



Trait emotional intelligence, trauma and personality organization: Analysis of urban clinical patients

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ABSTRACT

Objective: Trait emotional intelligence (TEI) has recently emerged in research related to personality psychopathology. Yet, no research to date has considered the role of trauma in the TEI and personality organization relation. This article explored the three-way interaction between childhood and adult trauma, and TEI in predicting personality organization scores in a clinical sample.

Method: This study used self-report data from 160 adult patients of a mental health clinic in an urban, low-income setting.

Results: TEI was negatively related to the three dimensions of personality organization. For two of the three dimensions, the negative relations were stronger in magnitude among patients with high childhood and adult trauma experiences in comparison to low trauma patients.

Conclusions: This study yields compelling findings highlighting the potential role of TEI in the prevention and treatment of symptoms of personality disorders, specifically borderline personality disorder, among patients with high incidences of lifetime trauma. We discuss the implications of these findings for personality psychology, especially, the utility of integrating TEI interventions into psychological treatments.

1. Introduction

Approximately 9% of the U.S. adult population has some type of personality disorder (PD) (Lenzenweger, Lane, Loranger, & Kessler, 2007). Much of the research on PDs considers their genetic and psychological markers. More recently, researchers have examined the individual traits associated with PD symptoms, most notably those related to borderline personality disorder. Particularly, a few researchers have begun to explore how trait emotional intelligence (TEI) relates to borderline personality organization for the sake of understanding new avenues for psychological treatment (Leible & Snell, 2003; Sinclair & Feigenbaum, 2012). However, there are few studies that investigate the relation between TEI and personality organization using clinical samples. Furthermore, no study investigates the moderating role of lifetime trauma, which is highly prevalent among help-seeking clinical populations in urban settings (Kilpatrick et al., 2013; National Survey of Children's Health, 2013). Given documented evidence on the malleability of personality traits, and of TEI (Karahan & Yalcin, 2009; Kotsou, Nelis, Gregoire, & Mikolajczak, 2011; Ruttledge & Petrides, 2012; Srivastava, John, Gosling, & Potter, 2003), such omission understates the potential clinical value of TEI-training in the treatment of

personality disorder symptoms among patients with lifetime trauma experiences.

1.1. Personality organization

Personality pathology falls within a spectrum characterized by three levels: Neurotic, borderline and psychotic (Kernberg, 1975). The healthiest level is the neurotic personality level, characterized by a solid sense of reality, use of mature defense mechanisms and an undistorted sense of self and others (Kernberg, 1996). The borderline level, which lies at the center of the spectrum, includes a wide scope of personality pathology including antisocial, narcissistic, dissociative, and others (PDM, 2006). Individuals with a borderline personality organization heavily rely on primitive defenses (e.g., viewing situations as extreme and in polarized fashion), and have an inconsistent and often distorted sense of self and others (Kernberg, 1996). The psychotic personality level captures the most severe forms of psychopathology and indicates a distorted sense of reality, reliance on primitive defenses, and an unintegrated sense of self (Kernberg, 1996).

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1.2. Trait emotional intelligence

Trait emotional intelligence (TEI) corresponds to a constellation of emotional perceptions assessed through questionnaires and rating scales (Petrides, Gómez, & Pérez-Gonzalez, 2017; Petrides, Pita, & Kokkinaki, 2007). Although articles investigating the role of TEI within clinical samples are scarce (Petrides et al., 2016; Zeidner, Matthews, & Roberts, 2012) researchers have found TEI to be a sound predictor of psychological well-being (Martins, Ramalho, & Morin, 2010), and a negative predictor of mental distress (Kwako, Szanton, Saligan, & Gill, 2011; Petrides et al., 2016). Within the field of personality, researchers have observed a strong and negative relation between TEI and psychopathology (Petrides et al., 2017; Petrides, Hudry, Michalaria, Swami, & Sevdalis, 2011) including borderline personality symptoms (Leible & Snell, 2003; Sinclair & Feigenbaum, 2012).

Given the potential benefits of TEI, researchers have questioned its malleability, and some researchers have documented interventions leading to improvements in TEI. McIlvain, Miller, Lawhead, Barbosa-Leiker, and Anderson (2015) assessed the effect of a yoga-based intervention on TEI scores in a sample of adolescents residing in a psychiatric facility. The authors found that after 8 weeks of the intervention, TEI global scores significantly increased by approximately 20 points ($M_{\text{baseline}} = 130.18$, $SD_{\text{baseline}} = 25.71$; $M_{8 \text{ weeks}} = 150.73$, $SD_{8 \text{ weeks}} = 25.44$). Additionally, training sessions focusing on the understanding, identification, expression, use and regulation of emotions over a 4-week period were linked to improvements in TEI scores of roughly the same magnitude as that of yoga-based interventions among undergraduate students (Nelis, Quoidbach, Mikolajczak, & Hansenne, 2009). Moreover, the authors verified that improvements in TEI were stable after 6 months. Such stability in improvements in TEI was also observed in studies of cognitive behavioral interventions among adolescents (Rutledge & Petrides, 2012).

While these findings prove useful for the inclusion of TEI in therapies aiming to improve symptoms associated with personality pathology, no study to date has investigated whether the relations between TEI and mental health outcomes depend on the type and frequency of trauma experienced during childhood and adulthood.

1.3. Child and adult trauma

Millions of individuals experience potentially traumatic events (PTEs) each year, and urban low socio-economic groups are disproportionately affected (Lederbogen, Kirsch, Haddad, et al., 2011; National Survey of Children's Health, 2013; Peen, Schoevers, Beekman, et al., 2010). There are several reasons to suspect the relationship between TEI and personality organization may vary by frequency of lifetime trauma.

First, adverse childhood events (ACEs) can inhibit the ability to learn from life experiences, including how to correctly use and understand emotional information (Gabbard, 2005; Gabbard, Miller, & Martinez, 2008). Second, ACEs have been linked to damages in the prefrontal cortex (Teicher, Andersen, Polcari, Anderson, & Navalta, 2002) impairing the capacity for mentalization, which is critical to the understanding of emotions (Gabbard, 2005). Finally, adult exposure to PTEs is similarly associated with emotional instability and greater risk for psychopathology (Chapman et al., 2004; Chartier, Walker, & Naimark, 2009).

Taken together, these disruptions on child development, exacerbated by PTEs in adulthood, have lasting consequences on how individuals understand their internal experiences and respond to the external environment, including how their emotional dispositions relate to their personality organization. Accordingly, we aimed to investigate whether the relation between TEI and personality organization varied by frequency of childhood and adult trauma.

2. Method

2.1. Sample and procedure

Patients of a low-income urban community-based mental health clinic participated in this study. For internal purposes, all patients of the clinic must answer a series of questionnaires prior to receiving services; patients are allowed to skip questions they wish not to answer. Patients may decline to provide consent to have their de-identified data included in research publications at no risk. Ten individuals declined to provide consent for an effective sample size of 160 individuals. Respondents originated from diverse cultural backgrounds (29.4% Latino, 12.5% Asian, 10.0% African or African American, 28.1% European-American, and 20.0% other, including bi-racial), and were 31.20 years old ($SD = 10.96$) on average. The majority of participants were male (53.0%), had at least a 4-year college education (64.2%), had household incomes lower than \$40,000 (60.1%), and were employed at least part-time (57.1%). The institutional review board of The City College of New York approved this study and all associated procedures.

2.2. Measures

2.2.1. Personality organization

The Inventory of Personality Organization (IPO) is a 57-item self-report measure that operationalized Kernberg's model of personality (Kernberg & Clarkin, 1995) as three subscales: (i) Reality Testing (RT), (ii) Primitive Defenses (PD) and (iii) Identity Diffusion (ID). Higher values for each subscale correspond to departures from the neurotic personality level toward either the borderline or the psychotic levels. In prior studies, each IPO subscale has returned high internal consistency estimates: PD ($\alpha = 0.81$), ID ($\alpha = 0.88$), and RT ($\alpha = 0.87$), as well as test-retest reliability of PD ($r = 0.72$), ID ($r = 0.78$), and RT ($r = 0.73$) (Lenzenweger, Clarkin, Kernberg, & Foelsch, 2001). For this sample, internal consistency estimates were high: PD ($\alpha = 0.87$), ID ($\alpha = 0.90$), and RT ($\alpha = 0.89$).

2.2.2. Trait emotional intelligence (TEI)

The Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF) is a 30-item self-report questionnaire that provides a global measure of TEI. Items appear in a 7-point Likert scale ranging from 'completely disagree' to 'completely agree'. Other studies have documented internal consistency estimates of 0.87 and 0.89 (Cooper & Petrides, 2010; Petrides, 2009; Petrides & Furnham, 2003). In this study, we obtained an internal consistency estimate of $\alpha = 0.91$.

2.2.3. Child trauma

The Adverse Childhood Events (ACE) Questionnaire is a self-report measure of exposure to 10 different types of relational trauma during childhood (Felitti et al., 1998). Scores range from zero to 10, where higher values indicate greater relational trauma exposure. Studies have documented the psychometric properties of the ACE questionnaire with sound reliability and validity estimates (Dube, Williamson, Thompson, Felitti, & Anda, 2004). For this study, internal consistency was adequate ($\alpha = 0.70$).

2.2.4. Adult trauma

The Life Events Checklist (LEC) for DSM-5 (Weathers et al., 2013) is a widely used self-report measure of exposure to PTEs in a respondent's lifetime, and captures trauma experiences ranging from population-level to interpersonal. The LEC measure contains 17 items and returns 5 subscales measuring the degree of exposure. Herein, we used the subscales measuring direct or witnessed events. The measure has shown adequate psychometric properties (Gray, Litz, Hsu, & Lombardo, 2004). For the sample, the Cronbach's alpha estimate of internal consistency was 0.70.

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