theory and diagnosis are solely dependent on social, or even sociopolitical and economic reasons.

A mental disorder is a pattern of behaviour or thought that causes significant suffering or affects personal functioning. It is also known as a mental illness or psychiatric problem. A clinically significant impairment in an individual's cognition, emotional regulation, or behaviour is also indicative of a mental

condition. It is typically associated with distress or impairment in essential functional areas. There are numerous sorts of mental disorders. Mental disorders are sometimes known as mental health issues. These symptoms might be persistent, relapsing and remitting, or occur in isolated bouts. Numerous ailments have been documented, with indications and symptoms varying greatly amongst them. A mental health expert, usually a clinical psychologist or psychiatrist, can diagnose such diseases. The causes of mental diseases are frequently unknown. Theories may include information from a variety of domains. Mental disorders are typically described by how a person behaves, feels, perceives, or thinks. This is often related with specific brain regions or activities in a social situation. A mental disorder is one aspect of mental health. While developing a diagnosis, cultural and religious views, as well as societal conventions, should be considered.

Assessments are performed by mental health professionals such as psychiatrists, psychologists, psychiatric nurses, and clinical social workers in psychiatric hospitals or in the community, using diverse methods such as psychometric tests but often depending on observation and questioning. Unlike the DSM and ICD, some approaches do not rely on distinguishing distinct categories of disease by utilising dichotomous symptom profiles to distinguish the abnormal from the normal. The relative merits of categorical versus non-categorical (or hybrid) systems, sometimes known as continuum or dimensional models, are the subject of much scientific dispute. A spectrum approach may have aspects of both.

One type of view in the scientific and academic literature on the definition or classification of mental diseases maintains that it is solely a matter of value judgements (including what is normal), and the other contends that it is or might be entirely objective and scientific (including by reference to statistical norms). Psychiatric diseases typically manifest themselves between childhood and early adulthood. Childhood is a common time for the emergence of impulse-control disorders and a few anxiety disorders. Other anxiety problems, substance abuse disorders, and mood disorders arise later in the adolescent years. Schizophrenia symptoms often appear between late teens and the early twenties. The expected course and result of mental

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disorders vary and are influenced by a variety of factors relating to the disorder, the individual as a whole, and the social

environment. Some illnesses are temporary in nature, while others are chronic in character.