

Psychology has led to the finding that five personality dimensions, called the Big-Five factors, seem to be almost sufficient to describe the structure of all normal personality traits, various authors (e.g. Widiger, 1993) have argued that personality disorders may also be better conceptualized in terms of the Five-Factor model. Stimulated by this reasoning, a number of studies have examined the empirical relationships between the five personality factors and DSM/ICD personality disorders in clinical and non-clinical samples, measured by various methods such as structured interviews, rating scales, checklists, questionnaires, and clinical diagnoses. The present study reviews the results from these studies and examines the generalizability of the FFM - PD relationships by means of a meta-analysis. The results from this meta-analysis are compared to the predictions made by Widiger (1993) and Widiger, Trull, Clarkin, Sanderson, & Costa (1994).

S10.04 DIMENSIONAL DIFFERENTIATION BETWEEN ANXIETY AND DEPRESSION

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No abstract was available at the time of printing.

S10.05 UNIVERSAL VALIDITY OF DIMENSIONAL PERSONALITY (DISORDER) ASSESSMENT

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There is considerable support for a dimensional classification of personality and personality disorders. However, there is no consensus which particular system to introduce. There have been many suggestions postulating for example two dimensions (circumplex models), three (DSM-clusters), four (clinical spectrum model; DAPP model by Livesley), five (Big Five model) or even more (such as the 7-dimensional TCI-model by Cloninger). Some of these have been developed for healthy, and some for psychopathological populations. Beside conceptual considerations, this wide variety of approaches is also caused by methodological artefacts. The present study wants to make a contribution to an integrative dimensional approach. Therefore a complex $3 \times 3 \times 2$ design for a multilevel comparison has been tested. Three personality (disorder) models (Big Five, temperament and character approach by Cloninger, DAPP model by Livesley), three populations ($N = 100$ schizophrenic patients, $N = 150$ patients with affective disorders, $N = 180$ healthy controls) and two data reduction procedures (Principal Components Analysis, Facet Analysis) have been compared. The universal validity of a dimensional model integrating divergent and convergent aspects of the different approaches could be supported for all three populations.

W10. Deinstitutionalisation of former long stay patients in Upper-Austria: a case of success?

Chair: W. Schony (A)

W10.01 LISKAL – AN INSTRUMENT FOR EVALUATION THE DEINSTITUTIONALISATION AND PLANING PSYCHOSOCIAL CARE

A. Grausgruber

No abstract was available at the time of printing.

W10.02 THE DEINSTITUTIONALISATION IN PROGRESS: SOME CRITICAL RESULTS

M. Ortmaier

No abstract was available at the time of printing.

W10.03 LIVING IN THE COMMUNITY – PROBLEMS AND SUCCESS IN VIEW OF CLIENTS AND STAFF

B. Hloch-Wegscheider

No abstract was available at the time of printing.

W12. Video-assisted evidence of recent advances in differentiated psychopathology

Chairs: E. Franzek (D), G.S. Ungvari (HK, RC)

W12.01 THE DEVELOPMENT AND HEURISTIC VALUE OF LEONHARD'S CLASSIFICATION

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The lack of validity of contemporary schizophrenia classifications has warranted the quest for alternative nosological approaches such as the positive-negative and deficit schizophrenia, Crow's Type I and Type II and Liddle's three-subtype model. Of the classical schools, Leonhard's classification is gaining prominence. In etiological aspect, Leonhard's system is rooted, in part, in the neuropathological direction represented by, among others, Griesinger, Meynert, Wernicke and Kleist and, partly, in the clinical genetic studies conducted by Kleist and his school. In psychopathological aspect, Leonhard's categories synthesize and further develop Wernicke and Kleist's clinical descriptions also incorporating components from Kraepelin's subdivision of dementia praecox. The provision of clinically sharply defined subtypes supported by long-term follow-up and family studies constitutes the heuristic value of Leonhard's classification for research on the etiology and pathophysiology of major psychoses.