

REVIEW ARTICLE

Sexual Life According to Personality Traits

Nuran Korkmaz Yıldırım¹ (D

Administrative and Social Sciences, Faculty of Economics, World Peace University, Nicosia, Northern Cyprus

Received: 4 March 2025 / Accepted: 21 April 2025

© The author (s) under a Creative Commons Attribution 4.0 International license.

This study was presented as an oral presentation at the 5th World Academy of Sexual Health (Washe) Congress, held in [Lefkoşa, on 20-23 February 2025.

Abstract

Personality traits play a crucial role in shaping an individual's general behavior, emotional responses, and cognitive processes, including sexual life. This article examines the relationship between various personality structures and sexual behaviors, exploring how different personality traits influence sexual attitudes, preferences, and dysfunctions. The study focuses on specific personality patterns, including borderline, narcissistic, dependent, obsessive-compulsive, schizoid, histrionic, paranoid, and antisocial personalities, analyzing their effects on sexual life. As a result, individuals with borderline personality disorder tend to engage in impulsive and risky sexual behaviors, while narcissistic individuals prioritize personal pleasure over emotional intimacy. Those with dependent personality traits adopt a submissive approach to sexuality, whereas obsessive-compulsive individuals often struggle with sexual satisfaction and exhibit avoidant behaviors. Schizoid personalities show a lack of interest in sexual relationships, whereas histrionic individuals tend to seek attention through sexual behavior. Paranoid personalities struggle with trust issues that hinder their sexual experiences, and antisocial personalities often display manipulative and exploitative sexual tendencies.

Keywords: personality traits, sexuality, sexual behavior, personality disorders, sexual dysfunction.

INTRODUCTION

Personality is a set of characteristics that affect the behavior of individuals as well as their emotions and thoughts, distinguish them from other individuals, and show stability despite place, space, and time diversity (1).

With this characteristic individual shape their own spesific cognitve and sensory pattern. With these characteristics, individuals shape their inner and outer worlds and create their own unique cognitive and emotional patterns in their social lives. These patterns

form the behaviors, defenses, and mechanisms called action-reaction that will be displayed in the events that it encounters. Character and temperament are complementary components of personality, which is formed by the combination of physical and mental conditions, learning and social environment that begin with birth. Character is defined as the individual's way of social survival as an individual in the outside world, which develops together with individuals social environment and learning ability. Temperament, on the other hand, is a behavioral style that is innate due to biological factors. Identity and personality are similar concepts

that are often confused. Identity is the recognition of the individual's place in society and in social life, whereas personality is the unique description of an individual with his/her own, unchanging characteristics.

Personality type or personality style should not be confused with personality disorder. For example, although the term obsessive describes the personality type of the individual, this does not mean that the person has obsessive personality disorder. Personality disorder, on the other hand, refers to a dysfunction that is more extreme.

Personality organization refers to the level of sensemaking along with defense mechanisms, self and object representations, emotional states, automatic thoughts, based on the cognitive and emotional levels of the individual (2). Personality organization levels are categorized into four groups as healthy, neurotic, borderline, and psychotic (3).

Personality traits play an important role in the individual's entire life, as well as being critical in defining sexuality and being at the center of sexual life and sexual dysfunctions (4). It is stated that depending on the types of personality disorders, a wide variety of sexual behaviors are observed, such as less or more sexual self-esteem, sexual reluctance, different excitement searches and sexual intercourse with random people.

In this study, differences in sexual life were discussed based on various personality traits.

BORDERLINE PERSONALITY

Borderline Personality Organization (5), first described by Adolph Stern, was developed by Otto Kernberg. This level of organization, which differs in terms of defense mechanisms, identity integrity, reality assessment ability, aggression, superego level and object relations levels and contents, is distinguished from neurotic and psychotic personality organizations (6).

The basic defense of individuals with borderline personality organization, who lack identity integrity, have inconsistent self and object designs, and use more primitive defense mechanisms, is the splitting mechanism. Short- or long-term impairments in their ability to evaluate reality, frequent and excessive anger towards themselves and other individuals are observed.

There is an inconsistent and unstable superego appearance and fluctuating object relations (6).

The basic clinical characteristics of individuals with borderline personality disorder are fear of abandonment, inconsistent interpersonal relationships and self-perception, chronic feelings of emptiness, angry outbursts, self-harming behaviors and repeated suicide attempts, promiscuous sexual relationships, fast driving, alcohol or substance abuse, etc. İmpulsive behaviors (7).

Individuals with borderline personality organization cannot stay in a relationship with certain boundaries, they prefer random partners in sexuality. Their preferences are determined by the dilemma between intense affection, which is love, and sexuality at the level of need. They do not have long-lasting love relationships and their sexual partners are mostly new individuals. In sexual relationships where they are committed, they have sexual thoughts and attempts at a level that can reach perversion due to the gradual decrease in their sexual interest (8).

Studies have shown that individuals with borderline personality disorder frequently have promiscuous sexual intercourse, sexual intercourse under the influence of alcohol and substances, homosexual experiences, having a sexually transmitted disease, a history of being raped or forced into sexual intercourse, early sexual experiences, sexual dissatisfaction, unprotected high-risk sexual intercourse, having multiple sexual partners at the same time, and cheating on their partners (9).

Individuals with borderline personality disorder may tend to be reliant on others as a result of not being able to go through the "separation-individuation" period defined by M. Mahler in a healthy way. As a result, they make excessive efforts to engage in impulsive sexual behavior because they have a fear of being alone and cannot tolerate loneliness (10).

NARCISSISTIC PERSONALITY

The concept of narcissism is based on various mythological stories, in which Narcissus was described as falling in love with himself after seeing his own reflection in the water while drinking water from a riverbank, and melting away day by day and dying while

looking at himself (11). The main theme of this story, which has various types, forms the basis of narcissism and shows that this concept is a subject that human beings have been interested in and researched for a very long time (12).

Narcissism is the state in which an individual has a high level of self-confidence and self-worth, and is not overly affected by criticism and negative comments from the external environment. The individual focuses more on his/her own internal processes and takes his/her own opinions into consideration rather than external comments (13). Every person has narcissistic needs that need to be satisfied, such as approval, love, admiration, etc. A person can make a great effort to satisfy these needs and spend a lot of time on this path. As a result, they can experience narcissistic injuries in situations where they do not receive the response they believe they deserve, or even in very simple daily events (14).

It can be said that narcissism has evolved into a pathological situation when a person displays the appearance of not caring about the opinions of others, but feels the opposite in her/his inner world, completely focusing on the opinions of other people, feeding on comments coming from outside, and even needing them (15).

In narcissistic personality disorder, individuals are in a structure that constantly admires themselves, especially physically and mentally, has the idea that they have unique and admirable characteristics, and is very hungry for appreciation and admiration from those around them. There is a structure that is prone to manipulation and abuse, lacking empathy and avoiding responding with the same reaction to those who show this appreciation and admiration (16).

It is thought that the narcissistic personality pattern can create a negative picture in sexual life and close relationships, especially in terms of romantic relationships (17). Their main goal in romantic relationships is to feel good about themselves. Since they usually exalt their partners too much at the beginning of the relationship, they quickly lose interest in their partners as the effect of the exaltation quickly disappear, and therefore they can easily start other relationships and change partners frequently. They usually do not feel commitment and closeness in these

relationships (18).

The sole reason why narcissistic people's primary motivations in their sexual lives are focused on pleasure and relaxation is that they cannot feel closeness and attachment (19). On the other hand, it is thought that they may be prone to a risky behavior repertoire because they are more selfish in sexuality and far from attachment. Likewise, studies have shown that there is a positive relationship between anger, anxiety, a large number of partners, and the use of pornographic content and narcissism (20,21).

For some narcissistic individuals, masturbation may be more pleasurable than sexual intercourse with a partner because the body of another creates alienation and discomfort (22).

DEPENDENT PERSONALITY

Individuals with Dependent Personality Pattern, one of the frequently seen samples among those applying to clinics, draw a picture in which they trust others more than themselves due to their low self-confidence, their sense of independence is underdeveloped, and they exhibit more clingy behaviors towards other individuals due to their low sense of self-efficacy (23). Dependent personality disorder is characterized by behavioral patterns that require a level of dependency on the presence of another in order to sustain one's own life, which are more common in adolescence and early adulthood (24). While the person's self-image is positioned as defenseless, weak, and inadequate, the object image is positioned as self-sufficient, able to guide another, always knowing what to do, able to guide another, and even take care of them. As a result, individuals with dependent personality disorder exhibit an appearance in which they have extreme fears of abandonment, an inability to be alone and an extreme fear of being alone, constantly seek advice from someone else even in simple and daily matters to escape this, and undertake even degrading and unpleasant tasks because they are overly giving as a result of their fear of losing the support of another (25).

Since their main purpose in their sexual lives is to feel safe, to be close, and to be desired, they meet these basic needs through sexuality rather than pleasure. Therefore, the pleasure they get from sexuality is not a physical satisfaction but rather the satisfaction of

these needs. Because of their fear of being abandoned and disliked, they accept their partners' wishes unconditionally and do not draw boundaries even in situations they do not want to happen. Their partners' wishes are at the forefront rather than their own. As a result, they make love in line with their partners' wishes in order to provide them with pleasure (26).

OBSESSIVE-COMPULSIVE PERSONALITY

The main difference between obsessive-compulsive disorder and obsessive-compulsive personality disorder is that in obsessive-compulsive disorder there are symptoms in certain areas, while in obsessivecompulsive personality disorder there are features that are embedded in the entire character (27). Obsessivecompulsive disorder is defined as "a psychiatric disorder defined by repetitive and distressing thoughts (obsessions) and repetitive behaviors or mental actions (compulsions) that lead to significant impairment in one's social and professional functions (28). Obsessive-compulsive personality is characterized by perfectionism, having rigid rules and not being able to show flexibility in this regard, being overly controlling, and having cognitive errors representing rigid and unchangeable rules and ideas such as "should, must" (29). Obsessive-compulsive personality disorder is extremely disorganized and rich in terms of symptoms. In clinical studies, it has been found that more than 75% of people with obsessive-compulsive personality disorder have both obsessions and compulsions together. In epidemiologic studies, it was found that 40% had only obsessions, 30% had only compulsions and 30% had both (30).

In the research conducted with people with obsessive-compulsive disorder, it has been reported that they have less sexual experience, marry less frequently (31,32) and experience lower levels of sexual satisfaction (33). Obsessive-compulsive disorder patients are reported to have sexual arousal difficulties, orgasm problems and avoid sexual intimacy (34-35). It is said that there is a relationship between fear of contamination caused by sexual intercourse and symptoms of obsessive-compulsive disorder (36).

SCHIZOID PERSONALITY

Schizoid personalities are defined as people who do not want to establish intimacy and contact, who are introverted, who do not like to be together with other people and spend time together, who want to be alone more, who are distant from marriage, who are defined as indifferent and uninterested by other people, who prefer to engage in activities on their own, and who have professional preferences where more individual work is possible (37).

People with schizoid personality disorder are reluctant and halfhearted in their sexual life. They may not need sexual intercourse at all and may even continue their lives without having sexual intercourse at all. They can establish a sexual relationship mostly with the demands of their partners, and during sexual intercourse, they are not only careless about their own and their partners' feelings but also do not care about it. They do not feel any difference between the satisfaction they get from sexual intercourse and masturbation (38).

HISTRIONIC PERSONALITY

As a result of feelings of helplessness and worthlessness in individuals with histrionic personality disorder, they care too much about other people's opinions about them and their behavior towards them. Consequently, they put others at the focal point of their lives and define themselves entirely by external comments. Since they do not have a sense of identity of their own, they adapt to the environment they are in (39-40). They are artificial and superficial in their human relationships and make a lot of effort to establish closeness. Their basic schema is to gain appreciation and approval and to be the center of attention (41). Individuals with this personality disorder hide their fears by using all their acting skills with a magnificent mask, and they may have an extremely exhibitionist appearance. They can easily manipulated others by portraying a victimized appearance (42).

In their sexual lives, they can put sexuality into action without any criteria or time (43). While it is more common in women to have sexual intercourse without categorization, it is more common in men to establish bisexual relationships (44).

PARANOID PERSONALITY

The main characteristic of paranoid personalities is that they tend to interpret even non-harmful behaviors of other people as humiliating, belittling, threatening or malicious. For this reason, they tend to be distrustful and suspicious. Since they have a way of thinking that

people are evil and abusive, their basic schema is that they will be exposed to evil and harmed by other people. They can easily get angry and engage in aggressive behavior towards others (45).

As a result of their intense suspicion and trust problems with other people, they cannot easily find partners in their sexual life. However, because they live in constant suspicion of their partners, they always think that they can be deceived. As a result, they are constantly looking for evidence that they have been deceived and impute their partners in this sense. They always show jealousy by interpreting even unrelated events as signs of infidelity, and they draw a very aggressive picture by being oppressive and tormenting towards their partners. Due to their assumptions that they will always be exposed to evil and will be harmed, they are always on the alert in this sense and cannot give themselves to the other party sexually and get pleasure (46).

ANTISOCIAL PERSONALITY

According to the International Classification of Diseases (ICD-11) published by the World Health Organization in 2021, the characteristics of antisocial personality disorder are: although not always seen in all individuals, it is seen as self-centered and lack of empathy in a way that disrespects the rights and feelings of other individuals. These individuals often see their good and bad behaviors in society as a right, but their usual behavior is to expect to be admired and to ignore others by taking care only of their own needs. They may also be completely indifferent to events in which other individuals are harmed or upset, so they can be ruthless for others in achieving their goals (47).

Individuals with antisocial personality disorder do not show commitment in their relationships and have no sense of loyalty. Since their impulse control problems are at an extreme level, they may have indiscriminate sexual partnerships. They act completely selfishly in their sexual relationships and act only for their own desires. For this reason, they put pressure on their partners to do what they want with a coercive attitude. They easily have sexual intercourse with children, relatives, the elderly, etc. and do not feel any discomfort or guilt because they act in sadistic ways and do not feel any guilt, conscience and empathy (48).

Acknowledgments: None.

Conflict of Interest: The authors declare no conflicts of interest.

Informed Consent: Participants were not included because the study was a review article.

Funding: No financial support was received for this study.

REFERENCES

- 1. Taymur, İ., & Türkçapar, M. H. (2012). Kişilik: tanımı, sınıflaması ve değerlendirmesi. *Psikiyatride Güncel Yaklaşımlar*, *4*(2), 154-177. https://doi.org/10.5455/cap.20120410
- 2. Hörz-Sagstetter, S., Ohse, L., & Kampe, L. (2021). Three dimensional approaches to personality disorders: A review on personality functioning, personality structure, and personality organization. *Current psychiatry reports, 23,* 1-16. https://doi.org/10.1007/s11920-021-01250-y
- 3. Kernberg, O. F. (1976). Technical considerations in the treatment of borderline personality organization. *Journal of the American Psychoanalytic Association*, 24(4), 795-829. https://doi.org/10.1177/000306517602400403
- Ciocca, G., Di Stefano, R., Collazzoni, A., Jannini, T. B., Di Lorenzo, G., Jannini, E. A., ... & Rossi, R. (2023). Sexual dysfunctions and problematic sexuality in personality disorders and pathological personality traits: a systematic review. *Current Psychiatry Reports*, 25(3), 93-103. https://doi.org/10.1007/s11920-023-01409-9
- 5. Stern, A. (1938). Psychoanalytic investigation of and therapy in the border line group of neuroses. *The Psychoanalytic Quarterly*, 7(4), 467-489. https://doi.org/10.1080/21674086.1938.11925367
- Lenzenweger, M. F., Clarkin, J. F., Levy, K. N., Yeomans, F. E., & Kernberg, O. F. (2012). Predicting domains and rates of change in borderline personality disorder. *Personality Disorders: Theory, Research, and Treatment, 3*(2), 185. https://doi.org/10.1037/a0025872
- 7. American Psychiatric Association, (2013). *Diagnostic* and statistical manual of mental disorders: DSM-5 (5th ed.). American Psychiatric Publishing. https://doi.

org/10.1176/appi.books.9780890425596

- 8. Masterson, J. F. (2006). *Narsistik ve borderline kişilik bozuklukları (B. Açıl, Trans.).* İstanbul: Litera Yayıncılık.
- 9. Sansone, R. A., & Sansone, L. A. (2011). Sexual behavior in borderline personality: a review. *Innovations in clinical neuroscience, 8*(2), 14.
- 10. Köroğlu, E. (2011). *Kişilik bozuklukları*. Ankara: Hekimler Yayın Birliği.
- Levy, K.N., Ellison, W.D. & Reynoso, J.S. (2011).
 A historical review of narcissism and narcissistic personality. Campbell, W. Keith; Miller, Joshua D. (Ed.). The Handbook of Narcissism and Narcissistic Personality Disorder (Theoretical Approaches, Empirical Findings, and Treatments), 1–13. https://doi.org/10.1002/9781118093108.ch1
- Yıldırım, N. K., & Kansu, A. F. (2024). Bir narsisizm incelemesi: Gelişimi, türleri, etiyolojisi, tanısı ve tedavisi. *Academic Social Resources Journal*, 7(40), 909-916. https://doi.org/10.29228/ASRJOURNAL.64033
- 13. Akhtar, S. (1989). Narcissistic personality disorder: Descriptive features and differential diagnosis. *Psychiatric Clinics of North America*, *12*(3), 505-529. https://doi.org/10.1016/S0193-953X(18)30411-8
- 14. Özmen, E. (2006). *Kendini tanıma rehberi.* İstanbul: Sistem Yayıncılık, Kıssadan Hisseler Dizisi.
- 15. Karaaziz, M., & Atak, İ. E. (2013). Narsisizm ve narsisizmle ilgili araştırmalar üzerine bir gözden geçirme. *Nesne Psikoloji Dergisi*, *1*(2), 44-59. https://doi.org/10.7816/nesne-01-02-03
- 16. Akhtar, S. (2009). *Ağır kişilik bozukluklarının tanı ve sağaltımı için başvuru kitabı* (M.Alkan, C. Gürdal, trans.). İzmir: Odağ Psikanaliz ve Psikoterapi Yayınları.
- 17. Erdoğan, B. & Şahin, M. (2020). Yetişkin bireylerde narsisizm, yakın ilişkiler ve cinsellik. OPUS-Uluslararası *Toplum Araştırmaları Dergisi, 16*(27), 266-287.DOI: 10.26466/opus.671715. https://doi.org/10.26466/opus.671715
- 18. Campbell, W. K., & Foster, C. A. (2002). Narcissism and commitment in romantic relationships: An investment model analysis. *Personality and Social Psychology Bulletin*, 28(4), 484-495. https://doi.org/10.1177/0146167202287006

- 19. Foster, J. D., Shrira, I., & Campbell, W. K. (2006). Theoretical models of narcissism, sexuality and relationship commitment. *Journal of social and Personál Relationships*, *23*(3), 367-386. https://doi.org/10.1177/0265407506064204
- 20. Martin, A. M., Benotsch, E. G., Lance, S. P., & Green, M. (2013). Transmission risk behaviors in a subset of hiv-positive individuals: The role of narcissistic personality features. *Personality ant Individual Differences*, *54*(2), 256-260. https://doi.org/10.1016/j.paid.2012.09.006
- 21. Kasper, T. E., Short, M. B., & Milam, A. C. (2014). Narcissism and internet pornography use. *Journal of Sex and Marital Therapy, 41*(5), 481–486. https://doi.org/10.1080/0092623X.2014.931313
- 22. Erten, Y. (2015). Tek kişilik balo: Narsisizm üzerine kuramsal ve klinik notlar. *Yansıtma Dergisi, 24*, 11-32.
- 23. Yakın, D. (2014). Bağımlı kişilik örüntüsü ve terapötik işbirliği: Şema odaklı bilişsel davranışçı terapi uygulaması. *Ayna Klinik Psikoloji Dergisi, 1*(2), 1-13. https://doi.org/10.31682/ayna.470585
- 24. Bornstein, R. F. (2007). *Dependent personality disorder*. In W. O'Donohue, K. A. Fowler, & S. O. Lilienfeld (Eds.), *Personality disorders: Toward the* DSM-V (pp. 307–324). Sage Publications, Inc. https://doi.org/10.4135/9781483328980.n11
- 25. Kaya, H. (2024). *Bağımlı kişilik bozukluğu*. D. Şahin (Ed.), *Kişilik Bozuklukları*. 1. Baskı. içinde (s. 74-79). Ankara: Türkiye Klinikleri.
- 26. Şahin D. (1998). *Cinsel yaşamın kişilik özelliklerine göre renkleri*. 7. Anadolu Psikiyatri Günleri Kitabı 24-27 June, Malatya s:152-163.
- 27. Geçtan, E., (2018). *Psikodinamik Psikiyatri ve Normaldışı Davranışlar*, 23. Baskı, İstanbul: Metis Yayınevi.
- 28. Amerikan Psikiyatri Birliği (1994). *Mental Bozuklukların Tanısal ve Sayımsal El Kitabı,* 4. Baskı (DSM-IV) (Trans. Ed.: E Köroğlu) Hekimler Yayın Birliği, Ankara.
- 29. Kocakula, Ö. (2012). *Narsistik ve obsesif kompulsif kişilik bozukluklarının karar süreçlerine etkisi* [Unpublished master's thesis]. Adnan Menderes Üniversitesi, Aydın.
- 30. Şahin A.R. & Böke Ö. (2008). Obsesif Kompulsif

- Bozukluk, E. Köroğlu, & C. Güleç, 493-504, *Psikiyatri Temel Kitabı,* Ankara: HYB Basım Yayın.
- 31. Freund, B. And Steketee, G. (1989). Sexual history, attitudes, and functioning of obsessive-compulsive patients. *Journal of Sex and Marital Therapy*, *15*(1), 31-41. https://doi.org/10.1080/00926238908412845
- 32. Riggs, D. S., Hiss, H., & Foa, E. B. (1992). Marital distress and the treatment of obsessive compulsive disorder. *Behavior Therapy*, *23*(4), 585-597. https://doi.org/10.1016/S0005-7894(05)80223-0
- 33. Van Minnen, A., & Kampman, M. (2000). The interaction between anxiety and sexual functioning: A controlled study of sexual functioning in women with anxiety disorders. *Sexual and Relationship Therapy*, *15*(1), 47-57. https://doi.org/10.1080/14681990050001556
- 34. Staebler, C. R., Pollard, C. A., & Merkel, W. T. (1993). Sexual history and quality of current relationships in patients with obsessive compulsive disorder: a comparison with two other psychiatric samples. *Journal of sex & marital therapy, 19*(2), 147-153. https://doi.org/10.1080/00926239308404898
- 35. Aksaray, Berkant Yelken, Cem Kaptanoğlu, Süleyman Oflu, Murat Özaltin, G. (2001). Sexuality in women with obsessive compulsive disorder. *Journal of Sex &Marital Therapy*, *27*(3), 273-277. https://doi.org/10.1080/009262301750257128
- 36. Abbey, R. D., Clopton, J. R., & Humphreys, J. D. (2007). Obsessive–compulsive disorder and romantic functioning. *Journal of Clinical Psychology*, *63*(12), 1181-1192. https://doi.org/10.1002/jclp.20423
- 37. Miller, M. B., Useda, J. D., Trull, T. J., Burr, R. M. & Minks-Brown, C. (2002). *Paranoid, schizoid, and schizotypal personality disorders*. In Comprehensive handbook of psychopathology. Boston:Springer, 535-557. https://doi.org/10.1007/0-306-47377-1_19

- 38. Şahin D. (2003). *Kişilik bozukluklarında cinsel yaşam ve cinsel işlev bozuklukları*. 7. Bahar Sempozyumları. Antalya. Bildiri Özet Kitabı 76-77.
- 39. Sperry, L. (2003). *Handbook of Diagnosis and Treatment of DSM-IV-TR Personality Disorders*, New York: Brunner-Routledge. https://doi.org/10.4324/9780203427088
- 40. Bartholomew, K., Kwong, M. J. & Hart, S. D. (2001). *Attachment. Handbook of personality disorders: Theory, research, and treatment,* (1st ed.). New York: The Guilford Press.
- 41. Malatyalı, A. (2020). *Kişilik bozuklukları ile benlik algısı öz-şefkat ve içgörü değişkenlerinin ilişkisi* [Unpublished master's thesis]. İstanbul Sabahattin Zaim Üniversitesi.
- 42. Öztürk, O. & Uluşahin, N. A. (2018). Ruh sağlığı ve bozuklukları. Ankara: Nobel Tıp Kitapevleri.
- 43. Akhtar, S. (2009). *Ağır kişilik bozukluklarının tanı ve sağaltımı için başvuru kitabı.* (M. Alkan, C. Gürdal, Çev.). İzmir: Odağ Psikanaliz ve Psikoterapi Yayınları.
- 44. Kernberg, O. (2006). *Sınır durumlar ve patolojik narsisizm* (M. Atakay, Trans.). İstanbul: Metis Yayıncılık.
- 45. Lee, R. J. (2017). Mistrustful and misunderstood: a review of paranoid personality disorder. *Current behavioral neuroscience reports*, *4*, 151-165. https://doi.org/10.1007/s40473-017-0116-7
- 46. Şahin D. (1998). *Cinsel yaşamın kişilik özelliklerine göre renkleri.* 7. Anadolu Psikiyatri Günleri Kitabı 24-27 Haziran, Malatya s:152-163.
- 47. World Health Organization. *International Classification of Diseases, 11th Revision (ICD-11).* Geneva: WHO. 2021.
- 48. Şahin D. (2003). Kişilik bozukluklarında cinsel yaşam ve cinsel işlev bozuklukları. 7. Bahar Sempozyumları. Antalya. Bildiri Özet Kitabı 76-77.