PERSONALITY ORGANIZATION, EMOTION REGULATION, AND SYMPTOM DISTRESS

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INTRODUCTION

Evidence suggests that the severity of personality difficulties, regardless of their type, may be the most important determinant of current and future dysfunction (Hopwood et al., 2011). Otto F. Kernberg's model of personality organization (PO) describes severity of personality disturbance as a continuum from normal-neurotic functioning, through borderline, to psychotic personality, along which the predominance of primitive defenses and the concomitant identity disturbance augments, with reality testing compromised in the psychotic pole (e.g., Kernberg & Caligor, 2005). The increasing influence of primitive, intense emotions lacking integration often manifest in affect dysregulation and behavioral correlates such as anger expression and impulsive self-destructive behaviors (Clarkin, Yeomans, & Kernberg, 2006). Still, there is little research into the paths through which PO affects symptoms, in which emotion (dys)regulation must play an important role.

OBJECTIVE

We examine direct and indirect effects of PO on indices of psychological distress, hypothesizing the importance of global and specific types of emotion (dys)regulation as partial or total mediators.

METHOD

Participants

Convenience sample of 1099 Portuguese individuals. 70.9% female, ages from 16 to 72 (*M*=27.34, *SD*=9.70). 60.1% held a higher education degree, 39.6% completed secondary school (twelve years of education). 67.0% students, 29.6% were employed, 6.4% unemployed or inactive, 1.1% retired (entries were not mutually exclusive). 75.3% of the participants were single, 22.3% were married, remarried, or in civil union, and 2.5% were divorced, legally separated, or widowed.

Instruments

Inventory of Personality Organization (IPO; Kernberg & Clarkin, 1995; Portuguese short version by study authors): Self-report assessing PO according to Kernberg's model. Portuguese short version composed of 28 items with three 1st order factors (Instability of Self, Instability of Others, Psychosis) and a 2nd order dimension representing general personality disturbance (Global PO).

Difficulties in Emotional Regulation Scale (DERS; Gratz & Roemer, 2004; Portuguese version by Coutinho, Ribeiro, Ferreirinha, & Dias, 2010): 36-item self-report assessing emotion regulation strategies. Subscales: nonacceptance of negative emotions (NE) (NA), difficulties in goal-directed behavior during NE (GOA), impulse control difficulties during NE (IMP), lack of emotional awareness (AW), limited emotion regulation strategies when upset (STR), lack of emotional clarity (CLA)).

Brief Symptom Inventory (Derogatis & Spencer, 1982; Portuguese version by Canavarro, 1999): 53 items covering 9 symptom dimensions and 3 global indices of distress – Global Severity Index (GSI; level of symptomatology), Positive Symptom Distress Index (PSDI; intensity of symptoms), and Positive Symptom Total (PST; number of reported symptoms) (see **Table 1** for further information on the instruments).

Procedure

Each individual responded in online format (*LimeSurvey 1.87®*) after e-mail invitation. Dissemination proceeded through formal and informal channels, following the requirements of each particular context. An e-mail account was created to allow participants to contact the research team regarding questions raised by the study.

Data Analysis

Mediational effects were tested with IPO latent dimensions as independent variables, DERS latent and manifest dimensions (total scale and subscales, respectively) as mediators, and BSI 3 global indices as manifest dependent variables. Models were adjusted through a 2-step strategy, first for the measurement part and then for the structural part. Indirect effects significance was examined with *Bootstrap* resampling (Marôco, 2014). Non-significant paths at the .05 level were dropped. Analyses were run with *IBM SPSS Statistics 22* and *IBM SPSS Amos 23*.

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FCT Fundação para a Ciência e a Tecnologia
POPH PROGRAMA OPERACIONAL POTENCIAL HUMANO
COMPETE
QREN QUADRO DE REFERÊNCIA ESTRATÉGICO NACIONAL
UNIÃO EUROPEIA Fundo Europeu de Desenvolvimento Regional

RESULTS

Global PO had a significant effect on all three BSI global indices, with explained variances from 52% (PSDI; *β*=.72, *p*<.001) to 71% (GSI; *β*=.84, *p*<.001 – consequently, we chose to focus on GSI through subsequent analyses). Global emotion dysregulation was confirmed as a partial mediator, with the model accounting for 74% of symptom variance (**Figure 1**). Among IPO dimensions, Instability of Others showed the highest total effect on GSI (*β*=.46, *p*<.001; Instability of Self: *β*=.17, *p*<.001; Psychosis: *β*=.27, *p*<.001), and global emotion dysregulation was also a significant partial mediator in this model (**Figure 2**). Within DERS, *strategies* and, to a lesser extent, *goals* were the dimensions mediating the effect of PO dimensions on symptoms – the model with these two mediators explained 69% of symptom variation (**Figure 3**). When examining DERS subscales mediation with Global PO as independent variable, the indirect effects were not significant (*β*=.087, *p*=.078)

Table 1

Scale	N items	α
IPO Total	28	.910
IPO Inst Self	9	.831
IPO Inst Others	8	.791
IPO Psychosis	1	.886
DERS Total	36	.937
DERS Strategies	8	.901
DERS Nonaccept	6	.902
DERS Awaren	6	.783
DERS Impuls	6	.836
DERS Goals	5	.892
DERS Clarity	5	.839

Figure 1
X2(551)=2150,059; p=,000; X2/df=3,902
;CFI=,902; RMSEA=,051

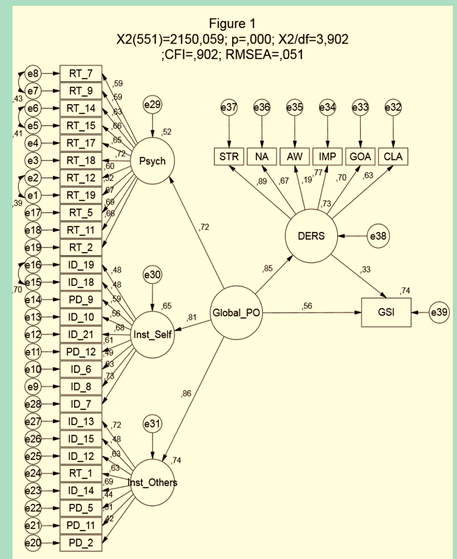


Figure 2
X2(547)=2074,218; p=,000; X2/df=3,792;
CFI=,907; RMSEA=,050

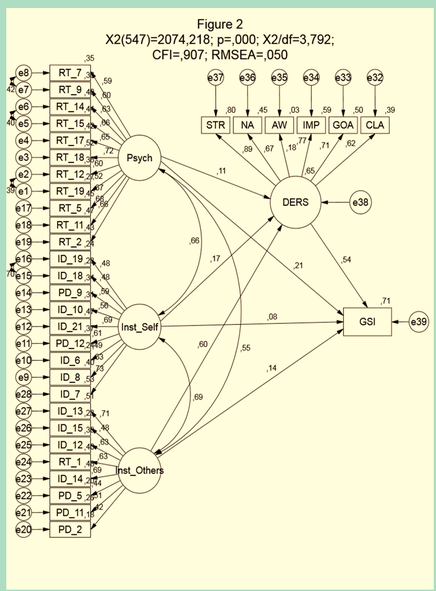
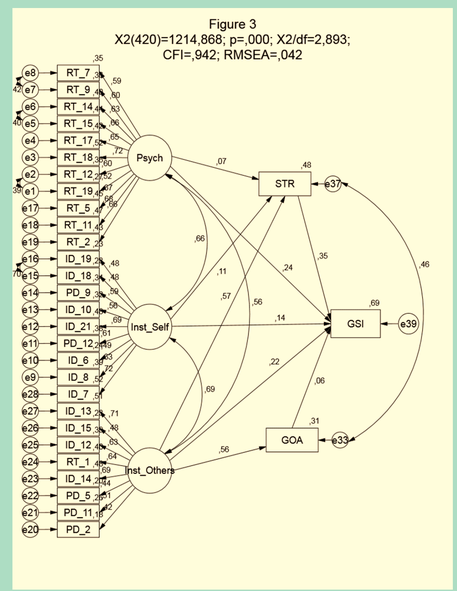


Figure 3
X2(420)=1214,868; p=,000; X2/df=2,893;
CFI=,942; RMSEA=,042



DISCUSSION / CONCLUSIONS

As expected, personality difficulties have an important impact on psychopathological symptoms, due in part to their negative effect on emotion regulation (ER). In particular, the interpersonal concerns characteristic of personality disturbance may have a relevant effect on symptoms, related with limited access to ER strategies (the belief that little that can be done to regulate emotions once an individual is upset [Gratz & Roemer, 2004]) and, less importantly, difficulties maintaining goal-directed behavior during negative emotions. Lack of ER strategies is also involved in the effect of discontinuous self-experience and difficulties in reality testing on symptoms. These results have important implications for mental health practitioners. Both psychoeducational and clinical interventions directly addressing emotions, and in particular the ability to tolerate, recognize, label, and signify what is felt, are likely to prevent and/or impact symptoms, as well as the professional's capacity to convey these abilities through his attitudes towards his own and the patient's emotions. In fact, relational work may be particularly decisive considering the interpersonal dimension of the patient's difficulties and its strong impact on ER and symptoms. Cognitive work addressing the disbelief in ER strategies may also be important. Still, our results suggest that PO has a relevant impact on symptomatology that is not mediated by ER. This calls for further research on the connection between personality structure and dynamics (Hopwood et al., 2015) and additional mediating/moderating factors, at the same time supporting the importance of therapeutic approaches aiming at structural personality change. The main limitation of this study pertains to the cross-sectional design, that limits causal inference and introduces common method biases (Podsakoff et al., 2003). Longitudinal designs and diversification of variables, measurement contexts, and instruments are important concerns for future research.