

S31. Personality disorders

THE GENETICS OF PERSONALITY DISORDERS

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We know a lot about the part genetic factors play in the development of normal personality traits as well as symptom disorders. For personality disorders, however, our knowledge is limited. Some family studies have been conducted, but they can only suggest familiar, not genetic transmission. A few twin and adoption studies on selected personality disorders are also published. Based on this limited research, no firm conclusions can be drawn. However, preliminary results from an on-going Norwegian twin-family study will be presented.

Is social dysfunction a cause or a consequence of personality disorder?

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Ever since the time of Schneider there has been confusion over the relationship between social dysfunction and personality disorder. Schneider's famous aphorism, that people with personality disorder suffer from their disorder and also cause society to suffer, implies that the social dysfunction of personality disorder is entirely a secondary phenomenon. However, there are other views (e.g. Lewis and Appleby, 1988) that personality disorder is an unhelpful label that is applied to patients that the psychiatrist does not get on with and that diagnosis is an unsatisfactory one which should not be included with others in formal classificatory systems. The extension of this view is that personality disorder is a label that is attached to many people who, through no fault of their own, are socially deprived and suffer as a consequence. The social disruption they experience is misdiagnosed as personality disorder by psychiatrist and this only reinforces the problems.

Some data examining this issue are presented from some recent studies using the Personality Assessment Schedule (Tyrer and Alexander 1979) in which social function and social networks were recorded in a range of psychiatric patients presenting as emergencies. By extending the range of measurements of social disruption, independent of personality disorder, the place of social deprivation itself can be judged independently. The results in general do not support the notion that social deprivation is misclassified as personality disorder although the possibility of this error occurring cannot be ruled out entirely.

References:

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Personality variation and personality disorders as risk factors for affective and psychotic disorders

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Characterization of premorbid personality patterns of major psychiatric disorders is a topic of continuing clinical discussion: classical contributions were careful retrospective clinical studies proposing a series of specific hypotheses on premorbid personality of affective disorders and schizophrenia.

Discussion in this area has been substantially stimulated since longitudinal studies in non-clinical populations (general population or family members of patients and probands) became available. Particular personality features (mainly neuroticism) emerged as consistently reproducible risk factors at least for unipolar depression. Most personality disorders are in addition increasing the risk of disorders in the same subject. This relationship is apparently mediated by a reaction in the affected subject, but not by familial factors. Family studies have in addition supported the idea that particular personality deviations and personality disorders are representing longstanding attenuated variants of major psychoses.

A longitudinal family study will be presented: 1) personality features linked to affective and psychotic disorders by familial correlation and aggregation are derived; 2) the risk associated with personality traits to develop psychiatric disorders as a function of familial loading (i.e. being related to a family member with affective or psychotic disorder or no psychiatric disorder in the family) is estimated by a 5-year follow-up examination of relatives of probands. Neuroticism, anhedonia, and rigidity turn out to be risk factors for depression.

ANHEDONIC PROCESS AND THE STATE/TRAIT PARADIGM

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Anhedonia defined as a deficiency in ability to experience pleasure has been described as a characteristic of schizophrenics, schizotypic individuals as well as depressive patients. This phenomenological pattern is useful for studies in genetics and development of personality deviations.

Theoretical and methodological considerations concerning the state/trait distinction are developed, particularly in the field of cognitive psychophysiology and psychobiology.

Then we describe several experiments suggesting the existence of two types of anhedonic processes. In some subjects, a primary anhedonia seems to exist, which may lead to high sensation seeking behaviours in order to compensate for their inability to experience pleasure with common stimulations. On the contrary, other subjects seem to develop an adaptive anhedonia to fight against an hypersensitivity to environmental stimulations. Some people could be particularly vulnerable to develop such adaptive mechanisms which could represent a possible risk for depression.

Several points are discussed concerning the state/trait distinction paradigm and applications in pharmacological and behavioral studies.

PSYCHOSIS AS A CONTINUUM: IMPLICATIONS FOR PERSONALITY THEORY

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Kretschmer, and Kraepelin in his later years, believed that psychotic illness was in some way rooted in normal personality variation. A recent formulation is that schizophrenic and affective psychoses are distributed along a single continuum (paralleled by a dimension of sociability/emotionality) along which male sex and earlier onset predispose to a more schizophrenic, and female sex and later age of onset, to a greater affective component. A clue to the nature of the continuum is morphological evidence of arrest of cerebral asymmetry in early onset psychosis.

Childhood precursors of adult psychosis (in the NCDS study) cast light on the relationship between affective and schizophrenic illness and personality structure. Even at the age of 7 males who will later suffer from schizophrenia are more anxious and hostile than their peers, and engage in "inconsequential behaviours". At age 11 they are also withdrawn and depressed as also are pre-schizophrenic females. At age 7 (but not 11) pre-affective psychotic males are restless, but are not depressed at either 7 or 11. At age 11 schizophrenics show less asymmetry of hand skill than controls. Thus sex-dependent development of social competence, in some way related to cerebral asymmetry, is a determinant of risk of psychosis.

Reference: Crow TJ. Sexual selection, Machiavellian intelligence, and the origins of Psychosis. *Lancet* 342, 594-598, 1993.