



# Personality Disorders and Coping Among Anxious Older Adults

FREDERICK L. COOLIDGE, PH.D., DANIEL L. SEGAL, PH.D.,  
JULIE N. HOOK, M.A., AND SHARON STEWART, B.A.

*University of Colorado at Colorado Springs, Colorado, USA*

**Abstract**—This study examined the interrelationships among anxiety, personality disorders, and coping strategies in anxious older adults ( $n = 28$ ; age range = 55–89; mean = 66.0), nonanxious older adults ( $n = 100$ , age range = 55–79, mean = 64.6), and anxious younger adults ( $n = 132$ ; age range = 17–30; mean = 20.2). Younger participants were college students and older participants were community-based family members of the students or recruits from local senior centers. Participants completed the Coolidge Axis II Inventory, the Coping Orientations to Problems Experienced scale, and the Brief Symptom Inventory. Results indicated that the prevalence of generalized anxiety states was relatively low and similar in both older and younger groups and dependent on measurement scale and criterion. At least one personality disorder was found in 61% of the older persons group; obsessive-compulsive, schizoid, and avoidant were the most frequently assigned personality disorders. Anxious older adults had elevated rates of dependent and avoidant personality disorder compared with nonanxious older adults. Younger anxious persons were found to have significantly greater personality dysfunction compared with older anxious persons. Finally, coping differences existed between older anxious and older nonanxious adults and between older anxious and younger anxious adults. Implications for diagnosis and treatment of anxiety in older adults were discussed. © 2000 Elsevier Science Ltd. All rights reserved.

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The comorbidity between major psychiatric disorders (Axis I) and personality disorders (Axis II) is an extensive problem that provides considerable challenge to clinicians who diagnose and treat clients with multiple and often complex disorders. Several studies in particular have focused on the co-occurrence of anxiety disorders and personality disorders (e.g., Reich et al., 1994; Sanderson, Wetzler, Beck, & Betz, 1994; Skodol et al., 1995). To our knowledge, however, systematic reports on the patterns in anxiety and personality

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Requests for reprints (and/or copies of the CATI for research purposes) should be sent to Frederick Coolidge, Ph.D., Department of Psychology, University of Colorado at Colorado Springs, Colorado Springs, CO 80933-7150. E-mail: fcoolidg@mail.uccs.edu

comorbidity among older persons have been slow to emerge. Investigations pertaining to the relationships of coping strategies and anxiety symptoms among older adults are also few. By examining personality patterns of anxious older adults, insight into the possible causes and sustaining factors of anxiety can be elucidated. Similarly, investigation into the relationship between coping and anxiety symptoms could also provide insight into how coping styles may affect the evolution of, or play a part in sustaining, anxiety symptoms. Approaches for assisting anxious older adults could then be better tailored toward their specific needs and problems. However, knowledge is presently limited in these areas, which is striking given that anxiety symptoms are common among older adults (see recent review by Scogin, 1998; also see Rapp, Parisi, & Walsh, 1988; Reiger et al., 1988; Sheikh, 1992).

Research on the comorbidity between anxiety and personality disorders has lagged behind the study of comorbidity between anxiety and other, more commonly associated conditions such as depression, alcohol abuse, and medical illnesses (for a full review of these comorbidity studies, see Flint, 1994). However, a number of interesting studies have been conducted in an attempt to shed light on the potentially important relationship between personality and anxiety. In general, these studies indicate substantial rates of personality dysfunction in persons with most types of anxiety disorders, although it is uncertain whether there is a clear relationship between the specific anxiety disorders and the specific personality disorders.

Over a decade ago, Alnaes and Torgersen (1988a, 1988b) reported that outpatients with diverse anxiety disorders had significant comorbidity with schizotypal, paranoid, narcissistic, avoidant, and dependent personality disorders. Mauri et al. (1992) observed significant dependent and avoidant personality disorder attributes among patients diagnosed with generalized anxiety disorder (GAD) or panic disorder. Sanderson et al. (1994) examined personality disorders in 347 patients with an anxiety disorder. Their results indicated that patients with GAD and social phobia had a higher prevalence of personality pathology than those with panic disorder, agoraphobia, or simple phobia. The most common personality disorders among the patients were: avoidant (13%), obsessive-compulsive (11%), and dependent (8%).

Oldham et al. (1995) evaluated 200 inpatients and outpatients with semi-structured interviews and found significantly elevated odds ratios for co-occurrence of anxiety disorders with dependent, avoidant, and borderline personality disorders. Mavissakalian, Hamann, Haidar, and de Groot (1995) focused solely on patients with primary GAD and found the most frequent personality disorder diagnoses to be avoidant (26%), paranoid (10%), and schizotypal (10%). In one of the few studies with older persons, Coolidge, Janitell, and Griego (1994) found a strong comorbid relationship among anxiety, depression, and personality disorders in a sample of 83 community-dwelling elderly. They noted that

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