Preliminary communication

Altruism versus self-centredness in the personality of depressives in the 1950s and 1990s

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Abstract

Background: Research in personality features of patients with major depression has emphasised their tendency to set high standards for themselves. Two directions of acting on high standards have been differentiated which can be summarised as altruistic and self-centred attitudes. Typus melancholicus and narcissistic personality features are representative for them. Since both types of features are age correlated, the question had to be settled whether this reflects an individual process of social adaptation or an epochal change of values.

Methods: The study is based on a representative sample of case records of first episode depressives. Two cohorts of the 1950s and two of the 1990s were sampled. In both decades, one cohorts' age of onset was below 40 whereas the other cohorts' age of onset was over 40. Each cohort comprised 20 patients, yielding a total sample of 81 patients. The information from the records was prepared and evaluated in a two step procedure according to v. Zerssen.

Results: Increase of altruism and decrease of self-centredness with advancing age could be confirmed. There is a weak to moderate epochal decline of altruistic attitudes only in the older cohorts and a marked increase of self-centred attitudes in both, the young and the old cohorts.

Limitations: The assessment of depression diagnosis and personality types by means of case records in a retrospective design could limit the reliability and validity of the measured concepts. In addition, items regarding narcissistic features were not validated in other samples.

Conclusion: Both, the age effect and the epochal effect show that such aspects should be born in mind for the psychotherapeutic treatment of depressive patients. This is especially important since basic personality attitudes contribute to the etiology of depression, partly conveyed by societal values, partly by requirements of life-spans in the individual life history.

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1. Introduction

Self-inflicted high standards have been considered one of the predominant features in the personality of depressives (e.g., Mundt, 1996). The psychopathological and psychoanalytic literature in the 1920s to 1950s emphasised the patients' work ethics, their self-esteem's

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resting on a constant influx of acknowledgement by others and their inability to enjoy a state without immediate duties (Freud, 1917; Kraus, 1979; Stanghellini and Mundt, 1997; Kronmüller et al., 2005). Lack of autonomy, striving on behalf of others, and hence the dependency on the approval of friends and the occupational surrounding made this type of mood regulation precarious.

More recently, two pathways of the depressive personality's acting on high standards have been differentiated: High standards in serving others and high standards in fulfilling personal goals. Beck (1983) conceptualized these two pathways as the polarity sociotropy–autonomy. Both personality types are assumed to be associated with stable cognitive schemas and distinctive clusters of dysfunctional attitudes. Sociotropic individuals seek to establish secure interpersonal relations and therefore excessively invest in positive exchanges with other people. When these relationships fail, they become depressed and preoccupied with themes of loss and abandonment. Autonomous individuals, on the other hand, are concerned with the achievement of internalized standards and goals and become depressed when failing to achieve these goals (e.g., Morse and Robins, 2005). Similarly, Blatt (1974, 1990) described two vulnerability factors, dependency and self-criticism, which are associated with chronic dysphoria and increased risk for major depression. Despite their origins in different theoretical orientations (Beck: cognitive theory; Blatt: psychoanalysis), both conceptualizations are similar in many respects (e.g., Nietzel and Harris, 1990; Coyne and Whiffen, 1995). Beyond these two most influential concepts there are further specifications of this polarity such as novelty seeking–reward dependency (Cloninger et al., 1994), social role–individual role (Kraus, 1979), and conscientiousness–presumptuousness (von Zerssen et al., 1994b). Nietzel and Harris (1990) carried out a meta-analysis on the empirical research concerning the relationship of personality types and depression. They refer to the above mentioned polarity as dependency–achievement/autonomy and found only small to moderate intercorrelations between different scales measuring the same personality types. The limited overlap between different scales can be regarded as a methodological problem. However, it could also show that the underlying concepts are more different than theoretically expected. Despite the only moderate association between different measures, they found that depressive patients depend somewhat more on love, care and appreciation than patients whose self-esteem rests on accomplishments followed by admiration and respect. The latter was considered to be the less toxic pathway, since recompen-

sation in these cases was believed to be easier and quicker (Nietzel and Harris, 1990).

The most comprehensive conceptualisations of personality types representing the two ends of this spectrum are the altruistic Typus melancholicus (Stanghellini and Mundt, 1997; Tellenbach, 1983; Kraus, 1982; Mundt et al., 1997) and the self-centred narcissistic personality type (Kernberg, 1975; Kohut, 1971, 1972). The Typus melancholicus personality has been found to prevail in about 50% of endogenous type major depression inpatients (Mundt et al., 1997; Maneros et al., 1998; Pössl and von Zerssen, 1990; Tölle, 1987; Sauer et al., 1989). Additionally, Fujiwara (2007) showed that altruistic behaviour – a characteristic feature of the Typus melancholicus – had a harmful effect on depression. Sauer et al. (1989) found that Typus melancholicus personality features are positively correlated with age. Sato et al. (1994) showed an age correlation only in healthy factory workers, whereas depressive patients had Typus melancholicus features already in their early twenties. In a large cross-sectional study altruistic behaviour was clearly increasing with age (Fujiwara, 2007). Also, decrease of neuroticism including narcissistic attitudes by age has been described (Ernst et al., 1996). The question has been raised whether the proportion of altruistic Typus melancholicus features vs. self-centred narcissistic features in the personality of depressives is a function of growing social adaptation in the individual life history or of an epochal trend of changing societal values.

This study tried to settle that question. The hypotheses were that altruistic features are more pronounced in older individuals, narcissistic features in younger ones, and that altruistic features decrease over time to the advantage of self-centredness.

2. Method

Separating the impact of the individual age from that of epochal changes on the proportion of altruistic vs. self-centred attitudes necessitates assuring an upbringing in different societal values. Therefore, we compared cohorts sufficiently distant regarding time of birth. The study had to rely on case records with all the methodological problems of this procedure.

2.1. Sample

The cohorts were recruited from the archive of the Psychiatric State Hospital of Weinsberg. This particular hospital was chosen for two reasons: Since it is the only relevant psychiatric unit in its large catchment area in the South West of Germany, the patient population of this

hospital is representative for the general population there. Another advantage was that the Psychiatric Hospital of Weinsberg was less influenced by the publication of the Typus melancholicus personality concept in the early 1960s as, for example, the Psychiatric Hospital of the University in Heidelberg was.

We collected age cohorts from two decades, resulting in four subsamples: For the 1950s and the 1990s, respectively, patients were grouped in cohorts of early and late first episode depressives. The late onset cohorts comprised patients over the age of 40, the early onset cohorts patients under 40 (Table 1).

In detail, all patient records of the two decades with a first hospitalisation due to depressive syndromes were screened, yielding 1350 patients altogether. Further selection criteria were DSM-IV diagnosis of major depression (post-hoc DSM-IV diagnosis on the basis of the documented psychopathology and diagnosis), first episode, sufficient information for personality assessment and a gender distribution of f:m 2:1. Records were first screened by one investigator (AS) in alphabetical order of the patient's family name until 30 patients per cohort were recruited. Then, psychopathology and quality of biographical information were assessed in detail. For 13 records, it was not possible to confirm a post-hoc DSM-IV diagnosis of major depression. For 9 records, patients had a recurrent major depression. Ten records lacked sufficient information on personality features. In total, 32 records were excluded from further analysis (Fig. 1).

The mean year of birth for the older and younger cohorts in each decade was about 20 years apart, which is just one generation. The older cohort of the 1990s decade and the younger cohort of the 1950s decade were 12 years apart. Mean age at onset was about 32 years in the younger cohorts and 52 years in the older ones (Table 1). Because altruism is an important trait of the melancholic personality type which is more frequent in depressives suffering from melancholic or endogenous depression, we analyzed the frequencies of the major depression subtype “With Melancholic Features” in the four cohorts: There were no significant differences in the prevalence of the

DSM-IV subtype “With Melancholic Features” between the cohorts ($\chi^2=0.95$, $df=1$, ns, see Table 1).

2.2. Assessment of personality

The assessment of personality features on the basis of the information contained in the records followed von Zerssen's procedure (von Zerssen et al., 1994a). As a first step, the same investigator (AS) who had rated the post-hoc DSM-IV diagnoses wrote an excerpt of the record containing the relevant information but blinding data such as the age of the patient, the decade of hospitalisation and other respective cues. The excerpt was freely formulated and included all information on temperament and character, social contacts, early childhood, primary relationships, school development, occupation and profession, domestic roles and behaviour of the patient.

For the next step, the second rater (a senior student in clinical psychology) was blinded for the patient's age, the decade of first hospitalisation, unaware of the purpose of the whole study and ignorant of the personality features under scrutiny. According to a structured guideline and after appropriate training, this investigator was asked to rate the information contained in the excerpt using a list of 57 items. Twenty-six of these items were formulated to measure altruistic attitudes and the Typus melancholicus concept. These items were mainly based on von Zerssen et al. (1994a,b). Thirty-one of the 57 items were supposed to assess self-centred attitudes and narcissistic personality. These items were based on the concepts and formulations of Gunderson et al. (1990) and Cooper (1981). Each item could be scored on a 4-point scale, with 0 meaning ‘no such attitudes’ and 3 ‘maximum level of such attitudes’. Mean scores of the 26 and 31 items were used to provide an altruism and self-centred score, respectively. Thus, in the end, each patient scored on the altruism and self-centred scale between 0 (‘no such attitudes’) and 3 (‘maximum level of such attitudes’).

The interrater reliability of the two scales was evaluated by using intraclass correlation coefficients (ICC) (Shrout and Fleiss, 1979), for each excerpt rated by the first and second researcher, who was blind concerning

Table 1
Sample characteristics

Decades	Cohorts	N	Female (%)	Age at first onset M (SD)	Birth M (SD)	Year of first onset M (SD)	Subtype, with melancholic features (%)
1950s	>40	20	12 (60)	52.95 (7.27)	1904 (9.45)	1957 (6.24)	11 (55)
	<40	20	13 (65)	31.00 (5.90)	1925 (10.58)	1956 (7.11)	9 (45)
1990s	>40	21	12 (57)	51.67 (7.31)	1937 (8.81)	1989 (4.66)	12 (60)
	<40	20	13 (65)	32.00 (5.67)	1957 (6.34)	1989 (3.92)	5 (25)

Fig. 1. Flow of case records.

the research question and the hypotheses. Intraclass correlation coefficients are considered excellent if higher than 0.74, good if ranging from 0.60 to 0.74, and fair if ranging from 0.40 to 0.59 (Fleiss, 1981). The positive psychometric properties of the chosen procedure were supported by the results of the ICC-calculations. With 0.88, the reliability-ICC for the narcissism score was excellent. Also, with an ICC of 0.58, the result of the altruistic rating was fairly good. For further analyses, ratings of the blinded researcher were used.

Furthermore, a categorical grouping of Typus melancholicus personalities and narcissistic personalities was used. The grouping was based on the reported prevalence of 50% of Typus melancholicus among inpatients (Mundt et al., 1997) and 20% of narcissistic personalities, respectively (Golomb et al., 1995). Accordingly, the upper 50% and 20% on the respective sub-scales were categorised as Typus melancholicus and narcissistic type, i.e. altruistic and self-centred personalities. In this way, 40 Typus melancholicus personalities, 16 narcissistic type personalities and only 1 individual with an

overlap of both categories could be categorised. Twenty-four patients met neither criterion.

Since the narcissism concepts of Kohut, Kernberg, and Gunderson have been worked out and much discussed in the 1970s to the 1990s they could have had an impact on the doctors' views and their documentation. In order to rule out such a bias, we screened those items of the assessment instrument related to narcissistic personality features for their content. Factual contents which could be supposed to be 'hard' data were separated from evaluative contents, which may include a major bias-prone judgment by the clinician. An example for a factual item is the 'number of divorces', an example for an evaluative item would be 'is difficult and quarrelsome in relationships'. Thirteen out of the 30 narcissism-related items had a factual rather than an evaluative character.

2.3. Statistical analysis

The significance of the differences in rates of altruistic and self-centred attitudes among the four subsamples was

tested with two-way analyses of variance (ANOVA) with the between subjects factor decade of first onset (“decade” 1950s and 1990s) and the between subjects factor age at onset (“age” younger then 40 and older then 40). The same model of analysis of variance was used to test for differences in the frequencies of categorical personality types (CATMOD-Procedure in SAS). All analyses were carried out with SAS (SAS-Institute, 1989) and the alpha-level as the criterion for statistical significance was set to 0.05.

3. Results

3.1. Altruistic attitudes

As expected, the ANOVA yielded a significant main effect for age with more pronounced altruistic attitudes in the older patients (Table 2). However, there was neither a significant main effect for decade nor a significant interaction effect for age and decade. According to the literature, Typus melancholicus features could be expected to be expressed in older individuals only to a certain extent. Therefore, we additionally calculated a one-way ANOVA including the epochal trend only. In this analysis, older patients of the 1950s decade showed a significantly higher mean score in altruistic attitudes in comparison to the older patients of the 1990s decade ($F=4.53$; $P=0.04$).

After categorical grouping, there was no significant difference in the frequencies of Typus melancholicus personalities for the decade factor ($\chi^2=0.67$; ns). Again, as expected, older patients in both decades were more frequently classified as Typus melancholicus personalities in comparison to the patients with early onset of depression ($\chi^2=3.64$; $P=0.056$). In the 1950s, 70% were Typus melancholicus personalities in the older subsample and 40% in the younger subsample. The dif-

ference between the two age cohorts with first onset in the 1990s was slightly smaller: 52% of the patients with late onset of depression and 40% of the younger patients were classified as Typus melancholicus personalities.

3.2. Self-centred attitudes

The dimensional comparison of self-centred attitudes clearly revealed two highly significant main effects: an effect for age, with a higher degree of self-centredness in the patients with early onset, as well as an effect for decade: patients with first onset of depression in the 1990s showed higher scores than those of the 1950s decade (Table 2).

Comparing the frequency of self-centred personalities in the 4 subsamples revealed both, a highly significant main effect for age ($\chi^2=6.32$; $P=0.01$) and a just about significant main effect for decade ($\chi^2=3.43$; $P=0.06$). Of the 40 patients with early onset of depression, 13 (33%) were classified as narcissistic personalities, whereas only 4 (10%) late onset depressives fell into the narcissistic personality category. In the 1990s decade, about 29% of the patients were grouped into the narcissistic personality category compared to the 1950s decade, in which 13% of the patients were classified as narcissistic personalities.

The separate calculation of narcissistic features in the 4 subsamples according to factual and evaluative items revealed divergent results. The factual items clearly showed the expected age effect ($F=5.77$; $P=0.02$), as well as an epochal effect ($F=5.57$; $P=0.02$). Post-hoc *t*-tests revealed that the early onset depressives had higher scores than the late onset ones in the 1950s ($m=0.74$ and $m=0.40$, respectively; $t=3.12$; $P<0.01$), which was not found for the 1990s decade ($m=0.86$ and $m=0.73$, respectively; $t=0.79$; ns). Furthermore, the epochal difference reached statistical significance only between

Table 2
ANOVAs and mean scores for altruistic and narcissistic features

	Decade				Effects	<i>F</i> [1,80]
	1950s		1990s			
	Age at onset					
	>40 M (SD)	<40 M (SD)	>40 M (SD)	<40 M (SD)		
Altruistic features	1.38 (0.32)	1.10 (0.42)	1.18 (0.28)	1.02 (0.57)	Age	5.69*
					Decade	2.31
					Age×decade	0.42
Narcissistic features	0.40 (0.33)	0.63 (0.31)	0.65 (0.32)	0.86 (0.49)	Age	7.11**
					Decade	8.20**
					Age×decade	0.02

* $P<0.05$; ** $P<0.01$.

Fig. 2. Increase in narcissistic features according to factual and evaluative items.

the old age cohorts (i.e. the late onset depressives) ($t=2.85$; $P<0.01$), but not between the early onset depressives of both decades (Fig. 2). For the evaluative items the age main effect could not be replicated ($F=1.24$; ns), but again a highly significant epochal main effect was found ($F=6.52$; $P<0.01$). In this case, the two-way ANOVA indicated a nearly significant age $\times$ decade interaction effect ($F=3.60$; $P=0.06$). As can be seen in Fig. 2, there was no significant difference in scores of narcissism between the two age groups of the 1950s decade. The early onset depressives of the 1990s had significantly higher scores on the evaluative narcissistic items compared to the 1990s late onset depressives ($m=0.79$ and $m=0.51$, respectively; $t=2.14$; $P=0.04$).

4. Discussion

Our results confirmed an epochal change in the personality of depressives from the 1950s to the 1990s. To our knowledge, this is the first study showing a highly significant and clinically important epochal increase in narcissistic features or self-centredness in patients with a first episode of Major Depression. Furthermore, we found a significant association between age and Typus melancholicus features, which is in accordance with the recently published work by Fujiwara (2007). The high prevalence of narcissistic personality features in the younger (i.e., early onset) cohort of the 1990s decade (average year of birth 1957) is in accordance with newer investigations of birth cohorts from 1952 and 1958, respectively (Ernst et al., 1996): A large prospective study in men assessed for selection for military service found higher premorbid scores for neuroticism, autonomy, and lower scores for masculinity in depressives compared to controls, whereas the depressives were not less extraverted (Clayton et al., 1994). A retrospective study of depressives found problems in childhood such as

conflicts within family, severe punishment, uncaring parents, isolated family, and children being less popular than their peers (Ernst et al., 1996) in one third of the sample. These are characteristics which are in accordance with many items of the narcissistic personality category. The personality profiles of subsamples of depressives revealed by these investigations are in contrast with the personality features of endogen depressives described by Tellenbach and others (Tellenbach, 1983; Kraus, 1982), but in some aspects are in accordance with the more self-centred narcissistic personality type (Kernberg, 1975; Kohut, 1971, 1972).

This epochal change is illustrated by the average years of birth in the 4 cohorts, which in turn relate to the value systems at work in society when these individuals have been raised. The average years of birth in the older 1990s and younger 1950s cohort were 1937 and 1925 respectively, which is a difference of only twelve years. In fact, the comparison of these 2 cohorts showed an almost identical distribution of personality types. One explanation could be that the age correlation counteracts the epochal increase. An alternative explanation would be that both cohorts have been raised in the same societal value system. However, the older 1950s cohort and the younger 1990s cohort (average years of birth 1904 and 1957, respectively) showed marked differences in the proportion of narcissistic vs. Typus melancholicus personalities. Therefore, it might be argued that the time periods in which the individuals of the cohorts have been brought up are distant enough only for the latter two to make for a sufficiently distinguished change in the societal value systems, whereas the proximity of the mean years of age of the remaining two groups may blur the results.

The most crucial criticism regarding the methodology of this investigation is the argument that the two personality concepts are time-bound and hence have

influenced the doctors' views of the patients and their documentation in the files at the time they were put forward to the scientific community. The first edition of Tellenbach's monograph on the *Typus melancholicus* personality was published in 1963. Since the *Typus melancholicus* features in our study decreased from the older 1950s cohort to the older 1990s cohort, the time-bound effect would have acted against this result.

On the other hand, the separate calculation of narcissistic features in the 4 cohorts according to factual and evaluative items indeed revealed divergent results and may support the impact of time-bound concepts on the reported results. The main difference concerns the age effect among the cohorts of the 1950s before the rise of the narcissism-concepts. The factual items clearly demonstrated the expected age effect as well as an epochal effect. The evaluative items, on the other hand, failed to show the hypothesised age related difference in the 1950s cohorts, but produced a somewhat exaggerated age distance in the 1990s. The decrease seen in the evaluative items comparisons suggest an epochal effect only for the younger but not for the older cohorts. These findings corroborate the results of this study given the assumption that the factual items represent a more sound data base compared to the evaluative items. There seems to be a clinician bias which may co-forged the overall results with more awareness of narcissism in the 1990s than in the 1950s and an age bias in favour of detecting narcissistic features more frequently in the younger cohorts.

Another problem is posed by recent epidemiological findings. There is a debate whether younger women, born after the World War II, affected by living through the 1970s and 1980s, carry an increased risk for depression (Murphy et al., 2000; Paykel, 2000; Hagnell et al., 1982; Mattisson et al., 2005). Some of the quoted studies suggest that a possible increase in admissions to Weinsberg would concern predominantly women of the younger 1990s cohort born in 1957 on average and first episode onset in 1989 on average, those who show a clear cut increase in narcissistic features compared to the 1950s cohort. It can be speculated that the introduction of the Major Depression concept in conjunction with the co-morbidity principle of the DSM has changed views in a way that led to the incorporation of more neurotic patients into the category of Major Depression, including patients who previously may have been classified elsewhere, e.g. as personality disorders, anxiety disorders or hypochondriasis. If this was true, neurotic narcissistic features could be over-represented in such a 1990s cohort compared to the 1950s cohorts. However, what argues against this suggestion is the identical epochal increase of the older cohorts with the same

slope, both born before World War II. Moreover, the sex ratio is identical for the early onset cohorts of the 1950s and the 1990s. Thus, the impact of a possible over-inclusion of young women with narcissistic features on the overall results seems to be marginal.

4.1. Limitations

Several limitations deserve to be mentioned. Firstly, we used a retrospective cohort design, in which personality assessment was based on clinical records according to the method developed by von Zerssen et al. (1994a). Although this method has shown good interrater-reliability and clinical validity, its accuracy in assessing personality features is far from the gold standard of a clinical interview in a prospective design. In addition, the items regarding narcissistic features have not been validated or tested in other patient samples or other studies so far. Thirdly, the investigator who screened the records was not blind concerning the study purpose. However, the collection of records and writing of the excerpts followed a clearly described procedure. Moreover, the second investigator who assessed the features by means of the item list was unaware of the purpose of the study and of the personality concepts to be explored. Fourthly, the reliability of the depression diagnosis depended on the information in the records. Because only one investigator made the diagnosis according to the records we could not calculate an interrater-reliability. Also, it was not possible to account for co-morbidities.

4.2. Conclusion

The results indicate that depression is not linked to a specific personality constellation and its pathogenetic mechanisms, although setting high standards for oneself is a joint feature of either investigated personality type. Societal changes of values may have an impact on vulnerability personality features of depressives. Considering the changing contents of self-inflicted high standards in personalities who develop Major Depression, it will be important to sort out the contents of these standards, their implication for the patient's self perception, the patient's attitude to social roles and obligations in order to find the appropriate focus for psychotherapeutic support.

Role of the Funding Source

Nothing declared.

Conflict of Interest

No conflict declared.

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