Steve Server// The Perfectionist. The Eccentric. The Paranoiac. The Loner. The Mercurial Partner. The Serial Dater. The Sociopath. The Narcissist. The Coquette. The Milquetoast.

Archetypes of difficult personalities populate our books, our movies, and our TV shows. Where do they come from? How do we understand their social function?

It is worth considering the extent to which these archetypes are borne or at least informed by the clinical world. For example, while the terms "sociopathy" and "psychopathy" began their lives over a century ago within clinical discourse, they enjoy an afterlife in the true crime series *en vogue* these days to refer to people who sometimes have Anti-Social Personality Disorder. While the penchant to pathologize female emotions has an unfortunately long history—both in American society and within psychiatry—in the early 2000s, "The Sopranos" and films such as *Girl, Interrupted* and *Prozac Nation* indicated to audiences that "unstable" women could be considered to have Borderline Personality Disorder (BPD). Donald Trump's behavior began a debate among clinicians and non-clinicians alike as to the ethics of diagnosing him with Narcissistic Personality Disorder, given that his behavior seemed to so thoroughly match conceptions of the self-important male who refuses to take responsibility. There are more examples than this—across them, we see that discussions of disordered personalities in our society frequently crackle with the authority of clinical judgment.

Given the pathologization of difficult personalities, it is instructive to see what psychiatry–that branch of medicine concerned with human behavior–has to say about personality disorders. The *Diagnostic and Statistical Manual of Mental Disorders-5* (DSM-5) defines a personality disorder as "an enduring pattern of inner experience and behavior 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, 645). Ten personality disorders are organized into three clusters, whose members share common features and frequently co-occur:

Cluster A: Paranoid Personality Disorder; Schizotypal PD; Schizoid PD

Cluster B: Antisocial PD; Borderline PD; Narcissistic PD; Histrionic PD

Cluster C: Avoidant PD; Dependent PD; Obsessive Compulsive PD

Within medicine, there is a penchant for remembering these disorders by recourse to archetypization. Medical students often remember the organizational schema by the mnemonic "Weird, Wild, and Worried" or "Mad, Bad, and Sad"—referring to the impaired reality-testing, erratic behavior and emotional lability, and social anxiety and fearfulness common to disorders in the three clusters, respectively. On board licensing exams, questions relating to personality disorders often draw on tropes similar to those above, which medical students quickly learn: vignettes about a woman's flirtation and sexuality point toward Histrionic PD, those which mention mismatched clothes or an unusual way of speaking gesture toward Schizotypal PD, etc.

Clearly, Medicine tends toward reductionism and this is another area in which that reductionism is made manifest. But in this case, it is seemingly inadequate to say that these archetypes are the sole product of Medicine. Yes, Medicine may purport to deal in "objective" clinical measures and "objective" statistical data which belong wholly to it to define disease processes. But Medcine's

"objective" measures do not eliminate the need for judgment. Its "objective" measures contain the kernel of subjectivity themselves. The ultimate products of Medicine, too, are contested. At some point—with some diversity across specialties and disease processes—Medicine surpasses the ability of this putative "objectivity" to separate the normal from the pathological, and disease entities' social character comes into high relief.

For these reasons, we cannot attribute our archetypes wholly to Medicine's failings. Rather, they are products of our broader social world and the role Medicine plays in it.

It seems to me that these archetypal "difficult personalities" serve a function similar to the Olympian Gods in Antiquity. Zeus had his assaults; Aphrodite, her infidelities; Athena, her jealousy; today, our archetypes send nasty text messages, break plates, or sit alien to the joys and travails of life with social beings. They present cautionary tales, lest we not give in to common, powerful, and seductive human frailties: mistrust, isolation, and fear. It has fallen to Medicine, from its lofty social position, to judge. By its work, it allows us to set those "touched by the Gods," as it were, apart from the rest of us. To borrow a turn of phrase from Michel Foucault's seminal *Madness and Civilization*, it permits us to put all sorts of interpersonal abnormality "at a distance, under the eyes of a reason that no longer [feels] any relation to it and that would not compromise itself by too close a resemblance" (70). The social world is a disquieting, challenging place for all of us. Pathologized archetypes help us to make sense of its pettiness, its unjustness, its illogic.

We must recognize, however, the ways in which our comfort is the product of a culture of stigma, one which condemns many of us to isolation and alienation, and which ultimately sustains our collective distress. The chiaroscuro of our mythologized understandings of disordered personalities drowns out the real world's subtler, more nuanced, shades. The people we encounter in our lives—whether mentally ill or going through the challenges of life—are not mythic figures. They are real, flesh-and-blood people, with histories and futures, fears and hopes, who deserve more than being flattened into Olympian fables.

Featured Image by furkanfdemir via Pexels

Works Cited

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) American Psychiatric Publishing, 2013.

Michel Foucault. *Madness and Civilization*. New York: Vintage Books, 1988.