



# A preliminary examination of Beck's cognitive theory of personality disorders in undergraduate analogues

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## Abstract

The purpose of these three studies was to conduct an initial investigation into Beck, Freeman, and Associates' (1990) cognitive theory of personality disorders in an undergraduate population of personality disorder analogues. In Study 1, preliminary support for the reliability and validity of a measure of the dysfunctional thought patterns (i.e. Thoughts Questionnaire) was gathered. In Studies 2 and 3, specific dysfunctional thought patterns, as proposed by Beck et al. (1990), were found to correlate with corresponding SCID-II personality disorder scales. However, many thought patterns lacked specificity to their corresponding personality disorder, with thought pattern scores being intercorrelated. These results are consistent with those of other published studies, using both university analogue and clinical outpatient samples.

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## 1. Introduction

Beck (Beck, Freeman, & Associates, 1990; Pretzer & Beck, 1996) and Young (1990, 1994) have proposed cognitive models of the DSM personality disorders and their corresponding treatment. These models are based upon the premise that faulty or dysfunctional schemas are the underlying cause of a personality disorder.

Beck et al.'s (1990) model is based upon the assumption that unique to each personality disorder is a set of dysfunctional schemas. They describe schemas for the following nine DSM-III-R (Diagnostic and Statistical Manual of Mental Disorders, APA, 1987) personality disorders: avoidant, dependent, passive-aggressive, obsessive-compulsive, antisocial, narcissistic, histrionic,

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schizoid, and paranoid personality disorder. Schizotypal and borderline personality disorders were not included in their list because “these disorders do not show a typical idiosyncratic set of beliefs and strategies, as do the rest” (p. 26). (A recent study by Butler, Brown, Beck, & Risham, 2002, has identified 14 beliefs characteristic of borderlines). According to Beck et al., identification of these schemas aids in clinical diagnosis and therapeutic intervention. Additionally, knowledge of these schemas is helpful in understanding the development and nature of specific personality disorders. At the time that the present research was conducted, there were no published studies that examined the validity of the presence of these schemas in individuals with personality disorders.

As a means of assessing these thought processes, two, virtually identical, measures have been created independently. The Thoughts Questionnaire (TQ) (Nelson-Gray, 1991) lists, in a schema-alternating manner, the thoughts associated with each personality disorder as hypothesized by Beck et al. (1990). Individuals rate each belief on a Likert-scale from 1 to 5, indicating the degree to which they endorse such thoughts as typical of their thinking. Similarly, the Personal Beliefs Questionnaire (PBQ) (Beck & Beck, 1991) lists in order by personality disorder the same thoughts, again using a 5-point Likert scale that asks individuals to rate the strength of their beliefs. At the time of this research, no psychometric data were available about either measure.

This article reports three preliminary investigations of Beck et al.’s (1990) proposal that different personality disorders are associated with different sets of dysfunctional thoughts. In Study 1, the psychometric properties of the Thoughts Questionnaire were evaluated in undergraduate, personality-disordered analogues. In Studies 2 and 3, the relationship was investigated between scores on the personality disorder dimensions of the SCID-II and their corresponding dysfunctional schemas on the Thoughts Questionnaire, using university undergraduate participants as personality disorder analogues. Study 3, however, excluded participants who reported depressive symptoms (because Hirschfeld, Klerman, Clayton, Keller, McDonald-Scott, & Larkin, 1983, found that certain personality characteristics vary within individuals depending upon whether or not the individual is depressed) and employed an interview form of the SCID-II as well as the SCID-II self-report questionnaire.

## 2. Study 1

### 2.1. Method

#### 2.1.1. Participants

Participants were selected through a mass screening procedure across several semesters at a southeastern university, and subsequently invited to participate in an interview and to complete additional questionnaires. The final 34 participants ranged in age from 18 to 39 years (mean = 19.2, S.D. = 3.9). Approximately two-thirds were female (67.6%). Diagnoses, as determined from scores to modified SCID-II interviews (described below), included the following: paranoid (12), schizoid (5), narcissistic (4), histrionic (1), antisocial (2), borderline (10), dependent (3), obsessive-compulsive (13), and avoidant (11). In this sample, 19 participants had one diagnosis, and the remaining 15 had two to four diagnoses.

#### 2.1.2. Questionnaires

2.1.2.1. *Thoughts Questionnaire.* (TQ; Nelson-Gray, 1991). This questionnaire consists of the 126 verbatim statements proposed by Beck et al. (1990) to capture the dysfunctional thinking unique

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