



PSYCHOSOCIAL PREDICTORS OF PERSONALITY DISORDER TRAITS IN A NON-CLINICAL SAMPLE

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Summary—This research investigated the relationship between DSM-III-R Axis II personality disorders measured by the Millon Clinical Multiaxial Inventory and a number of psychosocial variables, namely, perceived stress, self-esteem, social desirability, self-efficacy, hopelessness, anger expression, coping, locus of control and optimism. These variables were reduced to six factors through a principal components analysis with a varimax rotation. Stepwise multiple regression analyses were used to ascertain the percentage of variance accounted for by the six psychosocial factors in predicting each of the 11 personality disorders. The data were obtained from 157 introductory psychology students. The results indicate a distinguishing pattern of association between psychosocial factors and specific personality disorders. The factor representing perceived stress and self-esteem explains a relatively large percentage of variance in almost all the personality disorders. Unexpectedly, coping contributes very little to the total variance in any personality disorder. © 1997 Elsevier Science Ltd. All rights reserved.

INTRODUCTION

Perhaps the fastest growing area of research in abnormal psychology at the present time is personality disorders. In their review of the literature on personality disorders from 1985 to 1988, Gorton and Akhtar (1990) cited 111 references related to the trends, issues, and controversies on this topic. A recent special issue of the *Journal of Abnormal Psychology* (103(1), February 1994) on personality and psychopathology confirms the observation that increasing number of researchers and clinicians are examining different facets of personality disorders. Most studies are concerned with theoretical, methodological and treatment issues, such as conceptual models of personality disorders (Pincus & Wiggins, 1990; Strack, Lorr & Campbell, 1990), categorical vs dimensional taxonomy (Grove & Tellegen, 1991; Livesley, Schroeder, Jackson & Jang, 1994; Widiger, 1992), reliability and validity of DSM-III-R (American Psychiatric Association, 1987) criteria (Hyler & Lyons, 1988; Widiger, 1993), diagnostic efficiency of the existing as well as newer measuring instruments (Hyler & Rieder, 1987; Morey, Waugh & Blashfield, 1985; Strack, 1987), comorbidity of personality disorders with Axis I disorders (Jackson, Rudd, Gazis & Edwards, 1991) and among Axis II disorders (Widiger, Frances, Harris, Jacobsberg, Fyer & Manning, 1991), and treatment approaches (Benjamin, 1987). These studies provide a broad coverage of relevant issues with one conspicuous exception. Systematic investigation of the nature of relationships among psychosocial and cognitive-behavioural variables, and personality disorders has largely been ignored by researchers, except in a few specific disorders, such as narcissistic and borderline disorders. A most recent comprehensive review of new research on personality disorders has also been unable to identify any current or future trend in examining the role of psychosocial variables (Ruegg & Frances, 1995).

By definition, personality disorders focus upon maladaptive enduring traits that are likely to produce dysfunctional cognition, emotion and behaviour. Interpersonal approaches have also been employed to formulate comprehensive explanatory models of personality disorders (Kiesler, 1991; McLemore & Brokaw, 1987). It is, therefore, reasonable to assume that major psychosocial factors, such as perceived stress, self-esteem and locus of control are differentially associated with different personality disorders. For example, stress may account for larger variance in the borderline disorder, whereas self-esteem may be a better predictor of narcissistic personality. A review of the recent literature on personality disorders reveals that there are very few empirical studies investigating the

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relationships between major psychosocial variables and personality disorders. Narcissistic personality disorder has been found to be associated with self-esteem (Miller, 1992; Raskin, Novacek & Hogan, 1991) and anger (McCann & Biaggio, 1989). Anger, fear and hostility have been implicated in borderline (Gardner, Leiberluft, O'Leary & Cowdry, 1991) and paranoid (Kennedy, Kemp & Dyer, 1992) disorders.

In contrast, the literature suggests a variety of psychosocial and cognitive-behavioural variables associated with psychopathological conditions, such as depression, schizophrenia, anxiety disorders and alcoholism. By way of illustration, depression has been linked with stress and daily hassles (Folkman & Lazarus, 1986), coping (Coyne, Aldwin & Lazarus, 1981), locus of control (Quinn & Norris, 1986), and self-esteem (Kershner & Cohen, 1992).

Two comprehensive reviews have identified life stress, social support, and coping processes as key social factors in psychopathology (Coyne & Downey, 1991; Kessler, Price & Wortman, 1985). The stress and coping literature is replete with studies demonstrating the relationship of stress and coping to mental as well as physical health (Auerbach, 1989; Folkman, Lazarus, Gruen & DeLongis, 1986; Suls & Fletcher, 1985). Two other variables consistently associated with psychopathology are locus of control and self-esteem. A number of studies have demonstrated the relationship between locus of control and psychopathology (e.g. Levenson, 1973). In a study of young White college students by Hale and Cochran (1987), locus of control was positively correlated with psychological symptoms. External locus of control is also related to depression, anxiety, neuroticism and many other psychological symptoms (Hoehn-Saric & McLeod, 1985). A multiple regression analysis by Petrosky and Birkimer (1991) revealed that 25 to 35% of the variance in psychological symptoms was predicted by stress, coping style and locus of control. Self-esteem is also consistently related to psychopathology (Kliewer & Sandler, 1992; Skinstad, 1994).

Related to locus of control are the generalized expectancy constructs of self-efficacy, optimism and hopelessness. In general, these individual difference constructs predict outcomes on the adjustment/maladjustment dimension. Social anxiety, phobias, depression and addictive behaviours are representative topics where self-efficacy theory has been applied meaningfully (see Maddux, 1991). With respect to dispositional optimism as measured by the Life Orientation Test (Scheier & Carver, 1987), Williams (1992) reported its relationship with psychopathological traits such as neuroticism, anxiety and depression. Scheier, Weintraub and Carver (1986) found that optimists use the more effective problem-focused coping method in dealing with stress. Increased hopelessness is also associated with depression, suicide and violence (Haaga, Dyck & Ernst, 1991; Plutchik, Van-Pragg & Conte, 1989). Kashani, Soltys, Dandoy, Vaidya and Reid (1991) have identified hopelessness as one of the major risk factors in severely disturbed children.

Personality disorder in normal populations

Although personality disorder is conceptualized as a clinical condition (DSM-III-R, DSM-IV, American Psychiatric Association, 1987, 1994), several studies have demonstrated its usefulness in studying dysfunctional behaviour in the normal population (Pincus & Wiggins, 1990; Zimmerman & Coryell, 1989; Widiger & Costa, 1994). A related issue receiving considerable attention in the literature is categorical vs dimensional conceptualization of personality disorder. It appears that most researchers favour the dimensional approach to study the dynamics of personality disorder (Grove & Tellegen, 1991; Widiger, 1992). Psychometrically sophisticated studies by Livesley, Jackson and Schroeder (1989, 1992) have demonstrated similar factorial structures of personality disorder traits in clinical and general population samples. Grove and Tellegen (1991, p. 35) suggest that personality disorder is probably an "arbitrarily divided dimensional construct" and as such gradations of personality traits can be studied preferably by correlational method.

As can be seen in the above review of the literature, most studies have utilized only a limited number of psychosocial variables in predicting major or minor psychopathological symptoms. In the case of personality disorders, research with psychosocial variables is clearly inadequate. The purpose of the present research, therefore, was to examine the pattern of relationship of selected psychosocial variables with the 11 personality disorders listed in the DSM-III-R. The variables used in this preliminary and exploratory study on a non-clinical sample were: stress, coping, anger, self-esteem, locus of control, self-efficacy, optimism, and hopelessness. In addition, a measure of social desirability was also included to assess the impact of this ubiquitous response set. The rationale for

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