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What's the use of neuroticism?☆

G. Claridge^{a,*}, C. Davis^b

^a*Department of Experimental Psychology, University of Oxford, 1 South Parks Road, Oxford OX1 3UD, UK*

^b*Kinesiology and Health Science, York University, Canada*

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Abstract

In this paper we examine two aspects of neuroticism (N): its status as a personality descriptor and its role in the personality dynamics of abnormal states. We first suggest that high N is such a universal accompaniment of abnormal functioning (both psychological and biological) that by itself it has little descriptive or explanatory value. Then, acknowledging that N has more utility when used alongside other personality variables, we argue that here the most informative are disorder-specific characteristics that have unique variance, while also correlating with N. We propose that N's role in aetiology is that of a moderator variable, influencing the expression of these disorder-specific characteristics to produce (or not) the clinical conditions to which they relate. By way of illustration, examples are taken from our joint studies of the eating disorders and of schizotypy and schizophrenia. © 2001 Elsevier Science Ltd. All rights reserved.

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1. Preamble

The origins of this paper lie in discussions between the authors about neuroticism, prompted by our collaboration on various clinically based studies that reflect our interests in two research areas: eating disorders and schizotypy/schizophrenia. In all of these investigations we used a variety of personality scales, relevant to the particular problem of interest; but common to all of them was the inclusion in the test battery of a measure of neuroticism (N). In the course of analysing these sets of data we were both drawn to a similar question — summed up in the title of this paper.

* Corresponding author. Tel.: +44-1865-515320; fax: +44-1865-3100447.

E-mail address: gordon.claridge@psy.ox.ac.uk (G. Claridge).

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Interestingly, in the course of our discussion we realised that, although we had asked the same question, we had each come to it from a different perspective. Consequently, our conclusions were also rather different. Indeed they were, to an extent, contradictory, representing two opinions that can be described informally as, on the one hand, the *pessimistic* view and, on the other hand, the *optimistic* view of N. That comparison will form the basis of the structure of the present paper, the purpose of which is two-fold: first, to articulate a number of observations about neuroticism as a personality construct (These seemed worth airing since, while individually not new, they appear not to have been brought together in one place before); and, secondly, to present two contrasting, but we believe complementary, answers to the question we have posed.

2. The ubiquity of N

Despite the continuing debate about what constitutes the optimal dimensional structure of personality, one point of agreement remains. It is the consensus that a significant part of personality variation can be ascribed to traits concerning an individual's emotional reactivity, tendency to worry, susceptibility to negative mood, proneness to psychopathology, or — as it is most often called — neuroticism. This cluster of traits reliably appears in factor analyses of personality data. It does so whatever else emerges and irrespective of what motivates the research or which statistical methodology is used; *viz* in the form of a higher-order composite of more primary traits (Gorsuch & Cattell, 1967; Krug & Johns, 1986); alongside a varying number of other largish factors (Cloninger, 1998; Costa & McCrae, 1992); or as one of an exclusive set of constructs considered necessary (and sufficient) to explain personality (Eysenck & Eysenck, 1985).

Because of its strong face validity and ease of measurement, it is not surprising that a massive data base has accumulated on N. For years it has been common practice to include N in the test battery whenever some quantitative measures of personality are seen to be required, or are of interest. In the broadly clinical domain alone there is a huge variety of phenomena found to be associated with raised neuroticism. N correlates positively with susceptibility to most sources of pain (Bru, Myletun & Svebak, 1993; Costa, 1987); all manner of psychosomatic complaints (Kentle, 1989; Sainsbury, 1960; Yadav, Jain, Bahre & Gupta, 1990); the symptoms of manifestly physical illness, such as the common cold (Carr, 1981); the premenstrual syndrome (van den Akker, Eves, Stein & Murray, 1995); eating disorders of both the bulimic and anorectic type (Davis, 1997); the predisposition to (Saklofske, Kelly & Janzen, 1995), and failure to recover from (Duggan, Lee & Murray, 1990), depression; suicidality (Statham et al., 1998); and with the abuse of drugs as different as nicotine (Breslau, Kilbey & Andreski, 1993), alcohol (Prescott, Neale, Corey & Kendler, 1997), and cocaine (Kilbey Breslau & Andreski, 1992). Increased N is found, predictably, not only in 'dysthymic' reactions such as anxiety neurosis (Claridge, 1967; Eysenck & Eysenck, 1975) and obsessive-compulsive disorder (Slade, 1974), but also in most personality disorders (Trull, 1992), as well as in acute schizophrenia (Claridge, 1967; McGuire, Mowbray & Vallance, 1963). Indeed, finding high N to be a correlate of deviance is so unremarkable that it comes as quite a shock to discover exceptions: such as the abnormally low N scores reported early on by Kissen (1964) in lung cancer patients, and the relatively reduced neuroticism that can be observed in some individuals suffering from dissociative (hysterical conversion) reactions (Ingham & Robinson, 1964). Yet even there a convincing argument can be

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