



The Hypomanic Personality Scale, the Big Five, and their relationship to depression and mania

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Abstract

The present study investigates (1) if the Hypomanic Personality Scale [Hyp; Eckblad, M., & Chapman, L.J., (1986). Development and validation of a scale for hypomanic personality. *Journal of Abnormal Psychology*, 95, 214–222.] correlates with other personality traits and (2) whether the Hyp scales or other measures such as Neuroticism and Extraversion are more strongly associated with affective symptoms. The participants ($n=224$) completed questionnaires including the Hyp scale, the NEO-FFI, and the CES-D and were independently interviewed with the CIDI to assess depression and mania. The results showed that the Hyp scale correlated only with the NEO-FFI dimensions Extraversion and Openness. In contrast to Extraversion, the Hyp scale was significantly associated with symptoms of depression and mania, and was more strongly related to manic symptoms than Neuroticism was. Decile scores of the Hyp scale were not associated with depressive symptoms, but were associated with manic symptoms. Discussion focuses on the question of whether the Hyp scale represents a possible risk factor for bipolar disorder. The possibility of a “manic defense” against depression is also discussed. © 2002 Elsevier Science Ltd. All rights reserved.

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There is a long European tradition of describing links between affective disorders and certain temperaments or personality types, such as the cyclothymic, the depressive or hypomanic (e.g. Kraepelin, 1921; Kretschmer, 1921; von Zerssen, 1996). Most of the research within the last 20 years, however, has dealt with cyclothymia (e.g. Akiskal, 1992; Depue, Krauss, Spont, & Arbisi, 1989; Depue, Slater, Wolfstetter-Kausch, Klein, Goplerud, & Farr, 1981; Lovejoy & Steuerwald, 1997) or dysthymic-depressive personality (e.g. Hartlage, Arduino, & Alloy, 1998; Klein & Miller,

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1993; Klein & Shih, 1998), while the validity of the construct of hyperthymia or hypomanic personality has not been addressed that often.

The terms ‘Hypomanic Personality’ or ‘hyperthymia’ describe people who are characterized by a cheerful, optimistic, extraverted, self-confident and energetic temperament, although they can also be irritable, rude, reckless and irresponsible (e.g. Akhtar, 1988; Akiskal, 1992; Eckblad & Chapman, 1986). In contrast to manic or hypomanic episodes as described in the DSM IV (American Psychiatric Association, 1994), these features are thought to represent the enduring, habitual self of the individual. Although these traits are thought to be fairly stable, periods of depressive symptoms are often present in individuals with these traits (e.g. Akhtar, 1988; Akiskal, 1996).

Eckblad and Chapman (1986) developed a 48-item self-report questionnaire to assess such stable hypomanic traits. Examples for the items are “I am frequently so hyper that my friends kiddingly ask me what drug I’m taking (true)” or “I often get so happy and energetic that I am almost giddy (true)”. In their initial study they found evidence that individuals scoring high on the ‘Hypomanic Personality Scale (Hyp)’ had more episodes of mood disorders, more psychotic-like symptoms, higher substance abuse and a lower psychosocial functioning compared with controls. Similar results were obtained in a large sample of adolescents by Klein, Lewinsohn, and Seeley (1996). Meyer, Salkow, and Hautzinger (2001) found that the Hyp scale predicted depressive but not anxiety symptoms at a 3-year follow-up.

Hirschfeld (1999) has described the ‘hypomanic personality’ as a myth, because some studies have found that remitted bipolar patients did not differ from controls on Extraversion. However, why should the trait Extraversion reliably differentiate between bipolar patients and control groups, if it is not even able to predict future bipolar disorders in the Zurich study (Ernst, Angst, Klesse, & Zuberbühler, 1996)? In contrast, the Hyp scale of Eckblad and Chapman predicted the onset of bipolar disorders over a 13-year follow up with a prevalence of such disorders of about 25% for the risk group, but none in the control group (Kwapil, Miller, Zinser, Chapman, Chapman, & Eckblad, 2000). Even more compelling is that Kwapil et al. (2000) found that these results were not due to mood disorder episodes reported 13 years ago.

Much of the research that focused on the premorbid personality of patients with bipolar disorder has described patients during remission (Goodwin & Jamison, 1990). If one talks about personality research, the Big Five model of personality is currently perhaps the most widely used personality model in psychology (e.g. Costa & Widiger, 1994; Cox, Borger, Taylor, Fuentes, & Ross, 1999; DeNeve & Cooper, 1998; Nigg & Hinshaw, 1998). And at least three of the Big Five dimensions have been linked with affective disorders: (1) Extraversion has been discussed as a factor referring to bipolar disorder. However, the results are mixed (e.g. Goodwin & Jamison, 1990). While Hirschfeld, Klerman, Keller, Andreasen, and Clayton (1986) found higher introversion levels among patients than control subjects, Solomon et al. (1996) reported that persons with bipolar I disorder were characterized by higher scores in hysteria (seen as part of Extraversion). However, using a different approach Maier, Minges, Lichtermann, and Heun (1995) found no evidence for higher extraversion in relatives of patients with bipolar disorder. (2) Neuroticism: besides the vast literature about the relation between depression and neuroticism (e.g. Fergusson, Horwood, & Lawton, 1989; Kendler, Neale, Kessler, Heath, & Eaves, 1993; Saklofske, Kelly, & Janzen, 1995) this dimension predicted future unipolar disorders (Ernst et al., 1996). Some studies also reported higher neuroticism scores in bipolar patients compared with other groups (e.g. Jain,

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