



Experiential permeability: Associations with schizotypy and related symptoms

Christie S. Tan, Beatrice H.H. Ng, Sarah S.R. Chin, Clara Chua, Ryan Y. Hong*

National University of Singapore, Singapore



ARTICLE INFO

Keywords:

Experiential permeability
Schizotypy
Psychoticism
Dissociation
Sleep disturbances

ABSTRACT

This paper examined the relations between experiential permeability (the maladaptive aspects of openness to experience) and the constructs of schizotypy, psychoticism, dissociation, and sleep disturbances. Using a cross-sectional design with self- and informant ratings, Study 1 ($N = 241$) found moderate to strong associations between high experiential permeability facets (i.e., odd and eccentric, unrestricted self) and these external correlates. Low permeability (i.e., superficial orientation toward experiences) was strongly linked to negative symptoms of schizotypy. Study 2 ($N = 87$) employed an experience-sampling methodology to examine the relations between experiential permeability and manifestations of schizotypy symptoms in daily life. Results suggest that eccentric individuals (i.e., with high permeability) experienced elevated daily symptoms when they encountered stress whereas superficial individuals (i.e., with low permeability) showed high levels of daily symptoms regardless of environmental stresses. Overall, the present research provided novel empirical data linking schizotypy and related symptoms to maladaptive aspects of openness.

1. Introduction

The Five Factor Model (FFM; John & Srivastava, 1999) is a comprehensive trait model that delineates five major trait dimensions of human personality. The model has been instrumental in advancing current understanding regarding the relations between personality and psychopathology. For example, the FFM dimensions of neuroticism and conscientiousness are strong predictors of emotional and substance use disorders (Kotov, Gamez, Schmidt, & Watson, 2010), and distinct personality disorders can be reinterpreted as constellations of trait characteristics lying at the extreme ends on the FFM dimensions (Trull, 2005; Widiger & Trull, 2007). However, the FFM openness to experience dimension appears to be an enigma in this area of research. Unlike the other four FFM personality domains (i.e., neuroticism, extraversion, agreeableness and conscientiousness), meta-analytic reviews showed that openness seemed to be irrelevant to personality pathology (Samuel & Widiger, 2008; Saulsman & Page, 2004). Additionally, inconsistent empirical evidence relating openness to psychopathology has been documented. For instance, despite having meaningful associations with schizotypy traits (Ross, Lutz, & Bailey, 2002), openness (and its facets) does not necessarily form a coherent dimension with schizotypy-related traits (Ashton & Lee, 2012). Such inconsistencies in findings prompt some researchers to suggest that openness has no substantive importance to understanding dysfunctionality (Watson, Clark, & Chmielewski, 2008).

Other researchers, however, have espoused the view that the current conceptualization of openness (and its associated measures) may be inadequate in assessing its dysfunctional aspects (Haigler & Widiger, 2001; Piedmont, Sherman, & Sherman, 2012). On that basis, Piedmont, Sherman, Sherman, Dy-Liacco, and Williams (2009) proposed delineating the maladaptive components of openness more closely. Using the theoretical analysis outlined in Widiger, Costa Jr., and McCrae (2002), Piedmont and colleagues proposed the construct of *Experiential Permeability* (EP), defined as the “the ability of an individual to regulate interactions between the inner world of experiences and the outer reality of activities and relationships” (p. 1247). EP occupies the same conceptual space as openness (which in general does not implicate psychopathology), but with elements of maladaptation incorporated into the extreme ends of the trait continuum. Piedmont et al. viewed individuals with high maladaptive openness as being high on EP whereas individuals with low maladaptive openness as being low on EP. In this regard, EP is considered a stable trait dimension on which individuals can vary.

EP refers to a “psychological membrane” that demarcates individuals from their environments. According to Piedmont et al.’s (2009) theoretical exposition, high EP (i.e., high maladaptive openness) comprises the *Odd & Eccentric* and *Unrestricted Self* aspects. The former encompasses magical thinking and fantasy proneness; the latter encompasses a disregard for conventionality. High EP individuals are

* Corresponding author at: Department of Psychology, National University of Singapore, 9 Arts Link, 117570, Singapore.
E-mail address: ryan.hong@nus.edu.sg (R.Y. Hong).

thought to fuse their inner experiences together with external realities due to their highly permeable psychological boundaries. Moreover, such individuals have difficulties differentiating between their inner experiences from their external environments. Hence, high EP individuals are highly prone to vivid fantasy-related imagination, eccentric thinking, and are likely to assert their oddities in disregard for social conventionality. Their disregard for conventionality also increases the likelihood of them openly expressing atypical thoughts or behaviors even if they clash with existing social-cultural norms, thereby appearing eccentric to others.

Conversely, low EP (i.e., low maladaptive openness) consists of the *Rigid* and *Superficial* aspects. The former represents inflexibility and a lack of spontaneity; the latter reflects a lack of interest to understand others (Piedmont et al., 2009). Low EP individuals are hypothesized to overregulate their inner experiences in service of external environmental demands; to the extent that they may actually feel detached from their own internal experiences due to their highly impermeable psychological boundaries. Therefore, low EP persons are characterized by inflexibility, a lack of insight to one's own feelings, and a superficial orientation toward ideas, opinions, and experiences that fall outside of their usual routines and encounters.

Preliminary data suggest that high EP facets (particularly *Odd and Eccentric*) are positively related to openness, magical thinking, alexithymia, and problems in everyday living (Piedmont et al., 2009). Conversely, low EP facets (particularly *Superficial*) are negatively associated with openness but positively with alexithymia and intolerance to uncertainty (Fergus & Rowatt, 2014; Piedmont et al., 2009). Also, EP characteristics such as being eccentric or being very rule-conforming are salient to observers, as self-informant agreement for the EP facets ranged between 0.38 and 0.51 (Piedmont et al., 2009).

Notably, the EP construct has some overlap with the psychoticism dimension proposed in the DSM-5 trait model proposed in Section III of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association, 2013)*. In particular, high EP, characterized by unusual and eccentric thinking and behavior, is conceptually akin to psychoticism. However, the low EP aspects of rigidity and superficiality of experiences are not featured prominently in the operationalization of psychoticism. The alignment of openness and its associated maladaptive variants is a contentious issue. Some researchers have argued that certain abnormal traits such as usual experiences and eccentricity should be conceptually aligned with the normal-range traits associated with openness (Gore & Widiger, 2013) whereas others hold the view that these abnormal traits are distinct from openness (Suzuki, Samuel, Pahlen, & Krueger, 2015; Wright & Simms, 2014). As no study to date has examined EP's link to psychoticism, the present research hopes to address this gap by examining EP's relations to openness and psychoticism.

1.1. Relations with schizotypy and related symptoms

Schizotypy is an individual differences liability dimension thought to underlie the schizophrenia-spectrum disorders (Chapman, Chapman, Kwapil, Eckblad, & Zinser, 1994; Claridge, 1997). Individuals with clinically significant schizotypy-related impairments are often diagnosed with schizotypal personality disorder (Rosell, Futterman, McMaster, & Siever, 2014). Previous research has yielded mixed evidence regarding openness and schizotypy or schizotypal personality disorder; some studies showing positive associations (Dyce & O'Connor, 1998; Morey et al., 2002) whereas others documenting negative or no associations (Tien, Costa, & Eaton, 1992; Trull, 1992; Yeung, Lyons, Watermaux, Faraone, & Tsuang, 1993). A limitation of this literature is that the majority of studies have relied on general measures of schizotypal personality disorder. This might have masked potentially complex relations between individual facets of schizotypy/schizotypal personality disorder and openness. Facets of positive schizotypy (e.g., eccentricity, usual beliefs and experiences) are positively associated with openness whereas facets

of negative schizotypy (e.g., social anhedonia and anxiety) are negatively associated with openness (Chmielewski & Watson, 2008; Ross et al., 2002). This emerging complex picture of openness-schizotypy association suggests the need to consider the relations between the two constructs at their specific facet levels.

There is little consensus over the structure of schizotypy, with some models suggesting three dimensions (e.g., Raine, 1991) and others four dimensions or more (see Chmielewski & Watson, 2008). One influential structural model of schizotypy describes four dimensions: (a) unusual experiences, (b) cognitive disorganization, (c) introverted anhedonia, and (d) impulsive nonconformity (Claridge et al., 1996; Mason & Claridge, 2006). Unusual experiences refer to perceptual disturbances and magical thinking that are consistent with “positive” schizotypy symptoms. Cognitive disorganization refers to impairments in attention, thinking, and decision-making. Introverted anhedonia represents a motivational deficit that interfered with interpersonal intimacy and is akin to “negative” schizotypy symptoms. Negative symptoms include characteristics implying motivational and social deficits, such as affective flattening, anhedonia, and interpersonal impairments. Impulsive nonconformity refers to the tendency to engage in reckless and disinhibited behaviors that do not conform to social conventions. This model originated from a factor analysis involving an extensive array of schizotypy-related scales in over 1000 participants (Claridge et al., 1996).

Conceptually, individuals with high permeability are characterized as prioritizing their psychological experiences over external normative pressures, which can manifest as eccentric thoughts/behaviors and a dislike for conventionality. These characteristics appear to overlap with the schizotypy features of unusual experiences, cognitive disorganization, and impulsive nonconformity. Conversely, persons with low permeability are rigid and lacking in social interest and emotional depth. These features seem to share some similarities with introverted anhedonia. Piedmont et al. (2009) showed that both high and low aspects of EP were positively associated with schizotypal personality disorder. However, as mentioned earlier, a more fine-grained approach focusing on specific facets of EP and schizotypy would greatly clarify potential complex relations between the two multidimensional constructs.

EP's potential associations with other constructs related to schizotypy, such as sleep disturbances and dissociation, are also worthy of investigation. Research has found robust links between positive schizotypy (or schizophrenia) and various forms of unusual sleep experiences like nightmares (Claridge, Clark, & Davis, 1997; Koffel, 2011; Levin & Fireman, 2002), sleep paralysis (Watson, Stasik, Ellickson-Larew, & Stanton, 2015), and sleep hallucinations (Ohayon, Priest, Caulet, & Guilleminault, 1996). Furthermore, these sleep disturbances are linked to openness (Watson, 2001, 2003) and openness-related constructs such as absorption and fantasy-proneness (Giesbrecht & Merckelbach, 2006). Given that high psychological permeability reduces the distinction between internal and external environments, a likely consequence is that of greater fluidity in oscillating between fantasy-based and reality-based states of consciousness (Hartmann, 1991; Watson, 2001).

Similarly, dissociation – defined as the lack of integration of cognitions and emotions into the stream of consciousness and memory (Bernstein & Putnam, 1986) – may be associated to EP. Clinical and non-clinical studies have found that individuals who have dissociative experiences report more positive and disorganized schizotypy symptoms (Chmielewski & Watson, 2008; Merckelbach, Rassin, & Muris, 2000; Watson, 2001). Dissociation has been found to be positively correlated to openness-related constructs like fantasy-proneness and absorption (Kihlstrom, Glisky, & Angiulo, 1994; Rauschenberger & Lynn, 1995). It is thus possible that the permeable boundary among high EP individuals facilitates the adoption of multiple fantasy-based identities and states, increasing the liability for dissociative experiences.

Greater clarity can be achieved if EP's associations with the above mentioned constructs are established. Current measures of openness have not incorporated its maladaptive aspects (Haigler & Widiger,

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