Ethnicity and Four Personality Disorders

Denise A. Chavira, Carlos M. Grilo, M. Tracie Shea, Shirley Yen, John G. Gunderson,
Leslie C. Morey, Andrew E. Skodol, Robert L. Stout, Mary C. Zanarini, and Thomas H. Mcglashan

The current study examined the relationship between ethnicity and DSM-IV personality disorders. The distribution of four personality disorders—borderline (BPD), schizotypal (STPD), avoidant (AVPD), and obsessive-compulsive (OCPD)—along with their criteria sets, were compared across three ethnic groups (Caucasians, African Americans, and Hispanics) using both a clinician-administered diagnostic interview and a self-report instrument. Participants were 554 patients drawn from the Collaborative Longitudinal Personality Disorders Study (CLPS) who comprised these three ethnic groups and met personality disorder criteria based on reliably administered semistructured interviews. Chi-square analyses revealed disproportionately higher rates of BPD in Hispanic than in Caucasian and African American participants and higher rates of STPD among African Americans when compared to Caucasians. Self-report data reflected similar patterns. The findings suggest that in treatment-seeking samples, Caucasians, Hispanics, and African Americans may present with different patterns of personality pathology. The factors contributing to these differences warrant further investigation.
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ALTHOUGH RESEARCH investigating the role of culture among axis I disorders has gained greater impetus during the past two decades, among personality disorders, these studies are scarce. The absence of such data is striking given that culture is intertwined with personality in many ways. For example, culture influences childrearing practices, theoretical worldviews (e.g., interdependence *v* individualism), interpersonal expectations, and self-concept.[1-3] Similarly, culture has the potential to influence pathology inasmuch as it affects: (1) how the individual perceives a problem; (2) how the individual expresses the problem; (3) the interaction between the clinician and the individual; and (4) whether or not and when the individual decides to seek treatment.[4-9]

Notwithstanding data suggesting that personality and culture are related, few studies have assessed rates of personality disorders across ethnic groups in the United States. To date, epidemiological findings are available for only three DSM personality disorders. Data from the Epidemiological Catchment Area (ECA) study[10] indicated similar rates of histrionic personality disorder among African Americans and Caucasians.[11] In another study of ECA data, a trend towards higher rates of borderline personality disorder was reported in non-white individuals belonging to lower socioeconomic groups.[12] Lastly, similar rates of antisocial personality disorder were found among Mexican Americans, Puerto Ricans, and non-Hispanic whites,[13,14] and modest yet nonsignificant elevations were reported in African Americans when compared to Caucasians.[10]

Paralleling the absence of data at the epidemiological level, most clinical studies of personality disorders do not present ethnicity data. A Medline search found relevant articles for antisocial personality disorder and borderline personality disorder. In a study of insanity acquittees, African Americans were more likely to have schizophrenia, substance abuse, and antisocial personality disorder diagnoses than Caucasians.[15] Among outpatients diagnosed with alcohol-use disorders, a similar pattern was reported for antisocial personality disorder; however, this finding was no longer significant after socioeconomic status was controlled.[16]

Ethnic differences for borderline personality disorder have been inconsistent. Akhtar et al.[17] reviewed 17 studies that presented information about ethnicity and found disproportionately more African American patients in the "nonborderline" group than in the borderline personality disorder group. In a different study, where 1,583 inpatient charts were retrospectively reviewed and 101 patients with borderline personality disorder were identified, ethnic group differences in rates of borderline personality disorder were not found.[18] In-

From the Department of Psychiatry, University of California San Diego, La Jolla, CA; Department of Psychiatry, Yale University School of Medicine, New Haven, CT; Department of Psychiatry and Human Behavior, Brown University, Providence, RI; Harvard Medical School and McLean Hospital, Boston, MA; Texas A & M University, College Station, TX; and Columbia University College of Physicians and Surgeons and New York State Psychiatric Institute, New York, NY.

Address reprint requests to Denise A. Chavira, Ph.D., University of California San Diego, Department of Psychiatry, 8950 Villa La Jolla Dr, #2243, La Jolla, CA 92037.
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terestingly, differences were observed when gender was analyzed: more women than men were diagnosed with borderline personality disorder in Caucasian and African Americans; however, among Hispanic men (mainly Puerto Rican) and women, there were no differences. Furthermore, Hispanic men were found to have higher rates of borderline personality disorder than Caucasian and African American men. According to the authors, such differences might be attributed to clinician misdiagnosis due to language differences and/or misperceptions of culturally appropriate behavior. Alternatively, the stress of immigration might lead to identity confusion, especially for Hispanic men.

The present study provides empirical data examining the association of ethnicity with personality disorders in a clinical sample. Our major aim was to compare the relative proportion of four personality disorder diagnoses among three ethnic groups in a sample of participants recruited for a longitudinal study of personality disorders.[21] A secondary aim was to examine whether specific personality disorder criteria accounted for the differences in ethnicity distribution found at the diagnostic level.

METHOD

Participants

Participants were recruited for the Collaborative Longitudinal Study of Personality (CLPS),[21] a naturalistic longitudinal study of four personality disorders. Participants were recruited from clinical facilities affiliated with each of the four recruitment sites (Boston, New Haven, New York, and Providence). Individuals who had previously or were currently receiving some type of psychiatric or psychological services were also recruited from postings and media advertisements. A total of 668 individuals between the ages of 18 to 45 years participated in this larger study. The targeted personality disorders were borderline personality disorder (BPD), schizotypal personality disorder (STPD), avoidant personality disorder (AVPD), and obsessive-compulsive personality disorder (OCPD); a comparison group of participants with major depressive disorder without a personality disorder was also recruited. Forty-three percent were outpatients in mental health settings, 12% were psychiatric inpatients, 5% were from other mental health or medical settings, and 40% were self-referred.

Participants were screened to assess age eligibility and treatment status. Individuals with active psychosis, acute substance intoxication, withdrawal, or other confusional states, and a history of schizophrenia or schizoaffective disorder were excluded. All participants signed written informed consent after the research procedures had been fully explained. For the purposes of the current study, individuals who formed the comparison group in the CLPS study were not included. Also, due to the small sample sizes of the Asian American (n = 13) and "other" (n = 7) groups, only Caucasians (n = 433), African Americans (n = 65), and Hispanics (n = 56) were included in the following analyses.

The sample consisted of 202 (36.5%) men and 352 (63.5%) women. Their mean ages were 34.3 (SD = 7.5) and 32.1 (SD = 8.3) years, respectively. The mean age of the entire group was 32.9 (SD = 8.1) years. Participants were asked to identify their ethnic group membership by choosing from a list of five categories, including a group classified as "other."

Assessment

Participants meeting basic inclusion and exclusion criteria for study participation were screened for possible personality disorders with the Personality Screening Questionnaire (PSQ), a self-report instrument derived from the Personality Diagnostic Questionnaire-4 (PDQ-4)[22] assessing the four targeted personality disorders. Earlier versions of the PDQ-4 have been shown to be highly sensitive in screening for personality disorders in both inpatients and outpatients.[23,24] Participants who were positive on the PSQ for one or more of the personality disorders were referred for further assessment. Participants also completed the Depression Screening Questionnaire to screen for the presence of DSM-IV defined current major depressive disorder. Participants who screened positive for major depressive disorder without a personality disorder as defined by the PSQ were referred as potential controls for diagnostic assessment.

All participants were interviewed by trained and experienced interviewers who had either a masters or doctoral degree or comparable clinical experience. The interviewers administered the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I)[25] and the Diagnostic Interview for DSM-IV Personality Disorders (DIPD-4).[26] DIPD diagnoses of STPD, BPD, AVPD, or OCPD were supported by at least one of two other contrasting methods of axis II assessment. Participants completed a 360-item self-report questionnaire measuring both normal and abnormal personality traits, the Schedule for Nonadaptive and Adaptive Personality (SNAP).[27] In addition, available treating clinicians were solicited to complete a Personality Assessment Form (PAF), which assesses the degree to which a subject meets a prototypic description of each of the four personality disorders on a six-point scale. Participants who met DSM-IV criteria for at least one of the four personality disorders on the basis of the DIPD, with convergent support by either the SNAP or an independent clinician's PAF rating of 4 or more, were eligible for the larger CLPS study. For the purposes of the current report, personality disorder groups were defined by DIPD diagnoses and at least consistent SNAP or PAF ratings on one of the personality disorders. Using this group assignment strategy, participants could belong to one or more personality disorder groups.

Data Analysis

Because the personality disorder groups as defined here were not independent, separate chi-square analyses were conducted for each of the four study personality disorder diagnoses. Omnibus tests were used to test whether the proportion of participants in the three ethnic groups differed significantly across each personality disorder group. Significant chi-square tests were followed by post hoc comparisons: (1) Caucasians *v* Hispanics, (2) African Americans *v* Caucasians, and (3) Hispanics *v* African Americans. Secondary analyses were con-

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