Specific Complaints of the Global Domains of an Integrated Hierarchical Model of Psychopathology

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Objectives

Verify which ‘Specific Problems’ (SP) of the Restructured Form of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2-RF; Ben-Porath & Tellegen, 2008; 2009) are associated with each one of the four broad domains (Internalizing, Externalizing, Detachment, and Thought Disorders) of the Integrated Hierarchical Model of Psychopathology proposed (Markon, 2010; Fusté et al., 2012; Ruiz et al., 2013; 2016).

Results

We performed zero-order correlations between each one of the four domains and the specific problems scales. Given that the significance of product moment correlations is an effect size measure (Meyer et al., 2002) exceeding a large effect size ($r > .50$; Cohen, 1988) (Table 1).

Table 1. Zero-order correlations between each one of the four domains and the specific problems scales. Correlations $r > .50$ are shown in bold type.

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<thead>
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<th>MLS</th>
<th>GIC</th>
<th>HPC</th>
<th>NUC</th>
<th>COG</th>
<th>SUB</th>
<th>AGG</th>
<th>ACT</th>
<th>FML</th>
<th>IPP</th>
<th>SAV</th>
<th>SHY</th>
<th>DSF</th>
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<tbody>
<tr>
<td>Internalizing</td>
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<td>.46</td>
<td>.35</td>
<td>.67</td>
<td>.75</td>
<td>.63</td>
<td>.51</td>
<td>.51</td>
<td>.66</td>
<td>.51</td>
<td>.52</td>
<td>.54</td>
<td>.51</td>
</tr>
<tr>
<td>Externalizing</td>
<td>.20</td>
<td>.49</td>
<td>.33</td>
<td>.50</td>
<td>.42</td>
<td>.33</td>
<td>.38</td>
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<td>.24</td>
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<td>.26</td>
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<tr>
<td>Detachment</td>
<td>.51</td>
<td>.44</td>
<td>.33</td>
<td>.50</td>
<td>.42</td>
<td>.33</td>
<td>.38</td>
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<tr>
<td>Though Disorders</td>
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<td>.32</td>
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Next, we conducted several multiple regression analysis to examine how much of the factor variance could predict each set of specific problems. The collinearity was analyzed and the Durbin-Watson test was applied to determine the possible inter-correlation among residuals.

Method

The clinical sample was comprised of 377 outpatients (55.7% women) aged 18 to 73 years old ($M = 37.8; SD = 11.5$) who were attending various psychiatric and psychology centers from Barcelona (Catalonia, Spain). They were all administered the MCMI-III (Millon, Davis, & Millon, 1997; 2007) and MMPI-2-RF (Ben-Porath & Tellegen, 2008; 2009) as part of their psychological assessment process.

The Internalizing domain (F1) is explained in an 88.1% by a combination of Internalizing and Somatic problems scales, with the Anxiety and Suicidality scales with higher weight. The analysis of collinearity reveals a low Tolerance for the Cognitive complaints (T = .43) and for Neurological complaints (T = .44). This could be explained by the high correlations between Cognitive complaints (COG) and NUC (r = .58), NF C (r = .57), SFD (r = .56) and ANX (r = .52). The Neurological complaints scale also correlates with high magnitude with HPC (r = .59) and COG (r = .58).

The Externalizing domain (F2) is explained mainly by Aggression, Behavioral problems, and Substance abuse scales in an 69.9%. The specific problems Juvenile Conduct Problems (JCP) and Substance Abuse (SUB) are the best predictors of this domain. Problems of collinearity were not detected.

The Detachment domain (F3) is mainly explained in an 75.3% by Interpersonal problems (Shyness, Interpersonal passivity, and Social avoidance), and Internalizing problems (Self-doubt & Help/Hopelessness). Feelings of Malaise are also significant of this domain. No problems of collinearity.

The Thought Disorders domain (F4) is explained in a 58.3% by a mixture of Externalizing (Aggression and Activation), Somatic/Cognitive (Malaise), and Interpersonal (Disaffiliativity) scales. Once again, as in F1 the Cognitive complaints scale presents a low Tolerance (T = .43), maybe because it correlates with Activation ACT (r = .51), Suicidal Ideation (SUI) (r = .49), and Head Pain Complaints (HPC) (r = .43).

Conclusions

The specific complaints of the first three domains are consistent with their content, which supports the relationship between the complementary scales of Specific Problems (SP) and the Restructured Clinical (RC) Scales. The domain of the Thought Disorders (TD), instead, seems to be characterized by the heterogeneity of the complaints. However, such specific complaints are also consistent with the broad domain of ‘Psychoticism’ (Disaffiliativity, Shyness, Aggression) of which TD are a specific part (evaluated with the RC6 and the RC8 scales).

The authors declare no potential conflicts of interest.
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References


