

## THE TENDENCY OF PERSONALITY DISORDER SCREENING IN EARLY ADULTHOOD

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### **Abstract**

A personality disorder is often under-diagnosed in the normal population. It is important to detect personality disorder through screening at an early stage. This study was carried out to assess the tendency of personality disorder at an early stage. A descriptive quantitative study was adopted. The sampling technique used in this research was consecutive sampling. Data were analyzed using descriptive and frequencies to describe the demographic characteristics and the tendency of personality disorder based on cluster. There was 546 late adolescence in the normal population. Of these, 49 met the criteria for the inclusion criteria. The result showed that the majority of the participants were girls (86%), with age 20 years (60%). This study also showed that the high-risk personality disorder was dominantly by narcissistic (57%) in Cluster B and the least dominant of high-risk personality was avoidant (4%) in Cluster C. The results of this study provide important information for the normal population to prevent actual personality disorder among people at an early stage. These findings also recommended further research to determine the extent of personality disorder type and its influence on the normal population.

Keywords: descriptive quantitative, early stage, personality disorder, screening

### **Introduction**

The tendency of personality disorder is often undetectable because it needs a long-term marked deviation from cultural expectations. This causes a major concern for health care providers. Some people with personality disorders will experience difficulties in their relationships, at work or school, but it appears that there is no distress for themselves but not for others. It needed a high self-awareness among early adulthood to realize the tendency of personality disorder through screening. So that the personality disorder instruments are important to detect at an early stage (Stieglitz, 2007). It would be necessary to prevent personality disorder among healthy individuals through early detection.

A personality disorder is a way of thinking, feeling, and behaving that deviates from the expectations of the culture, causes distress or problems functioning, and lasts over time (DSM-5, 2013). Utami and Pribadi (2013) found that 117 prisoner 13-20 years old has clinical personality such as negativistic, depressive, and histrionic. The participants in Utami and Pribadi research have face problems with family discord, insensitivity in their social, and insecurity with their peers. Based on DSM-5 (2013), the 10 specific personality disorders are grouped into three categories called “clusters” that consisted of cluster A, cluster B, and cluster C. Cluster A itself included paranoid personality disorder, schizoid personality disorder, and schizotypal personality disorder that characterized by odd or eccentric behavior. Meanwhile, Cluster B is more dramatic, emotional, or erratic behavior. Antisocial personality disorder, borderline personality disorder, histrionic personality disorder are included in this Cluster B. Cluster C associated with anxious or fearful behavior. Avoidant personality disorder, dependent personality disorder, and obsessive-compulsive personality disorder.

Huang et al (2009) found that the prevalence estimates for personality disorder clusters average 3.6% for Cluster A, 1.5% for Cluster B and 2.7% for Cluster C. Meanwhile Mergui (2015) through multiple imputation method found that prevalence of personality disorder estimates were 4.6% Clustered A, 1.6% Cluster B, 2.4% Cluster C, and 6.1% any personality disorder. Many kinds of research in Indonesia investigated personality type in early adulthood especially in the normal population using Myers-Briggs Type Indicator (MBTI) (Wandrial, 2014; Setiawati, 2016) and using Type-D personality questionnaire, such as Tangka (2014).

In Indonesia, research on the tendency of personality disorder among the normal population is limited. Amalia's research on 80 employees in the normal population found that the higher the conscientiousness score, the higher the tendency for obsessive-compulsive personality disorder. Hardika et al (2019) found that there was an association with self-esteem and loneliness on narcissistic personality disorder tendencies. Meanwhile, Pakha (2014) found that there was an association between antisocial personality disorder tendency with game online addiction in Surakarta. There has been limited research in Indonesia investigated personality disorder screening based on a cluster of personality disorders among early adulthood. This study aimed to assess personality disorder risk among early adulthood in the normal population.

## **Method**

A descriptive research design was adopted. In this study, the researchers describe the personality disorder screening in early adulthood. This study was conducted on 8 January 2018 and 5 March 2018. A population of all students in a school with a number of 446, the sample used 49 participants. This is considered a large sample from a minimal standard of 10% of the population. We used a consecutive sampling technique. The samples were taken from all subjects that fulfilled the inclusion criteria until its number met. Participants were recruited in the educational setting. The following inclusion criterion: (1) eligible to

participate in the study, (2) had not received psychological treatment. Students with substance abuse were excluded.

The researchers received ethical approval obtained from Poltekkes Kemenkes Semarang. The participation in the study was voluntary, Each participant was informed of the purpose of the study and the estimated time required to complete the personality disorder questionnaires, and their right to withdraw without penalty. The participants gave fully informed consent. The data for this study using The Indonesian version of personality disorder questionnaires. Paranoid quiz (Research Team, 2020) is 8- items with range score 20-35 (severe category), 17-19 (possibly category), and 0-16 (unlikely). Schizoid quiz (Schizoid mental health) is 36-items with range score 33-36 (severe category), 27-30 (possibly category), and 21-24 (unlikely). Schizotypal quiz (Psymed, 2020) is 12- items with range score 33-48 (severe category), 20-32 (likely), 15-19 (possibly category), and 0-14 (unlikely). Anti-social self-test (Ietherapy, 2020) is 40-items with range score 31-40 (severe category), 17-30 (likely), 7-16 (possibly category), and 0-6 (unlikely). Borderline test (Research Team, 2020) is 12- items with range score  $\geq 33$  (severe category), 20-32 (likely category), 15-19 (possibly category) and 0-14 (unlikely). Brief Histrionic Personality Scale (BHPS) by Ferguson & Negy (2014) is 11- items with range score 35-44(severe category), 30-34(possibly category), and 11-29 (unlikely). Narcissistic quiz (Research Team, 2020) is 40-items with range score  $>20$ (severe category), 16-19 (possibly category), and 12-15 (unlikely). Avoidant quiz (Illness, 2020) is 14- items with range score 12-14 (severe category), 8-11 (likely category), 2-7 (possibly category), and 1-2 (unlikely). Dependent personality questionnaire (Perry, 2005) is 8- items with range score 19-24 (severe category), 13-18 (likely category), 7-12 (possibly category), and 0-6 (unlikely). Obsessive-compulsive quiz (Research Team, 2020) is 20- items with range score  $>12$  (severe category), 9-11 (possibly category), and 0-7 (unlikely).

It is used for identifying different classes of personality disorder severity already at the screening stage of the diagnostic process (Lange et al, 2012). The measures of the Indonesian version of personality disorder screening demonstrated satisfactory internal reliability. Cronbach’s alpha for this instrument was .845. Descriptive and frequencies were used to describe the demographic characteristics and risk of personality disorder based on clusters.

### Findings and Discussion

Most participants in this study were 20 years (60%) and women (86%). Socio-demographic characteristics are summarized in table 1.

Tabel 1. Socio-demographic variables

| Variable | N(%)   | Mean | SD  |
|----------|--------|------|-----|
| Age      |        |      |     |
| 19 years | 6(12)  | 3.35 | .19 |
| 20 years | 29(60) | 3.47 | .09 |
| 21 years | 14(28) | 3.60 | .17 |
| Gender   |        |      |     |

|       |        |      |     |
|-------|--------|------|-----|
| Man   | 7(14)  | 3.35 | .17 |
| Woman | 42(86) | 3.44 | .16 |

According to the socio-demographic result, the participant's age between 19-21 old years. This is supported by research by Mergui (2015). His research findings mentioned that in cluster B, patients were more likely to be younger ( $P < 0.001$ ), unmarried ( $P = 0.005$ ), and without organic medical illness ( $P < 0.001$ ). Based on gender, most of the participants were a woman (86%). Meanwhile, Huang et al (2009) mentioned that personality disorders are significantly elevated among males, the previously married (Cluster C), unemployed (Cluster C), the young (Clusters A and B).

The results of the current study indicate that the most dominant of high-risk personality disorder was narcissistic (57%) in Cluster B and the least dominant of high-risk personality was avoidant (4%) in Cluster C. DSM-5 (2013) mentioned that a person with a histrionic personality disorder may be uncomfortable when he/she is not the center of attention, consistently use physical appearance to draw attention or show rapidly shifting or exaggerated emotions.

Descriptive statistics for personality disorder risk using the PDS-10 questionnaire are presented in Table 2.

Table 2. Distribution of personality disorder risk in early adulthood (N=49)

| Personality disorder screening | Mean  | SD   | N(%)   |        |          |          |
|--------------------------------|-------|------|--------|--------|----------|----------|
| Cluster A                      |       |      | Severe | Likely | Possibly | Unlikely |
| Paranoid                       | 4.89  | 4.44 | 0(0)   | 0(0)   | 1(2)     | 48(98)   |
| Schizoid                       | 8.00  | 2.91 | 0(0)   | 0(0)   | 0(0)     | 49(100)  |
| Schizotypal                    | 11.31 | 7.19 | 0(0)   | 6(12)  | 3(6)     | 40(81)   |
| Cluster B                      |       |      |        |        |          |          |
| Antisocial                     | 5.14  | 3.45 | 0(0)   | 0(0)   | 13(26)   | 36(74)   |
| Borderline                     | 11.27 | 7.15 | 0(0)   | 7(14)  | 8(17)    | 34(69)   |
| Histrionic                     | 17.53 | 4.76 | 0(0)   | 0(0)   | 0(0)     | 49(100)  |
| Narcissistic                   | 19.74 | 3.58 | 0(0)   | 28(57) | 17(35)   | 4(8)     |
| Cluster C                      |       |      |        |        |          |          |
| Avoidant                       | 3.61  | 1.82 | 0(0)   | 2(4)   | 16(33)   | 31(63)   |
| Dependent                      | 9.44  | 3.23 | 0(0)   | 8(17)  | 8(17)    | 33(66)   |
| Obsessive-compulsive           | 7.97  | 2.87 | 0(0)   | 6(12)  | 19(39)   | 21(49)   |

The results also indicate the least dominant of high-risk personality disorder was avoidant (4%) Avoidant personality tend to social withdrawal and low self-esteem. Mendatu (2007) classified this sign with a type D personality which consisted of social inhibition and negative affectivity (Donollet, 2005). Since this study was conducted in an academic setting, This finding study accordance with Tangka, Lumi, and Ponge (2014) through their research on 120 nursing students found that individuals with a type-D personality tend to have maladaptive coping.

DSM-5 (2013) mentioned that A person with an avoidant personality disorder may be unwilling to get involved with people unless he/she is certain of being liked, be preoccupied with being criticized or rejected, or may view himself/herself as being inferior or socially inept.

This results by Hsiung (2019) found that 58% of late adolescents were identified to be at risk of mental health during the screening. Chernomas & Shapiro (2013) mentioned that with all the challenges during their study and difficulty to achieve their competency skills, put the nursing students in a high-risk group related to stress, anxiety, and depression compared with non-nursing students. These study findings are useful to detect personality disorder tendencies and raise self-awareness so that the participants could finish their development tasks in academic and prevent actual personality disorder.

The study has several limitations. First, the instrument was self-rated that might be biased. Second, The sample size was small (less than 500 respondents) by the standards of epidemiological studies.

### Conclusion

In the view of the normal population, the tendency of personality disorder can cause the further impact of the development of personality disorder. Mental health should be considered as the main factor for early adulthood to finish their task in the academy and for their task development. The results of this study provide important information in the normal population to prevent actual personality disorder in early adulthood. We recommended considering further research to determine the extent of personality disorder screening and its influence on the normal population in a long term.

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