

The joint structure of normal and pathological personality: Further evidence for a dimensional model

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Abstract

Objective: The literature proposes a joint structure of normal and pathological personality with higher-order factors mainly based on the five-factor model of personality (FFM). The purpose of the present study was to examine the joint structure of the FFM and the DSM-IV personality disorders (PDs) and to discuss this structure with regard to higher-order domains commonly reported in the literature.

Methods: We applied a canonical correlation analysis, a series of principal component analyses with oblique Promax rotation and a bi-factor analysis with Geomin rotation on 511 subjects of the general population of Zurich, Switzerland, using data from the ZInEP Epidemiology Survey.

Results: The 5 FFM traits and the 10 DSM-IV PD dimensions shared 77% of total variance. Component extraction tests pointed towards a two- and three-component solution. The two-component solution comprised a first component with strong positive loadings on neuroticism and all 10 PD dimensions and a second component with strong negative loadings on extraversion and openness and positive loadings on schizoid and avoidant PDs. The three-component solution added a third component with strong positive loadings on conscientiousness and agreeableness and a negative loading on antisocial PD. The bi-factor model provided evidence for 1 general personality dysfunction factor related to neuroticism and 5 group factors, although the interpretability of the latter was limited.

Conclusions: Normal and pathological personality domains are not isomorphic or superposable, although they share a substantial proportion of variance. The two and three higher-order domains extracted in the present study correspond well to equivalent factor-solutions reported in the literature. Moreover, these superordinate factors can consistently be integrated within a hierarchical structure of alternative four- and five-factor models. The top of the hierarchy presumably constitutes a general personality dysfunction factor which is closely related to neuroticism.

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1. Introduction

Researchers and clinicians agree that personality disorders (PDs) need a conceptual redefinition. The existing definition and operationalization of PDs lack accuracy and adequacy [1–3]. The DSM-5 Research Planning Conference on Personality Disorders (held in December 2004, in Arlington, VA, USA) concluded that PDs seem not to be discrete clinical conditions with distinct aetiologies, but rather distinctions along dimensions of general personality

functioning, which suggest a redefinition of the categorical DSM-IV PDs [4].

The most widely established exponent of a dimensional approach is the PD conceptualization based on the five-factor model of personality (FFM) [5,6]. These five broad domains of general personality functioning are neuroticism, extraversion, openness, agreeableness, and conscientiousness. Extensive research has indicated that there are mainly four higher-order personality domains that underlie PD constructs, representing neuroticism (i.e. emotional dysregulation and negative affectivity), introversion (i.e. social withdrawal and detachment), disagreeableness (i.e. hostility and antagonism), and conscientiousness (i.e. compulsivity and constraint) [3,5,7,8]. However, there is more to it than that. The literature additionally provides substantial evidence

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for widely acknowledged personality models consisting of two [9–11] or three [12–14] superordinate factors. Those alternative models are likewise nested within the FFM domains. For a thorough integration of alternative models within a common hierarchical structure see Widiger and Simonsen [15].

The DSM-5 personality and personality disorder work group (P&PDWG) proposed a dimensional PD model comprising the following five higher-order personality dimensions: 1) negative affectivity, 2) detachment, 3) antagonism, 4) disinhibition, and 5) psychoticism [16]. The five proposed higher-order personality domains therefore represent an integration of the well-described taxonomy of the four-factor models detailed above plus psychoticism. After subsequent modifications the DSM-5 P&PDWG conceived a hybrid model and proposed that the PD traits might only be utilized for the assessment of the residual diagnosis formerly known as PD not otherwise specified. At the end of 2012 the APA board of trustees ultimately dismissed the revised PD model and declared that it needed further research. As a consequence the widely criticized categorization according to DSM-IV will persist in DSM-5.

Thus, the major objective of the present study was to examine the joint structure of normal and pathological personality with respect to the FFM and to compare those higher-order factors to domains commonly reported in the literature by analyzing data from a population-based community sample.

2. Methods

2.1. Study design and sampling

This study was conducted within the scope of the Epidemiology Survey of the “Zurich Programme for Sustainable Development of Mental Health Services” (ZInEP; in German: *Zürcher Impulsprogramm zur nachhaltigen Entwicklung der Psychiatrie*), a research and health care programme involving several psychiatric research divisions and mental health services from the canton of Zurich, Switzerland. The Epidemiology Survey is one of the six ZInEP projects and consists of four components: 1) a short telephone screening, 2) a comprehensive semi-structured face-to-face interview followed by self-report questionnaires, 3) tests in the sociophysiological laboratory, and 4) a longitudinal survey (see Fig. 1). Telephone screening and semi-structured interviews started in August 2010, the tests at the sociophysiological laboratory in February 2011, and the longitudinal survey in April 2011. The screening ended in May 2012 and all other components in September 2012.

First, 9829 Swiss males and females aged 20–41 years at the onset of the survey and representative of the canton of Zurich, Switzerland, were screened by computer assisted telephone interview (CATI) using the SCL-27 [17]. All participants were randomly chosen through the residents’

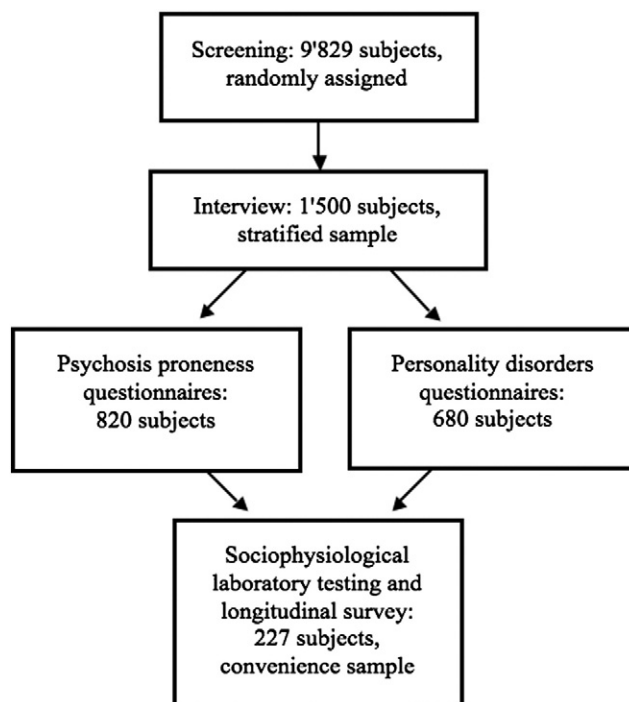


Fig. 1. The sampling procedure of the ZInEP Epidemiology Survey.

registration offices of all municipalities of the canton of Zurich. Residents without Swiss nationality were excluded from the study. The CATI was conducted by GfK (Growth for Knowledge), a major market and field research institute, in accordance with instructions from the ZInEP research team. The overall response rate was 53.6%. Reasons for non-response were no response, only telephone responder, incorrect telephone number, communication impossible, unavailability during the study period, and refusal by a third person or the target person. In cases where potential subjects were available, the response rate was 73.9%.

Second, 1500 subjects were randomly selected from the initial screening sample for subsequent face-to-face interviews (response rate: 65.2%). We applied a stratifying sampling procedure including 60% high-scorers (scoring above the 75th percentile of the global severity index of the SCL-27) and 40% low-scorers (scoring below the 75th percentile of the global severity index). The basic sampling design was adapted from the prospective Zurich cohort study [18] and was chosen to enrich the sample with subjects at high-risk of mental disorders. Such a two-phase procedure with initial screening and subsequent comprehensive interview with a stratified subsample is fairly common in epidemiological research [19].

Face-to-face interviews were carried out by experienced and extensively trained clinical psychologists. The interviews took place either at the participants’ homes or at the Zurich University Hospital of Psychiatry. All participants who completed the semi-structured interview were additionally assigned to complete various questionnaires. For this purpose, the sample was divided into subsamples focusing

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