

Personality Disorders & Parenting



DR QURATULAIN ZAIDI of MindNLife looks at the effect that personality disorders can have on families.

We all know someone who is intense, suspicious, controlling, emotionally volatile or chronically avoidant. Personality traits exist on a spectrum – and they are part of what makes us human. However, there is a point where these traits stop being just temperament and start becoming a minefield that others must navigate carefully.

In therapy rooms, lawyers and mediation offices – and, more quietly, behind closed family doors – one question resonates: “Is this just who they are, or is this something clinical?” When patterns of thinking, reacting and relating become rigid, extreme and chronically destabilising, the impact rarely stays contained within the individual. It spills outward. It can shape the emotional climate of a household, influencing how children attach and how partners cope.

Personality disorders are complex and not easily defined, which makes living with them and diagnosing them challenging. However, in public conversation, particularly social media, these terms have unfortunately become common language, often weaponised, stripped of nuance and used as shorthand insults.

Understanding personality disorders

Different personality traits are part of being human. But there is a point – not always a clear and simple one – where enduring patterns of thinking, feeling and relating begin to impair functioning and damage relationships over time. That’s where personality disorder enters the conversation.

According to the American Psychiatric Association (APA), “Personality disorders are a group of conditions marked by enduring patterns of thinking, perceiving and relating that disrupt long-term functioning and are not confined to isolated episodes.”

The DSM 5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) identifies ten personality disorders, grouped into three clusters:

- Cluster A includes the more “odd or eccentric” presentations; these are paranoid, schizoid and schizotypal personality disorders.
- Cluster B includes the dramatic and emotionally volatile disorders, namely antisocial, borderline, histrionic and narcissistic.
- Cluster C (the anxious and fearful patterns) include avoidant, dependent and obsessive-compulsive personality disorders.

How personality disorders can disrupt households

Despite their profound impact, personality disorders rarely appear in tidy boxes to be ticked on the list from DSM-5. These characteristics are challenging; they overlap and evolve within relationships. However, at their core is a common thread: difficulty maintaining healthy, reciprocal relational functioning. Over time, these enduring patterns affect the individual but also define the emotional atmosphere at home.

Where does Borderline Personality Disorder fit in?

Borderline Personality Disorder (BPD) is one of the 10 personality disorders within Cluster B; it’s not synonymous with personality disorder as a whole, but has historically been described as existing on the “borderline” between neurosis and psychosis. At its core, BPD involves profound instability in a person’s identity, mood, relationships and self image. Around one to two percent of the adult population are thought to be affected, though it’s frequently confused with bipolar disorder, ADHD, PTSD or depression because of overlapping symptoms.

Often discussed in the same breath as BPD is Narcissistic Personality Disorder (NPD), another Cluster B diagnosis that tends to surface during relational breakdowns. NPD is characterised by a pervasive pattern of grandiosity, a deep need for admiration and validation, and difficulty with empathy. Individuals may present as confident, articulate or even charismatic, however beneath this exterior there is often a fragile self esteem that is acutely sensitive to criticism.

BPD and NPD can both create environments that are highly volatile and cause chronic relational strain.

- In Cluster A patterns, there may be persistent distrust that turns everyday interactions into interrogations, with benign comments interpreted as threats or betrayals.
- Cluster B patterns may include emotional volatility where relationships swing between intensity and rupture. Minor disagreements escalate quickly. Criticism is experienced as attack. Apologies are followed by renewed conflict.
- In Cluster C patterns, often rooted in anxiety, there may be chronic reassurance seeking, hypersensitivity to rejection or rigid control over routines and expectations. The atmosphere may feel tense not because of volatility but because of constriction and lack of space for the others.

Parenting under emotional instability

Parenting requires consistency, emotional regulation and enormous deposits of patience. When a parent struggles with entrenched personality patterns, these capacities are often compromised.

In milder presentations, children may experience inconsistency in the form of a parent who is warm one day and withdrawn the next. They may become highly attuned to mood shifts, adjusting their own behaviour to maintain peace or avoid conflict.

In moderate cases, children may be exposed to frequent arguments or be drawn into adult conflicts. This can lead to role reversal, where the child takes on the responsibility for the parents’ emotions and doesn’t feel they have the right to express their own emotions.

In more severe cases, children may witness self harm, suicide attempts or psychiatric hospitalisations. Exposure to intense anger, threats of abandonment or chaotic relational dynamics can create a deeply unsafe psychological environment. Children in these systems often develop hypervigilance; they scan constantly for emotional danger. Some become excessively compliant; others externalise distress through aggression or withdrawal. Many carry a quiet but heavy sense of responsibility for a parent’s wellbeing.

It’s important to state this clearly: children do not cause personality disorders, and they are certainly not responsible for stabilising an emotionally dysregulated adult.

Treatment options

Personality disorders have historically been considered difficult to treat, partly because individuals may lack insight into how their behaviour affects others. Many seek help only when relationships collapse or when depression or anxiety become overwhelming.

However, effective treatments do exist. For example, there is strong empirical support for Dialectical Behaviour Therapy (DBT), which focuses on emotional regulation, distress tolerance, interpersonal effectiveness and mindfulness skills. Other therapeutic approaches such as CBT, EMDR and Schema Therapy have also shown promising results. Medication can be valuable in managing associated symptoms like mood instability, anxiety or depression.

Support for the other parent is also important, because living with someone whose emotional world feels volatile or rigid can lead to chronic stress, self doubt and emotional exhaustion. Individual therapy, psychoeducation and structured support can help restore clarity and resilience. The goal is not to “fix” the other person but to strengthen their stability and capacity to parent effectively within a challenging dynamic.

Support for children

Children in these environments also fall victim to the volatility and unpredictability; they often remain

silent out of loyalty, sense of responsibility, guilt, fear or confusion. Encouraging access to safe adults is crucial as a support system for the children. A teacher, school counsellor, extended family member, family doctor or experienced therapist can provide help and perspective. Early intervention significantly reduces long-term impact. Research consistently shows that even one stable, emotionally regulated adult can buffer children against adverse developmental outcomes.

Final word

Personality disorders are estimated to affect around 10 percent of the population, though this figure depends heavily on how broadly we define impairment. These are not simply “difficult personalities”. They represent enduring patterns that impair functioning and strain relationships over time.

At the same time, diagnosis carries subjectivity. Cultural context, clinician interpretation and relational dynamics all influence how labels are applied. Not every high-conflict relationship involves a personality disorder, and not every individual with a diagnosis is incapable of growth.

What matters most is impact. If a home environment feels chronically unstable, emotionally unsafe or unpredictable, that deserves attention and support regardless of terminology.

And for families navigating this quietly, often behind closed doors, it’s important to know that there is support and treatment available – and children deserve stability and safety above all else. **a**

Dr Zaidi is a British-registered clinical psychologist who works with individuals, couples and families in her private practice in Central, and as a mental health consultant for a number of NGOs and international corporations.

+852 9700 2786 | +44 7918 092865
info@mindnlife.com | mindnlife.com

