Summary
Representations of Personality Disorders Beliefs on Interpersonal Circumplex Model

Miray Akyunus

İpek University

Tülin Gençöz

Middle East Technical University

Cognitive Theory (Beck et al., 2004) and Interpersonal Circumplex Model (Leary, 1957) explaining cognitive and interpersonal patterns of personality disorders (PD) are well established in personality literature. Cognitive Theory emphasizes the importance of dysfunctional schemas in the development and maintenance of the personality disorders. Consistently, several other theoreticians (Dimaoggio et al., 2006; Fiske & Haslam, 2005; Safran, 1990) suggest that interpersonal problems, that individuals with personality disorders primarily suffer from, are originated from maladaptive interpersonal schemas which organize social relationships.

Interpersonal Circumplex Model was developed based on the Interpersonal Theory of Personality (Sullivan, 1953) and defines interpersonal behaviors with two basic dimensions namely, affiliation and dominance. Accordingly, interpersonal problems can be explained with the combination of these two axes on a coordinate's space called circumplex (Alden et al., 1990; Horowitz et al., 2003).

Personality disorders are suggested to be diagnostic correlates of interpersonal problems defined by interpersonal circumplex (Horowitz et al., 2003) and associations among these variables are examined by empirical studies (e.g., Alden & Capreol, 1993; Cain, 2011; Edens, 2009; Leichsenring et al., 2003). Other studies investigated the locations of personality disorders in the interpersonal circumplex space (Gurtman, 1996; Sim & Romney, 1990; Soldz et al., 1993, Wiggins & Pincus, 1989).

The main objective of the study is to investigate the representations of personality beliefs defined by Cognitive Theory on the Interpersonal Circumplex space and to integrate these two models.

Method

Participants

1298 adults of a community sample age between 18 and 68 ($M = 26.85$, $SD = 7.95$), 411 men, 887 women, participated to the study. Analyses were conducted with 962 adults of that sample (302 men, 660 women), after the participants who are on psychiatric treatment or psychotropic medication were excluded.

Measures

Personality Beliefs Questionnaire. Personality Beliefs Questionnaire (PBQ; Beck & Beck, 1991) assessing dysfunctional beliefs associated with personality disorder, includes ten scales of DSM-III personality disorder categories namely, Dependent, Avoidant, Passive-Aggressive, Obsessive-Compulsive, Antisocial, Narcissistic, Histrionic, Paranoid, Schizoid KB and Borderline personality beliefs. PBQ is adapted to Turkish by Türkçapar et al. (2008) and revealed satisfactory psychometric properties.

Inventory of Interpersonal Problems. Inventory of Interpersonal Problems (IIP; Horowitz et al., 2003) assessing interpersonal problem areas, includes eight scales namely, Domineering/Controlling, Intrusive-Needy, Self-Sacrificing, Overly Accommodating, Nonassertive, Socially Avoidant, Cold-Distant and Vindictive/Self-centered. IIP is adapted to Turkish by Akyunus and Gençöz (2016) and revealed satisfactory psychometric properties.

Procedure

Prior to data collection, necessary ethical permissions were obtained from the METU Applied Ethical Research Center. PBQ and IIP were provided to the participants through the internet and they were given personal feedback at the end of the study. Information used for the feedback procedure was obtained from and independent sample of 300 students. Feedbacks included the comparison of personal results with the mean results of the student sample via graphic presentation and the

Address for Correspondence: Assist. Prof. Dr. Miray Akyunus, İpek University Department of Psychology, Turan Güneş Bulvarı 648. Cadde 06550 Oran, Çankaya, Ankara, Türkiye.
E-mail: makyunus@ipek.edu.tr

explanations of the measurements.

Results

To represent personality disorder beliefs on the interpersonal circumplex, similar statistical procedures were followed in accordance with the previous studies. In order to obtain the bipolar dimensions of affiliation and dominance of the interpersonal circumplex, raw data was translated into ipsatized data. Afterwards, to determine each subject's coordinates on the affiliation and dominance dimensions, Locke's (2010) formulizations were applied. Finally, PBQ subscales' placements on interpersonal circumplex were obtained an shown in the Figure 1.

Discussion

According to the placement on the interpersonal circumplex space, Schizoid, Antisocial and Narcissistic personality beliefs were represented on the hostile-dominance, Borderline and Avoidant PD beliefs were represented on the cold-submissive, Dependent personality beliefs was represented on the warm-submissive, and Histrionic personality beliefs was represented on warm-dominant quadrant. Besides, Paranoid and Passive-Aggressive personality beliefs were placed close to hostile-cold, and Obsessive-Compulsive personality beliefs was placed on the dominant-controlling vector.

Contradictions between present findings and the findings of previous studies conducted with personal-ity disorder patients can be attributed to both the present sample representing non-clinical population and the extent of the measure assessing only the cognitive aspects of personality disorders.

Present findings need to be evaluated considering its strength and limitations. Size and diversity of the present sample size increase the representation of normal population. On the other hand, wide-range of age, participants who are under the age of 25 year-old representing the majority of the sample, and unbalanced distribution of men/women participants are important limitations. Self-report based data collection can be acknowledged as another limitation. Nevertheless, feedback procedure can be considered as a compensation of the limitation of this method which is expected to increase the probability of obtaining accurate and cautious responses from the participants. Moreover this procedure, increasing the interest to the present study, allowed reaching a wide range of participants.

In the present study, differently from the literature, neither clinical population nor measures developed for the assessment of diagnostic evaluations of personality disorders were used. On the other hand, self-report measures were used on a community sample. Nevertheless, findings are both consistent with DSM criteria of thought patterns of PD and previous results obtained from studies with PD diagnosed patients. Interpersonal and cognitive patterns of personality psychopathology are well represented by interpersonal circumplex model and cognitive theory. Moreover, present study supports the crucial role of the cognitive distortions in PD.