



Full Length Article

Developmental course of child personality traits and their associations with externalizing psychopathology: Results from a longitudinal multi-informant study in a representative cohort



Michael P. Hengartner*

Department of Applied Psychology, Zurich University of Applied Sciences, Zurich, Switzerland

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ABSTRACT

A representative cohort of six-year old children from the Swiss general population ($n \approx 1200$) was assessed in 2006 and re-assessed in 2009 with informant-ratings of personality and externalizing psychopathology. Mean levels of neuroticism ($d = 0.80$) and to a lesser extent agreeableness ($d = 0.37$) declined considerably over time on a population-level, but differential stability was high (r range = 0.71–0.95). Age 6 trait-score and trait-change over time in agreeableness related significantly to age 9 externalizing pathology. Path analysis additionally provided evidence for bidirectional covariance between several personality traits and externalizing psychopathology and there were some prospective influences of age 6 psychopathology on subsequent personality change. Differential stability of personality is high, but marked trait-change occurs and is relevant as it prospectively relates to externalizing psychopathology.

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1. Introduction

Personality traits and adaptive personality functioning are among the most important predictors of mental health, subjective wellbeing and psychosocial functioning (Hengartner, Ajdacic-Gross, Wyss, Angst, & Rossler, 2016; Hengartner, Kawohl, Haker, Rossler, & Ajdacic-Gross, 2016; Hengartner, Tyrer, Ajdacic-Gross, Angst, & Rossler, 2017; Kotov, Gamez, Schmidt, & Watson, 2010; Nofle & Shaver, 2006; Roberts, Kuncel, Shiner, Caspi, & Goldberg, 2007; Steel, Schmidt, & Shultz, 2008; for reviews, see Hengartner, 2015; Lengel, Helle, DeShong, Meyer, & Mullins-Sweatt, 2016; Ozer & Benet-Martinez, 2006). However, despite a rich literature on adult personality and psychopathology, there is a lack of research on prospective effects of child personality (Soto & Tackett, 2015).

Because many common mental disorders (CMD), including anxiety disorders, depression, substance-use disorders and impulse-control disorders originate in late childhood and early adolescence (Kessler et al., 2005, 2007; Rohde, Lewinsohn, Klein, Seeley, & Gau,

2013), it is important to consider child personality characteristics for prognostic, preventive and therapeutic means. Moreover, dysfunctional child personality traits may forecast adult personality disorders (PD) if left untreated (De Fruyt & De Clercq, 2014; Newton-Howes, Clark, & Chanen, 2015). That is, extreme scores on normal personality traits are reliable markers of personality pathology and PD traits (Hengartner, Ajdacic-Gross, Rodgers, Muller, & Rossler, 2014; Samuel & Widiger, 2008; Widiger, Livesley, & Clark, 2009). Considering the predictive power of child personality is therefore necessary to increase our understanding of the developmental pathways leading towards both adult PD and CMD (Shiner, 2009; Soto & Tackett, 2015; Tyrer, 2015).

1.1. Competing aetiological models

There are various aetiological models that may simultaneously account for personality-psychopathology associations, including undirected covariance models such as the spectrum and common-cause model, and directional prospective (causal) models including the pathoplasty and complication model (Clark, 2005; Widiger, 2011). The common-cause model hypothesises a shared genetic diathesis, whereas the spectrum model posits that both

* Address: Department of Applied Psychology, Zurich University of Applied Sciences (ZHAW), PO Box 707, CH-8037 Zurich, Switzerland.

E-mail address: michaelpascal.hengartner@zhaw.ch

personality and psychopathology are different manifestations along the same underlying continuum. Covariance models, also referred to as continuity models (De Bolle, Beyers, De Clercq, & De Fruyt, 2012) or trait-disorder co-development (Durbin & Hicks, 2014), postulate that there is systematic covariation between personality and psychopathology within and across time due to unspecified aetiology, thus it is a prerequisite for both the common-cause and the spectrum model. Directional prospective models suggest that personality causally affects the course of psychopathology (pathoplasty model) and that psychopathology causally impacts on temporary personality change (complication model). Note that all these aetiological models are not mutually exclusive and that several may account for a certain amount of the relationship between personality and psychopathology (Clark, 2005; Widiger, 2011).

Two other forms of causal models include the scar and the predisposition/vulnerability model (Clark, 2005). The former puts forward that the occurrence of a mental disorder has irreversible effects on personality change that subsist after remission of the disorder. The latter posits that personality is a causal risk factor for the first-time occurrence of mental disorders in persons with no history of mental disorders. However, both these models will not be addressed in the present study due to methodological reasons. Firstly, the scar model requires a personality assessment before the onset of a mental disorder and a long-term follow-up with repeated assessments of personality and psychopathology. Secondly, the predisposition model requires an assessment of mental disorder lifetime prevalence prior to personality assessment. These methodological requirements are not met in the present study.

1.2. Longitudinal studies of child personality and externalizing psychopathology associations

The present work is focused on personality traits, but it is worth noting that child temperament comprises lower-level manifestations of personality that develop early and unfold into more nuanced personality facets during childhood (Caspi, Roberts, & Shiner, 2005; Soto & Tackett, 2015). A few studies with remarkably long follow-up periods have linked childhood personality, including temperamental dimensions, to adolescent and adult psychopathology (Frenkel et al., 2015; Hicks, Iacono, & McGue, 2014; Moffitt et al., 2011; Wilson, Vaidyanathan, Miller, McGue, & Iacono, 2014). However, as recently stated by Durbin and Hicks (2014), psychopathological research has largely ignored personality development and change in personality trait-scores over time. Personality is differentially increasingly stable as from late adolescence/early adulthood, but markedly less so during childhood (Ferguson, 2010; Roberts & DelVecchio, 2000). Integrating stability and change of personality traits in aetiological models of CMD is therefore worthwhile (Littlefield, Sher, & Wood, 2009; Walton et al., 2017), especially in children and adolescents (Durbin & Hicks, 2014).

Previously, De Bolle et al. (2012) showed that changes in children's personality traits of benevolence substantially covaried with changes in externalizing pathology. They also found some weak associations in support of both the complication and the pathoplasty model, but these effect sizes were comparably small. Laceulle and colleagues (Laceulle, Ormel, Vollebergh, van Aken, & Nederhof, 2014) focused on adolescents' temperament scales and found that changes in temperament predicted subsequent first onset of mental disorders above and beyond baseline temperament scores. The most salient predictors of externalizing disorders were frustration and lack of effortful control. The authors interpreted the observed effects in support of the predisposition/vulnerability model. However, alternative aetiological models were not explored

in that particular study. Hicks et al. (2014) found that in children both socialization (negative association) and boldness (positive association) prospectively predict behavioral disinhibition, antisocial behaviour, and substance abuse in adolescence and early adulthood. Finally, in a seminal study, Moffitt et al. (2011) showed that a child's lack of self-control prospectively predicts various externalizing problems across adulthood, including substance abuse and criminal conviction.

1.3. The present work

In sum, it was stated in the literature that more prospective studies of child personality are required (Soto & Tackett, 2015). It was further posited that prospective studies should not only focus on one-time personality assessments, but specifically include personality change as a predictor of psychopathology (Durbin & Hicks, 2014). To the best of the author's knowledge only one previous study has simultaneously addressed alternative aetiological models in children within a longitudinal framework (De Bolle et al., 2012). Although that study is remarkable in many respects, including sophisticated statistical modelling, thorough assessment of psychopathology and consideration of three measurement occasions, it perhaps has one major limitation: De Bolle et al. (2012) relied exclusively on mother-ratings of both personality and psychopathology, which may inflate their association due to common method bias (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003).

The present original study uses a representative sample of the general child population and applies a multi-informant design in order to provide representative and unbiased estimates of personality-psychopathology associations. The aims were twofold. The first objective was to focus on the stability of personality traits and inter-individual differences in the developmental course of child personality traits. The second objective was to examine the influence of personality change on the occurrence of externalizing psychopathology. Moreover, this work simultaneously tested alternative aetiological models, including both cross-sectional and longitudinal covariance between personality and psychopathology and the prospective impact of psychopathology on subsequent personality change and vice versa (i.e., complication and pathoplasty models).

2. Methods

2.1. Participants and design

The Swiss Survey of Children and Youth COCON (Competence and Context) is an interdisciplinary research project that examines the social conditions of growing up for children and adolescents from a life-course perspective. Under the Project Director, Professor M. Buchmann, this longitudinal study, which started in 2006, is being carried out in the German- and French-speaking parts of Switzerland. Up to now COCON has been financed by the Swiss National Science Foundation, the Jacobs Center for Productive Youth Development and the University of Zurich. In this publication, data of the cohort 1 and waves 1 and 3 have been used. The data is freely available for scientific purposes upon registration on the national centre of expertise in the social sciences FORS (<http://forscenter.ch/en/>). COCON is an ongoing research programme consisting of three different cohorts, specifically, 6, 15, and 21 year-olds. See Buchmann and Fend (2004) for a detailed description of the study design. As for the present study only the 6 year-old children were included, this methods section will be restricted to this particular cohort.

As of 2005, in a first step 150 municipalities from the German- and French-speaking part of Switzerland were randomly selected and contacted by the research group. By the end of 2006, personal

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