

The Interface



PERSONALITY DYSFUNCTION AND EMPLOYMENT DYSFUNCTION: Double, Double, Toil and Trouble

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This ongoing column is dedicated to the challenging clinical interface between psychiatry and primary care—two fields that are inexorably linked.

ABSTRACT

According to the *Diagnostic and Statistical Manual of Mental Disorders*, personality disorders are characterized by functional impairment, which may unfold in the work environment. A number of

empirical studies convincingly suggest that the presence of personality dysfunction has substantial negative and diffuse effects on work functioning. However, not all studies are in agreement. In addition, there may

be specific mediating variables that modulate the likelihood that an individual with a personality disorder will experience work difficulties. These include the type of personality disorder, degree of neuroticism and disagreeableness, extent of social dysfunction, and severity of symptoms—all of which appear to be interrelated. Because employment generally promotes an individual's stability, further research into these variables is essential.

KEY WORDS

Axis II disorders, employment, functionality, personality disorders, work

INTRODUCTION

Personality disorders are relatively prevalent in community populations. For example, through a meta-analysis, Lenzenweger¹ found that the median prevalence of any personality disorder in the general populations of three different countries (i.e., an analysis of six major studies) is 10.6 percent. Blanco et al² conducted face-to-face psychiatric interviews with college students (n=2,188) and noncollege-attending peers (n=2,904), and found rates for any personality disorder of 17.7 and 21.6 percent, respectively (i.e., 1 out of every 5 young adults). Moran et al³ examined 1,469 young adults with a mean age of 24 years and encountered Axis II disorders in 18.6 percent. Finally, in a study that examined the causes for involuntary military separation for psychiatric reasons, personality disorders accounted for 11 percent.⁴ These data underscore the relatively high prevalence rate of personality disorders in various community samples. In this edition of “The Interface,” we examine the potential effects of personality dysfunction on work functioning.

PERSONALITY DISORDERS AND IMPAIRED FUNCTIONALITY

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*,⁵ an individual with a personality disorder is characterized by some degree of functional impairment, with examples being social and occupational arenas. While work dysfunction is our focus, social dysfunction keenly relates to impaired occupational functioning among those with Axis II disorders. To emphasize this point, Hill et al⁶ found that pervasive social dysfunction was associated with a 16-fold increase in the odds of having a personality disorder. Furthermore, while functional impairment is a common defining characteristic for many *DSM* disorders, Ansell et al⁷ note that the degree of impairment experienced by those with personality disorders is often equivalent to, and at times exceeds, that encountered in those with mood and anxiety disorders. However, is there any direct empirical evidence that personality dysfunction impairs employment?

PERSONALITY DYSFUNCTION AND WORK DYSFUNCTION

While available studies are few in number, the majority indicates that having a personality disorder compromises work functionality. Most of these studies began to emerge in the late 1980s. In the first, Patrick⁸ examined a sample of workers compensation claimants who were “work ready” (i.e., willing and able to return to work). None demonstrated mean scores on the Minnesota Multiphasic Personality Inventory (MMPI) indicating psychopathology (i.e., scores were in the normal range).

In a study by Gordon et al,⁹ investigators compared psychiatric

“treatment-seekers” with workmen’s compensation “payment seekers.” Payment-seekers were significantly more likely than treatment seekers to have Axis II disorders.

Eliashof and Streltzer¹⁰ examined the role of “stress” among 26 workers compensation claimants. In this cohort, stress symptoms were most often precipitated by interpersonal issues (56%), with most participants stating that unfair treatment caused their distress (i.e., an inter-relationship between social and occupational dysfunction). In this cohort, 79 percent met the criteria for a personality disorder.

In a study of low-back pain patients (N=324), Gatchel et al¹¹ examined relationships between initial symptoms and subsequent chronic disability. In analyses designed to predict outcome in six months, the researchers found that the presence of a personality disorder was a significant predictor for not returning to work.

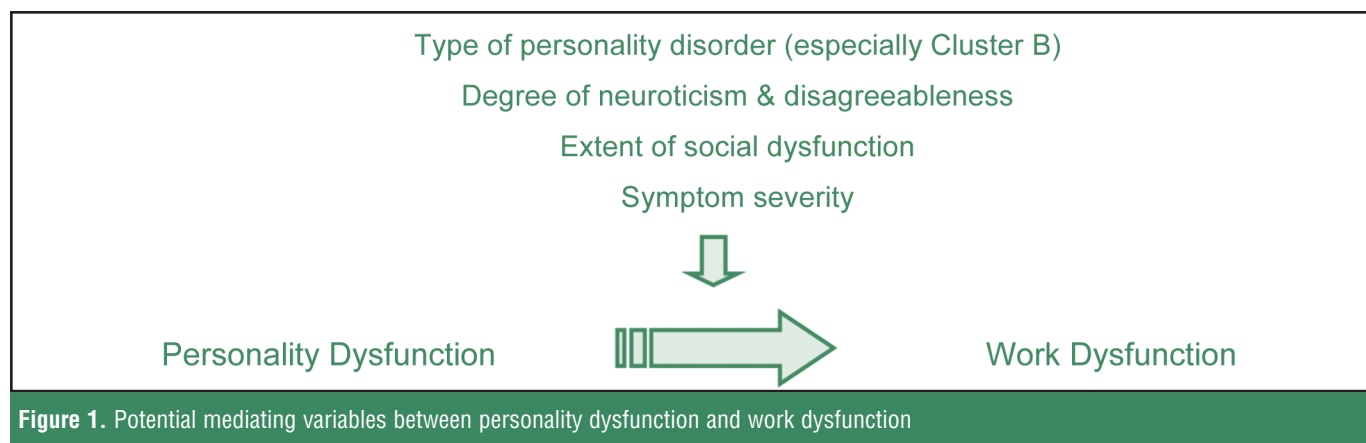
Ekselius et al¹² examined a mixed group of medical patients and found that the presence of a personality disorder within the Cluster B category was associated with an earlier age of longstanding employment disability. Burton et al¹³ examined the long-term employment outcome of 70 individuals with work-related upper-extremity chronic pain; borderline personality was a predictor for poor return to work.

Tartaglino et al¹⁴ examined corrections officers (N=1029) who voiced complaints of psychological distress. While V-code diagnoses accounted for most lost workdays, the researchers found that personality disorders, in addition to mood and anxiety disorders, were the most disabling conditions. Among a sample of 45 individuals

in an internal medicine clinic, Sansone et al¹⁵ found that, among the employment-disabled, 72 percent met the criteria for borderline personality disorder (BPD).

Jackson and Burgess¹⁶ examined data from the Australian National Mental Health and Well-Being Survey (N=10,641) and found that having specific types of personality disorders, especially BPD, was strongly associated with lost days of role functioning. In comparing women with (n=214) versus without (n=1004) antisocial personality disorder features, Pajer et al¹⁷ found that participants with these Axis II features were more likely to be unemployed. In another Australian sample, Jovev and Jackson¹⁸ compared those with BPD to those with another or no personality disorder. Those with BPD reported the poorest levels of interpersonal functioning and found employment stressful and difficult from a coping standpoint. Finally, in an Australian study examining the vocational rehabilitation of injured workers, Wall et al¹⁹ found that personality factors (affecting about one third of this cohort) were associated with poorer outcome.

What does this sampling of studies from the literature summarily suggest? Personality pathology may be relatively common in those who seek compensation for work-related injuries, do not successfully rehabilitate, do not return to work, and/or are unemployed. In addition, workers with personality pathology may experience greater interpersonal difficulties at work, perceived job stress, impairment in role functioning, and disability. Succinctly, these data indicate that the presence of a personality disorder has pervasive influences on work functionality.



STUDIES REFUTING A RELATIONSHIP

Not all studies affirm an association between personality dysfunction and work dysfunction. For example, Owen²⁰ examined personality pathology in 125 chronic low-back pain patients and concluded that personality pathology was not related to return-to-work status at one-year follow-up. In a Spanish study, Sans et al²¹ examined employee time off for psychiatric reasons. Depression and anxiety were the most frequent reasons, at 48 and 38 percent, respectively, whereas personality disorders accounted for only one percent of individuals (i.e., this percentage is unexpectedly low, given the anticipated frequency of personality disorders in the general population). Ericsson et al²² examined 184 Swedish pain patients with the Karolinska Scales of Personality; neither baseline personality traits nor the diagnosis of a personality disorder were predictors of subsequent disability status. Finally, in a United States study, Gatchel et al²³ examined the successful return-to-work of 152 employees following their rehabilitation for low back pain. In this sample, more than 50 percent had an Axis II diagnosis based upon structured clinical interview, but

personality pathology was not a predictive factor for returning to work at the one-year evaluation point.

These preceding studies suggest that there must be tempering variables in the relationship between personality dysfunction and work dysfunction. However, these variables have yet to be fully elucidated.

TEMPERING FACTORS BETWEEN PERSONALITY DYSFUNCTION AND WORK DYSFUNCTION

Given that the majority of available studies indicate that personality dysfunction has a potentially detrimental effect on various aspects of employment, what underlying factors are presently known that might mediate this relationship?

Personality volatility.

Personality disorders vary greatly in terms of their emotional stylings. In comparing the three personality disorder clusters, Cluster B disorders are characterized by emotional, dramatic, and erratic features, as opposed to the odd/eccentric features in Cluster A disorders and the fearful/anxious features in Cluster C disorders. Given our previous discussion about the relevance of social functioning in the successful

negotiation of the work environment, Cluster B disorders might predictably be the most imperiling. According to Lang and Helweg,²⁴ Cluster B disorders, in particular, are associated with an earlier age of work disability and failure to return to work.

Neuroticism and disagreeableness. Given the ongoing discussion around the categorical versus dimensional diagnosis of personality disorders, the five-factor model of personality is particularly relevant to our discussion because of its potential role in Axis II dimensional assessment. According to this model, the most prominent and consistent personality dimensions underlying a large number of personality disorders are neuroticism (i.e., a tendency to experience unpleasant emotions easily, such as anger, anxiety, depression, or vulnerability) and low agreeableness (i.e., disagreeableness).²⁵ In this regard, in a Dutch study, Michon et al²⁶ found that higher levels of neuroticism are significantly associated with subsequent impairment in work functioning, independent of psychiatric diagnosis. These data suggest that neuroticism, an underlying temperamental feature of most of

the personality disorders, is an important factor in work impairment.

Social dysfunction. Like all psychiatric disorders, personality disorders vary from individual to individual in terms of their severity. In a United Kingdom study, Newton-Howes et al²⁷ surveyed 2,528 workers and randomly interviewed 282 to assess social dysfunction. In this study, social dysfunction and personality dysfunction were inter-related—and to a greater extent than other types of psychopathology.

Symptom severity. Like other psychiatric disorders, symptom severity in personality disorders is likely to contribute to functional impairment. In a multisite study comprising five psychiatric hospitals, investigators examined the effects of various types of psychiatric disorders on social disability.²⁸ In this study, the severity of symptoms was the most significant factor in determining the level of social dysfunction, which is secondarily related to occupational functioning. Figure 1 summarizes these various tempering variables.

CONCLUSION

From our review of the empirical literature, there appears to be reasonably strong evidence that personality dysfunction tends to exert a detrimental effect on employment functioning. Importantly, this association is not invariable and there may be a number of tempering factors that mediate this relationship, such as the type of personality disorder, the degree of neuroticism and disagreeableness, the extent of social dysfunction, and symptom severity. Clearly, these relationships warrant further investigation, particularly because

employment may be a valuable tool for structuring a patient's environment and promoting stability. Can interventions be developed for those with personality disorders to alleviate key areas that challenge employment? Clearly, the relationship between personality dysfunction and work dysfunction is highly relevant for both psychiatric and primary care clinicians.

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