



Pathological personality traits and emotion regulation difficulties



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ABSTRACT

The present research investigated associations between pathological personality traits and emotion regulation difficulties. Study 1 examined the associations between pathological personality traits and self-reported aspects of emotion dysregulation among 932 undergraduates. The results of Study 1 revealed associations between pathological personality traits and specific aspects of emotion dysregulation (e.g., antagonism was associated with impulse control difficulties and limited access to emotion regulation strategies). Study 2 was an experience-sampling study that explored the relationship between pathological personality traits and emotional reactivity to daily events for 350 undergraduates over the course of seven days. Key results from Study 2 showed that negative affectivity, detachment, and antagonism moderated individuals' reactions to daily negative interpersonal events. The results of these studies suggest important connections between pathological personality traits and emotion regulation difficulties that may shed light on the interpersonal problems that often accompany personality pathology.

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1. Introduction

The experience of emotion is undoubtedly an important aspect of our daily lives. Emotions are situation-response tendencies – including components that concern subjective feeling states, information processing, expressive displays, and physiological responses – that are believed to have evolved because they motivate individuals to engage in adaptive, survival-promoting behaviors in response to environmental demands and opportunities (e.g., Tooby & Cosmides, 1990). Emotion regulation refers to the capacity to monitor, evaluate, understand, and modify emotional reactions in a manner that is beneficial for adaptive functioning (Eisenberg, Fabes, Guthrie, & Reiser, 2000; Gratz & Roemer, 2004; Gross & Thompson, 2007). In essence, emotion regulation captures the processes through which individuals modulate their emotional experiences – either consciously or unconsciously – by modifying their own experience or altering the situation that is eliciting the emotion.

The regulation of emotional experiences has received considerable attention from researchers in recent years due to the important role that it plays in many areas of life (e.g., interpersonal relationships, psychological adjustment; Gross & Muñoz, 1995). The strategies that individuals use to regulate their emotions include both antecedent-focused strategies (e.g., avoiding a night out with friends in order to eliminate the possibility of negative emotions induced by social rejection or humiliation) as well as response-focused strategies (e.g., engaging in

deep-breathing exercises to calm yourself after an argument with a co-worker; Gross & Levenson, 1993; Gross & Muñoz, 1995). Emotion regulation is a specific form of self-control (Tice & Bratslavsky, 2000) but the skillful use of emotion regulation strategies does not imply an ability to avoid or immediately diminish any negative emotional experiences. Rather, successful emotion regulation allows individuals to function effectively even when confronted with experiences that provoke intense emotional responses. In contrast, emotion dysregulation reflects various problematic ways in which individuals experience and react to emotional states, including a failure to understand or accept one's own emotional experiences (Gratz & Roemer, 2004). Emotion dysregulation has been found to be associated with a variety of negative outcomes including depressive symptoms, anxiety, substance abuse, aggression, and suicidal ideation (see Gratz, Dixon-Gordon, & Whalen, *in press*, for a review). For example, emotion regulation is extremely important for interpersonal relationships because emotional experiences provide information that is critical for guiding the course of these relationships (e.g., Frijda & Mesquita, 1994). Individuals who experience emotion regulation difficulties have been found to report poorer interpersonal relationships (e.g., Lopes, Salovey, Cote, & Beers, 2005).

It is possible that emotion regulation is tied to specific aspects of personality. There are considerable individual differences in the ability to identify, access, and employ emotion regulation strategies in a flexible and effective manner (e.g., Cole, Michel, & Teti, 1994). These individual differences in emotion regulation have been found to be related to various personality dimensions from the Big Five model including neuroticism (i.e., the extent to which individuals experience the world as distressing and/or threatening), extraversion (i.e., the extent to which individuals actively engage their social environments), conscientiousness

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(i.e., the extent to which individuals are well-organized, punctual, and self-disciplined), and agreeableness (i.e., the extent to which individuals are willing to trust others, engage in altruism, are straightforward, and comply with others; e.g., McCrae & Costa, 1987). For example, neuroticism has been found to be associated with emotion dysregulation, whereas extraversion has been found to be positively associated with understanding and regulating emotional experiences (e.g., Bolger & Schilling, 1991; Dasch, Cohen, Sahl, & Gunthert, 2008; Mroczek & Almeida, 2004; Timmermans, Van Mechelen, & Nezelek, 2009). The results of previous studies are consistent with the idea that certain personality traits may predispose individuals to react to and regulate their emotions in particular ways. Further, difficulties in emotion regulation are implicated in the diagnostic criteria for some of the personality disorders included in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. [DSM-5]; American Psychiatric Association, 2013). For example, it is suggested that difficulties in emotion regulation are a central aspect of borderline personality disorder (see Rosenthal et al., 2008, for a review) and may mediate the associations that borderline personality disorder has with negative outcomes such as interpersonal problems (e.g., Herr, Rosenthal, Geiger, & Erikson, 2013). Considering the important implications emotion regulation difficulties may have in the understanding of personality disorders – as well as the associations it has with specific personality traits – the goal of the present studies was to extend what is known about the connections between pathological personality traits and emotion regulation difficulties. We conducted two studies investigating possible associations between the pathological personality dimensions outlined in the Personality Inventory for the DSM-5 (PID-5; Krueger, Derringer, Markon, Watson, & Skodol, 2012) and emotion regulation difficulties.

The PID-5 model of personality pathology focuses on maladaptive variants of the Big Five personality traits (Thomas et al., 2013) and includes *negative affectivity* (i.e., the tendency to experience an array of negative emotions), *detachment* (i.e., characterized by introversion, social isolation, and anhedonia), *antagonism* (i.e., aggressive tendencies accompanied by assertions of dominance and grandiosity), *disinhibition* (i.e., impulsivity and sensation seeking), and *psychoticism* (i.e., a disconnection from reality and a tendency for illogical thought patterns). Research concerning the PID-5 model is still relatively new but it appears to be quite promising because it is able to assess extreme or atypical levels of basic personality traits that are not captured by other instruments. For example, the pathological personality traits captured by the PID-5 have been found to have associations with a wide range of phenomena including interpersonal functioning (Southard, Noser, Pollock, Mercer, & Zeigler-Hill, 2015), moral judgments (Noser et al., 2015), mate retention behaviors (Holden, Roof, McCabe, & Zeigler-Hill, 2015), and aggression (Hopwood et al., 2013).

The PID-5 pathological personality traits have been suggested to represent major adaptive systems that have evolved because of their survival value (Harkness, Reynolds, & Lilienfeld, 2014). More specifically, negative affectivity corresponds to *short-term danger detection* (i.e., detection of imminent danger and injury), detachment corresponds to *resource acquisition* (i.e., arousal evoked by attaining and consuming resources), antagonism corresponds to *agenda protection* (i.e., focusing energy and concentration on overcoming an obstacle), disinhibition corresponds to *long-term cost-benefit analysis* (i.e., long-term consideration of the costs and benefits of one's behavior), and psychoticism corresponds to *reality modeling for action* (i.e., construction and storage of internal maps of the environment used in planning behaviors). Three of these adaptive systems – danger detection, resource acquisition, and agenda protection – are considered to be emotion-based systems that allow for flexible adaptations to environmental demands and opportunities for exploitation (Harkness et al., 2014).

The present studies examined the associations that the PID-5 pathological personality traits had with emotion regulation difficulties. Our goal was to use the alternative model of personality pathology presented in the DSM-5 as an organizing framework to gain a clearer understanding

of these emotional experiences. Various studies have suggested that individuals with high levels of pathological personality traits may have problematic interpersonal relationships characterized by aggression, manipulation, and exploitation (e.g., Holden et al., 2015). For example, individuals with high levels of antagonism may harm others when they perceive others as preventing them from reaching their goals (Harkness et al., 2014). This is important because pathological personality traits are often accompanied by interpersonal problems and the present study may shed light on the role that emotion regulation difficulties may play in these problems (e.g., individuals with high levels of antagonism may have considerable difficulty regulating their emotions following negative interpersonal events).

We used these emotion-based adaptive systems – as well as previous research showing associations between the Big Five personality dimensions and emotion regulation – to inform our hypotheses regarding the associations between the pathological personality traits of the PID-5 and emotion regulation difficulties. We predicted that the pathological personality traits of negative affectivity, detachment, and antagonism would be associated with a broad array of emotion regulation difficulties because these personality traits correspond to the emotion-based adaptive systems outlined by Harkness et al. (2014). We also hypothesized that disinhibition would be associated with various emotion regulation difficulties because disinhibition is characterized by a lack of self-control which is a key aspect of emotion regulation. We did not have clear predictions for the connections that psychoticism would have with emotion regulation difficulties but we included this pathological personality trait for exploratory purposes and reportorial completeness.

We examined the connections between pathological personality traits and emotion regulation difficulties across two studies. Study 1 directly examined the associations that the PID-5 pathological personality traits had with various self-reported aspects of emotion dysregulation. In Study 2, we used an experience-sampling design to examine the possibility that the PID-5 pathological personality traits moderated emotional reactions to different types of daily events (e.g., negative interpersonal experiences).

2. Study 1: emotion dysregulation

Study 1 examined the associations between the PID-5 pathological personality traits and aspects of emotion dysregulation in order to establish the extent to which each pathological personality feature was uniquely associated with emotion dysregulation. We used the conceptualization of emotion dysregulation developed by Gratz and Roemer (2004) to guide our investigation. This model suggests that there are six aspects of emotion dysregulation including nonacceptance of emotional responses (i.e., experiencing negative secondary emotions in response to, or lack of acceptance of, one's own distress), difficulties engaging in goal-directed behavior (i.e., inability to focus on and accomplish one's goals while experiencing negative emotion), impulse control difficulties (i.e., lack of control over personal behavior while experiencing negative emotions), lack of emotional awareness (i.e., lacking awareness of one's emotional responses), limited access to emotion regulation strategies (i.e., belief that negative emotions cannot be effectively regulated), and lack of emotional clarity (i.e., lack of understanding of one's emotions).

3. Method

3.1. Participants and procedure

Participants were 932 undergraduates (202 men, 730 women) at a university in the Midwestern region of the United States who were enrolled in psychology courses and participated in exchange for partial fulfillment of a research participation requirement. Participants completed measures of pathological personality traits and emotion dysregulation – along with other measures that are not relevant to the present study

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