

PERSONALITY DISORDER SCALES AS PREDICTORS OF INTERPERSONAL PROBLEMS OF ALCOHOLICS

Robert A. Matano and Kenneth D. Locke

The Millon Clinical Multiaxial Inventory (MCMI) personality disorder scales and the Inventory of Interpersonal Problems (IIP) circumplex scales were administered to 177 patients being treated for alcohol dependence. Schizoid, avoidant, and negativistic patients reported problems with being too guarded and distant; narcissistic patients with being too domineering; compulsive patients with being too unassertive; antisocial and paranoid patients with being both guarded and domineering; histrionic patients with being both open and domineering; and dependent patients with being both open and unassertive. Comparisons with previous research suggest the interpersonal implications of personality disorder measures are consistent across different populations.

Interpersonal dispositions are tendencies to repeatedly enact characteristic interpersonal patterns and are central to the definition of most personality disorders (e.g., American Psychiatric Association, 1987; McLeMORE & Brokaw, 1987). The Inventory of Interpersonal Problems (IIP—Horowitz, Rosenberg, Baer, Ureno, & Villaseñor, 1988) is a self-report inventory designed to assess a range of maladaptive interpersonal dispositions.

Psychometric studies suggest that a parsimonious structural model for representing interpersonal dispositions is “the interpersonal circle” (Carson, 1969; Wiggins & Broughton, 1985), a circumplex defined by the orthogonal dimensions of dominance–submission and love–hostility (Leary, 1957). Therefore, subscales were developed for the IIP that specifically assess problems in each of eight octants of the interpersonal circle: overly domineering, overly intrusive, overly nurturant, overly exploitable, overly nonassertive, overly socially-avoidant, overly cold, and overly vindictive (Alden, Wiggins, & Pincus, 1990).

Two previous studies have explored whether specific personality disorders were associated with specific regions of the circle of problematic interper-

From Stanford University.

The two authors made equal contributions to this paper. Mail correspondence to Robert Matano, PhD, Stanford Alcohol and Drug Treatment Center, Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, CA 94305. E-mail: locke@psych.stanford.edu. This research was supported by the Driscoll Foundation.

sonal dispositions (as measured by the IIP circumplex scales). Using either students' scores on the MMPI Personality Disorder Scales and Personality Adjective Checklist (Pincus & Wiggins, 1990), or the scores on the Personality Disorder Examination and MCMI II of patients referred for personality disorder group therapy (Soldz, Budman, Demby, & Merry, 1993), these researchers were able to reliably place specific disorders into specific regions of the interpersonal problems circle.

The current investigation seeks to replicate and extend these findings by studying the interpersonal problems associated with personality disorders in an alcoholic population. Comparing our results to those of previous studies tests whether the interpersonal implications of personality disorders are consistent across different psychiatric populations. Specifying the interpersonal implications of personality scales also allows clinicians to use those scales to specify how patients are likely to respond in interpersonal situations.

METHOD

The subjects were 177 outpatients in treatment at the Stanford Alcohol and Drug Treatment Center with a primary diagnosis of alcohol dependence. They ranged in age from 17 to 80, with a mean of 42.1 ($SD = 13.5$). Seventy three (41%) were female and 104 (59%) were male. Eighty nine percent were White, 4% were Hispanic, 2% were Black, 2% were Indian or Asian, and 3% did not report their ethnicity. As soon as the subjects were deemed to have completed detoxification (a minimum of 7 days substance-free), they were administered measures of personality disorders and interpersonal problems.

The personality disorder measure was the Millon Clinical Multiaxial Inventory (MCMI—Millon, 1983), a self-report diagnostic inventory designed for use with patients undergoing psychiatric assessment or treatment. Composed of 175 items to which patients respond "true" or "false," the MCMI yields scores for 11 personality disorder and severe personality disorder scales. Raw scores are converted into base-rate scores by using normative data for each scale. A base-rate score of 75 or more suggests the presence of a particular personality pattern.

The interpersonal problems measure was the IIP, which asks subjects to rate how distressed they have been by each of 127 interpersonal problems on a 0 (not at all) to 4 (extremely) scale. The problems include both "things you find hard to do" and "things you do too much." Examples of items are: "It is hard for me to feel close to other people" and "I am too independent." The circumplex scales (Alden et al., 1990) consist of 8 items each and are scored by taking the mean value. Following Wiggins, Phillips, and Trapnell (1989), the underlying dimensions of nurturant-cold (LOV) and domineering-unassertive (DOM) were computed from standardized circumplex scale scores as follows:

LOV (or X coordinate) = $(0.3) [\text{nurturant} - \text{cold} + (0.707)(\text{exploitable} + \text{intrusive} - \text{avoidant} - \text{vindictive})]$.

DOM (or Y coordinate) = $(0.3)[\text{domineering} - \text{nonassertive} + (.707)(\text{vindictive} + \text{intrusive} - \text{avoidant} - \text{exploitable})]$.

TABLE 1. Mean LOV and DOM Scores for Alcoholics Scoring Above and Below the Cut-Off Score on Each of the MCMI Personality Scales

MCMI Scale	Below Cut-Off			Above Cut-Off				
	LOV	DOM	N	LOV	DOM	N	LOV	DOM
Schizoid	.09	.03	142	-.38	-.13	35	-3.40**	-1.14
Avoidant	.07	.03	134	-.21	-.09	43	-1.98*	-.88
Dependent	-.14	.14	110	.23	-.22	67	3.22**	-3.41**
Histrionic	-.16	-.10	113	.29	.18	64	4.10***	2.78*
Narcissistic	.01	-.16	129	-.03	.43	48	-0.37	6.81***
Antisocial	.09	-.10	142	-.35	.41	35	-3.60**	4.99***
Compulsive	-.02	.04	164	.23	-.47	13	1.12	-2.44*
Negativistic	.11	-.07	98	-.13	.09	79	-2.15*	1.58
Schizotypal	.03	.03	159	-.24	-.22	18	-1.27	-1.27
Borderline	-.01	.01	123	.02	-.01	54	.23	-.18
Paranoid	.04	-.05	159	-.39	.41	18	-2.51*	3.12**

Note. * $p < .05$, ** $p < .005$, *** $p < .0005$, by 2-tailed t-tests

RESULTS

Table 1 shows the mean LOV and DOM scores for patients below and above a base rate score of 75 on each of the MCMI personality scales. Recall that LOV and DOM scores are composites of subjects' standardized scores on the eight circumplex scales of the IIP. On the LOV dimension, positive scores suggest problems with being too concerned with getting positive reactions from others, and with having a hard time setting limits and boundaries; negative scores suggest problems with being too guarded and distant, and with having a hard time being open, close, and loving. On the DOM dimension, positive scores suggest problems with being too controlling, independent, and argumentative, and having a hard time listening to or caring about others; negative scores suggest problems with being too easily persuaded and embarrassed, and with having a hard time being confident and assertive.

T-Tests comparing patients scoring below and above the cutoff yielded a number of significant differences. With respect to the LOV dimension, patients scoring above 75 on the schizoid, avoidant, antisocial, negativistic, and paranoid scales reported significantly more problems with being too cold and lacking nurturance than patients scoring below. In contrast, patients scoring above 75 on the dependent and histrionic scales reported significantly more problems with being too nurturant and lacking boundaries than those scoring below.

With respect to the DOM dimension, patients scoring above 75 on the histrionic, narcissistic, antisocial, and paranoid scales reported significantly more problems with being too domineering than patients scoring below. In contrast, patients scoring above the cutoff on the dependent and

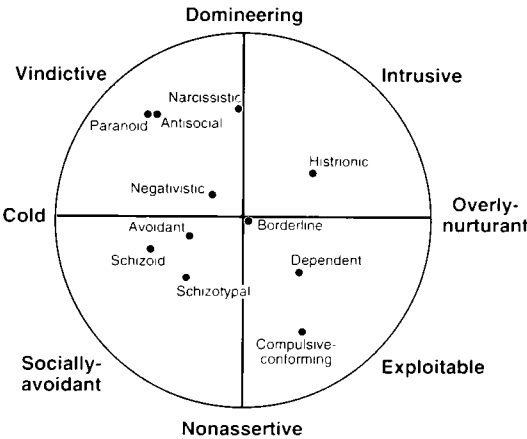


FIGURE 1. Mean locations on the interpersonal problems circle of patients scoring above 75 on MCMI personality scales.

compulsive scales reported more problems with being too unassertive than those scoring below.

Figure 1 plots the location of patients scoring above 75 on each of the personality scales on the interpersonal circle defined by the dimensions of LOV (X axis) and DOM (Y axis). Paranoid and antisocial (and to a lesser extent negativistic) patients fell into the cold-domineering or “vindictive” quadrant of the circle. Histrionic patients fell into the warm-domineering, or “intrusive” quadrant. Dependent and compulsive-conforming patients fell into the warm-nonassertive, or “exploitable” quadrant. Schizoid, avoidant, and schizotypal patients fell into the cold-nonassertive, or “avoidant” quadrant. Narcissistic patients were domineering without being either warm or cold on average.

Peripheral loci do not imply more problems but that problems were focused in a particular area. A better index of overall level of complaints is the mean score across the eight octants. (Recall that each octant score was the average of eight specific problems, each rated on a 0 to 4 scale). The highest mean ratings were given by patients scoring above 75 on schizotypal (2.0), paranoid (1.8), and avoidant (1.8), followed by schizoid (1.7), borderline (1.7), negativistic (1.6), and dependent (1.6). The lowest mean ratings were given by patients scoring above 75 on compulsive (1.1), narcissistic (1.1), antisocial (1.1), and histrionic (1.2). Compulsive, narcissistic, and antisocial individuals admitted to few interpersonal problems, but the ones they did admit were of a consistent type, thus placing them in distinct, peripheral locations. Similarly, the complaints of normal college student samples clearly place them in warm-nonassertive region (as opposed to the center) of the circumplex (L. Horowitz, 1994, personal communication). In contrast, borderline individuals made numerous complaints, but their complaints spanned all regions of the circle, thus placing them in the center on average.

DISCUSSION

Our results were generally consistent with the results of Pincus and Wiggins (1990) and Soldz et al. (1993). Across all three studies, antisocial or paranoid subjects were generally placed in the cold-domineering quadrant; avoidant and schizoid subjects in the cold-nonassertive quadrant; dependent subjects in the warm-nonassertive quadrant; histrionic subjects in the warm-assertive quadrant; and narcissistic subjects in the domineering sector.

Pincus and Wiggins (1990) did not find interpretable placements for negativistic, borderline, compulsive, and schizotypal subjects on the interpersonal problems circumplex. We, too, could not reliably place borderlines in any particular sector, though Soldz et al. (1993) placed them in the warm-domineering quadrant near histrionics. Both we and Soldz et al. (1993) tended to locate negativistic subjects in the cold-domineering quadrant and schizotypal subjects in the cold-nonassertive quadrant, though these results were weak. Both we and Soldz et al. (1993) also tended to locate compulsive subjects in the nonassertive regions, though there was ambiguity about their placement on the cold-nurturant dimension.

Overall, there was considerable consistency across three studies (using students, personality-disordered patients without significant Axis I problems, and alcoholics, respectively), suggesting that the types of interpersonal problems associated with different personality disorders are consistent across different populations. However, these studies were based on self-reports of interpersonal problems. Research relating personality disorder measures to behavioral measures of recurrent interpersonal problems would bolster the validity and utility of the findings.

Even so, the present findings provide a useful heuristic for relating personality styles to interpersonal problems. For example, in alcoholism treatment, patients scoring high on the overly domineering pole (e.g., narcissistic, antisocial, and paranoid patients) may have a hard time relinquishing autonomy and control—whether to a treatment program or a higher power in Alcoholics Anonymous. In contrast, individuals scoring high on the overly nonassertive pole (e.g., compulsive-conforming and dependent patients) may be able to admit lack of control but have a hard time resisting social pressures to drink.

Patients scoring high on the overly nurturant pole (e.g., histrionic and dependent patients) may have a hard time respecting or maintaining boundaries in therapy. In contrast, those scoring high on the overly cold pole (e.g., schizoid, avoidant, schizotypal, paranoid, and antisocial patients) may have a problem developing dependencies, and have a hard time opening up and forming connections in individual therapy and in their recovery groups.

The interpersonal model of personality further suggests that chronic maladaptive interpersonal patterns can be traced to "complementary" maladaptive person or relationship schemas (Carson, 1969). People who act cold (paranoid, antisocial, schizoid) may assume others are hostile; people who act warm (histrionic, dependent) may assume others are loving; people who act domineering (narcissistic, antisocial) may assume that they

take precedence over others; people who act submissive (compulsive-conforming, dependent) may assume that others take precedence over them. By anticipating the situations in which patients are likely to employ their maladaptive schemas and associated interpersonal patterns, interpersonal models can help clinicians to structure their interactions so as to create corrective experiences, or at least avoid activating and confirming patients' schematic expectations. Translating personality disorders onto the interpersonal circle is one important step in enabling clinicians to take advantage of the growing literature on interpersonal models of psychotherapy (e.g., Kiesler, 1992).

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