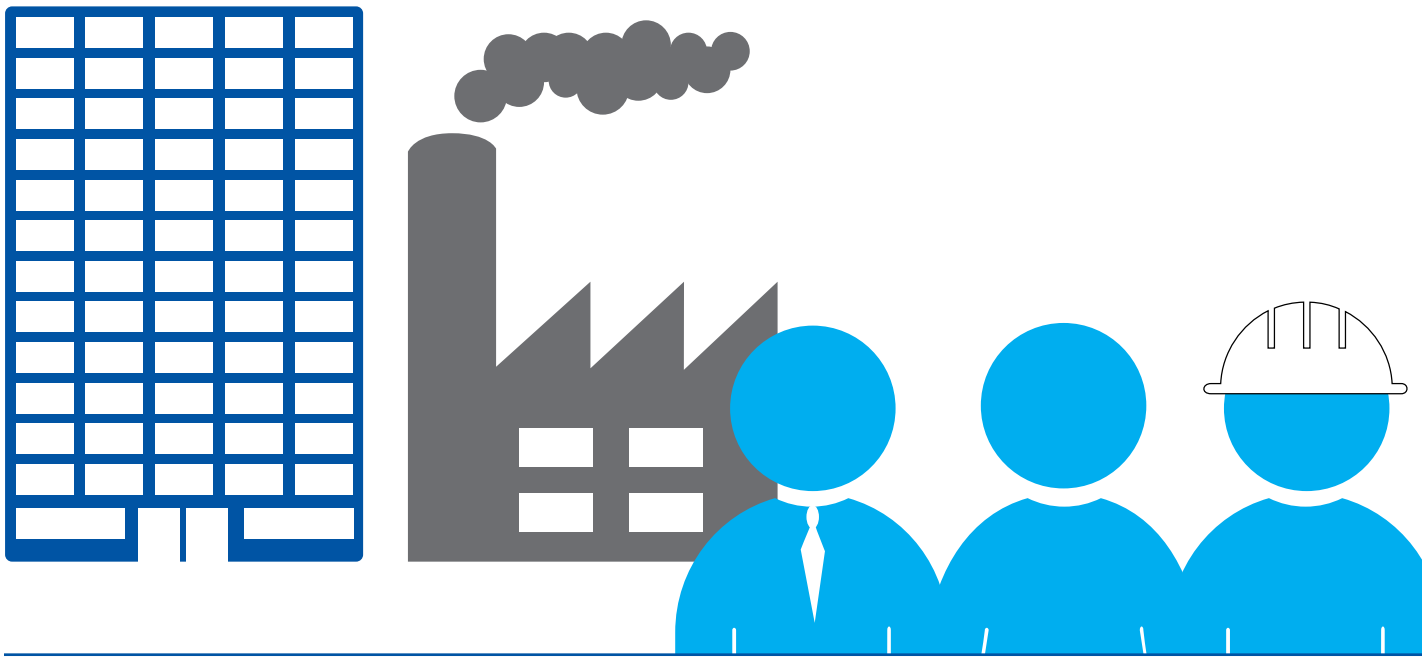
Reference document

DIFFICULT PERSONALITIES



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Introduction

A person is said to be *difficult* when some of their character traits are too fixed or marked, not adapted to situations, and generate suffering for himself or for others. Mental health is increasingly being recognized as a tributary of a group of factors, combining hereditary elements, the person's individual characteristics, as well as social and environmental factors. There are marked individual characteristics in some people that destabilize them and make them more vulnerable to environmental constraints. Although all difficult people do not necessarily have a clear personality disorder, knowledge of these disorders makes it possible to better understand how these people react.

What is a personality disorder?

A personality disorder is a lasting form of a real-life experience and behaviours which:

- deviate notably from what is expected in the individual's culture;
- is rigid and intrudes on very diverse personal and social situations;
- is initially stable but whose earliest signs are detectable by adolescence or, at the latest, the start of adulthood;
- is the source of suffering or altered functioning.

Diagnosing personality disorder is difficult because there are several aspects to consider.

It is even more difficult to self diagnose, especially because the characteristic ways of functioning are, often, not recognized by the individual or not recognized as being problematic.

Here is a summary of the most common characteristics of personality disorders according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), and directions on how to act around people affected by them. These people could be your colleagues, collaborators, superiors or customers. There are ten personality disorders and they are described as follows in the DSM-IV:

Paranoid personality

Personality disorder characterized by excessive sensitivity to rebuffs, refusal to forgive insults, suspicious nature, a tendency to distort events by interpreting the impartial or friendly actions of others as hostile or contemptuous, repeated suspicion, without justification, of a spouse's or sexual partner's faithfulness and a persistent and aggressive sense of one's own rights. There can be a tendency to overestimate one's own importance and to make excessive references to one's own person.

Schizoid personality

Personality disorder characterized by withdrawal from one's contacts (social, emotional or others), a preference for fantasy, solitary activities and introspection. There is a limit to the person's ability to express feelings and experience pleasure.

Schizotypal personality

The *International Classification of Diseases* (ICD-10) does not consider this disorder to be a personality disorder, but, rather, a disorder similar to schizophrenia. According to the DSM-IV-TR, the schizotypal personality is marked by bizarre beliefs that influence behaviour, ideas of reference, unusual corporal perceptions, distrust, persecutory ideation, poor emotional life and eccentric behaviour.

Antisocial (or dissocial, psychopathic, sociopathic) personality

Personality disorder characterized by contempt towards societal obligations and cold indifference towards others. There is a considerable gap between behaviour and established social norms. Behaviour is hardly ever modified by actual experiences, including sanctions. There is low tolerance for frustration and a lowered threshold for the release of aggression, including for violence. There is a tendency to blame others or to justify, by plausible rationalizations, a behaviour that brings the subject into conflict with society.

Borderline personality

Personality disorder characterized by a clear tendency to act impulsively and without consideration of possible consequences, unpredictable and temperamental mood, a tendency towards emotional

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meltdowns and difficulty controlling impulsive behaviours, a tendency to adopt quarrelsome behaviour or to come into conflict with others, especially when impulsive acts are thwarted.

Two types can be distinguished: the impulsive type, characterized mainly by emotional instability and a lack of control over impulses, and the borderline type, characterized, furthermore, by disturbances regarding self-image, establishing plans and personal preferences, by a chronic feeling of emptiness, by intense and unstable interpersonal relationships, and by a tendency to adopt a self-destructive behaviour, including attempts at suicide and suicidal gestures.

Histrionic personality

Personality disorder characterized by superficial and labile affectivity, dramatization, theatricalism, exaggerated expression of emotions, suggestibility, egocentrism, self-complacency, lack of consideration for others, tendency to be hurt easily, a need for excitement or a permanent desire to be appreciated or to be the centre of attention.

Narcissistic personality

According to the DSM-IV-TR, this disorder is marked by egocentrism, lack of empathy, delusions of grandeur, a need to be admired, an inability to consider others' points of view, hypersensitivity to others' opinions, and a tendency to exploit interpersonal relationships.

Avoidant (or anxious) personality

Personality disorder characterized by a feeling of tension and apprehension, insecurity and inferiority. There is a perpetual desire to be loved and accepted, hypersensitivity to criticism and rejection, reluctance to form relationships and a tendency to avoid certain activities due to the exaggeration of dangers or the potential risks of every day situations.

Dependent personality

Personality disorder characterized by a systematic tendency to be passive in letting others make minor or significant decisions concerning the individual, a fear of being abandoned; feelings of helplessness and incompetence; passive submission to the will of others (for example older people) and difficulty facing requirements of daily life. A lack of energy can manifest itself in intellectual or emotional pursuits; there is often a tendency to pass off responsibilities on others.

Obsessive-compulsive personality

Personality disorder characterized by a feeling of doubt, perfectionism, scrupulous attitude, checking and concern for detail, stubbornness, excessive caution and inflexibility. The disorder can by accompanied by repetitive and intrusive thoughts or impulses. These thoughts or impulses do not affect the severity of obsessive-compulsive disorder.

Your tolerance threshold regarding behaviours common with difficult personalities

	Tolerance	Intolerance
The person is suspicious	☐	☐
The person is resentful	☐	☐
The person does not show his emotions	☐	☐
The person does not have any friends, relatives or confidants except for his parents	☐	☐
The person has strange beliefs	☐	☐
The person is often dressed eccentrically	☐	☐
The person has often had trouble with the law	☐	☐
The person looks down on you	☐	☐
The person thinks he is the best and says that everybody envies him and is jealous of how he is	☐	☐

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	Tolerance	Intolerance
The person overestimates his achievements	☐	☐
The person has excessive emotions	☐	☐
The person tries to use his charms any chance he gets	☐	☐
The person has self-destructive behaviours/wants to commit suicide/self mutilates himself	☐	☐
The person has intense and sudden anger	☐	☐
The person is extremely controlling	☐	☐
The person is preoccupied with details	☐	☐
The person is unable to make a decision	☐	☐
The person is rather clingy, follows you everywhere and continuously asks for your help	☐	☐
The person is insensitive to signs of acceptance but is sensitive to rejection	☐	☐
The person is hypersensitive to criticism	☐	☐

What to do?

The first thing to do is to *accept the person as he is*. He did not choose his difficult personality: who would voluntarily choose to be paranoid or anxious? Try also to *understand* the erroneous beliefs that underlie his behaviours and, in his eyes, justify them. At the same time, learn how to *protect yourself* and to set your limits as soon as possible.

But if, despite everything, your professional life with this person becomes unbearable, a positive solution is to try to persuade him (gently and diplomatically) to consult a psychotherapist or a psychiatrist. This point is essential and worthwhile for all difficult personalities.

Control mechanisms

We can only correct what we can understand or establish by facts. Once the source of the problem is revealed, you need to evaluate the consequences and the frequency of such harmful behaviours in the workplace before deciding how to intervene.

Harmful behaviours log

A log will make it easier to track repetitive, inadequate behaviours and will help you to build up an employee file, if necessary, that could be useful later on.

Empathy techniques

Empathy is a form of understanding defined as the ability to perceive and understand another person's feelings. Adopting this attitude is difficult in some serious situations that naturally push us to feel both affected and helpless, and that stir up feelings of injustice and worry in us. Yet, a person confronted with a difficult situation first needs somebody by his side to help him face what is happening to him and not a person who reacts on his behalf. Referral to an EAP is a helpful solution.

Define the limits of the work environment/inability versus demotivation

Attendance at work is based on two principles: the individuals' ability to work and their motivation to do it. Moreover, motivation, itself, can be defined in four distinct elements, that will help us in cases of personality disorder.

"Functional power": Is the person convinced that he could accomplish any task? If this is not the case, you must work on this aspect before deeming this a loss of motivation. Enlisting the services of a physician, education, progressively increasing tasks and frequent evaluation of functional abilities are different methods that can be used.

"Wanting": Does the person really want to stay in the labour market? It is possible that some people consider themselves pre-retired, that they have the financial means to be so and that they no longer

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have any interest in work. Some people can have a long psychiatric history as well as relapses. Obviously, it is not possible for such a person to feel motivated. It is important to try to have such intentions verbalized and to take this into account in our interventions.

"Knowing": Does the person clearly know what he must do to readjust and exactly what is expected of him? Does he understand it? Ignorance, lack of understanding, not grasping techniques and fear of the unknown are just as much of a reason for a person to hesitate or to refuse to commit. These issues must not be confused with a lack of motivation.

The "power of performance": Is the person able to take action? Does he have a clear path or is he prevented by various obstacles that rise up before him? Taking stock of these obstacles is essential and makes it possible to establish an appropriate action plan, without which the person could have difficulty moving despite being strongly motivated.

Conclusion

- When possible, **modify the dysfunctional beliefs of the person** suffering a personality disorder
- **Privileges are not cure-alls, use them tactfully** in cases of personality disorder; weigh the administrative and other consequences;
- You are neither a friend nor a confidant, **respect your professional role** even if some cases seem pathetic. Use specialized resources, including your MAG;
- **Remain calm despite the intense emotional bursts these people might have** (e.g. suicidal threats); have a list of telephone resources on hand;
- **Encourage the employee to self re-evaluate rationally and favourably;**
- If possible, **demonstrate tolerance in the face of failure**, but remember, it is still important to **admit your limits**, to consult your colleagues or the MAG in order to avoid getting caught up.

References

Je réinvente ma vie Jeffrey E. Young, Janet S. Klosko (2003) éd. de l'homme

American Psychological Association. Diagnostic and Statistical Manual of Mental Disorders. 4th ed. Washington, D.C.: American Psychological Association, 1994. Print

The following resources can also be helpful FOR MANAGING DIFFICULT PERSONALITIES:

- Browse the FAQ
- Take advantage of the coaching service for managers offered by Assumption Life
- Turn to your company's EAP
- Confide in a qualified professional in case of emergency

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