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Personality profile of male and female paranoid schizophrenia patients: A comparative study

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Abstract
Objective: The aim of the present study is to see the personality profile of schizophrenia patients. The schizophrenia disorders are characterized in general by fundamental and characteristic distortions of thinking and perception, and by inappropriate or blunted affect (ICD-10, 1992). Personality is a key psychological component that determines an individual behavior. The individual's normal behavior and wish fulfilling process with crisis to shape personality. The theories of personality explain – how behavior occurs and what is the resulting personality can be described. Some behavioral scientist said- Genetic and environmental influences determine the set of psychological characteristics compromising personality (Schaffer-2005).
Methodology: The sample of 80 patients (40 male & 40 female) diagnosed with paranoid schizophrenia, were selected from the outdoor and indoor patient department of PGIBAMS, Raipur (C.G.) purposively. All of them were in pharmacological treatment. The tools used for assessing the variables are 16 Personality Factor Questionnaire form D (Kapoor & Tripathi, 1981).
Result & Conclusion: Personality traits of patient groups, in which significant differences were found on factor A, factor B, factor I, factor M, factor O and factor Q4 in both the groups.

Keywords: personality & schizophrenia

Introduction

Schizophrenia is the most disruptive, disorganizing, severe and debilitating and chronic psychiatric illness. It is one of the commonest but serious mental disorders, but its essential nature is the least understood. It is a clinical syndrome of variable but profoundly disruptive psychopathology, which involves thought, perception, emotion, movement and behaviour of the person. Schizophrenia is recognizable through odd and bizarre behaviour apparent in aloofness, social withdrawal, suspiciousness, or periods of impulsive destructiveness, and immature and exaggerated emotionality often ambivalently directed and considered inappropriate by the observer. The interpersonal perceptions are distorted in the more serious states by delusional and hallucinatory material. In the most serious and disorganized forms of Schizophrenia, withdrawal into a fantasy life takes place and is associated with serious disorders of thought and profound habit deterioration in which the usual social customs and personal care are disregarded. Thus the disturbance of personality involves its most basic functions which give the normal person his feeling of individuality, uniqueness and self-direction. A schizophrenic is incapable of effectively harmonizing his drives and inhibitions through mature adaptations and defenses. He has failed to develop a satisfying concept of his body and a clear or stable self – concept. He is often unclear in his goals, or his aspirations are so demanding or inflexible that they exceed his talents, persistence and a drive to mastery. Thus he is deficient in his capacity to assess clearly the realities of the world. Clear consciousness and intellectual capacity are usually maintained, although certain cognitive deficits may evolve in the course of time. Paranoid schizophrenia is the most common type of schizophrenia. Paranoid schizophrenia manifests itself in an array of symptoms. Common symptoms for paranoid schizophrenia include auditory hallucinations (hearing voices) and paranoid delusions (believing everyone is out to cause the sufferer harm).

Incidence studies of relatively rare disorders, such as schizophrenia, are difficult to carry out. Surveys have been carried out in various countries, however, and almost all show incidence rates per year of schizophrenia in adults within a quite narrow range between 0.1 and 0.4 per 1000 population. This has been the main finding from the WHO 10-country study (Jablensky *et al*., 1992) [9]. Every individual has a uniqueness of personality; they significantly differ with each other and also in the term of personality profile (inner ingredients). The personality profile explores trait and the trait models emphasizing individual difference in thought, feelings and of course behavior. They are more informative to form a stable pattern of reactions in any given situation with little variability (Phares- 1991).

Among many personality theories, trait models explain individual difference in thoughts, feelings, and behaviors and sometime whole emotional prospect assume that personality consists of several disposition. Big Five Model (1992) of personality given by McCrae and Costa's emphasizing following personality components – neuroticism, extroversion, openness to experience, agreeableness and conscientiousness.

According to McCrae and Costa (1992) [5, 13], Neuroticism indicates the tendency to experience negative feelings such as depression and anxiety. The high level of neuroticism leads to frustration and emotional instability. In the other hand, extroversion refers to the tendency to mix-up others or increase social interaction. Extrovert people are outgoing, fun-loving, talkative, and motive to take group leadership position. Openness is to prefer and accept new ideas and experiences which all are reflect creativity, imagination, and liberalism as well. Agreeableness refer to such attributes like- cooperation, good-nature and compassionate. The people who have good agreeableness avoid interpersonal conflict and low agreeableness people are strong motive to- impatient, critical, suspicious, and competition. Conscientiousness is the tendency to be ambitious, goal-oriented, self-disciplined and the people are organized, persistence, and also have self-efficacy. Those who have no conscientiousness are impulsive, careless and easygoing.

In general view, a disruption of normal functioning due to psychiatric illness is Schizophrenia. According to many theorists the normal personality may be disrupted by underlying core psychopathology and also according to many recent data the relationship between the two is more complex and reciprocal.

Basic personality characteristics seems to be associated with numerous clinical phenomena and a few evidence of personality characteristics related to etiology of psychosis carrying symptom severity is also suggested. Reference from literature says that a particular disturbance of behavior, affect and perception which all are related to cognition is Schizophrenia. It is heterogeneous by nature and normal variation in temperament and personality characteristics are also associated with distinct behavioral and effective phenomena (Eysenck & Eysenck, 1975; Costa & McCrae, 2000). It is also suggested by some study that in psychosis permanent alteration and fragmentation of personality functioning takes place (e.g., Bleuler, 1911/1950; Kraeplin, 1919/1971) [2, 11]. If we look at the recent advanced study, after development of psychosis in patients, not only it is recognizable in their personality but also may be important in understanding the course of illness (Smith *et al*., 1993).Certain aspects of personality may be effected due to development of psychotic disorder (Dilalla & Gottesman, 1995) [6] and personality characteristics may be affected by the neuropsychological factors associated with the illness (Guerra *et al*., 2005).

It may seem difficult to study Normal personality characteristics and in those with Schizophrenia without any conscious reasoning but the role of these characteristics in all disorders may be asked. Hardly one may counter the idea that in psychosis, a patient becomes unique in terms of his/her previous experiences, preferences, beliefs, opinion, and views about self, about others and also in the manner of interaction with others. The course of illness may significantly affected by these individual differences in ways which is not discussed or acknowledged often in contemporary research, will be discussed in this paper.

A study was conducted by Gurrera R.J. *et al*. (2000) [7] on Male outpatients with schizophrenia (N = 24) and a male nonpsychiatric community sample (N = 46) completed the NEO-FFI personality questionnaire. Multivariate analyses were used to compare mean scale scores and scale profiles for each group. The overall personality profile of clinically stable patients with schizophrenia differed significantly from that of a community sample. On individual scales, patients scored significantly higher on neuroticism. George Serban & Gil Katz (1975) [8] did a study on Form E of Cattell's 16PF test was administered to 515 hospitalized schizophrenics. This sample was compared to Cattell's standardization population for both taw scores and sten scores. Comparisons were made between males and females, acute patients and chronic patients, and amongst three categories of schizophrenia (paranoid, undifferentiated, schizo-affectives). The results indicate that the "schizophrenic profile," reported in previous research with Form A, did not obtain expected differentiations among schizophrenic categories. The question of the usefulness of Form E in diagnosing schizophrenia was raised.

Personality is the important core feature and identification of an individual. Some factors in personality may be vulnerable for psychiatric illness. There are very few studies in India related to personality dimensions which leads schizophrenia and/or vice versa.

Throughout much of the 20th century, adult personality researchers generated a bewildering array of self-report measures and structural models of personality. Some models emphasized just a few broad traits. For example, Eysenck's pioneering model originally proposed a 2-factor model consisting of the broad traits of neuroticism (vs emotional stability) and extraversion (vs introversion). Subsequent analyses led him to include a third broad dimension labeled psychoticism which, despite its name, is better viewed as a measure of disinhibition, an aspect of psychopathy. At the other extreme, some personologists proposed over a dozen key traits. These were largely phenotypic models that sought to develop comprehensive descriptive taxonomies, generally ignoring the etiology of the identified traits. For example, influential “Big Five” models initially developed out of attempts to understand the structure of natural language trait descriptors. Extensive structural analyses consistently revealed 5 variably labeled factors: Neuroticism (vs Emotional Stability), Extraversion (or Surgency), Conscientiousness (or Dependability), Agreeableness (vs Antagonism), and Openness to Experience (or Imagination, Intellect, or Culture). 16-PF is used for the present study. It has 16 factors which may give more understanding of the personality characteristics of the schizophrenia patients.

Aim

To see the personality profile of male and female paranoid schizophrenia patients.

Hypothesis

There is no significant difference between the personality profile of male and female schizophrenia patients.

Methodology

Sample- The sample of 80 patients (40 male & 40 female) diagnosed with paranoid schizophrenia, were selected from the outdoor and indoor patient department of PGIBAMS, Raipur (C.G.) purposively. All of them were in

pharmacological treatment.

Inclusion criteria

1. Age range between 18-50 years.
2. Formal education up to 5th.
3. Patients diagnosed with paranoid schizophrenia.
4. Patients consenting and cooperative for the study.
5. Patients who were stable and could understand the questions well.

Exclusion criteria

1. History suggesting neurological disorder, substance abuse, mental retardation and major physical illness.
2. Any comorbid psychiatric diagnosis other than schizophrenia.

Tools

16 PF Questionnaire Form D (Kapoor & Tripathi, 1981) [10]

16 Personality Factor Questionnaire (16PF) was developed by Cattell *et al*. (1970) [3]. The 16 PF Questionnaire is objectively scorable test device by basic research in psychology to give the most complete coverage of the personality possible in a brief time. It is available in different forms- A, B, C and D (IPAT Staff, 1991). For present study Hindi version of form D (S.D. Kapoor & V.K.D. Tripathi 1981) [10] was used. The reliability of this test from test retest method was found to be in between .72 and .92 and from split half method 0.73 -0.95. The concept validity of this test is 0.85. Considering above mentioned fact the 16 PF Questionnaire is one of the best test to assess the personality of an individual. Hence it was used in the present study.

Procedure

PGIBAMS, Raipur institute was selected for collecting data for the present study. Total 80 male and female patients, who fulfilled the inclusion & exclusion criteria, were selected for the study. Consent was taken out from the informants as well as from the patients also. After taking the consent for the study, detailed interview of patients Socio- demographic and clinical data sheet was filled-up which was followed by administration of 16 Personality Factor Questionnaire. Instructions were given to each of the patient individually to answer the questions.

Statistical Analysis

Descriptive statistical, like Chi-square (χ^2) was used according to measures and variables for statistical analysis using Statistical Package of Social Sciences (SPSS) version 16.

Results

Table 1: Showing comparison of personality traits of patient groups.

16 PF Patient Groups						
Personality factors	**Male (N=40)**			**Female (N=40)**		χ^2
	F		**%**	**F**	**%**	
A Reserved vs. outgoing	Low	11	27.5	19	47.5	9.524***
	Avg.	15	37.5	18	45.0	
	High	14	35.0	3	7.5	
B Low vs. high mental capacity	Low	30	75.0	39	97.5	8.538***
	Avg.	10	25.0	1	2.5	
	High	0	0	0	0	
C Low vs. high ego strength	Low	23	57.5	31	77.5	4.090
	Avg.	10	25.0	4	10.0	
	High	7	17.5	5	12.5	
E Humble vs. assertive	Low	11	27.5	5	12.5	3.040
	Avg.	15	37.5	16	40.0	
	High	14	35.0	19	47.5	
F Sober vs. happy-go-lucky	Low	18	45.0	16	40.0	3.526
	Avg.	13	32.5	20	50.0	
	High	9	22.5	4	10.0	
G Weaker vs. stronger ego strength	Low	3	7.5	9	22.5	4.743
	Avg.	24	60.0	16	40.0	
	High	13	32.5	15	37.5	
H Shy vs. venturesome	Low	26	65.0	20	50.0	1.894
	Avg.	10	25.0	15	37.5	
	High	4	10.0	5	12.5	
I Tough vs. tender minded	Low	21	52.5	8	20.0	11.406***
	Avg.	12	30.0	13	32.5	
	High	7	17.5	19	47.5	
L Trusting vs. suspicious	Low	10	25.0	8	20.0	.994
	Avg.	20	50.0	18	45.0	
	High	10	25.0	14	35.0	
M Practical vs. imaginative	Low	5	12.5	3	7.5	6.325*
	Avg.	6	15.0	16	40.0	
	High	29	72.5	21	52.5	

N Forthright vs. shrewd	Low	6	15.0	8	20.0	.347
	Avg.	16	40.0	15	37.5	
	High	18	45.0	17	42.5	
O Placid vs. apprehensive	Low	2	5.0	1	2.5	10.782***
	Avg.	7	17.5	21	52.5	
	High	31	77.5	18	45.0	
Q1 Conservative vs. experimental	Low	31	77.5	24	60.0	4.133
	Avg.	7	17.5	15	37.5	
	High	2	5.0	1	2.5	
Q2 Group dependent vs. self-sufficient	Low	21	52.5	16	40.0	1.586
	Avg.	17	42.5	20	50.0	
	High	2	5.0	4	10.0	
Q3 Undisciplined vs. controlled	Low	4	10.0	9	22.5	4.885
	Avg.	12	30.0	5	12.5	
	High	24	60.0	26	65.0	
Q4 Relaxed vs. tense	Low	4	10.0	9	22.5	7.387*
	Avg.	7	17.5	14	35.0	
	High	29	72.5	17	42.5	

Table-5 shows the personality traits of patient groups, in which significant differences were found on factor A, factor B, factor I, factor M, factor O and factor Q4 in both the groups.

Discussion

The presents study was conducted in order to see the differences of Personality profile of male and female schizophrenia patients by using 16 PF Questionnaire form D : (Kapoor & Tripathi, 1981) [10], which measures 16 different personality factors of an individual. Very few researches have been reported specifically in Indian context in this area.

Archival literature states that schizophrenia occurs equally in males and in females (Julia Longenecker *et al*., 2010, Anderson *et al.*, 1991; Tasman *et al.*, 2003; Sadock and sadock, 2007) [12]. Lewine and colleagues (1984) analyzed the effect of six different diagnostic systems on the male to female ratio of schizophrenia among 387 inpatients. Diagnostic criteria that present a broad concept of schizophrenia, such as the New Haven schizophrenia index, yielded equal rates of schizophrenia among male and female. So in the present study includes an equal sample of 40 male and 40 female schizophrenia patients from IPD and OPD of Post Graduate Institute of Behavioral and Medical Sciences, Raipur (C.G.). Result table shows the differences if any in the personality profile of male and female schizophrenia patients. Significant differences were found on factor A (Reserved vs. Outgoing), factor B (Low vs. High mental capacity), factor I (Tough minded vs. Tender minded), factor M (Practical vs. Imaginative), factor O (Placid vs. Apprehensive) and factor Q4 (Relaxed vs. Tense). Results show that female patients are more likely to be score low (47.5%) on factor A than male (27.5%), which is suggesting female patients are more stiff, cool, skeptical and aloof than male. They like things alone, avoiding compromises of viewpoints. Females are likely to be precise and rigid in their way of doing things and in their personal standers. They may tend, at times to be critical, obstructive, or hard, which may be due to their biological, socio-cultural and family role.

Results showing that female schizophrenia patients have low mental capacity than male schizophrenia patients, indicates female patients are slow to learn and grasp, dull, and given to concrete and literal interpretation in comparison to male patients. It may represent poor functioning due to psychopathology. Meta-analyses revealed that premorbid IQ deficits are more prevalent among males than females (Aylward *et al*., 1984) [1]. Women with schizophrenia experience less severe symptoms, fewer hospitalizations, shorter admissions, and so less disability caused by schizophrenia (Usall *et al*., 2001; Hafner H, 2003). Our finding contrasts with previous findings, possible causes are not known though this may be due to culture and geographic variations. Further studies are required for ascertain the causes of this finding.

Highly significant difference has found on factor I. Male patients (52.5%) scores low on this factor suggesting males patients tend to be tough, realistic, down to earth, independent, responsible but skeptical of subjective, cultural elaborations. They are sometimes unmoved, hard, cynical, and smug where as female patients (47.5%) scores high on this factor suggesting they tend to be emotionally sensitive, day dreaming, artistically fastidious, and fanciful. They are sometimes demanding of attention and help, impatient, dependent, temperamental, and not very realistic. They dislike crude people and rough occupations. It may be due to nature of their parental, early childhood, rearing practices and brought up differences.

On the factor M, male patients scores high imaginative than female patients, suggesting male patients are unconventional, unconcerned over everyday matters, self motivated, imaginatively creative, concerns with essentials, often absorbed in thought, and oblivious of particular people and physical realities. Their inner-directed interests sometimes lead to unrealistic situations accompanied by expressive outbursts. Their individuality can cause them to be rejected in group activities.

On the factor O male patients (77.5%) score high than female patients (45%), maximum female patients fall in average category, this difference was highly significant, suggesting male patients have a strong sense of obligation and high expectations of themselves. They tend more than female to worry and feel anxious and guilt-stricken over difficulties. Often they do not feel accepted in groups or free to participate, which may be due to their biological, socio-

cultural background.

Again male patients (72.5%) scores high on the factor Q4 than female patients (42.5%).This result shows male patients are tend to be tenser, restless, fretful, impatient, and hard driving as compare to female patients. They are often fatigued, but unable to remain inactive. Their frustration represents an excess of stimulated, but undercharged drive. Their extremely high tension level may disrupt school and work performance.

The results of the present study revealed that-

- Both the groups were equal on most of the variables selected.
- The personality profile of both the groups were significantly different on factor A (Reserved vs. outgoing), factor B (Low vs. high mental capacity), factor I (Tough vs. tender minded), factor M (Practical vs. imaginative), factor O (Placid vs. apprehensive) and factor Q4 (Relaxed vs. tense) shows male and female schizophrenia patients has different personality characteristics.

Thus it can be conclude that male and female schizophrenia patients have a specific personality profile and they are significantly different from each other on some specific factors given in 16 PF.

Limitations and Future Directions

Limitations

1. Only patients with paranoid schizophrenia were included for the study.
2. Samples were collected from one institute only.

Future Directions

1. Further study can be done with other types of schizophrenia groups. So it can be checked weather personality profile has only relation with respected type of schizophrenia.
2. Groups should be match on the socio-demographic variables like domicile, occupation and religion.
3. Sample can be collected from different institutions.

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