OPEN ACCESS

Volume: 7

Issue: 1

Month: July

Year: 2019

ISSN: 2321-788X

Received: 13.05.2019

Accepted: 29.06.2019

Published: 01.07.2019

Citation:
Abilash, K., et al. "Standardisation and Validation of the Personality Disorder Inventory PSGP-IDPI." *Shanlax International Journal of Arts, Science and Humanities*, vol. 7, no. 1, 2019, pp. 112-22.

DOI:
https://doi.org/10.34293/sijash.v7i1.484

Standardisation and Validation of the Personality Disorder Inventory PSGP-IDPI

K.Abilash
Department of Psychology, PSG College of Arts and Science, Coimbatore, Tamil Nadu, India

P.Sindhuja Manisha Kamini
Department of Psychology, PSG College of Arts and Science, Coimbatore, Tamil Nadu, India

T.Jothimani
Assistant Professor, Department of Psychology
PSG College of Arts and Science, Coimbatore, Tamil Nadu, India

Abstract
Background*: Personality is the dynamic organisation within the individual of those psychophysical systems that determine characteristic behaviour and thought.*
Aim*: To standardise and validate personality disorder inventory in the clinical population.*
Methods and Samples*: 100 Psychiatric patients were taken as a sample as a clinical population in various hospital Coimbatore age ranged 28 – 58. PSGP- IPDI- Indian Personality Disorder Inventory assessed for 100 psychiatric disorder individuals.*
Results*:The relationship among the disorders of the personality inventory shows both positive and negative correlations among the dimensions most of the aspects exhibited positive correlation. The internal consistency of the stock is reliable.*
Conclusion*: The personality disorder inventory is significant and dependable and this tool can be administered on the clinical population.*
Keywords: Personality disorder inventory, Identify the personality, Clinical assessment, Personality disorders, Cluster A, B, C, Diagnosis

Introduction

"Personality is the dynamic organisation within the individual of those psychophysical systems that determine characteristic behaviour and thought" (Allport, 1961) by a dynamic organisation, Allport means that although personality is continuously changing and growing, the growth is organised, not random. Psychophysical means that nature is composed of mind and body functioning together as a unit; personality is neither all mental nor all biological. By determine, All port means that all facets of personality activate or direct specific behaviours and thoughts. The phrase characteristic behaviour and reflection mean that everything we think and do is characteristic, or typical, of us. Thus, each person is unique. Personality the unique, relatively enduring internal and external aspects of a person's character that influence action in many situations. The word Personality when we are describing other people and ourselves, and we all believe we know what it means. Perhaps we do. One psychologist advised that we can get a good idea of its meaning if we examine our intentions whenever we use the word I (Adams, 1954). When you say me, you are, in effect, summing up everything about yourself – your likes and dislikes, fears and virtues, strengths and weaknesses. The word me is what defines you as an individual, separate from all others.

Personality Disorder

Personality disorder refers to individual differences in characteristic patterns of thinking, feeling and behaving. The study of personality focuses on two broad areas: One understands individual differences in particular personality characteristics, such as sociability or irritability. The other understands how the various parts of a person come together as a whole. Personality disorders are long-standing, maladaptive, inflexible ways of relating to the environment. Such complications can usually be noticed in childhood, or at least by early adolescence, and may continue through adult life (Clarkin, 1998).

The operational definition for personality disorder is dictated as "an enduring pattern of inner experiences and behaviour that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment" (APA, 2013). DSM-V has proposed about 10 disorders that are categorised under Personality Disorder of section-II in DSM-V manual. The followings are the Dimensions dictated by DSM-V and its descriptions.

Dimensions

Personality Disorders and their characteristics are as follows,

Cluster A (Odd or Eccentric Behavior)

1) Paranoid
2) Schizoid
3) Schizotypal

Cluster B (Dramatic, Emotional, or Erratic Behavior)

4) Histrionic
5) Narcissistic
6) Borderline
7) Antisocial

Cluster C (Anxious or Fearful Behavior)

8) Avoidant
9) Dependent
10) Obsessive-compulsive

Cluster A (Odd or Eccentric Behaviour)

Individuals with a diagnosis falling within this group may read hidden demeaning or threatening meanings into benign remarks, seem detached from social relationships. They are often characterised as being withdrawn, cold, and irrational.

1) Paranoid Personality disorder has several outstanding characteristics: unwarranted feelings of suspiciousness and mistrust of other people.
2) A schizoid Personality disorder is reserved, socially withdrawn, and reclusive. They prefer solitary work activities and hobbies and lack the capacity for warm, close relationships.
3) A schizotypal Personality disorder is characterised by oddities of thinking, perceiving, communicating, and behaving; they are emotionally detached and isolated.

Cluster B (Dramatic, Emotional, or Erratic Behavior)

Individuals who seek attention and whose behaviour is often highly noticeable and very unpredictable and they have social and interpersonal instability and some improvement with age overly emotional or unpredictable thinking or action and manipulative, exploitative interactions with others.

4) Histrionic Personality disorder includes self-dramatisation and exaggerated expression of emotions, suggestibility (easily influenced by others), shallow and labile affectivity, continual attention seeking attitude, inappropriate seductiveness, and over-concern with physical attractiveness.
5) Narcissistic Personality disorder consists of ideas of grandiosity and an inflated sense of self-importance — preoccupation with fantasies of unlimited success.
6) A borderline Personality disorder is considerable overlap between borderline, narcissistic and antisocial (dissocial) personality disorders Major depressive episodes occur commonly in this disorder.
7) Antisocial Personality disorder traits include callous unconcern for the feelings of others, gross and persistent attitude of irresponsibility and disregard for social norms, rules and obligations, incapacity to maintain enduring relationships, very low tolerance to frustration and a low threshold for discharge of aggression, inability to experience guilt and to profit from experience,

particularly punishment, and marked proneness to blame others.

Cluster C (Anxious or Fearful Behavior)

Individuals in this group share many characteristics with the personality disorders already described. What sets them apart is that each of these disorders has a prominent component of anxiety or fear that interpersonal and intrapsychic conflicts.

8) Avoidant Personality disorder has low self-esteem, worry about negative evaluation by others, and avoid social interactions. Although they desire affection and close relationships, fear of rejection seems to keep these people from seeking such connections.
9) Dependent Personality disorder lacks confidence in their ability to function independently. To maintain their dependent relationships, they are willing to subordinate their own needs and wishes to those of others.
10) Obsessive – Compulsive Personality disorder include feelings of excessive doubt, preoccupation with details, perfectionism that interferes with task completion, extreme conscientiousness, excessive pedantry and adherence to social conventions, rigidity and stubbornness, an unreasonable insistence that others submit to exactly their way of doing things, and intrusion of insistent and unwelcome thoughts or impulses.

Diagnosis

DSM-V has proposed a set of symptomologies that has to be satisfied to meet the determination of each personality disorder. The followings are the 10-personality disorder mentioned by DSM-V and their symptomological checklist by which the clinicians can have a sound knowledge about the diseases. The symptomology checklist facilitates the researcher to carry out the research quickly and very effectively.

Paranoid Personality Disorder

Symptoms

1) Excessive sensitivity to setbacks and rebuffs.
2) The tendency to bear grudges persistently,
3) Suspiciousness and a pervasive tendency to distort experience by misconstruing the neutral or friendly Actions of others as hostile or contemptuous.
4) A combative and tenacious sense of personal rights out of keeping with the actual situation.
5) Recurrent suspicions, without justification, regarding sexual fidelity of spouse or sexual partner.
6) Persistent self-referential attitude, associated mainly with excessive self-importance.
7) Preoccupation with unsubstantiated "conspiratorial" explanations of events around the subject or in the world at large.

Schizoid Personality Disorder

Symptoms

1) Few, if any, activities provide pleasure.
2) Displays emotional coldness, detachment, or flattened affectivity.
3) Limited capacity to express warm, tender feelings for others as well as anger.
4) Appears indifferent to either praise or criticism of others.
5) Little interest in having sexual experiences with another person (taking into account age).
6) Almost always chooses solitary activities.
7) Excessive preoccupation with fantasy and introspection.
8) Neither desires nor has any close friends or confiding relationships (or only one).
9) Marked insensitivity to prevailing social norms and conventions; if these are not followed, this is unintentional.

Schizotypal Personality Disorder

Symptoms

1) Inappropriate or constricted affect, the subject appears cold and aloof;
2) Behaviour or appearance which is odd, eccentric or peculiar;
3) Poor rapport with others and a tendency to social withdrawal;
4) Strange beliefs or magical thinking influencing behaviour and inconsistent with subcultural norms;
5) Suspiciousness or paranoid ideas;
6) Ruminations without inner resistance, often with dysmorphic phobic, sexual or aggressive

contents.
7) Unusual perceptual experiences including somatosensory (bodily) or other illusions, depersonalization or Derealization;
8) Vague, circumstantial, metaphorical, over-elaborate or often stereotyped thinking, manifested by odd speech or in different ways, without gross incoherence;
9) Occasional transient quasi-psychotic episodes with grand illusions, auditory or other hallucinations and Delusion.

Histrionic Personality Disorder

Symptoms

1) Self-dramatisation, theatricality, or exaggerated expression of emotions.
2) Suggestibility easily influenced by others or by circumstances.
3) Shallow and labile affectivity.
4) Continually seeks excitement and activities in which the subject is the centre of attention.
5) Inappropriately seductive in appearance or behaviour.
6) Overly concerned with physical attractiveness.

Narcissistic Personality Disorder

Symptoms

1) Ideas of grandiosity and inflated sense of self-importance.
2) Preoccupation with fantasies of unlimited success.
3) Attention seeking, dramatic behaviour, needs constant praise, and unable to face criticism.
4) Lack of empathy with others, with exploitative behaviour.
5) Shaky self-esteem, an underlying sense of inferiority, easily depressed by minor events.

Borderline Personality Disorder

Symptoms

1) Disturbances in and uncertainty about self-image, aims and internal preferences (including sexual).
2) Liability to become involved in intense and unstable relationships, often leading to emotional crises.
3) Excessive efforts to avoid abandonment.
4) Recurrent threats or acts of self-harm.
5) Chronic feelings of emptiness.

Antisocial Personality disorder

Symptoms

1) Callous unconcern for the feelings of others.
2) Gross and persistent attitude of irresponsibility and disregard for social norms, rules, and obligations.
3) Incapacity to maintain enduring relationships, though having no difficulty in establishing them.
4) Very low tolerance to frustration and a low threshold for discharge of aggression, including violence.
5) Incapacity to experience guilt, or to profit from adverse experience, particularly punishment.
6) Marked proneness to blame others, or to offer plausible rationalisations for the behaviour bringing the subject into conflict with society.

Avoidant Personality Disorder

Symptoms

1) Avoids occupational activities that involve significant interpersonal contact because of fears of criticism, disapproval, or rejection.
2) Is unwilling to get involved with people unless certain of being liked.
3) Shows restraint within intimate relationships because of the fear of being shamed or ridiculed.
4) Is preoccupied with being criticised or rejected in social situations.
5) Is inhibited in new interpersonal situations because of feelings of inadequacy.
6) Views self as socially inept, personally unappealing, or inferior to others.
7) Is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing.

Dependent Personality Disorder

Symptoms

1) Encouraging or allowing others to make most of one's vital life decisions.
2) Subordination of one's own needs to those of others on whom one is dependent and undue compliance with their wishes.
3) Unwillingness to make even reasonable demands on the people one depends on.

4) I am feeling uncomfortable or helpless when alone, because of exaggerated fears of inability to care for oneself.
5) Preoccupation with fears of being left to take care of oneself.
6) Limited capacity to make everyday decisions without an excessive amount of advice and reassurance from others.

Obsessive – Compulsive Personality Disorder Symptoms

1) Feelings of excessive doubt and caution.
2) Preoccupation with details, rules, lists, order, organisation or schedule.
3) Perfectionism that interferes with task completion.
4) Excessive conscientiousness and scrupulousness.
5) Undue preoccupation with productivity to the exclusion of pleasure and interpersonal relationships.
6) Excessive pedantry and adherence to social conventions.
7) Rigidity and stubbornness.
8) The unreasonable insistence that others submit to exactly his or her way of doing things, or irrational reluctance to allow others to do things.

Review of Literature

Studied Related to Personality Disorder

A study conducted on the assessment on suicidal youths with antisocial, borderline, or narcissistic personality disorders has found that the personality disorders are the risk violence and have to be judged in addition to the suicidal or self-harm. People with borderline personality disorders are determined by differentiating acute-on-chronic from the chronic risk of suicidal behaviour. People living with narcissistic personality disorders are at a high risk of suicidal ideations when they are not suffering from clinical depression. (Paul S Links, Can J Psychiatry 2003; 48:301-310.) A study on the effect of Regulation in Borderline personality disorder among 117 patients with dysthymic disorder and bipolar disorder have found that both have different experiences of emotions and the way of regulating their emotions. DD patient is characterised by negative effect and affect dysregulation, which appears to be distinct constructs' patients also show distinct patterns of affect regulations, and subtypes of BPD patients show distinct affect regulation profiles of potentials and relevance to treatments. (J Nerv Ment dis 2006; 194:69-77)

A study on Personality traits in schizophrenia and related personality disorders have revealed the findings schizophrenia spectrum disorders could be distinguished from personality disorders in the characteristics of social withdrawal and maladjustment, while the subjects with personality disorders could be distinguished from odd and novel ideation and decreased conscientiousness. (Kathryn M., Camisa, Marcia a., Paul Lysaker, Lauren. L, Brain F. O Donnell. 2004)

A Study conducted on the review of Pathological narcissism and Narcissistic personality has concluded that Narcissism is inconsistently defined and assessed across clinical psychology, psychiatry and personality/social psychology. Narcissism is reflected in both normal adaptation and pathological personality functioning. The most widely used Narcissistic Personality Inventory (NPI). The NPI does not assess the pathological narcissism. (Aaron L. Pincus and Mark R.2009).

A study on Relationship of Obsessive – Compulsive Disorder to possibly spectrum Disorder on the sample of eighty cases and 73 control probands, as well as 343 case and 300 first-degree control relatives, have indicated that certain somatoform and pathologic grooming conditions are part of the familial OCD spectrum. Though other 'spectrum' conditions may resemble OCD, they do not appear to be important parts of the familial spectrum. (O. Joseph Bienvenu, Jack F. Samuels, Mark A., Riddle, Rudolf Hoehn-Saric.2009)

Measures for Personality Disorder

The Standardized Assessment of Personality (SAP) is originally a semi-structured interview conducted with an informant. The measure provides DSM-IV-TR personality disorder diagnosis and has good inter-rater (kappa= .76) and temporal (kappa= .54-.75) reliability (McKeon et al., 1984) (Pilgrim et al., 1993). The SAP has also been utilised with samples of adults with Intellectual Deficits (Mann et al., 1981)

The Minnesota Multiphasic Personality Inventory–II is a self-report measure of global psychopathology consisting of 567 true/false items giving information about symptoms and interpersonal relationships. It does not strictly describe personality dimensions but describes different characteristics of personality, their coexistence and differing severity. This instrument takes about 60–90 min to complete. (Butcher, 1989)

This five-factor model of personality is the result of years of debate and research between scientists such as Cattell, Eysenck and Guildford, and psychometricians. The five factors are neuroticism, extraversion, and openness to experience, agreeableness and conscientiousness. It is a dimensional model in which personality disorder can be interpreted as a maladaptive variant of personality. It has been argued that the dimensional approach to the assessment of personality disorder is theoretically superior. However, although this model offers a description of the various personality processes, it does not explain the behaviour that a patient presents. The inventory is a self-report checklist, taking about 5–10 min to complete. (McCrae 1992)

The Personality Disorder Interview is another semi-structured interview that assesses each of the 94 personality disorder criteria displayed in the DSM-IV, making it a lengthy interview lasting around 90 - 120 minutes. Rogers (2001) supports the instrument's extensive criteria; however, criticises its sometimes sophisticated and complex language. This is a particularly valid concern when using the instrument with adolescents and cognitively impaired patients. Rogers (2001) also notes how, despite high levels of reliability, its little adoption within clinical environments has proven to be an obstacle when evaluating its validity. Widiger, Costa and Samuel (2006) argue that the PDI-IV's strength lies within its manual and compared the PDI-IV's manual to manuals of other semi-structured interviews. Most are lacking normative data, statistical evidence for reliability and validity, and practical guidance, issues covered in the PDI-IV's manual (Widiger et al., 1995)

Millon Clinical Multiaxial Inventory–III (MCMI-III) is a self-report instrument consisting of 175 items requiring a true/false response. It is designed to help practitioners assess the presence of DSM–IV Axis II disorders as well as several other clinical syndromes such as anxiety, alcohol dependence and post-traumatic stress disorder (Millon, 1997). It takes approximately 25 min to complete. (Millon T, Davis RD, 1997)

The Antisocial Personality Questionnaire is a 125-item self-report inventory that is designed to measure APD holistically in criminal offender populations. The measure features eight scales: self-control, self-esteem, avoidance, paranoid suspicion, resentment, aggression, deviance and extraversion, with Cronbach's alpha ranging from .77 to .87. verified in both a clinical and normal population, all scales were found to hold concurrent validity with the MCMI alongside predicting the age of an inmate's first criminal offence and the length of detention. (Blackburn &Fawcet, 1999)

The Iowa Personality Disorder Screen is an 11 item semi-structured interview which is essentially a screening instrument measuring DSM-III PDs. The interview only lasts around five minutes. The original authors found sensitivity verified being as high as 92% and certain validities as high as 72%- a finding further supported by Trull and Amdur (2001) in a non-clinical population. Olsson, Sorebo, and Dahl (2011) also found that within psychiatric outpatients, the 11 items held an average internal consistency of .70, with positive prediction power averaging at .66 and correctly classifying PDs in comparison to the SCID-II on average at 64 %. (Langbehn et al., 1999) The Paranoid Personality Disorder Features Questionnaire is a 23-item inventory that measures six scales: mistrust, antagonism, introversion, hypersensitivity, hypervigilance and rigidity. The authors intend for six dimensions to map the current literature and DSM-IV criteria closely. There is a shortage of papers showing the efficacy of the instrument. However, the original author did find that the instrument showed satisfactory test-retest reliabilities after six weeks. (Useda, 2002)

The Dependent Personality Inventor is a 55-item questionnaire that measures seven independent factors representing various symptoms of DPD as defined by the DSM-IV, including difficulty making decisions, assuming responsibility, difficulty expressing disagreement, difficulty initiating

projects, seeking support from others and feeling helpless and alone. The original paper found the DPI to have a high internal consistency with a Cronbach's alpha of .90. (Huber, 2005)

The Borderline Personality Questionnaire is an 80 item self-report scale. Unlike the instruments mentioned above that focus around four dimensions, the BPQ has nine. Although there is some similarity (affective instability, impulsivity and relationships), it introduces dimensions such as intense anger, suicide/ self-mutilation and quasi-psychotic states. When compared with the MMPI and the SPQ, it showed significant coefficients of .48 and .45 respectively, suggesting acceptable discriminant validity. Similarly, convergent validity with the MMPI yielded a coefficient of .85. (Poreh et al., 2006). The Interpersonal Measure of Schizoid Personality Disorder consists of 12 items that measure various aspects of interpersonal interaction (e.g. rapport, absence of spontaneity in speech, poor interpersonal hygiene, and lack of verbal responsiveness). In two cross-validation studies (total N = 731), acceptable levels of internal reliability were achieved (.88), with an inter-rater agreement (the inventory was completed after a semi-structured interview that was focused on the individual's quality of held interpersonal relationships) to yield a Kappa level of .69. The authors also found the measure to hold good construct validity, but do call for further validations. (Kosson et al., 2008)

The WISPI-IV is an updated version of the WISPI-III and WISPI-III-R (Klein et al., 1993) self-report inventories using 204 items to assess DSM-IV criteria for PDs relying on an analysis of DSM items according to Benjamin's Structural Analysis of Social Behavior model (Benjamin, 1996). Its validity with the SCID-II has been examined in adult psychiatric inpatients, showing poor convergence at the level of categorical diagnoses, but better convergent and discriminant validity for 5 out of 11 WISPI-IV dimensional scales (Smith et al., 2011)

The Hogan Development Survey (HDS) is a self-report scale that renames the DSM-IV PDs into lay terms and is also contextualised for the work environment. Just like the Hogan Personality Inventory (Hogan & Hogan, 1992), the HDS is not a clinical instrument; instead, it is mainly used for coaching, leadership development, and personnel selection. Furnham, Trickey and Hyde (2012) found various facets of the HDS to predict work success. Furnham et al. also found that the 11 scales can be clustered into three formations that are similar to clusters A, B, and C suggested by the DSM-IV. Over a dozen published studies have attested to its reliability, validity and dimensional structure (De Fruyt, Wille, & Furnham, 2013).

Need for the Study

1) Personality has its supremacy on the individuals overall psychological wellbeing.
2) Personality disorders are becoming more prevalent among people with a mental health issue.
3) People with mental health issues should be assessed with a personality disorder to make them more aware of it.

Methodology

Aim

To Standardize and Validate Personality Disorder Inventory in clinical population.

Objectives

- To standardise the Personality Disorder Inventory
- To Validate Personality Disorder Inventory

Sample

The present study consists of 100 patients with different Psychiatric Disorders. The examples were selected from the Psychiatric Hospitals in Coimbatore. The age range was between 28 and 58 years. Among the total number of samples, male samples consisted of 75 numbers and 25 numbers are of females.

Inclusion Criteria

- Above the age of 28.
- The patient has at least a partial level of insight
- The participant should be diagnosed under any of the psychiatric disorder.

Exclusion Criteria

- Below the age of 18
- Patients have the psychiatric disorder for more

than 5 years.
- Participants who are not signed in an informed consent form.
- Patients with brain damage / intellectual deficits.

Period of Study

To practically emerge, analyse, interpret and to explore the findings, the study took six months.

Tools Used

Socio-Demographic Data Sheet

This data sheet is intended to collect necessary information regarding the name of the participant, age, gender, family type, education, number of siblings, birth order, family type, occupation and residence.

PSGP – IPDI

PSGP – Indian Personality Disorder Inventory developed by Varun Muthuchamy, Dr T. Jothimani (2017). PSGP – IPDI is used to identify Personality disorder. This consists of 10 dimensions as follows 1) Paranoid Personality Disorder, 2) Schizoid Personality Disorder, 3) Schizotypal Personality Disorder, 4) Histrionic Personality Disorder, 5) Antisocial Personality Disorder, 6) Narcissistic Personality Disorder, 7) Borderline Personality Disorder, 8) Avoidant Personality Disorder, 9) Dependent Personality Disorder, 10) Obsessive – Compulsive Personality Disorder. This inventory consists of 86 items ranging from 2 responses Yes or No.

Procedure

First, the participants were asked to provide information on specific socio-demographic details followed by the administration of thePSGP – Indian Personality Disorder Inventory. The instructions about how to respond to the tests were explained in particular to the participants in their available language (English or in Tamil). The entire administration took up to 45 to 60 minutes. The data, thus collected, was subjected to analysis.

Results and Discussion

Table 1 Shows that the Frequency and Percentage of the socio-demographic data (N=100)

Socio-Demographic Data's		Frequency	%
Sex	Male	75	75.0%
	Female	25	25.0%
Age	28 – 33	46	46%
	33 – 41	45	45%
	41 – 58	9	9%
Education	No Education	25	25.0%
	10th	25	25.0%
	12th	13	13.0%
	Degree	37	37.0%
No. Siblings	0	46	46.0%
	1	39	39.0%
	2	8	8.0%
	3	7	7.0%
Marital Status	Single	25	25.0%
	Married	75	75.0%
Family Type	Joint	11	11.0%
	Nuclear	89	89.0%
Domicile	Urban	67	67.0%
	Suburban	20	20.0%
	Rural	13	13.0%
Economic Status	Lower	24	24.0%
	Middle	76	76.0%

Table 1 Illustrates the frequency and percentage for the socio-demographic data of the full samples; males contribute to the rate and percentage of 75 and 75.0%, females are of 25 numbers and 25%. Numbers of samples with age of 28 to 33 are of 46 with frequency contributing 46.0%. Examples of age between 33 and 41 have the regret of 45.0% and nine numbers of the sample are with age between 41 and 58. Samples participated with different educational status which is as follows 37% of the total samples are qualified with a degree, 25% comprised SSLC completed and no further or 10th standard and 13% are of 12th standard qualified, remaining 25% consist of no educational status or illiterates. Participants who have no siblings are of 46 in numbers contributed 46.0%, participants with 1 sibling are of 36% and others with 2 and 3 siblings are of 8% and 7% respectively of the total samples 75 per cent are

married and the remaining 25% are not married or not married or single 11% of the full sample belong to joint family type and the remaining 11 percentage belong to nuclear family type. Analysis the domicile samples belong to any of the three forms of domicile samples belong to any of the three ways of domicile, samples that form urban contributed 67%, 20% are of suburban and remaining 13% belong to rural. Analysis of the family or economic status lower class is of 24% and 76% belong to a middle-class family or financial status.

Table 2 Shows that the Mean and Standard deviation of the Personality disorder Inventory (N=100)

Personality Disorder	Mean Value	Standard Deviation
Paranoid	5.86	2.123
Schizoid	6.25	2.333
Schizotypal	6.42	2.310
Histrionic	7.36	1.806
Narcissism	7.06	2.352
Borderline	7.03	2.272
Avoidant	7.35	2.564
Dependent	7.17	2.609
Obsessive - Compulsive	7.15	2.422
Total	**68.75**	**12.511**

Table 2 Illustrates the mean and standard deviation scores for the Personality Disorder Inventory among 100 Psychiatric patients in and around Coimbatore. The overall mean value of PSGP- IPDI is 68.75. Among the group, most participants are interpreted as highly vulnerable to develop a personality disorder. This indicates that psychiatric patients irrespective of the gender difference, age difference and cultural variations are proven to develop personality disorders.

Table 3 Shows the Relationship among the disorders of the Personality inventory

Personality Disorder	Paranoid	Schizoid	Schizotypal	Histrionic	Narcissism	Borderline	Avoidant	Dependent	Obsessive - Compulsive
Paranoid	1	.168	.288**	.042	-.031	.087	.169**	.108	.212
Schizoid	.168	1	.348**	.062	.275	.143	.309**	-.039	.213
Schizotypal	.288**	.348**	1	.186	.014**	-.008**	.202	-.109	.119**
Histrionic	.042	.062	.186	1	.373	.143	.245	.180	.080
Narcissism	-.031	.275**	.014	.373**	1	.406**	.323	.314**	.401
Borderline	.087	.143	-.008	.143	.406	1	.165	.391	.392
Avoidant	.169	.309**	.202*	.245*	.323	.165**	1	.137*	.219
Dependent	.108	-.039	-.109	.180	.314	.391	.137	1	.327
Obsessive - Compulsive	.212*	.213*	.240	.429	.401*	.392*	.218	.327	1*

** Correlation is significant at the 0.01 level (2- tailed).

* Correlation is significant at the 0.05 level (2- tailed).

By analysing the Correlation table, correlation is exhibited with paranoid, schizoid, schizotypal, narcissism, and avoidant. Paranoid and schizoid are positively correlated with schizotypal and avoidant. Paranoid is connected at .288 with schizotypal and at .169 with an avoidant personality disorder. Whereas schizoid is associated with schizotypal at .348 and with avoidant at .309. Schizotypal is positively correlated with paranoid at .288, .348 with schizoid, .014 with narcissism and .119 with obsessive-compulsive disorder and Schizotypal it negatively correlated with borderline personality disorder at 0.008Narcissism is positively correlated with Schizoid at .275, with histrionic at .373, with problematic at .406 Avoidant personality disorder positively correlated with schizoid at .309 and borderline at .165

Table 4 Shows the Internal Consistency of the Personality disorder inventory (N=100)

No of items	Variables	Cronbach's Alpha
9	Internal Consistency	.681

Reliability refers to the extent to which the test, experiment, measure procedure yields the same results on the repeated trials. The security of the inventory by the Cronbach's alpha is .681 and

this shows that the Personality disorder inventory is reliable and it can be administered on the total population.

Summary and Conclusion

Summary

The objective of the study is to standardise and validate the personality disorder inventory. The study included 100 samples of psychiatric patients, of the age category of 28 and 58. The statistical techniques were selected by the objective (standardising the tool). The frequency was obtained for the social demographic data, which included gender, birth order, age, education qualification, number of siblings, family status, domicile). To obtain the reliability of the tool, Cronbach's alpha was used. To get the correlations, bivariate was used. Excel sheet was used for entering the responses and Statistical Package for Social Sciences was used for the analysis.

Conclusion

The Personality disorder inventory is reliable and significant and this tool can be administered on the clinical population. The mean and standardisation show that almost most of the participants are highly vulnerable to the personality disorders in spite of the age gender, family status, education qualification, domicile, and birth order, The dimensions of the personality disorder inventory show both positive and negative correlations. Among the aspects, most of the sizes exhibited positive correlation.

References

Benjamin, LS. *Interpersonal Diagnosis and Treatment of Personality Disorders* (2nd ed.)., Guilford, 1996.

Ben-Porath, Y., et al. "MMPI-2 Si1-3: Minnesota Multiphasic Personality Inventory Social Introversion Subscales 1-3." *MMPI-2: Assessing Personality and Psychopathology*, edited by J. R. Graham, Oxford University Press, Inc., 1989.

Blackburn, R and Fawcett, DJ. "The Antisocial Personality Questionnaire: An Inventory for Assessing Deviant Traits in Offender Populations." *European Journal of Psychological Assessment*, vol. 15, 1999, pp. 14-24.

Chmielewski, M and Watson, D. "Heterogeneous Structure of Schizotypal Personality Disorder." *Journal of Abnormal Psychology*, vol. 117, 2008, pp. 364-376.

Clark, LA. *Schedule for Nonadaptive and Adaptive Personality (SNAP). Manual for Administration, Scoring, and Interpretation*, University of Minnesota Press, 1993.

Coolidge, FL. Personal Communication. Questionnaire and Scoring Key for the Short Coolidge Axis-II Inventory, 2001.

Hoyle, RH. et al. "Reliability and Validity of a Brief Measure of Sensation Seeking." *Personality and Individual Differences*, vol. 32, 2002, pp. 401-414.

Hyler, SE. *Personality Diagnostic Questionnaire-4 (PDQ-4)*. New York: New York State Psychiatric Institute, 1994.

Kashdan, TB. et al. "The Curiosity and Exploration Inventory-II: Development, Factor Structure, and Psychometrics." *Journal of Research in Personality*, vol. 43, no. 6 2009, pp. 987-998.

Klein, MH. et al. "The Wisconsin Personality Disorders Inventory. I: Development, Reliability, and Validity." *Journal of Personality Disorders, Supplement*, 1993, pp. 18-33.

Kosson, DS. et.al. "Assessing Interpersonal Aspects of Schizoid Personality Disorder: Preliminary Validation Studies." *Journal of Personality Assessment*, vol. 90, no. 2, 2008, pp. 185-196.

Kwapil, TR., Barrantes-Vidal, N and Silvia, PJ. "The Dimensional Structure of the Wisconsin Schizotypy Scales: Factor Identification and Construct Validity." *Schizophrenia Bulletin*, vol. 34, no. 3, 2008, pp. 444-457.

Langbehn, DR. et al. "The Iowa Personality Disorder Screen: Development and Preliminary Validation of a Brief Screening Interview." *Journal of Personality Disorders*, vol. 13, no. 1, 1999, pp. 75-89.

Lewin, TJ. et al. "Assessing Personality Disorders in a National Mental Health Survey." *Social Psychiatry and Psychiatric Epidemiology*, vol. 40, no. 2, 2005. pp. 87-98.

Lobbestael, J., Leurgans, M and Arntz, A. "Inter-Rater Reliability of the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID

I) and Axis II Disorders (SCID II)." *Clinical Psychology and Psychotherapy*, vol. 18, no. 1, 2011, pp. 75-79.

Loranger AW, Sartorius N, Andreoli A, et al. "The International Personality Disorder Examination. The World Health Organization/Alcohol, Drug Abuse, and Mental Health Administration International Pilot Study of Personality Disorders." *Archives of General Psychiatry*, vol. 51, no. 3, 1994, pp. 215–24.

Loranger, AW. *International Personality Disorder Examination (IPDE)*. Odessa, FL: Psychological Assessment Resources, 1999.

Mann AH, Jenkins R, Cutting JC, et al. "The Development and Use of Standardized Assessment of Abnormal Personality." *Psychological Medicine*, vol. 11, no. 4, 1981, pp. 839–47.

McKeon J, Roa B, Mann A. "Life Events and Personality Traits in Obsessive-Compulsive Neurosis." *Br J Psychiatry*, vol. 144, 1984, pp. 185-189. PMid:6704605.

Melley, AH., Oltmanns, TF and Turkheimer, E. "The Schedule for Adaptive and Nonadaptive Personality (SNAP): Temporal Stability and Predictive Validity of the Diagnostic Scales." *Assessment*, vol. 9, no. 2, 2002, pp. 181-187.

Millon, T., Davis, R and Millon, C. *MCMI-III Manual* (2nd ed.). Minneapolis, MN: National Computer Systems, 1997.

Moran, P. et al. "Standardised Assessment of Personality-Abbreviated Scale (SAPAS): Preliminary Validation of a Brief Screen for Personality Disorder." *British Journal of Psychiatry*, vol. 183, 2003, pp. 228-232.

Morey, LC. et al. "Comparison of Alternative Models for Personality Disorders." *Psychological Medicine*, vol. 37, no. 7, 2007, pp. 983-994.

Paris, J. "Modernity and Narcissistic Personality Disorder." *Personality Disorders*, vol. 5, no. 2, 2014, pp. 220–226.

Raine, A. "The SPQ: A Scale for the Assessment of Schizotypal Personality Based on DSM-III-R Criteria." *Schizophrenia Bulletin*, vol. 17, no. 4, 1991, pp. 555-564.

Author Details

K.Abilash, *Department of Psychology, PSG College of Arts and Science, Coimbatore, Tamil Nadu, India.*
Email ID: *abilash.k.1797@gmail.com*

P.Sindhuja Manisha Kamini, *Department of Psychology, PSG College of Arts and Science, Coimbatore, Tamil Nadu, India.*

Dr.T.Jothimani, *Assistant Professor, Department of Psychology, PSG College of Arts and Science, Coimbatore, Tamil Nadu, India.*