

# CORE DIMENSIONS OF PERSONALITY PATHOLOGY: AN EMPIRICAL EVALUATION OF THEIR CLINICAL UTILITY

Miguel Gárriz\*, Fernando Gutiérrez \*\*, Xavier Torres\*\*, Liliana Ferraz\*\*\*, Eva Baillés\*\*\*\*, Josep Maria Peri\*\*, Silvia Gasque\*

\* INAD. Parc de Salut Mar. Barcelona. \*\* Hospital Clinic. Barcelona. \*\*\* Departament de Psicologia Clínica i de la Salut. Facultat de Psicologia. UAB. \*\*\*\* Departament de Ciències Experimentals i de la Salut, UPF.

## INTRODUCTION

As revised editions of DSM and ICD have been approaching, it has been increasingly advocated that certain personality dimensions are able to determine by themselves the presence and severity of PD, while other dimensions are stylistic and allow subtyping. Cloninger's personality Temperament and Character Inventory – Revised (TCI-R; Cloninger et al., 1994) represents the most validated instrument assessing self (Self-directedness) and interpersonal (Cooperativeness) functioning dimensions along with stylistic dimensions (temperament). Although negative consequences are deemed necessary for the diagnosis of PD, no study to date has evaluated the differential pattern of negative life and clinical consequences among personality style and functioning dimensions. Moreover, important scholars in the personality field have stated that negative consequences are to be expected at both poles of normal personality dimensions (McCrae et al., 2005). The aims of this study were to evaluate TCI-R personality dimensions' consequential pattern, and to test if maladaptivity is related to both poles of personality dimensions.

## METHOD

Cross-sectional, correlational study. The sample was made up from 867 patients (53.2% female) with mean age 34.5 years (SD 10.8; range 16-67), consecutively referred for personality assessment to the Psychology Service of a General Hospital, and evaluated with the TCI-R and the Life Outcome Questionnaire (Gutiérrez et al., 2013). Multiple regression analyses of the Cloninger's personality dimensions (Table 1) on 26 career, social and clinical selected outcomes were performed to ascertain its dimensions unique contribution on outcomes. The squared terms for each personality dimension were introduced into the equation to examine the presence of non-linear associations between personality and outcome which would signal bipolarity. No major changes found when current level of depression was controlled for through a brief version of the MMPI, except that the impact of Harm Avoidance and Self-Directedness was somewhat reduced.

## RESULTS

Persistence stood out as the most important dimension regarding career success (Table 2), Self-directedness was the best predictor of social functioning (Table 3), and Harm Avoidance regarding clinical problems (Table 4). Self-Transcendence was impairing across the three outcome domains, whereas interpersonal dimensions as Reward Dependence and Cooperativeness were particularly inconsequential. Novelty seeking was the only dimension that show negative consequences in both of its poles, with low-NS predicting less friends and less intimate relationships, and high-NS predicting risky behaviour. Linear relationships explain 23 times more variance than quadratic terms.

Table 1. Temperament and Character Inventory - Revised (TCI-R; Cloninger, 1994)

<strong>TEMPERAMENT</strong>	
● <i>Novelty Seeking (NS)</i> reflects variation in the reward system activity, and then the strength of behavioral drive towards exploration and in response to novelty and incentives.	
● <i>Harm Avoidance (HA)</i> reflects the punishment system activity, a threat-processing device that anticipates, detects, and responds with defensive actions to dangers or menaces.	
● <i>Reward Dependence (RD)</i> expresses variation in social attachment (affiliative bonding) and need of others that respond to social signals of affiliation.	
● <i>Persistence (PS)</i> reflects a tendency to persevere in long-term goals overriding both immediate appetencies and frustration.	
<strong>CHARACTER</strong>	
● <i>Self-Directedness (SD)</i> measures the extent to which a person perceives him/her-self as autonomous, effective, resourceful, and able to control oneself and the situations in order to achieve relevant goals.	
● <i>Cooperativeness (CO)</i> , the extent to which a person perceives himself as upright, empathetic, and capable of establish interpersonal exchange.	
● <i>Self-Transcendence (ST)</i> , reflects a proneness to creativity and to religious and magical thought	

Table 2. Multiple regression coefficients for the TCI-R dimensions predicting career outcomes (n=862).

	NS	HA	RD	PS	SD	CO	ST	R <sup>2</sup>
Education level (0-5) <sup>a</sup>	-.054	-.032	.025	.086 *	.027	.084 *	-.103 *	.034 **
Aband. psych. probl. (N/Y)	.019	.171 **	-.071	.001	-.096	.052	.067	.060 **
Working years (yr.)	.023	-.013	.028	.086 **	.033	.010	-.046 *	.013 **
Quit job (#)	.156 **	.048	-.091 *	-.129 **	-.055	.034	.102 *	.063 **
Fire from job (#)	-.015	-.039	-.029	-.159 **	-.108	-.104 *	.115 *	.063 **
Job level (1-3) <sup>b</sup>	-.045	-.029	.091 *	.080	.029	.035	-.110 *	.033 **
Net income (€)	.006	-.083	.113 *	.097 *	.067	-.027	-.122 **	.054 **
Income cover needs (%)	-.034	-.060	.072	.150 **	.163 **	.006	-.153 **	.104 **

\*p<.05; \*\*p<.005.

Table 3. Multiple regression coefficients for the TCI-R dimensions predicting social life outcomes (n=862).

	NS	HA	RD	PS	SD	CO	ST	R <sup>2</sup>
Total partners (#)	.205 **	-.087	.061	.000	-.029	-.050	.005	.068 **
Longest relationship (yr.)	-.033	-.011	-.013	.061 *	.063	-.048	-.024	.012 *
Couple rel. dissatisfact. (%)	.016	-.006	-.004	-.095 *	-.249 **	-.006	-.010	.081 **
Has offspring (N/Y)	.033	-.012	.036	.107 **	-.055	-.010	-.065 *	.014 *
Family rel. dissatisfact. (%)	.068	.075	-.099 *	-.043	-.140 **	-.136 **	.125 **	.124 **
Friends (#)	.090 *	-.053	.128 **	-.049	.106 *	.118 *	.039	.091 **
Peer rel. dissatisfaction (%)	-.028	.225 **	-.145 **	-.035	-.135 **	-.178 **	.058	.242 **
Arrests (N/Y)	.055	-.039	-.006	-.039	-.074	-.061	.109 **	.031 **
Illegal activities (N/Y)	.114 *	-.027	-.072	-.047	-.046	-.017	.061	.029 **

\*p<.05; \*\*p<.005.

Table 4. Multiple regression coefficients for the TCI-R dimensions predicting clinical outcomes (n=862).

	NS	HA	RD	PS	SD	CO	ST	R <sup>2</sup>
Self-lesions (N/Y)	.064	.103 *	-.015	.017	-.153 **	-.005	.105 *	.069 **
Suicidal acts (#)	.136 **	.176 **	-.041	.045	-.035	.031	.137 **	.065 **
Illegal drug use (0-100) <sup>a</sup>	.256 **	.061	-.052	-.017	-.104 *	.004	.085 *	.100 **
Psych. emergency room (#)	.136 **	.120 *	.033	-.002	-.056	-.013	.032	.042 **
Psych. hospitalizations (#)	.120 **	.065	-.008	.044	-.081	.062	.009	.026 **
Problems daily activities	.039	.369 **	-.060	.039	-.262 **	.094 *	.050	.275 **
Frequency negative mood	.041	.372 **	-.023	.070 *	-.327 **	-.038	.033	.371 **
General dissatisfaction (%)	-.011	.315 **	.000	.009	-.459 **	-.058	-.080 **	.498 **
Psych. off sick (months)	.054	.177 **	.075	.023	.014	-.015	.059	.031 **

\*p<.05; \*\*p<.005.

## CONCLUSIONS

Our results doesn't support the idea that PD diagnoses can be built upon the concept of 'personality functioning'. Dimensions believed to measure functioning (character) were not better predictors of negative life and clinical consequences than those measuring style (temperament). Although Self-directedness was a major predictor, it maintains strong correlations with Neuroticism-like dimensions like Harm Avoidance and an almost identical consequential pattern, so their results are better understood under the realm of this concept. In addition, we couldn't find evidence of maladaptivity at both poles of most personality dimensions.

## REFERENCES

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