

Psychology of Personality and Individual Differences: Theory and Applications

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Lecture 29: Personality and mental health

I welcome you all to Module 12 of this course. This is the last module, and this is the second lecture of this module, and overall it is lecture number 29. So, basically, in this module, we are talking about some specific applications of personality psychology. So, in that context, we discussed how personality is connected to physical health in the first lecture of this module. In today's lecture, we will discuss how personality can be applied or is connected to the concept of mental health.

Before discussing today's lecture, let me briefly recap the last lecture. So, as I have already said in the previous lecture, we talked about how personality is connected to physical health or how it influences physical health. We discussed various possible mechanisms, specifically four possible mechanisms by which personality is connected to physical illnesses, including personality traits that could affect your physiological reaction patterns. They can ultimately lead to various physical diseases. There can also be through behavioural mechanisms. We also discussed how personality traits are related to healthy and unhealthy behaviours, ultimately contributing to our health.

We also discussed one specific trait of personality, which is conscientiousness, which includes things like disciplined, organised, goal-oriented behaviour. These traits are associated with conscientiousness; more specifically, this trait is strongly connected to health-promoting behaviours. Ultimately, it promotes health as well as longevity. In the end, we discussed type A and type B personality and the traits and characteristics. We try to understand how type A is connected to cardiovascular diseases. Hence, these are some things we discussed in the last lecture. In today's lecture, we will be talking more specifically about how personality makes people more vulnerable to mental disorders. We will be talking more specifically about the details of some personality disorders.

So, there can be many disorders that are directly related to personality factors, and we will, in the end, see the causes of personality disorders. Let us see these concepts in detail. When we talk about personality concepts and theories, it has significant applications in clinical psychology, where the focus is more on understanding, treating,

and assessing disorders. Personality has many applications in the field of clinical psychology. Clinical psychologists are concerned with personality because many mental disorders can only be understood within the context of traits and personality processes of those affected.

Because without understanding the personality traits and characteristics of the person, we may not be able to look more specifically for the treatment of the people. Mental disorders have to be understood from the perspective of personality traits, also, because only then can we know the proper treatment process of the person. Specific personality characteristics may increase the risk of particular disorders and influence an individual's reaction to stressful life events. This we have discussed in the last lecture in detail, also that certain traits make people more vulnerable to experiencing stress, anxiety, or negative emotional states, which could make this person more vulnerable to both physical disorders as well as mental disorders. These traits can also affect how mental disorders are expressed and have implications for treatment approaches. Understanding these traits is very important in the context of understanding the symptoms of mental disorders, as well as having many consequences in terms of how the treatment has to be done. Additionally, some personality traits, when expressed extremely, may be considered mental disorders themselves.

Certain problematic behaviours are often associated with the personality itself. So, those expressions could be directly called disorders. These are called personality disorders, which we will discuss in this lecture. Why should personality be studied in the context of mental disorders? One of the main reasons is that personality itself can become a very important vulnerability factor for mental disorders.

So, many personality traits can make people more vulnerable or more prone to many psychological disorders. Mental disorders can have many risk factors that could contribute to them, including demographic variables like gender, social class, race, and age. All these factors can make people vulnerable; for example, females could be more susceptible to depression as compared to males. Like this, many demographic factors could make people vulnerable. Some mental disorders are more likely to happen to certain people because of genetic vulnerabilities, as certain factors in the genes themselves make people more prone to specific disorders.

Sometimes, cultural characteristics, such as shared beliefs about expressing distress, can shape how people accept certain disorders, how a disorder is represented, and how

treatments are done. A lot of these factors could be culturally determined. So, culture could also sometimes influence how people experience something, express certain disorders, or exhibit symptoms of disorders. Life events, like traumatic and stressful factors, can make people more vulnerable to specific disorders.

Social relationship aspects, like marital difficulties and lack of social support. All this could also make people more vulnerable to psychological disorders. So, mental disorders have many factors that could contribute to the progress or, in the first place, the stimulation of such disorders. Among all these factors, some personality factors could be one of many other factors or vulnerability factors contributing to mental disorders.

So, specific personality characteristics have been shown to make individuals prone to particular mental disorders. Certain disorders can be linked to specific personality characteristics, which make them vulnerable to certain disorders. In psychology, such vulnerability factors, which make people more prone to particular disorders, are called diathesis. This means certain predispositional factors that are within the individuals.

So those are called diathesis factors. Certain factors within individuals make them more vulnerable to specific disorders. So, identifying these factors is very important for research in personality and clinical psychology. One of such factors is personality. Now, let us see how personality can be linked to mental disorders.

We will take, more specifically, the case of depression to examine how personality is linked to disorders. It could make people more prone towards mental disorders such as depression. Depression - there are many categories to it. One most prominent is major depression, which mental health professionals recognise as a serious emotional disturbance affecting a significant number of the population. It is mostly disturbances in the emotion, and mostly people who are suffering from depression experience a wide range of symptoms, including a sad mood, loss of interest and pleasures in life, daily activities, insomnia, lack of sleep, difficulty concentrating, making decisions, and loss of appetite. Weight loss, fatigue, feelings of guilt, intense self-critical and hopeless thinking. These are some of the kinds of clusters of symptoms that are generally visible in patients with depression.

People lose interest and pleasure in daily life activities. They may also become very pessimistic and so on. There are many, many expressions of depression. The episode of depression often last it could last for months, sometimes it can recur in a person's life can leading to many severe complications, such as increased risk of suicidal tendencies.

Relationship problems, marital problems, occupational difficulties, health-related issues, substance abuse, and so many other hosts of clusters of other symptoms could come along with the depression. These are all manifestations of this mindset or mental experiences of Depression. Now, people may become vulnerable to depression for various reasons. Why does somebody become depressed? There could be many reasons. It could even be related to being a particular gender.

For example, as I said, females are more vulnerable to depression for whatever reason. It could be because of certain family history, past and present life stresses that the person is experiencing, relationship issues, and all these could contribute to the depression. There could be many reasons why a person experiences depression. It could have genetic reasons also. Now, psychologists, apart from all these vulnerability factors, also found that sometimes specific personality characteristics or people with certain traits are also at greater risk, which increases those traits, increasing the risk of developing major depression. Some of these things are people with certain traits like too much of self-criticism and with specific explanatory style they have, how they explain things that happens in their life, particularly positive things or negative things, success and failures, how they explain those factors in their life, what is the style of their explanation could also contribute to depression. We will see some of these factors. So, these factors are connected to the personality trait, how a person behaves, perceives the world, views the world, and interprets the things that happen in their life.

We will see, let's see some of these factors. These factors are connected to the concept of personality. It is an expression of traits. One is self-criticism, which could be a trait of a particular person, which could make people more vulnerable towards depression. So, self-criticism is it is a dimension of personality which could make people prone to depression. Many researchers argue that some individuals are particularly prone to punishing self-evaluations. They constantly criticise themselves, holding themselves to unreasonably high and perfectionist standards. So, realistic self-criticism is fine when you cannot perform something or make a realistic assessment and try to set goals and improve—that is fine. Now, here, the self-criticism becomes more irrational, more unreasonable, and people sometimes have perfectionist standards that are almost impossible to attain.

Then, if they cannot attain that, they keep criticising themselves, punishing themselves with a lot of negative self-evaluation. So, people with this self-criticism trait are more likely to be unhappy and satisfied with themselves, which reaches an irrational level. So,

some rational, specific levels, certain realistic aspects of self-criticism are acceptable. Still, it can lead to problematic behaviour patterns when it becomes too much and irrational. Many psychoanalytic researchers from the Freudian tradition describe these individuals as suffering from a harsh superego.

So, we have discussed the Freudian theory earlier, where we discussed what the superego is—the moral aspect of one's personality. Through which you judge what is good and evil, what is right and wrong—that is called the superego. According to psychoanalysis, people with a lot of self-criticism are those individuals who have a very strong superego. Many times, such individuals are vulnerable to guilt, shame, and self-reproach in their everyday lives, and significant adverse events for which they feel responsible can lead to clinical depression. So, because of this approach, they are more likely to fall into depression. So, when people are depressed, highly self-critical people are likely to experience severe and irrational guilt. They are also more likely to experience irrational guilt.

Sometimes guilt is also fine if it is rational and based on a particular event that happens in your life. But if it is irrational, a little something happened, and you blow it out of proportion, then it is called irrational guilt. Being themselves worthless, evil, ugly and obsessing over perceived flaws in the character. Too much focus on what is wrong with you to an irrational level. That leads to a lot of clinical depression that can be promoted by such kind of thought processes.

This is an example of how certain traits or patterns of thought processes could lead to certain mental disorders, such as depression. This is a personality diathesis, which is a self-criticism as a personality factor can be linked to various adverse events perceived as the individual's fault can trigger symptoms of depression. Another factor that could be related to personality is explanatory style, which we have already discussed in detail in the earlier modules. So, people can use different styles of explanation to explain whatever happens in their lives.

Particularly when something bad happens or something good happens, or sometimes people succeed in something, sometimes people fail in something, in such contexts, people use certain people who have a tendency or personality characteristics to explain things in a very. Similar pattern all the time. So that becomes a type of their style. Whenever they fail, they will explain things in a very particular way. Whenever they succeed, they will explain things in a specific way.

It is a style that means it becomes a part of their personality. There can be people who have a pessimistic explanatory style. Because of such a style of explanation, people are more likely to experience depression and other things. Some people have optimistic explanatory styles, which may lead to being much more hopeful about the future. Let us see how one particular style of explanation, which is pessimistic explanatory style, could contribute to depression.

We have already discussed this, but to kind of give you a brief recap of this concept. This was explained by Martin Seligman and his colleagues, who identified that people explain events along with specific dimensions. Whenever they try to explain certain things that happen in their life, they try to explain using factors like whether the reason is internal or external. This is one of the factors that people generally try to use to explain things in their lives.

So, one factor is internal versus external causes. If you see the cause is internal, that means you see the reasons for whatever happens in your life, or let us say, you succeed or fail in an event. The reason lies within you. Then it is an internal factor. When you see or explain things like that, you fail in an event, you know the reason is outside of me.

Then it becomes an external cause. Internal and external causes can have different repercussions in terms of emotional experiences. Whenever you see, let us say you fail for internal reasons. So, for example, let us say you fail because you lack intelligence, ability, or skill. Then it is an internal factor.

'I failed because I cannot succeed in that.' So that is an internal reason. When you say I failed because somebody was biased towards me. Somebody was not fair in evaluating whatever I was doing, so it is an external reason, or you can say my luck was bad. Hence, this is these are external factors so sometimes people use try to explain things using internal versus external causes so where you find the cause that will have an implication people also use another factor in their explanation there is stable factors or unstable factors which means How do you see the reasons for whatever happens in your life?

Let's say you fail. We are given an example of failure in something. You failed in a particular task. Now, what is the reason for this failure? If the reason is stable, that means the reason is very likely more or less permanent.

It is difficult to change the reason. When you say the reason is unstable, you see the reasons could be changed. For example, when you say, 'I failed because of a lack of intelligence.' It is a stable factor.

Intelligence doesn't change daily. It can change if you have a certain level of intelligence, but it takes a lot of time. It doesn't happen like your intelligence level will change after one week. It doesn't happen like that. It is a stable cause.

Let's say intelligence, abilities, or skills. These are stable factors. You cannot change them overnight. An unstable factor, let us say, you say, 'I failed in the event because I did not work hard.' So hard work is an unstable factor. You can change your level of hard work. You could not perform because of a lack of hard work, but you can put a lot of effort into it next time.

So, it is unstable, so you can easily change the factors. So hard work is an example of an unstable factor. People also explain using stable and unstable factors. Another factor that people also use in their explanation is global versus specific factors. So, global factors are like a factor, whatever you are trying to use to explain the reasons, if it has a lot of impact in various aspects of your life, then it is a global factor.

It has a far-reaching implication—when you say, you know, generalised and far-reaching implications, those factors, like intelligence. So, if you explain your failure because of a lack of intelligence, you are more likely to think that I will not be able to do many other things because everything requires a certain level of intelligence. If I lack intelligence, I cannot do many things. It will be a global factor.

If you see specific factors or causes, then you see I failed in this task because this particular aspect I did not prepare for in this exact situation, was the reason. So, you are trying to find reasons only in that context. You are not finding reasons that can impact your life's aspects. So narrow and limited factors, like you know, my lack was alarming at this time.

It may be a particular cause, or you say whatever you know the skill required in doing this specific task. It was not good enough. So, failure in this task does not influence other aspects of your life. So, these are called particular causes. People who explain adverse events as outcomes of unchangeable and generalised causes.

So, a mostly pessimistic explanatory style is that people with a pessimistic explanatory style try to explain negative things in their life using internal factors. They mostly find

fault within themselves and stable factors that cannot be changed. Pessimistic people are generally gloomy, including internal, stable and global factors. Primarily, they explain adverse events using internal, stable and global factors. The moment you see that I failed because of a lack of intelligence or ability, there is not much hope for the future. Because you cannot change that, it is a stable factor. It is within you. If it is outside, your things could change next time, but if it is within you and cannot be changed, and you see, it has implications in many things that I do in my life. That becomes a global factor.

Such an explanation of failure using this is not the success. If you use success using this the implication will be favourable. But if you explain failure using internal, stable and global factors, mainly that will lead to a very pessimistic style of explanation. And people with a pessimistic style of explanations are more likely to explain using internal, stable and global factors. And such an explanation may lead to that kind of, you know, promote depression.

Pessimistic explanatory style is another personality factor that can contribute to depression. And can interact with stressful events, especially when negative things happen. And this explanatory style, negative things happen, they interact, and you know, can lead to depression in terms of the experiences of that person. This is another example of how personality traits could contribute to mental disorders such as depression.

Specific personality characteristics or traits could contribute to many other personality disorders. Just briefly summarised here. For example, the disorder of anorexia nervosa, which is the eating disorder where people become obsessed with loss of weight, and they do very extreme fasting, and they lose too much weight, and sometimes they become malnourished. Too much obsession with weight becomes a disorder because that is not realistic. So, people with anorexia nervosa generally become too much of lean and thin and malnourished because of too much of obsession with weight.

That is called anorexia nervosa. Mostly these people one of the personality factors that is linked to this kind of disorder is perfectionism. One of the traits associated with that gets expressed in terms of a tendency to set extremely high-performance standards for oneself and be distressed when these are not met. People will have specific standards of weight and so on, and if a little bit of it increases, they will become completely distressed about it, and they will do extreme things. This is a trait which could be linked to a personality trait which could be related to a disorder which is called anorexia nervosa. Now, another personality disorder mental disorder which could be linked to personality traits, is bipolar

disorder, which is a kind of mix of depression as well as mania. So, in this case, what happened is that an extreme mood swing occurred in the patient. The mood swing oscillates from mania stage to Depression stage also person will become highly excited too much of excited and happy in the stage of mania to extend that everybody around them will understand this person is something is not right too much of excitement too much of energy and too much of doing things so that is the manic stage and then after that the person will go into depression. So, depression mania, depression mania, this is the cycle of bipolar disorder.

Many times, this disorder could also be linked to traits of hypomanic temperament. So, it is a tendency to be overly optimistic, excited and exuberant, too much of energetic, hyperactive and needing less sleep than other people. So, that could be one of the reasons that personality trait could kind of you know increase the vulnerability factors in the bipolar disorder. Another mental disorder obsessive compulsive disorder, in this case, the person becomes too much of obsessed with particular things. Hence, the person becomes there is a compulsive kind of you know there is persistent, intrusive thoughts, so specific thoughts come again and again. The person will direct their action and repetitive behaviour called compulsion, so sudden thoughts are repetitive, and those thoughts lead to repetitive actions.

For example, it could manifest in so many things. Some people are obsessed with, let us say, washing hands because they think some germs will come, and this obsession becomes too much. After every minute, they will start washing their hands because they believe some germs will come. So, it becomes an unrealistic aspect and it influences their life because they will become too much obsessed with, let us say, germs and washing hands in terms of So, obsession, compulsion, it could be in so many ways.

Some people are too obsessed with, let us say, closing locks, and they will see again and again whether it is locked or not. That kind of thing. Some people get obsessed with certain aspects of their life, which becomes a disorder because it influences their life. They cannot do other things. It influences too much on their life too much.

One of the reasons why such people with such a disorder in terms of personality is something called thought-action fusions. If a thought comes, it automatically translates into actions. So, a tendency to see thoughts and actions are equivalent. If a thought is coming, then the action will happen. So, having an idea about a negative thing happening makes it more likely to occur.

If they think something negative, that some germs have come onto my hand, they will think it is real and automatically, the action will follow. That is called thought-action fusion. Some people have this in their personality, which could contribute to these disorders.

Another is panic disorder. This is a disorder where people experience recurrent and unexpected panic attacks. Sudden anxiety to the extent that they will become completely immobilised and panicked. And completely to the extent that people become highly immobile. They could not move their bodies, and so on. So that is an extreme kind of anxiety experience.

Such people, in terms of trait, have high anxiety sensitivity. A tendency to fear the physical symptoms of anxiety, such as a racing heartbeat and shortness of breath. The moment their heartbeat becomes fast, they will become too conscious and take it as a kind of trigger, interpreting it as something terrible is going to happen, which may contribute to their panic attack and so on. In all these personality disorders, in all these mental disorders, certain personality traits could make them more vulnerable to these disorders. That does not mean these psychological disorders happen only because of personality factors; there are many other reasons also, but certain personality traits make one more vulnerable to these disorders.

So, these are examples of how personality traits could contribute to mental disorders. Now let us see another cluster of disorders, which are called personality disorders. Till now, we were discussing certain mental disorders that are influenced by certain personality traits. Now, certain personality disorders are disorders of personality itself. So, these are traits of persons that themselves are called disorders.

Those are called personality disorders. In addition to influencing who develops particular disorders and how they express them, some personality traits can be called disorders. These are called personality disorders. Recently, personality disorders have become a major topic of investigation in clinical psychology. But they have been recognised as psychological disturbances since the 18th century.

People have understood these disorders for a long time. But more recently, clinical psychologists have started focusing on these disorders more seriously. Personality disorders are enduring, inflexible, and maladaptive dispositions or characteristic disorders that produce significant interpersonal difficulties and distress for those who have them.

Specific characteristics of people are the characteristics of people, which are themselves disorders.

These are mostly enduring patterns and inflexible ways of thought processes. They do not change those thought processes, and certain maladaptive behaviours lead to problems in their life, conflicts, and significant difficulties—interpersonal difficulties, relationship problems, and so on—resulting in high distress. So, these are some of the common aspects of personality disorders. Now, personality disorders are different from other mental disorders in specific ways. Certain characteristics make them different from other cognitive disorders. Some significant differences are listed here.

One is that the primary symptoms involved in personality disorders are issues in interpersonal relationships rather than abnormalities in personal behaviour, emotions, thinking, and thought processes. There may not be any direct problems in their emotional patterns or other aspects. Still, one of the main reflections of personality disorders is that they will have many issues in interpersonal relationships. They may not have direct abnormalities in their emotions and thought processes; visibly, they will appear very normal, but they will have issues in interpersonal relationships. Second, personality disorders are lasting and woven into the fabric of the person's identity. These personality disorders almost become a part of the identity of that person.

He is like that. So, that characteristic or identity of that person itself is problematic in terms of adjustment with other people in society and so on. Unlike most other disorders, which may be temporary or recurrent, personality characteristics are always present with that person. Personality characteristics are with that person all the time. Third, personality disorders are integral to a person's sense of self.

The individuals rarely view them as a problem to be solved. In personality disorders, the problem is that the person looks at these characteristics as the characteristics of that person, which is true in that sense. So basically, it is a part of their self-characteristics. They will see this as how I am, this is myself, these are my characteristics, so they never see this as a problem. They see this as my you know, this is myself, the way I am, and they never see it as a problem. Certain behaviours they show are problematic, but they don't accept that as a problem. Generally, they will never seek psychological treatment for these issues. Instead, sometimes these people perceive others as the source of their difficulties. They will always blame others, saying, 'Because of others, I am having

difficulties in my life.' And because of this, relationship and interpersonal issues, these people may experience other psychological disorders like depression and so on.

Then, probably, they will go to seek help and other things. But their personality disorder, the characteristics that are associated with their self and identity, they will never question as problematic things. That is another difference from other disorders. People see these as manifestations of specific problems. And they may seek help for another thing. But in this case, they will see this as the characteristics of their self, their own identity.

And they may not seek help because they do not see it as a problem. In the DSM-5, the Diagnostic and Statistical Manual, the fifth version, which is the most recent version, of the manual, where psychological disorders are characterised or categorised into different categories. So, they have personality disorders listed, you know, various types of personality disorders. These are divided into distinct clusters or categories of personality disorders.

The DSM-5 lists specific types of personality disorders, and they have different clusters of these disorders with varied characteristics. Cluster A of personality disorders, according to the manual proposed by the American Psychiatric Association, includes various types of personality disorders. Cluster A includes all those personality disorders whose characteristics involve odd and eccentric behaviour. They will show very bizarre and eccentric behaviour, which is not normal. Very eccentric ways of behaving are the patterns in these clusters for all the disorders under them.

Cluster A includes disorders like paranoid personality disorder. The characteristic of this disorder is that people will show a lot of perceived distrust. They will not trust anybody and will have a lot of suspicions about others. They will always be suspicious of others. They will not trust people.

This is called paranoid personality disorder. Naturally, such people will have difficulties in relationships. How do you relate to other people if you cannot trust anybody? So, all the time, they will think that the other person has bad intentions. They always feel like they are not telling the truth and will always misinterpret good actions as threats.

All the time, they will find something to be suspicious about in the other person. That is called paranoid personality disorder. When we say something is a disorder, the symptoms are very extreme. To the extent that it creates many problems in their life where things should not be looked at with suspicion, they may look at them with suspicion. Too much

paranoia, lack of trust, and excessive suspicion of others are the symptoms of paranoid personality disorder.

Another personality disorder under this cluster is schizoid personality disorder. Here, the characteristics of people with this disorder are their kind of detachment from social relationships and limited emotional expression. Such people will not show much emotion, have too much detachment, and no emotional expression. They prefer solitude, to live alone. They lack interest in relationships and are too emotionally cold.

To the extent that it becomes a disorder. Such people will be unable to connect with others because of a complete lack of emotions. That is called schizoid personality disorder. Another disorder under this cluster is schizotypal personality disorder.

The characteristics of this are acute discomfort in close relationships, along with cognitive and perceptual distortions. Again, they have a lot of discomfort in forming close relationships. They are generally unable to form relationships. Along with this, they have some cognitive and perceptual disorders. There will be problems and disturbances in thought processes and perceptual distortions.

They may have odd beliefs about things. They may engage in magical thinking, you know. Unusual perceptual experiences—they may see things that are not there. They may see some remarkable things, and many eccentric behaviours could be present. So, these three categories are classified under Cluster A of personality disorders.

If you see all these symptoms of these disorders, it is mostly very odd and eccentric behaviour exhibited by these people or people in this category. Cluster B includes all those personality disorders where the symptoms are very dramatic. People will show theatrical kinds of behaviour, very erratic behaviours. You can automatically detect that something is very odd about these people. Very dramatic, overly loud behaviour is typical among them.

Among this is one is antisocial personality disorder. The characteristics of this disorder are disregard for and violation of others' rights. These people will get engaged in many criminal activities. So, they will be deceitful, impulsive, aggressive, and lack remorse. They may commit any crime and will not show remorse or guilt on their face. So, these people do all kinds of criminal activities. They could be rapists, they could be, you know, serial killers. A lot of people in this category are mostly, you know, antisocial, the characteristics, they will do things that are against social norms. An individual may

engage in criminal behaviours and disregard social norms. They have no regard for social norms.

And when they do such behaviour, there is not much remorse on their faces. So, antisocial personality disorder is a complicated disorder because the person will not see it as a problem. That is the biggest problem. They will never seek treatment or help from other people because they will see it is normal, according to them, they will not have any remorse, and anything so a lot of these criminal people will come under this category, antisocial personality disorder.

Second is borderline personality disorder. This disorder is characterised by instability in relationships, self-image, and emotions, and they may get involved into very intense behaviour. They will have issues with their self-image, a very vulnerable self-image and a lot of emotional disturbances. It may include things like intense relationships, fear of abandonment, identity disturbance, impulsivity, self-harm, and mood swings. Those are the characteristics associated with borderline personality disorder. Too much of emotional disturbances and problems with their self-image, little things will disturb their self-esteem will go down and so on. Mainly, that kind of emotional disturbance will be characterised by these personality disorders.

Another is histrionic personality disorder. It is characterised by excessive emotional and attention-seeking behaviour. These are the people who will always seek attention from other people. If they are not getting attention, they will get highly disturbed. They always desire to be the centre of attention, show dramatic theatrical behaviour, and rapidly shift emotions. So, they always want attention from other people, and you know, which leads to a lot of dramatic behaviours they show. And their moods constantly shift very quickly. So that is called histrionic personality disorder.

The last one in this cluster is narcissistic personality disorder. Again, these people have a grandiose idea about themselves. They always need admiration. They also want to be in the centre of attention all the time. They always think they are something extraordinary and deserve special attention, that it is their birth right. They lack empathy. They don't understand others' perspectives. They always want—they have to be—all the necessary attention and respect should be given to them. So, they have many grandiose ideas about themselves, mostly imaginary. So, a lot of arrogance comes from this. They exploit other people and often have a sense of entitlement. This is what I deserve, and people should give it to me. These are typical self-obsessed, 'I am the best' symptoms. Narcissistic

personality disorder—people with this disorder have these characteristics. This is a personality disorder in Cluster B.

Cluster C includes different personality disorders where the symptoms are mostly related to anxiety and fear. This includes things like avoidant personality disorder. The symptoms of this disorder are a lot of social inhibition, feelings of inadequacy, hypersensitivity to negative evaluation, excessive avoidance, and an inability to cope with the fear associated with others' judgment and so on. They always feel a lack of a sense of feelings of inadequacy. And they become too sensitive about any negative evaluation given to them, you know, so there is too much anxiety associated with these symptoms. Because of this, people generally avoid social interactions due to excessive fear of criticism, feelings of inferiority, and perceived social ineptness. These are some of the things that manifest in people with this disorder. Another is dependent personality disorder, so here there is an excessive need to be taken care of, leading to submissive and clinging behaviour. Some people, even adolescents or adults, still become too dependent on specific individuals, like their parents. Excessive clinging and an excessive need to be taken care of all the time. So, too much submissive and clinging behaviour. So that can become problematic and a disorder when it persists for a long time. So generally, people have difficulty making decisions without excessive advice and cannot make any decisions independently. They always depend on someone else. Too much fear of abandonment, dependence on others for emotional support. So, too much dependent behaviour, and a sense of autonomy is very low. So that is called dependent personality disorder.

The last one is obsessive-compulsive personality disorder, which we also discussed a little bit earlier. It includes people preoccupied with orderliness, perfectionism, and control. With a few specific things, they always want to be very orderly, as everything has to be under control, and they want to make sure again and again and again. That is obsessive-compulsive personality disorder. People become excessively devoted to work, rigidity, stubbornness, and inflexibility about rules and morality. They are too rigid; if they are obsessed with something, they will be completely fixated on that.

These are the three clusters of the different personality disorders listed in the DSM-5 TR, the latest version of the DSM-5. This shows that many disorders are part of a person's personality, and their personality characteristics are disorders. This is how personality could, in one way, be linked to the disorder. So, personality itself is a disorder in all these cases.

And in many cases, personality can make people vulnerable to some other mental disorders, which are not personality disorders but other cognitive disorders. This is how it can be connected to mental health. Now, another aspect of personality disorder, which is not directly listed under personality disorder, was earlier used to be called multiple personality disorder. Now it is called dissociative identity disorder.

It is not directly classified as a personality disorder, but it is categorised under another name, called dissociative identity disorder, which was earlier referred to as multiple personality disorder. So, we will also discuss this disorder a bit here because it also has some aspects related to problems in personality. So, this multiple personality disorder or dissociative identity disorder, although not directly considered a personality disorder, is generally categorised under dissociative disorders, which is another category in the DSM. It is associated with striking disturbances in personality.

There is a lot of disturbance in the personality itself. In this case, it involves the presence of two or more distinct personalities or identities within a single individual. So, in this case, what happens? Many cases reported in this condition involve people having two or more distinct personalities within one individual. One person will display specific characteristics. Sometimes, due to certain triggers, this person will completely transform into another person and exhibit entirely different characteristics. It may be two or three, four, or even many other personalities within one individual. So that's called multiple personality disorder or dissociative identity disorder. Each identity or personality has unique characteristics of thinking, behaving, and interacting, and they often have their names, ages, and histories. Sometimes, when the person shows another personality, it will be completely different. They may also use different names for that person, or their behaviour patterns will be completely different to that extent. So those are, you know,

There are two individuals within the same person, or maybe more than two individuals within the same person. That was called multiple personality disorder earlier. Now it is called dissociative identity disorder. One of the main features of this disorder, or dissociative identity disorder, is the presence of memory gaps. The person completely forgets the other personality when a new one emerges.

The individuals may not recall events or periods when a different personality is in control. It is almost like another person is in charge, and their characteristics may differ completely. And when they shift to another personality, they completely forget about the

previous one. So, there is a very significant kind of memory gap. The person may not remember that they were someone else.

People with dissociative identity disorder may find themselves in unfamiliar situations or locations without understanding how they got there. Some people reported that when another personality took over, they completely went to other new places and suddenly returned to their original self, not knowing how they got there. They, you know, and all these memories were completely not there, as one personality might be unaware of the actions of another person. For example, they might wake up in an unfamiliar bed or discover unexplained financial transactions made by another personality. It is almost like another person took over and did something the original person was unaware of. So, in individuals diagnosed with DID or dissociative identity disorder, there is typically a primary host—the original person—and there is an alter personality who takes over sometimes. That's called the primary host, and then there is an alternate personality. This alternate personality may be just one or two, three, or multiple. Each alternate personality may have its own distinct name, age, mannerisms, and emotional states. And they may even differ in gender from the host personality regarding behaviour expression.

These alternatives often emerge in response to specific situations, particularly during times of stress. And their presence may be predicted in particular contexts. So, people around them may sometimes predict that if such a situation arises, the other personality will take over. The host personality is generally characterised by sadness, dependence, and passivity. As if they have no control over it, something else takes over.

In contrast, the alter person will display a much wider variety of behaviours, such as childishness, hostility, seductiveness, and other uninhibited traits. The person will be very loud in their behaviour. Alters may also be critical or scornful of the host and other personalities. They may criticise other people and so on. The characteristics are often very different.

While the different personalities may share general knowledge and physical skills, they differ significantly in behaviour. There have been reports of cases where personalities exhibited different allergies. Eye prescriptions, even-handedness, were also different. In one person, it was maybe, let us say, right-handed. Even menstrual cycles and variations in brain blood flow patterns illustrate the profound differences between identities within the same individual. So, such variations have also been reported where the alternate person was completely different from the host person. Now, this disorder has been full of

controversies because of this, you know, this situation, which for a lot of people is unbelievable. There are particular controversies associated with this disorder.

One is the existence of dissociative identity disorder, which was called multiple personality disorder. It was controversial for many reasons. One was the concept of having various distinct identities within a single person. It completely went against the belief of the whole idea of personal identity. When we say the individual identity, we know by definition it is one person with specific characteristics.

There is a sense of self, there is an identity of one person, and the person shows specific behaviour. When you say that there are two or three other characteristics within the same person, it is completely, you know, it goes against the belief of the whole concept of the person or the entire idea of the personality itself. So, in Western culture, in many cultures, there is a strong emphasis on a unified sense of self as a person. We can know if you are a person, you will show this behaviour in whatever situation. There is a consistency in that the person is, by definition, the concept of personality.

And it completely goes against this whole idea of a consistent, unified personality when we talk about this multiple personality disorder or dissociative identity disorder. So many people were generally not very convinced. Second, this disorder's history and prevalence also lead to sudden scepticism. People are not willing to accept a lot of these ideas, a lot of the ideas associated with them.

For example, before the 1980s, fewer than 200 cases of this disorder, dissociative identity disorder, were documented globally. Before 1980, very few cases were reported across the world, across the globe. However, the recent estimates suggest tens and thousands of such cases, predominantly from North America. Most of these reported now, it seems, are increasing. Before 1980, very few cases were reported, and with time, thousands of such cases have been reported, most of which are coming from North America.

So, this sharp increase of this disorder apparent concentration in particularly North America or US have led some to argue that this might be a culturally bound phenomena so this could be so since most of the cases are coming from US or North America many people say that this may have something to do with the cultural aspects of that area because we don't see too many cases from other regions so critics compare it with a other culturally specific disorder such as Koro a disorder which is prevalent in certain Asian cultures which involves intense fear of a body part disappearing. This is also another culturally specific, culture-specific disorder named Koro, which is found in certain Asian

cultures where people have a very intense fear that certain body parts are disappearing in their body. This could be a particular thing in a specific cultural context.

Dissociative identity disorder could be such a case. It could be a very similar case, where it is a culture-bound thing, because most cases come from a particular region. This rapid rise in cases, the fact that DID is rarely reported outside North America, has fuelled debates about its legitimacy and the possibility of it being influenced by local culture. So, some people argue that it is not coming from other regions of the world. Something is questionable here.

The third reason for the controversy around this disorder is the scepticism. And this specific disorder is fuelled by an unusual or sensational aspect associated with it. As time progresses, it becomes more and more spectacular in terms of the number of alters. So, as attention to disorder has increased, the complexity of the reported cases has also increased.

Initially, this DID typically involves only two or three distinct identities. Initially, it was mainly two or maybe a maximum of three people in the same person. Later, however, more recent reports often describe an average of about 12 alters with some cases claiming more than even 100, which becomes a little bit kind of difficult to believe that such things are possible. This led to more scepticism about this.

The emergence of this highly unusual phenomenon, such as alters embodying even some people, has been reported, and some alters exhibit animal characteristics. Or patients claiming to have been subjected to extreme ritualistic abuse in their altar forms by satanic cults or aliens has further raised doubts. Some people reported very unusual things that some of the alters are like animals, and some alters reported that aliens have abducted them, and some satanic cults, and so on. They become very extreme and unusual descriptions. So, these extraordinary claims and the increasing number of alters are perceived by some as indicative of fantasy, hysteria or theatrical response rather than genuine mental health conditions.

Some people questioned it because of the kind of description they were giving. It is more like the fantasy of those people or maybe some hysteria, hysterical reactions. Or a response to certain things rather than a genuine mental health condition. This trend towards increasingly bizarre and dramatic cases contributes to the perception that DID may be influenced by cultural factors and sensationalism rather than solely reflecting

clinical reality. There may be certain cases where there may be some truth, but it may be more related to cultural factors.

Or because of too much sensationalism, people are exaggerating it. People are a little bit sceptical about it. This disorder is primarily due to too many bizarre descriptions around it. Initially, it was fine. Then it became too odd and too many cases within the same person. That led people to look at this disorder with much scepticism. But obviously, it is also reported. It is there in that category of disorder.

Now, let us see what the causes of personality disorder are. Personality disorder—why does it happen? One of the reasons is that, if you see in terms of statistics, approximately 10% of the general population and up to half of psychiatric patients in clinical settings may experience some form of personality disorder. So, the causes you know—two major causes could be attributed to personality disorders. One is genetic factors.

Many times, this disorder could be influenced by particular genetic vulnerabilities. So, it may run in families. So, one is heritability—that roughly 50% of personality disorders could be attributed to genetic reasons or family history. So, genetic vulnerabilities can predispose individuals to develop certain personality disorders. So, it could be linked to family history and genetic factors in terms of why people, in the first place, have certain personality disorders.

So, genetic factors also include family history. A family history of personality disorder increases the risk. That doesn't mean it will happen automatically to the next generation, but it increases the risk. Environmental factors could contribute to certain personality disorders. One is childhood traumatic experiences—the bad events during childhood.

There is a significant association between a history of childhood trauma and the development of personality disorders. People who experience a lot of abuse and traumatic situations during their childhood are also more likely to develop certain personality disorders in adulthood. So, children who experience verbal abuse are notably at higher risk of developing disorders such as borderline, narcissistic, obsessive-compulsive, and paranoid personality disorders in adulthood. If they experience a lot of abuse during childhood, it may lead to those disorders in adulthood.

Another factor is their high reactivity. Some individuals are very reactive, too sensitive to various stimuli such as light, noise and texture observed in children has been linked to certain personality disorders. This heightened reactivity may contribute to developing

some of these disorders later in life. Some research shows that children very sensitive to light, noise, and texture may lead to or make them more vulnerable to certain personality disorders in adulthood.

So overall, it could be because of the genetic reasons or environmental experiences, such as trauma and reactivity, can play a vital role in the development, or there may be causal factors in the personality disorder. These are how personality could be linked to mental health and disorders, and how we can understand or apply personality psychology in the context of mental health. With this, I will stop here.

Thank you. In the next class, we will look at some other applications of personality. Thank you.