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Sex differences in the dark side traits

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ABSTRACT

Over 18,366 British adults completed the Hogan Development Survey, which is a measure derived from the personality disorders framework and designed to identify personality-based performance risks and derailers of interpersonal behaviour. Overall the highest scores were for Obsessive–Compulsive (Diligent/Perfectionist), Histrionic (Vivacious/Dramatic) and Dependent (Dutiful) and lowest for Borderline (Enthusiastic/Excitable), Avoidant (Careful/Cautious) and Schizoid (Independent/Detached). DSM-IV-TR (American Psychiatric Association, 2000) suggests that there would be sex differences in many disorders particularly Narcissistic, Anti-Social, Schizotypal and Obsessive–Compulsive. Results revealed sex differences on most disorders particularly Avoidant, Schizoid and Anti-Social with males scoring higher on the latter two. Females scored higher on Borderline, Avoidant, Passive–Aggressive, Obsessive Compulsive and Dependent. The smallest sex differences were found for Paranoid, Obsessive–Compulsive, Schizotypal, Passive–Aggressive and Histrionic disorders. Implications of the research are considered.

1. Introduction

This paper concerns sex differences in the "dark-side" (personality disorder) traits which it has been argued can have a direct impact on diagnoses (Jane, Oltmanns, South, & Turkheimer, 2007; Lynam & Widiger, 2007; Morey, Alexander, & Boggs, 2005; Widiger, 1998). Over the past 20 years there has been a great deal of work trying to reconcile and integrate the overlapping work of psychologists and psychiatrists working on personality traits and disorders (Costa & Widiger, 2005). Differential and clinical psychologists have attempted to introduce the personality disorders concepts and categorisation to a wider audience changing the terms to make them more accessible. This study uses the Hogan Developmental Survey to assess the personality disorders in a normal population (Hogan & Hogan, 1997).

The DSM manuals (DSM-III-R; DSM-IV-TR; American Psychiatric Association, 1994, 2000) note that personality disorders all have a long history and have an onset no later than early adulthood. There is also evidence of gender differences: The Anti-Social disorder is more likely to be diagnosed in men whereas the Borderline, Histrionic and Dependent personality is more likely to be found in women. Some personality disorders have symptoms similar to other disorders – anxiety, mood, psychotic, substance related and so on – but they have unique features. The essence of the difference between normal traits and disorders is: "Personality Disorders must be distinguished from personality traits that do not reach the threshold for a personality disorder. Personality traits are diagnosed as a personality disorder only when they are inflexible, maladaptive, persisting, and cause significant functional impairment or subjective distress (American Psychiatric Association, 1994, p. 633).

Studies on the prevalence of the personality disorders have shown big differences between the disorders (Adel, Grimm, Mogge, & Sharp, 2006). Whilst there are many studies and reviews on sex differences in mental health (Afifi, 2007; Bekker & van Mens-Verhulst, 2007) there are various studies specifically looking at sex differences in individual disorders like Anti-Social personality disorder (Cale & Lilienfiel, 2002), Borderline personality disorder (Johnson et al., 2003) and Dependent personality disorder (Loranger, 1996). Studies have looked at gender differences in the personality disorders among specific groups like depressed patients (Carter, Joyce, Mulder, Sullivan, & Luty, 1999), addicts (Chiang et al., 2007; Landheim, Bakken, & Vaglum, 2003) and hospitalised adolescents.

There have been various reviews of sex differences in personality disorders (Corbitt & Widiger, 1995; Dohrenwend & Dohrenwend, 1976; Paris, 2004) as well as specific studies comparing many disorders. Golomb, Fava, Abraham, and Rosenbaum (1995) used both a self-rating measure and clinical assessments which found on both measures men were likely to be higher on Anti-Social and Narcissistic Disorder. Ekselius, Bodlund, von Knorring, Lindstrom, and Kullgren (1996) tested 176 healthy volunteers and 355 psychiatric patients using a Swedish questionnaire and found males higher on Anti-Social and Narcissistic and females higher on

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Borderline. Grilo (2002) using a structured diagnostic questionnaire on 145 outpatients found no evidence of sex differences.

Over the past 10 years, various popular books have been written that describe the disorders in lay-terms. Many are self-help books written by psychologists and psychiatrists in attempting to educate the public about them. Writers have changed the names to make them more "understandable" (Dotlich & Cairo, 2003; Miller, 2008; Oldham & Morris, 1991). These are shown in Table 1 along with DSM-IV-TR estimates of sex ratios for each condition (American Psychiatric Association, 2000).

It should be noted that these personality disorders are grouped along different axes or different clusters. When clustering three are usually made: A: Odd/Eccentric (Paranoid, Schizoid, Schizotypal); B: Dramatic/Emotional/Erratic (Anti-Social, Borderline, Histrionic, Narcissistic) and C: Anxious/Fearful (Avoidant, Dependent and Obsessive–Compulsive). These three clusters have also been described as moving against, toward, and away from others (Hogan & Hogan, 1997).

There are various self-report measures available to assess personality disorders (Kaye & Shea, 2000; Morey, Waugh, & Blashfield, 1985; Moscoso & Salgado, 2004; Widiger & Coker, 2001). This study used the Hogan 'dark side' measure now extensively used in organisational research and practice to measure personality disorders in the 'normal population' (De Fruyt et al., 2009; Furnham, 2006; Furnham, 2008; Furnham & Crump, 2005; Hogan & Hogan, 1997). Its aim is partly to help selectors and individuals themselves diagnose how they typically react under work stress. It has the advantage of being psychometrically valid; of measuring all the personality disorders and being appropriate for a "normal" population.

The Hogan Development Survey (HDS) was explicitly based on the DSM-IV-TR Axis II Personality Disorder descriptions, but it was not developed for the assessment of all DSM-IV-TR disorders (American Psychiatric Association, 1994, 2000). The HDS focuses only on the core construct of each disorder from a dimensional perspective (Hogan & Hogan, 2001, p. 41). An overview of the item

Table 1
Different labels for similar disorders.

DSM-IV Personality Disorder		Hogan and Hogan (1997) HDS Themes		Oldham and Morris (1991)	Miller (2008)	Dotlich and Cairo (2003)
Borderline -Diagnosed more frequently in females (~ 75%)	Inappropriate anger; unstable and intense relationships alternating between idealisation and devaluation.	Excitable	Moody and hard to please; intense but short-lived enthusiasm for people, projects or things.	Mercurial	Reactors	Volatility
Paranoid -Diagnosed more frequently in males	Distrustful and suspicious of others; motives are interpreted as malevolent.	Sceptical	Cynical, distrustful and doubting others' true intensions.	Vigilant	Vigilantes	Habitual
Avoidant -Diagnosed equally frequently in both sexes	Social inhibition; feelings of inadequacy and hypersensitivity to criticism or rejection.	Cautious	Reluctant to take risks for fear of being rejected or negatively evaluated.	Sensitive	Shrinkers	Excessive Caution
Schizoid -Diagnosed more frequently in males	Emotional coldness and detachment from social relationships; indifferent to praise and criticism.	Reserved	Aloof, detached and uncommunicative; lacking interest in or awareness of the feelings of others.	Solitary	Oddballs	Aloof
Passive- Aggressive	Passive resistance to adequate social and occupational performance; irritated when asked to do something he/she does not want to.	Leisurely	Independent; ignoring people's requests and becoming irritated or argumentative if they persist.	Leisurely	Spoilers	Passive resistance
Narcissistic -Diagnosed more frequently in males (50%-75%)	Arrogant and haughty behaviours or attitudes, grandiose sense of self-importance and entitlement.	Bold	Unusually self-confident; feelings of grandiosity and entitlement; over valuation of one's capabilities.	Self-Confident	Preeners	Arrogance
Anti-Social -Diagnosed more frequently in males (3% in males & 1% in females)	Disregard for the truth; impulsivity and failure to plan ahead; failure to conform	Mischievous	Enjoying risk taking and testing the limits; needing excitement; manipulative, deceitful, cunning and exploitative.	Adventurous	Predators	Mischievous
Histrionic -Diagnosed more frequently in females	Excessive emotionality and attention seeking; self dramatising, theatrical and exaggerated emotional expression.	Colourful	Expressive, animated and dramatic; wanting to be noticed and needing to be the centre of attention.	Dramatic	Emoters	Melodramatic
Schizotypal -Diagnosed more frequently in males	Odd beliefs or magical thinking; behaviour or speech that is odd, eccentric or peculiar.	Imaginative	Acting and thinking in creative and sometimes odd or unusual ways.	Idiosyncratic	Creativity and vision	Eccentric
Obsessive–Compulsive -Diagnosed more frequently in males (twice as often)	Preoccupations with orderliness; rules, perfectionism and control; over-Conscientiousness and inflexible.	Diligent	Meticulous, precise and perfectionistic, inflexible about rules and procedures; critical of others' performance.	Conscientious	Detailers	Perfectionistic
Dependent -Diagnosed more frequently in females	Difficulty making everyday decisions without excessive advice and reassurance; difficulty expressing disagreement out of fear of loss of support of approval.	Dutiful	Eager to please and reliant on others' for support and guidance; reluctant to take independent action or to go against popular opinion.	Devoted	Clingers	Eager to please