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Clarity in diagnosis: Prototypes of the anti-social, narcissistic, and histrionic personality disorders from the operatic literature

Abstract

A person with a personality disorder (PD) has a pervasive, long term, maladaptive way of interacting with the world (American Psychiatric Association, 1994). Costello (1996) described the lives of persons with PDs as chaotic. They are inflexible and rigid in terms of their reactions, and do not have the ability to change their maladaptive ways of interacting in society (Millon, 1981).

CLARITY IN DIAGNOSIS: PROTOTYPES OF THE ANTI-SOCIAL,
NARCISSISTIC, AND HISTRIONIC PERSONALITY DISORDERS FROM THE
OPERATIC LITERATURE

A Research Paper
Presented to
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Masters of Arts

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Introduction

A person with a personality disorder (PD) has a pervasive, long term, maladaptive way of interacting with the world (American Psychiatric Association, 1994). Costello (1996) described the lives of persons with PDs as chaotic. They are inflexible and rigid in terms of their reactions, and do not have the ability to change their maladaptive ways of interacting in society (Millon, 1981).

Gunderson (1988) stated that approximately 15 percent of the population (approximately 40 million people) in the United States have personality disorders (PDs). He estimated that between 30%-50% of this population seek psychotherapy. Regier, Goldberg, and Taube (1978) and Schurman, Kramer, and Mitchell (1985) estimated that half of the people who seek help for mental illness do so only through medical personnel. Emerson, Pankrantz, Joos, and Smith (1994) stated that of this population who seek only medical help approximately half have PDs.

Because a great number of people are affected by personality disorders, it is probable that all mental health clinicians will come into contact with them. Therefore, it is very important for clinicians to recognize presenting characteristics of the different personality disorders in order to develop and implement appropriate treatment plans.

Unfortunately, the task of diagnosing a client with a personality disorder is complicated and subject to error. Not only does the clinician have the issue of determining which

criteria to use in order to diagnose the client, but he or she also must determine how this individual presents his or her symptomology. Clients who have the same personality disorder will not necessarily have the same presenting criteria. Within the diagnostic grouping of PDs, many of the disorders have overlapping symptoms (Benjamin, 1993). Depending on the client's presentation during the period of assessment, symptomology may point in a variety of different directions, and depending on the clinician's background and experience, he or she may choose between several different diagnoses.

The American Psychiatric Association's answer to the need for a common language among mental health professions was the publication in 1952 of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM is now in its fourth edition and is recognized as the most frequently used reference in the field of mental health (Frances, Widiger, & Pincus, 1989; Kirk, & Kutchins, 1992).

Although the DSM-IV (1994) is a standard reference, it can be a daunting book for a practitioner or for a student who is just learning to diagnose. Even when it is clear what behavioral criteria need to be present for a particular diagnosis, the person giving the diagnosis may not recognize a client who is exhibiting those behaviors (Costello, 1996).

One possible way to make the DSM-IV (1994) less daunting would be to provide clinicians and trainees with concrete examples of individuals who manifest many of the symptoms of a

specific disorder. This would help those making diagnoses to more clearly recognize symptomatic behaviors. Operatic literature seems to be a particularly rich resource for providing concrete examples of psychopathology.

One advantage of using a character from an opera as a prototype is that it allows the clinician to see the character/client outside the therapeutic context. Several researchers (Benjamin, 1993; Zimmerman, 1994; Zimmerman, Pfohl, Stangl, & Corenthal, 1986) suggested that a personality disorder cannot be accurately diagnosed without understanding how the person acts in the context of his or her life. Thinking about a person within the context of the opera may offer a helpful diagnostic aid. If a clinician were able to refer to characters already portrayed in the operatic literature as examples of persons with different PDs, it would perhaps help the clinician achieve diagnostic clarity.

The purpose of this paper is to study whether behaviors and attributes of selected characters depicted in operatic literature meet the criteria for certain personality disorders established by the DSM-IV (APA, 1994). The specific PDs to be studied are the Narcissistic and Anti-Social PDs compared with the character Don Giovanni from Mozart's opera Don Giovanni (da Ponte, 1783/1787) and the Histrionic PD compared with Musetta from Puccini's opera La Boheme (Giacosa, & Illica, 1866/1896).

Background Information Regarding the Nosology for Mental Illness

Beginning in the 1880s, the staff of the United States census bureau started to gather statistics on mental illness (APA, 1994; Grob, 1991). These data initially used in the census were very limited in their scope. By 1948, several nomenclatures had been developed for the purpose of collecting statistics on mental illness and for use in inpatient wards (APA, 1994). Two of these nomenclatures were the American Psychiatric Association's (1933) Standard Classified Nomenclature of Disease and the World Health Organization's (WHO, 1948) sixth edition of the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD) (Grob, 1991; Widiger, Frances, Pincus, Davis, & First, 1991). The sixth edition of the ICD (WHO, 1948) was the first to include classifications for mental disorders.

Although publications of the APA (APA, 1933) and the WHO (WHO, 1948) were available, neither of them were suitable for diagnostic use outside of an institution. In the 1950s, the U.S. Army needed an expanded nomenclature to communicate about a broader variety of mental disorders which had been presented by troops after World War II (Grob, 1991; Widiger et al., 1991). Members of the APA wanted personality disorders and transient stress reactions included in a diagnostic system since the diagnoses that were currently available only applied to the severely mentally ill who were institutionalized (Grob, 1991; Widiger et al., 1991).

In addition, clinicians criticized the failure of the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death (WHO, 1948) as well as the Standard Classified Nomenclature of Disease (APA, 1933) for their failure to recognize and include dementia, adjustment disorders, and many personality disorders (Widiger et al., 1991). In reaction to this lack of support, the WHO put E. Stengel, a British psychiatrist, in charge of an extensive review of issues surrounding diagnosis. In 1952, the American Psychiatric Association (APA), drawing from Armed Forces and Veterans Administration systems, developed its own publication, the Diagnostic and Statistical Manual of Mental Disorders (APA, 1952) which was referred to as the DSM (Grob, 1991; Widiger et al., 1991).

The DSM-I (1952) was the first book developed to focus on clinical application for diagnosis in psychiatry. It was structured as a glossary of diagnostic categories and their descriptions. The DSM-I approached mental illness from a medical model and described mental disorders as "reactions of the personality to psychological, social and biological factors" (APA, 1994, p.xvii).

The first edition of the DSM (1952) was written by means of the "consensus of experts" (Kendler, 1990, p. 969). This consensus was based on "historical perspective, current diagnostic usage, personal opinion, clinical experience, and the modest amount of...research literature" (p. 969).

The WHO incorporated much of the Army's expanded terminology into the ICD-8 (WHO, 1968). In 1968, the DSM-II (APA, 1968) was published and written to conform with the ICD-8 (WHO, 1968). However, the DSM-II (APA, 1968) included 39 categories not found in the ICD-8 (WHO, 1968) and left out 4 that had been included. The DSM-II (APA, 1968) was based on the " 'best clinical judgement and experience' of a committee and its consultants" (Feighner in Widiger et al., p. 281).

The publication of the DSM-III (APA, 1980) delineated a major shift in the classification of mental disorders because the members of the APA wanted this publication to be based on empirical evidence (APA, 1994). To this end, several modifications were made. First, explicit criteria sets were established for every disorder. Second, a five axis diagnostic system was developed. Clinical disorders were listed on the first axis; personality disorders and mental retardation were listed on the second; medical conditions were listed on the third; psychosocial and environmental stressors were listed on the fourth; and a global assessment of functioning was listed on the fifth. The last axis listed disorders descriptively rather than theoretically.

In the DSM-III (APA, 1980), an attempt was made through field studies to rate the criteria sets for reliability and validity. One difficulty was that very limited research was available. Therefore, the publication again had more "expert

opinion" swaying the content of the text than it had of scientific testing (Widiger et al., 1991).

The DSM-III-R (APA, 1987) a revision of the DSM-III (APA, 1980), was developed to clarify criteria that were either inconsistent across categories, unclear, or even contradictory. The major change that took place between the DSM-III (APA, 1980) and the DSM-III-R (APA, 1987), was that the latter volume based criteria on clinical diagnosis rather than on the reliability of the existing criteria (Widiger et al., 1991).

The DSM-IV (APA, 1994), the most recent addition to the science of classification, was developed to be used in conjunction with the ICD-10 (WHO, 1990). An attempt was made to "maximize the impact of research" on the committees who wrote this edition and "to document the empirical support for any revisions that are implemented" (Widiger et al., 1991, p. 282).

Issues in Diagnosis

There are a number of issues which complicate the diagnostic process in general and the diagnosis of personality disorders in particular. Complications in general diagnosis include different types of variance as well as diagnostic fit.

Ashby (personal communication, March, 1996) saw general diagnostic difficulties in terms of four kinds of variance. The first type of variance is based on the idea that all clients are unique and may present symptoms differently. This is "natural variance." The second, "information variance," occurs when more than one clinician is interviewing the client. Due to the

difference in interviewing styles and the interaction with the client each clinician will come away with differing information. The third type of variance is a clinician's distinct style of "observation and interpretation." Two clinicians presented with the same information may arrive at different answers based on their background and experience. The last type of variance is "criterion variance." This is the variance that occurs when clinicians use different criteria sets to diagnose clients. For instance, one clinician might use the DSM-III (APA, 1980), while another might use the DSM-IV (APA, 1994) (Ashby, personal communication, March, 1996).

Davis, Blashfield, and McElroy (1993) addressed the issue of complications in diagnostic fit caused by the use of different models. The polythetic model requires that a specific number of criteria are presented by the client in order to be given that specific diagnosis. However, if the client is short by one criterion, the diagnosis should not be given. The DSM-IV (APA, 1994) was designed to be used with the polythetic model (Davis, Blashfield, & McElroy, 1993).

The difficulty with this requirement is that not all criteria are equally important. If more severe criteria for the disorder are met, and the client's life is disrupted significantly, the clinician may choose to give the diagnosis regardless of an insufficient number of criteria, using a weighted model rather than the polythetic (Ashby, personal communication, March, 1996; Davis, Blasfield, & McElroy, 1993).

Arriving at a consistent way to give a diagnosis for PDs has had been difficult. One complicating factor is that the science of categorizing mental disorders for "clinical utility" has only been in existence since 1917 (APA, 1994). A second complicating factor is that PDs were not considered a diagnostic category in any nosology until after World War II. The third factor complicating the diagnosis of persons with PDs is the lack of solid research data. The usual difficulties involved in behavioral science research are heightened by the numerous overlapping criteria established by the DSM-IV for each PD diagnosis (Costello, 1996). A fourth factor complicating diagnosis is that as the nosology of mental illness distinguishes and defines disorders, PDs among them, changes in diagnostic criteria occur (APA, 1994). Therefore, the same PDs that were in the DSM-III-R (APA, 1987) differ from those included in the DSM-IV (APA, 1994).

Criteria which overlap within, as well as between, diagnostic categories raise another problem in diagnosis. Due to the significant stress a PD can have in a person's life, persons with PDs are often given a diagnosis for an axis-I disorder as well as a PD diagnosis (Benjamin, 1993; Costello, 1996). It has also been shown that the criteria for different PDs overlap with each other, making it very possible for a client to be diagnosed with more than one PD (Benjamin, 1993; Nurnberg, Raskin, Levine, Pollack, Siegel, & Prince, 1991).

Finally, the very nature of the information that is necessary to diagnose a client with a PD raises a complication. Within the therapeutic setting, the client's self-report and the clinician's observations are the sole basis for a diagnosis. An axis one diagnosis of a clinical disorder is straightforward, because the individual exhibits identifiable symptoms such as loss of appetite, an identifiable antecedent to a problem, fear of something specific, or loss of all joy, to name a few. In contrast, an axis two diagnosis of a PD is complex because the criteria are exaggerations or deficiencies of "normal" behaviors, and therefore most behaviors displayed by persons with PDs are not out of the ordinary, but are taken to the extreme. To establish the diagnosis of a PD, the clinician could ask questions such as "Are you vain and demanding?" or "Are you manipulative and exploitative?" (Benjamin, 1993, p. 5), but such a direct approach would not be likely to succeed. As Benjamin (1993) stated, "The traits of conning, manipulation, and making oneself the center of attention are likely to distort the diagnostic information obtained from the individual with a personality disorder" (p. 5).

Several researchers have studied the issue of whether an outside source of information about the client and the client's life may be necessary when diagnosing a personality disorder (Mann et al., 1989; Tryer et al., 1979; Zimmerman, 1994). In order for someone to be able to give a legitimate description of his or her own personality, he or she must have some ability to

be "introspective and aware of the effects that his or her attitudes and behaviors have on himself or herself and others" (Zimmerman, 1994, p. 233).

Zimmerman (1994) also discussed the problems of relying on information from a client who is unstable. He came to the conclusion that when it is not possible to rely on the details the client is giving, it becomes necessary to use an informant, "as either the primary or secondary source" (Zimmerman, 1994, p. 233). Such an informant could be a family member, teacher, or co-worker. Tryer et al. (1979) and Mann et al. (1986) recommended that reports from clients be disregarded altogether due to their psychiatric states and that clinicians rely only on informant information.

Terms and Characteristics Regarding Opera

Music has been defined as an international language. "The custom of using music in connection with dramatic presentations is universal. It is found throughout the history of all cultures and among primitive and civilized peoples alike" (Grout, 1988, p. 1).

The English translation of the Italian word opera is "work." In Italy opera was referred to as opera in musica or "work of music." The Italians had many labels for opera including favola "fable," tragedia "tragedy," or dramma with qualifiers of "favola in music, favola pastoral," or drama per musica "drama by means of music." Grout (1988) offered the definition of opera as a "drama in music."

A libretto is the script or text for an opera (Apel, 1972). It is the equivalent of a script for a play, complete with stage directions and scenery descriptions. Many libretti are based on famous literature, although they are not taken word for word.

"An opera libretto will usually reflect the prevailing ideas of its time with regard to drama" (Grout, 1988, p. 5). However, the detail in a libretto, by necessity, could never equal that of a play.

Within the opera libretto (script) the supporting characters offer a running commentary on how they view the "client" (Da Ponte, 1983/1787; Giacosa & Illica, 1966/1896). These accounts of the individual's behavior give the audience/clinician a sense of how this person acts within his or her environment and how the environment and other people react to him or her. This interaction among characters in the opera reinforces the idea that it is essential for the clinician to take into account what is happening within the client's environment (Benjamin, 1993).

The action in an opera is expressed through gestures that are surrounded not only by the vocal and orchestral scores, but by scenery, costumes and effects that add to the atmosphere. In this regard, it is possible to watch a character within an opera act and react to his or her environment. Being able to view this interaction could be helpful for anyone trying to diagnose, because in a sense the opera offers the character within his or her own environment instead of only within the limited therapeutic setting.

Donington (1990) referred to the archetypal associations that can be made with operatic libretti as well as with operatic characters. He stated that "...when archetypal material is presented to us artistically, we get some of the sensations of familiarity without any awareness of its unseen causes... confrontation with the archetypes is the chief business of opera..." (p. 7).

Symbolism is another aspect of opera discussed by Donington (1990), not only within the music, but within the libretti and staging. Within this context, one is given visual as well as emotional and articulated expression of human behavior. Viewing a person from this perspective may give the therapist what he or she needs in order to understand a person with a PD.

Cluster B Personality Disorders

To understand the devastating effects a PD can have on someone's life, it is important to understand how a person with a PD differs from someone with a "normal personality" (Millon, 1981). Millon described a person with a healthy personality as having the abilities to: make competent decisions for him or herself, adapt to changing social environments in a way that is personally beneficial, have a sense of satisfaction and contentment with the person's own life, and to become self-actualized. A person with a PD is typically unable to react in ways that are advantageous to himself or herself.

In the DSM-IV (APA, 1994), personality disorders have been grouped into three different clusters according to behavioral

similarities. Within these three categories, each specific PD has its own set of diagnostic criteria. The behaviors of someone with a Cluster B PD would be "dramatic, emotional or erratic" (p. 630). This client may be given a diagnosis of Antisocial PD, Borderline PD, Histrionic PD, or Narcissistic PD.

The Cluster B personality disorders may be illustrated beautifully through opera, since many characters in the operatic literature are given to extravagant emotional and/or erratic behaviors.

In the following section, two examples of characters who may portray characteristics of PDs will be studied. The first character, Don Giovanni (da Ponte, 1887/1983), displays characteristics of both the Anti-Social and Narcissistic PDs. The second example, Musetta (Giocosa & Illica, 1896/1986), displays behaviors of Histrionic qualities.

The Prototypes

Narcissistic and Anti-Social Personality Disorders - Compared with Mozart's Don Giovanni (1887/1983)

The first prototype Don Giovanni, found in W. A. Mozart's opera Don Giovanni (Giocosa & Illica, 1787/1983) actually displays the criteria for two different PDs. These are Anti-Social and Narcissistic PDs. The libretto is based on the legendary story of Don Juan. Cross (1955) described Don Giovanni as "a gallant libertine whose ruthless pursuit of the ladies and whose blasphemous conduct deserve the dramatic punishment he receives" (p. 177). Clement (1988) stated that of all opera

characters, Don Giovanni has "provoked the most commentary" (p.33).

Although the above comments from musical literaries (Clement, 1988; Cross, 1955) do not describe Don Giovanni (da Ponte, 1787/1983) in diagnostic terms, they do give the reader a good sense of Don Giovanni's character. From the feminist perspective, Clement (1988) wrote, "he...of all the fortunate or unfortunate phalocrats we are to meet throughout the operas, is the one who is the Rapist" (pp. 33-34). Donington (1990) stated that, "New understanding for Don Giovanni would be the knowledge that a man of stone is a man of nothing, and that in human relationships, feeling is all" (p.60).

Donington (1990) gave more insight into Don Giovanni's character when he stated, "It was Shaw who reminded us that Don Juan is not really the man who has possessed many women but the man who has never possessed any woman, being too narcissistic to relate to any" (pp. 55-57). Clement (1988) summarized his character when she stated, "The simple fact remains: Don Giovanni lies to everyone. He is even flanked by a valet whose job it is to reinforce the lie and substantiate the myth" (pp. 35-36).

His case presents as follows:

Don Giovanni (da Ponte, 1787/1983) is a young man in his mid twenties. He has a history of sexually promiscuous behavior, having slept with 2000+ women in the past few years. His sole purpose in life is to break his own record of sexual conquest. He travels around western Europe with his servant Leporello who,

although offended by his master's behavior, holds him in awe. On the few occasions when Leporello has tried standing up to his master, Don Giovanni has threatened him with a beating or even death.

Don Giovanni (da Ponte, 1787/1983) has been known to get himself into trouble and then act in public as if it were Leporello who committed the offense. On these occasions, Leporello has even taken the punishment that Don Giovanni deserved. There have been other times in which Don Giovanni has traded places with Leporello and then committed offenses as if he were Leporello (Clement, 1988; Donington, 1990).

Don Giovanni (da Ponte, 1787/1983) has the misfortune of running into Donna Elvira, a woman he had used and abandoned previously. She has been seeking her faithless lover all over the countryside, looking forward to the day of her revenge. As the opera progresses, she joins forces with two other victims of Don Giovanni's behavior, Donna Anna and Don Ottavio, Donna Anna's fiance.

Don Giovanni (da Ponte, 1787/1983) murdered Donna Anna's father, the Commendatore, when he came to her aid after Don Giovanni's unsuccessful "seduction" attempt. Donna Anna would describe it as an attempted rape.

At one point, Leporello (da Ponte, 1787/1983) asks Don Giovanni to give up women. His emphatic answer is that he could not possibly,

Because I love them. To be faithful to one woman means neglecting all the others. My feelings are so wide ranging and extensive, I'd have all the women share them. But they, alas, can't grasp this fine conception; my generous good nature they call deception. (da Ponte, 1787/1983, p.81)

Before the trio of vigilantes are able to bring Don Giovanni (da Ponte, 1787/1983) to justice, he comes in contact with the statue of the slain Commendatore, which magically comes to life. The statue warns of hell waiting for him if he does not change his ways. Don Giovanni laughs the warning off and has Leporello invite the statue to dinner. The statue does come to dinner and after warning Don Giovanni again, and being disregarded, he drags him into hell in a fiery explosion while the terrified Leporello watches.

Criteria For Diagnosis of Narcissistic PD

The criteria for the Narcissistic personality disorder (APA, 1994) are fairly easy to pick out in Don Giovanni's behavior (Clement, 1988; Cross, 1955; da Ponte, 1787/1983; Donington, 1990). The DSM-IV stated that a person must have at least five of the following characteristics in order to be diagnosed with a Narcissistic Personality disorder:

- 1) a grandiose sense of self-importance (e.g. achievements and talents, expects to be recognized as superior without commensurate achievements);

- 2) preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love;
- 3) belief that he or she is "special" and unique and can only be understood by, or associate with other special or high status people;
- 4) requires excessive admiration;
- 5) has a sense of entitlement (i.e. unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations);
- 6) is interpersonally exploitative (ie. takes advantage of others to achieve his or her own ends);
- 7) lacks empathy: is unwilling to recognize or identify with the feelings or needs of others;
- 8) is often envious of others or believes that others are envious of him or her;
- 9) shows arrogant or haughty behaviors or attitudes.

(APA, 1994, p. 661)

Don Giovanni's actions fit with at least five of the above mentioned DSM-IV (APA, 1994) criteria for Narcissistic PD, specifically numbers 3, 4, 5, 6, 7, & 9 (APA, 1994). An example of criterion #3 (APA,1994), believing he is special and can only be understood by other special people, is shown by the passage above in which Don Giovanni (da Ponte 1787/1983) tells Leporello that women do not understand his reasons for making himself available to all of them. Criterion #4 (APA, 1994), requiring excessive admiration, seems applicable because he is in constant

search of someone new to admire him. Criterion #5 (APA, 1994), having a sense of entitlement, is evident in Don Giovanni's interactions with everyone. He expects to have his way always and threatens those who do not comply. Criterion #6 (APA, 1994), being interpersonally exploitive, overlaps with #5 (APA, 1994). He uses everyone around him to achieve what he wants. Leporello (Clement, 1988; da Ponte, 1787/1983) is constantly complaining of the way his master abuses him to accomplish his own goals. Criterion #7 (APA, 1994), lack of empathy, is evident in all of his interpersonal relations. Don Giovanni does not see or care how his actions affect others. Leporello is constantly waiting in the cold for him and taking the fall for his actions; Donna Elvira's heart was broken by him; Donna Anna was nearly raped by him and her father killed; not only was Don Ottavio's fiancée victimized by him, but his future father-in-law was murdered.

There are four criteria for determining a Narcissistic PD (APA, 1994) which Don Giovanni either does not exhibit or there is not sufficient information available to determine whether or not he exhibits them on other occasions. The first is criterion 1, expecting people to see him as superior even though he has not earned any outstanding achievements (APA, 1994). From the dialogue that is available (da Ponte, 1787/1983), it is unclear whether or not Don Giovanni feels this way. The second criterion that Don Giovanni (da Ponte, 1787/1983) does not openly display is criterion #2, a "preoccupation with fantasies of unlimited success, power, brilliance, beauty or ideal love" (APA, 1994,

p.649). He does seem to act on his inclinations rather than to fantasize, although he does see himself as a great lover (da Ponte, 1787/1983). The third criterion to rule out is criterion #8, being envious of others or believing others are envious of him (APA, 1994). From the description and dialogue in the libretto (da Ponte, 1787/1983), it seems that Don Giovanni is not sufficiently aware of what those around him are thinking or doing to be envious of them. The 9th criterion, "shows arrogant or haughty behaviors or attitudes" (APA, 1994, p. 661), is the fourth criterion that is questionable as to whether or not the character Don Giovanni (da Ponte, 1787/1983) displays. The difficulty with this criterion stems from the possible overlap of this behavior with criterion 3, a belief that he is special, and criterion 5, has a sense of entitlement (APA, 1994). At this point, without further information, it would not be possible to assign these criterion to Don Giovanni (da Ponte, 1787/1983).

While Don Giovanni (da Ponte, 1787/1983) does not display every criterion listed for a Narcissistic PD in the DSM-IV (APA, 1994), he does clearly meet enough of the criteria to be given the diagnosis. However, his outrageous behaviors are not confined to the limits of the Narcissistic PD. The next section will clarify the possibility of his satisfying the criteria for a dual diagnosis.

Criteria for Diagnosis of Anti-Social PD

Some aspects of the Anti-social Personality Disorder described in the DSM-IV (APA, 1994) apply to Don Giovanni's

(Clement, 1988; Cross, 1955; da Ponte, 1787/1983; Donington, 1990) lifestyle. If he were to be diagnosed with an Anti-social PD, it would be necessary to know how he behaved since the age of fifteen. However, if one were to look at Don Giovanni's promiscuity, even if he had sex at the rate of one woman a day, it would be possible to say his behavior had been going on for at least five and one-half years. Therefore, he probably started this behavior well before he reached adulthood. To be given a diagnosis of Anti-social PD (APA, 1994), this point would have to be clarified. The DSM-IV (APA, 1994) described this disorder as:

A. A pervasive pattern of disregard for and violation of the rights of others occurring since age fifteen years and indicated by three or more of the following:

- 1) a failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest;
- 2) deceitfulness as indicated by repeated lying, use of aliases, or, conning others for personal profit or pleasure;
- 3) impulsivity or failure to plan ahead;
- 4) irritability and aggressiveness, as indicated by repeated physical fights or assaults;
- 5) reckless disregard for safety of self or others;
- 6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations;

7) lack of remorse as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.

B. must be 18 years old

C. evidence of conduct disorder with onset before 15 years

D. occurrence of antisocial behavior is not exclusively during the course of schizophrenia or a manic episode.

(American Psychiatric Association, 1994, p. 649-650)

Don Giovanni (Clement, 1988; Cross, 1955; da Ponte, 1787/1983; Donington, 1990) fits nearly all the criteria for the antisocial personality disorder (APA, 1994). Criterion #1 (APA, 1994), a failing to conform to social norms, is evidenced by how many women he has slept with and his interpretation of seduction. The second criterion (APA, 1994), deceitfulness, indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure, is shown by his attempts to rape (he would say "seduce") women, and by the way he lies to those around him either to gain something he is after or to get out of the consequences of something he has already done. One example of this behavior is his asking Leporello to take the blame for him and trade places with him (da Ponte, 1787/1983). The next criterion, #3 failing to plan ahead (APA, 1994), is evidenced by Don Giovanni's need to constantly lie his way out of situations. In the first scene of the opera (da Ponte, 1787/1983), he murders Donna Anna's father after his attempts to seduce her do not come to fruition. It is obvious that he had not thought about the

fact that she might not agree to his advances or that someone might come to her defense. The next criterion, #4, (APA, 1994), irritability and aggressiveness, shows up throughout the opera, as for example when he threatens Donna Anna in the beginning, fights with her father, and threatens Leporello (da Ponte, 1787/1983). The next criterion #5, that Don Giovanni fits is that of reckless disregard for the safety of self and others (APA, 1994). He thinks nothing of having Leporello fill in for him and then get beaten for Giovanni's indiscretion (Clement, 1988; da Ponte, 1787/1983). The last criterion he matches, #7, is the lack of remorse, as indicated by his being indifferent to or rationalizing having hurt someone (APA, 1994). After murdering the Commendatore in the beginning of the opera, Don Giovanni no sooner leaves the scene of the crime than the deed has left his mind. He is ready to pursue another woman. Another example is that as soon as Don Giovanni realizes who Donna Elvira is, (that she is not another conquest), he runs away from her telling Leporello to stay behind and explain his "good reasons" for having left her (da Ponte, 1787/1983). Don Giovanni (da Ponte, 1787/1983) also meets criteria B and D. He is over 18 years old and consistently behaves in the same manner as evidenced by the comments of Leporello and Donna Elvira (Clement, 1988; Cross, 1955; da Ponte, 1787/1983; Donington, 1990).

The two criteria that are questionable are criterion #6, consistent irresponsibility, and, criterion C, the onset of a conduct disorder before the age of fifteen. While Don Giovanni

is interpersonally irresponsible (Clement, 1989; Cross, 1955; da Ponte, 1787/1983; Donington, 1990), there is not enough information available to show that he cannot keep a job. Indeed, it seems as though seducing women is his job, and in that pursuit he is very consistent (Clement, 1989; Cross, 1955, da Ponte, 1787/1983; Donington, 1990). As noted above, information about the onset of Don Giovanni's (da Ponte, 1787/1983) outrageous behaviors is unavailable. It would be difficult to imagine, however, that he suddenly started being indifferent to the feelings of those around him, and taking advantage of them on his 18th birthday.

With the examples given above, it is obvious that Don Giovanni acts well outside the social norms as evidenced by the outrage of everyone with whom he comes in contact. It seems clear that Don Giovanni as an adult exhibits enough of the criteria for Anti-social PD to be given a dual diagnosis. However, it would be necessary to have data showing that he exhibited a pervasive pattern of disregard since the age of fifteen in order to fully meet the DSM-IV (APA< 1994) criteria of Anti-social PD.

The next example of outrageous behavior is that of Musetta's from G. Puccini's opera, La Boheme (Giocosa & Illica, 1896/1986). While she also acts outside of the social norms, her behaviors differ from those of Don Giovanni, and they provoke a slightly different response.

Histrionic Personality Disorder- Compared With Musetta from Puccini's La Boheme

Musetta is one of the two female leads in Giacomo Puccini's La Boheme (Giacosa & Illica, 1896/1986). "She is one of the few women in all of Puccini's works who does not die of dependence...with her taunting low-cut dresses, her provocative velvets, the tricks she admits to and her lousy temper... Musetta...something to be reckoned with" (Clement, 1989, p. 86).

Puccini took the story of La Boheme from Henry Murger's novel, Scenes de la Vie de Boheme (1848). Giocosso and Illica (1896/1986) were the two men who wrote the libretto for Puccini.

Abel (1993) stated of Murger's female characters in general

All...are pretty much alike - brash, amoral, and materialistic, manipulating their men to spend what little money they have on gifts and entertainment... Their loves are fleeting...and they switch partners if it is to their financial advantage...These women pass through their existence of greed and dissipation, living shallow lives and dying sordid deaths. There is no true love here, no passion, no honor and no morality" (p.15).

Of Musetta in particular, Abel (1993) wrote, "...she is deceitful, manipulative, flirtatious, and evil-tongued...the classic nineteenth century siren, alluring, yet not someone to bring home to the family" (p.16). If Musetta's situation was told in hindsight, it would be as follows:

Musetta (Giocosa & Illica, 1896/1986) recently experienced the death of her friend Mimi. It was unclear how close they were, since it was not until the final act of the opera that they talked to each other. Musetta met Mimi through Marcello, one of her former lovers. Marcello's best friend was Mimi's lover, Rodolfo.

Musetta (Giocosa & Illica, 1896/1986) was most recently involved with a wealthy gentleman with much disposable income. However, over the past two years she had been with a number of men. When she first met Mimi, she was accompanied by Alcindoro, an older gentleman who was a counselor of state. He had deep pockets, and though he complained, he always let her have her own way. Musetta dumped him when she ran into Rodolfo and his friends.

Mimi (Giocosa & Illica, 1886/1986) and Rodolfo were having dinner with Marcello and a couple of other friends at an outdoor cafe. Musetta was passing by and noticed Marcello. She had been involved with him before. When she realized she had the attention of everyone but him, she decided to try to get him back.

When breaking a plate and making a scene with the waiter did not work, Musetta (Giocosa & Illica, 1886/1986) resorted to singing an aria about herself and how everybody desired her (Giocosa & Illica, 1896/1986):

When I go along, when I go along, by myself on the street
people stop and look, and they seek in me, they seek in me

all my beauty from head to foot...and then I savor the subtle longing that breathes from their eyes and which knows how to appreciate under the obvious charms the hidden beauties. And thus the flow of desire surrounds me completely, it makes me happy...it makes me happy! And you who know, who remember and suffer, do you flee from me so? I know well: you don't want to tell your sufferings, you don't want to tell them, I know well, but you feel you're dying! (Giocosa & Illica, 1896/1986, p. 56)

At that point, Musetta (Giocosa & Illica, 1886/1986) tricked Alcindoro into getting her shoe fixed. While he was about that task, she ran off with Marcello and his friends, leaving their collective bill for Alcindoro. However, Marcello could not keep her happy for long. They were constantly bickering about her flirting with other men. Marcello, being an artist, did not bring in very much money with his painting. After a few rocky months, Musetta decided he was not worth living in poverty. At that point, she left him and got involved with yet another rich man (Giocosa & Illica, 1896/1986).

However, during Mimi's last day of life, Musetta (Giocosa & Illica, 1896/1986) started acting as though she had a heart. While before it was unclear whether or not she even noticed Mimi, here she was praying for her. Not only did Musetta help Mimi get back to Rodolfo's, so she would not die alone, but she gave Mimi her fur muff to keep her hands warm. After that, she even pawned her earrings for medicine for Mimi.

Abel (1993) described her change as... "a sharp, unmotivated, transformation" (p.16). It was possible she was trying to be indispensable and capture the attention back from Mimi. Other possibilities were that she was trying to get back together with Marcello; that she really enjoyed a crisis; or any combination of the above.

Criteria for Diagnosis of Histrionic Personality Disorder

The Histrionic Personality Disorder is described in the DSM-IV (APA, 1994) as:

A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five or more of the following:

- 1) Is uncomfortable in situations in which he or she is not the center of attention;
- 2) Interaction with others is often characterized by inappropriate sexually seductive or provocative behavior;
- 3) displays rapidly shifting and shallow expression of emotions;
- 4) Consistently uses physical appearance to draw attention to oneself;
- 5) Has a style of speech that is excessively impressionistic and lacking in detail;
- 6) Shows self-dramatization, theatricality, and exaggerated expression of emotion;

7) Is suggestible i.e. easily influenced by others or circumstances;

8) Considers relationships to be more intimate than they are (pp. 557-558).

Musetta (Abel, 1993; Clement, 1989; Giocosa & Illica, 1886/1986) meets the first criterion for Histrionic PD with her first entrance. It is clear that Musetta enjoyed and sought out the center of attention. The stage directions accompanying her entrance read: "a very beautiful lady appears, with a merry, flirtatious manner, a provocative smile....The lady, at the sight of the friends' table, slows down her pace. One would say that she had arrived at the goal of her journey" (Giocoso & Illica, 1886/1986, p. 55). The stage directions say Musetta is "struck" that she doesn't have the full attention of the table next to her). In an aside she sings:

Marcello saw me... and he isn't looking at me, the coward! That Schaunard, who laughs! They all make me cross! If I could slap! If I could scratch! But all I have at hand is this pelican! Wait! (Giocosa & Illica, p. 57).

At this point, she calls the waiter over, picks up a plate, sniffs it and says "Hey! Waiter! This plate stinks of stale fat!" and throws the plate on the ground, smashing it. Outraged that she still does not have Marcello's attention, she claims she will "hit him." (Giocoso & Illica, 1896/1986, p. 57)

Musetta (Abel, 1993; Clement, 1989; Giocosa & Illica, 1896/1986) meets the second criterion for Histrionic PD (APA, 1994) in the same scene. She already has the attention of Alcindoro, but she wants to be noticed by Marcello. She meets the third criterion by the way she shifts emotions (APA, 1994); she moves from being happy at her entrance to being angry Marcello does not notice her, to acting indifferent by singing about herself, to being infatuated with Marcello by the end of the scene. The 4th criterion is shown by Musetta's drawing attention to herself through her physical appearance (APA, 1994). Musetta is described by Giocoso and Illica (1896/1986) as "provocative and flirtatious" (p.40). Clement (1993) spoke of her "taunting low-cut dresses" and "provocative velvets" (p. 86). Musetta meets the fifth criterion (APA, 1994) in her aria in which she sings of how everyone desires her. Criterion 6, theatricality and exaggerated expression of emotion (APA, 1994) is met in the same aria. Suggestibility, or being easily influenced, criterion 7 (APA, 1994), can be shown by the way Musetta enters the scene on the arm of one man who is doting on her, yet leaves the scene on the arm of someone else. Criterion 8, "considers relationships to be more intimate than they are" (APA, 1994, p. 558), is shown in the last scene when Musetta prays for Mimi's life. During the two previous acts Musetta has not so much as looked Mimi's way, yet here she is in the last scene willing to give her life in exchange.

Through Musetta's (Abel, 1993; Clement, 1989; Giocosa & Illica, 1896/1986) actions and interactions with others, she displays all of the criteria listed in the DSM-IV (APA, 1994) for a Histrionic PD. With the examples given above, it is possible to see a prototype of someone with a Histrionic PD at work.

Summary and Conclusion

The purpose of this paper was to explore whether behaviors and attributes of selected characters depicted in operatic literature met the criteria for certain personality disorders established by the DSM-IV (APA, 1994). The diagnosis of personality disorders is recognized within the mental health care professions as being complex and often difficult. It was believed that readily accessible prototypes of mental disorders could be of assistance to students and practicing clinicians in gaining diagnostic clarity.

The specific PDs that were studied were the Narcissistic PD and the Anti-social PD as compared with the character Don Giovanni from Mozart's opera Don Giovanni (da Ponte, 1787/1983) and the Histrionic PD compared with Musetta from Puccini's opera La Boheme (Giocosa & Illica, 1886/1986). These characters were thought to bear strong resemblance to criteria established by the DSM-IV (APA, 1994).

Results

The character Don Giovanni (da Ponte, 1787/1983), from Mozart's opera Don Giovanni, was found to meet criteria necessary to be given a diagnosis of Narcissistic PD and a

possible diagnosis of Anti-social PD. The character Musetta, from Puccini's opera La Boheme (Giocosa & Illica, 1896/1986), displayed the criteria necessary to be given a diagnosis of Histrionic PD.

The operatic literature is rich with examples of persons with out-of-the-ordinary behaviors and attitudes. The findings of this study indicate that operatic literature may be a strong and largely unused source of assistance for clinicians seeking diagnostic clarity. This source could be particularly helpful when the existence of a PD is suspected. Because PDs are often difficult to diagnose, the portrayal of the operatic character's actions as well as his or her interactions with the environment could provide a prototype for clinicians. It is possible that the development and use of prototypes could assist clinician trainees and practitioners to gain a comprehensive understanding of PDs and to work more efficiently in reaching diagnoses.

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