# Underlying normal traits within abnormal personality disorders

Psychology, Personality

Running Head: NORMAL TRAITS WITHIN ABNORMALPERSONALITYDISORDERS Underlying Normal Traits within Abnormal Personality Disorders Student University April 11, 2010 Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS Abstract Scholars have argued for decades concerning the fact that there are normal personality traits underlying abnormal personality traits in people who exhibit dysfunctional personalities. TheDiagnosticand Statistical Manual of Mental Disorders, Fourth Edition is the determinative guide on the descriptions of these personality characteristics, and it determined that there were everal models to be considered when looking for a universal clinical definition of abnormal personality. Researchers used either the Big Four, Big Five or other models to describe what an abnormal personality consisted of and how it related to a normal personality as studied. Researchers measured personality differences based on qualitative, quantitative and other key factor differences to determine normal or abnormal functioning personalities. It was difficult to determine one substantive definition, as the traits overlapped from normal to abnormal characteristics noted.

Later, the definition of personality dysfunctions included life skills, personal tasks and lifegoals, and whether the individual was able to function as a member of his society, while meeting the expectations of that society. A person's maladaptiveness and evolutionary sense were added as part of the definition of whether the personality was normal or abnormal, and whether a person had the skill to be able to manage personal relationships were considered as well in the general definition of abnormal personality. Today, treatment options are expanded from the traditional therapy treatments to

include drug therapies, psychodynamic herapy, day hospital intervention, and dialectical behavior therapy. To date, day hospital interventions have proved very successful on non-schizophrenic patients suffering from abnormal personality traits. Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS Introduction Scholars have argued for decades concerning the fact that there are normal personality traits underlying abnormal personality traits in people who exhibit dysfunctional personalities. Recently, scholars have begun to make an argument that current category systems of personality isorders (PDs) should be substituted by trait dimensional scheme designations in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV; American Psychiatric Association, 2000). Experts are leaning towards using a Big Four model, which are " essentially maladaptive variants of the Big Five traits of normal personality, minus Openness" (Watson, 1545). In a discussion of this issue by Watson, Clark and Chmielewski, they state that the newly comprised Big Four model excludes odd or eccentric Cluster A PDs, (Watson, 1545) and that their results noted from three studies show a relationship examining the actors of normal and abnormal personalities. Their results established that the Oddity factor was considered more broad than the Cluster A traits and more distinct from Openness and other Big Five models, which suggested " an alternative five factor model of personality pathology (considering only abnormal traits) and an expanded, integrated Big Six taxonomy that subsumes both normal and abnormal personality characteristics" (Watson, 1545). Model Theories The Watson study explains that the Big Four structure

was a result of developed hierarchical models that combined general models, like the Big Three and the Big Five models.

These former models of personality reviews included multidimensional factors reminiscent of Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS past personality inventories. When the Big Three and Big Five models were formally combined, it was apparent that " two higher order traits—Neuroticism/Negative Emotionality and Extraversion/Positive Emotionality—are included in both models" (Watson, 1547). Considering these changes, Watson proposes a " Big Four" theory which does not include Openness, but does include many of the traits of the other theories. Watson reports that their research on the Big Five heory also includes research on a Big Six taxonomy " that subsumes both normal and abnormal personality dimensions (Watson, 1551). Definitions of Abnormal Personalities Researchers have made recent discoveries that " abnormal personalities can be modeled as extremes of normal personality variation" (O'Connor & Doyce, 2001) (Markon, p. 139). Even though researchers agree that it is possible to describe normal and abnormal personalities within the same frameworks, they disagree on the structure of what the framework will encompass. Even abnormal personality traits are seen now as a variant of the extremes that can happen when eviewing normal personalities. One way to make sense of the distinctions between normal and abnormal personalities is to describe personality disorders (PDs) and develop a working definition for them. By defining the traits for PDs, the researcher is able to develop a base for delineating personalities studied. Once normal traits are

identified, abnormal traits need to be assessed. This can be done by reviewing the Big Five model of abnormal personalities. This is the juncture that normal and abnormal personalities overlap. Apparently, there are similar modeling structures that can be tilized to describe both normal and abnormal personalities. Some traits are very common Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS between the two models, and others mimic similar personality descriptions. Meta-analytic Investigation Model One cohesive factor that applies to both normal and abnormal personalities is the meta- analytic investigation model. This model was proposed by O'Connor in 2002, and it stated that there were structural relationships between normal and abnormal personalities (Markon, p. 142). The O'Connor study in 2002 reviewed 37 personality and psychopathology inventories to etermine if dimensional structure differences existed between clinical and nonclinical respondents (O'Connor B. P. , 2002). O'Connor found similarity between normal and abnormal populations reviewed and measured similarities " both in the number of factors that exist in the data matrices and in the factor pattern" (O'Connor B. P. , 2002). The ten abnormal behavior disorders listed by the DSM-IV are listed as: paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, and obsessive–compulsive" (Livesley & Jang, p. 258). Each of these disorders shows traits, and it is he way that professional clinicians are able to make accurate diagnoses of abnormal personality traits of their patients. This listing of traits by the DSM, showed that the distinction between what was considered normal and what was considered abnormal was often defined by distinguishing the " qualitative distinction between the two" (Livesley & Jang,

p. 258). Unfortunately, in truth researchers have come to find out that there are no true separations between normal and abnormal disorders, and they are hard pressed to find the dividing lines between the two entities. O'Connor asked whether the distinction can be made using former

Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS models, and what exactly was normal or abnormal personality disorder. When the conceptual distinctions between the two were reviewed, there are several models to note. The most noteworthy working model being that there was " no evidence of discontinuity in the distributions of 100 traits selected to provide a systematic representation of personality disorder" (Livesley & Jang, p. 259). In other words, there was no concrete evidence that the researchers would consistently find traits that were exclusively common or descriptive of a specific personality disorder.

In fact, personality disorders were measured across normal and control groups. The findings were that there were similarities within the disorder traits and that some equaled normal and others disordered personality traits. In this way, the researchers queried whether disorder traits could be seen in normal personalities. The answer was that there were few solid frameworks to make the decision which would provide a definitive answer to the question. In effect, extreme ends of the traits seemed to be deemed disorders, while extreme variations alone may not have been considered enough to state that a personality disorder actually existed.

Quantitative Differences in Normal and Abnormal Personalities Quantitative differences exist between the normal and abnormal personality. The differences often mix up and muddle the personality traits and the disorders apparent within them. With personality disorders, often " it is difficult to see how an extreme score on dimensions such as conscientiousness, extraversion, or agreeableness is necessarily pathological. Researchers agreed that there were to be other additional factors that needed be present to justify the diagnosis (Livesley & Jang, p. 262).

That additional trait is inflexibility and subjective Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS distress (Livesley & Jang, p. 259). The character trait of inflexibility is defined as one where the person has extreme traits, but not necessarily only an extreme position noted on any given trait. For example, a person who is extremely open and gregarious, but then is not able to tone down his personality when necessary would be an example of this trait. Continuing with this example, what would make the person who is considered otherwise outgoing and spontaneous a person who is suffering from a personality disorder?

Maladaptive Personalities The answer may come from prior work done by researchers who were determining personality and abnormal personality disorders. Extreme actions alone were not enough to say the person operated outside of " normal" personality parameters. The researchers at the time believed that personality disorders were the result of someone suffering from an abnormal variation of a personality being studied. It was measured in how much the person suffered from the disorder. This is where

the theory of maladaptation or dyscontrolled impairment came into play (Widiger & Trull, 1991; Widiger & Sankis, 2000).

The reason the researchers sought a generalized definition is that without one, they " would have to catalogue the various maladaptive manifestations of each trait" (Livesley & Jang, p. 263). This was a difficult proposition, since even " normal" people were prone to exhibit maladaptive traits at some time in their lives. Another problem came with the idea of traits as one certain set of behaviors that were noted on subjects clinically or otherwise. Extreme exhibitions of a trait may show some measureable amount of psychopathology, but were not exclusively indicative of being considered classically maladaptive.

In this way, the researchers determined Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS that the " definition of personality disorder needs to incorporate features of disorder that are separate from, although possibly correlated with, extreme trait variation" (Livesley & Jang, p. 263). Harmful Dysfunctional Traits in Personalities These descriptions of personality were necessary because there were more than these factors to consider when determining a personality disorder. In fact, personality was considered to be " a system of interrelated structures and processes" (Costa & McCrae, 1994; Mischel, 1999;

Vernon, 1964) which included a person' dispositional traits, motives, coping mechanisms, and ability to tame impulses are part of the process of determining normal or abnormal indications of personality. In other words, if

these traits were considered " harmful dysfunctions," (Wakefield, 1992; Livesley & Jang, p. 263) they consisted of harmful traits that were underlying natural functions. So, the definition of a personality disorder can be considered a harmful dysfunction in the normally adaptive functions of a person's personality system (Livesley & Jang, p. 263)

Another issue within the developing studies of personality disorders was that personality functions were considered to be seen as disturbed in individuals who exhibited personality disorders. Researcher Cantor described a person's personality as the types of tasks a person sets as personal goals, and they way the person looks at his or her " self, and life situations, and the strategies used to achieve personal tasks" (Livesley & Jang, p. 263). This delineation of personality traits offered a true to form definition of what a personality disorder consisted of for the individual suffering from it.

It was considered of a higher order than simply a dysfunction of a personality trait. Here it was described as needing to concentrate on life tasks as the Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS determining factor to determining if an individual had a personality disorder, and was therefore considered abnormal in terms of functioning personality. The researchers assumed that as a person lives his life, he orders his tasks as to what he sets as priorities for completing goals and meeting the needs of his immediate surrounding community andculture.

This comes under the order of living in society and meeting the expectations of people who live near the individual, or a way of fitting in within his

community. It also had to do with the person's mean biology, or biological features characteristic of the individual. In fact, these tasks did vary depending on where the person lived and what the person had do to be able to survive in his culture. These may come under the umbrella of life skills, and they are definitely different considering where a person lived or had grown up. For example, a person who grew up in a small native Alaskan out island would have different life skills that ould a person who grew up and lived in a borough of Manhattan, NY. The two personalities of these individuals might be similar, but their life skills would be developed in obviously different ways. The person living in the native island village would have an understanding of the elements and what is necessary for bare-bones survival in possibly extreme conditions. While, the person who grew up in the city would have to understand how to be " street smart" and may need to know how to survive in even a potentially violent atmosphere if the neighborhood suggested those skills were essential to survive on a daily basis.

Each individual may otherwise be soft spoken, or be considered similarly warm-hearted or kind. But decidedly, their life skills would separate them and put them a world away from each other in what they knew and needed to depend on to survive in theirenvironmenton a daily basis. Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS Universal Tasks Underlying Personality Traits The researchers then understood that there would need to be a set of universal tasks that needed to be identified. These universal tasks were considered of " evolutionary significance" nd

featured four universal challenges as set by Plutchik (1980). These were the
four ways a person's identity was developed and they included: the solution
to the problems of dominance and submissiveness created by hierarchy that
is characteristic of primate social hierarchies; development of a sense of
territoriality or belongingness; and solution to the problems of temporality,
that is, problems of loss and separation. This allowed the researchers
studying personality disorders to come to the conclusion that personality
disorders prevented an individual from managing the adaptive answers or
solutions hat were considered universally applicable to everyone, or a
person's life tasks. When an individual had a deficit in any of these areas,
there was a noted " harmful dysfunction" and the person was unable to
adapt to be able to function in his environment or society. The life tasks then
seen as either being fulfilled or being abandoned by the individual, probably
because of this identified deficit. Personality disorder was seen as different
from other disorders by the fact that these failures " should be enduring and
traceable to adolescence or at least early adulthood and hey should be due
to extreme personality variation rather than another pervasive and chronic
mental disorder such as a cognitive or schizophrenic disorder" (Livesley &
Jang, p. 264). Running Head: NORMAL TRAITS WITHIN ABNORMAL
PERSONALITY DISORDERS Evolutionary Sense Within Personality Traits There
was talk of the individual not being able to adapt to his environment in an "
evolutionary sense" which spoke to whether the person had garnered
enough skills for ensuring adaptive social behavior to allow reproduction and
survival (Livesley & Jang, p. 264). This was xplained as stating that the
adaptive traits would contribute to the person adapting to his environment

and society in general, and the person adapting to hisfamilyunit would move the person towards being able to rear children and eventually reproduce to pass down his traits to offspring later on. This is the general definition of people who have self confidence in their dealings with others, and are able to live in harmony in stable relationships, while becoming productive members within their society or community. These can be seen to be part of the ancestral or evolutionary needs of every individual, whether the person had an abnormal ersonality or normal personality. The more common description of an abnormal personality comes from what the common person observes when someone has problems dealing within a relationship. Rutter (1987) stated that personality disorders were characterized by " persistent, pervasive abnormality in social relationships and social functioning generally" (Rutter, p. 454). Also, Tyrer (2001) stated that " we do not necessarily need to know everything about someone's personality to recognise the elements that make it disordered" (Tyrer, p. 83). Tyrer states quite honestly that psychiatrists iew these descriptive axioms as something to be deferred, and says " personality disorder and mental retardation are stigmatic terms that psychiatrists like to avoid" (Tyrer, p. 83). So the question is, how can one determine the underlying normality within the abnormal Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS personality? For this the clinician and the layperson need review the DSM-III, considered the premier source of personality disorder classification (American Psychiatric Association, 1980). The DSM classifies what is considered normal and abnormal in terms of personality.

The professionals in the field disagree to the proposed stereotyping of this group of classifications, on the basis of the fact that such profiling is considered " quite inappropriate in such a complicated field" (Tyrer, p. 84). In fact, it appears that there are burgeoning alternative and substitute classifications being used for determining personality disorders in surveys, trials, studies and private practice. Most people would be surprised to find out that this topic has been heatedly debated over the past two decades. Many people most likely assume that there is one clinical efinition of what is normal, and what is not normal when it comes to personality disorders. The media plays into this, as well as the television and movie plots. The person seen as abnormal is cloaked in symbolic black, speaks in a raspy voice or has otherwise obvious mentally deviant behaviors that even the least sophisticated person in the audience could confidently label as the " bad guy. " Personality Disorders Studied Abroad Even the study of personality disorders abroad have led researchers to agree to disagree in the area of determining how to describe profiles for patients with underlying normal traits within heir abnormal personality profiles. In a study performed by McCrae (2001) in The People's Republic of China, 1, 909 psychiatric patients were examined to determine the accuracy of the hypotheses determined from the Interpretive Report of the Revised NEO Personality Inventory (McCrae, p. 155). The researchers determined that the PDs were not separate categories that Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS could be determined in a vacuum. They realized that they needed to consider a more comprehensive and forgiving system of personality traits, to be considered an accurate measure f the patient's

personality issues and concerns. The researchers found that the personality traits of the patients did not fit into the DSM-IV defined traits. They did " draw on the same five underlying personality traits" (McCrae, p. 171), and were considered redundant, but there were several areas of overlap to be considered conclusive. In fact, over 60% of the patients that were being treated for maladaptive personalities were not meeting the criteria defined in the DSM-IV, as relating to any criteria for a PD (McCrae, p. 171). The maladaptive behaviors, the person's habits and personal attitudes were all measured o find a comprehensive scale for measuring the personality traits of the patients. It was determined that the results were insignificant, and concluded that personality profiles were " modest predictors of categorical PDs, but they are immensely informative about people" (McCrae, p. 172). Treatment Options for Abnormal Personality Traits But clinicians and psychiatrists are still interested in treating and helping people who exhibit the traits of these personality disorders identified above. They are in disagreement whether there are normal traits that are underlying the abnormal personality traits that deserve to e treated in an effort to offer the patient an opportunity to live a full and productive life. This is a critical option for people who have normal personality traits, but also exhibit the identified borderline abnormal personality traits as well within their psyche. Over a half decade ago, the best treatments were heralded as therapeutic, and they seemed Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS to promise the greatest success overall. But today, there are many alternate treatments available for individuals exhibiting abnormal personality disorders. They include drug therapies,

sychodynamic therapy, day hospital intervention, and dialectical behavior therapy (Linehan, 1992, Tyrer, p. 84). Other methods of treatment that carry high success for the patients are the partial hospitalization of patients (Bateman & Fonagy, 1999). Bateman & Fonagy compared the effectiveness of treating patients exhibiting borderline personality disorders with partial hospitalization s a standard psychiatric care. They studied thirty-eight patients with borderline personality disorder and offered them individual and group psychoanalytic psychotherapy, for up to 18 months (Bateman & Fonagy, 1999).

The results were that the patients who had been partially hospitalized did exhibit less problems, with " An improvement in depressive symptoms, a decrease in suicidal and self-mutilatory acts, reduced inpatient days, and better social and interpersonal function began at 6 months and continued until the end of treatment at 18 months" (Bateman & Fonagy, 1999). Their conclusion was that the partial hospitalization was determined as a far superior type of psychiatric care for those patients exhibiting borderline personality disorder. This treatment option was in opposition with the standard treatment options of the herapies listed above. These results were similar in the study by Piper, (1993) where a day treatment program at the University of Alberta Hospital in Edmonton, Alberta was studied. The patients were referred from the day treatment program and walk-in clinic, and utilized participants with " chronically disturbed non-schizophrenic patients, who usually have affective and personality disorders" (Piper, p. 757). The results of the study were that day treatment programs were considered

effective for patients with long-term nonschizophrenic disorders. The Running Head: NORMAL TRAITS WITHIN ABNORMAL PERSONALITY DISORDERS atients noted significant improvement in " four of the five areas studied—interpersonal functioning, symptomatology, life satisfaction, and self-esteem—as well as in several of disturbance associated with individual objectives (Piper, p. 762). Reference American Psychiatric Association (1980) Diagnostic and Statistical Manual of Mental Disorders (3rd edn) (DSM—III). Washington, DC: APA. Bateman, A. & Fonagy, P. (1999). Effectiveness of partial hospitalization in the treatment of borderline personality disorder: a randomized controlled trial. American Journal of Psychiatry, 156, 1563-1569. Retrieved on April 9, 2010 from http://ajp. sychiatryonline. org/cgi/content/full/156/10/1563? ijkey= bb19a5d116af525fe927da3b0a0c0250f3d61de3 Costa, P. T. , & McCrae, R. R. (1994). Can personality change? In T. F. Heatherton, & J. L. Weinberger (Eds. ), Can personality change? (pp. 21–40). Washington, DC: American Psychological Association. Linehan, M. M. (1992) Cognitive Therapy for Borderline Personality Disorder. New York: Guilford Press. Livesley, W. John & Jang, Kerry L.. (2005). Differentiating normal, abnormal, and disordered personality, European Journal of Personality, 19(4), 257-268. Markon, K. E, Krueger, R. F. , & Watson, D. (2005). Delineating the structure of normal and bnormal personality: An integrative hierarchical approach. Journal of Personality and SocialPsychology, 88, 139–157. EBSCO Database: AcademicSearch Premier. McCrae, Robert R. , Jian, Yang, et al. (2001). Personality Profiles and the Prediction of Categorical Personality Disorders. Journal of Personality, 69(2), 155-174. Mischel, W. (1999). Personality

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