

Pilot study of KON-2006 in the Czech Republic

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Summary

Aim. Psychometric analysis of Czech translation of Neurotic Personality Inventory (KON-2006) and analysis of correlation with PSSI and CAQ scales.

Method. 82 volunteers (healthy population) selected randomly filled the questionnaires. The scales of the KON-2006 and X-KON were compared with scales of PSSI and CAQ.

Results. The results of the correlations are very satisfying, all the hypothetic coherences displayed significant nexus.

Conclusions. Most of the discovered nexuses are clinically well evaluated and applicable for praxis and other researches. The pilot study has shown to be reasonable enough to continue researches in the Czech Republic.

Neurosis / KON-2006 Neurotic Personality Questionnaire / CAQ – Clinical Analysis Questionnaire / PSSI – Persönlichkeits-Stil-und Störungs-Inventar

INTRODUCTION

During the last 30 years we can notice rising appearance of neurotic disorders in the population, nowadays the survey is up to 25% [1, 2]. High-level of neurotic disorders calls-out for a need of good and exact diagnostic method. A lot of really good methods in clinical praxis e.g.: MMPI, 16PF, EPI, etc. have been used. The disadvantage is that they conceive the neurosis only generally; the scales scanning neurosis make up only 10 – 40% of the questionnaires [3, 4]. Symptomatic Check Lists focusing on neurotic disorders like MMQ, IPAT Anxiety Scale, MAS, etc. [5] usually deal with physical symptoms but do not deepen the disorder.

In the diagnosis of neurotic disorders we need to go further. Response to this need has come

from long-lasting researches and clinical observations of specialists in the Institute of Psychotherapy UJ in Kraków. The result of their work is the “Kwestionariusz Osobowości Nerwicowej KON-2006” [4, 6, 7, 8, 9, 10].

Presently there is not much really functional and valid methods acceptable for neurosis diagnostics in the Czech Republic. The named ones are old, without actual validity and also the originally Czech questionnaires, like N-5 [4, 5] are old, using old language and missing validity.

In 2004, we joined the research development and verification of the Inventory KON [4, 10]. When the translations were completed and checked, we began with the trial administration. To prove the diagnostic value of KON-2006 in the Czech Republic, two pilot studies were made; it was the study of KON-2006 in comparison with PSSI (Persönlichkeits-Stil-und Störungs-Inventar) [4, 11] and the comparison with CAQ (Clinical Analysis Questionnaire) [5, 10, 12]. Results of the both pilot studies are presented in this paper.

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MATERIAL

The test battery made up of 3 questionnaires (KON, PSSI and CAQ) was put to 82 volunteers selected randomly. The respondents were chosen from a healthy population (with non-diagnosed neurotic disorder); 52 women (63.4 %) and 30 men (36.6 %); age between 17 and 63 years (mean 37.3 years).

METHODS

KON-2006

Neurotic Personality Questionnaire (Kwestionariusz osobowości nerwicowej) was created by specialists in the Institute of Psychotherapy, CM UJ, Kraków. KON describes personality traits connected to the occurrence and persistence of neurotic disorders; it is made of 243 items clustered into 24 scales. A special part of the questionnaire is the X-KON sum of weighted scores (informs about personality dysfunctions related to neurotic disorders) [6, 7, 9]

PSSI

Personality Style and Disorder Inventory (Persönlichkeits-Stil-und Störungs-Inventar) comes from the personality theory PSI worked out by Julius Kuhl in Germany [11]. Kuhl deals with the hypothesis that all the behaviour styles are at the centre-line which begins on non-pathological personality style of behaviour and might end in personality disorders (DSM-IV, ICD-10).

The PSSI inventory concerns normal and abnormal personality source traits; it is made up of 140 items and 14 scales.

CAQ

Clinical analysis questionnaire was made by R.B. Cattell a col. [12]. Creation of the questionnaire comes from a need of monitoring not only normal personality traits, but also pathology. The aim was to differentiate between various diagnostic groups. This self-repot inventory is purported to measure some 28 normal and abnormal personality source traits. In part A there are

16 normal personality trait dimensions from 16 PF (128 items), in part B 12 pathological trait factors with 7 depression sub-scales (144 items).

To calculate the statistic evaluations the Pearson's correlation analysis and differential analysis ANOVA were used.

RESULTS

Comparison of KON and PSSI

The correlation study displayed 104 significant relations ($p < 0.01$) between the 24 scales of KON and the 14 scales of PSSI [4, 8]. It might seem there is too many relations; it could lower the reliability, but it was mostly the hypothetic coherences which had displayed significant nexus; all of the hypothetic coherences came out. To give an example of expected correlations and results – some of the correlation relations are so clear that it could be expected even from titles of the scales like the following:

KON 1. Feeling of being dependent on the environment with PSSI 10. Dependent personality disorder 0.505(**); both scales about dependence as the following scales.

KON 3. Negative self-esteem – PSSI 4. Low self-esteem 0.402(**)

KON 4. Impulsiveness – PSSI 11. Impulsive – borderline 0.528(**)

KON 18. Narcissistic attitude – PSSI 8. Narcissistic personality disorder 0.306(**)

Each of the KON scales had shown out on average from 3 to 5 correlations ($p < 0.01$) with the PSSI scales; most of the relations showed the scale KON 23. Pondering (8 significant correlations) and scale KON 20. Exaltation (7 significant correlations); the least relations were seen with scale KON 22. Meticulousness, came out only in one but important correlation, with the PSSI 5. Obsessive-compulsive personality disorder 0.555(**).

It is not important in the study how many of the correlations came out, only the meaningful relations are showing the significance of the clinical value of the method. The following correlations could easily be picked up:

KON 6. Sense of alienation – PSSI 3. - Schizoid personality disorder 0.282(*), which is also described by alienation.

KON 7. Demobilisation – PSSI 13. Depressive tendencies 0.353(**), both scales are characterised by fear, pessimism, reluctance and passivity.

KON 11. Conviction of own resourcelessness – PSSI 4. Low self-esteem 0.442(**), insecurity, anxiety, helplessness, negative self-esteem and confusion are taken in both the scales.

KON 19. Sense of being in danger – PSSI 2. Paranoid personality disorder 0.320(**), paranoid people usually feel like being in danger.

One of the interesting correlation relations was the scale KON 24. Sense of being overloaded with PSSI 6. Schizotypal personality disorder.

The general correlations had shown five scales of PSSI which had correlated most of all with the KON scales; it could be said they are the most “replete with the neurotic factors”

PSSI 4. Low self-esteem, PSSI 9. Negativistic tendency, PSSI 10. Dependent personality disorder, PSSI 11. Impulsive – borderline and PSSI 13. Depressive tendency.

Those five scales proved a significant correlation with the X-KON (Tab. 1); this result is important in appreciation of the clinical value of the X-KON.

Comparison of KON and CAQ

All the hypothetical coherences displayed significant nexus; in total 113 significant relations were displayed (60 of those ($p < 0.01$)) between the 24 scales of KON and the 12 scales of CAQ [8, 10].

For illustration, some detailed descriptions of the correlation of some KON scales and the CAQ scales are presented.

Correlation KON 2. Asthenia – CAQ 11. Psychasthenia 0.429(**) comes out from low psychological resistance; the joint characteristic for the scales are e.g. irresoluteness, scepticism, heightened exhaustion.

Correlation KON 2. Asthenia – CAQ 5. Low Energy Depression 0.436(**) are characterised by lack of energy for accomplishment of daily duties, forcing oneself to activity, constant lethargy and sense of inner emptiness.

Scale KON 6. Sense of alienation – CAQ 2. Suicidal Depression 0.317(**) are jointed by a forlorn feeling, loss of sense of living.

Scale PSSI 12. Histrionic personality disorder was the only one showing negative correlation with XKON.

Table 1. Comparison of factor XKON with the PSSI scales.

PSSI	Mean XKON low	Mean XKON high	Total mean	Difference	F	Sig.
4) Low self-esteem	11.42	14.64	13.31	3.22	10.722	0.002
9) Negativistic tendency	10	11.68	10.99	1.68	4.084	0.047
10) Dependent personality disorder	15.03	18.06	16.81	3.03	9.999	0.002
11) Impulsive – borderline	7.61	11.26	9.75	3.65	10.398	0.002
13) Depressive tendency	9.27	11.47	10.56	2.2	6.239	0.015
14) Self-sacrificing tendency	15.67	19	17.63	3.33	12.164	0.001

Comment: F exists an evident difference between the means
Sig. informs about the significance of correlation (< 0.01)

Scales KON 6. Sense of alienation – CAQ 10. Schizophrenia 0.368(**) both scales include dissatisfaction with interpersonal relations and contacts.

KON 7. Demobilisation – CAQ 9. Psychopathic Deviation -0.355(**). This correlation was negative (meanly our expectation). People with a high score in the scale of psychopathic deviation are full of energy, manage a long time with-

out sleep, do not feel fatigue, jump into dangerous situations. Scale of demobilisation includes items related to low energy, feeling exhausted, dodge changes and excitement.

Joint attribute of scale KON 9. Difficulties in emotional relations with scale CAQ 4. Anxious Depression 0.376(**) is dodging direct contact with people in stress situation (hate animadver-

sion). These people are introvert, hold back their feelings and prefer to spend their time alone.

In the following scales KON 11. Conviction of own resourcelessness – CAQ 11. Psychasthenia 0.444(**) there is a low ability to stay calm and deliberate in stress situations, and being very nervous too.

The resembling characteristic for the scales KON 12. Sense of lack of control and CAQ 8. Paranoia 0.400(**) is a feeling that the person is doing something against his own will, is under excessive control of other people. In consequence, mistrust to people and heightened vulnerability arise.

Scales KON 15. Sense of guilt – CAQ 6. Guilt/Resentment 0.340(**) people with high scores suffer of compunction, feeling of forlorn, are self-critical, unsatisfied with interpersonal relationships, often deliberate in their mistakes.

KON 16. Difficulties in interpersonal relations – CAQ 10. Schizophrenia 0.345(**) for these scales problems in interpersonal relationships are typical, people with high scores feel a lack of understanding and rarely feel affection from their close people including family; reflecting in scepticism, suspiciousness and low ability to forgive.

Correlation of the scales KON 19. Sense of being in danger – CAQ 8. Paranoia 0.431(**) refers to a heightened caution towards other people, speculate about trust towards friends and family. They feel that all the other people are egoistical and are not interested in other people.

The correlation of the XKON and CAQ had shown important results too (Tab. 2).

There are five scales coming out with significant correlation. That result shows us that the

neurotic traits are shown better by the “non-depressive” scales those which are not part of scales recording the primary factors of depression (excluding Guilt/Resentment). Admittedly those were significant too.

DISCUSSION

All the hypothetic correlations of the 24 scales of KON-2006 and 14 scales of PSSI were confirmed; and a sufficient number of other meaningful correlations was found. Totally, there were 150 significant correlations found; 104 ($p < 0.01$). Most of the discovered correlations are clinically highly valuable and reasonable to be used further in praxis or researches. The scales that were correlating together, were resembled by the subject or they were recording the same or similar outline (e.g. KON 1. Feeling of being dependent on the environment and PSSI 10. Dependent personality disorder).

Also, the parallel method Clinical Analysis Questionnaire CAQ had shown a satisfactory number of correlations which are suitable to be interpreted and valuable for other researches. It came in 113 correlations; 60 ($p < 0.01$); most of them were similar in characteristic, point or behaviour tendency.

The factor XKON gave proof with both the methods of PSSI and CAQ. Some interesting correlations were found; they are to be checked in further researches.

During the study no serious problems with the Czech translation of KON-2006 were not noted.

Table 2. Comparison of factor XKON with CAQ scales

CAQ	Mean XKON low (N=34)	Mean XKON high (N=48)	Total mean (N=82)	Difference	F	Sig.
6) Guilt/Resentment	4.97	6.17	5.67	1.20	10.662	0.002
8) Paranoia	7.12	8.08	7.68	0.96	8.0170	0.006
10) Schizophrenia	5.59	6.60	6.18	1.01	9.3520	0.003
11) Psychasthenia	5.76	7.00	6.49	1.24	22.472	0.000
12) Psychotic inadequacy	5.32	6.27	5.88	0.95	7.8970	0.006

Comment: F exists an evident difference between the means
Sig. informs about the significance of correlation (< 0.01)

CONCLUSION

The main aim of the pilot study of KON-2006 in the Czech Republic was to prove and qualify this clinical questionnaire by psychometric analysis in comparison with two parallel methods.

The results of the correlations are really satisfying; all the hypothesis have been confirmed and even more than expected came out from the search. Some results acceptable for theoretical clinical approach also appeared, e.g. the connection of personality disorders with neurosis shown in the correlation of KON-2006 with PSSI.

The pilot study of KON-2006 has shown to be reasonable enough to continue researches in the Czech Republic.

Even though the results are rewarding, the study gives a need for further investigation. Following researches would be aimed to clinical praxis; neurotic patients and patients with other disorders are to be sampled.

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