

## Generalized anxiety disorder and personality traits

Sharma SC<sup>1</sup>

<sup>1</sup>Lecturer, Dept. of Psychiatry, Kathmandu Medical College, Sinamangal, KTM

---

### Abstract

There are an increasing number of studies which show that certain personality traits predispose an individual to develop psychiatric disorders. The current study tried to examine whether neuroticism is more associated to generalized anxiety disorder.

**Methodology:** A sample of 28 cases of Generalized Anxiety Disorder (GAD) was selected in the study and the degree of neuroticism was measured using Eysenck's Personality Questionnaire (EPQ).

**Result:** It was found that neuroticism correlated significantly with GAD than other parameters of EPQ.

**Conclusion:** Neuroticism and its inherent traits were more prevalent in patients suffering from GAD.

**Keywords:** EPQ, BAI, Anxiety, GAD

---

Anxiety is a mood state characterized by marked negative affect, bodily symptoms of tension, and apprehension about the future<sup>1</sup>. Generalized Anxiety Disorder (GAD), which can affect both adults and children, is characterized by chronic, exaggerated worry and tension over everyday events, even when there are no signs of trouble. People with GAD usually have physical symptoms such as headache, fatigue, trembling, muscle tension, or hot flushes. They may also feel lightheaded or out of breath, nauseated, or have to go to the bathroom frequently. Individuals with GAD are unable to relax, and they may startle more easily than other people. They tend to have difficulty concentrating and often have trouble falling or staying asleep.

Many studies have been carried out which have tried to explain the relationship between anxiety and personality factors. It has been demonstrated that increased rates of dependency, immaturity and sensitivity to criticism, neuroticism and other personality traits increases the likelihood GAD<sup>2</sup>. It has also been shown that personality disorders lengthen the time to remission in patients with generalized anxiety disorder<sup>3</sup>.

Korner has also related personality factors to the way individuals respond to stimulation. The "reflective" and the "active" individuals tend to appraise the same situation in strikingly different ways and thus have varying quality and quantity of anxiety<sup>4</sup>.

Eysenck has made the most extensive studies of how personality may relate to anxiety. He divides the

personality into three major dimensions, Neuroticism, Extraversion, and Psychoticism<sup>5</sup>.

After much research he concludes that whether people are extraverted or introverted relates significantly to anxiety. For example the introvert is quiet, introspective, and reserved. When stress occurs, the introvert is apt to lapse into various neuroses.

In treating anxiety disorder, it is useful to note whether there is any associated personality disorder because its presence may make therapy more difficult and may worsen the outcome.

Amidst all these findings the current study focuses in verifying that there is a pattern of traits which predispose and even precipitate generalized anxiety disorder in the Nepalese context.

### Methodology

A study was conducted with 28 consecutive patients coming to KMCTH who had been diagnosed as suffering from Generalized Anxiety Disorder by two psychiatrists according to ICD-10 criteria were included in the study. A full consent was taken by the patients before implementing the various protocols used in the study.

---

### Correspondence

Mr. Subhash C. Sharma,  
Lecturer, Dept. of Psychiatry, Kathmandu Medical College,  
Sinamangal.

The following tools were used

1. Semi-structured Performa
2. Beck Anxiety Inventory (BAI)
3. Eysenck's Personality Questionnaire (EPQ)

All of these tools have been used extensively in various national and international researches and all have been standardized and have high psychometric properties.

The data were then analyzed using SPSS 10.0.1 for Windows.

### Results

Among the total 28 individuals 19 (67.9%) were male and 9 (32.1%) were female. Among them 15 (53.6%) were married.

According to religion 25 (89.3%) were Hindus and 3 (10.7%) were Buddhists. Among them 39.3% were Brahmins, 25.0% were Kshyatriya. Mostly the individuals 14 (50.0%) were from Middle socioeconomic status. 12 (42.9%) lived in a nuclear family and 16 (57.1%) lived in a joint family.

According to Age most of the individuals were from the age ranges 21-30 years (35.7%). The mean age was  $34.64 \pm 11.71$ . All these and other data are presented in Table 1.

In the correlation table (Table 2) Neuroticism is more closely correlated with anxiety ( $r=.460$ ,  $p=.014$ ) which is statistically significant up to 0.05 level. The correlation between BAI scores and other two parameters of EPQ viz., Psychoticism and Extraversion were not statistically significant ( $p = 0.487$  and  $p=0.597$  respectively).

**Table 1.** Results showing various socio-demographic variables

Age	Frequency (%)	Caste	Frequency (%)
11-20	10.7	Brahmin	39.3
21-30	35.7	Kshyatriya	25.0
31-40	25.0	Newar	21.4
41-50	17.9	Rai	3.6
51-60	10.7	Limbu	7.1
		Others	3.6
Sex	Frequency (%)	Socio-economic status	Frequency (%)
Male	67.9	Lower	21.4
Female	32.1	Middle	50.0
		Upper	28.6
Marital Status	Frequency (%)	Type of Family	Frequency (%)
Unmarried	39.3	Nuclear	42.9
Married	53.6	Joint	57.1
Widowed	3.6		
Separated	3.6		
Education	Frequency (%)	Occupation	Frequency (%)
Illiterate	3.6	Business	14.3
Primary	3.6	Farmer	7.1
Middle	14.3	Laborer	3.6
SLC	7.1	Service	21.4
HSS 12	39.3	Student	17.9
Graduate	25.0	Housewife	10.7
Post graduate	7.1	Unemployed	14.3
		Others	10.7

**Table 2.** Correlation between BAI score and EPQ parameters

	<b>Extraversion</b>	<b>Psychoticism</b>	<b>Neuroticism</b>
<b>Beck Anxiety Inventory</b>	0.137 p=0.487	0.104 p=0.597	0.460* p=0.014

### Discussion

The current study was undertaken for several reasons. Several studies have been conducted to assess the involvement of personality factors and the traits that predispose an individual to develop anxiety disorders. For example, to determine the effect of personality disorders on the outcome of anxiety disorders, Ann Massion and his colleagues assessed personality disorders over a five-year period<sup>6</sup>. The team found that the presence of a personality disorder predicted a 30% lower likelihood of GAD remission, and a 39% lower likelihood of social phobia remission. It was found that avoidant and dependent personality disorders reduced the chance of remission in GAD. Thus Personality disorders lengthen the time to remission in patients with generalized anxiety disorder and social phobia. The findings of the current study is also congruent to the findings of the various studies, that generalized anxiety disorder is more prevalent in individuals who have high score in neuroticism as revealed by Eysenck's Personality Questionnaire. Even though BAI scores also correlated with other EPQ parameters, none of them were statistically significant. As shown in table 2 neuroticism parameter of EPQ significantly correlated (p=0.14) to level of anxiety in GAD patients. This is in keeping with the thought that neurotic disorders and personality disorders were closely related<sup>7</sup>. Neuroticism incorporates a number of traits like being anxious, tense, depressed irrational, shy, moody, emotional and having guilt Feelings and lowered self-esteem<sup>8</sup>. Having these traits make individual's more prone to develop anxiety related disorders. Congruent to the finding of the current study is study by Clark and his colleagues who reported that negative affectivity (or neuroticism) appeared to be a vulnerability factor for the development of anxiety and depression and which also indicates poor prognosis<sup>9</sup>. Many studies including this one have clearly shown that there is an association between neuroticism and psychiatric illnesses. It has also been well established that neuroticism predisposes an individual to experience more stressful life events and is more vulnerable to develop psychiatric disorders including GAD<sup>10</sup>. Neuroticism makes an individual more vulnerable to hostility and low self esteem which also have been shown to be an independent predictor of GAD.

Findings of the current study thus were able to link personality traits and GAD in Nepalese context also and was in keeping with the finding of the several other studies carried out in this area.

### Conclusion

A significant association was seen between the neuroticism scale of EPQ and generalized anxiety disorder. The findings of the current study which were congruent to the findings of other studies.

### Reference

1. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> Ed.) Washington, D C.
2. Roth, M., Gurney, C., Garside, R. F., et. al., (1972). Studies in the classification of affective disorders. The relationship between anxiety states and depressive illness. *British Journal of Psychiatry*, **121**, 147-161
3. Mancuso, D. M., Townsend. M. H, Mercante, D. E. Long-term follow-up of generalized anxiety disorder. *Comprehensive Psychiatry* 1993, **34** (6) 441-446
4. Korner, A. F. Individual differences at birth. Implications for early experience and later development. *American Journal of Orthopsychiatry*, 1971, **41**, 608-609.
5. Eysenck, H. J., & Eysenck, M. W. (1985). *Personality and individual differences: A natural science approach*. New York: Plenum
6. Massion, A. (2002). *Archive of General Psychiatry* 2002; **59**: 434-440
7. Mulder, R. T., Sellman, J. D. & Joyce, P. R. (1991). The comorbidity of anxiety disorders with depressive disorders and drug disorders. *International Review of Psychiatry*, **3**, 253-263.
8. Eysenck H. J. The structure of human personality (3<sup>rd</sup> Ed.). London: Methuen, 1970.
9. Clark L. A, Watson D, Mineka S. (1994). Temperament, personality, and the mood and anxiety disorders. *J Abnormal Psychology* 1994; **103**(1):103-16
10. Os J. V., Park S. B. G., Jones P. B. Neuroticism, life events and mental health: evidence for person-environment correlation. *The British Journal of Psychiatry* (2001) **178**: 72-77.

