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PERSONALITY DISORDER AMONG YOUTHS: A LATENT PSYCHO-SOCIAL PATHOLOGY

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ABSTRACT

The international classification of diseases (ICD-10) definition states that 'personality disorders comprise deeply ingrained and enduring behavioural patterns, manifesting themselves as inflexible responses to a broad range of personal and social situation. They represent extreme or significant deviation from the way the average individual in the given culture perceives, thinks, feels and particularly relates to others. They are frequently, though not always, associated with varying degrees of subjective distress and problems in social functioning and performance.' These patterns are usually evident during late childhood or adolescence, but the requirement to establish their stability and persistence. Usually (but not necessarily) restricts the use of the term 'disorder' to adults (World Health Organization 1992). The DSM-IV definition is similar, though it is more explicit, and emphasizes impulse control problems that many people with personality disorders would have (American Psychiatric Association 1994).

INTRODUCTION

The proposition that human beings are different in their personality style evolved from antiquity. Charaka applied the Tri-guna theory to the clinical situation and postulated that man's prakriti (nature)was defined by the relative accentuation of any one of three gunas: satvik (consciousness), rajsik (energy) or tamsik (inertia) (Neki 1970a). Similarly, Hippocrates put forward the idea that each of the four body 'humours' was associated with a characteristic personality style: black bile with melancholic; blood with sanguine; yellow bile with choleric; and phlegm with phlegmatic (Mora 1985).

The concept of 'disorder of character (personality)' developed in the nineteenth century, when insanities were equated with 'psychoses' (Berrios 1993). Thus, Pinel in 1801described people who exhibited deviant behaviour despite the absence of delusions (Pinel 1809). Similarly, Prichard (1835/1973) identified people who violated social norms, but did not suffer from the defect of reason as having moral insanity. Many of the people these pioneers described actually suffered from mood disorder, but they can be credited with setting the stage for the description of non-psychotic psychopathology (berrios 1993).

PSYCHOSOCIAL FACTORS

There is not much empirical data available on the psychosocial antecedents to personality disorders. The available data have been obtained from retrospective studies. Much reliance cannot be put on inferences drawn from them. However, individual case studies and clinical experience have led to a wealth of formulations with regard to personality disorders, and attention will now be focused on the major theories of personality disorders given below.

Cognitive theory

Cognitive theory (Pretzer and Beck 1996) assumes that an individual's perception and interpretation of situations shape the emotional and behavioural response to situations. The cognitive view of human functions emphasizes three aspects of cognition: (i) automatic thoughts; (ii) cognitive schemas; and (iii) cognitive distortions. Among schemas, the ones with specific relevance to personality disorders are those which relate to other people, i.e. perception of others and interpersonal strategies. These schemas facilitate responding to situations, but can also play a role in maladaptive responses, particularly when they are tied to cognitive distortions. Cognitive distortions contribute to persistent misperception of situations, by distorting the feedback process itself.

Psychoanalytic theory

From a psychoanalytic perspective (Kernberg 1996), personality is Co-determined by temperament, character and super-ego. Temperament refers to the constitutionally given, particularly to the intensity, rhythm and threshold of affective responses. Character refers to the dynamic organization of behavioural patterns of each individual, i.e. to the behavioural manifestations of ego-identity, ego-structures and ego-functions. Super-ego refers to the internalized value system. In addition, the dynamic

unconscious (id) constitutes the dominant and potentially conflictive motivational system of personality.

Interpersonal theory

The structural analysis of social behaviour (SASB) model (Benjamin 1996) conceptualizes interpersonal behaviours as constituted by inputs from two primary dimensions affiliation.

Benjamin (1996) proposed the idea that mental events are primarily interpersonal in nature and are shaped by early experiences with caregivers. These mental events convert the child's early relationship with attachment objects to patterns of adult personality, through the development of an internal working model (Internalized Representation of Important Persons [IRIPS]), which resembles the attachment object.

Evolutionary theory

In the evolutionary theory (Millon and Davis 1996), normal personalities are seen as signifying the utilization of specific modes of adaptation that are effective in average or expectable environments. Major functions of living systems from an evolutionary perspective are: (a) existence; (b) adaptation; and (c) replication. Pleasure and pain aid in the enhancement and preservation (existence) of life. Active as well as passive modes of behaviour can help in adapting to the environment. Self- and other-oriented (nurturance) strategies can lead to replicative success. Conflicts may be seen along all these polarities.

CLASSIFICATION OF PD's

Paranoid personality disorder: *Unforgiving and Suspicious*

Paranoid people see others as ill intentioned or hostile. They observe those around them keenly and, in the process, they pick up insults or offences where none were intended. They have a strong sense of personal right and a tendency to hold grudges. This may make them litigious. Relationships are tense and brittle, and are marked by suspiciousness and distrust. They may doubt the fidelity of their spouse and trustworthiness of their colleagues. They are acutely aware of rank and authority, and it is important to them that they always stay in a dominant position in relationships. They have a strong sense of self-importance and, in the face of modest achievement, may feel that others have prevented them from fulfilling their full potential. They may become violent under stress.

Schizotypal personality disorder: *Eccentric*

People with schizotypal personality disorder have marked social anxiety, which may not diminish with familiarity. They appear distant and aloof and rarely form intimate relationships. They may express certain beliefs with guarded enthusiasm such as those related to premonitions, mystical concerns or abstruse and inexplicable philosophical quandaries. Rarely, however, is their conversation marked by true give and take. This is partly because of the fact that their speech is often vague or overly abstract. They may exhibit suspicious ideas of reference and inappropriate affective responses. They may report unusual perceptual experiences (e.g. sensing the presence of someone) and obsessoid rumination without internal resistance. They may develop persecutory or hypochondriacal delusions under stress.

Schizoid personality disorder: *More Intelligent than practical*

People with this disorder are detached in their social relationships and appear emotionally cold. They show little concern for the opinion of others and pursue a lonely course throughout life. They make up for the lack of intimate relationships by an inner world of fantasy, which is often quite extensive but lacks emotional content. Their hobbies and interests are solitary, and are likely to be more intellectual than practical. Schizoid people seem to lack interest in pleasurable activities or in sexual experience.

Antisocial personality disorder: *Reckless & violent*

The onset of this disorder is almost always in childhood in boys and in adolescence in girls. Boys usually show an aggressive disregard for the rights of others, and girls sexual promiscuity. Punishment seems to have little effect on them and kindness does not seem to move them. Truancy and lying to escape punishment may be common.

As adults, they show little sympathy for others. They have no guilt or remorse for harming or exploiting others. However, they may have a superficial charm that may enable them to form shallow and passing relationships. However, loyalty is a matter of convenience. If the partner is demanding or children are felt to be a burden, they may be abandoned.

These people lack foresight and the ability to plan ahead. They are impulsive and have a low tolerance for frustration. They may quit a job on a mere whim or they may be forced out from a job for insubordination, theft, etc. Reckless, violent and cruel behaviour is common. Abuse of alcohol and other drugs, and promiscuity are also common. They often die prematurely by violent means (suicide, homicide, accident).

Antisocial people can be distinguished from people with borderline personality disorder by their incapacity for remorse and genuine affection. In cases where substance abuse started early, it may be difficult to distinguish substance use disorders from sociopathy; diagnostic certainty can be reached only after a long period of abstinence.

Borderline personality disorder: *Moody*

People with borderline personality disorder are characterized by stable instability! Their attitudes and feelings about themselves and others are subject to dramatic and sudden changes. Their relationships with others are intense and often stormy-a clinging dependency may alternate with enraged attack on the other. They may be unclear about their goals and internal (including sexual) preferences; and thus, their histories reveal a life of tumult and chaos.

These people often complain of a pervasive sense of loneliness and emptiness. Their mood may plummet unpredictably into despair, or they may be seized by unreasoning irritability. There is a tendency to be impulsive, and they fail to plan ahead. Intoxication may be sought and promiscuous behaviour is common. At times, the thrill of daredevil recklessness comes over them. Suicidal behaviour is common; at times it may appear manipulative, but the intent can also be serious. Shooting, hanging and serious overdosing are by no means infrequent. Such people may also mutilate themselves with no interest in killing themselves. Some do it to relieve tension, while others do it as a means to convince themselves that they are in fact alive. Psychotic symptoms may occur under interpersonal stress (e.g. the fear of abandonment), but are usually transient. Severe dissociative symptoms may occur as a part of psychotic episodes.

People with borderline personality disorder can be distinguished from those with histrionic personality disorder by the desperate strategies they employ to gain the attention

of others; from dysthymia by the feeling of emptiness; and from cyclothymia by the interpersonal precipitants for mood shifts.

Histrionic personality disorder: *Flirting*

People with this disorder are dramatic and colourful. They constantly seek to draw attention to themselves by their speech, dress and behaviour. Women tend to dress seductively, even exhibitionistically, while men tend towards the macho image. The speech of people with histrionic personality disorder is emotional and expressive, and is often accompanied by broad and exaggerated gestures. They may display dramatic shifts in mood. They speak to impress, and pinning them down to details may be impossible.

Histrionic people lack consideration for others and can be quite demanding. On the other hand, they are suggestible and overly trusting, and this may lead to repeated disappointments in romantic relationships. Their search for new experiences and excitement leads to transient entanglement with causes, facts and people. They seem unable to stop flirting, but may be uncomfortable with sexuality.

Obsessive-compulsive personality disorder: *Rigid & Perfectionist*

Persons with obsessive-compulsive personality disorder are typically rigid and perfectionistic. They give undue attention to details, rules and schedules; and are moralistic and scrupulous. They have difficulty in decision-making because they seek to be certain that the decision is the correct one. They are persistent; however, they may get caught in the web of details, which interferes with task completion. They get upset by change, and prefer a safe and familiar routine. This makes their approach to novel problems inflexible and lacking in imagination. They handle emotions with extreme care, and display of emotions is avoided. Relationships are often tense and strained because they apply their inflexible standards to others. They are incapable of relaxation, and can be frugal to a fault.

Anxious (avoidant) personality disorder: *Phobic*

People with this disorder fear disapproval, criticism and rejection, and worry about embarrassment or ridicule. Because of this fear, they are unwilling to become involved with others. They, however, have a desire for intimacy and may develop intimate and often dependent relationships, if offered uncritical acceptance. They are wary of new experiences and social situations. This restricts their lifestyle. Their self-esteem is often low and, because they feel inept, they may let pass opportunities that involve social or occupational responsibility.

Dependent personality disorder: *Weak - willed*

People with this disorder appear weak-willed and unduly compliant. They avoid responsibility and lack self-reliance. They need a lot of reassurance and assistance with their work, and persuade others to provide the same by protesting their helplessness. They feel helpless and uncomfortable when alone, and may urgently seek another relationship as a source of care or support should a close relationship end. Their fear of separation makes them submissive and clinging. They subordinate their own needs to those of others on whom they depend, and they may comply even with unreasonable requests.

Emotionally unstable personality disorder: *Impulsive*

People with impulsive personality disorder cannot control their emotions adequately, and are subject to sudden unrestrained outpouring of anger, which they regret later. They may not have other difficulties in relationships.

Narcissistic personality disorder: *Envious*

People with this disorder see themselves as superior to others, regardless of their actual achievements in life. They feel entitled to the admiration and deference of others, and seek to make an impression. They have little capacity for empathy and may exploit others to enhance their own cause.

Passive-aggressive personality disorder: *Covertly Hostile*

People with this disorder see every demand, request or expectation as unwarranted, unjust or excessive. They live in resentment towards those who make demands on them, but do not become openly hostile or angry. When given a task, even when they are overtly compliant, they sabotage completion of the task by dawdling on the job, and by means of inefficiency, minor mistakes and 'forgetting'. They persistently complain about personal misfortune.

Depressive personality disorder: *Pessimist*

People with this disorder have a pervasive feeling of dejection, gloom and unhappiness. They may feel that they do not deserve to have fun or be happy. They are pessimistic, self-denying, guilt-ridden and self-critical. They also judge other people harshly and may be very critical.

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