

THE RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND PERSONALITY DISORDER SYMPTOMATOLOGY

Khatuna Martskvishvili, Maia Mestvirishvili

Tbilisi State University, Tbilisi, Georgia

Email: khatuna.martskvishvili@tsu.ge, maia.mesvtirishvili@tsu.ge

Abstract

Disturbances in emotion are associated with the most of the diagnostic criteria of the personality disorders, though the role of emotional intelligence in the diagnosis of personality disorders has been the subject of limited research. The present study was designed to investigate the relationships between trait emotional intelligence (trait EI) and personality disorder symptomatology in an undergraduate student sample. One hundred and twenty university students (28.3% male and 71.7% female; M of age = 19.23, $SD=2.45$) were administered with (1) Trait Emotional Intelligence Questionnaire (TEIQue) (Petrides, 2009), along with (2) The Personality Disorder Questionnaire-4 (PDQ-4) (Hyler E. Steven, 1994). A multivariate analysis of variance revealed a significant main effect for group with individuals without any personality disorder symptomatology scoring significantly higher than individuals with some personality accentuations on most TEIQue facets. The results suggest that different components of emotional intelligence contribute to the development of different personality disorder symptomatology, but more research is required to replicate the results with the clinical population.

Key words: *emotional intelligence, personality disorders.*

Introduction

Trait Emotional Intelligence (trait EI) is defined as “a constellation of emotional self-perceptions located at the lower levels of personality hierarchies” (Petrides, Pita, Kokkinaki, 2007). An alternative label for the construct is - trait emotional self-efficacy. Trait EI or trait emotional self-efficacy comprises emotion-related self-perceptions and dispositions which should be measured via self-report questionnaires. Trait EI is associated with many different criteria: e.g. coping styles - high trait EI individuals utilize more adaptive coping styles to manage mood-related information (Mikolajczak, Nelis, Hansenne, & Quoidbach, 2008); Emotion identification (Petrides & Furnham, 2003); Humour styles (Greven, Chamorro-Premuzic, Arteche, & Furnham, 2008; Vernon et al., 2009); Marital, life, and job satisfaction (Petrides, Pérez-González, & Furnham 2007; Saklofske et al., 2003; Schutte et al., 2001; Singh & Woods, 2008); Mood (including sensitivity to mood induction and mood recovery) (Ciarrochi, Chan, & Bajgar., 2001; Petrides, Pérez-González, & Furnham 2007); Reaction time (Austin, 2009), and Self-harm in adolescence (Mikolajczak, Petrides, & Hurry, 2009). Emotional intelligence also correlates with the ability to attend to emotional information (Mikolajczak, Roy, Verstrynge, Luminet, 2009)

and with the ability to understand and express emotions (Dawda & Hart, 2000; Parker, Taylor, & Bagby, 2001). There is growing evidence that emotional intelligence is a relevant predictor of physical and mental health and psychological well-being. E.g. trait EI is related to subjective well-being (Schutte & Maouff, 2011); mental health (Martins, Ramalho, & Morin, 2010) and happiness (Chamorro-Premuzic, Bennett, & Furnham, 2007).

According to the DSM-V (American Psychiatric Association, 2013) personality disorders form a class of mental disorders that are characterized by long-lasting rigid patterns of thought and behavior; they are associated with the ways of thinking and feeling about oneself and others that significantly and adversely affect how an individual functions in many aspects of life. Personality disorders fall within 10 distinct types, which are grouped into three clusters: Cluster A (includes schizoid, schizotypal, and paranoid personality disorders) and is called the odd, eccentric cluster; Cluster B (histrionic, borderline, narcissistic, and antisocial personality disorders) refers to persons who appear dramatic, emotional, or erratic; and Cluster C (avoidant, dependent, and obsessive-compulsive personality disorders) consists of people who appear anxious or fearful.

One of the general criteria for personality disorder is significant impairments in self (identity or self - direction) and interpersonal (empathy or intimacy) functioning. Emotions provide the important basis for most of personality disorders - personality disorders are characterized by impairments in interpersonal functioning – in empathy or in intimacy; by significant deficits in the ability to understand and regulate emotions, by a pervasive pattern of instability in emotion regulation, moods, impulse control, interpersonal relationships; impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits; personality disorders are also characterized by the low self-esteem and hypersensitivity to rejection caused by restricted interpersonal contacts.

According to the DSM-V disturbances in emotions are frequently associated with the diagnostic criteria of personality disorders, but still relatively little is known about the relationship of personality disorders with emotional intelligence. It's still not clear which specific aspects of emotional intelligence contribute to the development of specific personality disorders. Research shows that different aspects of emotional intelligence are related to different personality disorders. e.g. borderline personality disorder (BPD) is associated with significant deficits in emotional abilities (Hertel, Schutz & Lammers, 2009; Sinclair & Feigenbaum, 2012). Taylor and Reeves (2007) showed that BPD symptoms in college students were related to affective instability. Research (Leible & Snell, 2004) showed that students who were relatively high in symptoms related to the borderline personality disorder reported less mood repair than healthy controls and several personality disorders were systematically associated with different aspects of emotional intelligence: specifically, emotional clarity, emotional attention, emotional regulation, private emotional awareness, private emotional preoccupation, and public emotional monitoring.

Though there is an intuitive link between emotion-related personality dispositions and personality disorders, still relatively little is known about their relationship. It's still not clear which specific aspects of emotional intelligence contribute to the development of specific personality disorders. Based on previous research literature, it seems reasonable to assume that different aspects of emotional intelligence might have different values for different personality problems. In response to the need to better understand the relationship between trait EI and personality disorder symptomatology the present research was designed. The goal of the research is to investigate the relationships between trait emotional intelligence and personality disorder symptomatology in an undergraduate student sample. The Research questions are as follows: does trait EI predict personality disorder symptomatology? Do specific trait EI variables contribute to the development of specific personality disorder symptomatology? Accordingly, the specific predictions are that participants with high scores on personality disorder symptomatology will be less likely to have high trait EI scores and specific trait EI variables will contribute to the development of specific personality disorder symptomatology.

Methodology of Research

The quantitative study has been designed to explore the relation of trait emotional intelligence with the personality disorder symptomatology in an undergraduate student sample. A multivariate analysis of variance has been used to compare emotional personality dispositions of individuals without any personality disorder symptomatology with the group of individuals with some personality accentuations

Participants

One hundred and twenty university students (M of age = 19.23, SD=2.45) participated in the study, of whom 34 (28.3%) were male and 86 (71.7 %) female. Most participants were single (88.3 %), or married (12.4%). A few were divorced (1.8%) or did not report their status (4.9%). Participants were mainly 74 (61.7%) unemployed. Of those who were employed 10.8% were employed in the private sector, 17.5%, were employed in academia and 2.5% were employed in the state sector. 61.7% of participants were residents of large cities, 25.8 % of towns and 12.5% of villages.

Measurements and Procedure

Trait emotional intelligence. Trait emotional intelligence was measured through the Georgian version of the Trait Emotional Intelligence Questionnaire (G-TEIQue) (Martskvishvili, Mesvtrishvili, Arutinov, 2013). The G-TEIQue as the original the Trait Emotional Intelligence Questionnaire (TEIQue v. 1.50) (Petrides, 2009) comprises of 153 items responded to on a 7-point scale. It yields scores on the same 15 facets and 4 factors (see appendix A). Internal consistencies (Cronbach's *a*) in the present study were generally acceptable, as expected (see Table 1. for descriptives and internal consistencies).

The personality disorder symptomatology. Personality disorder symptomatology has been assessed through the use of The Personality Diagnostic Questionnaire (PDQ-4) (Hyer, 1994). The 4th version of the instrument is widely used by health professionals to screen clients for the presence DSM IV Axis II personality disorders, consists of 85 items and is a self-administered, forced choice, true/false diagnostic instrument. The questions are closely aligned with the diagnostic criteria of the DSM-IV. Accordingly, Personality disorders evaluated by the PDQ-4 are the following: (1) *Cluster A* - Paranoid (PAR), Schizoid (SZD), Schizotypal (STP); (2) *Cluster B* - Borderline (BOR); Antisocial (AS), Histrionic (HIS), Narcissistic (NAR); (3) *Cluster C* - Avoidant (AVD), Dependent (DEP), Obsessive compulsive (OC). The questionnaire also provides an index of overall personality disturbance which is the total PDQ-4 score and is determined by summing all the pathological responses (Hyer, 1994). The PDQ-4 can be used by psychologists, psychiatrists, counselors and other mental health professionals to aid in screening patients.

Participants completed the questionnaires anonymously and individually, and were subsequently debriefed. Students volunteered to participate after research assistant provided detailed information about the study. They didn't receive any credit or reward for participation in the study.

Table 1. TEIQue descriptive statistics for the group with and without personality disorder symptomatology.

	Group without symptomatology					Group with accentuations				
	a	Males		Females		a	Males		Females	
		M	SD	M	SD		M	SD	M	SD
Adaptability	.81	5.27	1.19	4.27	0.97	.76	4.63	0.95	4.47	1.00
Assertiveness	.57	5.73	0.63	4.82	0.63	.80	5.23	0.92	5.04	1.07
Emotion expression	.82	5.56	1.54	5.01	1.07	.79	4.10	1.06	4.44	1.20

	Group without symptomatology					Group with accentuations				
	a	Males		Females		a	Males		Females	
		M	SD	M	SD		M	SD	M	SD
Emotion management	.80	6.03	0.33	5.24	0.99	.67	5.29	1.07	5.31	0.74
Emotion perception	.87	5.95	0.60	4.84	1.39	.75	4.68	0.93	4.57	1.02
Emotion regulation	.83	4.50	1.72	4.27	0.98	.71	4.36	0.91	4.09	0.91
Impulsiveness (low)	.55	5.02	0.39	4.97	0.89	.71	4.48	1.03	4.26	1.02
Relationships	.80	6.42	0.45	5.55	1.02	.69	4.73	0.92	5.10	0.97
Self-esteem	.81	5.84	0.26	5.03	0.89	.76	5.15	0.84	5.12	0.96
Motivation	.67	4.78	0.71	5.23	0.88	.79	4.43	1.06	4.61	1.05
Social awareness	.74	5.69	0.26	5.12	0.84	.69	5.16	0.86	5.02	0.71
Stress management	.75	5.62	0.68	4.68	0.89	.71	4.63	0.93	4.31	0.98
Trait Empathy	.65	5.25	1.09	5.26	0.79	.72	5.10	0.97	5.38	0.84
Trait happiness	.72	6.34	0.42	5.55	0.82	.84	4.90	1.31	5.15	1.06
Trait Optimism	.74	5.75	0.69	5.30	0.90	.79	4.66	1.16	4.93	1.07
Emotionality	.73	5.72	0.72	5.17	0.82	.69	4.65	0.65	4.87	0.75
Sociability	.83	5.83	0.23	5.06	0.71	.67	5.22	0.79	5.12	0.65
Well-being	.89	5.96	0.38	5.29	0.78	.79	4.90	0.94	5.07	0.86
Self-control	.79	5.03	0.78	4.64	0.80	.75	4.49	0.70	4.22	0.80
Global Trait EI	.93	5.57	0.46	5.01	0.68	.83	4.77	0.57	4.79	0.53

Research Results

The correlation between trait EI variables and personality disorder symptomatology has been calculated. There were mostly negative correlations between personality disorder symptomatology and trait EI variables.

Table 1. Correlations between Trait EI and personality disorder symptomatology.

	PAR	HIS	AS	OC	SZD	STP	NAR	BOR	AVD	DEP
Adaptability	-0.095	.251	0.136	0.033	-0.112	-.233*	0.049	-0.052	-.284**	-.271**
Assertiveness	0.02	0.106	.323**	0.12	0.037	0.091	.265**	0.118	-.286**	-.346**
Emotion Expression	-.322**	.293**	0.063	-.287**	-.258**	-.273**	-.188*	-.232*	-.256**	-0.142
Emotion Management	-0.06	0.093	0.065	0.045	-0.044	0.07	0.034	-0.031	-.263**	-.247**
Emotion Perception	-.193*	0.105	-.200*	0.009	-0.125	0.043	-0.015	-.190*	-0.102	-.225*
Emotion Regulation	-0.144	-0.128	-0.042	0.029	0.159	0.124	0.022	-0.079	-0.091	-.241*
Impulsiveness	-0.104	-.231*	-.446**	-0.025	0.092	0.133	-0.026	-.330**	-0.137	-.375**
Relationships	-0.182	0.019	-.285**	-0.158	-.281**	-.227*	-.321**	-.344**	-.260**	-.218*
Self esteem	-0.127	.263**	0.132	0.021	-.213*	-0.136	0.053	-0.169	-.359**	-.281**
Self Motivation	-0.05	-0.117	-.304**	0.034	-0.044	-0.019	-0.08	-.304**	-0.187	-.530**
Social awareness	-0.129	0.151	0.129	0.033	-0.046	-0.043	0.018	-0.067	-.378**	-.325**

	PAR	HIS	AS	OC	SZD	STP	NAR	BOR	AVD	DEP
Stress Management	-.246**	-0.111	0.048	-0.024	-0.006	-0.005	-0.079	-0.171	-.267**	-.310**
Trait Empathy	-0.057	0.157	-.229*	0.151	-0.132	.207*	0.048	-0.022	-0.001	-0.024
Trait Happiness	-.355**	0.138	-0.004	-0.062	-.296**	-.249**	-.235*	-.264**	-.271**	-0.107
Trait Optimism	-.311**	0.145	-0.059	-.197*	-.210*	-.279**	-0.179	-.265**	-0.16	-0.108
Emotionality	-.273**	.205*	-.205*	-0.119	-.277**	-0.108	-0.171	-.278**	-.223*	-.214*
Sociability	-0.063	0.144	.227	0.087	-0.018	0.056	0.146	0.019	-.382**	-.384**
Well_being	-.318**	.205	0.019	-0.098	-.281**	-.263**	-0.154	-.275**	-.300**	-0.183
Self_control	-.201*	-.192*	-0.182	-0.009	0.099	0.102	-0.035	-.239*	-.202*	-.379**
Global_EI	-.283**	0.133	-0.081	-0.046	-0.18	-0.107	-0.086	-.286**	-.374**	-.421**

** $p \leq .01$; * $p \leq .05$

Note: SZD - schizoid, STP - schizotypal, PAR - paranoid, HIS - histrionic, BOR- borderline, NAR- narcissistic, AS – antisocial, AVD - avoidant, DEP- dependent, OC - obsessive-compulsive.

The study was conducted on nonclinical sample and there was not a clinical group to compare with. A continuous variable - overall personality disturbance global score – has been collapsed into groups according the clinical norms: (1) I group (norm) - without any personality symptomatology; (2) II group – individuals with personality accentuations and (3) III group – with potential clinical personality disorders. But as research participants were students, there were not any participants in the clinical group (III group), so only two groups – group without any personality disorder symptomatology and the group with some personality accentuations have been compared using multivariate analysis of variance.

2x2 ANOVA has been calculated with global trait EI as the dependent variable and participant group (norm versus individuals with personality accentuations) and gender as the independent variables (see Table 1 for descriptive statistics). The results showed that the group without any personality symptomatology had significantly higher scores than individuals with some personality accentuations, $F(3, 107) = 8.96, p = .003, \eta_p^2 = 0.077$. There was not a significant gender difference, $F(3, 107) = 2.53, p = .114$ and the interaction did not reach statistical significance, $F(3, 107) = 2.88, p = .093$.

In the light of the significant effects on the global trait EI score, a multivariate analysis of variance (MANOVA) has been conducted with the four TEIQue factors as the dependent variables and participant group and gender as the independent variables (see Table 1 for descriptive statistics). There was a significant main effect of group, Wilks' $\lambda = .903, F(4, 105) = 4.82, p = .029, \eta_p^2 = .324$, with the group without any personality symptomatology scoring significantly higher than the individuals with some personality accentuations on Emotionality $F(4, 205) = 9.39, p = .003, \eta_p^2 = 0.80$; Well-being $F(4, 105) = 5.85, p = .017, \eta_p^2 = 0.051$ and Self-control $F(5, 105) = 4.04, p = .048, \eta_p^2 = 0.036$. There was not a significant main effect for gender, Wilks' $\lambda = .957, F(4, 105) = 1.90, p = .319$. The interaction between participant group and gender did not reach significance, Wilks' $\lambda = .956, F(4, 105) = 1.21, p = .311$.

In order to explore these findings in greater detail, another MANOVA has been carried out with the 15 trait EI facets as the dependent variables and the participants' group and gender as the independent variables (see Table 1 for descriptive statistics), Results for the overall analysis showed a significant main effect of the group, Wilks' $\lambda = .774, F(15, 107) = 1.81, p = .045, \eta_p^2 = .226$.

Inspection of follow-up ANOVAs showed that the group without any personality disorder symptomatology had significantly higher ratings than individuals with some personality accentuations on most TEIQue facets, namely (by ascending order of effect size): Self Motivation $F(1, 107) = 4.12, p = .045, \eta_p^2 = 0.037$; Trait Optimism $F(1, 107) = 4.84, p = .030, \eta_p^2 = 0.043$; Emotion Perception $F(1, 107) = 5.71, p = .019, \eta_p^2 = 0.051$; Emotion Expression $F(1, 107) = 6.02, p = .016, \eta_p^2 = 0.053$; Stress Management $F(1, 107) = 5.98, p = .016, \eta_p^2 = 0.053$; Trait happiness $F(1, 107) = 7.42, p = .008, \eta_p^2 = 0.065$; Relationships $F(1, 107) = 13.75, p = .000, \eta_p^2 = 0.114$. There was not a significant effect for gender, Wilks' $\lambda = .820, F(15, 93) = 1.36, p = .182$. The interaction between participant group and gender did not reach significance, Wilks' $\lambda = .879, F(15, 93) = 0.85, p = .616$.

Discussion

The results show that there are mostly negative correlations between personality disorder symptomatology and trait EI variables with some exceptions, i.e. Antisocial and Narcissistic personality disorders are positively related to assertiveness which might seem not so logical at first sight because in general assertiveness is considered as an adaptive trait, but according to clinical accounts, individuals with antisocial personality disorder may have an inflated and arrogant self-appraisal, may feel that ordinary work is below them or they might be excessively opinionated, self-assured, or boastful. Accordingly, the positive correlation between antisocial personality disorder and assertiveness is logical.

Assertiveness is also positively correlated with narcissistic personality disorder. Clinical accounts of the narcissistic personality indicate a range of broad characteristics and behaviors: from obvious and interpersonal pretentiousness to internal insecurity, shyness, and hypersensitivity; one might be shy and quiet, or charming and talkative, or aggressive, and manipulative, effectively hide or openly exhibit the most extreme narcissistic tendencies, but the underlying commonality for all of them is that they all struggle with grandiosity, are assertive, behave dominantly and expressively and arrogant (Ronningstam, 2009, 2011). Positive correlation between narcissistic personality disorder and assertiveness is in agreement with other research results. Research (Furnham & Crump, 2014) showed that bold individuals have moderately high scores on assertiveness, competence and achievement striving. Research also showed that narcissists behave more dominantly and expressively and are judged as assertive, which leads to positive perceptions and popularity (Küfner, Nestler, & Back, 2013).

The negative correlation between self-esteem and avoidant and dependent personality disorders is in agreement with other research results. Though there is a lack of clinical research about the relationship between self-esteem and personality disorders, but there some research literature which is mostly based on non-clinical samples, using self-report questionnaires for assessing personality disorders symptomatology and this non-clinical research (Sinha & Watson, 1997; Watson, 1998) shows that self-esteem contributes in some personality disorders characteristics, such as avoidant, borderline, dependent, and obsessive-compulsive personality disorders. Furthermore, patients with avoidant and patients with borderline personality disorders report low levels of self-esteem (Lynum, Wilberg, & Karterud, 2008).

The most damaged component of emotional intelligence is emotional expression and relationships. Almost all personality disorders are negatively related with emotional expression, expect a positive correlation with histrionic personality disorder, which is quite logical considering the scenic nature of the disorder - individuals with histrionic personality disorders tend to be engaged in dramatic or inappropriate behaviors to call attention to themselves. Also, almost all personality disorder symptomatology have statistically significant negative correlation with the relationships scale of the trait EI and the difference between the group without any personality symptomatology and individuals with some personality accentuations on relationships' facet had the highest effect size. High scorers on this scale consider themselves as capable of maintaining fulfilling personal relationships. The maintaining, fulfilling, satisfying and healthy social relationships with relatives and close people, of course, is not so easily possible for individuals with some personality accentuations because this class of mental disorders is characterized by maladaptive, rigid patterns of behavior, cognition and feeling, which are revealed across many contexts of life and are obviously deviant from those accepted by the individual's culture.

Conclusions

Trait emotional intelligence is a reliable predictor of personality disorder symptomatology. Specific trait EI variables contribute to the development of specific personality disorder symptomatology. Participants with high scores on overall personality disturbances have lower scores on most of Trait EI variables. The trait EI concept represents a new perspective to better conceptualization of the emotional disturbances in personality disorders and it has significant implication

for clinical psychology. The study has some limitation, regarding nonclinical sample - if it had not been a nonclinical sample, it would have provided a possibility to measure EI predictive value for different personality disorders with higher accuracy. More research is required to replicate the results with the clinical population.

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Appendix A.

The sampling domain of trait emotional intelligence (Petrides, 2009)

High scorers view themselves as . . .

Facets:

Adaptability	. . .flexible and willing to adapt to new conditions
Assertiveness	. . .forthright, frank, and willing to stand up for their rights
Emotion expression	. . .capable of communicating their feelings to others
Emotion management (others)	. . .capable of influencing other people's feelings
Emotion perception (self and others)	. . .clear about their own and other people's feelings
Emotion regulation	. . .capable of controlling their emotions
Impulsiveness (low)	. . .reflective and less likely to give in to their urges
Relationships	. . .capable of maintaining fulfilling personal relationships
Self-esteem	. . .successful and self-confident
Self-motivation	. . .driven and unlikely to give up in the face of adversity
Social awareness	. . .accomplished networkers with superior social skills
Stress management	. . .capable of withstanding pressure and regulating stress
Trait empathy	. . .capable of taking someone else's perspective
Trait happiness	. . .cheerful and satisfied with their lives
Trait optimism	. . .confident and likely to "look on the bright side" of life

Factors:

Well-being	. . . generalized sense of well-being, extending from past achievements to future expectations
Self-control	. . . a degree of control over individuals urges and desires
Emotionality	. . . belief of having a wide range of emotion-related skills
Sociability	. . . successful social relationships and social influence skills

*Advised by Yolanda Zografova,
Institute for Population and Human Studies, Bulgarian Academy of Sciences, Bulgaria*

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Khatuna Martskvishvili Ph.D., Assistant Professor, Faculty of Psychology, Tbilisi State University, I. Chavchavadze av.#1, 0179 Tbilisi, Georgia.
Email: khatuna.martskvishvili@tsu.ge

Maia Mestvirishvili Ph.D., Associate Professor, Faculty of Psychology, Tbilisi State University, Tbilisi, Georgia.
Email: maia.mesvtirishvili@tsu.ge
