Abstract

Reflective functioning in patients with panic disorder with or without agoraphobia: an examination of the effects of comorbid personality disorders

By

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This study examined reflective functioning (RF) in patients who experience a combination of panic and personality disorders (PD). Despite broadly accepted beliefs that comorbid personality and Axis I disorders indicate poor prognosis, limited research has examined how these two axes interact within a panic disorder population. The Diagnostic and Statistical Manual of Mental Disorders typifies personality disorders as fitting different clusters categorization: cluster A referring to “odd” personality disorders, including schizoid, schizotypal and paranoid PDs; cluster B referring to “dramatic” personality disorders, including borderline, narcissistic, histrionic and antisocial PDs; and cluster C referring to “anxious” personality disorders, including avoidant, dependent and obsessive compulsive PD. Reflective functioning is a measure for the concept of mentalization, or an individuals’ ability to understand mental states in themselves and others link their mental states to behavior and symptoms, while bearing in mind the inferential nature of this process.

This study proposed that in a panic disorder sample: the presence of any personality disorder will yield predictably low RF scores; that the presence of cluster B PDs will predict low RF scores; and that the interaction of cluster B with cluster A or cluster C PDs will predict low RF scores. This project determined that within this sample, the presence of personality disorders is not related to RF score. Furthermore, no relationship between cluster B PDs and RF was found and no statistically significant interaction was determined. However, a statistical trend
toward significance for a three way interaction between clusters A, B and C with regard to RF scores was evident, although the nature of this relationship was not able to be specified by this dataset. The results suggest that in a sample with the primary diagnosis of panic disorder, RF does not specifically correlate with differences in personality disorders. This project may demonstrate limitations in the use of RF to distinguish personality disorders for patients with panic disorder. Further study into the relationship between PDs and panic disorder is warranted, particularly with regard to what aspects of panic or personality symptomatology become amplified or less observable and are primarily impairing for the patient.