Psychiatr. Pol. 2015; 49(3): 599–613
PL ISSN 0033-2674 (PRINT), ISSN 2391-5854 (ONLINE)
www.psychiatriapolska.pl
DOI: http://dx.doi.org/10.12740/PP/21369

The sense of identity and symptoms of personality disorders – The results of a non-clinical population study

Aleksandra Pilarska, Anna Suchańska

Department of Personality Psychology, Institute of Psychology, Adam Mickiewicz University
Head: dr hab. A. Suchańska, prof. of Adam Mickiewicz University

Summary

Aim. The aim of the presented studies was to empirically analyze the relation between the symptoms of personality disorders and the structure of identity-related senses. The analyses were conducted within two models – based on Millon's theory of personality and DSM-IV personality disorder classification system.

Methods. In the studies, a total of 197 university students of various majors were included. The authors used Polish version of the Millon Index of Personality Styles that assess personality styles and offers a Clinical Index to evaluate psychological adjustment, and Personality Disorder Types Questionnaire to obtain DSM-IV diagnoses. The intensity of the identity-related senses was measured using the Multidimensional Identity Inventory. Data were tested for normality, and then Student's t-tests and ANOVA tests were used to compare the structure of identity-related senses in individuals with a healthy personality and disordered personality.

Results. Within Millon's model, three different patterns of disordered personality were found, and they all manifested some identity deficits. Most of the personality disorders covered by DSM-IV also significantly differed on the identity dimensions from healthy personality.

Conclusions. The results show that identity deficits should be considered as an important symptom of personality disorders, regardless of the adopted model of personality. The most disordered identity is observed in individuals falling into the group with odd or eccentric disorders and into the anxious or fearful cluster. The group with dramatic, emotional or erratic disorders is the most heterogeneous in terms of the level of identity disorganization.

Key words: personality disorders, personality assessment, identity crisis

Introduction

Clinical reports point to identity problems as an important aspect of experience in individuals with personality disorders. Particularly important are the works of psy-

The study was not sponsored

chodynamically oriented authors, who – regardless of what approach they represent – recognize the sense of identity to be an important manifestation of the level of personality integration [1–5]. Likewise, the current classification systems of personality disorders present identity-related deficits as their diagnostic criterion – in the DSM-5 model, currently in preparation, the basic criterion in diagnosing a personality disorder is a significant impairment in the sphere of the self (i.e., in the sense of identity and self-direction) and in the interpersonal sphere (i.e., in the capacity for empathy and intimacy) [6].

Even though a majority of theorists (and practitioners) stress the connections between personality disorders and the sense of identity, they are rarely studied empirically, and thus remain hypothetical. This paper attempts to show the empirical connections between the symptoms of personality disorders and the structure of identity-related senses. These connections will be examined within two models of personality disorders – Theodore Millon's biopsychosocial concept of personality and the DSM-IV classification system.

Millon's proposal [7, 8] constitutes a model of personality, popular worldwide, that integrates existing theoretical approaches. The adoption of the evolutionary perspective allows to understand personality in terms of the style of adaptive functioning that an individual exhibits when relating to his or her respective environment and to understand personality development as a dynamic process that organizes an individual's functioning in accordance with four principles: (1) the principle of (the aim of) existence, which comprises life preservation and life enhancement mechanisms and is reflected in the pleasure-pain polarity, (2) the principle of (the mode of) adaptation, which refers to the strategies of adjustment to the surrounding ecosystem based on (passive) accommodation to or modification of the environment and leads to the formation of the passive-active polarity, (3) the principle of (the strategy of) replication and reproduction, which refers to the degree to which a person is oriented towards individuation (the egoistic strategy) or towards the nurturing of others (the affiliative strategy) and which is reflected on the self-other bipolar dimension, and (4) the specifically human principle of abstraction, represented by the thinking-feeling polarity. The fourth principle refers to a person's typical ways of processing information. The above polarities make up a system of interrelated characteristics (inclinations) that govern mental life and determine the individual's manner of functioning [8–10].

In this light, personality disorders will be forms of maladjustment resulting from: (1) function deficits, (2) balance disturbances, or (3) conflicts concerning the bipolar dimensions described above [8, 10]. Their symptoms will be the following: (1) adaptive rigidity, consisting in persistent use of a limited repertoire of coping strategies in a variety of situations and problems, (2) the destructiveness of coping strategies, which generate vicious circles of pathological behaviours, and (3) fragile balance, manifesting itself in a lack of resistance to stress and a susceptibility to the destabilization of coping methods. In accordance with Millon's suggestion [8], all the personality disorders on axis II of the DSM represent one of these three conditions of imbalance between mental poles.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a commonly used source in the classification of mental disorders, where personality disorders are

described on axis II. This system allows for diagnosing personality disorders based on general criteria and, next, based on specific criteria for the ten distinguished specific disorders. A personality disorder will be understood here as a permanent pattern of experience and behaviour diverging from cultural expectations regarding the individual which: (1) manifests itself in the cognitive, affective, interpersonal and/or impulse control spheres, (2) has a fixed and trans-situational character, (3) leads to a deterioration of functioning and subjective suffering, (4) is stable over time and dates back to adolescence or early adulthood, and (5) is not better explained by symptoms of another mental disorder [11]. The DSM classification also makes a quasi-dimensional approach to personality disorders possible by using superior clusters, grouping disorders that have their respective etiopathogenetic profiles and intuitions [12]. The three groups of disorders are: (A) odd or eccentric disorders, comprising paranoid, schizoid, and schizotypal disorders, and characterized by eccentric or odd behaviours, mistrust, suspicion, and alienation; (B) dramatic, emotional or erratic disorders, comprising antisocial, borderline, histrionic, and narcissistic disorders, and characterized by a tendency to dramatize, emotional instability, inconsistency, and impulsivity; (C) anxious or fearful disorders, comprising avoidant, dependent, and obsessive-compulsive disorders, and characterized by anxiety and fear.

The sense of personal identity is a comprehensive intuitive and reflective attitude to oneself. It corresponds to the recurring modes of experiencing oneself-as-subject and, to some extent, is determined by the conscious self-representations. Such understood sense of identity is a multifaceted phenomenon which cannot be reduced to a single dimension. Based on the literature of the subject [3, 13–16], six basic categories of identity-related senses may be distinguished. These are: the sense of inner content, the sense of uniqueness (individuality), the sense of separateness and borders, the sense of consistency, the sense of continuity in time, and self-worth. The structural aspect of identity is represented by the organization (diversity and interrelations) of the above-mentioned identity-related senses [17, 18]. The healthy and mature sense of identity, therefore, requires the development and maintenance of all of them [3].

Aim

The identity development is central to the psychodynamic understanding of the personality disorders and also an important diagnostic criterion in clinical practice. Given the importance of this knowledge and the paucity of empirical findings in the area, the purpose of this research was to empirically examine the relationships between the sense of identity and the symptoms of personality disorders. Two basic research questions were addressed: (1) Are identity deficits an integral part of personality disorders or are they specific to certain types of disorders described in Millon's theoretical model and a nosological system, such as the DSM-IV? (2) Are (if yes, to what extent) the results obtained using both classification procedures consistent?

Based on the theoretical and clinical data concerning personality and personality disorders [1–6, 8, 12], the following research hypotheses were formulated: (1) There are specific links between certain personality disorders and identity deficits, particu-

larly in the case of schizotypal, borderline, and dependent disorders. (2) The patterns of results obtained with both classification systems are highly comparable.

Material

The research project was carried out in two stages. The participants in the first study, in which Millon's model was used, were 100 university students of various majors, aged from 20 to 26 (female: 50% and male: 50%). Because the study sample was drawn from the general population, Millon's suggestion [7, 19] was followed recommending the use of clinical index – one of the supplementary scales of the Millon Index of Personality Styles – as the indicator of the presence of personality disorders. The use of this criterion allowed to distinguish within the group subsequent two subgroups: (a) a subgroup showing signs of personality disorders and (b) a subgroup without such signs. In the study group, 26 individuals met Millon's criterion of maladjustment, i.e., had clinical index results equal to or lower than 35 ($M = 27.00$, $SD = 5.23$).

The participants in the second study, in which the DSM classification was used, were 97 university students of various majors, whose age ranged from 20 to 26 years (female: 67%) and male: 33%). Because the study sample was drawn from the general population, the standard deviation criterion was used – for each personality style – as the cut-off point for results indicating the presence of disorders. The adoption of this criterion is based on the assumption that each trait of personality forms a continuum where extreme intensity of a given trait may be treated as a symptom of a disorder [20]. Accordingly, the study group was divided into two subgroups: (a) a subgroup showing signs of personality disorders and (b) a subgroup without such signs. 56 individuals in the study group met the above criterion of maladjustment, i.e., had results falling more than one standard deviation away from the mean of at least one of the analyzed personality styles. It is worth noting that adopting the above criterion allows for distinguishing subgroups with specific personality disorders. The subgroups are not disjoint, however. Actually, 21 people in the study group met the criterion for more than one personality disorder. This observation is understandable since the DSM diagnostic categories are not mutually exclusive.

Both studies were carried out on a group basis, with anonymity and confidentiality of data ensured. Participants were informed about the purpose of the study, and conducting the study was made conditional on their consent each time.

Method

To measure personality styles in Millon's model, Suchańska and Czekaj's [21] Polish adaptation of the Millon Index of Personality Styles was used (MIPS-R) [7]. This tool consists of 24 scales grouped into 12 pairs and comprising a total 180 true-false items. The scales of the Index are organized around three main personality categories: (1) Motivating Styles, (2) Thinking Styles, and (3) Behaving Styles. Motivating styles make it possible to estimate the individual's dominant reinforcement-seeking strategies (pairs: Pleasure-Enhancing vs. Pain-Avoiding, Actively Modifying vs. Passively

Accommodating, Self-Indulging vs. Other-Nurturing), thinking styles point to his or her characteristic strategies of cognitive processing (pairs: Externally Focused vs. Internally Focused, Realistic/Sensing vs. Imaginative/Intuiting, Thought-Guided vs. Feeling-Guided, Conservation-Seeking vs. Innovation-Seeking), and behaving styles specify the individual's ways of functioning in society and establishing relationships with people (pairs: Asocial/Withdrawing vs. Gregarious/Outgoing, Anxious/Hesitating vs. Confident/Asserting, Unconventional/Dissenting vs. Dutiful/Conforming, Submissive/Yielding vs. Dominant/Controlling, Dissatisfied/Complaining vs. Cooperative/Agreeing). The MIPS-R questionnaire also includes four supplementary scales; three of them serve control purposes and are used for assessing the reliability of data (positive and negative impression, and consistency); the fourth one is a clinical index indicating general adjustment. The usual test and scoring procedure produces a 28-scale profile that should be interpreted within the framework of Millon's theory. The values of Cronbach's alpha reliability coefficient for the vast majority of MIPS-R scales are satisfactory and range from $\alpha = 0.56$ for realistic/sensing style to $\alpha = 0.86$ for anxious/hesitating style, with mean value of $\alpha = 0.74$.

For assessing personality disorders classified on DSM-IV axis II, the Personality Disorder Types Questionnaire, developed by Badecka and Ruszkowska [22] was used. The questionnaire comprises a total of 130 items, rated on a 5-point Likert scale. Each of its ten subscales comprises 13 items and corresponds to one of the ten types of personality disorders described in the DSM-IV. A person's average score in each of the subscales indicates his or her level of particular personality tendencies and allows for identifying the prevailing diagnosis. The values of Cronbach's alpha reliability coefficient for the subscales are as follows: $\alpha = 0.81$ for Paranoid Personality, $\alpha = 0.77$ for Schizoid Personality, $\alpha = 0.79$ for Schizotypal Personality, $\alpha = 0.66$ for Antisocial Personality, $\alpha = 0.81$ for Borderline Personality, $\alpha = 0.78$ for Histrionic Personality, $\alpha = 0.77$ for Narcissistic Personality, $\alpha = 0.83$ for Avoidant Personality, $\alpha = 0.72$ for Dependent Personality, and $\alpha = 0.69$ for Obsessive-Compulsive Personality.

The Multidimensional Identity Inventory [17] was used to measure the six above-mentioned identity-related senses, namely the senses of inner content (Accessibility subscale), uniqueness (Specificity subscale), separateness (Separateness subscale), consistency (Consistency subscale), continuity in time (Stability subscale), and self-worth (Valuation subscale). It comprises 38 items altogether, rated on a four-point scale. The individual's score on each subscale (representing the intensity of respective identity-related senses) is the sum of ratings on the items in that subscale. The values of Cronbach's alpha reliability coefficient for the subscales are the following: accessibility $\alpha = 0.79$, specificity $\alpha = 0.79$, separateness $\alpha = 0.66$, consistency $\alpha = 0.86$, stability $\alpha = 0.63$, valuation $\alpha = 0.74$.

The research was conducted in a correlational design. Statistical analyses were performed using Student's t-test and one-way ANOVA with post-hoc tests where appropriate, after data were tested for normality of distribution.

Results

Study 1

The level of personality functioning and the sense of identity in the context of Millon's model

With regard to the first research question, at first, it was checked whether the level of personality functioning was a significant factor differentiating the sense of identity (Table 1). The obtained results show that the groups distinguished by the level of adjustment differ significantly in the sense of identity ($p < 0.05$, mean $d = 0.59$). The values of effect size point to moderately strong connections between the experience of personality problems and the intensity of the analyzed identity-related senses.

Table 1. **Comparison of groups with normal and disordered personality (according to Millon's criteria) across identity-related senses**

	Normal personality	Disordered personality	Student's t-test	Effect size
	M (SD)	M (SD)	t (98)	d
SIC	12.03 (2.12)	10.58 (2.87)	2.72**	0.55
SU	18.04 (4.31)	15.38 (4.19)	2.72**	0.55
SS	22.91 (4.18)	20.31 (4.95)	2.59*	0.52
SC	24.58 (5.36)	21.96 (5.52)	2.13*	0.43
SCT	12.30 (2.37)	10.08 (3.08)	3.79***	0.77
SSW	12.45 (2.76)	10.27 (2.82)	3.44***	0.69

SIC – sense of having inner contents; SU – sense of uniqueness; SS – sense of separateness; SC – sense of consistency; SCT – sense of continuity in time; SSW – sense of self-worth; M – mean; SD – standard deviation; t – result of Student's t-test; d – Cohen's d; *** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$

The type of personality disorder and the sense of identity in the context of Millon's model

Next, it was checked whether personality profiles observed in individuals showing signs of personality disorders may co-occur, forming syndromes corresponding to specific groups of disorders. Two-stage clustering was used as the classification procedure. Cluster analysis included all the 24 personality styles distinguished by Millon. It yielded 3 groups of people. Differences between clusters turned out to be significant with regard to nearly all personality styles ($p < 0.05$, mean $\eta^2 = 0.45$), the exceptions being: Other Nurturing, Realistic/Sensing, Imaginative/Intuiting, Conservation-Seeking, and Innovation-Seeking styles (Table 2). The largest is Cluster 1 (n = 14), whose profile indicates that these are introverted, anxious people, characterized by negativism and social withdrawal. This cluster eludes unambiguous classification and appears to show selected traits of avoidant personality disorder [8]. The personality profile of Cluster 2

(n = 7) indicates that these are people with an anxious and passive attitude towards life, overwhelmed with a sense of loneliness and unfulfillment. They remain introverted, and show signs of inhibition and social withdrawal. In accordance with Millon's interpretive guidelines [8], this cluster meets the criteria of Asocial/Withdrawing personality type, which, when disordered, comprises schizoid and depressive personality disorders. The personality pattern of Cluster 3 (n = 5) makes it legitimate to suppose that these are passive people with a tendency to adjust, which may be accompanied by susceptibility to being used by others. They are emotional, empathic, and kind in relations with others, and their behaviour is marked by a considerable degree of submissiveness and willingness to compromise. In accordance with Millon's interpretive guidelines [8], this cluster appears to meet the criteria of the Cooperative/Agreeing personality type, which, when disordered, leads to dependent personality.

Table 2. **Comparison of clusters with different personality styles – one-way analysis of variance**

	Cluster 1	Cluster 2	Cluster 3	ANOVA	Effect size
	M (SD)	M (SD)	M (SD)	F (2.23)	η^2
PE	12.21 (3.96)	3.43 (1.62)	12.60 (2.07)	19.61***	0.63
PAV	32.64 (6.26)	41.86 (4.34)	32.60 (2.41)	7.76**	0.40
AM	25.43 (7.07)	14.00 (5.72)	16.00 (7.11)	8.09**	0.41
PA	25.86 (7.10)	37.57 (4.93)	32.40 (6.02)	8.12**	0.41
SI	25.86 (6.31)	19.43 (3.41)	8.40 (1.52)	21.97***	0.66
ON	25.07 (7.76)	23.00 (8.81)	34.00 (9.30)	2.84[a]	0.20
EF	13.36 (4.78)	7.00 (4.97)	19.40 (6.66)	8.46**	0.42
IF	22.64 (4.52)	26.00 (3.70)	17.40 (4.34)	5.88**	0.34
R/S	15.64 (7.81)	12.86 (4.88)	9.80 (4.27)	1.52	0.12
I/I	25.93 (10.22)	23.14 (2.73)	31.20 (3.90)	1.51	0.12
TG	23.14 (5.57)	18.29 (3.55)	9.60 (7.30)	11.37***	0.50
FG	28.43 (7.89)	28.71 (6.73)	41.40 (5.08)	6.51**	0.36
CS	31.43 (9.87)	23.71 (8.90)	22.80 (7.33)	2.50	0.18
IS	29.36 (7.34)	24.57 (8.36)	31.20 (4.27)	1.49	0.11
A/W	32.64 (5.49)	36.57 (5.88)	17.60 (4.72)	19.25***	0.63
G/O	21.29 (7.42)	7.00 (5.66)	21.60 (6.50)	11.29***	0.50
A/H	33.21 (7.12)	45.00 (6.76)	36.00 (3.24)	7.71**	0.40
C/A	25.57 (7.39)	11.29 (7.06)	14.80 (4.55)	11.57***	0.50
UC/D	31.36 (6.80)	36.43 (8.26)	21.80 (2.77)	6.97**	0.38
D/C	34.07 (10.37)	21.57 (7.14)	29.80 (6.61)	4.46*	0.28
S/Y	25.36 (7.06)	32.71 (4.35)	30.20 (4.92)	3.70*	0.24

table continued on the next page

DO/C	25.93 (5.33)	16.86 (5.81)	13.40 (4.51)	13.19***	0.53
DS/C	38.71 (6.45)	40.14 (4.95)	27.20 (6.53)	7.91**	0.41
CO/A	29.57 (6.39)	34.29 (5.28)	47.20 (2.68)	18.10***	0.61

PE – pleasure-enhancing; PAV – pain-avoiding; AM – actively modifying; PA – passively accommodating; SI – self-indulging; ON – other-nurturing; EF – externally focused; IF – internally focused; R/S – realistic/sensing; I/I – imaginative/intuiting; TG – thought-guided; FG – feeling-guided; CS – conservation-seeking; IS – innovation-seeking; A/W – asocial/withdrawing; G/O – gregarious/outgoing; A/H – anxious/hesitating; C/A – confident/asserting; UC/D – unconventional/dissenting; D/C – dutiful/conforming; S/Y – submissive/yielding; DO/C – dominant/controlling; DS/C – dissatisfied/complaining; CO/A – cooperative/agreeing; M – mean; SD – standard deviation; F – result of ANOVA; η^2 – eta-squared; *** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$, [a] $p < 0.10$

The obtained three patterns of disordered personality were compared, in terms of the sense of identity, with the results of well-adjusted individuals. The identity profiles of the compared groups are presented in Figure 1. The results of analysis show that individuals in Cluster 1 (with avoidant personality traits) differ from adjusted individuals in having a lower sense of continuity in time ($t(86) = 2.65$, $p < 0.01$, $d = 0.57$) and a marginally lower sense of separateness ($t(86) = 1.75$, $p < 0.10$, $d = 0.38$). Individuals in Cluster 2 (with schizoid-depressive personality traits) differ from adjusted individuals in having lower senses of continuity in time ($t(79) = 3.49$, $p < 0.001$,

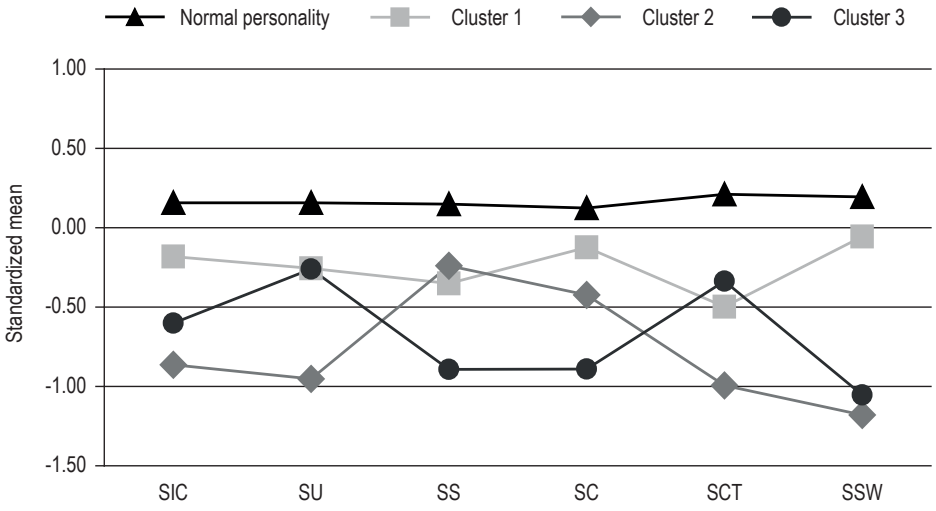

Figure 1. **Graphical illustration of structures of identity-related senses obtained for participants with normal personality and for clusters with disordered personality (according to Millon's criteria)**

SIC – sense of having inner contents; SU – sense of uniqueness; SS – sense of separateness; SC – sense of consistency; SCT – sense of continuity in time; SSW – sense of self-worth

$d = 0.78$), self-worth ($t(79) = 3.77$, $p < 0.001$, $d = 0.85$), inner content ($t(79) = 2.90$, $p < 0.01$, $d = 0.65$), and uniqueness ($t(79) = 2.88$, $p < 0.01$, $d = 0.65$). As regards individuals in Cluster 3 (with dependent personality traits), they differ from adjusted ones in having lower senses of separateness ($t(77) = 2.47$, $p < 0.05$, $d = 0.56$), consistency ($t(77) = 2.23$, $p < 0.05$, $d = 0.51$), and self-worth ($t(8) = 6.23$, $p < 0.001$, $d = 1.74$), as well as a marginally lower sense of inner content ($t(77) = 1.83$, $p < 0.10$, $d = 0.42$).

It is worth noting that the three clusters of individuals showing signs of personality disorders differ among themselves significantly only in terms of self-worth ($F(2.23) = 5.42$, $p < 0.05$, $\eta^2 = 0.32$). Individuals in Cluster 1 have significantly higher self-worth compared to those who fall into the remaining two clusters. It can also be seen that healthy individuals have the most harmoniously structured sense of identity.

Study 2

The level of personality functioning and the sense of identity in the context of DSM-IV

Analogously to Study 1, in the first place, it was checked whether the level of personality functioning was a significant factor differentiating the sense of identity (Table 3). The obtained results show that the sense of self-consistency significantly differentiates the two groups ($p < 0.05$, $d = 0.52$), whereas the senses of continuity in time and self-worth differentiate the two groups at the level of a statistical trend ($p < 0.10$, mean $d = 0.37$). The effect size points to a moderately strong relation between the presence of a personality disorder and the level of the sense of consistency.

Table 3. **Comparison of groups with normal and disordered personality (according to DSM criteria) across identity-related senses**

	Normal personality	Disordered personality	Student's t-test	Effect size
	M (SD)	M (SD)	t (95)	d
SIC	11.24 (2.76)	10.34 (3.11)	1.48	0.30
SU	11.00 (3.04)	12.14 (3.84)	-1.58	0.32
SS	10.63 (2.98)	9.64 (3.05)	1.60	0.33
SC	20.46 (5.11)	17.43 (6.35)	2.52*	0.52
SCT	5.59 (2.11)	4.77 (2.33)	1.78[a]	0.36
SSW	12.22 (2.92)	10.95 (3.83)	1.86[a]	0.38

SIC – sense of having inner contents; SU – sense of uniqueness; SS – sense of separateness; SC – sense of consistency; SCT – sense of continuity in time; SSW – sense of self-worth; M – mean; SD – standard deviation; t – result of Student's t-test; d – Cohen's d; * $p < 0.05$; [a] $p < 0.10$

The type of personality disorder and the sense of identity in the context of DSM-IV

Next, it was checked whether the disorders distinguished in the DSM-IV were accompanied by specific profiles of identity-related senses. The three clusters of personality disorders were subjected to analysis, and then each of the ten disorders was analyzed separately. The obtained configurations were compared with the results of people with a healthy personality. The profiles of identity-related senses for the three clusters of personality disorders are illustrated in Figure 2. The analyses show that, compared to individuals with a healthy personality, those who meet the criteria of Cluster A personality disorders (odd or eccentric) are characterized by lower senses of continuity in time ($t(65) = 2.54$, $p < 0.05$, $d = 0.63$), consistency ($t(65) = 3.25$, $p < 0.01$, $d = 0.80$), and self-worth ($t(65) = 3.64$, $p < 0.001$, $d = 0.90$). Individuals who meet the criteria of Cluster B personality disorders (dramatic, emotional, or erratic disorders), compared to those with a healthy personality, have a lower sense of consistency ($t(69) = 2.60$, $p < 0.05$, $d = 0.63$) accompanied by an increase in the sense of uniqueness ($t(69) = –2.63$, $p < 0.01$, $d = 0.63$). As regards individuals meeting the criteria of Cluster C personality disorders (anxious or fearful disorders), compared to those with a healthy personality, they are characterized by lower senses of separateness ($t(75) = 2.24$, $p < 0.05$, $d = 0.52$), consistency ($t(64) = 2.95$, $p < 0.01$, $d = 0.68$), inner content ($t(75) = 2.38$, $p < 0.05$, $d = 0.55$), and self-worth ($t(75) = 3.02$, $p < 0.01$, $d = 0.70$).

It is worth noting that the three clusters differ among themselves only in terms of the sense of uniqueness, the difference being marginal ($F(2.89) = 2.67$, $p < 0.10$, $\eta^2 = 0.06$).

The pattern of identity-related senses characteristic for Cluster A as a whole is observed in paranoid personality disorder ($t(50) = 2.47$, $p < 0.05$, $d = 0.70$ for the sense of consistency; $t(50) = 2.86$, $p < 0.01$, $d = 0.81$ for the sense of continuity; $t(50) = 4.73$, $p < 0.001$, $d = 1.34$ for self-worth), although there is also a marginally significant deficit in the sense of separateness here ($t(29) = 1.71$, $p < 0.10$, $d = 0.49$). The profile characteristic for this cluster is reflected somewhat less clearly in schizoid personality disorder ($t(17) = 2.26$, $p < 0.05$, $d = 0.77$ for self-worth; $t(52) = 1.97$, $p < 0.10$, $d = 0.55$ for the sense of consistency; $t(52) = 1.75$, $p < 0.10$, $d = 0.49$ for the sense of continuity). The identity of individuals with schizotypal personality traits turns out to be characterized by a higher degree of disorganization – what we observe here is not only deficits in the senses of consistency ($t(47) = 4.10$, $p < 0.01$, $d = 1.20$) and self-worth ($t(47) = 3.89$, $p < 0.001$, $d = 1.14$), but also lower senses of inner content ($t(47) = 2.70$, $p < 0.01$, $d = 0.79$) and separateness ($t(24) = 4.00$, $p < 0.001$, $d = 1.18$).

The pattern of identity-related senses characteristic for Cluster B is not entirely reproduced in any of the personality disorders included in this group. In the case of antisocial personality disorder, there is a significant increase in the sense of uniqueness ($t(53) = –2.81$, $p < 0.01$, $d = 0.77$), and in narcissistic personality disorder there is a marginal deficit in the sense of consistency ($t(50) = 1.90$, $p < 0.10$, $d = 0.54$). The identity of individuals showing signs of borderline and histrionic personality disorder is characterized by a considerably lower level of consolidation. In the former case, we

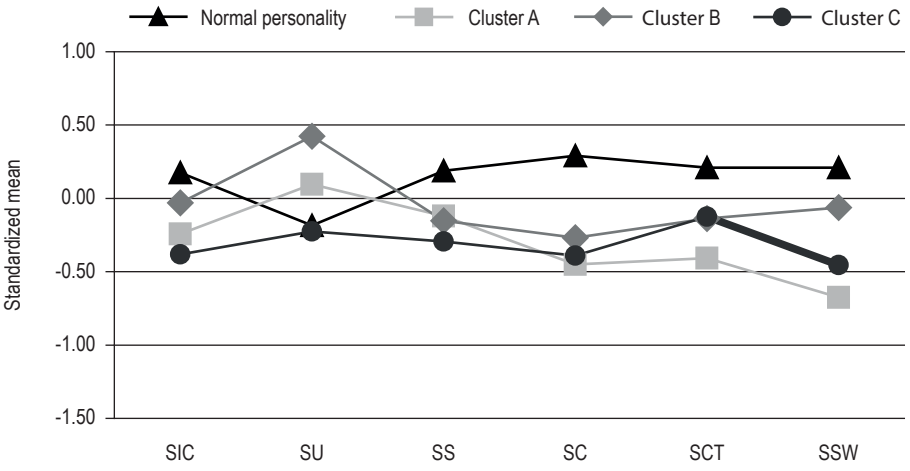

Figure 2. **Graphical illustration of structures of identity-related senses obtained for participants with normal personality and for personality disorder clusters (according to DSM criteria)**

SIC – sense of having inner contents; SU – sense of uniqueness; SS – sense of separateness; SC – sense of consistency; SCT – sense of continuity in time; SSW – sense of self-worth

observe deficits in the senses of separateness ($t(22) = 3.54$, $p < 0.01$, $d = 1.31$), consistency ($t(48) = 3.92$, $p < 0.001$, $d = 1.13$), and self-worth ($t(48) = 3.11$, $p < 0.01$, $d = 0.90$), as well as – at the trend level – a deficit in the sense of inner content ($t(48) = 1.74$, $p < 0.10$, $d = 0.50$); in the latter case, we observe deficits in all the identity-related senses except the sense of uniqueness ($t(53) = 2.47$, $p < 0.05$, $d = 0.68$ for the sense of inner content; $t(37) = 3.38$, $p < 0.01$, $d = 0.92$ for the sense of separateness; $t(53) = 3.94$, $p < 0.001$, $d = 1.08$ for the sense of consistency; $t(53) = 2.11$, $p < 0.05$, $d = 0.58$ for the sense of continuity; and $t(17) = 2.43$, $p < 0.05$, $d = 0.82$ for self-worth).

The pattern of identity-related senses characteristic for Cluster C is observed in dependent personality disorder ($t(51) = 2.52$, $p < 0.05$, $d = 0.71$ for the sense of inner content; $t(30) = 4.22$, $p < 0.001$, $d = 1.20$ for the sense of separateness; $t(51) = 3.19$, $p < 0.01$, $d = 0.89$ for the sense of consistency; $t(51) = 2.19$, $p < 0.05$, $d = 0.61$ for self-worth) and in avoidant personality disorder, where a marginal deficit in the sense of continuity in time is also found ($t(55) = 3.14$, $p < 0.01$, $d = 0.85$ for the sense of inner content; $t(55) = 4.28$, $p < 0.001$, $d = 1.15$ for the sense of consistency; $t(55) = 5.65$, $p < 0.001$, $d = 1.52$, for self-worth; $t(55) = 1.89$, $p < 0.10$, $d = 0.51$, for the sense of separateness; $t(55) = 1.69$, $p < 0.10$, $d = 0.45$ for the sense of continuity). As regards the identity of individuals with obsessive-compulsive personality traits, it does not differ significantly from the structure of identity-related senses found in people with a healthy personality ($p > 0.05$).

The relations between the symptoms of personality disorders and the sense of identity in the light of different classifications of personality disorders

The second research question was examined by checking whether identity profiles of distorted personality patterns distinguished in Millon's model correspond to identity profiles characteristic for personality disorders included in axis II of the DSM belonging to the same nosological categories. In two cases, we found a concurrence of classifications: for Cluster 3, representing dependent personality disorder, and for Cluster 2, representing schizoid-depressive personality disorder; it should be noted, though, that depressive personality disorder is included only in the supplement to the DSM-IV and, consequently, it was not subject to assessment. The results of the comparative analysis for schizoid-depressive personality disorder show that the adopted criteria of recognizing disorders (based either on Millon's model or on the DSM) are not significant factors differentiating identity profiles ($p > 0.05$). At the same time, when set against individuals with a healthy personality (see above), those showing signs of schizoid-depressive personality disorder exhibit larger identity-related deficits than people showing signs of schizoid disorder, particularly a sense of inner emptiness and a deficit in the sense of uniqueness, which are not observed in individuals classified on the basis of the DSM. This may be a manifestation of the depressive component, differentiating between the two groups. A clear concurrence of identity-related deficits is found for dependent personality disorder, although individuals diagnosed on the basis of Millon's model have a slightly lower self-worth ($t(15) = 1.85$, $p < 0.10$, $d = 0.95$). When set against individuals with a healthy personality, individuals from both groups exhibit the same pattern of deficits (see above).

Discussion and Conclusions

The aim of the presented research was to carry out an empirical analysis of relationships between symptoms of personality disorders and the sense of personal identity. Analysis of the obtained results suggests a few important conclusions. First of all, they show that disorders in the sphere of identity may be regarded as an important symptom of personality disorders, with the reservation that, depending on the adopted model of personality, differences in the structure of identity-related senses between individuals with a healthy and disordered personality are more or less strong. The application of Millon's model and criterion of personality disorders reveals significant differences with regard to all the identity-related senses whereas the use of the DSM model and criterion of disorders reveals significant differences only with regard to the sense of consistency. It can be supposed that the clinical index criterion – proposed by Millon – makes a more objective indicator of disorders and one that is more independent of the characteristics of a given study population than the statistical criterion that was used in the DSM classification. It should also be noted that the adoption of the general criterion of health or disorder blurs significant

identity-related differences between normal and disordered personality – these differences become more distinct when we analyze personalities grouped into clusters and still more distinct when analysis concerns each type of disorders separately.

In the context of Millon's typology, the largest identity deficits are found in individuals showing signs of schizoid-depressive disorder, where they manifest themselves as deficits in the senses of continuity in time, self-worth, inner content, and uniqueness, which may be treated as a consequence of the general passiveness and withdrawal characterizing these individuals. A number of identity problems are also found in people with dependent personality traits – they have deficits in the senses of separateness, consistency, inner content, and self-worth, which may be regarded as a symptom of difficulties in differentiating themselves, characteristic for these people.

In the DSM perspective, the most disordered identity is observed in individuals in the group with odd or eccentric disorders (particularly those diagnosed with schizotypal disorder) and in the anxious or fearful cluster (particularly those having an avoidant or dependent personality). It is worth noting that the first of these groups (Cluster A) is distinguished from others by a deficit in the sense of continuity in time, which, combined with deficits in the sense of consistency and self-worth as fundamental dimensions of identity, confirms the early genesis of these disorders. The anxious or fearful cluster is distinguished by a deficit in the senses of separateness, consistency, inner content, and self-worth, which corresponds with the uncertainty and dependence characteristic for this group of disorders. Individuals classified into the group with dramatic, emotional or erratic disorders appear, at first glance, to experience the smallest identity problems. However, it turns out to result from the heterogeneous character of this group of disorders. The group comprises individuals with antisocial and narcissistic personality traits, whose identity shows no large deficits, as well as individuals showing symptoms of borderline and histrionic personality disorders, characterized by a considerable level of identity disorganization, particularly with regard to the senses of consistency and separateness, which is consistent with the symptomatic profiles of these disorders.

Finally, it is worth noting that there is a certain degree of analogy between identity profiles characteristic for distorted personality patterns distinguished in Millon's model and the corresponding personality disorders described on axis II of the DSM. This refers particularly to dependent personality, with regard to which it can be concluded that, despite different criteria of diagnosis (functional vs. symptomatic), both models of personality disorders will lead to concurrent classification decisions.

Acknowledgments. *The authors would like to thank to Karolina Kolińska and Bogumiła Jesionka for assistance in the implementation of the research presented in this paper.*

References

1. Kernberg OF. *Object relations theory and clinical psychoanalysis*. New York: Jason Aronson; 1976.
2. Namysłowska I. *Psychoanalityczna teoria związków z obiektem*. Psychiatr. Pol. 1983; 5–6: 435–443.
3. Sokolik M. *Psychoanaliza i Ja*. Warsaw: J. Santorski & Co Publishing House; 1996.
4. Johnson SM. *Style charakteru*. Poznan: Zysk i S-ka Publishing House; 1998.
5. Laing RD. *Podzielone „ja"*. Poznan: REBIS Publishing House; 1999.
6. American Psychiatric Association. *DSM-5 Revisions for Personality Disorders Reflect Major Change. Public Comment Period for Proposed Diagnostic Criteria Extended Through July 15*; APA 2011; 11–36.
7. Millon T. *Millon Index of Personality Styles. Revised manual*. Minneapolis, MN: Pearson Assessments; 2004.
8. Millon T, Davis R. *Zaburzenia osobowości we współczesnym świecie*. Warsaw: Institute of Health Psychology of the PPA; 2005.
9. Heim A, Westen D. *Theories of personality and personality disorders*. In: Oldham JM, Skodol AE, Bender DS. ed. *The American Psychiatric Publishing textbook of personality disorders*. Washington, DC: American Psychiatric Publishing; 2005. p. 17–35.
10. Gasiul H. *Psychologia osobowości. Nurty, opcje, koncepcje*. Warsaw: Difin Publishing House; 2006.
11. Carson RC, Buchter JN, Mineka S. *Psychologia zaburzeń*. Vol. 1. Gdansk: Gdansk Psychology Publisher; 2006.
12. Grabski B, Gierowski JK. *Zaburzenia osobowości – różne spojrzenia i próby ich integracji*. Psychiatr. Pol. 2012; 46(5): 829–844.
13. Mandrosz-Wróblewska J. *Tożsamość i niespójność ja a poszukiwanie własnej odrębności*. Wroclaw: Ossolineum Publishing House; 1988.
14. Jarymowicz M. *Psychologia tożsamości*. In: Strelau J. ed. *Psychologia. Podręcznik akademicki*. Vol. 3. Gdansk: Gdansk Psychology Publisher; 2000. p. 107–125.
15. Vignoles VL, Regalia C, Manzi C, Golledge J, Scabini E. *Beyond self-esteem: Influence of multiple motives on identity construction*. J. Pers. Soc. Psychol. 2006; 90: 308–333.
16. Oleś PK. *O różnych rodzajach tożsamości oraz ich stałości i zmianie*. In: Oleś PK, Batory A. ed. *Tożsamość i jej przemiany a kultura*. Lublin: Catholic University of Lublin Publishing House; 2008. p. 41–84.
17. Pilarska A. *Wielowymiarowy Kwestionariusz Tożsamości*. In: Paluchowski WJ, Bujacz A, Haładziński P, Kaczmarek L. ed. *Nowoczesne metody badawcze w psychologii*. Poznan: Faculty of Social Sciences, Adam Mickiewicz University Press; 2012. p. 157–177.
18. Pilarska A. *Ja i tożsamość a dobrostan psychiczny*. Poznan: Faculty of Social Sciences, Adam Mickiewicz University Press; 2012.
19. Weiss LG. *The Millon Index of Personality Styles Revised (MIPS Revised): Assessing the dimensions of normal personality*. In: Millon T, Bloom C. ed. *The Millon Inventories – second edition. A practitioner's guide to personalized clinical assessment*. New York: The Guilford Press; 2008. p. 643–670.
20. First MB, Gibbon M, Spitzer RL, Williams JBW, Benjamin LS. *Ustrukturalizowany wywiad kliniczny do badania zaburzeń osobowości z osi II DSM-IV. Podręcznik klinicysty*. Warsaw: Psychological Test Laboratory of the PPA; 2010.

21. Suchańska A, Czekaj A. *Kwestionariusz Stylów Osobowości Millona (MIPS-R) – tłumaczenie i wstępna adaptacja*. Unpublished materials. Poznan: Institute of Psychology Adam Mickiewicz University; 2010.
22. Badecka P, Ruszkowska M. *Kwestionariusz Typów Zaburzeń Osobowości*. Unpublished materials. Poznan: Institute of Psychology Adam Mickiewicz University; 2003.

Address: Aleksandra Pilarska
Institute of Psychology
Adam Mickiewicz University
60-568 Poznań, Szamarzewskiego Street 89