The Assessment of Personality in Young Adulthood: Data on a Normative Sample

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The Personality Assessment Schedule has been modified for use with young adults living in the community. It has been administered to a population sample of 129 subjects aged 24–26 years. It proved possible to achieve a reliable assessment of personality trait. Further, utilising both clinical and statistical approaches personality types were defined. The dimension reflecting types of personality also proved reliable. Guidelines are provided as to what constitutes deviant scores on the elicited personality dimensions.

Introduction

The assessment of personality is of crucial importance in psychiatry. However, this is a complex area where not only is there poor consensus about definition and fundamental constructs (Berger, 1982), but also about the assessment of personality dysfunction and the nature and assessment of personality disorder. It is not surprising that previous reviewers have described a lack of agreement and construct bias amongst clinicians (Walton & Presley 1973; Tyrer et al., 1983). A distinction needs to be made between personality traits, personality types or dimensions, and personality disorders. The relationship between personality types (a field mostly the province of psychologists) and personality disorders, remains unclear. The DSM-III-R manual (1987) offers helpful clinical guidelines: "The diagnostic criteria for Personality Disorders refer to behaviours or traits that are characteristic of the person's recent (past year) and long term functioning ...".

A large number of personality traits may contribute to a personality type and there are many such types. However, if a type is viewed as a dimension, then some types in certain individuals will be present to such a severe extent as to seriously impair social and personal adjustment and functioning (Allport 1937), and in these circumstances may be viewed as being present to such an abnormal degree as to reflect a personality disorder. This dimensional approach implies that personality disorder differs from normal variation by degree, but it has been suggested that some disorders such as schizotypal and borderline personality disorders are qualitatively different.

More recently a range of standardised questionnaires and interview measures of personality disorder have been developed. Key developments have been the Personality Assessment Schedule — PAS (Tyrer et al., 1979); the Adult Personality Functioning Assessment — APFA (Hill et al., 1989) in the UK, and the SIDP (structured interview for DSM-III-R — Pfohl et al., 1982); Personality Disorder Examination (PDE — Loranger et al., 1983) and Structured Clinical Interview for DSM-III-R Personality Disorders (SCID II — Spitzer et al., 1987) in the USA. Any such instrument needs to make allowance for concurrent psychiatric disorder and/or to use intervals when the subject is free of acute psychiatric disorder.

The Tyrer questionnaire uses the concept of personality-created maladjustment, using the impact of personality on social adjustment to indicate the extent of the personality abnormality. It was

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initially designed to assess deviant personality traits in a disturbed clinical population. Thus, the PAS is organised so that both the patient and an informant complete the questionnaire, a technique devised to provide information about the subject's usual or habitual functioning when not affected by psychiatric disorder.

The data from his clinical population was then subject to multivariate analysis and 13 discrete personality types were generated which were later aggregated to four types which he subsequently aligned to personality disorders (Tyrer, 1988) (see Table 4). The authors assert that the PAS has adequate psychometric properties (Tyrer & Alexander, 1988).

The APFA developed by Hill et al. (1989) focuses on the assessment of patterns of specific and general dysfunction over time, covering a range of social domains thus producing information about pervasiveness and persistence of abnormality. However, the authors themselves pose the question as to whether the measure of general social dysfunction can be regarded as synonymous with the concept of personality disorder. They go on to assert that possibly the diagnosis of personality disorder should require the presence of psychological dysfunction as well as social dysfunction.

Some of the above instruments have relied on a profile analysis of behaviour and personality traits alone, some include other historical data, and yet others are oriented to major classificatory systems (e.g., DSM-III-R). All the questionnaires and schedules available have been designed to assess personality disorder in clinical populations. We therefore decided to modify a questionnaire for a non-clinical population.

Aims

Our aims and method, therefore, differ from those of Hill et al. (1989). Guided by the work of Tyrer et al. (1979) we started with the premise of the existence of personality traits which could be identified by clinical interview. Our primary aim was to draw a profile of defined personality traits in a random sample of the population in order to allow the generation of normative data. The secondary aim was to ascertain whether and in what way they may group together into specific personality types. For the latter purpose we used both clinical and statistical approaches. The relationship of personality types to independent measures of social and psychiatric functioning will be described in later papers.

The above approach allows profiles of traits to be drawn which can contribute to classification into personality types, or to "dimensions" reflecting severity of personality types. However, it is not intended to allow a classification into DSM III personality disorders, though it may contribute to such an exercise.

Thus the aims of our research which is mainly descriptive, have been to define types or dimensions of personality in young adults living in the community. However, one main hypothesis was that the personality types identified may differ qualitatively from those found in an older clinical sample.

Method

Modification of the Personality Assessment Schedule

The PAS (Tyrer et al., 1979) was originally designed for use in an adult clinical population with both a patient and an informant. Some modification proved necessary for use with a younger population living in the community. First, external informants were not interviewed as it was expected that our subjects would be capable personally of providing accurate accounts. However, we recommend that in the presence of severe psychiatric dysfunction that either an informant be interviewed as suggested by Tyrer et al. (1979) or the model of Hill et al. (1989) is used and personality assessment undertaken during illness episodes and again subsequent to an episode. Second, the original 24 traits and their probes were examined and the content adapted to a young adult population. Third, after piloting, the attribute "eccentricity" was dropped as the interviewees found difficulty in understanding the relevant probes and appropriate responses were not always forthcoming. Fourth, some of the probes were altered; for instance, the original probe for "pessimism" appeared to relate more to depression; and the probe for "introspection" was thought to need clarification for our population. Fifth, Tyrer and his colleagues had utilised a 9 point scale. However, it was unlikely that serious personality dysfunction would be sufficiently common in the population