

Is personality of schizophrenics & bipolar patients are similar?

Rupali Chandola*

Department of Psychology, Kumaun University Campus, Almora, Uttarakhand, India.

Correspondence Address: *Rupali Chandola, Department of Psychology, Kumaun University Campus, Almora, Uttarakhand, India.

Abstract

Background: Although serious mental illness is associated with increased risk of violent behavior. Personality of an individual determines his behavior towards others. Most of the evidence available pertains to schizophrenia and bipolar disorder. Schizophrenic and bipolar patients behave differently. Therefore, study was conducted to know that, which personality dimension of schizophrenic and bipolar is to be similar or differ.

Methods: Study examined personality dimension of 80 subjects selected purposively. The study was conducted on 40 indoor schizophrenics (20 male & 20 female) and bipolar (20 male & 20 female) patients they were admitted in Noormanzil Psychiatric Clinic & Hospital, Lucknow, U.P. India. Age ranging between 20-50 years served as participants. Dimension Personality Inventory (DPI) was administered on all the included subjects.

Result: Personality of schizophrenic can be differentiated from bipolar patient's enthusiastic-non enthusiastic, suspicious- trusting and emotional instable-emotional stable dimension of DPI.

Conclusion: Bipolar female participants found to be more submissive.

Keywords: DPI, Personality, Schizophrenia, Bipolar

Introduction

Schizophrenia is an illness characterized by a group of so-called "positive" symptoms that may include hallucinations (hearing voices, seeing visions), delusions (fixed false beliefs), and/or a thought disorder (speech that makes little sense). Words are spoken, but the connections between sentences or paragraphs are illogical. (This is called a formal thought disorder.) Also, people with schizophrenia often exhibit "negative" symptoms where they become uninterested in interacting with others, lose the ability to take pleasure in previously enjoyed activities, talk less, and exhibit a demeanor

that is rather flat or without much expressiveness.

Bipolar disorder is a psychiatric illness that is characterized by episodes of "mania." Symptoms include euphoria, distractibility, irritability, and grandiosity. During a manic episode, people often have remarkable energy and move, think, and talk rapidly. They sleep little but do not appear to be tired. They may also experience delusions such as the belief that they are able to fly or are Jesus or another famous person. They may be suspicious that people are out to harm them. During a manic episode, some people hear voices or see visions. Severe

depressive episodes are also often part of bipolar disorder. Keeping this view many researchers conducted on schizophrenia and bipolar disorder regarding the personality of those patients.

Jahan et al. (1998) found that schizophrenic patients expect affection, seek help and sympathy, are imaginative in inner life act on sensitive intuitions, and are anxious about self. It is a well-established finding that most schizophrenic patients are not violent, but they do have a higher rate of aggressive behavior when compared to the general population (Monahan, 1993; Torrey, 1994; Wessely et al., 1994).

Researchers took interest to differentiate personality characteristics of normal healthy individuals from mentally ill (Shaw et al. 1975; Tripathi & Jahan, 2004, 2010; Chandola et al. 2015; Cheung et al. 1997; Fazel and Grann, 2006; Camarena et al. 2014; Angst & Clayton, 1986; Parnas & Jorgensen, 1989; Berenbaum and Fujita, 1994). Study reports show that schizophrenics are paranoid, schizoid, impulsive, anankastic, anxious and dependent (Tripathi & Jahan, 2010), aggressive or violent behavior (Cheung et al. 1997; Fazel and Grann, 2006; (Monahan, 1993; Torrey, 1994; Wessely et al. 1994), passive, non-enthusiastic, submissive, suspicious, depressive and emotionally instable (Chandola et al. 2015). Hare and Hart (1993) reported psychopathic traits predict violence even among those with psychosis. In different forms of psychopathology sex difference is highly noticed. Women scored higher on life depression, anxiety and vulnerability as reflected in terms of behavior parameters like, health, risk behavior (Trobst et al. 2002; Terracciano & Costa, 2004). Personality traits are significantly related with psychiatric disorders (Camisa et al. 2005; Trull, et al. 2003). Tiwari et al. (2004) found that recidivistic group (56.1%) had higher prevalence of impulsive traits in in

comparison to control group. Traits of paranoid and impulsive personality disorder are more frequent among recidivists; heightened impulsivity, increased hostility, lack of guilt, cohort affect, Obsessive thinking, poor ego control and feeling of insecurity are the significant features of recidivistic criminals. Personalities of psychopaths differentiate from normal on depressive- non depressive and Suspicious- trusting dimension (Chandola et al. 2015).

Sex difference was noted in psychopathology studies. Williams and Best (1990) noted that gender differences were higher in Western culture. In the developmental root of Psychopathology sex difference is noticed. This corresponds to maturational decline in the presence of mood, anxiety substance use and other personality disorder with age (Costa et al. 1999).

The primary studies of personality were usually done on psychiatric patients. As the relationship between personality characteristics and health were become more vivid research started to show their interest in the process in which personality performs a role in the predispositions for and outcomes of psychophysical and psychiatric illness. Aldwin, Spiro, Levenson and Cupertino (2001) stated that there are some personality traits that govern the stable patterns of emotional and behavioral functions by which the development of chronic disease are developed and health system are perceived and managed by individuals. A factor analysis showed that aggression in bipolar disorder was associated with paranoia and irritability (Cassidy et al. 1998a).

The prevalence of violent behavior in bipolar disorder is at least as high as in schizophrenia. Clinicians have been aware of the problems with violent behavior in bipolar disorder for a long time. However, research efforts in this area have lagged

behind analogous work in schizophrenia (Latalova 2009).

Srinivasan et al. (1985) made a distinction between unipolar and bipolar manic patients in relationship to their phenomenology and family history. They concluded that group as homogeneous as they did not get significant differences. Kumar and Daya Ram (2001) investigated the evolution of mania in bipolar affective disorders but they were unable to find any significant result. Chandola (2016) reported in their study that bipolar patients are significantly differ from normal control.

Materials and methods

Participants:

40 schizophrenic patients and 40 bipolar patients ranging between 20-50 years served as participants. Including participants categorized with schizophrenic (20 male & 20 female) and bipolar (20 male & 20 female) they were hailed from Noormanzil Psychiatric Clinic & Hospital, Lucknow, and U.P. India. Dimension Personality Inventory (DPI) was administered on all the included subjects.

Tools:

Dimension personality inventory (DPI):

It is constructed by Bhargava (2012) and deals with six dimensions by which ones personality can be evaluated. They are: 'Activity-passivity', 'enthusiastic-non enthusiastic', 'assertive-submissive', 'suspicious-trusting', 'depressive-non depressive' and 'emotional instability-emotional stability'. It is similarly applicable for normal as well as psychotic patients. Score 10 or more indicative of left sided dominated personality on that dimension and score less than 10 indicative of the other side of that dimension. For example if person scored 15 on the dimension 'activity-passivity', he/she is active.

Procedure:

Patients of schizophrenia and bipolar disorder selected for purposively from the indoor ward of Noormanzil Psychiatric Clinic & Hospital, Lucknow, and U.P. India. Informed consent was taken from patients and their available relative, Interview conducted in a separate room associated with the ward to maintain confidentiality. Sociodemographic detail filled before the interview with the help of patients, available relatives and with the help of case record file. Dimension Personality Inventory (DPI) was administered.

Results

Table 1 shows most of the schizophrenic and bipolar patients were married and 50% population were unemployed, all schizophrenic and bipolar participant's education level approximately 10th class. Mostly population includes in the study belonging from urban area and majority of the monthly income of the participants is below 6,000 per month, which belonging from low socioeconomic status. Figure 1 represents highest percentage of the socio demographic detail.

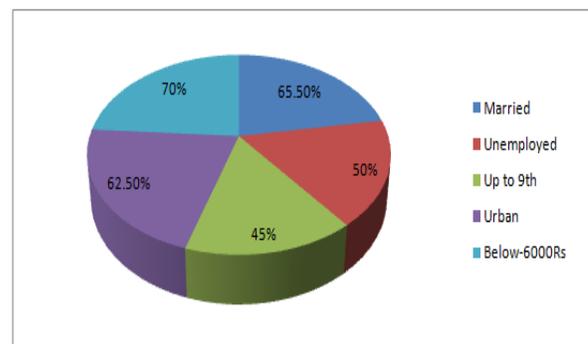


Fig. 1: Shows that schizophrenic group score below baseline score 10 only II dimension that is "enthusiastic-non enthusiastic." Which indicate that schizophrenic group was "non - enthusiastic" and the bipolar group was found "enthusiastic" on DPI.

Table 2 reveal that there was significant difference in the mean score ($p < 0.05$) on enthusiastic-non enthusiastic, suspicious-trusting and emotional instable-emotional stable dimension of DPI between schizophrenic and bipolar group. On the dimension enthusiastic - non enthusiastic the mean score of schizophrenic group was found to be less than 10 which indicate that schizophrenic group is non-enthusiastic however bipolar is enthusiastic.

Table 3 reveal that there was significant difference in the mean score ($p < 0.05$) on enthusiastic-non enthusiastic, suspicious-trusting and emotional instable-emotional stable dimension of DPI between schizophrenic male and bipolar male participates. On the dimension enthusiastic - non enthusiastic the mean score of schizophrenic male participants was found to be less than 10 which indicate that schizophrenic male are non-enthusiastic however bipolar male is enthusiastic.

Table 1: Showing other socio-demographic detail of sample.

Variables		Group-I(n=40)		Group-II(n=40)	
		N	%	N	%
Marital Status	Married	25	65.5%	17	42.5%
	Unmarried	10	25%	12	30%
	Others	5	12.5%	11	27.5%
Occupation	Unemployed	20	50%	19	47.5%
	Semi-skillful	15	37.5%	16	40%
	Skillful	3	7.5%	5	12.5%
	Others	2	5%	0	0%
Education	Up to 8 th class	16	40%	18	45%
	Up to 9 th	18	45%	9	22.5%
	Up to 12 th class	5	12.5%	8	20%
	Graduation	1	2.5%	5	12.5%
Residence	Urban	25	62.5%	20	50%
	Rural	15	37.5%	20	50%
Income (monthly)	Below-6000Rs	28	70%	15	37.5%
	6000-12000Rs	5	12.5%	10	25%
	Above-12000Rs	7	17.5%	15	37.5%

Table 2: Showing the dimensional personality difference of schizophrenic and bipolar group.

Dimension	Group	No	Mean	S.D.	t-value
Activity-Passivity	Group-I	40	14.35	6.33	0.23
	Group-II	40	14.05	5.26	Df=78
Enthusiastic-non enthusiastic	Group-I	40	8.67	6.78	3.24*
	Group-II	40	13.07	5.23	Df=78
Assertive-Submissive	Group-I	40	12.77	5.30	1.63
	Group-II	40	10.62	6.43	Df=78
Suspicious-Trusting	Group-I	40	16.87	5.06	3.10*
	Group-II	40	12.62	7.04	Df=78
Depressive-Non depressive	Group-I	40	14.37	5.94	1.09
	Group-II	40	12.8	6.90	Df=78
Emotional instability-Emotional stability	Group-I	40	16.87	4.72	2.96*
	Group-II	40	12.8	7.27	Df=78

*Significant at $p < 0.05$ level

Table 3: Showing the dimensional personality difference of schizophrenic and bipolar male group.

Dimension	Group	No	Mean	S.D.	t-value
Activity-Passivity	Group-I	20	15	6.02	0.33
	Group-II	20	15.5	2.76	Df=38
Enthusiastic-non enthusiastic	Group-I	20	9.05	7.09	3.74*
	Group-II	20	15.5	3.01	Df=38
Assertive-Submissive	Group-I	20	14.3	4.40	0.88
	Group-II	20	12.9	5.52	Df=38
Suspicious-Trusting	Group-I	20	18.4	3.28	4.40*
	Group-II	20	11.15	7.31	Df=38
Depressive-Non depressive	Group-I	20	13.45	5.46	1.29
	Group-II	20	10.8	7.38	Df=38
Emotional instability-Emotional stability	Group-I	20	17.1	4.63	2.57*
	Group-II	20	12.45	5.97	Df=38

*Significant at p<0.05 level

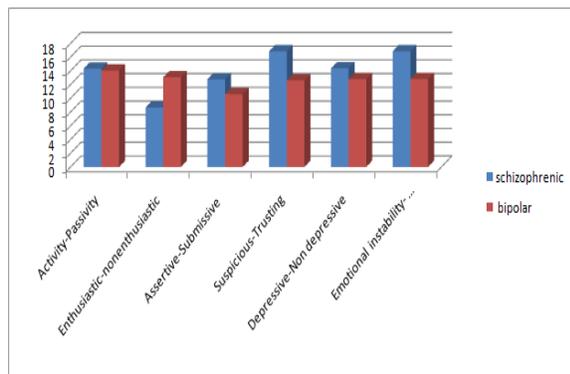


Fig. 2: Comparison of personality between schizophrenic and bipolar group on DPI.

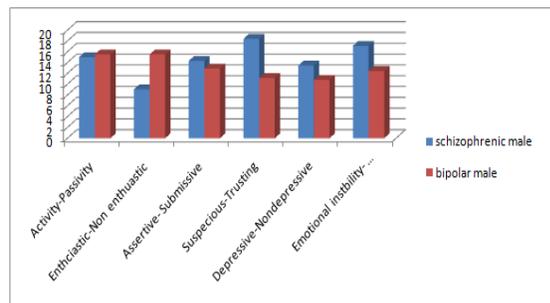


Fig. 3: Comparison of personality between schizophrenic male and bipolar male on DPI.

Figure 3 shows that schizophrenic male group score below baseline score 10 only II dimension that is “enthusiastic–non enthusiastic.” Which indicate that schizophrenic group was “non -enthusiastic”

and the bipolar male group was found “enthusiastic” on DPI.

Table 4 comparison of personality of schizophrenic female and bipolar female participants on dimension of personality there was no significant difference was found on all the six dimension of personality. On the dimension enthusiastic-non enthusiastic the mean score of schizophrenic female participants was found to be less than 10 which indicate that schizophrenic female is “non-enthusiastic” however bipolar female is “enthusiastic”. On the third dimension “assertive-submissive” mean score of bipolar female participants was found to be less than 10 which indicate that bipolar female more submissive in comparison to schizophrenic female, however schizophrenic female is assertive.

Figure 4 shows that schizophrenic female group score below baseline score 10 on II dimension that is “enthusiastic –non enthusiastic.” And the III dimension of personality which indicates that schizophrenic female was “non -enthusiastic” “assertive “and the bipolar female group was found “enthusiastic” and “submissive” on DPI.

Table 4: Showing the dimensional personality difference of schizophrenic and bipolar female participants.

Dimension	Group	No	Mean	S.D.	t-value
Activity-Passivity	Group-I	20	13.7	6.71	0.51
	Group-II	20	12.6	6.69	Df=38
Enthusiastic-non enthusiastic	Group-I	20	8.3	6.61	1.18
	Group-II	20	10.65	5.89	Df=38
Assertive-Submissive	Group-I	20	11.25	5.79	1.47
	Group-II	20	8.35	6.61	Df=38
Suspicious-Trusting	Group-I	20	15.35	6.08	0.62
	Group-II	20	14.1	6.62	Df=38
Depressive-Non depressive	Group-I	20	14.8	5.89	0
	Group-II	20	14.8	5.90	Df=38
Emotional instability-Emotional stability	Group-I	20	16.65	4.92	1.59
	Group-II	20	13.15	8.51	Df=38

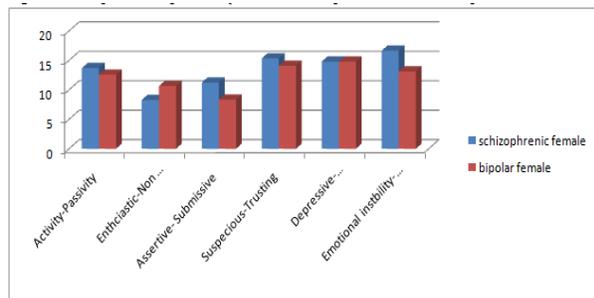


Fig. 4: Comparison of personality between schizophrenic female and bipolar female on DPI.

Discussion

The study was conducted to explore the difference of personality between schizophrenic and bipolar patients (admitted in a psychiatric hospital for treatment). The result shows that there was significant difference in the mean scores ($p < 0.05$) on enthusiastic-non enthusiastic, suspicious-trusting and emotional instable-emotional stable dimension of DPI between schizophrenic and bipolar group. Mean score was found to be more than 10 cut off score on these dimension (Table 2 & 3). Thus, both the groups fall in the same dimension of personality. Mean score of schizophrenic group and schizophrenic male group was found less than 10 which indicates that this group is more prone to non-enthusiastic traits, schizophrenic expressing deservedness, shyness, inhibited, aloof, feeling difficult to

contact other people, slow spoken, non-participation of various functions etc. It was observed that mean score of schizophrenic patients is higher on the suspicious-trusting dimension of the personality, it indicates that group I is more suspicious in nature about others, apprehensive, having no faith in others, blaming others for all failures and non-achievement, feeling misconception of people about himself and feels that others are jealous of him and want to harm him in comparison to group II. Some studies reported that schizophrenics are passive, non-enthusiastic, submissive, suspicious, depressive and emotionally instable (Chandola et al. 2015). On the third dimension "assertive-submissive" the mean score of bipolar female participants was found to be less than 10 which indicates that bipolar females are more submissive in comparison to schizophrenic females, however, schizophrenic females are assertive. Bipolar females keep their ideas to themselves only, do not dare to open their mouths, are fearful to meet and exchange views with others. Chandola (2016) reported in their study that bipolar patients are empirically significant from normal controls. The study reported that most patients with schizophrenia and bipolar disorder are not violent. Nevertheless, the risk of violence in patients with these disorders is greater than in general

population. Volavka, (2013), some study also reported these finding Schizophrenia and bipolar patients/relatives reported elevated negative emotionality and absorption and lower positive emotionality relative to controls. Personality did not differ between schizophrenia and bipolar patients/relatives, but there was a different pattern of associations between symptoms and personality in these groups. Wilson & Sponheim (2014).

Conclusion

Personality of schizophrenic can be differentiated from bipolar patient's enthusiastic-non enthusiastic, suspicious-trusting and emotional instable-emotional stable dimension of DPI .Schizophrenic were found to be non-enthusiastic and bipolar female participants were also found to be more submissive in present study.

Acknowledgement

Authors are grateful to the Director and staff of Noormanzil Psychiatric Clinic & Hospital, Lucknow, U.P. India, for permission of data collection and study subjects study for their cooperativeness.

Conflict of Interest: The paper is based on the ongoing PhD work.

References

Aldwin, C.M., Spiro, A., Levenson, M.R. and Cupertino, A.P. (2001). Longitudinal findings from the normative aging study: III. Personality, individual health trajectories, and mortality, *Psychology and Aging*, 16,450–564.

Angst, J., & Clayton, P. (1986). Premorbid personality of depressive bipolar and schizophrenic patients with special reference to suicidal issues. *Comprehensive Psychiatry*, 27, 511–532.

Berenbaum, H., & Fujita, F. (1994). Schizophrenia and personality: exploring the boundaries and connections between vulnerability and outcome. *Journal of Abnormal Psychology*, 103, 148-158.

Bhargawa, M. (2012). Dimensional Personality Inventory, National psychological corporation, Agra.

Camarena, B., Fresán, A., Sarmiento, E. (2014). Exploring Personality Features in Patients with Affective Disorders and History of Suicide Attempts: A Comparative Study with Their Parents and Control Subjects. *Depression Research and Treatment*, Article ID 291802, 5 pages, 20

Camisa KM, Brockbrader MA, Lysaker P, Rae LL, Brenner CA, O'Donnell BF. (2005). Personality traits in schizophrenia and related personality disorders. *Psychiatry Research*. ;133:23–33

Cassidy F, Forest K, Murry E & Carroll BJ: (1998a)A factor analysis of the signs and symptoms of mania. *Archives of General Psychiatry*, 55:27-32.

Chandola, R., Shukla, A. and Tripathi, R.K. (2015).Does personality of psychopaths differ from normal? *International Journal of Sciences and Applied Research*,2, 12, 20-26.14. doi:10.1155/2014/291802

Chandola, R., Shukla, A., Tripathi, R.K. (2015). Personality of Schizophrenics on Dimension Personality Inventory (DPI). *International Journal of Sciences and Applied Research* 2 (8): 8-15.

Chandola, R., &Shukla, A. (2016). Are bipolar patients look like normal on their personality profile. *International Journal of Sciences and Applied Research* 3(4): 41-48

Cheung, P., Schweitzer, I., Crowley, K., Tuckwell, V. (1997). Aggressive behavior in Schizophrenia: role of state

- versus trait factors. *Psychiatry Research*; 27: 41-50.
- Costa, P.T. & Jr, McCrae, R.R. and Siegler, I.C.(1999). Continuity and change over the adult life cycle: Personality and personality disorders. In: Cloninger CR, editor, *Personality and psy*
- Eugene, R. (2013). *Bipolar Disorder and Schizophrenia—Similar and Different, Specific brain systems are involved in bipolar disorder versus schizophrenia, Demystifying Psychiatry chopathology*. American Psychiatric Press: Washington, DC, pp. 129–154.
- Fazel, S., Grann, M. (2006). The population impact of severe mental illness on violent crime, *American journal of psychiatry*; 163 (8), 1397-1408.
- Hare, R.D., Hart, S.D. (1993). *Psychopathy mental disorder and crime*. In: Hodgins, S. (Ed.), *Mental Disorder and Crime*. Sage Publications, Newbury Park; 104-115.
- Jahan, M., Singh, A.R., Mishra, A.K. and Banerjee, K. R. (1998). Personality characteristics of certified and non-certified cases admitted in psychiatric hospital presented in National Annual Conference of Indian Association of Clinical Psychologists.
- Kumar, R. & Dayaram (2001). Evolution of symptoms of mania. *Indian journal of Psychiatry*, 43, 235–41.
- Latalova K: Bipolar disorder and aggression. *Int J Clin Pract* 2009; 63:889-899.
- Monahan, J., Steadman, H.J. (1993). Mental disorder and violence: another look. In: Hodgins S. (Ed.) *Mental Disorder and Crime*. Sage Publications, Newbury Park, CA, pp 287-302.
- Parnas, J., Jorgensen, A. (1989). Premorbid psychopathology in schizophrenia spectrum. *British Journal of Psychiatry*; 155: 623-627.
- Shaw MD, MacSweeney DA, Johnson AL, Merry J. (1975) *Personality Characteristics of Alcoholic and Depressed Patients*. *British Journal of Psychiatry*, 126, 56-59.
- Srinivasan, K., Ray, R. and Gopinath, P.S.(1985). Unipolar mania-a separate entity, *Indian Journal of Psychiatry*, 27, 321–4.
- Tiwari, S.C., Gupta, S.C., Shukla, S., Srivastav, S., Pandey, M., Maurya, A., et al. (2004). A study of risk factors in recidivistic criminals. *Indian Journal of Psychiatry*, 46(2), 156-165.
- Tripathi, R.K., & Jahan, M. (2004). Personality characteristics of schizophrenic patients with criminal record. *Indian Journal of Clinical Psychology*, 31(2), 16-111.
- Tripathi, R.K., & Jahan, M.(2010). 16 PF Profile of Schizophrenia with and Without Criminal Record. *Psychological Studies*, 55(4), 351-357.
- Terracciano A, Costa PT.,(2004) Jr Smoking and the Five-Factor Model of personality. *Addiction*; 99:472–481.
- Torrey, E.E., Taylor, E., Bowler, A., Gottesman, I.I. (1994). *Schizophrenia and manic depressive disorder: The biological roots of mental illness as revealed by the landmark study of identical twins*. New York. Basic Books.
- Trost KK, Herbst JH, Masters HL, III, Costa PT.(2002), Jr Personality pathways to unsafe sex: Personality, condom use, and HIV risk behaviors. *Journal of Research in Personality*; 36:117–133.
- Trull TJ, Widiger TA, Lynam DR, Costa PT. (2003) Borderline personality disorder from the perspective of general personality functioning. *Journal of Abnormal Psychology*; 112:193–202.
- Volavka,(2013). *Violence In Schizophrenia A And Bipolar Disorder*, *Psychiatria Danubina*, 25, 1, 24-33. Croatia.
- Wessely, S.C., Castle, D., Douglas, A.J., Taylor, P.J. (1994). *The criminal careers*

of incident cases of schizophrenia.
Psychological Medicine; 24: 483-502.

Wilson & Sponheim, (2014). Dimensions
underlying psychotic and manic
symptomatology: Extending normal-
range personality traits to schizophrenia

IJSAR, 3(5), 2016; 51-59

and bipolar spectra. Compr Psychiatry.
55(8), 1809-19.

Williams, J.E & Best, D.L. (1990). Sex and
psyche: Gender and self-viewed
crossculturally. Sage: Newbury Park.