

Research Article

Special Issue Article "Mental Health Services"

The Role of Gender in Personality Disorders

Wagar Husain Sukoon^{1*} and Umme Furwah²

¹Department of Humanities, COMSATS Institute of Information Technology, Pakistan

²Clinical Psychology from Foundation University Islamabad, Pakistan

ARTICLE INFO

ABSTRACT

Received Date: March 18, 2022 Accepted Date: April 20, 2022 Published Date: April 21, 2022

KEYWORDS

Personality disorders Gender

Copyright: © 2022 Waqar Husain Sukoon et al., Journal Of Clinical Neurology, Neurosurgery And Spine. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation for this article: Waqar Husain Sukoon and Umme Furwah. The Role of Gender in Personality Disorders. Journal Of Clinical Neurology, Neurosurgery And Spine. 2022; 4(1):125

Corresponding author:

Waqar Husain Sukoon, Department of Humanities, COMSATS Institute of Information Technology, Pakistan, Email: drsukoon@gmail.com Personality is referred to the individualist characteristics of a person which differentiate him from others. The deviant reflections of these characteristics lead to personality disorders. The current study intended to measure gender-based differences in personality disorders. The sample included 332 participants (188 men and 144 women). Personality Diagnostic Questionnaire 4 (PDQ4) was used to gather data. The gender-based analysis revealed that women had significantly higher levels of paranoid personality disorder, schizotypal personality disorder and borderline personality disorder. Men, on the other hand, had significantly higher levels of dependent personality disorder.

INTRODUCTION

Personality disorder is as an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment [1]. The four core features which are common to all personality disorders are distorted patterns of thinking, problem in emotional response, difficulty in impulse control, and chronic interpersonal problems [1]. Destroying a person's functional productivity, personality disorders lead to several negative consequences e.g. violent and criminal behavior during adolescence, anxiety and depression later in life, absence of long-term relationships and substance abuse, and impairment in social functioning and reduced wellbeing.

Based on the common symptomology, personality disorders are grouped into three clusters in DSM-V. Cluster A includes paranoid, schizoid, and schizotypal personality disorders, characterized by 'eccentric' behavior. Antisocial, borderline, histrionic, and narcissistic personality disorders are grouped in Cluster B, characterized by 'dramatic and impulsive' behavior. Lastly, Cluster C groups avoidant, dependent, and obsessive-compulsive personality disorders characterized by anxiety and fear.

The psychodynamic model has conceptualized personality disorders as manifestations of a primary disturbance in a person's experience of self [2]. The cognitive theory of personality disorders emphasizes the dysfunction of internalized schema of an individual i.e. an individual's guiding beliefs about oneself and the world [3]. The interpersonal perspective has conceptualized personality as a social product of interaction of an individual with other people [4]. Personality disorders originate in childhood and prevail in every aspect of an individual's life. The prevalence rate of

Journal Of Clinical Neurology, Neurosurgery And Spine

SCIENTIFIC LITERATURE

personality disorders has been reported to be different in different countries, e.g., 4.1% in China, 76% in the United States, and 30.2% in Europe [5]. The current study was aimed to measure the prevalence of personality disorders in Pakistan which is an under-developed country. The levels of mental health literacy are quite low in the country [6]. People still consider seeking psychological help as a taboo [7] and use localized ways to overcome psychological problems [8].

METHODS

Participants

The participants of the study were 332 conveniently selected adults, including men (n=188) and women (n=144). They were selected from different education institutions from Pakistan.

Instrument

The study administered Personality Diagnostic Questionnaire (PDQ-4). The PDQ-4 is a well-known and heavily reliable instrument to measure personality disorders. The authors [9] claim the instrument to be used by practitioners in over 25 countries and more than 100 articles are written on the instrument itself. It comprises of 99 true / false items measuring paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder, histrionic personality disorder, narcissistic personality disorder, borderline personality disorder, antisocial personality disorder, avoidant personality disorder, dependent personality disorder, obsessive compulsive personality disorder, negativistic personality disorder, and depressive personality disorder. Each disorder has a specific criterion for diagnosis based on the required symptoms necessary to diagnose e.g. the paranoid personality disorder needs minimum 4 symptoms to be present in the respondent out of 7 symptoms listed. A formal permission to use the scale was obtained from the authors.

PROCEDURE

The researcher approached the respondents in different educational institutes and public offices. Each participant was informed about the purpose of the study and the consent to participate was obtained. All the procedures performed in this study were in accordance with the 1964 Helsinki declaration and its later amendments. The data collected was analyzed using Statistical Package for Social Sciences and results were tabulated.

DATA ANALYSIS

Data was analyzed in the Statistical Package for Social Sciences. Means, standard deviations, and t-test were calculated.

Table 1: Comparison (t-test) between men and women for							
personality disorders.							
Personality Disorders	Men (<i>n</i> =188)			Women (<i>n</i> =144)		t- valu e	p- value
	Mea n	SD	Mea n		SD		
Personality Disorders Total	51.1 5	9.22 3	52.9 0		9.169	1.72 3	.086
Paranoid Personality Disorder	4.12	1.27 0	4.43		1.372	2.15 3	.032
Schizoid Personality Disorder	3.63	1.33 6	3.73		1.307	.656	.512
Schizotypal Personality Disorder	5.07	1.74 4	5.74		1.633	3.55 7	.000
Histrionic Personality Disorder	3.84	1.58 5	3.81		1.491	.132	.895
Narcissistic Personality Disorder	4.94	1.75 6	4.59		1.593	1.88 0	.061
Borderline Personality Disorder	4.26	1.97 3	4.73		1.635	2.30 6	.022
Antisocial Personality Disorder	3.64	2.43 8	3.33		1.906	1.26 7	.206
Avoidant Personality Disorder	4.61	1.85 4	4.94		1.652	1.66 3	.097
Dependent Personality Disorder	4.30	1.72 3	3.94		1.433	1.99 0	.047
Obsessive Compulsive Personality Disorder	4.60	1.41 7	3.79		1.532	.426	.670

FINDINGS & DISCUSSION

The gender-based analysis (Table 1) revealed that women had significantly higher levels of paranoid personality disorder (M=4.43 vs 4.12; p=.032); schizotypal personality disorder (M=5.74 vs 5.07; p=.000); and borderline personality disorder (M=4.73 vs 4.26; p=.022). Men, on the other hand, had significantly higher levels of dependent personality disorder (M=4.30 vs 3.94; p=.047). The earlier studies have revealed diversified findings for personality disorders based on gender. Women, in some of the studies, have been reported to have higher levels of paranoid personality disorder [10] and borderline personality disorder [11] which is in align with the findings of the current study. Dependent personality disorder also had mixed findings in the earlier studies. Some studies found it higher in men [12] and some in women [13]. An earlier study conducted in Pakistan [14] also found significant differences between men and women for personality disorders. These differences were also mixed

Journal Of Clinical Neurology, Neurosurgery And Spine



whereby women scored higher on paranoid personality disorder, avoidant personality disorder and dependent personality disorder. Men, on the other hand, were found to have higher levels of borderline personality disorder and narcissistic personality disorder [14]. The most interesting finding revealed by the current study was men having significantly higher levels of dependent personality disorder. **REFERENCES**

- APA. (2013). Diagnostic and statistical manual of mental disorders (DSM-5[®]). American Psychiatric Pub.
- Moorey J, Davidson K, Evans M, Feigenbaum J. (2006). Psychological theories regarding the development of personality disorder. Personality Disorder and Community Mental Health Teams: A Practitioner's Guide. 59-89.
- Magnavita JJ. (2004). The relevance of theory in treating personality dysfunction. Handbook of Personality Disorders. 56-77.
- Millon T, Millon CM, Meagher SE, Grossman SD, Ramnath R. (2012). Personality disorders in modern life. John Wiley & Sons.
- Kessler RC, Aguilar-Gaxiola S, Alonso J, Chatterji S, Lee S, et al. (2009). The global burden of mental disorders: An update from the WHO World Mental Health (WMH) Surveys. Epidemiologia e Psichiatria Sociale. 18: 23-33.
- Husain W, Faize FA. (2020). Public awareness of psychological problems in Pakistan. Mental Health Review Journal. 25: 35-45.
- Husain W. (2019). Barriers in Seeking Psychological Help: Public Perception in Pakistan. Community Mental Health Journal. 56: 75-78.

- Husain W, Gulzar A, Tofail S. (2016). How Pakistanis Cope with Stress? Pakistan Perspectives. 21: 189.
- Hyler SE, Skodol AE, Oldham JM, David Kellman H, Doidge N. (1992). Validity of the Personality Diagnostic Questionnaire-Revised: A replication in an outpatient sample. Comprehensive Psychiatry, 33: 73-77.
- Grant BF, Hasin DS, Stinson FS, Dawson DA, Chou SP, et al. (2004). Prevalence, Correlates, and Disability of Personality Disorders in the United States: Results From the National Epidemiologic Survey on Alcohol and Related Conditions. The Journal of Clinical Psychiatry. 65: 948-958.
- Chanen AM, Jackson HJ, McGorry PD, Allot KA, Clarkson V, et al. (2004). Two-Year Stability of Personality Disorder in Older Adolescent Outpatients. Journal of Personality Disorders. 18: 526-541.
- Coid J, Yang M, Tyrer P, Roberts A, Ullrich S. (2006). Prevalence and correlates of personality disorder in Great Britain. British Journal of Psychiatry. 188: 423-431.
- Trull TJ, Jahng S, Tomko RL, Wood PK, Sher KJ. (2010). Revised NESARC Personality Disorder Diagnoses: Gender, Prevalence, and Comorbidity with Substance Dependence Disorders. Journal of Personality Disorders. 24: 412-426.
- Husain W. (2018). Prevalent Tendencies for Mental Disorders in Pakistan. Clínica y Salud. 29: 34-38.