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## **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. 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. 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. Still, there is little research into the paths through which PO affects symptoms, in which emotion (dys)regulation must play an important role.

**Objectives:** We examine direct and indirect effects of PO on indices of psychological distress, hypothesizing the importance of different types of emotion (dys)regulation as mediators.

**Method:** A sample of 1099 Portuguese participants completed an on-line survey including measures of PO (IPO), emotion regulation (DERS; subscales: nonacceptance of negative emotions (NE), difficulties in goal-directed behavior during NE, impulse control difficulties during NE, lack of emotional awareness, limited emotion regulation strategies when upset, lack of emotional clarity), and symptoms (BSI; three global indices of distress: GSI, PST, PSDI). Mediation models were tested through Path Analysis.

**Results and discussion:** PO has a significant effect on all three BSI global indices, with explained variances from 38% (PSDI;  $\beta=0.61$ ,  $p < .001$ ) to 54% (GSI;  $\beta=0.73$ ,  $p < .001$ ). Global emotion dysregulation was confirmed as partial mediator in all cases, with the models accounting for 47% (PSDI) to 65% (GSI) of symptom variance. Within DERS, strategies and clarity were the dimensions mediating the effect of PO on symptoms – models with these two mediators explained 51% (PSDI) to 67% (GSI) of symptom variation. These results have important implications for mental health practitioners.