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Comparative Evaluation of Cognitive Emotion Regulation between "B" Personality Disorders and Normal Persons

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Abstract

The paper presents a Basical-Ex-Post facto research. 230 graduate students voluntarily answered the CERQ and MCMI III. The basic goal of this research is to compare four types of cluster B personality disorder who are identified by BR score of $60 < x < 75$ in MCMI III with normal personality who are identified by BR score of $x < 60$ in cluster B personality disorders in MCMI III. The Comparative study has been carried out by MANOVA. There were not significant differences between people of cluster B personality disorders and people of normal personality in nine cognitive coping strategies of CREQ.

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1. Introduction

Cognitive emotion regulation is the cognitive way of managing the intake of emotionally arousing information and refers to the cognitive part of coping (Garnefski & Kraaij, 2006). Emotional regulation further refers to a person's ability to understand and accept his or her emotional experience, to engage in healthy strategies to manage uncomfortable emotions when necessary, and to engage in appropriate behavior especially when distressed (Sandhoo & Kapoor, 2013). Cognitive coping processes have long been implicated in the experience and expression of emotion (Martin & Dahlen, 2005).

Emotional states and Personality traits are related to each other (Larsen & Ketelaar, 1991; 1989). Over half of the Axis I and all of the axis II personality disorders involve some forms of emotion dysregulation (Groos, 1999).

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According to Dsm-5, Cluster B includes: antisocial, borderline, histrionic, and narcissistic personality disorders. Individuals with these disorders often appear dramatic, emotional, or erratic (APA, 2013).

Literature reports emotion dysregulation as a core component in borderline personality disorder (Van Dijke et al., 2010) and also reports deficits in emotion regulation skills in borderline personality disorders (Niedtfeld et al., 2010). Dynamic Self-Regulatory Processing Model views narcissism in terms of motivated self-construction, in which the narcissistic self is shaped by the dynamic interplay of cognitive and affective intrapersonal, self-processes and the interpersonal self-regulatory strategies played out in the social arena (Morf & Rhodewalt, 2001). There are some preliminary literatures on the role of emotion regulation deficits in a range of clinical disorders, including substance abuse, generalized anxiety disorder, complex posttraumatic stress disorder, borderline personality disorder (Gratz & Roemer, 2004).

According to the literature, deficits in emotion regulation reveal problems. Four hypotheses designed for comparing cluster B personality disorders and normal persons on their self-reported use of cognitive emotion regulation strategies are listed as follows.

Hypothesis:

There are differences in emotion regulation between Histrionic personality disorder and normal personality.

There are differences in emotion regulation between Narcissistic personality disorder and normal personality.

There are differences in emotion regulation between Antisocial personality disorder and normal personality.

There are differences in emotion regulation between Borderline personality disorder and normal personality.

The present study intends to examine the above-mentioned hypotheses regarding the following nine coping strategies of CERQ:

Rumination, Catastrophizing, Self-blame, Other-blame, Acceptance, Positive Reappraisal, Putting into Perspective, Positive Refocusing, Refocusing on Planning.

2. Instruments

2.1 CERQ (*Cognitive Emotion Regulation Questionnaire*)

The 36-item CERQ assesses individual differences in coping across nine 4-item subscales: self-blame, blaming others, acceptance, refocusing on planning, positive refocusing, rumination, positive reappraisal, putting into perspective, and catastrophizing. Likert-type items (1 = “almost never” to 5 = “almost always”) are rated so that higher scores represent greater use of the coping strategy. Internal consistencies, range from .68 to .93 (Martin & Dahlen, 2005). 36 items of CERQ referring exclusively to what someone thinks and not to what someone actually does after having experienced negative life events (Dadkhah & Shirinbayan, 2010).

2.2 MCMI III

3rd edition of Millon Clinical Multiaxial Inventory provides a measure of 24 personality disorders and clinical syndromes for adults; 14 personality disorder scales and 10 clinical syndrome scales, and 5 scales used to verify how the person approached and took the test. The MCMI-III is composed of 175 true-false questions and usually takes the average person less than 30 minutes to complete. (Millon et al., 2006).

3. Participants and Procedure

This research has been conducted by random sampling among university students. Each person has filled two questionnaires voluntarily, included, CERQ and MCMI-III. 367 questionnaires were collected and inquired. Normal people, who are identified by the BR score under 60 in four types of “B” personality cluster in MCMI-III, were 46 persons. Based on this fact the number of people selected for each personality group for comparison was 46. “B” personality cluster was identified by BR score of 60 to 75 in MCMI-III. 46 people who had the highest scores in histrionic personality fall into histrionic personality disorder group. 46 people who had the highest scores in narcissistic personality fall into narcissistic personality disorder group. 46 people who had the highest scores in

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