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SCHIZOPHRENIA Factsheet

What is personality and temperament?

Personality and temperament are inter-related and are thought to be relatively stable over time. Temperament is a basic inherited style and refers to aspects like emotions, sensitivity, introversion, and extraversion, while personality refers to characteristics like behaviours, feelings, and thoughts.

One of the main personality/temperament models is the Five-Factor Model which includes five traits of; 1) neuroticism: vulnerability to emotional instability and self-consciousness, 2) extraversion: predisposition towards sociability, assertiveness, and social interaction, 3) openness: cognitive disposition to new experiences, creativity, and aesthetics, 4) agreeableness: tendency towards being sympathetic, trusting, and altruistic, and 5) conscientiousness: tendency towards dutifulness and competence.

Impulsivity was originally thought to be part of the extraversion construct but is now viewed as a separate personality construct. It involves a predisposition towards unplanned reactions to internal or external stimuli, without regard to the consequences. Impulsivity is a major feature in a variety of psychiatric disorders.

What is the evidence for personality and temperament in people with schizophrenia?

Moderate to high quality evidence finds large increases in harm avoidance, neuroticism, and trait anhedonia (the enduing trait of being unable to feel pleasure), and a large decrease in extraversion in people with schizophrenia compared to controls without schizophrenia. There were also medium-sized decreases in openness, agreeableness, and conscientiousness, and small decreases in novelty seeking, reward dependence, and persistence in people with schizophrenia. Medium-sized increases were found in maladaptive strategies (e.g., using suppression, rumination, and self-blaming) and fewer adaptive strategies (e.g., using cognitive reappraisal and distraction) in people with schizophrenia compared to controls. There was a mediumsized association between increased maladaptive strategies and more severe positive symptoms.

People with schizophrenia showed medium to large increases in negative emotion, poorer emotion regulation, more dissociation and more alexithymia (inability to identify and describe one's own emotions), as well as decreases in positive emotion compared to controls. High quality evidence also finds a medium-sized increase in aversion and arousal to neutral stimuli, increased aversion to positive stimuli, and increased hedonic (pleasure) response to negative stimuli.

There was increased impulsivity in people with schizophrenia, particularly in those with a comorbid substance use disorder who showed medium-sized increases in negative urgency, low premeditation, sensation seeking, and unconscientious disinhibition compared to people with schizophrenia with no substance use disorder.

For more information see the technical table

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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.