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Low self-directedness (TCI), mood, schizotypy and hypnotic susceptibility

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Abstract

Relationships between personality and mood variables in a non-clinical sample were investigated using 80 medical students divided into two groups according to their Self-directedness (SD) scores from Cloninger's Temperament and Character Inventory (TCI). Those with low SD proved to have significantly raised scores on hypnotisability, absorption, Self-transcendence and significantly lower scores on Co-operativeness. Both the schizotypal variables of Cognitive Activation and Withdrawal were raised. Further, the combination of low SD, low Co-operativeness and high Self-transcendence points also towards a schizotypal personality style. These results corroborate a previously established link between schizotypy and hypnotic susceptibility. Low scorers on SD also had significantly higher mood distress, anxiety and perceived stress. Low SD, with its history of identifying personality disorders, in this data set appeared to be identifying those medical students who were distressed in all measured aspects of mood as well as having indications of higher levels of absorption, hypnotic susceptibility and aspects of schizotypy. The generality of distress shown by these students raises important questions about their eventual competency in communication skills and, indeed, decision making when they graduate as doctors involved in the treatment of patients. © 2005 Elsevier Ltd. All rights reserved.

Keywords: Hypnosis; Medical students; Personality; Self-directedness; Mood; Schizotypy

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1. Introduction

Associations between personality and functional disorders are wide ranging, but are usually restricted to people with diagnosable DSM disorders where their Axis-I disorders are correlated with Axis-II. Looking for links in normal individuals lacks research. In this paper, we will discuss the personality and mood findings of 80 medical students who completed a variety of personality and mood assessments including Cloninger's Temperament and Character Inventory (Cloninger, Svrakic, & Przybeck, 1993), Gruzelier's Personality Syndrome Questionnaire (Gruzelier, Jamieson, Croft, Kaiser, & Burgess, *in press*), The Harvard Group Scale of Hypnotic Susceptibility: A (Shor & Orne, 1962) and various mood scales.

Cloninger and his colleagues have been researching methods of measuring personality in the context of a psychobiological model during the past two decades, first using the three-factors of Reward Dependence, Novelty Seeking and Harm Avoidance measured with the TPQ (the Three Dimensional Personality Questionnaire), (Cloninger, 1987) and latterly with a seven-factor model, the TCI (Temperament and Character Inventory) which adds another temperament dimension, Persistence, and three character dimensions, Self-directedness, Self-transcendence and Co-operativeness (Cloninger et al., 1993). In their investigations of the efficacy of the TCI in psychobiological research, it has been found that the low end of the character dimension Self-directedness (occasionally Self-directiveness) has been associated in an ubiquitous way with personality disorders (Joyce et al., 2003; Svrakic, Whitehead, Przybeck, & Cloninger, 1993), mostly along with another of the character dimensions, low Co-operativeness (Bayon, Hill, Svrakic, Przybeck, & Cloninger, 1996). Svrakic et al. (1993) suggested that a general factor common to all personality disorders can be identified by scores that are low in these two Character dimensions of the TCI, Self-directedness and Co-operativeness. They go on to suggest that personality disorders can then be differentiated one from another by various unique configurations of the TCI temperament factors of Reward Dependence, Harm Avoidance and Novelty Seeking.

Self-directedness is a combination of genetic influences and developmental processes that matures with life experience. Low Self-directedness is associated with an inability to accept responsibility for actions or decisions and a tendency to ascribe blame onto others. Low scorers can drift through a goalless life, are decidedly less skilful in problem solving and lack confidence in their own efficacy. Yet they can be unrealistic about their capabilities and, with their low self-esteem, tend to strive for impractical goals and wish to be best at everything, always. Often they display an underlying paranoia (Cloninger et al., 1993).

Low Self-directedness has been associated with having problems in life in several studies e.g., (Agosti & McGrath, 2002; Joyce et al., 2003; van Heeringen et al., 2003; Verschuur, Eurelings-Bontekoe, Spinhoven, & Duijsens, 2003). It correlates highly with personality disorder scales, and is the most important predictor of all personality disorders (Svrakic et al., 1993) suggesting it could be used as a universal diagnostic for personality disorders (Bayon et al., 1996).

Lower Self-directedness is associated with higher scores for distressed mood, especially depression (Agosti & McGrath, 2002; Cloninger, Bayon, & Svrakic, 1998; Marijnissen, Tuinier, Sijben, & Verhoeven, 2002; Peirson & Heuchert, 2001; Richter, Polak, & Eisenmann, 2003). In the Agosti and McGrath study (2002), the non-responders to medication (the antidepressants imipramine and fluoxetine) had significantly lower scores on Self-directedness than responders both before and after treatment, while the responders had a normalised Self-directiveness score by the end of

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