

Relationships Between Broad Aspects of Personality Functioning and Generalized Anxiety Severity

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RELATIONSHIPS BETWEEN BROAD ASPECTS OF PERSONALITY
FUNCTIONING AND GENERALIZED ANXIETY SEVERITY

by

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A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Psychology
in the College of Sciences
and in the Burnett Honors College
at the University of Central Florida
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ABSTRACT

This study looked at the relationship between personality functioning and generalized anxiety severity with the use of the Level of Personality Functioning – Self-Report Scale (LPFS-SR). This scale looks at the four core functions of personality: Identity, Intimacy, Empathy and Self-Direction. The population consisted of undergraduate students from the University of Central Florida who completed the study online ($n = 1335$; 63.7% female; mean age = 19.85, $SD = 3.64$, range = 18-57). Findings revealed that generalized anxiety severity related to more identity and empathy problems in both men and women. For both findings, women showed a stronger effect size than men. Future longitudinal research in a psychiatric sample can help clarify causal directions of these relationships. The results of this study can be applied to clinical settings to raise clinicians' awareness to further explore identity and empathy problems in individuals exhibiting generalized anxiety.

DEDICATION

For my parents, for always supporting me, guiding me and encouraging me to do my best.
For Papa.

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INTRODUCTION

Anxiety is a feeling that is widely experienced across all ages, races, and genders. The terms “anxiety” and “fear” are commonly interchanged incorrectly. Anxiety is the worry about future potential threats whereas fear is related to presently perceived threats (American Psychiatric Association, 2013). Some individuals experience more anxiety than others, while some are not even aware that what they are feeling is anxiety. Anxiety can manifest itself differently and affect various areas of one’s life depending on the individual. One way to look at this is through personality traits. By examining the relationship between generalized anxiety severity and personality traits, therapy can be tailored towards specific areas of personality that may warrant more focus for assessment and treatment in individuals presenting with anxiety.

The Level of Personality Functioning Scale – Self-Report (LPFS-SR) is an 80-item self-report questionnaire that focuses on a “self functioning” and “interpersonal functioning” framework (Morey, 2017). It produces scores that represent the level of functioning in broad life domains composed of Identity, Self-Direction, Empathy and Intimacy as the four core functions of personality. Together, Identity and Self-Direction make up the “self-functioning” aspect of the scale and “interpersonal functioning” focuses on Intimacy and Empathy. This is a relatively new scale and therefore not a lot of research has been conducted with it.

A person with extreme impairment in identity has a fragile self-image and lacks the ability to regulate appropriate emotions and boundaries with others (American Psychiatric Association, 2013). A five-year longitudinal study explored the relationship between anxiety and adolescent identity development (Crocetti, Klimstra, Keijsers, Hale, & Meeus, 2008). Based on

previous work, a process model of identity formation was implemented, which looked at Commitment, In-Depth Exploration, and Reconsideration of Commitment. They categorized the population into low and high anxiety groups, with the former representing a larger percentage of the sample (91.3%). Results indicated that individuals in the high anxiety group had more difficulty with the identity formation task, their commitments became weaker over time, and they had a higher tendency to reconsider their commitments.

Another study analyzed GAD symptoms in relation to gender, cultural differences and identity processes across populations from six different countries (Crocetti, Hale, Dimitrova, Abubakar, Gao, Pesigan, 2014). Data were collected using scores on the same scale measuring identity via Commitment, In-Depth Exploration, and Reconsideration of Commitment. While the exact results varied across countries, the overall pattern was that both In-Depth Exploration and Reconsideration of Commitment were positively related to GAD symptoms and Commitment was negatively related to GAD symptoms.

Self-direction is meant to represent one's ability to maintain coherent goals and constructive internal standards of behavior (Weekers, Hutsebaut & Kamphuis, 2018). Intimacy can be measured by a person's deep connections with others and their desire to maintain this mutual connection (Weekers, Hutsebaut & Kamphuis, 2018). Impairment in empathy is marked by one's inability to understand others' experiences, lacking attention to others' perspective, and confusion and disorientation during social interactions (American Psychiatric Association, 2013).

Previous research that has been done mainly focused on the Big Five Personality Traits rather than the use of the LPFS. Furthermore, research that has been done with the LPFS is limited, and to the author's knowledge, general anxiety severity has not yet been examined with relation to the four personality functions at this level. The use of this scale is justified in that the LPFS proposes a new structure for looking at personality diagnosis which allows for a more targeted treatment plan depending on the area of deficiency (Simonsen & Simonsen, 2014).

The primary purpose of this study is to determine whether a relationship exists between the four core functions of personality (identity, self-direction, intimacy, and empathy) and general anxiety severity in a nonpsychiatric sample. General anxiety severity is being examined because it is hypothesized that worry, whether it be about oneself or the opinions of others, could reduce self and interpersonal functioning. The effect of general anxiety severity on personality functioning can greatly hinder a person's everyday life and cause deficiencies in relationships, work, and daily functioning, which are all important pieces to a healthy lifestyle. In addition, analyses will explore a possible moderating role of biological sex in these relationships. The results of this study can serve as foundational knowledge for future research in this area.

Based on previous research, it is hypothesized that the LPFS Identity score will positively correlate with general anxiety severity, as higher scores on LPFS domains indicate more dysfunction in that area. To the author's knowledge, there has not been any published research on the relationship between self-direction, intimacy or empathy with general anxiety severity. Based on the lack of research on these topics, analyses of the LPFS Self-Direction, Intimacy and Empathy scores, as well as moderation of biological sex, will be exploratory and provide data for future research on the subject.

METHODS

Participants

This study used data that has been collected via an unsupervised online study at the University of Central Florida. The participants were all enrolled in Psychology courses at the undergraduate level and participated in the study through the Psychology Department Sona Systems portal. After exclusions (described in Procedures), the final sample used in analyses consisted of 1335 participants (63.7% female; mean age = 19.85, SD = 3.64, range = 18-57). Of those responding to the question on race ($n = 1332$), 69.1% chose White/Caucasian, 11.8% chose Black/African American, 7.2% chose Asian, 6.1% reported “Other”, 4.7% reported “Mixed” and 1.1% chose “Prefer Not to Say.” Participants were asked to separately report Hispanic/Latino(a) ethnicity of which 27.3% endorsed Hispanic ethnicity independent of race.

Measures

The Level of Personality Functioning Scale – Self-Report (LPFS-SR). This is an 80-item self-report scale used to assess the four core functions of personality (identity, empathy, self-direction and intimacy). Each item is answered on a 4-point scale ranging from Totally False, Not At All True, to Slightly True, Mainly True and Very True. Analysis of the scale supported the construct validity through relationships with other widely used self-report measures of global personality problems (Morey, 2017). Higher scores on the factors represent more pathology, so for the sake of clarity we will refer to these with the word “problem” following the names (identity problems, empathy problems, self-direction problems and intimacy problems).

The Brief Symptom Inventory (BSI). This 53-item self-report scale is a shortened version of the 90-item Symptom Checklist-90-Revised (SCL-90-R; Derogatis & Melisaratos, 1983). Participants respond to how much a problem has caused them discomfort during the past week and their responses are based on a 5-point scale ranging from 0 (not at all) to 4 (extremely). The intent of the scale is to identify any recent psychological symptoms. A psychometric assessment of the scale can attest that this is an acceptable version of the complete SCL-90-R scale (Derogatis & Melisaratos, 1983). The BSI produces 9 different scales: Somatization, Obsession-Compulsion, Depression, Anxiety, Interpersonal Sensitivity, Phobic Anxiety, Hostility, Psychoticism and Paranoid Ideation. For this study, the Anxiety subscale is the only one that will be used in analyses.

Infrequency Scale. This is an 8-item scale based on the Jackson Infrequency Scale of Personality Research Form (Jackson, 1984). It is used to account for participants who may have been careless in their responses. The questions ask about highly improbable experiences and anyone who answered incorrectly would be given one point toward the scale score.

The Abbreviated Marlowe-Crowne Social Desirability Scale. This is a shortened form of the 33-item version and only has 13 items (Reynolds, 1982). It is used to assess for individuals that are reluctant to admit to even minor common personal weaknesses. Analysis of the 13-item scale produced results that confirmed it is a good substitute to the Marlowe-Crowne Standard form (Reynolds, 1982).

Procedure

An archival data set from an online study conducted through the University of Central Florida Sona Systems research participation portal was analyzed. Participants responded to the online questionnaire in their own time and in an unsupervised setting. After reading and agreeing to an informed consent and providing demographic information, participants completed the LPFS-SR, BSI, Infrequency Scale and The Abbreviated Marlowe-Crowne Social Desirability Scale, along with a larger battery of questionnaires used in the broader study. Prior to examining data, participants were excluded if they responded to more than one of the Infrequency Scale questions in the wrong direction (suggesting inadequate attention to question content) or scored higher than two standard deviations above the mean on the Abbreviated Marlowe-Crowne Social Desirability Scale (suggesting reluctance to admit to true psychopathology). From the remaining participants, 1408 participants completed the BSI Anxiety scale. We then excluded 51 participants for not completing all items on the LPFS-SR. As age and sex were included as covariates for all analyses (see results), we excluded an additional 22 participants who did not report their age. All participants reported sex. This resulted in the final sample of 1335 participants used in analyses.

RESULTS

See Table 1 for descriptive statistics and zero-order correlations. An ANCOVA, covarying for age, examined the main effects of sex and the four LPFS factor scores, as well as the interactions between sex and each of the four LPFS scores (all entered simultaneously), on the dependent variable of BSI Anxiety. The interaction for sex x LPFS Identity problems was statistically significant, $F(1,1324) = 7.02, p = .008, \eta^2 = .005$, as well as for sex x LPFS Empathy problems, $F(1,1324) = 3.98, p = .046, \eta^2 = .003$. LPFS Self-Direction problems and LPFS Intimacy problems did not relate to anxiety and did not show interactions with sex (all $ps > .05$). The main effect of sex was statistically significant, with women reporting more severe anxiety than men, $F(1,1324) = 13.69, p < .001, \eta^2 = .01$.

The simple effects of the significant interaction of sex x LPFS Identity problems were then explored with one-factor (LPFS Identity) ANCOVAs that covaried for age. While both of the sexes showed a positive relationship between LPFS Identity problems and BSI Anxiety scores, women, $F(1,848) = 396.23, p < .001, \eta^2 = .32, \beta = .02$, showed a stronger effect size than men, $F(1,481) = 114.69, p < .001, \eta^2 = .19, \beta = .01$ (see Figure 1).

The simple effects of the significant interaction of sex x LPFS Empathy problems were also explored with a similar ANCOVA. The results show that women, $F(1,848) = 134.07, p < .001, \eta^2 = .14, \beta = .03$, had a stronger effect size than men, $F(1,481) = 53.32, p < .001, \eta^2 = .10, \beta = .02$ (see Figure 2).

DISCUSSION

Findings supported the hypothesis stating that the LPFS Identity problems score would positively correlate with general anxiety severity, indicating dysfunction in that area. The results of this study were also consistent with the results of a previous study done on anxiety and identity (Crocetti, Klimstra, Keijsers, Hale, & Meeus, 2008). Another study that looked at anxiety and identity across different countries also yielded the same results (Crocetti, Hale, Dimitrova, Abubakar, Gao, Pesigan, 2014). This study further extended those findings through the use of this particular identity scale and anxiety scale, as even with different scales, the results held true that more general anxiety severity related to more problems with identity.

A possible explanation for these findings is that if someone were already an anxious person, it would be more difficult to develop a stable identity in adolescence. Anxious thoughts could interfere with self-efficacy. It is also possible that identity problems could come first which could then cause anxiety due to the unstable and fluctuating sense of self. Future longitudinal studies could help clarify these possibilities. Examination of interactions with biological sex were exploratory, but we found that greater general anxiety severity related to more identity problems across both sexes, however it was statistically stronger in women (see Figure 1).

Analyses of the LPFS Self-Direction problems, Intimacy problems and Empathy problems scores, as well as moderation of biological sex, were exploratory based on lack of previous research. The results for general anxiety severity and LPFS Intimacy problems as well as general anxiety severity and LPFS Self-Direction problems were not significant.

Results revealed that the relationship between general anxiety severity and LPFS Empathy problems was significant for both men and women, however it was statistically stronger in women (see Figure 2). These significant findings could possibly be explained by looking at this from two perspectives. The first being if anxiety was present before empathy problems. People may be so focused on themselves and their own worries that they are not aware of others' emotions. On the other hand, if empathy problems were present before anxiety this could lead to interpersonal problems. A person may become anxious when they begin to realize that they do not have strong social relationships.

For both empathy and identity problems, the positive relationship with anxiety showed a stronger effect size in women, although was still statistically significant in men. We found that women in the sample had a statistically higher level of anxiety severity than men, and inspection of the data showed that women had a larger range of scores on anxiety, identity, and empathy. Therefore, it is possible that relationships were stronger in women due to the larger range of scores on the measures and the higher average severity of anxiety. Theoretically, individuals with relatively lower levels of anxiety severity (i.e., men) may not experience as much personality dysfunction than individuals with higher anxiety severity.

The limitation of this study that needs to be taken into consideration is the sample population that was used. Participants were university undergraduate students and it is unclear if this study would generalize to a more diverse population. There were also significantly more women than men who participated; however, the study included 484 men, providing sufficient statistical power to detect small effect sizes in that subgroup. It should be noted that participants completed the study online in an unsupervised setting but two validity scales were used to

exclude some of the participants who were not paying sufficient attention to item content and/or were reluctant to endorse even minor problems. However, a very large sample size was used and we were able to simultaneously account for all four LPFS-SR factors, and their interactions with sex, in a single ANCOVA, rather than looking at each factor in relation to anxiety separately. In this manner we were able to account for all respective interrelationships and have more confidence in the specificity of the LPFS-SR factor relationships with anxiety. Another limitation is the cross-sectional design as we are not able to discern the temporal developmental relationship between the personality factors and anxiety. Future longitudinal studies could address potential causal directions.

The results of this study can be applied to clinical settings. Patients who present with anxiety disorders, particularly generalized anxiety disorder, may be more likely to have problems with identity and empathy issues. If further replicated in clinical samples, the findings from this study can raise clinicians' awareness to explore identity and empathy issues in individuals presenting with general anxiety, and tailor treatment to address these specific areas as indicated.

Table 1. Descriptive statistics and zero-order correlations ($n = 1335$)

	1	2	3	4	5	6	7
1. Age	19.85 (3.64)						
2. Sex	.069*	63.7% female					
3. BSI Anxiety	-.021	.224***	1.62 (0.80)				
4. LPFS Identity	-.105***	.052	.523***	82.44 (22.06)			
5. LPFS Self-Direction	-.099***	-.028	.405***	.759***	55.00 (16.16)		
6. LPFS Empathy	-.081***	-.060**	.325***	.678***	.713***	39.39 (11.42)	
7. LPFS Intimacy	-.052	.022	.408***	.726***	.677***	.719***	63.33 (17.79)

* $p < .05$, ** $p < .01$, *** $p < .001$

Unless otherwise indicated, values in first diagonal represent: mean (standard deviation).

Values below the first diagonal represent zero-order Pearson correlation r values.

BSI = The Brief Symptom Inventory; LPFS = Level of Personality Functioning Scale

#Sex coded as 1= male, 2 = female



Figure 1: The simple effects of the significant interaction of sex x LPFS Identity problems and BSI Anxiety

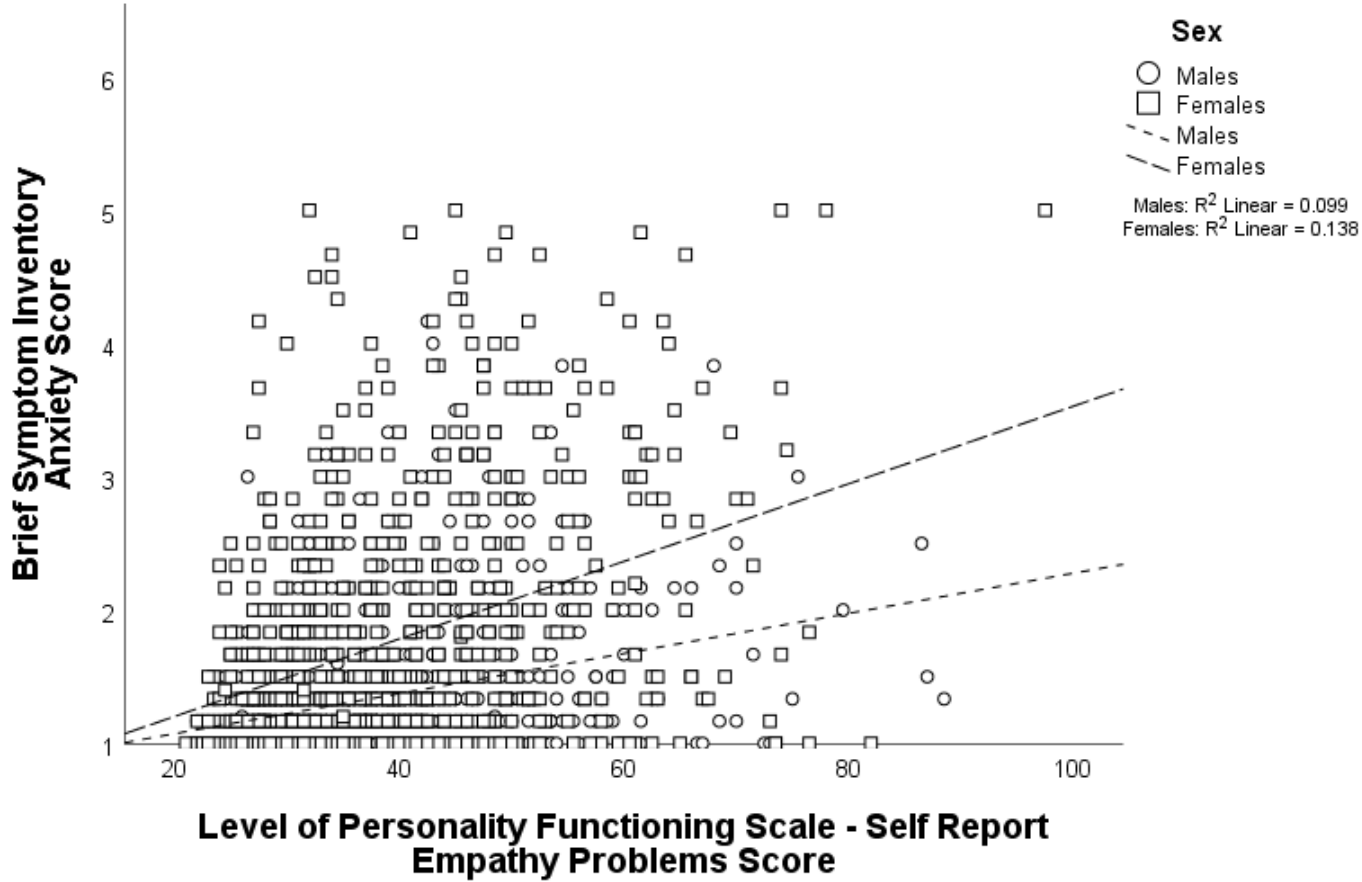


Figure 2: The simple effects of the significant interaction of sex x LPFS Empathy problems and BSI Anxiety

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, D.C.: American Psychiatric Publishing.
- Crocetti, E., Hale, W. W., Dimitrova, R., Abubakar, A., Gao, C., & Pesigan, I. J. (2014). Generalized Anxiety Symptoms and Identity Processes in Cross-Cultural Samples of Adolescents from the General Population. *Child & Youth Care Forum*, 44(2), 159-174. doi:10.1007/s10566-014-9275-9
- Crocetti, E., Klimstra, T., Keijsers, L., Hale, W. W., & Meeus, W. (2008). Anxiety Trajectories and Identity Development in Adolescence: A Five-wave Longitudinal Study. *Journal of Youth and Adolescence*, 38(6), 839-849. doi:10.1007/s10964-008-9302-y
- Derogatis, L. R., & Melisaratos, N. (1983). The Brief Symptom Inventory: An introductory report. *Psychological Medicine*, 13(03), 595. doi:10.1017/s0033291700048017
- Jackson, D. N. (1984). *Personality research form manual*. Port Huron, MI: Research Psychologists Press.
- Morey, L. C. (2017). Development and initial evaluation of a self-report form of the DSM-5 Level of Personality Functioning Scale. *Psychological Assessment*, 29(10), 1302-1308. doi:10.1037/pas0000450

Reynolds, W. M. (1982). Development of reliable and valid short forms of the marlowe-crowne social desirability scale. *Journal of Clinical Psychology*,38(1), 119-125.

doi:10.1002/1097-4679(198201)38:13.0.co;2-i

Simonsen, S., & Simonsen, E. (2014). Contemporary Directions in Theories and Psychotherapeutic Strategies in Treatment of Personality Disorders: Relation to Level of Personality Functioning. *Journal of Contemporary Psychotherapy*,44(2), 141-148.

doi:10.1007/s10879-014-9261-4

Weekers, L. C., Hutsebaut, J., & Kamphuis, J. H. (2018). The Level of Personality Functioning Scale-Brief Form 2.0: Update of a brief instrument for assessing level of personality

functioning. *Personality and Mental Health*. doi:10.1002/pmh.1434