



PERSONALITY DIMENSIONS IN YOUNG PEOPLE WITH ANXIETY DISORDERS

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ABSTRACT

Introduction: The personality is a product of biological determination that is shaped under the influence of the process of socialization. Early inhibitions of certain behaviors in children are factors to later development of inhibited or timid individual. These traits continue to develop through adolescence to adulthood and increase the risk for developing anxiety disorders. **Aim:** This study was created to make an assessment of personality dimensions in young individuals with anxiety disorders. **Material and method:** For assessment of the personality dimensions the Personality Questionnaire (BTS) was administered to 40 patients with panic disorder (PD), 40 patients with social phobia (SP) and 40 patients with generalized anxiety disorder (GAD) diagnosed according ICD-10. **Results:** Statistically significant differences between the groups at level 0.05 were found in terms of dimension neuroticism overall and individually in relation to the traits- hostility and anxiety. From the dimension conscientiousness statistically significant differences between the groups were found for the traits- order and achievement striving ($p < 0.05$). **Conclusion:** Young people with GAD have highest hostility and anxiety and neuroticism in general, while the one with SP have lowest. Young people with GAD and SP are most determined for order and achievement striving, while those one with PD are with less pronounced personality traits for order and achievement striving.

Indexing terms/Keywords

Panic disorder; Generalized anxiety disorder; Social phobia; Personality dimension; Young people.

Academic Discipline And Sub-Disciplines

Psychology; Medicine;

SUBJECT CLASSIFICATION

personality dimensions and traits in young people with different types of anxiety disorders

TYPE (METHOD/APPROACH)

Original research- Analytical, cross-sectional cohort study

Statistical data analyses are conducted using software SPSS 17.0.

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INTRODUCTION

Personality traits represent opportunities that are manifested in certain conditions and depend on the biological disposition of the person. Personality traits are stable, vary between individuals, and only apply to a certain individual. They affect individual behavior making it unique in comparison to the others (1).

According to Eysenck various personality traits are caused by the characteristics of the brain, which are influenced by genetic factors (2). He identifies the reticular formation and limbic system as a key components of the cortical reaction and then as a key components of the appropriate emotional response. Eysenck gives an explanation that extroverted have low levels of cortical arousal, while introverts have high level which leads them to look for a constant stimulation outside, in socialization. He binds psychoticism to testosterone, and to the dopamine system. Neuroticism by his opinion is still considered to be mediated by the level of excitement in the limbic system, and those with high neuroticism in small stresses exceed the level of normal activation, while those with low neuroticism under great stress does not exceed the level of normal activation (3).

Today the main factor approach for examining personality dimensions is the five factor model (five dimensions- extroversion, neuroticism, openness, agreeableness, conscientiousness), and within each dimension there are six traits included (4). The dimensions shows consistency in interviews, observations and self-describing, and are also found in various cultures at different ages (5), with no qualitative difference between normal and pathological personality except in schizophrenia or dementia states (6, 7, 8, 9).

Studies have shown that all five factors are formed and maintained both by the environment and the inheritance. So the person and its personality is a product of biological determination which is shaped under the influence of the process of socialization, as a result of the acquired attitudes, values, ideas and rules for social behavior (9). Early inhibitions of certain behavior in the children are factors for developing inhibited or timid individuals. These traits continue to develop through adolescence to adulthood and increase the risk of developing anxiety disorders. (10). Individual studies particularly emphasize the importance of the assertiveness, competitiveness and perfectionism, and the experience of negative evaluation by others as the most important psychological factors for the development of anxiety disorders (11, 12). Adolescence is a critical transition stage of development, between childhood and adulthood, in which the occurrence of anxiety disorders can still be prevented.

MATERIAL AND METHOD

The purpose of this paper is to explore the differences in personality dimensions and traits in young people with different types of anxiety disorders (PD, GAD and SP) by conducting analytical, cross-sectional cohort study.

The sample is consisted of 120 young people (18 to 25 years; 69 female and 51 male, 40 with PD, 40 with GAD, and 40 with SP). Inclusion criteria - young people who are asking for professional help for a first time at the Center for Mental Health- "Center" at the Psychiatric Hospital "Skopje" – Skopje and Psychiatric Clinic- Skopje and are diagnosed according ICD-10 as anxiety disorders (panic disorder, social phobia and generalized anxiety disorder as the most common anxiety disorders) and who agree to participate in the study with guaranteed anonymity. All of them are high school graduates. They are selected randomly. Exclusion criteria- presence of co-morbidity with other mental disorder.

Used tool is: Five Factor Questionnaire of Personality (BTS), which contains 240 items, grouped into five main dispositions, within each of them there are 6 traits:

- ♣ Neuroticism- consisting of anxiety, hostility, depression, self-awareness, impulsivity, vulnerability
- ♣ Extroversion- consisting of warmth, gregariousness, assertiveness, activity, excitement seeking, positive emotions
- ♣ Openness- consisting of imagination, aesthetics, feelings, action, new ideas, values
- ♣ Agreeableness- trust, straightforwardness, altruism, compliance, modesty, kindness
- ♣ Conscientiousness- competence, order, dutifulness, achieving striving, self discipline, dedication

The answers are ranked on 7 degree scale (1- completely disagree, 2 mostly disagree, 3 partially disagree, 4 neither agree nor disagree, 5 partially agree, 6- mainly agree and 7 completely agree).

Internal consistency, reliability of the questionnaire, alpha coefficients are: for N (neuroticism) is 0.92, for E (extroversion) is 0.89, for (openness) is 0.87, A (agreeableness) is 0.86 and for C (consciousness) is 0.90, and the validity after 6 months period is 0.83.

Statistical data analyses are conducted using software SPSS 17.0. For data analysis we used the following statistical methods: the distributions of continuous variables (personality dimensions and traits) are shown as- arithmetic mean and standard deviation. Differences between groups were analyzed by analysis of variance (ANOVA). All statistical tests were processed using the statistical significance of $p < 0.05$ (results considered as statistically significant).



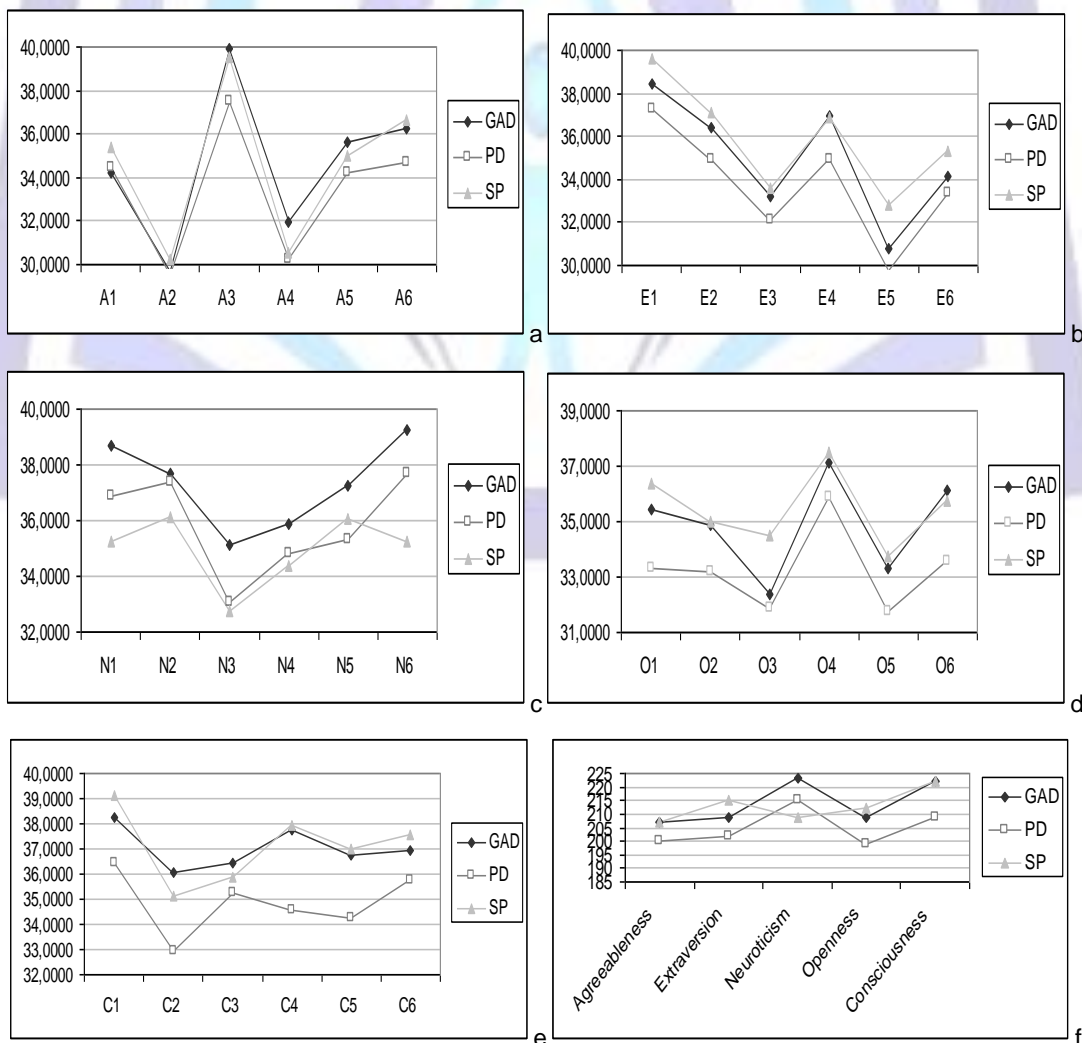
RESULTS

The results of the analysis of the survey data by the personality dimensions in subjects with PD, GAD and SP are shown in Table 1.

Table 1. Mean and standard deviations of the personality dimensions in subjects with PD, GAD and SP

	GAD		PD		SP	
	M	SD	M	SD	M	SD
Agreeableness	207.62	24.01	200.60	28.90	207.30	15.45
Extraversion	209.90	28.56	202.38	35.78	215.32	22.92
Neuroticism	223.85	22.62	215.10	29.19	209.88	21.85
Openness	209.20	28.90	199.58	33.35	212.85	17.34
Conscientiousness	222.18	32.52	209.15	38.41	222.58	22.28

The results (Table 1 and Chart 1 (a, b, c, d, e, f)) show that the subjects with PD have lowest average score in willingness to cooperate, extroversion, openness and conscientiousness. Highest scores for extraversion and openness have subjects with SP. For agreeableness and conscientiousness subjects with GAD and SP have equal average scores. Lowest average scores in neuroticism have those with SP, and the highest scores in neuroticism have subjects with GAD. Neuroticism is most apparent in those with GAD, while conscientiousness is most apparent dimension in subjects with SP.



**Chart 1. Personality dimensions and traits in subjects with PD, GAD and SP**

Statistically significant difference ($p < 0.05$) between the groups is found only in relation to the personality dimension- neuroticism (Table 2). In relation to neuroticism statistically significant difference is found ($p < 0.05$) for the personality traits- severity of the anxiety (GAD- $M = 38.68$, PD- $M = 36.90$, SP- $M = 35.28$; $F = 3.236$) and vulnerability (GAD- $M = 39.22$, PD- $M = 37.68$, SP- $M = 35.25$; $F = 3.954$) (chart. 1c).

In the dimension consciousness statistically significant differences ($p < 0.05$) is found between the groups in relation to the traits: order (GAD- $M = 36.08$, PD- $M = 32.95$, SP- $M = 35.15$; $F = 3.308$) and dutifulness (GAD- $M = 37.78$, PD- $M = 34.55$, SP- $M = 37.92$; $F = 3.023$) (chart. 1d), but not in consciousness in general. No differences were found between the groups of subjects with different anxiety disorders in openness, agreeableness and extraversion as personality dimensions and also for the traits within them (Figure 1-a, b, g, respectively).

Table 2. Test of differences between personality dimensions in respondents with PD, GAD and SP

	GAD, PD, SP	
	F	Sig.
Agreeableness	1.143	.322
Extraversion	1.936	.149
Neuroticism	3.250	.042
Openness	2.510	.086
Consciousness	2.310	.104

DISCUSSION

According the five factor model, neuroticism, and especially vulnerability and severity of anxiety is the most expressed personality dimension in young people with GAD, while the need order and dutifulness in the dimension consciousness is most apparent dimension of personality among youth with GAD and SP. Neuroticism is one of the best empirically validated dimensions and it is considered as the most important dimension associated with anxiety disorders (13). It means emotional instability, intolerance of stress and tends to destabilize the person under stressful circumstances. It represents a general tendency to experience negative emotions (sadness, anger, fear, anxiety, guilt, etc.) (14). This research shows that young people with anxiety disorders do not differ in terms of depression, aggression, and self-awareness and hostility but they show differences in vulnerability and the degree of anxiety. Young people with GAD constantly expressed restlessness, those with PD feel uncertainty about the occurrence of anxiety, while those with SP experience it only in certain social situations, and because of that they show differences in vulnerability, anxiety, achieving goals and order.

The results of numerous studies (8, 15, 16, 17, 18, 19) also show that youth people with different anxiety disorders appears to have high neuroticism, and the general conclusion is that neuroticism is one of the key factors of vulnerability, disposition to develop these disorders. During the development period occurrence of anxiety disorder leads to continuity in behavioral problems and cognitive distortions (4), leads to emphasizing certain traits and making those young people to become socially dysfunctional (20).

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Congress, conferences

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- 2013, Athens, Greece, International conference
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 - Boskovska M., Bonevski D., Naumovska A., Jeremic M. *Psychiatric Treatment in PTSD patients*
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- 2012, Ohrid, International conference
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- 2012, Becici, Monte Negro, International conference
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 - Bonevski D., Naumovska A., Jeremic M., Boskovska M. *Dysfunctional family and panic disorder in adult offspring*
 - Jeremic M., Bonevski D., Boskovska M., Naumovska A. *Use of the selective serotonin reuptake inhibitor Escitalopram in the treatment of the depressive disorder*
 - Boskovska M., Naumovska A., Jeremic M., Bonevski D., Boskovska F., Blazevska E., Boskovska E. *Case study*
 - 2012, Stettin, 21-ta International conference- Community development- reality, transition, future
 - 2011, Belgrade, First international congress- Hospital psychiatry
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 - 2011, Sofia, International conference- Sofia, Nis, Skopje
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 - 2009, Mikulov, 18-th International conference, Young people and violence
 - 2009, Ohrid, IV Macedonian and international psychiatric congress
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