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The Nature of Personality Disorders among Females

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Abstract
The study aimed to review the literature about personality disorders among females and the role of potential gender bias in diagnosis with these disorders. Personality disorder PD had defined as an inflexible pattern of long duration leading to significant distress or impairment. Women suffer from many types of stress throughout their life according to economic position and social status. However, there are many opinions on the gender differences in PD's and gender can be a powerful element to determine mental health. Unfortunately, there is gender and social bias to view mental illness depending on the patient's gender. Many regions in the world have social cultures that contribute to disorders' development. Due to stigma and social traditions, the Arab region seems to be further away from global diagnosis and statistics for personality disorders. Finally, It's essential for clinicians and researchers to move away from being satisfied with the results of Western studies and not trying to generalize only western findings in diagnosing disorders.

Keywords: Personality, Disorder, Female, Gender, Bias, DSM-5

1. Introduction

Personality is the main factor in our psychological life, it is a system organized our traits, feelings, emotions, thoughts and behavior. It began to develop through life span (Kumperscak, 2020). In the other side, there is a personality disorder PD which is defined by DSM -5 2013" an enduring and inflexible pattern of long duration leading to significant distress or impairment and is not due to use of substances or another medical condition" (American Psychiatric Association A.P.A., 2013, p.645). Studying PD's gained its importance by trying to understand the etiology of these disorders (Raine, Yang, Narr, & Toga, 2011).

According to the national comorbidity study interview data, the pervasiveness of personality disorders is 9.1%, borderline personality disorder BPD is 1.4% (National Institute of Mental Health NIMH).

According to economic position and social status, women suffer from many types of stress throughout their lives, making them vulnerable to disorders (Sandanger, Nygård, Sørensen, & Moum, 2004). Low quality of life in psychological, physical, and social can increase in women with mental status impairments (Kavanagh, et al., 2020).

1.1. Types of personality disorders among females through lifespan :

1.1.1. In Childhood and Adolescence:

The DSM-IV-TR 2000 and ICD-10 defined that PD's can begin in childhood and adolescence (Schmeck, Schlüter-Müller, Foelsch, & Doering, 2013) . The DSM-5 2013 indicated that "Personality disorder categories may be applied with children or adolescents in those relatively unusual instances in which the individual's particular maladaptive personality traits appear to be pervasive, persistent, and unlikely to be limited to a particular developmental stage or another mental disorder" (A.P.A., 2013, p.647).

In childhood, the PD's symptoms could differ from the symptoms in adulthood. Therefore, the main idea toward diagnosing PD's among children had a big step when it became to study as a developmental personality with its pathology and traits (Fortunato & Speranza, 2018). Also, childhood can be a predictor for future adulthood, and the problems in this stage can affect the nature of adult personality later (Kagan & Marcel, 1996).

In Female childhood, Some disorders diagnosed in this stage like borderline personality disorder BPD. BPD is a mental illness that involves mood and behavior instability, complex relationships, repetitive symptoms of anger, and depression, which may last for days (NIMH). In general, it seems to be an interaction between an emotionally abused child and an unsupportive and abusive family environment (Macfie, 2009).

In adolescence, there is no precise diagnosis for personality disorders because of the nature of unstable transformations, which seem they are going fast and for community considerations (Laurenssen, Hutsebaut, Feenstra, Busschbach, & Luyten, 2013). However, there are studies about disorders' pervasiveness in this age (Laurenssen, Hutsebaut, Feenstra, Busschbach, & Luyten, 2013; Caspi et al., 2005).

1.1.2. In Adulthood

According to DSM -5, females are frequently diagnosed with borderline personality disorder BPD and dependent personality disorder DPD. In contrast, other disorders like antisocial personality disorder APD is generally prevalent among males (A.P.A., 2013). Here is a table (1) below, which explains the PD's among women :

Table 1: PD's Brief Descriptions** and Details

PD		*Facts
Axis I - Cluster A	Paranoid (suspect with no evidence, unjustified about loyalty, bears grudge)	Some studies found a higher level of paranoid personality disorder among women but others found it higher among men (Lee, 2017).
	Schizoid (detachment from social relationships, emotional coldness, choose solitary activity)	Males tend to diagnose with schizoid disorder more than females (A.P.A., 2013). Many studies reported the equal pervasive among adult male/ female patients , others reported of differences in the level of the disorder (Blagov & Ortigo, 2017).
	Schizotypal (social and interpersonal deficit, magical thinking, unusual perception, suspiciousness, excessive social anxiety)	Women experienced more hostility and activity than men in this disorder and the symptoms tend to be more persistent (Smith, 2021), but may be slightly more common in males, (A.P.A., 2013, p.658).
	Antisocial (deceitfulness, aggressiveness, impulsivity, lack of remorse)	The trajectory of delinquent behavior is different (limited during childhood or adolescence or persistent, adulthood onset) (Fontaine, Carbonneau, Vitaro, Barker, & Tremblay, 2009), other studies found an increase in

		antisocial behaviors during early adulthood (Bor, McGee, Hayatbakhsh, Dean, & Najman, 2010)
Axis II - Cluster B	Borderline (unstable interpersonal relationship, impulsivity, inappropriate anger, recurrent suicidal behavior)	earlier studies indicated there was a high pervasive of borderline symptoms among women, while current studies found no gender differences. Women with this disorder tend to be more likely to disturb in eating, mood, and posttraumatic stress disorder than men (Sansone & Sansone, 2011)
	Histrionic (interaction with other by sexual behavior, display rapidly shifting and shallow emotions, self - dramatization, suggestible)	Histrionic personality disorder includes symptoms that may refer to feminine traits and this can be led many clinicians to classified it on women more than men (Sprock, 2000).
	Narcissistic (self-importance, sense of entitlement, preoccupied with fantasies, lack empathy, envious, arrogant ; haughty behavior)	Men tend to diagnosed with this disorder more than women. DSM-5 reported that up to 75% of patients were men (Green, MacLean, & Charles, 2021). Men are often rated in narcissistic disorder higher than women (Golomb, Fava, Abraham, & Rosenbaum, 1995).
Axis III - Cluster C	Avoidant (avoid occupational activity, restraint to intimate relationships, view as socially inept, unusually reluctant to take personal risks)	Some researchers reported the equal pervasive among adult male/ female patients, others reported gender differences especially for women. Transgender people also had pervasive in this disorder because of the social stigma they usually experienced (Ortigo & Blagov, 2017).
	Dependent (difficult make decision without others advise, need others to assume responsibility, feel uncomfortable alone, urgently seek another relationship to care and support)	By reviewed 56 studies in this field, published 1969-1996, (Bornstein, 1996) reported there were sex differences, women reported higher symptoms of dependent personality disorders than men.
	Obsessive- Compulsive (perfectionism, overconscientious, a miserly spending style toward both self and others, stubbornness)	It is more pervasive among females in adolescence and early adulthood (Mathes, Morabito, & Schmidt, 2019) and often combined with severe depression disorder (Fontenelle, Marques, & Versiani, 2002).

the personality disorders according to their Axis and the diagnosis percentage among women.

* Collecting from many resources.

** All the descriptions were from American Psychiatric Association, DSM-5, 2013.

From the above table, we see no agreement between studies about the nature of gender differences. Most current studies focus on borderline personality disorder over other disorders.

2. Is there a personality disorder for females?

The relationship between gender and PD's has received interest in psychology (Klonsky, Jane, Turkheimer, & Oltmanns, 2002). Gender can be a powerful element to determine mental health by combine with age, salary, education level, and social assistance (Patel, 2005). There were many opinions about differences in both men and women in PD's. Paris (2007) mentioned that many studies insisted on gender differences in PD's like Maccoby and Jacklin 1974, which noted that males tend to be more assertive than females which tend to have higher anxiety. Paris (2000) also has supported the importance of diagnosis the disorders according to biological roots.

According to biological roots, many studies focused on gender differences, attribute it to the period of pregnancy (the second trimester). In this period, the male brain (not the female brain) experienced a significant change in ability, personality, function, structure, and playing preference. The variation is due to the level of androgen exposure during pregnancy. Females who experienced a male level androgen became a more male personality. Also, sex chromosomes affect gender differences by affecting brain structure. However, these differences did not affect gender personalities in the same level cross cultures (Schmitt et al., 2016). Raine, Yang, Narr, & Toga (2011) have found new indicates on gender differences in APD, males tend to be more aggressive and have anti-social behaviors compared with females, attributed this to anatomical reasons. The differences of brain structures especially in the ventral and middle frontal grey region can affect through explanation the differences and be a risk factor for APD. Raine et al. (2011) also confirmed on female sample size and its effect on the results, and the role of social and cultural factors that may impact gender differences.

Carter, Joyce, Mulder, Sullivan, & Luty (1999) studied the gender frequency in PD's on 225 patients. Males were more likely to have cluster A and cluster B disorders like paranoid, schizotypal, antisocial, narcissistic, obsessive-compulsive, and borderline. On the other hand, females didn't be prevalent in any PD's. Barzega, Maina, Venturello, & Bogetto (2001) also examined the differences between males and females on DSM-IV personality disorders diagnosis. They found that males had more severe PD's, especially in schizoid and BPD than females who were more anxious and fearful.

The World Health Organization W.H.O attributed differences between men and women to the different socio-economic environments, level of care responsibility and high gender based violence (WHO). Conversely, other researchers didn't find any differences based on gender. Torgersen, Kringlen, & Cramer (2001) studied PD's pervasive among 2053 individuals in Norway from 1994-97. They found that PD's were common among single individuals with low socioeconomic and high or lower education levels. Gender differences were statistically insignificant. Johnson et al. (2003) didn't find gender differences in BPD and considered it possible to reduce the prevailing differences between men and women. Busch, Balsis, Morey, & Oltmanns (2016) also indicated no gender differences except in males self-report only.

According to Marsha Linehan 1993, the roots of BPD depend on psychological, biological and social factors and that seems to be equal develop the disorder for both genders. Linehan proposed a biosocial theory on BPD, and she didn't mention gender in her theory (Clover, 2021). Many studies on this field seemed to be rarely and mainly concentrated on antisocial and borderline personality disorders to explain the gender differences (Holthausen & Habel, 2018).

2.1.Gender Bias

Kaplan 1983 was the first researcher who presented the potential of gender bias; she thought that PD's criteria had been put by specialized men influenced by gender stereotypes (Clover, 2021). Later, many studies reported gender bias in diagnosis criteria in the previous DSM about PD's (Oltmanns & Powers, 2012; LaRue, 2019). In addition, the previous DSM criteria tended to consider women's traits as pathology because of the differential pervasive in disorders ratings for both genders (Jane, Oltmanns, South, & Turkheimer, 2007).

(Schmeck, Schlüter-Müller, Foelsch, & Doering, 2013) cited to A.P.A. article 2012 about "Rationale for the Proposed Changes to the Personality Disorders Classification in DSM-5," which introduced many points that raised debate on the DSM accuracy, for examples :

- The co-occurrence among PD's is extended, and have a diagnosis for one personality disorder may refer to a diagnosis of another disorder.
- There are disproportionate and different ways to diagnose the disorders
- Mismatch with modern medical ways in diagnosis
- Instability on diagnosis criteria through time
- The field of personality psychopathology is not activate
- Poor validity of the criteria.

Another study had an interest in gender bias in DSM criteria; Samuel & Widiger (2009) supported gender bias concerns that appeared throughout diagnosing the males to be less histrionic and females to be less antisocial. They indicated that using Fave Factor Models in PD diagnosis may be less biased than DSM criteria. W.H.O pointed to the occurrence of bias in the field of psychological therapy; the clinicians tend to diagnose women with (depression) more than men, although there were similar symptoms. Women also are vulnerable to violence more than men, and that affects their mental status.

There are discriminations in criteria language in DSM-5, using word " lack of empathy" in narcissistic personality and comparing with the word "fast turning and superficial emotions" in Histrionic personality can reflect a gendered manner because the female's emotions nature which tends to be empathetic. So, to make a narcissistic personality is suitable for men, it may describe it as more powerful and without emotions (Kloss, 2009).

Another mistake for DSM classification represented by neglecting sexual minority and gender attitudes among individuals, including the orientation of asexuality, transsexual and transgender people. Sexual minorities showed differences in personality traits and had mental issues more than heterosexuals (Wang, Dey, Soldati, Weiss, Gmel, & Mohler-Kuo, 2020). Eubanks-Carter & Goldfried (2006) raised the topic about potential neglect in criteria for BPD at many sexual orientations and indicated the possibility of biases in the evaluations of these clients based on the social desirability of the therapists. LaRue (2019) assumed that therapists might classify homosexual men as having BPD than heterosexual men because they appeared to be more "feminine" to therapists. Generally, few studies focused on gender bias toward sexual minorities, and whether DSM criteria for PD's are suitable for them, especially with the stress and stigma they faced in their societies.

According to the author's reviews, the DSM-5 has unfortunately neglected the classification of personality disorders according to essential considerations such as the diversity in the level of reporting of disorders in many countries that influence the accuracy of disorders statistics, the role of social stigma that prevented clients from seeing doctors, the level of domestic violence especially towards women and its effect on mental health and it is always hidden away from the media and authorities, and the level of care services provided to clients - this will mention below - in many countries. Also, the DSM didn't focus on the socialization role supplied for both genders and discrimination in their families, mostly in favor of males. This may affect the nature of the disorders they will face in the future.

2.2. Social Bias

There are differences in social views on mental illness depending on patient's gender. Women suffer from great stigma and more neglect of their mental status compared with men because of the different roles and expectations between them. Women feel more shame and guilt because of their major role in organizing their families than men. Women with mental illness tend to be alone more than men; also, they get divorced more than men with mental illness (Patel, 2005). The biases toward women may affect their psychological health; it can be a stressed resource. W.H.O. noted that gender discrimination is the main factor of violence against women. 30% of women suffer from violence in their environments. The gender gap decrease in societies that more equal among women and men (Kubala, 2021).

2.3. Regional Difficulties

Many regions in the world have social cultures that contribute to disorders' development (Paris & Lis, 2013). The Arab region seems to be further away from global diagnosis and statistics for personality disorders due to stigma and social traditions, which view disturbed persons as insane. DSM-5 noted the importance of isolation between pathological symptoms and a person's culture, and that refers to the extent of cultural awareness through the diagnosis of PD's (Latzman, Megraya, Hecht, Miller, Winiarski, & Lilienfeld, 2015).

In addition, this region also suffers from neglect and poor health services, especially in the psychotherapy field (and this varies from one country to another in the same area). This region also suffers from so many economic, social, political, and security crises and is experiencing bloody, upset conflicts that negatively influence women's psychological and mental health (the pivot of this study). The Arab persons, in general, characterized the lack of psychological education throughout their lifespan (Naveed, 2018). Psychological education can provide persons with all the knowledge, observation, and ability to identify their problems and solve them logically. That is what the Arab person, in general, lacks. Another difficulty confronting the psychological researchers is the Constraints on calculating the personality disorders and applying diagnosis ways on the reality with low reporting on the disorders because of all factors mentioned above, which makes studying disorders difficult.

3. Conclusion

During human history, Women were subject to a highly critical and accurate campaign of criticism and bias during human history. Modern science has not spared this trend, starting with the opinions of the School of Psychoanalysis. There is no doubt that these opinions still govern the classification of disorders.

Feminist liberation requires an attempt to create a cultural and intellectual environment that respects women, orientations, and abilities. Slogans alone are not enough to make this environment. It requires a review of the strategies of countries, especially the poor and middle ones- which suffer from the highest rates of violence against women - and an attempt made to reconsider the health system and stop social and gender discrimination against women.

Unfortunately, few studies have focused on the nature of personality disorders among women in poor, low- and middle-income countries as well as homosexual women and other sexual minorities, and this is what we must bear in mind as long as there is a classification of disorders by gender or Societal personality or body hormones. From all of the above, we conclude the urgent necessity to more studies on gender differences in PD's diagnosis and try to re-update the language of DSM criteria, especially toward women and carry out genuine scientific attempts to remove biases to provide actual scientific coverage for the nature of the disorders for all persons, regardless of persons' thoughts, sexual orientations, ethnicity or beliefs.

Also, it's essential to attempt to reach out to other regions to study their members' social and cultural impact. Finally, it's also necessary for clinicians and researchers to moving away from being satisfied with the results of Western studies and not trying to generalize only western findings in diagnosing disorders.

4. The Conflict of Interest

The author declared that there are no potential conflicts of interest concerning this article's research, authorship, and publication.

5. Novelty

Few studies focus on the gender bias in personality disorders, especially in DSM criteria, and the environmental effect on gender bias. However, this study highlighted a small area of this topic.

References

A.P.A.(2013). *Diagnostic and Statistical Menual of Mental Disorders (5 ed.)*. U.S.A. American Psychiatric Association, Inc.

Barzega, G., Maina, G., Venturello, S., & Bogetto, F. (2001). *Gender-related distribution of personality disorders in a sample of patients with panic disorder.* European Psychiatry , 16 (3), 173-179. DOI: 10.1016/s0924-9338(01)00560-0 .

Blagov, P., & Ortigo, K. M. (2017). *Schizoid Personality Disorder and Gender*. In K. L. Nada, The SAGE Encyclopedia of Psychology and Gender (pp. 1442-1444). Thousand Oaks: SAGE Publications , Inc. DOI: 10.1007/s10862-010-9183-8 . PMID: 21116455 .

Bor, W., McGee, T. R., Hayatbakhsh, R., Dean, A., & Najman, J. M. (2010). *Do antisocial females exhibit poor outcomes in adulthood? An Australian cohort study*. Aust N Z J Psychiatry , Jul;44(7). 648-57. DOI: 10.3109/00048671003631159 . PMID: 20560852 .

Bornstein, R. F. (1996). *Sex differences in dependent personality disorder prevalence rates*. Clinical Psychology: Science and Practice , 1-12.

Busch, A. J., Balsis, S., Morey, L. C., & Oltmanns, T. F. (2016). *Gender Differences in Borderline Personality Disorder Features in an Epidemiological Sample of Adults Age 55-64: Self Versus Informant Report*. J Pers Disord. , 30 (3), 419-32. DOI: 10.1521/pedi_2015_29_202 . PMID: 26067157 . PMCID: PMC4757501 .

Carter, J. D., Joyce, P. R., Mulder, R. T., Sullivan, P. F., & Luty, S. E. (1999). *Gender differences in the frequency of personality disorders in depressed outpatients*. J Pers Disord. , 13 (1), 67-74. DOI: 10.1521/pedi.1999.13.1.67 . PMID: 10228928 **.**

Caspi, Avshalom, Roberts, Brent W., & Shiner, Rebecca L.(2005). Personality *Development: Stability and Change*. Annu. Rev. Psychol., 56, 453-484, https://doi.org/10.1146/annurev.psych.55.090902.141913.

Clover, K. (2021, 9). *Gender Differences in the Clinical Presentation of Borderline Personality Disorder: A Review Personality Disorder*: Retrieved 10 2, 2021, from digitalcommons.nl.edu: https://digitalcommons.nl.edu/diss/600/

Eubanks-Carter, C., & Goldfried, M. R. (2006). *The impact of client sexual orientation and gender on clinical judgments and diagnosis of borderline personality disorder*. Journal of Clinical Psychology , 62 (6), 751-770. DOI: 10.1002/jclp.20265 . PMID: 16541385

Fontaine, N., Carbonneau, R., Vitaro, F., Barker, E. D., & Tremblay, R. E. (2009). *Research review: a critical review of studies on the developmental trajectories of antisocial behavior in females*. J Child Psychol Psychiatry , 363-85. DOI: 10.1111/j.1469-7610.2008.01949.x . PMID: 19236525

Fontenelle, L., Marques, C., & Versiani, M. (2002). *The effect of gender on the clinical features and therapeutic response in obsessive-compulsive disorder* . Braz. J. Psychiatry .

Fortunato, A., & Speranza, A. M. (2018). *Personality traits and disorders in childhood: clinical evaluation and diagnosis*. Clinical Neuropsychiatry: Journal of Treatment Evaluation, 15(4), 222–235.

Golomb, M., Fava, M., Abraham, M., & Rosenbaum, J. F. (1995). *Gender differences in personality disorders* . Am J Psychiatry , 152 (4), 579-82. DOI: 10.1176/ajp.152.4.579 . PMID: 7694907.

Green, A., MacLean, R., & Charles, K. (2021). Female *Narcissism : Assessment , Aetiology , and Behaviorl Manifestations*. Pyshcological Reprots . https://doi.org/10.1177/00332941211027322 . PMID: 34154472.

Holthausen, B. S., & Habel, U. (2018). *Sex Differences in Personality Disorders. Current Psychiatry Reports* , 20 (107). DOI: 10.1007/s11920-018-0975-y . PMID: 30306417.

Jane, S. J., Oltmanns, T. F., South, S. C., & Turkheimer, E. (2007). *Gender Bias in Diagnostic Criteria for Personality Disorders: An Item Response Theory Analysis*. J Abnorm Psychol. , 116 (1), 166-175. DOI: 10.1037/0021-843X.116.1.166 . PMID: 17324027. PMCID: PMC4372614 .

Johnson, D. M., Shea, M. T., Yen, S., Battle, C. L., Zlotnick, C., Sanislow, C. A., et al. (2003). *Gender differences in borderline personality disorder: findings from the collaborative longitudinal personality disorders study*. Comprehensive Psychiatry , 44 (4), 284-292. DOI: 10.1016/S0010-440X(03)00090-7 . PMID: 12923706**.**

Kagan, J., & Marcel, Z. (1996). *Early childhood predictors of adult psychopathology*. Harvard Review of Psychiatry , 341-350. DOI: 10.3109/10673229609017202 . PMID: 9384964.

Kavanagh, B. E., Stuart, A. L., Berk, M., Turner, A., Dean, O. M., Pasco, J. A., et al. (2020). *Personality Disorder increases risk of low quality of life among women with mental state disorders*. Comprehensive Psychiatry , 102, 1-6. DOI: 10.1016/j.comppsych.2020.152193 .PMID: 32730960.

Klonsky, E. D., Jane, J. S., Turkheimer, E., & Oltmanns, T. F. (2002). *Gender Role and Personality Disorders*. J Pers Disord. , 464-476. DOI: 10.1521/pedi.16.5.464.22121 . PMID: 12489312. PMCID: PMC4364134 .

Kloss, Brianna (2009). *Cluster B Personality Disorders separated by gender expectations*, Journal of Undergraduate Research at Minnesota State University, Mankato, 9(7), https://cornerstone.lib.mnsu.edu/jur/vol9/iss1/7.

Kubala, K. (2021, June 23). *Effects of gender discrimination on health*. Retrieved 10 15, 2021, from Medical News Today: https://www.medicalnewstoday.com/articles/effects-of-gender-discrimination.

Kumperscak, H. G. (2020). *Personality Disorders in Adolescents and Different Therapeutic Approaches*. In mental Disorders (pp. 1-11). Intechopen.

LaRue, G. C. (2019). *Misdiagnosing Borderline Personality Disorder: Does Setting Bias and Gender Bias Influence Diagnostic Decision-Making?* and Gender Bias Influence Diagnostic Decision-Mak. Retrieved 10 5, 2021, from corescholar.libraries.wright.edu: https://corescholar.libraries.wright.edu/cgi/viewcontent.cgi?article=3265&context=etd_all.

Latzman, R. D., Megraya, A. M., Hecht, L. K., Miller, J. D., Winiarski, D. A., & Lilienfeld, S. O. (2015). *Self-reported psychopathy in the Middle East: a cross-national comparison across Egypt, Saudi Arabia, and the United States*. BMC Psychol. , 3 (37). DOI: 10.1186/s40359-015-0095-y . PMID: 26515052. PMCID: PMC4625874 .

Laurenssen, E. M., Hutsebaut, J., Feenstra, D. J., Busschbach, J. J., & Luyten, P. (2013). Diagnosis *of personality disorders in adolescents: a study among psychologists*. Child and Adolescent Psychiatry and Mental Health , 7(3). https://doi.org/10.1186/1753-2000-7-3 .

Lee, R. (2017). *Mistrustful and Misunderstood: A Review of Paranoid Personality Disorder*. Curr Behav Neurosci Rep. , 151-165. DOI: 10.1007/s40473-017-0116-7 . PMID: 29399432.

Macfie, J. (2009). *Development in Children and Adolescents Whose Mothers Have Borderline Personality Disorder*. Child Dev Perspect., 66-71. DOI: 10.1111/j.1750-8606.2008.00079.x . PMID: 20161670 .

Mathes, B. M., Morabito, D. M., & Schmidt, N. B. (2019). *Epidemiological and Clinical Gender Differences in OCD* . Curr Psychiatry Rep. 21(5):36. DOI: 10.1007/s11920-019-1015-2 . PMID: 31016410.

Naveed, H. (2018, September 10). *Mental Health in the Middle East*. Retrieved 10 12, 2021, from Middle East Medical: http://www.middleeastmedicalportal.com/mental-health-in-the-middle-east/

National Institute of Mental Health NIMH. (n.d.). *Personality Disorders*. Retrieved 10 14, 2021, from nimh: https://www.nimh.nih.gov/health/statistics/personality-disorders.

Oltmanns, T. F., & Powers, A. D. (2012). *Gender and Personality Disorders*. In T. A. Widiger (Ed.), The Oxford Handbook of Personality Disorders. Oxford University Press.

Ortigo, K. M., & Blagov, P. (2017). *Avoidant Personality Disorder and Gender*. In K. L. Nadal, The SAGE Encyclopedia of Psychology and Gender (pp. 117-120). Thousand Oaks: SAGE Publications , Inc.

Paris, J. (2000). *The classification of personality disorders should be rooted in biology*. J. Pers Disord. , 127-36. DOI: 10.1521/pedi.2000.14.2.127 . PMID: 10897463.

Paris, J. (2007). *An overview on gender, personality and mental health*. Personality and Mental Health , 1, 14-20. https://doi.org/10.1002/pmh.1.

Paris, J., & Lis, E. (2013). *Can sociocultural and historical mechanisms influence the development of borderline personality disorder ?* Transcult Psychiatry , 50 (1), 140-51. DOI: 10.1177/1363461512468105 . PMID: 23222803.

Patel, V. (2005). *Gender and Mental Health: A Review of Two Textbooks of Psychiatry*. Economic and Political Weekly , 40 (18), 1850-1858. DOI:10.2307/4416569 .

Raine, A., Yang, Y., Narr, K. L., & Toga, A. W. (2011). Sex *differences in orbitofrontal gray as a partial explanation for sex differences in antisocial personality*. Molecular Psychiatry , 16, 227-236. DOI: 10.1038/mp.2009.136 . PMID: 20029391. PMCID: PMC3008752 .

Samuel, D. B., & Widiger, T. A. (2009). *Comparative gender biases in models of personality disorder*. Personality and Mental Health , 3(1), 12-25. https://doi.org/10.1002/pmh.61 .

Sandanger, I., Nygård, J. F., Sørensen, T., & Moum, T. (2004). *Is women's mental health more susceptible than men's to the influence of surrounding stress?*, Soc Psychiatry Psychiatr Epidemiol. , 39 (3), 177-84. DOI: 10.1007/s00127-004-0728-6 . PMID: 14999449.

Sansone, R. A., & Sansone, L. A. (2011). *Gender Patterns in Borderline Personality Disorder*. Innov Clin Neurosci. , 16-20. PMID: 21686143. PMCID: PMC3115767 .

Schmeck, K., Schlüter-Müller, S., Foelsch, P. A., & Doering, S. (2013). *The role of identity in the DSM-5 classification of personality disorders*. Child and Adolescent Psychiatry and Mental Health , 7 (27). DOI: 10.1186/1753-2000-7-27 . PMID: 23902698. PMCID: PMC3848950 .

Schmitt, David P., Long, Audrey E., McPhearson, Allante, O'Brien, Kirby, Remmert, Brooke, & Shah, Seema H.(2016). *Personality and gender differences in global perspective*, International Journal of psychology, 52(S1), 45-56, https://doi.org/10.1002/ijop.12265.

Smith, K. (2021, 5 7). *Schizophrenia in women : signs , symptoms and challenges*. Retrieved 9 21, 2021, from www.psycom.net: https://www.psycom.net/schizophrenia-women.

Sprock, June. (2000). *Gender-Typed Behavioral Examples of Histrionic Personality Disorder*, Journal of Psychopathology and Behavioral Assessment, 22, 107-122, https://doi.org/10.1023/A:1007514522708 .

Torgersen, S., Kringlen, E., & Cramer, V. (2001). *The prevalence of personality disorders in a community sample* . Arch Gen Psychiatry , 58 (6), 590-6. DOI: 10.1001/archpsyc.58.6.590 . PMID: 11386989.

Wang, J., Dey, M., Soldati, L., Weiss, M. G., Gmel, G., & Mohler-Kuo, M. (2020). *Psychiatric disorders, suicidality, and personality among young men by sexual orientation*. European Psychiatry , 29 (8), 514-522. DOI: 10.1016/j.eurpsy.2014.05.001 . PMID: 24972914.

World Health Organization W.H.O. (n.d.). *Mental Health and Substance Use*. Retrieved 10 2, 2021, from www.who.int: https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/gender-and-women-s-mental-health.