# Anaclitic personality dimension in women with Alzheimer's disease: Comparison with control groups

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## ARTICLE INFO

## ABSTRACT

This study sought to determine the evaluation of current and pre-morbid personality traits in Alzheimer's disease, as well as personality changes. Psychodynamic framework and Sidney Blatt's personality developmental perspective, anaclitic vs introjective, are taken as references. The study was conducted with four groups which were assessed using the Depressive Experiences Questionnaire, mainly in the form of individual interview sessions. Current personality measure: Alzheimer's disease Group, consisting of 44 female participants ($M_{Age} = 81.36$ years); Control Group, consisting of 80 female participants from the population at large ($M_{Age} = 75.84$ years). Pre-morbid personality measure: Alzheimer's disease Group Informants ($n = 40$); Control Group Informants ($n = 42$). Results are in line with the psychodynamic literature review and provide new research data. Findings suggest that there is stability across the life cycle in a relatedness/anaclitic/dependency personality style in dementia. Implications of the findings for future research are discussed.

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## 1. Introduction

Personality changes in Alzheimer's disease (AD) have been documented in the literature and may be an useful early clinical marker of Dementia (e.g., Cipriani, Borin, Del Debbio, & Di Fiorino, 2015; Duberstein et al., 2010; Duchek, Balota, Storandt, & Larsen, 2007; Henriques-Calado, Duarte-Silva, & Sousa Ferreira, 2016; Pocnet, Rossier, Antonietti, & von Gunten, 2011, 2013; Wahlin & Byrne, 2011). Some researchers suggest that the pre-morbid characteristics of personality may represent a risk factor for AD and, thus, pre-morbid personality should differ between patients and controls (e.g., Balsis, Carpenter, & Storandt, 2005; Duberstein et al., 2010; von Gunten, Pocnet, & Rossier, 2009). The connection between premorbid personality and the development of dementia has, to date, been much less documented and investigated. Some premorbid personality traits (personality traits and personality disorders) can modify the process of the disease or its phenotypic expression, such as the behavioral and psychological symptoms of dementia (e.g., Gilbert & Herbst, 2014; von Gunten et al., 2009). In the future, personality evaluation may be included in the diagnosis, since the results have implications for the research of the prevention, treatment of symptoms and for the etiological knowledge of Dementia

(e.g., Balsis et al., 2005; Duberstein et al., 2010; Duchek et al., 2007; Terracciano et al., 2014).

With a few exceptions, little of the work conducted within the scope of psychodynamic counseling has been implemented to enhance understanding of the psychopathology of the elderly. Despite the fact that psychoanalytic psychology has not yet fully explored aspects related to neurodegenerative diseases, many phenomena related to the mental and affective states of people with dementia may be understood and integrated in psychoanalytic terms (e.g., Balfour, 2007; Garner, 2004; Kitwood, 1997; Péruchon, 2006; Sadavoy, 1991). The idea of understanding organic pathology through psychoanalytic psychology is not recent, however it is still fairly uncommon (Evans, 2008; Gilbert & Herbst, 2014).

Ballenger (2006) chooses to divide the history of AD into three periods. The first period originates from Alzheimer and Kraepelin, who launched the clinical and pathological bases of the disease (for a historical development concept see e.g., Hippius & Neundörfer, 2003). Then, the period in the late 70s emerged, which stressed the biological mechanisms of dementia. However, between these two periods there was another, one which has been almost totally ignored in most of the history on AD, in which dementia was also conceptualized in psychodynamic terms. It is true that the psychodynamic model of dementia does not contribute directly to the concepts/theories that are dominant in contemporary AD research, however it has served to change the concept of aging and dementia in important aspects (Ballenger, 2006).

Bergeret (2000) highlights the organization of the borderline personality as at risk for dementia development in an advanced phase of

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the life cycle. By the same token, Howells and Beats (1989) refer to dementia as a vulnerability of the anaclitic or dependent premorbid personality, actually referring to the term Dependency syndrome to classify dementia. Sadavoy (1991) argues that the organic lesions associated with AD produce behavioral alterations that interact with the premorbid personality, and are reflected in an exacerbated expression of the symptoms. Another hypothesis, underlining an interactive process, states that neurological changes enable behavior disorders which, in turn, may overlap personality disorders. According to this author, individuals with premorbid borderline personality traits are more vulnerable in the face of the disease. Poch (1993) and Péruchon (2006) stress that dementia is a phenomenon that links individual history to neurological, cognitive, psychopathological and relational aspects, and further highlight the similarities between AD and borderline patterns, pointing to a neediness for clinical exploration in this area. Myslinski (1998) argues that a specific dependency problem underlies the emergence of a dementia syndrome, and draws particular attention to this issue in women.

In short, most of the psychodynamic authors, who are scholars in dementia, propose a premorbid borderline (anaclitic/dependency/neediness) personality (e.g., Abraham & Walter, 2008; Auguste et al., 2006; Bergeret, 2000; Clement & Teissier, 2010; Coureau-Guillier & Villerbu, 2006; Howells & Beats, 1989; Myslinski, 1998; Nubukpo, Hartmann, & Clément, 2005; Sadavoy, 1991; Vignat, Bragard, & Suchet, 1987). Some literature outside the psychodynamic purview also points in this direction (e.g., Nicholas et al., 2010).

### 1.1. Aim of the study

This study sets out to empirically understand the impact of personality on AD, through the psychodynamic view of personality development perspective of Sidney Blatt's (e.g., Blatt, 2008). Are explore whether the two fundamental personality dimensions - relatedness/anaclitic (Dependency) and self-definition/introjective (Self-Criticism) - remain stable or undergo changes, by studying pre-morbidity and the present time. The personality changes will be considered resulting from the difference between current personality dimensions and premorbid.

The following considerations should be noted: Firstly, this study was developed in an empirical psychodynamic framework in response to an argued limitation that studies on dementia in this area reflect, above all, theoretical considerations based on clinical observation and are rarely conducted through empirical methodology (Downs, Clare, & Anderson, 2008; Martin, 2002), and also included control groups in the research design. Secondly, it was defined that the etiology of Dementia to be studied would be AD. Hence, this study sets out to overcome one of the limitations of a number of previous studies in which the etiologies of Dementia are mixed in the composition of the samples. The third consideration is related to the evaluation format of self-reporting (in interview form), on current personality in individuals with Dementia, thus following more recent studies on this subject, such as those of Duchek et al. (2007), Duberstein et al. (2010), Pocnet et al. (2011) and Terracciano et al. (2014). Lastly, it should be clarified that the option was taken to study a sample of women (≥65 years), since this pathology is more prevalent in females, and it is also easier to gain access to female participants owing to their greater life expectancy.

The following hypotheses were tested: Hypothesis 1) Regarding current personality: A significantly higher mean result in the Neediness subscale (anaclitic personality dimension) are expected to be found in the Alzheimer's disease Group in relation to the Control Group; Hypothesis 2) Regarding pre-morbid personality: A significantly higher mean result in the Neediness subscale (anaclitic personality dimension) are expected to be found in the Alzheimer's disease Group Informants in relation to the Control Group Informants; Hypothesis 3) Regarding personality changes: A nonsignificant differences in the average scores of

DEQ scales and subscales are expected to be found in the Alzheimer's disease Group in comparison with the information collected from the Alzheimer's disease Group Informants and the Control Groups, evidencing a continuity of the anaclitic personality dimension.

## 2. Method

### 2.1. Participants

The Alzheimer's disease Group (AD Group) is composed of 44 female, Caucasian participants of Portuguese nationality, resident in an urban environment with a clinical diagnosis of AD (onset), aged 65 years or above (see Table 1).

The Control Group is composed of 80 female, Caucasian participants, from the general population, of Portuguese nationality, resident in an urban environment, aged 65 years or above (see Table 1).

The Alzheimer's disease Group Informants (AD Group Informants) is composed of 40 participants who are the respective relatives of the AD Group participants, namely daughter/son 80.00%, niece/nephew 10.00%, husband 5.00%, sister 2.50% and daughter-in-law 2.50%. The Informants provide assessments of the pre-morbid personality characteristics of the respective AD Group participant.

The Control Group Informants is composed of 42 participants who are the respective relatives of the Control Group participants, namely daughter/son 83.00% and husband 17.00%. The Informants provide assessments of the pre-morbid personality characteristics of the respective Control Group participant.

### 2.2. Measures

Socio-demographic questionnaire (e.g., Age, Schooling).

#### 2.2.1. Mini mental state examination (MMSE)

A 30-point questionnaire with a total score used extensively in clinical and research settings to measure cognitive impairment.

#### 2.2.2. The Depressive Experiences Questionnaire (DEQ)

The Depressive Experiences Questionnaire (Blatt, D'Afflitti, & Quinlan, 1979; Campos, 2009) is a 66-item self-report measure. Items are responded on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). The DEQ scoring program yields scores on Dependency, Self-criticism scales, which are consistent with the personality styles or two configurations of psychopathology previously discussed by Blatt et al. (1979). Furthermore, nineteen items from DEQ, identified by Rude and Burnham (1995) as Dependency items, are used to assess Neediness and Connectedness (subscales). The Neediness subscale evaluates excessive concern in terms of interpersonal relationships, often with devastating feelings of helplessness, fear and apprehension about the separation and rejection, and the Connectedness subscale, in contrast, evaluates concerns about experiences of loss and loneliness in the rupture of the context of a significant relationship, but without the feeling of helplessness.

An Informant version was introduced in this study, adapted from the DEQ, and created for empirical research purposes. This methodology follows the procedure adopted in other works (e.g., Osborne, Simpson, & Stokes, 2010; Pocnet et al., 2011; von Gunten et al., 2009; Wahlin & Byrne, 2011). With a view to retrospectively evaluating the relative of the Informant, the initial instruction is as follows: "Think of your relative before the age of 60 years. Remember what she was like in the past, throughout her whole life, and answer the following questions".

In the present study, Cronbach's alphas ($\alpha$) for the scales have a value of: $\alpha$ 0.71 (Dependency) and $\alpha$ 0.88 (Self-Criticism) in the AD Group; $\alpha$ 0.65 (Dependency) and $\alpha$ 0.78 (Self-Criticism) in the Control Group; $\alpha$ 0.79 (Dependency) and $\alpha$ 0.84 (Self-Criticism) in the AD Group Informants; $\alpha$ 0.67 (Dependency) and $\alpha$ 0.69 (Self-Criticism) in the Control Group Informants.