Personality disorders in Asians: Summary, and a call for cultural research

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Epidemiological studies show relatively low rates of personality disorder (PD) in Asian-origin samples, but these low rates may result from a lack of understanding about what constitutes PD in Asian cultural contexts. Research on etiology, assessment, and treatment has rarely been extended to incorporate ways in which culture might shape PDs in general, let alone among Asians in particular. PDs did not officially change in DSM-5, but an alternative dimensional system may help link the Asian PD literature to non- clinical personality research. Personality and culture are deeply intertwined, and the research literature on Asian PDs – and on PDs more generally – would benefit greatly from more research unpacking the cultural mechanisms of variation.

1. Introduction to personality disorders in Asians

The personality disorders (PDs) represent a uniquely complicated set of disorders to study and to treat. Rather than a set of interrelated disorders united by similar characteristics with presumed shared pathology, such as the anxiety disorders, PDs comprise very different forms of psychopathology, united only by their early onset, poor prognosis, and intractability. There are also longstanding controversies in the literature about the proper status of PD diagnoses. Complicating matters further, personality and culture are deeply intertwined, and many current 'Western' tools and approaches may not be applicable. Finally, and perhaps due to these obstacles, there are few studies of culture and PD, and fewer if any studying the mechanisms underlying cultural variation (Ryder et al., 2013).

Epidemiological studies tend to show comparatively low rates of PDs in Asians.[1] For example, using data from the World Health Organization's Mental Health Surveys collected in 13 countries, Huang et al. (2009) reported significantly lower estimates of PDs across all three clusters in China compared to the United States. Within the latter country, a comparison of the major census-defined ethnic blocs demonstrated that Asian–American respondents had the lowest rates of PDs (Huang et al., 2006). Despite low rates of substance use disorders, the co-occurrence of substance use and PDs was markedly higher in the Asian–American group. Behaviors that are both unusual and destructive in a given cultural context may serve as useful indicators of PD (Ryder et al., 2012).

These low rates may result from a lack of understanding about what constitutes PD in Asian cultural contexts. There is little research on the cultural features of specific PDs, excepting a collection of studies on Borderline PD in Japan. This work generally concludes that there are few differences in psychopathology comparing Japanese and 'Western' cultural contexts. These studies do not, however, account for how culture might shape the very definition of a category such as Borderline PD, or the tools used to assess it (Ryder et al., 2012, 2013). This omission is particularly troublesome given that the definitions of these categories are fraught with controversy even in the United States, where they were first developed.

2. Etiology of personality disorders in Asians

2.1. Biological models

The first efforts to link PD to biological causes were based on the observation that relatives of patients with schizophrenia often show attenuated psychosis symptoms as personality traits, confirmed by behavioral genetic research on the

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[1] Our use of 'Asian' is limited by common American usage and the available literature: people with familial origins in Chinese, Japanese, and Korean cultural contexts. Our use of 'Western' refers to people with familial origins in European cultural contexts, with a particular emphasis on people living in the United States and Canada.

heritability of Schizotypal PD. Behavioral genetic research on Borderline PD has also shown high heritability, but for specific components rather than the categorical diagnosis itself. Adoption studies, meanwhile, have demonstrated both genetic and environmental influence on Antisocial PD. Finally, various attempts have been made to develop biological models linking PD traits to specific neurobiological systems (Oldham et al., 2009). While there has been some recent research on how biology and culture interact to predict clinically relevant variables in Asian samples, this work is in its infancy and has not yet extended to PDs (Ryder et al., 2013).

2.2. Psychological models

Psychoanalytical and psychodynamic theories have historically relied on intrapsychic conflicts and defenses to describe and explain PDs, although there have been recent moves to incorporate temperament and attachment. Social learning and cognitive behavioral theorists, meanwhile, have linked PDs to early maladaptive cognitive processes that are responsible for the further development and maintenance of pathological schemas (Oldham et al., 2009). This work rarely considers the ways in which culture can shape our notions of personality and the self-concept (Heine and Buchtel, 2009), as well as many other fundamental psychological concepts (Lo and Fung, 2003). Future research should draw upon the rapidly expanding cultural psychology literature on Asians to enrich etiological models of PD.

2.3. Social models

Systems theorists have described how PD behaviors elicit particular responses from others, actively feeding a pathological interpersonal cycle. Dysfunctional social loops play a role in descriptions of how PDs manifest in particular cultural contexts with particular interpersonal scripts (Ryder et al., 2013). The ways in which these patterns emerge within a specific context provide one bridge between 'micro' and 'macro' levels of analysis (Fung et al., 2012). For example, sociohistorical changes in the United States – technological development, increased residential mobility, disruption of family systems, and weakening interpersonal ties – have been implicated in rising rates of Borderline PD (Paris, 1998). This work suggests an important direction for research on PDs in China, given the rapidity of social change over the past few decades.

3. Assessment and diagnosis of personality disorders in Asians

Provided one's goal is to assess official DSM PDs in Asians, there is evidence to support standard instruments. The Personality Disorder Questionnaire (PDQ-4+) has shown adequate psycho- metric properties in several Asian samples (e.g., Yang et al., 2000). The Structured Clinical Interview for DSM-IV, Axis II, screening questionnaire (SCID-II-Q), meanwhile, has shown adequate psychometric properties in a Japanese psychiatric sample (Osone and Takahashi, 2003). Comparisons of questionnaire subscales with their interview counterparts yield a high rate of false positives, although this is a general problem with PD questionnaires.

Culture is rarely examined in this literature, however. Consider two DSM diagnostic criteria for Dependent PD: having difficulty expressing disagreement; and needing others to assume responsibility for major areas of one's life. These traits may be normative in certain Asian cultural contexts, requiring a much more extreme presentation to be pathological (Ryder et al., 2012). Questionnaire items would then convey very different meanings to Asian patients, who might respond in ways that 'Western' interviewers could misunderstand. Unfortunately, the research database does not yet allow us to address these concerns in an informed manner. The cultural consultation approach, in which clinicians consult with interdisciplinary teams with a range of cultural expertise, shows promise in promoting understanding of the familial, interpersonal, and social systems in which patients live their lives (Kirmayer et al., 2014).

4. Treating personality disorders in Asians

4.1. Biological approaches

Current medications for treating PDs target individual symptoms, such as depression or impulsivity, rather than a specific diagnostic category. To our knowledge, there is no evidence to support modifications to psychopharmacological treatment of Asians with PD, in particular, beyond what is known in general about ethnic variations in response to particular medications. Chinese traditional medicine and herbal remedies may be more acceptable to some Asian patients due to culturally specific beliefs about how one should treat problems. Early evidence for the efficacy of certain compounds awaits replication in double-blind randomized control trials.

4.2. Psychological approaches

Various psychodynamic approaches have been used by clinicians in Asian cultural contexts, but there is little research specific to Asian patients with PDs. Cognitive-Behavior Therapy (CBT) has become increasingly popular in Asian cultural contexts, and there is some evidence that these techniques are effective for Chinese patients (e.g., Wong, 2008). Some features of CBT may appeal to Asian patients, especially the emphasis on a rational and directive counseling style over an affective and non-directive one. One potential obstacle across the psychotherapies is the emphasis on freely chosen individual values separated from familial demands and other social responsibilities (Ryder et al., 2012).

4.3. Social approaches

Social approaches, such as group- or family-level interventions, have received little attention to date. Possible obstacles to implementation of these approaches include the stigma of mental illness and the hierarchy of power within the family. Nonetheless, due to the interconnectedness of many Asian families, these approaches may help disentangle the dysfunctional interpersonal loops that are a hallmark of PDs (Ryder et al., 2012). True system- level interventions, directly addressing societal factors that may promote or exacerbate PD, are underexplored.

5. Implications of DSM-5 for understanding personality disorders in Asians

That PD categories are unusually controversial is amply demonstrated by the decision of the American Psychiatric Association, in late 2012, to reject the proposal of the DSM-5 PD work group. Instead, DSM-5 retains the proposed new system in a separate section for further evaluation. This system follows the evidence, mounting over the past two decades, that PDs are best understood dimensionally. While some traditional PD categories are retained as 'PD types', the heart of the proposed system is based around five dimensions: Negative Affectivity; Detachment; Antagonism; Disinhibition vs. Compulsivity and Psychoticism.

Although these dimensions do not map perfectly onto the domains of the Five-Factor Model (FFM), there is considerable overlap with the exception of DSM-5 Psychoticism and FFM Openness. Cultural research demonstrates good support for the validity of four of the five FFM dimensions in Asian populations, again with the exception of Openness (Ryder et al., 2012). Continuing research on the points of overlap between these two systems may eventually allow us to more effectively use the much richer database on the FFM in Asian cultural contexts to better understand PDs in these same contexts.

Cultural psychologists have, however, noted that the very concept of a 'trait' may operate differently in Asian contexts. Clearly defined social roles and sensitivity to the nuances of social situations may play a greater role, compared to relatively stable cross-situational traits, in predicting behavior (Heine and Buchtel, 2009). Engaging with these concerns will require a much greater attention to system-level etiological models and, eventually, approaches to assessment and treatment. Such possibilities, and the research methods they require, point to future research on the ways in which culture, individual traits, and specific social situations all combine to generate and perpetuate PD patterns (Ryder et al., 2013).

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