

**NOSOLOGICAL AND PSCHOPATHOLOGICAL
APPROACHES
TO THE CONCEPT OF PERSONALITY DIS-
ORDER**

ESSAY

**SUBMITTED IN PARTIAL FULFILLMENT
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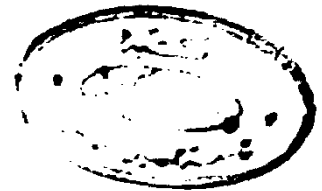
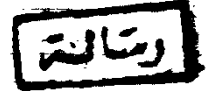
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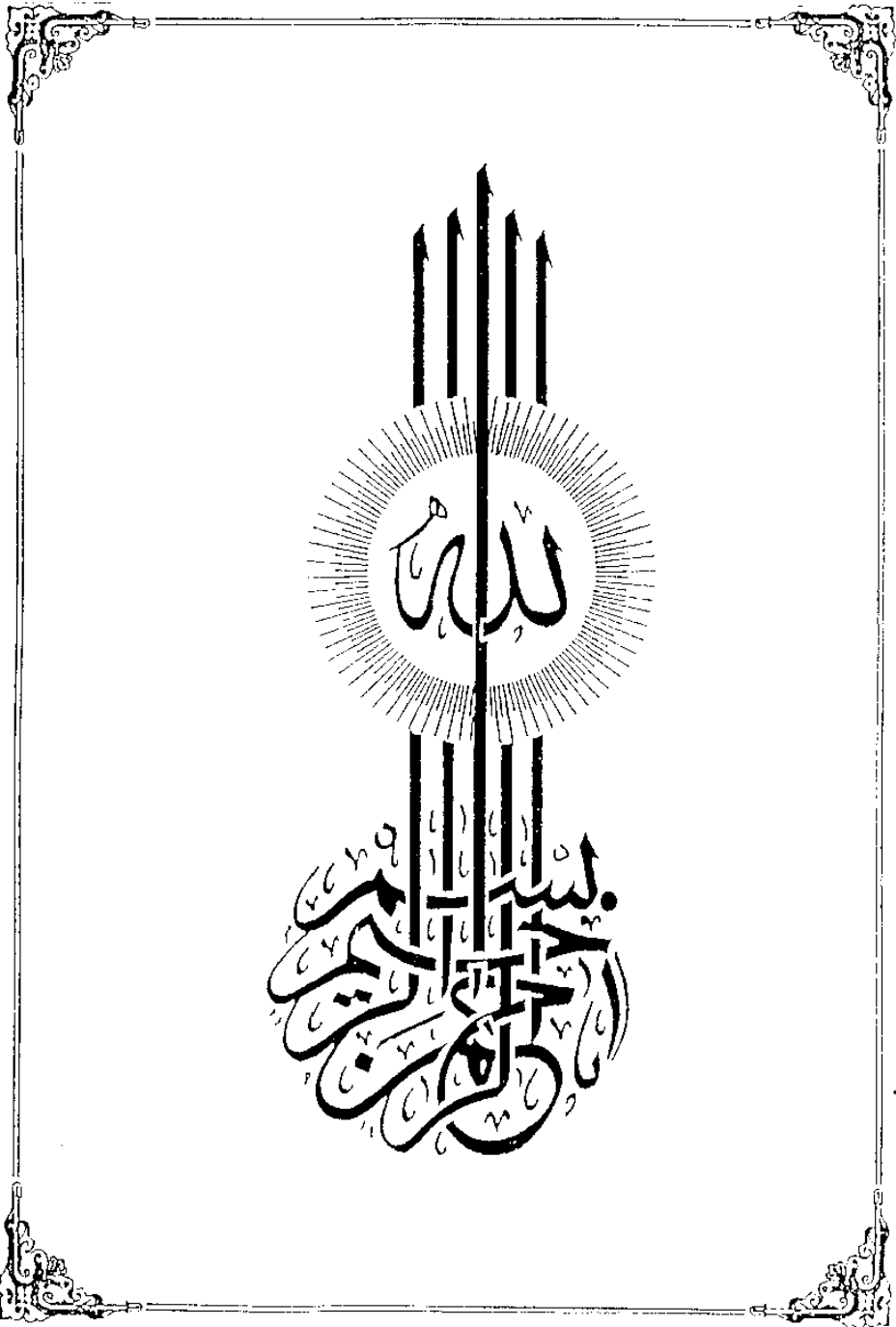
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Aim of the work

This work aims at :

1. Clarifying the concept of personality disorders.
2. Finding the differences and commons in the different nosological systems.
3. Finding the differences and commons in the different psychopathological approaches.
4. Discussing the differences between the concepts of Personality disorders in the nosological and psychopathological orientation.

To fulfill these aims, the study will review the history of development of the concept of personality disorder, will review the category of personality disorders in three nosological systems most commonly used in Egypt. i.e. ICD, DSM, and DMP , and also will review the psychopathological orientations of personality disorders in five schools namely the classical psychoanalysis , the object relations, the transitional analysis , the evolutionary rhythmic and the biological oriented medical model.

Introduction

No group of emotional disorders is more often encountered in psychiatric practice than the personality disorders. (Kaplan, et al, 1983) In the past, they have been given too little space in textbooks, clinics and clinical priorities, yet there is no way that psychiatry can ignore them (Valliant and Perry, 1983)

Starting from the 19th century, an increasing psychiatric interest has been given to the subject (Slater and Roth, 1979) which was handled by different approaches. Each approach introduced its own concept.

Two concepts survived, the psychopathological with its structural dynamic and developmental assumptions , and the nosological approach with its theoretical descriptive attitudes.

Psychiatric practice has met several problems in dealing with personality disorders. Although, over recent years, the proportion of psychiatrists' patients being diagnosed as having a personality disorder has risen steadily , there is questionable evidence about the reliability and validity of diagnosis. Also, there is increase in the clinic dropouts, treatment failures and referrals to other agencies (Tantam. D,1988)

Researches and studies are almost , directed toward studying the reliability and validity of diagnosis, diagnostic criteria , treatment efficiencies, prognosis or outcome. The study of conceptions and misconceptions underlying is missing (Faust, D and Miner. R. A;1986)

In this work, revision of the concept of personality disorder will be attempted.

CHAPTER ONE

HISTORY AND DEFINITIONS

LINGUISTIC ORIGIN

The word 'Personality' was traced back to its Latin origin. This gave rise into two results. The first was that mentioned by *Hjelle and Ziegler (1976)* who stated that: "The word 'Personality' is driven from the Latin 'persona'. Originally, it denotes the mask worn by theatrical players in ancient Greek dramas. eventually the term came to encompass the actor's role as well. Thus, the initial conception of personality was that of 'superficial' social image that an individual adopts in playing life role - a public personality."

The second result was that mentioned by *Chauhan (1978) and Frankl (1967)* who reported that the word 'Personality' is driven from the Latin 'personare' which means, in English, to personate or to sound through.

The word 'disorder' in the English language means an illness or lack of order. It consists of two words: dis - and order, and both are derived from the Latin language.

As explained in "*The American Heritage Dictionary*" (1978), the word 'dis' is taken from the Latin language as such. In Latin, it means apart and/or asunder, and in English it is used to mean negation, lack, invalidation, deprivation, and/or reversal. The word 'order' is driven from the Latin *órdó*, and it means "a condition of logical or comprehensible arrangement among the separate elements of a group, or the state, conditions or disposition of a thing".

DEFINITION OF PERSONALITY DISORDER

The definition of personality disorder comprises one of the most difficult problems in psychiatry. Many attempts were made in defining it, and all were faced by two major problems: the first is the absence of an agreed-upon single definition of personality, and the second was the difficulty in defining what is the normal personality and, in turn, what is the abnormal (or disordered one).

It seems important in this context to review some representations of these attempts to identify the personality and the normality / abnormality of personality for the purpose of better understanding of the definitions of personality disorder.

1 . Definition of Personality :

The term 'Personality' was worked through, for definition, by the layman, linguistics, philosophy, psychology and psychiatry.

The contemporary layman equates personality with charm, popularity, physical attractiveness and a host of socially desirable characteristics. (Ghoz, 1981)

Webster's Third New International Dictionary, (1986) defines a "personality" as the "totality of an individual's emergent tendencies to act or behave, or the organization of the individual's distinguishing character traits, attitudes or habits."

In *Oxford English Dictionary* (1970), the word personality assumes different meanings, among them are "The fact of being a person as distinct from a thing, the quality or assemblage of qualities which make a person what he is, as distinct from other persons, the fact of relating to others in a particular way."

In philosophy, personality was viewed from the point of the individual relations to the universe and to theoretical concepts such as freedom, will, reasoning, etc. (Hjelle and Ziegler, 1976)

In psychology and psychiatry, many definitions of personality were tried, but, as Hjelle and Ziegler (1976) mentioned, "There is no generally agreed upon single definition of personality. It is clear that the various definitions of personality are possible and have been used. Each leads to concentration on different kinds of behaviour and to the use of different methods of study."

One of the causes of the major differences in the definitions of personality in both psychology and psychiatry arises from the conflicts present in psychiatry as well as in psychology which is: can man and human nature be studied by the application of the currently used scientific methods of the material or not?

- Some scientists, research investigators, and psychiatrists believe that the only way to study man is by the application of the currently used scientific laws which are quantitative, mechanistic and linear, and which depend only on the observable measurable phenomena. Others believe that man is a whole phenomenon and that a great deal of him can not be directly observed or measured and that man can not be reduced to some observable measurable components. (Rakhawy, 1981).

^s
Following are examples of the different approaches in psychology and psychiatry :

- 1 . Some psychologists define personality in terms of social stimulus value.
How an individual affects other persons with whom he comes in contact.

whether he is impressive or repulsive, he has dominating or submissive personality. Personality, from this point of view, becomes identical to reputation and impression, mostly in terms of physical appearance, clothing, conversation and etiquette. (*Chauhan, 1978*). This view is close to the view of the layman.

- 2 . Another approach to the definition of personality is that which can be called the summation approach. It is that which " ... emphasizes the importance of sum total of different processes and activities of the individual as, for example, innate dispositions, habits, impulses and emotions etc. (*Fonagy & Higgitt, 1984*). Objections to this approach came from the Gestalt psychologists who held the idea of organization and integration of parts into a total whole, i.e. an integrative approach.
- 3 . The integrative approach can be represented by G.W. Hartman who defined personality as "The integrated organization of all the pervasive characteristics of an individual as it manifests itself in focal distinctiveness to others." (*Chauhan, 1978*) . Also, in *Warren's dictionary (1934)* personality was defined as "The integrative organization of all cognitive, affective, conative and physical characteristics of an individual as it manifests itself in focal distinction from others."
- 4 . A fourth important approach to the definition of personality is the adjustment approach. According to which - as explained by *Hurlock (1974)* - personality is an individual's characteristic pattern of behaviour in an attempt to adjust himself in his environment. *Hurlock (1974)* stated that "We can say that the sum of the individual movements as he adopts himself to the environment is his personality."

- 5 . Some other important definitions of personality can not fit in any of previous approaches as those introduced by Guilford, Rogers and Allport.

Guilford (1959) defines personality as "the unique pattern of trait A trait is any distinguishable, relatively enduring way in which one individual differs from another. " *Rogers (1959)* defines personality as it is " an organized body of perceptions that generally available to awareness and follows the general rules of perception."

An important attempt of personality definition is that done by Allport who studied and collected about fifty definitions of personality and classified them into a number of broad categories. From these definitions he extracted the best elements and avoided the shortcomings to design two definitions. The most exclusive one stating that : "Personality is the dynamic organization within the individual of those psychophysiological systems that determine his unique adjustments to his environment." (*Allport, 1961*). This definition of personality is relatively comprehensive and precise. It emphasizes some of the aspects by stating that "The phrase 'dynamic organization' emphasizes an important dimension of personality", that is, as stated by *Hart and Lindezy, (1978)* "Personality is constantly developing and changing, although at the same time there is an organization or system that binds together and relates the various components of personality. The term 'psychophysiological' means that personality is "neither exclusively mental nor exclusively neural. The organization entails the operation of both body and mind inextricably fused into a personal unity." The word determine implies: "personality is something and does something. It is what lies behind specific acts and within the individual". In his 1961 revision, Allport has given thoughtful consideration to the impact of culture and cultural rules and situations, but has maintained his original stand on the subject. (*Woodworth and Sheehan, 1975*).

2 . Definition of the normal personality and the abnormal personality (Personality disorder)

Before working through the definitions of the normal personality and the abnormal personality, the concept of normality and abnormality should be discussed.

The problem of identifying normality and abnormality in the field of psychiatry originated from its missing of an original point of reference, according to which a person or a behaviour can be measured and classified. The terms 'normal' and 'abnormal' have different meanings for different psychiatric approaches according to the reference points from which they could view behaviours and individuals. (*Brill, 1974*).

In part it is important to study normality because it serves as a base line for all behaviour whether pathological or not. Reference to the normal also gives empirical validation to theoretical constructions concerning any kind of behaviour. That is not to say, however, that the concept of normality is clear and concise one. On the contrary, the concept is ambiguous, has a multiplicity of meanings and usage, and is burdened by being value-laden. In the past, within the behavioural sciences in general and specifically within psychiatry, there has been an implicit understanding that mental health could be defined as the antonym of mental illness. Given such assumption, the absence of gross psychopathology was often equated with normal behaviour. A number of recent trends have cast doubts on the usefulness of this assumption and have made concerned with providing more precise concepts and definitions of mental health and normality. (*Offer and Sabshin, 1974*).

Munn (1961) reviewed three psychiatric views of normality and abnormality : the so-called normative view, statistical view and social view. "From the normative view", Munn explained, "anybody who is different from the one making the judgement

is abnormal; in terms of statistical view, however, anybody is abnormal, who diverges very much from the average; and from the purely social viewpoint, the normal person is the one who is adjusted to the environment to such an extent that he finds life enjoyable, and the abnormal one is the unadjusted - the one, in extreme cases, who would like to escape from reality."

The so-called normative view was rejected very early, and certain qualifications are required and certain limitations are put in the scientific methods of judging and defining in order to guard against this biased unobjective view which may occur unconsciously by observers, classifiers or judges. (Offer and Sabshin 1974)

The statistical view has some supporters and some resisters. Schneider is one of those who stressed the importance of the statistical view points. Schneider pointed out that the term 'abnormal' was used in two different ways, the statistical and the ideal, and that it is only in the former sense that it can be usefully applied scientifically. In the statistical sense, 'abnormal' merely means 'deviation from the average', and the average can be found by a process of objective inquiry.' (Slater and Roth, 1977). Trethowan and Smis (1985) adopts Schneider's concept by stating that "In describing personality as normal, the word is used in a statistical sense that various personality traits are present to a broadly normal extent, neither to gross excess nor extreme deficiency. Abnormal personality is, therefore, variation upon accepted, yet broadly conceived, range of average personality."

Criticism of the statistical view of normality and abnormality centered around the fact that finding a definition of the 'average person' represents an add to the problems of definition, and that the objective inquiry process to identify the average will soon face the problems of further inquiries which also include the problem of defining terms and cultural differences. (Offer and Sabshin 1974)