

Personality Disorders

EN Barton

This special issue of the Journal is dedicated to personality disorders and covers a wide range of issues within this condition. Hickling and Walcott quite fittingly commenced the issue with a view on the development and classification of personality disorders, looking at its history in post-colonial Jamaica (1).

Hickling *et al* also detailed the creation and validation of the Jamaica Personality Disorder Inventory screening questionnaire that was piloted in patients on the psychiatric and medical wards of the University Hospital of the West Indies (2). In another paper, Hickling *et al* delved into the phenomenology of personality disorder in Jamaican patients, looking at the triad of power management, dependency and psychosexual issues (3).

Walcott and Hickling, in their sample population, reported problems with conflict, abnormal power and authority management, impulse control and serious aggressive and transgressive behaviour in the sampled Jamaicans (4). In their other paper, Walcott and Hickling looked at the psychological correlates of dependency in the Jamaican population and reported that a quarter of the sampled population had problems with physiological and psychological dependency. This, they argued, indicated an ongoing struggle for psychological independence (5). In yet another paper, Walcott and Hickling report on significant psychosexual issues in a sample of the Jamaican population. There were multiple sexual partnerships, psychosexual anxiety, guilt, poor impulse control and difficulty with partner intimacy, they argued (6).

Longman-Mills and Carpenter investigated interpersonal competence and sex risk behaviour in Jamaican adolescents and concluded that adolescents with high interpersonal skills are less likely to participate in risky sexual behaviours (7). Govia and Paisley-Clare advocate for a combined emic-etic approach to normal and non-normal personality in under-represented and under-studied contexts (8).

The treatment of personality disorder is varied and Hickling concludes from his study on the treatment of personality disorder in Jamaica with psychohistoriographic brief

psychotherapy that there was a clinical improvement after one year in patients subjected to this treatment (9).

Jamaicans have favourable help-seeking attitudes in relation to mental illness despite their negative opinion on mental illness, according to Jackson Williams (10). The popular media can promote health education and link contemporary social events to contemporary medical research and Hickling and Robertson-Hickling detailed this in their article that deals with media representation of personality disorder in Jamaica (11).

In yet another paper on the prevalence and correlates of personality disorder in Jamaica, Hickling and Walcott suggest a high risk of behavioural dysfunction in the Jamaican population. This has implications in view of the rate of crime and violence in the Jamaican society (12). Indeed, among convicted murderers in Jamaica, the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision (DSM-IV-TR) criteria revealed personality disorder in two-thirds of convicted murderers. This type of antisocial personality disorder might be an aetiological precursor of homicidal violence according to Hickling and Walcott (13).

In psychiatric and substance abuse patients, Walcott *et al* found that the prevalence of personality disorders was comparable to that in other countries (14). Among patients on a general medical ward, three assessment tools found significantly higher prevalence rates of personality disorders than in other countries as reported by Martin *et al* (15). Changoor and Hutchinson identified Type D personality in forty-two per cent of patients with cardiovascular disease (16).

In literature, psychopathy of the Jamaican people can be identified. Hickling uses historiographic analysis of a Jamaican novelist's writing to reveal profound personality disorders (17). Belli *et al* proposed that detailed psychopathological aspects and psychiatric co-morbidities could help define the clinical profile of people requesting cosmetic rhinoplasty (18).

REFERENCES

1. Hickling FW, Walcott G. A view of personality disorder from the colonial periphery. *West Indian Med J* 2013; **62**: 383–8.
2. Hickling FW, Martin J, Walcott G, Paisley V, Hutchinson N, Clarke TR et al. The creation and validation of the Jamaica Personality Disorder Inventory. *West Indian Med J* 2013; **62**: 389–96.
3. Hickling FW, Walcott G, Paisley V. Shakatani: the phenomenology of personality disorder in Jamaican patients. *West Indian Med J* 2013; **62**: 397–404.

From: Department of Medicine, Faculty of Medical Sciences, The University of the West Indies, Kingston 7, Jamaica.

Correspondence: Professor EN Barton, Department of Medicine, Faculty of Medical Sciences, The University of the West Indies, Kingston 7, Jamaica.
E-mail: everard.barton@uwimona.edu.jm; wimj@uwimona.edu.jm

4. Walcott G, Hickling FW. Correlates of conflict, power and authority management, aggression and impulse control in the Jamaican population. *West Indian Med J* 2013; **62**: 405–10.
5. Walcott G, Hickling FW. The psychological correlates of dependency in the Jamaican population. *West Indian Med J* 2013; **62**: 411–16.
6. Walcott G, Hickling FW. Correlates of psychosexual issues in the Jamaican population. *West Indian Med J* 2013; **62**: 417–22.
7. Longman-Mills S, Carpenter K. Interpersonal competence and sex risk behaviours among Jamaican adolescents. *West Indian Med J* 2013; **62**: 423–6.
8. Govia I, Paisley-Clare V. Studying personality and personality disorders among people in the Caribbean: advocating for an emic-etic approach. *West Indian Med J* 2013; **62**: 427–30.
9. Hickling FW. The treatment of personality disorder in Jamaica with psychohistoriographic brief psychotherapy. *West Indian Med J* 2013; **62**: 431–6.
10. Jackson Williams D. Are Jamaicans really that stigmatizing? A comparison of mental health help-seeking attitudes. *West Indian Med J* 2013; **62**: 437–42.
11. Hickling FW, Robertson-Hickling HA. Media representation of personality disorder in Jamaica – public scholarship as a catalyst of health promotion. *West Indian Med J* 2013; **62**: 448–52.
12. Hickling FW, Walcott G. Prevalence and correlates of personality disorder in the Jamaican population. *West Indian Med J* 2013; **62**: 443–7.
13. Hickling FW, Walcott G. Personality disorder in convicted Jamaican murderers. *West Indian Med J* 2013; **62**: 453–7.
14. Walcott G, Martin J, Hickling FW. The prevalence of personality disorder in a psychiatric and substance abuse population in Jamaica. *West Indian Med J* 2013; **62**: 458–62.
15. Martin J, Walcott G, Clarke TR, Barton EN, Hickling FW. The prevalence of personality disorder in a general medical hospital population in Jamaica. *West Indian Med J* 2013; **62**: 463–7.
16. Changoor TMR, Hutchinson G. The prevalence of Type D personality in a Trinidadian cardiac population. *West Indian Med J* 2013; **62**: 468–73.
17. Hickling FW. Historiographic analysis of the Jamaican ‘shakatani’ scotoma from the short stories of Erna Brodber. *West Indian Med J* 2013; **62**: 475–80.
18. Belli H, Belli S, Ural C, Akbudak M, Oktay MF, Akyuz Cim EF et al. Psychopathology and psychiatric co-morbidities in patients seeking rhinoplasty for cosmetic reasons. *West Indian Med J* 2013; **62**: 481–6.