



Personality traits in schizophrenia and related personality disorders

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Abstract

We investigated whether schizophrenia spectrum disorders share common personality characteristics or traits. Participants with a diagnosis of schizophrenia or schizoaffective disorder (SZ) or with a schizophrenia spectrum personality disorder (schizophrenia spectrum PD: schizoid, paranoid, and schizotypal personality disorder) were compared with non-psychiatric control subjects on the five-factor model of personality and the psychosis-proneness scales. On the five-factor personality scales, SZ subjects showed higher levels of neuroticism, and lower levels of openness, agreeableness, extraversion, and conscientiousness than control subjects. Higher scores on openness and lower scores on neuroticism distinguished schizophrenia spectrum PD from SZ. On the psychosis-proneness scales, both PD and SZ participants scored high relative to non-psychiatric control participants on magical ideation and perceptual aberration, while PD participants scored intermediate between non-psychiatric control participants and SZ on social anhedonia. Discriminant analysis indicated that schizophrenia spectrum patients could be distinguished from PDs by more severe social withdrawal and maladjustment, while subjects with PDs could be best distinguished from control subjects on the basis of odd or novel ideation and decreased conscientiousness. © 2004 Elsevier Ireland Ltd. All rights reserved.

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1. Introduction

Patients with schizophrenia show abnormalities on basic dimensions of personality (Berenbaum and Fujita, 1994; Kentros et al., 1997; Bagby et al.,

1997, 1999; Gurrera et al., 2000). These personality disturbances may be a manifestation of liability to schizophrenia (Chapman et al., 1994; Claridge, 1997; Kendler et al., 1993; Lenzenweger and Loranger, 1989; Meehl, 1989). Meehl (1989) proposed that personality disturbance was the result of the interaction of a neural integrative deficit, termed schizotaxia, with social learning during development. Meehl suggested that while schizotaxia usually resulted in

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schizotypal personality, only a fraction of such individuals subsequently developed schizophrenia. This theory raises the issue of whether individuals with personality disorders linked to schizophrenia show similar personality characteristics. The schizophrenia spectrum personality disorders (PDs) include schizotypal personality disorder, paranoid personality disorder, and schizoid personality disorder, termed “Cluster A” in the DSM-IV diagnostic schema (DSM-IV, *American Psychiatric Association, 1994*). While these personality disorders are not associated with the severe psychosocial disturbance characteristic of schizophrenia, evidence from familial studies suggests that they reflect the phenotypic expression of a liability for schizophrenia (*Battaglia et al., 1995; Baron et al., 1985; Frangos et al., 1985; Kendler et al., 1984; Lowing et al., 1983*). Consequently, comparing schizophrenia and schizophrenia spectrum PDs may yield insights into which personality disturbances are common to schizophrenia spectrum personality disorders varying in clinical severity, and which only occur with psychosis.

The relationship between diagnostic categories and personality traits can be characterized by comparing dimensional traits between diagnostic groups. This approach has been frequently used to evaluate personality traits in schizophrenia. Based on a meta-analysis of research on personality and schizophrenia, *Berenbaum and Fujita (1994)* concluded that patients with schizophrenia tended to be more introverted (low E) and more neurotic (high N) than control participants. In an attempt to standardize these dimensions, a number of investigators have characterized schizophrenia in terms of the Five-Factor model (FFM) of personality. This model comprises the following five dimensions: Neuroticism (N), Extraversion (E), Openness to Experience (O), Agreeableness (A), and Conscientiousness (C) (*Costa and McCrae, 1990; McCrae and Costa, 1997*). Several recent studies have used versions of the NEO Five-Factor Inventory (*Costa and McCrae, 1989, 1992*) to evaluate the FFM in schizophrenia. On these scales, patients with schizophrenia and schizoaffective disorder showed elevated N, low E and C, and sometimes low A and O scores relative to normative data (*Bagby et al., 1997, 1999*) or a control group (*Gurrera et al., 2000; Kentros et al., 1997*).

These findings lead to the question of whether individuals with schizophrenia spectrum PDs show

the same pattern of personality characteristics as patients with schizophrenia. No studies to our knowledge have contrasted FFM scores among schizophrenia spectrum PD (diagnosed with DSM-III or DSM-IV criteria), schizophrenic, and non-psychiatric control subjects. However, a variety of studies have examined the relationship of measures of schizophrenia spectrum PD symptoms and measures of the FFM. These studies can be divided into those that use clinical samples, which often include a number of subjects with Cluster A disorders; and those that use non-clinical samples, such as university undergraduates. Because the base rates of schizophrenia spectrum PDs in the population are low, it is unlikely that community or university samples will include more than a small percentage of subjects who meet DSM diagnoses for Cluster A personality disorders. We therefore review non-clinical and clinical samples separately below.

1.1. FFM in non-clinical samples

Studies of community or university samples have used a variety of measures to characterize traits associated with schizotypy or “psychosis proneness,” such as the self-report scales developed by Chapman and his associates (*Chapman et al., 1978; Eckblad et al., 1982; Eckblad and Chapman, 1983*). The Chapman Scales include the Revised-Social Anhedonia Scale (R-SAS), the Magical Ideation Scale (MIS), and the Perceptual Aberration Scale (PAS; *Kwapil, 1998; Eckblad and Chapman, 1983; Chapman et al., 1978*). The R-SAS indexes social withdrawal due to a lack of interest in intimacy and interaction. The MIS measures magical beliefs and ideas of reference. The PAS assesses perceptual distortions, especially disturbances of body image. High scores reflect increased liability for psychosis and substance abuse at long-term follow-up (*Chapman et al., 1994; Kwapil, 1998*). The reliability of the Chapman Scales has been demonstrated by internal consistency coefficient alphas in the upper 0.70s to the lower 0.90s in several studies (*Chapman et al., 1978, 1994; Mishlove and Chapman, 1985*), and test-retest reliabilities have ranged between 0.75 and 0.85 (*Chapman et al., 1994*). Other researchers have used scales derived from the Minnesota Multiphasic Personality Inventory to measure dimensions related to schizophrenia

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