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PERSONALITY PATTERNS AND AFFECTIVE SYMPTOMS AS FACTORS OF EMOTION REGULATION

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Abstract

From cognitive therapy perspective, personality disorders could be considered in terms of well-developed and deficit coping strategies: for instance, avoidant personality successfully develops independence but has problems in sharing and trust. Clinical approach considers clinical and personality disorders as frequently comorbid but expects those symptoms to be independent from each other. This paper aims to distinguish personality patterns that are not related to dysfunctional coping strategies in the normative sample at all (but that could be prominent in clinical settings), those which effect is independent on the level of anxiety and depression (as indicator of personal situation) experienced by person and those which effect is moderated by affective symptoms. 140 adults 18-56 years old filled Cognitive Emotion Regulation Questionnaire, Millon Clinical Multiaxial Inventory III, Hospital Anxiety and Depression Scale. Moderation analysis demonstrates that in the normative sample there are personality patterns (depressive, masochistic, dependent, and negativistic) that are more vulnerable to ruminations and poorer refocusing under high levels of anxiety and depression. Thus not only dysfunctional beliefs but current mood should be taken into account when planning psychotherapy with people having these personality patterns. However, most copings that typically regarded as dysfunctional are independently related to personality patterns and affective symptoms. Further clinical psychological studies would be helpful in indicating whether these results are specific for normative sample or could be generalized for people having personality disorders.

Keywords: Cognitive emotion regulation, personality patterns, anxiety, depression, personality disorders, moderation.

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1. Introduction

Cognitive approach to personality disorders (Beck, Davis & Freeman, 2015, Linehan, 1993) suggest typical dysfunctional beliefs that if activated in concrete situations lead to automatic thoughts and consequent behavior. Attitudes and rules as well as typical patterns of coping could serve as a defense from the negative basic beliefs that are harmful and unacceptable for the person (Beck, 2011). From this perspective, personality disorders could be considered in terms of well-developed and deficit coping strategies: for instance, avoidant personality successfully develops independence but has problems in sharing and trust (Beck, Davis & Freeman, 2015). However, people with personality disorders rarely come for help regarding these disorders partially due to problems with relationships with others and partially because they could be rather successful until the situation provoking their believes happen. Not surprising that most of them come for psychotherapy complaining on anxiety and depression but not personal patterns per se.

In DSM-IV and V (Diagnostical and Statistical Manual…, 2013) clinical disorders (including affective disorders) and personality disorders refer to different Axis. Although it means clinical independence, they are frequently comorbid to each other (Eynan, Shan & Links, 2016). However, possible functions of anxiety and depression in people with different personality patterns remain understudied. Are they independent, related or interacting predictors of more or less functional coping in different situations?

2. Problem Statement

In line with psychiatry and clinical psychology it is reasonable to expect correlations between anxiety and depression, clinical personality patterns (typical for personality disorders) and the preference of dysfunctional copings not only in patients but also in healthy adults. If affective symptoms and personality patterns function as comorbid, their effects should more or less independent. It seems also clinically reasonable that as clinical disorder becomes more prominent personality pattern less affect the choice of coping strategies because actual mood would be the strongest predictor of behavior. In this case there should be a suppression effect when at high levels of affective disorders relationship between personality and coping becomes weaker.

In line with cognitive therapy approach one would expect another interaction effect: typically successful person becomes more dysfunctional (in terms of copings) under specific circumstances increasing his level of anxiety and depression. This hypothesis describes the case when personality patterns are stronger related to dysfunctional coping under the higher levels of anxiety and depression.

3. Research Questions

This paper describes a study of personality patterns and copings in the normative sample. Specifically we try to distinguish personality patterns that are not related to dysfunctional coping strategies in the normative sample at all (but that could be prominent in clinical settings), that are independent on the level of anxiety and depression (as indicator of personal situation) experienced by person and that are moderated by affective symptoms.

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4. Purpose of the Study

The aim was to reveal possible interaction effects of personality patterns and affective symptoms on the cognitive strategies of emotion regulation in the normative sample

5. Research Methods

140 adults (54 males, 86 females) 18-56 years old (mean age 26.79±10.53 years old) without history of mental illnesses participated in the study.

Cognitive Emotion Regulation Questionnaire (Garnefski, Kraaij & Spinhoven, 2002) was used to measure coping strategies aimed at emotional change. It consists of nine scales differed by authors to more productive ones (acceptance, positive refocusing, refocus on planning, positive reappraisal, putting into perspective) and more dysfunctional ones (self-blame, rumination, catastrophizing, other-blame).

To assess personality patterns participants filled *Millon Clinical Multiaxial Inventory III* (Millon et al., 2009) that is based on Millon's approach to personality (Millon, 2016) and corresponds to personality disorders in DSM-IV. While this study concentrates on the normative sample, we uses only personality pattern scales assessing schizoid, avoidant, depressive, dependent, histrionic, narcissistic, antisocial, sadistic (aggressive), compulsive, negativistic (passive-aggressive) and masochistic (self-defeating) personality patterns.

Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983) was used to measure current affective symptoms. While in the normative sample anxiety and depression are highly correlated we created a composite characterizing the general level of affective symptoms (Cronbach's alpha .77).

Data were processes in the SPSS Statistics 22.0.

6. Findings

Higher level of affective symptoms in the sample were associated with higher self- and other-blame, rumination, canastrophizing and putting into perspective (table 01). Rumination as well as self- and other-blame also correlated to almost any psychological patterns typical for personality disorders except for narcissistic, antisocial and compulsive ones while correlations with histrionic pattern were even negative. Avoidant, depressive, dependent, passive-aggressive and self-defeating patterns seem to be the most risky for dysfunctional copings due to their stable and high correlations with them.

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Table 01. Correlations of the composite of anxiety and depression and personality patterns with cognitive strategies for emotion regulation

Personality patterns	**Self-blame**	**Acceptance**	**Rumination**	**Positive refocusing**	**Refocus on planning**	**Positive reappraisal**	**Putting into perspective**	**Catastrophizing**	**Other-blame**
Anxiety and Depression	.265**	.106	.340**	-.035	-.115	-.076	.200*	.330**	.278**
Schizoid	.169	.112	.315**	-.164	-.055	-.008	.029	.229*	.270**
Avoidant	.265**	.169	.447**	-.180*	-.059	-.096	.123	.417**	.244**
Depressive	.304**	.177*	.503**	-.137	-.115	-.081	.243**	.418**	.239**
Dependent	.180*	.155	.401**	-.006	-.117	-.138	.167	.381**	.206*
Histrionic	-.244**	-.087	-.330**	.272**	.153	.150	-.043	-.219*	-.135
Narcissistic	-.135	.018	-.167	.213*	.289**	.318**	.016	-.053	.198*
Antisocial	.114	.158	.173	.073	.111	.147	.240**	.216*	.414**
Sadistic (Aggressive)	.013	.051	.224*	-.030	.052	.054	.156	.149	.491**
Compulsive	-.089	-.099	-.173	.034	.079	-.022	-.138	-.191*	-.212*
Negativistic (Passive-Aggressive)	.032	.113	.356**	-.041	-.113	-.051	.198*	.388**	.436**
Masochistic (Self-Defeating)	.297**	.247**	.502**	-.032	-.015	.005	.263**	.467**	.284**

* – p<.05, ** – p<.01.

To reveal interaction effects of personality and affective symptoms on emotion regulation series of moderation analyses (Chaplin, 2007) were computed separately for different personality patterns. Dependent variables included cognitive strategies of emotion regulation. At step 1 we added each personality pattern together with the composite of anxiety and depression (centered). At step 2 their interaction product was added.

Four moderation effects for ruminations were revealed: for avoidant, depressive, negativistic (passive-aggressive) and masochistic (self-defeating) personality patterns (Table 02). For avoidant and negativistic patterns the strongest positive relationship between personality and ruminations was in those without anxiety and depression (simple regressions for avoidant pattern: β=.46, β=.29 and β=.31 for those with low, medium and high affective symptoms, respectively; for negativistic pattern: β=.32, β=.24 and β=.18, respectively). On the contrast, depressive and masochistic personality relates stronger with ruminations in those with medium to high levels of anxiety and depression (for depressive pattern: β=.16, β=.51 and β=.43; for masochistic personality: β=.22, β=.42 and β=.43, respectively).

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Table 02. Effect of personality patterns and affective symptoms on ruminations: results of moderation analysis

Independent variables: personality patterns and affective symptoms	**DV - Ruminations**		
	β	**ΔR^2 at step 1**	**ΔR^2 at step 2**
Avoidant Personality Pattern	.415**	.210**	.042**
Anxiety and Depression	.424**		
Avoidant × Anxiety and Depression	-.387**		
Depressive Personality Pattern	.616**	.258**	.032*
Anxiety and Depression	.182		
Depressive × Anxiety and Depression	-.363*		
Negativistic Personality Pattern	.251*	.151**	.028*
Anxiety and Depression	.512**		
Negativistic × Anxiety and Depression	-.365*		
Masochistic Personality Pattern	.516**	.252**	.024*
Anxiety and Depression	.255		
Masochistic × Anxiety and Depression	-.299*		

* - p<.05, ** - p<.01.

Five further interaction effects were supported for positive refocusing: for depressive, dependent, antisocial, compulsive, negativistic and masochistic patterns. Depressive, dependent, negativistic and masochistic personality patterns were related to lower positive refocusing in those with high current affective symptoms but with higher positive refocusing in those without affective symptoms (simple regressions for depressive personality pattern: β=.18, β=.03 and β=-.39 for those with low, medium and high affective symptoms, respectively; for dependent pattern: β=.40, β=.05 and β=-.22; for negativistic pattern: β=.33, β=.06 and β=-.30; for masochistic pattern: β=.33, β=.18 and β=-.28). For antisocial pattern the results are inconsistent: the highest positive correlation with refocusing is revealed in group with medium affective symptoms while negative one – in those with high anxiety and depression level (β=.11, β=.35 and β=-.21 for those with low, medium and high affective symptoms, respectively). For compulsive personality pattern the relationship was vice versa indicating that compulsive personality if not anxious or depressed tends not to use positive refocusing but refers to positive refocusing if affective symptoms are more prominent (simple regressions β=-.25, β=.06 and β=.20 for those with low, medium and high affective symptoms, respectively).

Two more interaction effects were revealed for putting into perspective: in general, anxiety and depression positively correlates to putting into perspective but this relationship becomes weaker if the person has aggressive (β=-.395, ΔR^2=.052, p<.05) or negativistic patterns (β=-.387, ΔR^2=.032, p<.05). Comparisons of simple regressions demonstrate that for both aggressive and negativistic patterns are related to higher putting into perspective but in those with low or medium levels of anxiety and depression only (simple regressions for aggressive personality pattern: β=.19, β=.23 and β=-.06 for those with low, medium and high affective symptoms, respectively; for negativistic pattern: β=.28, β=.25 and β=-.09).

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Table 03. Effect of personality patterns and affective symptoms on positive refocusing: results of moderation analysis

Independent variables: personality patterns and affective symptoms	**DV – Positive Refocusing**		
	β	**ΔR^2 at step 1**	**ΔR^2 at step 2**
Depressive Personality Pattern	-.193	.024	.032*
Anxiety and Depression	.401*		
Depressive × Anxiety and Depression	.360*		
Dependant Personality Pattern	.030	.004	.045*
Anxiety and Depression	.358		
Dependant × Anxiety and Depression	-.482*		
Antisocial Personality Pattern	.072	.011	.033*
Anxiety and Depression	.361		
Antisocial × Anxiety and Depression	-.470*		
Compulsive Personality Pattern	.044	.004	.040*
Anxiety and Depression	-.607*		
Compulsive × Anxiety and Depression	.592*		
Negativistic Personality Pattern	.006	.004	.054**
Anxiety and Depression	.383		
Negativistic × Anxiety and Depression	-.503**		
Masochistic Personality Pattern	.051	.004	.053**
Anxiety and Depression	.283		
Masochistic × Anxiety and Depression	-.442**		

* - p<.05, ** - p<.01.

No moderation effects were revealed for self-blame, acceptance, refocus on planning, positive reappraisal, catastrophizing and other-blame.

7. Conclusion

According to our data, both personal and affective factors (anxiety and depression) were related to dysfunctional coping strategies. Particularly, in those with avoidant, depressive, dependent, passive-aggressive and self-defeating personality patterns the likelihood of self- or other- blame, rumination and catastrophizing was most prominent. However, results of moderation analyses support that for most strategies there is no interaction between these effects – thus, affective symptoms could be independent factor of copings or mediate the relationship between personality and coping. This result is in line with clinical "axis" approach which highlights comorbidity of disorders of different axis – including affective and personality ones.

Nevertheless, some data suggest that personality and affect do interact predicting ruminations, positive refocusing and putting into perspective. In those people with depressive and masochistic patterns ruminations were stronger if they also experienced symptoms of anxiety and depression. Depressive, dependent, masochistic and negativistic patterns were associated to lower positive refocusing in those with high level of affective symptoms. These results are in line with cognitive approach to personality disorders suggesting negative emotional condition could become a trigger for decompensating of personality disorders (Beck, Davis & Freeman, 2015). The result that people with compulsive traits more frequently use positive refocusing if they are under negative affect suggest that at least in the normative

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sample in some personality patterns anxiety and depression could stimulate person for better coping. Moreover, we suggest that if the personality pattern is closely related to avoidance of anxiety (like in avoidant and passive-aggressive patterns) focusing on the emotions (e.g., ruminations) would be less typical under anxiety and depression than without them.

In general, data indicates that in the normative sample there are personality patterns (depressive, masochistic, dependent, and negativistic) that are more vulnerable to ruminations and poorer refocusing under anxiety and depression. However, most "dysfunctional" copings are independently related to personality patterns and affective symptoms. Further clinical psychological studies would be helpful in indicating whether these results are specific for normative sample or could be generalized for people having personality disorders.

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