The Relationship Between the Enneagram Personality Types and Health Responsibility in Patients with Substance Use Disorder; A Brief Report

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Abstract

Objectives: The present study aimed at examining the relationship between the Enneagram personality types and health responsibility in patients with substance use disorder (SUD).

Methods: The current cross sectional study was conducted on 68 patients with SUD referred to methadone maintenance treatment clinics in Kermanshah city, Western Iran, in September 2017. The Riso-Hudson Enneagram type indicator (RHETI) and subscale of health responsibility from the health promoting lifestyle profile (HPLP-II) were used for data gathering. The obtained data were analyzed using Pearson correlation and multiple linear regression analysis.

Results: The mean ± SD age of the samples (100% male) was 39.4 ± 13.3 years. The obtained results showed a significant direct relationship between personality types 1 and 3 and health responsibility, while the same relationship was indirect for the personality type 4 (P < 0.05). Despite the inability of the three personality types in predicting health responsibility, the model generally could explain 12.5% of the variance in criterion variable.

Conclusions: Probably, screening the personality patterns of patients with SUD using the Enneagram model can be useful to identify vulnerable groups. Since SUD rehabilitation includes long-term formal nursing services, training should be focused on improved health responsibility among risk-taking personalities such as type 4.

Keywords: Healthy Lifestyle, Personality, Rehabilitation Nursing, Substance Use Disorder

1. Background

Substance use disorder (SUD) is a chronic, progressive, and destructive disease (1). The disorder is very common throughout the world (1). SUD is often accompanied by a long-term unhealthy lifestyle. In the primary prevention phase, the identification and screening of the personality variables related to adopting a healthy lifestyle may be effective in improving health-related quality of life and controlling the health threatening events. Thus, it is necessary to study the relationship between personality patterns defined in the form of new systems and components of health-promoting lifestyle such as health responsibility. Health responsibility, which is one of the components of a healthy lifestyle, involves individuals care for their own health and help with their own healthcare (2).

Studies often focused on neo five-factor personality model to investigate the relationship between personality traits including extroversion/introversion, positive/negative affect, neuroticism, and other components with addiction and utilized clinical tools such as the Millon clinical multiaxial inventory (MCMI) and the Minnesota multiphasic personality inventory (MMPI) (3, 4). The Enneagram personality system is among those personality models that are rarely used in this field, despite its efficiency and the fact that it can be easily quantified (5). According to the Enneagram system, people are categorized into nine personality types and there is usually a dominant personality type for each individual. The personality types are: perfectionist, helper, achiever, individualist, observer, loyalist, enthusiast, challenger, and mediator (6).

2. Objectives

Based on the considerations, the current study aimed at investigating the relationship between the Enneagram

personality types and health responsibility in patients with SUD.

3. Methods

The current cross sectional study was conducted on 76 patients (68 people in final analysis) with SUD referred to methadone maintenance treatment (MMT) clinics across Kermanshah city, Western Iran, in September 2017. According to the formula ($N > 50 + 8m$) and three predictor variables in the current study, the sample size above 74 cases seemed appropriate ([7]). The randomly selected subjects responded to the questionnaire after signing the written informed consent to participate in the study. The Riso-Hudson Enneagram type indicator (RHETI) ([8]) and subscale of health responsibility from the health promoting lifestyle profile (HPLP-II) ([9]), reliable and valid instruments, were provided for the subjects by an experienced clinical psychologist. The RHTEI includes 144 two-option items (agree/disagree) and, as indicated above, measures nine types of personality. The retest, internal consistency reliability, and criterion validity of the instrument among Iranian samples were acceptable ([8]). HPLP-II is a 52-item inventory with six subscales including health responsibility, spiritual growth, physical activity, interpersonal relationships, nutrition, and stress management. The scoring is based on a four-point Likert scale (from 1: never to 4: always). Cronbach's alpha of the total scale and health responsibility components among Iranian population were 0.78 and 0.83, respectively ([9]). Finally, the data were analyzed using Pearson correlation and multiple regression analysis. All statistical analyses were two-tailed and were performed with SPSS version 20. The study was in accordance with the Declaration of Helsinki. The study protocol was also approved by the Ethics Committee of Kermanshah University of Medical Sciences (ethical code: IR.KUMS.REC.1397.267).

4. Results

The participants (100% male) were within the age range of 18 to 67 years with the mean age of 39.4 ± 13.3. In terms of demographic characteristics, 47.1% of the participants were unmarried, 48.5% had high school diploma and higher education, and 72.1% were employed. Most common factors related to unhealthy lifestyle were hyperlipidemia (30.9%), hypertension (13.2%), myocardial infarction (8.8%), and diabetes mellitus (4.4%), respectively.

Table 1 shows the correlation between the three personality types (1, 2, and 3) and health responsibility. As can be observed, there was a significant direct relationship between types 1 and 3, and health responsibility ($P < 0.05$).

Conversely, there was a significant indirect relationship between personality type 4 and health responsibility ($P = 0.044$).

Table 2 shows the results of multiple regression model in the prediction of health responsibility. None of the personality types could predict criterion variable ($P > 0.05$). The model summary showed that the personality types could explain 12.5% of the health responsibility variance.

5. Discussion

The current study results showed a significant relationship between some personality types and health responsibility. Based on the current study findings, it can be concluded that identifying Enneagram personality types is effective in understanding health responsibility status and related behavior patterns among drug addicts. Along with the current study results, a study reported a significant relationship between personality patterns and health responsibility ([10]). The current study results showed that types 1 and 3 were directly correlated with health responsibility; although there was an indirect relationship between type 4 and health responsibility. The results of a recent study showed that higher scores of personality type 3 increased the likelihood of readiness for lifestyle modification ([11]). In addition to type 3, people with personality type 1 also have a high level of responsibility ([12]). However, high perfectionism often prevents programs from successful starting and finishing.

In line with the current study findings, the results of a study showed that personality type 4 was slightly inversely associated with readiness for lifestyle modification ([11]). Type 4, individualist, is more involved in his/her internal conflicts and unstable mood. People with personality type 4 often focus on negative emotions such as jealousy ([12]). Therefore, they pay less attention to the health and consequences of unhealthy lifestyle.

In general, some personality types may lead to harmful consequences on health ([6]). Conversely, learning the Enneagram typology is effective in promoting psychological growth and ego development ([13]). Based on these considerations, probably the screening of personality patterns of patients with SUD using the Enneagram model can be useful to identify vulnerable groups. Since SUD rehabilitation includes long-term formal nursing services, training should be focused on improved health responsibility among risk-taking personalities such as type 4.

The main limitation of the current study was the small sample size; performing further study on a larger sample size is recommended. In addition, it is also recommended to investigate female subjects with SUD in future studies.

Table 1. The Correlation of Personality Types with Health Responsibility

Personality Type	Mean ± SD	Health Responsibility	
		r	P Value
Type 1, perfectionist	14.73 ± 4.09	0.340	0.005
Type 2, helper	16.37 ± 3.45	-0.072	0.562
Type 3, achiever	12.5 ± 4.39	0.239	0.050
Type 4, individualist	19.66 ± 4.17	-0.245	0.044
Type 5, observer	20.56 ± 4.52	-0.165	0.180
Type 6, loyalist	19.88 ± 4.48	-0.133	0.280
Type 7, enthusiast	9.13 ± 4.04	0.077	0.532
Type 8, challenger	14.31 ± 2.90	0.016	0.897
Type 9, mediator	16.60 ± 2.49	0.001	0.994
Health responsibility	21.81 ± 5.15	-	-

Abbreviation: SD, standard deviation.

Table 2. The Multiple Regression Model to Predict Health Responsibility[a]

Personality Type	B	β	t	P Value
Type 1, perfectionist	0.377	0.299	1.990	0.051
Type 3, achiever	0.136	0.115	0.749	0.456
Type 4, individualist	0.021	0.017	0.095	0.924

[a]Summary of the model for health responsibility: $R = 0.354$, $R^2 = 0.125$, $F = 3.055$, $P = 0.035$.

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Footnotes

Conflict of Interests: Authors declared no conflict of interests.

Ethical Approval: The project protocol was approved by the Ethics Committee of Kermanshah University of Medical Sciences (ethical code: IR.KUMS.REC.1397.267).

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