



Therapy experience in naturalistic observational studies is associated with negative changes in personality



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ARTICLE INFO

Article history:

Received 18 November 2016

Accepted 14 February 2017

Available online 20 February 2017

Keywords:

Personality

Therapy

Personality change

ABSTRACT

Recent research has shown that personality traits change as a result of clinical therapy, although evidence for this effect is derived from efficacy studies that reflect relatively controlled experimental designs. Little is known about how therapy in real world contexts affects change in personality. In two longitudinal studies (N 's = 1270 and 5217), the present research examined whether personality trait change was associated with therapy experience. Propensity score matching was used to compare trajectories of personality trait change in individuals with and without therapy experiences. Overall, therapy experiences were associated with significant increases in undesirable traits and markers (e.g., chronic stress, depression, neuroticism), and significant decreases in desirable traits (e.g., self-esteem, conscientiousness).

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1. Introduction

Personality traits are among the most reliable and robust predictors of a range of important life outcomes, such as physical health, marital satisfaction, mortality, and psychopathology (for reviews, see Kotov, Gamez, Schmidt, & Watson, 2010; Roberts, Kuncel, Shiner, Caspi, & Goldberg, 2007). Where the issue of whether personality traits changed was once hotly debated, a critical mass of research demonstrates that they do indeed change across the lifespan (see Lucas & Donnellan, 2009; Roberts, Wood, & Caspi, 2008).

Despite increased knowledge of normative trajectories of personality traits and experiences associated with change, very little is known about how active efforts to alter patterns of thoughts, feelings, and behaviors change personality traits. One obvious social institution designed for active change is therapy, with roughly 38% of U.S. adults receiving therapy in their lifetime (ADAA, 2015). Although personality trait change is seldom stated as an outright objective, there is ample evidence that therapy does in fact change personality traits in the context of clinical intervention studies (e.g., Barlow, Sauer-Zavala, Carl, Bullis, & Ellard, 2014;

Smith, Glass, & Miller, 1980). Analyzing passive, longitudinal data sets from Germany and the United States, the present research sought to compare personality trait change between individuals with and without therapy experience.

Personality traits are defined as relatively enduring and automatic patterns of thoughts, feelings, and behaviors that are elicited in trait-affording situations (Roberts, 2009). Two ways that personality traits change are through shifts in life experience (e.g., adoption of age-appropriate social roles) and changes to the brain (e.g., medications targeting neurobiological mechanisms). In particular, these pathways are described in the sociogenomic model of personality traits (for an in-depth review, see Roberts, 2009; Roberts & Jackson, 2008), which is based on state-trait models of personality. According to the sociogenomic model, environmental factors act on momentary thoughts, feelings, and behaviors. Over time, accumulated states change traits in a bottom-up fashion when they become extended, internalized, and automatic (Hutteman, Nestler, Wagner, Egloff, & Back, 2015; Magidson, Roberts, Collado-Rodriguez, & Lejuez, 2014). In the context of therapy, patients seek to change their chronic and maladaptive patterns of thoughts, feelings, and behaviors with cross-situational relevance. Thus, most therapeutic approaches rely on high levels of repetition (e.g., practicing skills) and/or prolonged exposure to alternative states (e.g., therapy experiences that carry into everyday life; e.g., Barlow, Allen, & Choate, 2004). Indeed, even

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psychoanalytic-based therapies highlight the importance of repeatedly becoming aware of unconscious processes. With time and repetition, new construal and behavior patterns are internalized, leading to enhanced well-being and a more mature personality. The sociogenomic model also allows for top-down change to occur through physiological intervention. A considerable amount of work demonstrates that personality traits are closely linked to biological mechanisms and several studies indicate that changes in brain states lead to measured changes in personality traits (e.g., Mindus & Nyman, 1991). For example, it was found that taking a selective serotonin reuptake inhibitor (paroxetine) led to large changes in emotional stability and extraversion in ways not accounted for by depression-related measurement bias; further, changes in emotional stability mediated the link between medication and relapse (Tang et al., 2009).

Research has uncovered a variety of experiences associated with personality change, such as changes in marriage/partner status and vocation/job status (e.g., Hudson, Roberts, & Lodi-Smith, 2012; Specht, Egloff, & Schmukle, 2011). If researchers hope to target personality traits through intervention, it is important to investigate the efforts of social institutions designed to induce change. The vast majority of research indicates that therapy experiences are associated with positive (i.e., more mature) personality change (e.g., De Fruyt, Van Leeuwen, Bagby, Rolland, & Rouillon, 2006; Smith et al., 1980). For example, research has found that individuals receiving both pharmacotherapy and psychotherapy had, after receiving therapy, lower levels of neuroticism and higher levels of conscientiousness, openness, agreeableness, and extraversion (De Fruyt et al., 2006). A recent meta-analysis based on 207 (mostly clinical) studies found that psychological interventions led to marked increases in emotional stability and extraversion, and that type of therapy did not moderate the effect of intervention on personality trait change (Roberts, Luo, Briley, Chow, Su, & Hill, 2017).

Little is known about the relationship between therapy experience and personality trait change outside of highly controlled studies. Of particular relevance to the present research, analyzing data from earlier waves of one of the longitudinal samples studied here, Lüdtke, Roberts, Trautwein, and Nagy (2011) found that starting psychotherapy was associated with increases in neuroticism (Lüdtke et al., 2011). Although therapy experience was not the primary focus of the research, the importance of this finding invites a closer look. One possibility is that uncontrolled confounds were responsible for the negative relation between therapy and personality trait change. In the majority of clinical intervention studies, individuals are randomly assigned to therapy versus non-therapy groups and the impact of third variables is not well understood.

Another potentially important factor pertains to the nature of therapy studies, which are typically highly controlled, have rigorous selection criteria, and both therapists and patients are aware of the true purpose of the study. Such studies are critical in demonstrating that therapies can produce meaningful positive change and serve as the backbone of what is known about the effect of therapy on personality change. In contrast, observational longitudinal studies, by their nature, allow researchers to understand how therapy relates to personality change in regular daily contexts, and may allow for a different perspective of the effectiveness of therapy as implemented in perhaps a more naturalistic setting. For example, the NIH Stage Model of Behavioral Therapies Research (Onken, Carroll, Shoham, Cuthbert, & Riddle, 2014) differentiates six stages of intervention research moving from basic science all the way to implementation. While interventions often appear effective in the earlier, more controlled stages of research, it is quite common to find that the effectiveness diminishes as one moves into the field (Onken et al., 2014). A naturalistic study

would, by its lack of specificity, be akin to a seventh stage that investigates the general phenomenon of therapy, not necessarily one particular type of intervention. In this respect, the prior negative association found by Lüdtke et al. (2011) may simply reflect that lack of control that governs the typical therapeutic experience offered to the general public. Nonetheless, if the negative association is borne out using better controls and is replicated in a different culture and cohort, then this would be informative for both how therapy is experienced in the real world and provide crucial information for implementation science that is focused on translating what appears to be the success of controlled interventions into the less controlled environments in naturalistic settings.

The goal of the present research was to investigate the relation between therapy experience and personality trait change more thoroughly than we did in prior longitudinal investigations. First, we analyzed new data from the previous longitudinal study linking therapy to negative changes in personality traits (Lüdtke et al., 2011) while using propensity score matching (PSM) in order to improve upon the test of the association. Propensity score analyses are used when random assignment of participants is not possible, as is the case with therapy experience in observational studies (Rosenbaum & Rubin, 1983), to reduce the potential impact of confounder variables on treatment effects in nonexperimental designs. Specifically, propensity scores integrate information on measured covariates and outcomes before treatment into one score and thus facilitate matching and comparison between individuals with and without therapy experience (Guo & Fraser, 2014). Second, we sought to replicate findings in a longitudinal sample from the Health and Retirement Study (HRS; see Hill, Turiano, Hurd, Mroczek, & Roberts, 2011). The HRS study affords very similar measures of the Big Five, but is based on older Americans over 55. Given the widely accepted notion that change is less likely to occur in an older sample, the HRS sample provides a tougher test of the idea that therapy is associated with personality trait change. We extended our analysis to include measures of psychological well-being and mental health in order to confirm the nature of the relation between therapy and psychological change.

2. Study 1

2.1. Method

We examined the second and fourth wave of an ongoing German longitudinal study (Transformation of the Secondary School System and Academic Careers; TOSCA; see also Lüdtke et al., 2011), which has a major focus on educational and psychological conditions during the transition out of high school. The study began in 2002 and is hosted by the University of Tübingen (see Trautwein, Neumann, Nagy, Lüdtke, & Maaz, 2010).

The first TOSCA assessment took place in 2002, the final year of high school for all participants (02–05/2002), and subsequent waves took place every 2 years. For completing questionnaires at each wave, participants were paid 10–15€ (about \$13–18 U.S.). Because therapy experiences were not part of the first TOSCA wave, we only included data from 2004 and 2008.¹ We selected two measurement points in order to make the results comparable to Study 2, in which change was also assessed over two waves across four years in a separate longitudinal study. To assess the effect of starting therapy, only participants without psychotherapy experiences in the 2 years before 2004 were included in the analyses.

¹ Lüdtke et al. (2011) analyzed waves 1 through 3 of the TOSCA longitudinal study. We focused on waves 2 and 4 in the current study because this allowed us to determine who did or did not experience therapy at each wave, which was not controlled for in the 2011 study.

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