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PREVIEW

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**An investigation of the relationship of depression in adolescence  
to personality styles and traits as measured by the Millon  
Adolescent Personality Inventory**

**Donnelly, Anne Michelle, Psy.D.**

**Pace University, 1991**

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PREVIEW

**AN INVESTIGATION OF THE RELATIONSHIP OF DEPRESSION  
IN ADOLESCENCE TO PERSONALITY STYLES  
AND TRAITS AS MEASURED BY THE  
MILLON ADOLESCENT PERSONALITY INVENTORY**

by

**Anne M. Donnelly**

**A Doctoral Project Submitted in Partial Fulfillment of  
the Requirements for the Degree of  
Doctor of Psychology**

**Pace University  
New York  
March, 1991**

# PACE UNIVERSITY

## PSYCHOLOGY DEPARTMENT PSY.D. PROJECT FINAL APPROVAL FORM

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in Adolescence to Personality Styles and Traits as  
Measured by the Millon Adolescent Personality Inventory

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PREVIEW

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## TABLE OF CONTENTS

	Page
TABLE OF CONTENTS.....	lv
LIST OF TABLES.....	vi
LIST OF FIGURES.....	viii
ABSTRACT.....	ix
ACKNOWLEDGMENTS.....	xi
<b>Chapter</b>	
<b>I. INTRODUCTION.....</b>	<b>1</b>
Introduction.....	1
Theories of Depression.....	6
Depression in Adolescence.....	18
Depression and Personality.....	35
Millon's Theory of Personality.....	43
Millon Adolescent Personality Inventory..	61
Problem Statement.....	68
Research Questions.....	70
<b>II. METHOD.....</b>	<b>71</b>
Subjects.....	71
Instruments.....	77
Procedure.....	86
<b>III. RESULTS .....</b>	<b>89</b>
Relationship Between MAPI and Depression Scales.....	89
MAPI Scales and Clinical Elevations on Depression Scales.....	97



Chapter	Page
III. (continued)	
Discriminant Function on MAPI Personality Scales.....	100
Discriminant Function on MAPI Questions.....	107
IV. DISCUSSION.....	117
Relationship Between the MAPI and Depression Measures.....	118
MAPI Scales and Clinically Elevated Depression Measures.....	122
Discriminant Function on MAPI Personality Scales.....	128
Discriminant Function on MAPI Questions.....	131
REFERENCES.....	144

## LIST OF TABLES

Table	Page
1. Demographic Characteristics of Subjects.....	74
2. Demographic Characteristics of Depressed and Nondepressed High School Students.....	75
3. Demographic Characteristics of Depressed and Nondepressed Hospital Subjects.....	76
4. Correlations Between MAPI Personality Style Scales and Measures of Depression....	90
5. Correlations of MAPI Personality Scales With Axis I Depression Diagnosis and the MMPI Depression Scale in the Hospital Group.....	93
6. Stepwise Regression Analyses for MAPI Personality Style Scales Prediction of Depression Measures.....	95
7. Pooled Within Groups Correlations Between Discriminating Variables and Discriminant Function.....	102
8. Unstandardized Discriminant Function Coefficients for Two Group Discriminations.....	103
9. Classification of Nondepressed and Depressed Subjects by MAPI Personality Scales Discriminant Function.....	104
10. Classifications Resulting From Discriminant Function Analysis on MAPI Personality Scales for the 4 Groups.....	106
11. MAPI Items Included in Two Group Discriminant Function.....	108
12. Classification of Nondepressed and Depressed Subjects by MAPI Item Discriminant Function.....	109

## LIST OF TABLES

Table	Page
13. Discriminant Function Analysis on MAPI Items for the Four Groups.....	112
14. Classification of Nondepressed and Depressed High School Subjects by MAPI Item Discriminant Function.....	114
15. Classification of Nondepressed and Depressed Hospital Subjects by MAPI Item Discriminant Function.....	116

## LIST OF FIGURES

Figure	Page
1. Percentage of Subjects With Clinically Elevated YSR Depression Scale Scores for Each MAPI Scale.....	98
2. Percentage of Subjects With Clinically Elevated Beck Depression Inventory Scores for Each MAPI Scale.....	99

## ABSTRACT

Depression and depressive experience in adolescence is an area of increasing concern. While the syndrome itself is generally well defined, factors that underlie and modify depression in adolescence have not been adequately explored and elucidated. This study investigated the relationship between personality styles and depression or depressive symptomatology in adolescence.

The final sample consisted of 502 high school students and 207 adolescent psychiatric inpatients. Using inclusion and exclusion criteria subjects were classified as depressed and nondepressed. Personality styles were measured using the Millon Adolescent Personality Inventory (MAPI), a theoretically and empirically derived measure of adolescent personality styles.

The relationship between MAPI Personality Style scales and self report and clinician rated diagnosis of depression was examined via correlational and multiple regression analyses. Clinically significant elevations on the MAPI Personality Style scales were explored using Chi Square statistics to determine the association between these elevations and clinically significant elevations on measures of depression. The MAPI's utility in differentiating depressed from

nondepressed adolescents was examined utilizing discriminant function analyses.

Elevations on MAPI Scales 2 (Introversive) and 8 (Sensitive) were associated with more YSR Depression Scale and Beck Depression Inventory scores in the clinically depressed range. Elevations on MAPI Scales 4 (Sociable) and 5 (Confident) were associated with fewer depression scores in the clinically depressed range on these depression measures.

Results of the discriminant analyses of the MAPI Personality scales and the 150 MAPI items revealed that there were discriminant functions which significantly differentiated depressed from nondepressed groups. However, none of these discriminant functions provided sensitivity and positive predictive power adequate enough to yield reliable classifications. Predicted group membership was markedly improved when MAPI items were utilized in a discriminant function in the hospitalized group alone.

The findings indicated that overall the MAPI has limited Axis I predictive capabilities. However, elevations on individual MAPI scales were found to be related to differential endorsement of depressive symptomatology and scores in the clinically significant range on depression measures. Theoretical implications and indications for future research were explored.

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## CHAPTER I

### Introduction

The present study investigates the relationship of personality style to depression in adolescence.

Depression and depressive experience in adolescence have been areas of increasing concern to researchers, clinicians, and educators over the past two decades. Because adolescence is a life stage that normally involves developmental challenges and changes, it is necessary to cut through the developmental vicissitudes to uncover features that underlie, exemplify, and modify depression and depressive experience in adolescence. It is imperative that we explore these factors as it is only through furthering our knowledge and understanding that we can render enlightened assistance to adolescents in distress.

The enduring characteristics or personality of an individual is the framework within which action, interaction, and reaction with the individual's world take place. Regarding the manifestations of personality, "the behaviors that typify personality persist as permanent features of the individual's way of life and seem to have an inner autonomy; that is, they exhibit themselves with or without external

precipitants" (Millon 1981, p. 115). As such, exploration of personality and the ways in which it relates to depression is an important focus for theoretical and empirical efforts. As both personality and depression are complex multidimensional phenomena, teasing out the interaction between the two can be challenging.

There are a number of posited relationships between depression and personality. One is that certain personality organizations predispose an individual to the subsequent development of depression, with the personality factors being causative. Another point of view holds that personality features may be one of a number of possible predisposing elements that make an individual vulnerable to the development of depression under stressful conditions. Thirdly, personality organization can be regarded as a mutative factor in the expression of depression, coloring the symptomatic constellation manifested in depression. It is also proposed that the experience of being depressed effects the personality of the depressed person.

These proposed relationships between depression and personality are not mutually exclusive. There is theoretical and empirical support for all four points of view mentioned, yet there is no conclusive evidence to support any one. It remains for clinical and

empirical efforts to further clarify the consanguinity between these two entities.

Depression as a real psychiatric entity in adolescence is now widely accepted in all theoretical circles (Bemporad & Won Lee, 1988). The term depression, however, is used to denote qualitatively different phenomena. The term depression can be used to refer to a mood, a symptom, a character style, a symptomatic constellation or a clinical diagnosis. Even within each category there are variations. Depressed mood, for example, may refer to a mood within the normal affective range or to a pathognomonic mood state.

There have been few comprehensive epidemiological studies of depression or depressive symptomatology in adolescents. Kandel and Davies (1982) studied depressed moods in a sample of 8,206 high school students, ages 13 to 18. Using a short empirically derived scale of depressive mood they found that 18% of the high school students scored at or above the mean score obtained by a psychiatric sample of adolescents diagnosed with major depression. There were significant sex differences noted, with females scoring higher than males.

Albert and Beck (1975) examined 63 seventh and eighth grade students, ranging in age from 11 to 15.

Of these, 36 were male and 27 female. Using a short form of the Beck Depression Inventory they found that 33% of these early adolescents endorsed depressive symptoms in the moderate to severe range, while 2% endorsed symptomatology in the severe range. A trend toward greater endorsement of depressive symptoms in the older adolescents was noted, and was especially significant for females in the sample.

Kashani et al. (1987) used interview and self report measures to study a community sample of 150 adolescents, ages 14 to 16. They reported that 8% of the adolescents met criteria for a DSM III diagnosis of Major Depression or Dysthymia, with significantly more females than males in this diagnostic category (3% of the males as opposed to 13% of the females).

The present investigation utilizes the concepts of depression as a symptomatic constellation and depression as a clinical diagnosis. Subjective reports of depressive symptomatology that constitute salient factors of the DSM III-R diagnosis of depression as well as actual DSM III-R diagnoses of depression in addition to subjective measures are incorporated, each representing a distinct group of subjects. Each diagnostic grouping is also anchored by psychometric scales which have been found to differentiate depressed from nondepressed groups.

Personality characteristics across specific personality styles are explored to determine if there is an underlying pattern that differentiates depressed adolescents. In addition, distinct personality styles are examined to investigate their individual relationships to depression in adolescence.

The following section of this chapter will review some major theories on depression. This is intended to provide the background and a point of reference for the review of research on depression in adolescence. This review focuses on both similarities and differences between depression in adults and depression in adolescents. The final portion of the chapter focuses on aspects related to personality. One difficulty encountered in studying personality is that there are as many theories and conceptualizations of personality as there are schools of thought. A review of literature depicting the relationship between depression and personality will be presented. This section will end with an elaboration of a theoretically based model of personality that has been molded into an empirically derived instrument for the evaluation of adolescent personality traits and styles.

## Theories of Depression

### Analytic Theories

#### Freud's Theory of Depression

Freud (1917/1983) describes and compares normal and pathological depressive states. He defines mourning as a relatively normal, finite process in which the individual mourns the loss of a significant object or ideal. In terms of melancholia, Freud states, "In some people the same influences produce melancholia instead of mourning and we consequently suspect them of a pathological disposition" (p. 51).

Freud describes melancholia as being characterized by painful and extreme feelings of despondency, loss of interest in activities, decreased energy level and activity, inability to experience love, and a loss of self esteem that leads to criticism and hatred directed against the self. This self condemnation and hatred leads to a fantasied expectation that punishment will ensue. Mourning differs from melancholia in that the mourner does not experience the disturbance of self esteem and all that this incurs. "In mourning it is the world which has become poor and empty; in melancholia it is the ego itself" (Freud, 1917/1968, p.54).

A consistent aspect of the melancholic's relationship with the object is ambivalence. Freud

suggests that this ambivalence may be an essential aspect of all love relationships entered into by this individual. Otherwise, the possibility of losing the object may as a consequence give rise to the ambivalence. Mourning can be complicated if there are ambivalent feelings toward the lost object.

The intense self criticisms of the melancholic are not viewed by Freud as deriving from genuine faults in the self but rather "the self-reproaches are reproaches against a loved object which have been shifted away from it on to the patient's own ego" (1917/1968, p. 56). In these relationships it is assumed that there is a powerful libidinal investment. At the same time this cathexis is not strongly resistant to disruption.

As a result of disappointment in the object the relationship is "shattered". The fragile nature of the relationship is related to the weak resistance of the cathexis. Despite the ambivalent feelings engendered toward the object as a result of the disappointment, the libido is not freed. Rather, the libido is infused into the person's own ego in the service of a regressive identification of the ego with the disappointing object. This narcissistic regression involves a shift from relationship with the object to a pre-object phase.

Thus the shadow of the object fell upon the ego  
.... In this way an object-loss was transformed  
into an ego-loss and the conflict between the ego  
and the loved person into a cleavage between the  
critical activity of the ego and the ego as  
altered by identification" (Freud, 1917/1968,  
p.58).

The original relationship with the object was  
marred by ambivalence. The ego then, turns the  
hostility and aggression born out of the disappointment  
in the object onto the internalized object. This leads  
to the loss of self regard seen in melancholia. It is  
this sadism that Freud views as the source of suicidal  
tendencies in melancholics.

#### Fenichel's Theory of Depression

Fenichel (1945) proposes that depressions evolve  
in individuals with specific predisposing factors  
related to self esteem. Individuals whose self esteem  
is reliant on "external supplies" or those who  
experience guilt to the point that they regress to  
relying on external sources to meet narcissistic needs  
are both prone to depression.

This self esteem disturbance described by Fenichel  
is seen as rooted in the oral dependent stage of  
development, with the depressive disposition being  
based on a fixation at the oral stage. These