



Research report

Personality profiles and minor affective psychopathology in a non-clinical sample: An empirical verification of Cloninger's theoretical model

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ABSTRACT

Background: Psychopathological vulnerability may be related to certain personality traits. The aim of this study was to explore the association of minor affective psychopathology and the regular use of psychotropic medication with temperament and character profiles from Cloninger's personality model, in a sample of active professional people.

Methods: This cross-sectional study included 498 non-clinical subjects, teachers in a local school system. Instruments used included the self-administered General Health Questionnaire (GHQ-28) to measure psychiatric morbidity; the Center for Epidemiologic Studies Depression scale (CES-D) to measure depressive symptoms; documentation of regular use of psychotropic medication; and the Temperament and Character Inventory (TCI-125) for personality traits self-assessment.

Results: The proportion of subjects presenting psychiatric morbidity (GHQ-28 > 6) or depressive symptoms (CES-D > 20) was significantly higher among explosive, passive-aggressive, and obsessional temperament profiles, and among schizotypal, moody, melancholic and dependent character profiles. Similar results were observed with the scores on each of the four GHQ-28 subscales (depression, anxiety, social dysfunction, and somatic symptoms). The regular use of psychotropic medications was significantly higher among the passive-aggressive and explosive temperament types, and among the schizotypal and moody character types.

Limitations: Being a cross-sectional study, no causal attributions can be inferred. Subjects on sick leave were excluded, so the sample was not representative of the general population. The data were collected using self-reporting questionnaires, and no specific psychiatric diagnoses were obtained.

Conclusions: It is possible to identify certain personality configurations associated with minor psychopathology and concomitant use of psychotropics, among active professional people.

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1. Introduction

Personality has been conceptualized as the dynamic organization of the psychobiological systems of individuals that determine their adaptation to the environment (Allport,

1937). Cloninger (1987a; Cloninger et al., 1993, 1994) has proposed a biosocial model of personality taking into account the genetics and neurobiology of personality, and including four dimensions of temperament—novelty seeking, harm avoidance, reward dependence, and persistence—and three dimensions of character—self-directedness, cooperativeness and self-transcendence. Temperament is the behavioral manifestation of automatic associative responses (habits) to

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emotional stimuli. Character refers to the higher cognitive processes that modulate emotional conflicts to satisfy a person's goals and values. Both temperament and character are partially heritable, and each of the seven TCI dimensions is explained by additive genes according to a twin study by Gillespie et al. (2003). Moreover, some temperament or character dimensions within Cloninger's personality model are associated with certain psychopathological states and behavioral disturbances in both epidemiological and clinical studies.

The temperament dimension of novelty seeking, a tendency towards excitement in response to cues of novelty or potential reward, is high in subjects with cluster B personality disorders (Svrakic et al., 1993; Mulder et al., 1999; Fossati et al., 2007), mania (Strakowski et al., 1993), attention deficit hyperactivity disorder (ADHD) (Anckarsäter et al., 2006), or substance use disorders (Sher et al., 2000; Le Bon et al., 2004); moreover, it is associated with smoking and heavy caffeine intake (Gurpegui et al., 2007), as well as with past suicide attempts (Grucza et al., 2003). Lower score in novelty seeking is associated with cluster C personality disorders (Mulder et al., 1999), obsessive-compulsive disorder (OCD) (Alonso et al., 2007), anxiety disorders co-morbid with depression (Öngür et al., 2005), and depression (Richter et al., 2000; Hirano et al., 2002; Farmer et al., 2003). Among depressed patients, novelty seeking is found high in cluster B and low in cluster A personality disorders (Farabaugh et al., 2005). Moreover, among teachers higher score in novelty seeking is associated with depressive symptoms (Jurado et al., 2005).

Harm avoidance, a tendency to respond intensely with behavioural inhibition to signals of aversive stimuli, is found high in cluster C (Svrakic et al., 1993; Mulder et al., 1999) and cluster A personality disorders (Mulder et al., 1999), ADHD (Anckarsäter et al., 2006), migraine (Abbate-Daga et al., 2007), panic disorder (Starcevic et al., 1996; Grucza et al., 2003), social phobia (Mörtberg et al., 2007), OCD (Alonso et al., 2007), anxiety disorders (Starcevic et al., 1996), anxiety disorders co-morbid with depression (Öngür et al., 2005), and depressive disorder (Tanaka et al., 1998; Richter et al., 2000; Hirano et al., 2002; Farmer et al., 2003) or depressive symptoms (Cloninger et al., 1998a; Grucza et al., 2003; Jurado et al., 2005; Cloninger et al., 2006). Among depressed patients, harm avoidance is found high in cluster A and cluster C personality disorder (Farabaugh et al., 2005).

Reward dependence (at an interpersonal level) may protect against personality disorder (Svrakic et al., 2002) and is found low in cluster A personality disorders (Svrakic et al., 1993; Mulder et al., 1999; Ball et al., 2002), depression (Farabaugh et al., 2005), social anxiety and phobias co-morbid with major depression (Öngür et al., 2005).

Persistence, a measure of perseverance (referred to goals) necessary for normal character development and with influence parallel to self-directedness on the descriptors of character (Cloninger et al., 1998b), was originally considered as part of the reward dependence dimension (Cloninger, 1987a), but subsequent psychometric and genetic data lead to withdraw it as a separate dimension (Cloninger et al., 1993). Persistence is found high in cluster A personality disorders (Ball et al., 2002) and in patients with migraine (Abbate-Daga et al., 2007), and is associated with obsessive-compulsive traits (Svrakic et al., 2002) and reward sensitivity in the Iowa Gambling Test (Must

et al., 2007); it predicts depressive symptoms in a follow up study of young adults (Elovainio et al., 2004).

The character dimension of self-directedness, quantifies individual aspects such as responsibility, purposefulness, resourcefulness, self-acceptance and discipline (Cloninger et al., 1993, 1994). Lower score in self-directedness is associated with depression (Tanaka et al., 1998; Farmer et al., 2003; Cloninger et al., 2006), depressive symptoms (Cloninger et al., 1998a, 2006; Jurado et al., 2005), social phobia (Mörtberg et al., 2007), OCD (Alonso et al., 2007) and personality disorders (Svrakic et al., 2002). The cooperativeness character dimension measures social acceptance, empathy, and helpfulness. Lower scores are associated with personality disorders (Svrakic et al., 2002), depression (Cloninger et al., 2006), OCD (Alonso et al., 2007) and state anxiety (Tanaka et al., 1998). The self-transcendence character dimension describes individual aspects as spirituality, self-forgetfulness and idealism. Lower score in self-transcendence is associated with social phobia (Mörtberg et al., 2007); and higher score with cannabis use (Spalletta et al., 2007), depression (Tanaka et al., 1998) and depressive symptoms (Jurado et al., 2005).

From a complementary and more global point of view, Cloninger (1986, 1987b) has proposed eight temperament profiles which result from the possible combinations of high or low scores of novelty seeking, harm avoidance and reward dependence. Each dimension is modulated by the other two in such a way that Cloninger hypothesizes that individuals with each of the eight possible combinations (or profiles) are more or less prone to suffer from somatic anxiety, cognitive anxiety, and reactive dysphoria. For example, the histrionic (NhR) personality type, which results from the combination of *N* (high novelty seeking), *h* (low harm avoidance) and *R* (high reward dependence), is highly susceptible to somatic anxiety. Cloninger et al. (1998a) have also proposed eight character profiles based on eight possible combinations of high or low scores of self-directedness, cooperativeness and self-transcendence. For example, the melancholic character (*dct*), which results from the combination of *d* (low self-directedness), *c* (low cooperativeness) and *t* (low self-transcendence) is frequently present in depression (Stanghellini et al., 2006). The temperament and character profiles may distinguish people with different personality disorders, and may identify types among individuals with healthy personality.

The aim of the present study was to analyze the presence of minor affective psychopathology and the regular use of psychotropic medication by different temperament and character profiles of Cloninger's personality model among active professional people.

2. Methods

2.1. Subjects

This cross-sectional study included 498 non-clinical subjects, described with more detail in Jurado et al. (2005). In brief, the participants were 498 school teachers working at primary or secondary schools in the city of Granada (southern Spain); 42% (210/498) were men and 58% (288/498) women. Their age (mean \pm standard deviation, SD) was 45.1 \pm 9.7 years (range, 22 to 67). The research protocol was approved by the Ethics Committee of the University of Granada.

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