Personality Disorder: The Way Forward

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INTRODUCTION

Recently, the topic of personality disorder has attracted increased interest for different reasons. The syndrome has become more salient in clinical practice in both community and hospital based settings. It is estimated that 4% to 12% of the adult population have a diagnosis of personality disorder (Torgersen, et al. 2001; Huang, et al. 2009 and Coid, et al. 2006). The prevalence in clinical practice is even higher yet there is failure to identify satisfactorily personality pathology in this population (Yang, et al. 2010). Rates of personality disorder in primary care rise to 15% and inpatient care 50% (De Girolamo and Reich, 1993). Clinicians are struggling with the topic and are trying to understand more about it. However, it still defies systematisation and its aetiology remains uncertain. Gunn (2000) argues that personality disorder is a vague and global disparaging term. There is a general dissatisfaction with its current classification (First, et al. 2002) and severe classificatory problems are ascribed to the present DSM taxonomy of personality disorder (Gutiérrez-Zotes, et al. 2008). Diagnostic reliability remains low despite the use of structured interviews (Zimmerman, 1994). This article will review controversial issues in relation personality disorders.

Conceptual Lssues

The origins of the dilemma have their roots in conceptual problems and terminology in relation to the understanding of personality. Historically both biological and environmental factors are considered in the development of personality. While temperament provides the biological origins of personality, 'character' (a term used in Europe) refers to the reflection of life experiences on behaviour usually manifesting by behavioural regularities. In search of the recognition of collective mental and moral characteristics that distinguish a person, authors were targeting the unchangeable core that made the individual different from others.

It appears that three levels are targeted in the description of personality the biological or temperament, the character depending on experience and the expression of behaviour in real life. However, the mode of appearance of the person became the focus of clinicians. The personality became equivalent to the particular way with which the external behaviour is individually conveyed. The emphasis on the regularities and consistencies in behaviour is the basis of the trait approach. Traits being the enduring patterns of perceiving and relating to the environment are the unit of analysis of personality. Further developments included addressing psychological aspects and the structure and organisation of the personality. There were references to the subjective experience of the self.

In Search of a Definition of Personality Disorder

Personality disorder has its root in normal behaviour. This approach has its origin in Hippocrates four-humour theory. This description implies that all people have a mixture of all these humours and depending on the relative concentration of each humour, behaviour would differ.

Historically, different terms were used to describe personality disorder. Pinel (1801) coined the term of 'manie sans délire' for personality disorder. In French literature, the word 'délire' a global term used to describe the state of mind when it is presenting with psychotic experiences. In his view, the subject does not present with discrete symptoms of psychosis yet would behave in a way that is similar to madness. Prichard (1837) introduced the term of 'moral insanity' underpinning among other forms of mental illnesses the syndrome of personality disorder. Koch (1891) introduced the term 'psychopathic' as an alternative to 'moral insanity'. As the idea of 'psychopathy' being distinct from mental disorders was gaining more acceptance, Schneider (1985) classified psychopathic personalities into a distinct nosological group. Abnormal personality was defined as 'deviating from the average'. However, only personalities with significant pathology leading to disability or dysfunctions are considered as 'psychopathic personalities'.

Kraepelin (1907) thought personality disorders were attenuated forms 'formes frustes' of psychosis. However, the overriding thinking was that mental disorders and personality disorders were distinct. Jaspers (1963) believed that disease processes are either present or absent and hence are classified into