

## Cluster B personality disorders: a case study approach

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### ABSTRACT

A personality disorder can be defined as a mental health condition where a person's behaviour is distinct or is significantly different from the expected behavior. Also, their overall function in day-to-day life changes. In this study five past literature related to the topic has been reviewed in depth to have a better understanding of the topic and to find relevant and important concepts related to cluster B personality disorders. In the present study secondary data collection method has been used, a total of 4 case studies has been done in the present study out of which 1 case study was done on a male and the other 3 were on females. Based on the case studies, the application of different therapeutic techniques has been discussed in the discussion part of the study. The aim of the present study is to understand the cluster B personality disorders by giving emphasis on case studies. In the present study it has also been noted how the application of certain therapeutic techniques works best for some cluster B personality disorders.

**Keywords:** cluster B, personality disorders, therapeutic techniques, treatment

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### INTRODUCTION

Personality can be defined as the perspective, feeling, and acting that makes an individual not the same as others. A person's personality is impacted by various encounters, conditions (environmental factors, life occasions) and various types of acquired qualities. An individual's personality ordinarily remains constant throughout their lives, in the absence of any major event, after it has been initially shaped. A personality disorder is the way of thinking, feeling, and behaving from the standard norms and expectations of the society and culture. Due to not matching with the standard norms, it tends to cause distress and problems in functioning in their day-to-day lives. A recent research study revealed the prevalence of personality disorders globally and rates being more in higher income countries than lower income ones [1].

Personality disorders are long-term patterns of behaviour and inner experiences that differ significantly from what is being expected. The pattern of behaviour and experience begins ideally by late adolescence or early adulthood and causes distress or problems in functioning. Without treatment, personality disorders can be long lasting. In general personality disorder symptoms are common and chronic. Symptoms of personality disorders include ego syntonic, alloplastic. Personality disorder is a predisposing factor for other psychiatric disorders for example substance use, suicide, affective disorders, impulse control disorder, eating disorders and anxiety disorder in which it interferes with the treatment outcomes of many clinical symptoms and increase personal incapacitation, morbidity, and mortality of these patients. A large population of people suffering from personality disorders, also seem to have a greater tendency to develop any other form of mental disorder [2].

There are 10 types of personality disorders in all which have been classified into 3 clusters namely Cluster A, Cluster B and Cluster C based on their descriptive similarities in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Cluster B includes four types of personality disorders (borderline, antisocial,

narcissistic, and histrionic personality disorders). In case of cluster B personality disorders people face a hard time regulating their emotions and most of the time it affects the interpersonal relationships. People with cluster B personality disorders behave in such a way that other people consider to be overly emotional, dramatic, or erratic in nature. A study [3] highlighted that cluster B personality disorder can be considered as a severe condition, and it demands a lot more research and importance for people to be aware about it and seek immediate help.

In simple words the four types of cluster B personality disorders include: borderline personality disorder (BPD), it is an illness marked by an ongoing pattern of varying moods, self-image, and behaviour. These symptoms often result in impulsive reactions and problems in interpersonal relationships. People with BPD may experience intense episodes of anger, depression and anxiety that can last from hours to days. A study [4] stated that in case of this disorder, the intensity of certain symptoms such as, suicidal ideation, anger, relationship problems seem to reduce with age. Cluster B also includes, antisocial personality disorder (ASPD), which is a condition in which a person has a long-term pattern of manipulating, exploiting, or violating the rights of others. This behaviour is often considered criminal as well. The prevalence of ASPD seems to increase through early adulthood years, with the peak being highest in case of the younger adults and then it is observed to decline in older adults above the age of 65. APSD when diagnosed in older adults, is usually seen to be diagnosed with substance use, depression, mania, generalised anxiety disorder [5]. In case of narcissistic personality disorder (NPD), it is closely associated with egocentrism, a personality characteristic in which people see themselves and their interests and opinions as the only ones which matter. They lack empathy and have an exaggerated sense of superiority. Histrionic Personality Disorder (HPD) is another form of cluster B disorder, and it is characterized by intense, unstable emotions and distorted self-images. For people with histrionic personality disorder their self-esteem depends on the approval of others and does not ideally arise from a true feeling of self-worth.

There are no exact set of reasons which might cause cluster B personality disorder but a combination of genetical and environmental factors play a role in the causation. Research has suggested that genetically predisposition in the anatomy of the brain can be one contributing factor. Apart from this family environment and history plays a significant role. Having a parent or sibling with personality disorder increases the risk of developing the disorder. Any form of trauma during childhood, as well as neglect in supervision during the early years of life can also lead to risk of developing passive-aggression and thus can also be a contributing factor in the understanding as well as aetiology of cluster B disorders [6].

The aim of this research is understanding the cluster B personality disorders with emphasis on case studies and application of various therapy techniques. Through this research it would be seen how different therapy techniques are successfully used to treat the types of cluster B personality disorders and how people suffering with these disorders face problems with respect to personal and social context.

### **Review of Literature**

Personality disorders have been a topic of interest for the researchers for a long period of time now. The causes behind the occurrence of any kind of personality disorder, its etiology, comorbidity, diagnosis and specially treatment with the application of different therapy techniques have been a keen interest area for the researchers. Thorough literature review has been done to know the topic in a better way.

Recent research [7] has found that impulsivity is a multi-faceted construct and is an important personality trait in various mental health conditions. Cluster B personality disorder is found to be mainly affected by this. In case of ASPD as well as BPD, self-report scales primarily revealed heightened impulsivity compared to healthy controls be observed in BPD patients. Furthermore, it was seen that negative affect led to altered brain activation patterns in BPD patients during impulse-control tasks. As proposed by the DSM V, alternative model for personality disorders highlighted impulsivity is a core personality trait in case of BPD and ASPD which is further in line with current research findings. Leichsenring and others [8] suggested that Psychoanalytic- interactional therapy (PIT) is a trans diagnostic treatment for severe personality disorders. The step technique has been applied in the clinical practice for many years and it has proven to be effective in case of open studies. For this study in a randomised control trial, manual guided psychoanalytic-interactional therapy was compared with psychodynamic therapy by experts in personality disorder patients with cluster B personality disorders.

Chugani and others [9] did a pilot research project which was aimed at investigating the efficacy of an 11-week dialectical behaviour therapy skills training class in increasing adaptive skill use and emotion regulation in college students with cluster B personality disorders or traits. The students were of mean age of 21.31, total participants were 19 among which 1 was a male and rest of the 18 were females. In case of the experimental group participants received the dialectical behaviour therapy and subsequently showed significant improvement in increasing skills usage and decreasing maladaptive coping skills. The most important finding of this research was that it was seen that there was a trend for improvement in regulating difficult emotions. Authors [10] through a pilot research study documented the effects of a group schema cognitive-behavioural therapy intervention on global symptomatic distress in young adults with personality disorders are personality disorder features. Apart from this it was also done to determine the stability of maladaptive schemas, schema modes and coping responses throughout treatment as well as It was observed that global symptomatic distress decreased substantially from pre-treatment to post-treatment. Maladaptive schemas schema modes and dysfunctional coping responses decreased with medium to large effect sizes, however, decrease in maladaptive schemas was not significant after controlling for symptomatic distress. Adaptive schema modes increased slightly throughout the treatment. It was also found that baseline levels of maladaptive schemas predicted symptomatic distress among the patients during pre-treatment but not at post treatment.

Tousignant and Boyer [11] suggested the impact of living with cluster B personality disorder in an acute phase on social participation. For this study a descriptive cross-sectional design was being used. During the first week of the research 31 participants completed the assessment of life habits. At the same time, it was being examined the quality of social participation in 77 daily activities and social roles (also known as life habits). It was seen that the participants significantly showed dissatisfaction and distress realising social roles rather than the daily activities. Through this research some areas have been perceived to be most problematic to accomplish, the areas included leisure, school, and work. Interpersonal relationship and fitness were found to be the least satisfying among all. On the other hand, it was found that the personal care was the least disrupted and it was the most satisfying one. Thus, from this research it was concluded that life habits could be prioritized in psychiatric rehabilitation interventions with people with cluster B personality disorders including leisure activities, content school interpersonal relationships and fitness.

The main objectives of the present study are –

- To understand the cluster B personality disorders in depth, including the symptoms of the four types of cluster B disorders.
- To understand how these disorders tend to have an adverse effect on the social, personal, and work life of an individual.
- To see how the application of certain therapy techniques works well for treating specific cluster B personality disorder.

## METHODOLOGY

### Participants

As this is a qualitative study hence it helps in understanding reasons, motivations, opinions, trends that often are hidden. For this study a total of 4 in depth case studies were being done. Case study analysis was also being done with utmost importance, Among the 4 case studies, 3 case studies were on female patients and the other 1 case studies were done on a male patient.

### Procedure

In this study secondary data collection method has been employed. Firstly, secondary data was being collected, these kinds of data are typically collected by someone else and other researchers then use it for their own research. The data were being collected during the sessions with a clinical psychologist, the case history was being noted down and the other details were being noted down and questions were being asked to the patient through the interview method to get a better understanding of the symptoms and the personality disorder in general. Interview method consisted of questions which were both open ended as

well as close ended. Later, the case history and case discussion were done with the clinical psychologist and thus the case studies were being used in the present study.

## RESULTS

### Case Studies

#### Case 1: Narcissistic Personality Disorder

Mr. S.M (male, 43 years old), was diagnosed with narcissistic personality disorder (NPD). His chief complaints were “inability to tolerate people’s stupidity and selfishness” and stated that he felt like a “recluse”, “intellectually superior”, and emotionally distant from people. In the first session, he refers to himself in the third person singular. He is sexually inactive and believes it to be an activity for “empty-headed folks”.

He shows symptoms of having persecutory delusions (people are out to “get him”) and shows a lack of interest in the needs and wants of those who are close to him. He can list his weaknesses and strengths, but words them such so that he can elicit compliments. He was identified as having an external locus of control, and his defences are regarded as being alloplastic – thus projecting onto his delusions of grandiosity.

#### Case 2 and 3: Borderline Personality Disorder

A 26-year-old female named Ms. M.R who has a case history of “non-suicidal” self-inflicted injury since her teenage years, 2 attempted suicides (overdose on prescribed medication), and has suicidal ideations. She had frequent changes in hobbies, clothing style, and social groups – and her attitude toward her partner faced frequent transitions between love and hate. After her ‘hate’ episodes, she immediately reported feeling guilty. Prior to her current partner, she recalls engaging in sexual relations with people she did not know.

The symptoms she showed include anger, impulsivity, emotion dysregulation, suicidal thoughts, and mood cycles. The diagnosis she received was borderline personality disorder, and the treatments recommended were Dialectical Behaviour Therapy for Borderline Personality Disorder (BPD), Mentalization-Based Treatment for BPD, Schema-Focused Therapy for BPD and Transference-Focused Therapy for BPD.

Case 3 is about a 27-year-old female named Ms. S.M who had almost similar kinds of symptoms like the one on case 2. She had multiple sexual partners and would often meet a person and would find the person to be perfect, but after some time she would just stop talking to the person. Every time she met a new man, the entire session she would spend talking about that guy. Similar therapy techniques were being used to treat her.

#### Case 4: Histrionic Personality Disorder Case

Ms. M.S (56-year-old female patient diagnosed with Histrionic Personality Disorder) was described by the therapist in their first session. Reportedly, she showed signs of jealousy upon her therapist having to pay attention to another ‘emergency client’. Furthermore, she made sexual advances towards her therapist by the manner of complimenting his looks, making suggestive comments, and attempting to seduce the therapist. Upon being questioned about her marital relationship, she stated that her husband consistently doubts her due to her ‘flirtatious’ nature of speaking to other men. She showed no regret of such behaviour – stating that it was “healthy” to flirt with others.

## DISCUSSION

After analysing the case studies in detail and going through literature review in depth there were many factors which came into light and that acts as the contributing factors in the development of and understanding of cluster B personality disorders. The main problems in case of patient with NPD (case 1) were persecutory delusion, delusion of grandiosity, lack of interest in the needs of others. The patients with BPD (case 2 and 3), the main problems were anger, impulsivity, emotion dysregulation, suicidal thoughts, and mood cycles. Lastly in the case of the patient with HPD (case 4) the main problems included shifting of emotions very rapidly, acting over dramatically, constant seeking of reassurance or approval.

**Table 1: Representation of Case History of patients**

<b>Case</b>	<b>Gender</b>	<b>Age(years)</b>	<b>Diagnosis</b>	<b>Individual sessions with the client</b>
1	Male	43	Narcissistic Personality Disorder	<ul style="list-style-type: none"> <li>• Patient came with chief complaints.</li> <li>• Rapport establishment was done while engaging in case history taking.</li> <li>• In-dept knowledge was gained while engaging in detailed conversation.</li> <li>• Matching the behavioural manifestation with the respective criteria.</li> </ul>
2	Female	26	Borderline Personality Disorder	<ul style="list-style-type: none"> <li>• Patient came with chief complaints.</li> <li>• Rapport establishment was done while engaging in case history taking.</li> <li>• In-dept knowledge was gained while engaging in detailed conversation.</li> <li>• Matching the behavioural manifestation with the respective criteria.</li> </ul>
3	Female	27	Borderline Personality Disorder	<ul style="list-style-type: none"> <li>• Patient came with chief complaints.</li> <li>• Rapport establishment was done while engaging in case history taking.</li> <li>• In-dept knowledge was gained while engaging in detailed conversation.</li> <li>• Matching the behavioural manifestation with the respective criteria.</li> </ul>
4	Female	56	Histrionic Personality Disorder	<ul style="list-style-type: none"> <li>• Patient came with chief complaints.</li> <li>• Rapport establishment was done while engaging in case history taking.</li> <li>• In-dept knowledge was gained while engaging in detailed conversation.</li> <li>• Matching the behavioural manifestation with the respective criteria.</li> </ul>

In case 1 that is the patient diagnosed with NPD, it was seen that the hallmark symptoms of NPD are grandiosity, a lack of empathy for other people, and a need for admiration. People with this condition are frequently described as arrogant, self-centred, manipulative, and demanding. They may also have grandiose fantasies and may be convinced that they deserve special treatment. These characteristics typically begin in early adulthood and must be consistently evident in multiple contexts, such as at work and in relationships. People with NPD often try to associate with other people they believe are unique or gifted in some way, which can enhance their own self-esteem. They tend to seek excessive admiration and attention and have difficulty tolerating criticism or defeat. Because of all these factors most of the time it becomes difficult to treat people with NPD. Treatment for narcissistic character issue can be testing since individuals with this

condition present with a lot of grandiosity and protectiveness, which makes it hard for them to recognize issues and vulnerabilities. Psychotherapy might be valuable in helping individuals with narcissistic character issue identify with others in a more advantageous and increasingly caring manner. Factors like, hypervigilance, emotional intolerance tend to have a challenging effect on NPD patients, thus it is also often observed that it can as well lead to them taking impulsive and drastic decisions in their life [12]. While treating patients with NPD, it is important that any form of power struggle with the patient, overindulgence with respect to the grandiosity of the patient, and ignoring any treatment interfering behaviour is being avoided for better efficacy of the therapy [13].

After analysing the case 2 and 3 which were both BPD cases respectively it was found that it is one of the most intense at the same time commonly misunderstood disorder. Due to the complicated nature of the symptoms of the BPD, it was not formally introduced until its inclusion in the DSM-3 in 1980. This happened because of the intense research on the sufferings of patients were exhibited the painful symptoms of BPD and it was seen that BPD was mostly misdiagnosed with either schizophrenia or bipolar disorder. However, based on statistical evidence BPD is far more common considered to the before mentioned disorders. BPT also presents suicide rate far exceeding the rate in case of other personality disorders. Recent study by Titus and DeShong [14] emphasised that while dealing with patients suffering from BPD, examining thought control strategies as possible predictors indicating BPD symptoms as well as risk of suicide among them is highly needed. On doing thorough analysis it was also noted that the nomenclature of the disorder was also based on the symptoms of psychosis and neurosis. The symptoms of BPD, any kind of trauma couple with medium to high degree of betrayal was found to be having incremental effect on the risk of suicide [15].

Before proceeding onward to the individual encounters of the turmoil, it is imperative to comprehend the fundamental manifestations of BPD. As per the DSM-V, this issue is described by an example of insecurity that is seen in the person's very own connections, feelings, and personality. It is additionally set apart by impulsivity and starts in early adulthood. There is a dread of deserting and endeavours to stay away from any genuine or envisioned surrender. These indications are available in fluctuating degrees in a person with BPD. In a study [16], it was found that BPD has significant association with self-esteem and social comparison orientation of a person. It was observed that BPD possess a threat on the self-esteem of young adults and seem to create problems related to self-esteem and it also possess moderate to greater possibility of young adults to socially compare.

From a neurobiological point of view, this issue is set apart by the expanded movement of the amygdala, or the enthusiastic focal point of the cerebrum, bringing about serious passionate encounters, frequently at limits. This extraordinary experience is additionally experienced as 'high contrast thinking' or 'parting'. There is likewise decreased movement of the prefrontal cortex which makes level-headed reasoning a troublesome errand for such people.

From the case studies and by referring to other articles, studies it was noted that, the assessment of BPD should include the risk factor or tendency of suicide. The treatment of BPD demands a lot of cooperation from the patient and their family members, it also requires support from a proper and cohesive medical team along with a treatment plan. Supportive psychotherapy is usually noted to be the prominent therapeutic alliance that is used in treating BPD [17]. In a study by Campbell and others [18], strong emphasis on the treatability of BPD completely was being made, the journey towards curing it completely might take time but the diagnosis being made on time and with timely and effective usage of therapy it can surely be helpful. Moving on the case 4 which was about HPD, another form of cluster B personality disorder and with reference to the case study it was found that the specific reason for dramatic character issue is not clearly known, however numerous emotional wellness experts accept that both learned and acquired components seem to act as contributing factors in the development of the disorder. For instance, the inclination for theatrical character issue to run in families proposes that a hereditary weakness for the turmoil may be acquired. Notwithstanding, the offspring of a parent with this issue may just recurrent scholarly conduct. Other natural factors that may be included incorporate an absence of analysis or discipline as a kid, encouraging feedback that is given just when a youngster finishes certain affirmed practices, and eccentric consideration given to a kid by their parents, all prompting disarray about what sorts of conduct acquire parental endorsement.

In general, people with HPD do not believe they need therapy as it was noticed in the case study 4 also. They also tend to exaggerate their feelings and to dislike routine, which makes following a treatment plan difficult. However, they might seek help if depression – possibly associated with a loss or a failed relationship -- or another problem caused by their actions causes them distress. Psychotherapy is generally the treatment of choice for histrionic personality disorder. The goal of treatment is to help the individual uncover the motivations and fears associated with his or her thoughts and behaviour, and to help the person learn to relate to others in a more positive way. To treat HPD, supportive psychotherapy is mostly recommended as it is therapeutic technique which is encouraging, non-threatening and reassuring at the same time. It also helps manifesting enhanced coping skills, self-esteem at the same time reducing emotional distress [19]. In case of HPD, it is of utmost importance that the patient is aware and have an insightful understanding of the symptoms that are being encountered by them. It would only help in promoting better outcome through the treatment process [20]. Alongside this it is noticed that medications are often given to treat the comorbid disorders such as depression or anxiety.

ASPD is another type of cluster-B PD which is very less occurring personality disorder compared to other disorders. To be diagnosed to have ASPD, an individual would have indicated side effects of direct issue before age 15. A determination cannot be made until age 18, however. Frequently, grown-ups with ASPD will have given indications of direct issue in youth or early immaturity. Indications are generally at the very least during an individual's late young years and in their 20s, however may enhance their own after some time. In a study by DeLisi and others [21] it was stated that knowing about the role that environment plays in the development of the disorder, it is essential that greater criminological attention is being given while understanding the disorder from a better light, along with how factors like childhood abuse and neglect coupled with psychopathology can lead to the development of the disorder. Individuals with ASPD can be clever, enchanting, and amusing to be near - however they additionally untruth and endeavour others. ASPD makes individuals coldblooded. Somebody with the confusion may act thoughtlessly, damagingly, and dangerously without feeling remorseful when their activities hurt others. This disorder is hard to also treat people with ASPD rarely seek help from their own due to lack to insight, empathy, and the thought that they do not need help.

Through the present study, the complexity of the symptoms for cluster-B PD was understood, at the same time the difficulty that patients with these disorders face in their personal and social life does in turn effect their overall quality of life. It was also seen that in case of these disorders, psychotherapy seems to work best, though recent research reveals that if psychotherapy can be coupled with art-based therapies, then it only helps in enhancing the recovery process. In session therapeutic alliance tend to focus more on the processing and understanding the interpersonal relationships and experiences. Whereas engaging in art therapies could help in better understanding and processing their own emotion [22]. Art therapy is considered as effective medium of treatment for patients with personality disorder, as it helps not only to reduce the pathology, maladaptive modes but at the same time it also enhances patients to develop more positive and adaptive modes to achieve a better mental health and keep a check on their self-regulation [23]. It would be even better if more studies are focused on the understanding of the childhood experiences of the patients and equal amount of importance is given in understanding how the cluster B PD's can be managed more efficiently.

## CONCLUSION

It can be noted that cluster B personality disorders are very distressing for the person suffering. They face many problems in their day-to-day life and have tremendous amount of difficulty in maintaining interpersonal relationships. Apart from all this, cluster B personality disorders can be treated but it takes substantial amount of time and patience and substantial amount of support from the closed ones.

### Conflict of interest

The authors declare that there is no conflict of interest. They have seen and agree with the contents of the manuscript and there is no financial support to report.

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