

The Impact of Personality Spiritual Dimensions like Self-Transcendence and Self-Awareness on Quality of Life in a Psychiatric Sample with Suicidal Behavior

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Abstract

Introduction: Psychiatry has remained loyal to the physicalist world view, but research into spirituality and mental health is widening the horizon [1,2]. Instruments are being developed [3] that can provide a measure of the religious and spiritual dimension. The TCI is a battery of tests designed to assess differences between people in seven basic dimensions of temperament and character. Of great importance is the three dimensions of character (Self Directedness-SD, Cooperativeness-C and Self-transcendence ST). The greater degree of following the path of the psyche influences thought so that there is increased TCI Self-Directedness and Self-Transcendence. Relief on depression depends on increased hopefulness, non having suicidal thoughts, which is measured by TCI personality traits that are moderately heritable, particularly high Self Directedness and low Harm Avoidance. Self-transcendence is considered the landmark of spirituality in the structure of human personality. Self-transcendence can be defined as a high rank multifaceted descriptor, formed of the following inferior rank traits: Creative self-forgetful vs. Conscious individual experience, Transpersonal identification vs. Individual identification, Spiritual acceptance vs. Rational materialism.

Objectives: In an attempt to study the impact of personality factors on quality of life and personal resilience, personality resistance to stress and the role of personality dimensions in triggering suicidal behavior, we studied a lot of 131 adult patients admitted in Psychiatric Clinic diagnosed with personality disorder who manifested suicidal behavior or suicidal ideation They were admitted in emergency room and after stabilization they voluntarily agreed to participate into the study.

Results and Discussion: By analyzing the correlations between the values obtained by the subjects in personality dimension tests and the scores they obtained on a scale of life quality (MCQL), we found significant correlations between the scores obtained for Self-transcendence and the scores for the quality of life.

Conclusion: Our study indicates that patients with low self-transcendence scores were less resilient and manifested a suicidal behavior.

Keywords: Personality; Self-Transcendence; Spirituality; Quality of Life; Suicidal Behavior; Self-Awareness; Self-Directedness; Resilience

Introduction

Psychiatry has remained loyal to the physicalist world view, but research into spirituality and mental health is widening the horizon [1,2]. Instruments are being developed [3] that can provide a measure of the religious and spiritual dimension and there is strong outcome research on the value of specific spiritually-informed treatment approaches such as mindfulness-meditation [4-6]. The concept of

personality is an operational concept belonging to general psychology while the concept of person designates the unique human being, aware of himself/ herself as personal identity and existence in relation to the world. The concept of person is circumscribed to personality and has self-transcendence in its structure as central dimension.

The analysis of self-transcendence as belonging to the person /human personality opens the door to self-knowledge in development of personality [7,8]. At the same time Self-transcendence is considered the landmark of spirituality in the structure of human personality. Self-knowledge as a high moral duty was inaugurated in history by Socrates' "Daimonion" and seemed to end with Freud's „Unconscious". After Freud the concept of „self-knowledge" was not particularly addressed by psychologists/ psychiatrists and it became more of the psychotherapists' duty to invite their patients to self-discovery during the therapeutic process [9]. Robert Cloninger is a particular researcher who stated that full assessment of the individual includes a moral and spiritual dimension involving deep self-knowledge, in the absence of which a person's subjective well-being is not possible.

Thus in Cloninger's vision self-transcendence is a character dimension, the 7-th personality dimension that can be evaluated using the Temperament and Character Inventory. Self-transcendence can be defined as a high rank multifaceted descriptor, formed of the following inferior rank traits: Creative self-bliss vs. Conscious individual experience, transpersonal identification vs. Individual identification, Spiritual acceptance vs. Rational materialism [10]. Coherence of personality, is the natural development of following the path of the psyche that brings increasing order (i.e. wellbeing), awareness of truth (i.e. wisdom), and freedom (i.e. creative love, sharing of gifts or non-causal service). The greater degree of following the path of the psyche influences thought so that there is increased TCI Self-Directedness or Self-awareness. Relief on depression depends on increased hopefulness, non having suicidal thoughts, which is measured by TCI personality traits that are moderately heritable, particularly high Self Directedness and low Harm Avoidance., may explain why many improve with placebos, as well as why many do not improve with antidepressants [11].

Personology Study

In an attempt to study the impact of personality factors on quality of life and personal resilience, personality resistance to stress and the role of personality dimensions in triggering suicidal behavior, we studied a lot of 131 patients diagnosed with personality disorder.

Sociodemographic characteristics of the study sample

A total of 131 adults inpatients with personality disorder, voluntarily consent, aged between 19 and 62 years (average = 34.13 years, standard deviation (SD) = 9.51) were included in the study in Psychiatric Clinic of Cluj-Napoca, Romania. The period of time was between 2015 - 2017.

Objective of the Study

The general objective of this study is to outline factors of propensity for suicidal behaviors in patients with personality disorders.

Specific objectives of the study

- To outline dimensional peculiarities of personality in patients with personality disorders and suicidal behavior, compared with patients with personality disorders without suicidal behavior
- To assess the relationship between personality dimensions and suicidal risk in patients with personality disorders.
- Evaluation of the relationships between the values obtained for personality dimensions and those for quality of life and resilience

Research instruments

- Temperament and Character Inventory- TCI [10].
- Multicultural Quality of Life Index - MQLI [12].

Temperament and Character Inventory- TCI

- The TCI is a battery of tests designed to assess differences between people in seven basic dimensions of temperament and character (NS, HA, RD, P, SD, C, ST).
- The TCI has been developed to account for individual differences in both normal and deviant behavior patterns.
- For example, the character scales are designed to distinguish whether a person has any personality disorders, and the temperamental scales allow the differential diagnosis of categorical subtypes of personality disorder.

Rapid interpretation of TCI

- All the types of the personality disorders could be characterized, in the meaning of TCI, by low levels of Self-Directedness, which corresponds to a weak control of the impulses and to a lower force of the ego, irresponsibility and deficiency in pursuing his goals, incapacity to help himself and low self-acceptance.
- Those with personality disorders have a weak cooperativeness and they have a deficiency in interpersonal functioning.
- They are described as: self-absorbed, intolerant, egoists, unhelpful, hostile, revengeful and opportunistic.
- Severe types of personality disorders (such as Borderline and Antisocial Personality Disorder) present low scores on all character scales, including Self-transcendence.

Persons with self-transcendence present instability of the affects and self-image [13].

The TCI Scales and Subscales
NS1 Exploratory Excitability vs Stoic Rigidity NS2 Impulsiveness vs Reflection NS3 Extravagance vs Reserve NS4 Disorderliness vs Regimentation NS Novelty Seeking
HA1 Anticipatory Worry and Pessimism vs Uninhibited Optimism HA2 Fear of uncertainty vs Confidence HA3 Shyness with Strangers vs Gregariousness HA4 Fatigability & Asthenia vs Vigor HA Harm Avoidance
RD1 Sentimentality vs Insensitivity RD3 Attachment vs Detachment RD4 Dependence vs Independence RD Reward Dependence
P Persistence
SD1 Responsibility vs Blaming SD2 Purposefulness vs Lack of Goal Direction SD3 Resourcefulness SD4 Self-Acceptance vs Self-Striving SD5 Congruent/Enlightened Second Nature SD Self-Directedness
C1 Social Acceptance vs Social Intolerance C2 Empathy vs Social Disinterest C3 Helpfulness vs Unhelpfulness C4 Compassion vs Revengefulness C5 Integrated Conscience C Cooperativeness
ST1 Self/Forgetfulness vs Self-Conscious Experience ST2 Transpersonal Identification vs Self-Isolation ST3 Spiritual Acceptance vs Rational Materialism ST Self-Transcendence

Figure

Multicultural Quality of Life Index (MCQL)

- Quality of life is defined as a subjective psychological dimension.
- MCQL is an effective culturally adapted tool. It consists of 10 items, corresponding to some widely recognized dimensions of the quality of life concept.

The items include:

- Psychological/emotional well-being;
- Independent occupational and interpersonal functioning;
- Emotional and community support;
- Personal and spiritual fulfillment;
- Overall perception of quality of life.

Each item is rated on a scale of 10 points, from poor to excellent [5,12]. For evaluate the resilience, we assessed suicidal risk, 131 subjects divided in 2 groups were included in the study: an experimental group of patients diagnosed with personality disorder and suicidal behavior (n = 46), a control group with personality disorder without suicidal behavior (n = 85). Suicidal behavior was defined as major (suicide attempt) or minor (suicide ideation or preparations) in the personal history of patients (n = 46).

SCID II was employed as an assessment tool for categorial diagnosis of personality disorders.

SCID II is a categorial diagnosis tool which identifies 13 Axis II DSM-IV personality disorders by structured clinical interview and personality questionnaire with 119 questions [7,14,15].

Methods

The field of research of the dissertation is the underlining of risk or prognostic factors.

According to objectives, the current study is analytical, and observational according to expected results. It is a case-control retrospective study according to the means of data gathering. The research hypotheses are general and specific.

The relationship between scores of the patients in personality dimensions, on one hand, and quality of life, on the other hand, were assessed by exploring the correlations between TCI scores and scores of patients in MQLI scales, respectively. The selection of correlation type (Pearson or Spearman) was made according to the nature of assessed variables.

Results and Discussion

Significant correlations were found between Self-transcendence and Multicultural Quality of Life Index.

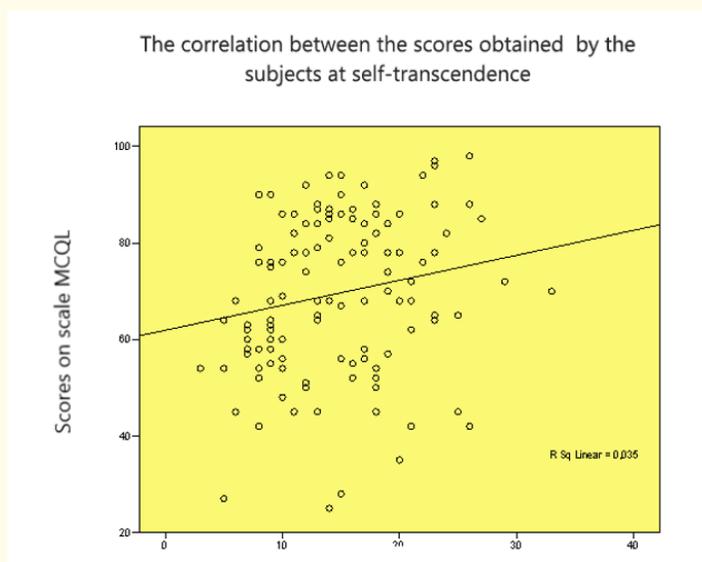
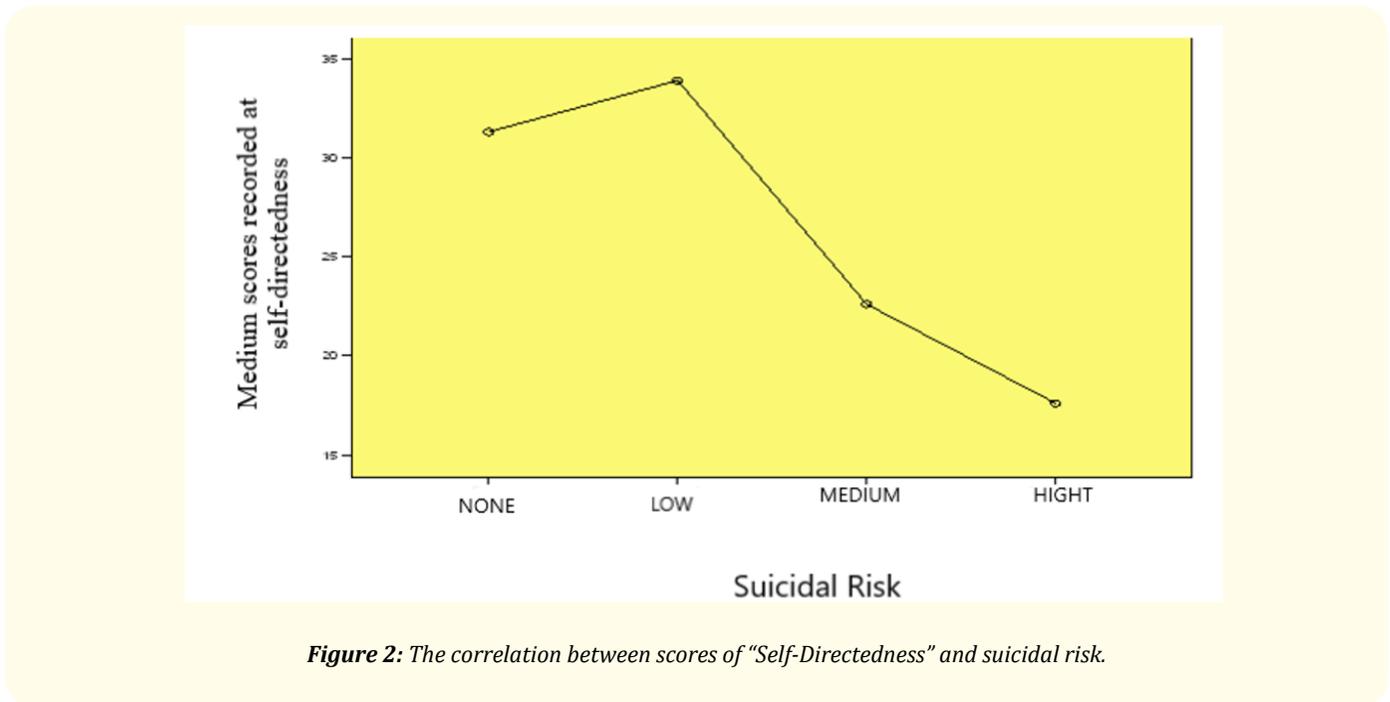


Figure 1: The correlation between the scores obtained by the subjects at Self-transcendence and the scores on scale MCQL.

Thus according to that correlation analysis, 3.5% ($r^2 = 0.035$) of the variation in quality of life scale is due to the score variation on Self-transcendence dimension scale.

A number of 46 patients with personality disorders and Self-Transcendence low scores who become suicidal have significantly lower scores for another character dimension self-directedness due to lower scores in traits such as “Responsibility vs Blaming”, “Purposefulness vs Lack of Goal Direction”, “Resourcefulness” and “Enlightened Second Nature” ($p < 0.05$) (Figure 2).



Self-transcendent people are often described as unpretentious, successful, patient, creative, unselfish and spiritualized. In eastern societies they are described as enlightened and wise, while in western societies the same traits are described as naive.

Those individuals seem to be able to tolerate ambiguity and uncertainty, they can enjoy most of their actions without feeling pushed to obtain results and without feeling the urge to control them. In fact, many of these people feel that their spiritualization helped them understand the real purpose of life. Self-transcendent people are perceived as humble, modest, accepting failure even after having done their best, satisfied with both failure and success. However, they may be criticized for what is considered in Western society as simplicity, magical thinking, subjective idealism that can interfere with the acquisition of wealth and material power. Self-transcendence has highly adaptive advantages when the individual is facing suffering and death, which are inevitable to appear in life with aging. The growing interest in the study of spirituality and religion from a scientific point of view is supported by numerous arguments in favor of the existence of a positive correlation between religiousness and physical and mental health [8,9,16,17]. It is indispensable to define the concept of “spirituality” and to demarcate it from other human dimensions so as to clarify the link between spirituality and physical and mental health. A way to approach this issue is by assessing personality dimensions. Spirituality can thus be considered a component of personality and can be evaluated in a similar way [10,18]. Consequently, spirituality can be compared to personality dimensions, fact that serves to establish correlations between this construct and the other components of personality while differentiating spirituality from these components. This type of psychometric approach determined the inclusion in the theoretical models of personality psychology of some dimensions

previously viewed as belonging to the realm of spirituality. These dimensions are: Cooperativeness and Self-Transcendence. There are studies in the literature that describe the profile of a "spiritual" person is set apart by high scores for the Self-Transcendence and Cooperativeness dimensions and it is characterized by: the capacity to go beyond the "here and now" and to have a broader and more objective perspective; modesty, humility, the capacity to easily accept one's own failures and to be grateful for failures as for successes; empathy, tolerance and the capacity to understand and respect the preferences and needs of others and the profile of a „non-spiritual" person is set apart by low scores for the Self-Transcendence and Cooperativeness dimensions and is defined by: preoccupations in connection with the material aspects of the "here and now" life; pride, lack of patience and never being satisfied with what one has; egoism, lack of tolerance and of consideration for the rights and feelings of others [11,19].

Thus the spiritual dimension can be considered an important factor in personal resilience, since studies show that individuals with low scores presented a suicidal behavior. At present resiliency is considered the science of mastering life's greatest challenges [12,13,20,21].

The novelty of the study is entailed by the assessment of the seven dimensions of the personality of patients diagnosed with personality disorder and psychiatric co-morbidity with and without suicidal behavior, through the Temperament and Character Inventory described by Robert Cloninger. By employing this personality assessment tool, the current research focuses on *character* and even on the moral facet of personality, on virtues, from the perspective of transcendence. The author outlines this as an element of originality, as the Psychology of the Person, emerging in the 20th century, could only focus on the typological - therefore temperament-oriented - perspective of character, but not on its moral side, that of virtues.

Conclusions

Self-transcendence is the personality dimension belonging to character which makes a difference when quality of life is concerned. The quality of life of suicidal patients decreases compared to personality disorder patients without suicidal behavior, on the account of decreased scores in self-transcendence. At present resiliency is considered the science of mastering life's greatest challenges. The dimensional approach offered by Temperament and Character Inventory suggest a possible causal relationship between certain specific personality traits and suicidal behavior, which means loss of personal resilience, also allowing the authors to underline the personality dimensions which make the person resilient. Analysis of Self-transcendence dimension as belonging to human personality opens the door to self-knowledge in personology. Both the brain and the psyche have substantial influences on human thought, but the effects of the psyche on thought have nearly always been neglected because ways of measuring self-awareness quantitatively were not available until now.

Bibliography

1. Harris KM., *et al.* "Religious involvement and the use of mental health care". *Health Services Research* 41.2 (2006): 395-410.
2. Koenig H., *et al.* "Handbook of Religion and Health". Oxford University Press (2001).
3. King MB and Dein S. "The spiritual variable in psychiatric research". *Psychological Medicine* 28.6 (1998): 1259-1262.
4. Kabat-Zinn J. "Mindfulness-based interventions in context: Past, present, and future". *Clinical Psychology: Science and Practice* 10.2 (2003): 144-156.
5. Salmon P., *et al.* "Mindfulness meditation in clinical practice". *Cognitive and Behavioral Practice* 11.4 (2004): 434-446.
6. Kabat-Zinn J., *et al.* "Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders". *American Journal of Psychiatry* 149.7 (1992): 936-943.
7. Cloninger CR., *et al.* "A psychobiological model of temperament and character". *Archives of General Psychiatry* 50.12 (1993): 975-990.

8. Cloninger CR. "Feeling good: The science of well-being". New York: Oxford University Press (2014): 374.
9. Enăchescu C. "Experiența vieții interioare și cunoașterea de sine". București: Paideia (2006).
10. Cloninger CR. "The temperament and character inventory (TCI): a guide to its development and use". 1st edition. St. Louis Mo.: Center for Psychobiology of Personality, Washington University (1994): 184.
11. Tome MB., *et al.* "Serotonergic autoreceptor blockade in the reduction of antidepressant latency: personality variables and response to paroxetine and pindolol". *Journal of Affective Disorders* 44.2-3 (1997): 101-109.
12. Mezzich JE., *et al.* "The Spanish version of the quality of life index: Presentation and validation". *Journal of Nervous and Mental Disease* 188.5 (2000): 301-305.
13. Svrakic DM. "Differential Diagnosis of Personality Disorders by the Seven-Factor Model of Temperament and Character". *Archives of General Psychiatry* 50.12 (1993): 991-999.
14. First MB., *et al.* "The Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II). Part I: Description". *Journal of Personality Disorders* 9.2 (1995): 83-91.
15. First MB., *et al.* "The Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II). Part II: Multi-site test-retest reliability study". *Journal of Personality Disorders* 9.2 (1995): 92-104.
16. Koenig HG. "Does religious attendance prolong survival? a six-year follow-up study of 3,968 older adults". *Journals of Gerontology Series A: Biological Sciences and Medical Sciences* 54.7 (1999): M370-M376.
17. King PE and Boyatzis CJ. "Religious and Spiritual Development". In: *Handbook of Child Psychology and Developmental Science* (2015): 975-1021.
18. Piedmont RL. "The Role of Personality in Understanding Religious and Spiritual Constructs". In: *Handbook of the psychology of religion and spirituality* (2005): 253-273.
19. Manea M., *et al.* "Character traits correlated with spirituality - a multidimensional study of personality". *Revista Romana de Psihiatrie* 3 (2014): 100-103.
20. Southwick SM and Charney DS. "Resilience: The science of mastering life's greatest challenges". *Resilience: The Science of Mastering Life's Greatest Challenges* (2012).
21. Ionescu S. "Tratat de rezilienta asistata". Iai: Editura Trei (2013).

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