

Relationships between the Components of Love by Sternberg and Personality Disorder Traits

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Abstract—The study attempts to show the relationship between the structure of love by Sternberg and personality disorder traits. People with personality disorders experience dysfunctional emotionality. They manifest difficulties in experiencing love and closeness. Their relationships are marked by ambivalence and conflicts, e.g., as in borderline and narcissistic personality disorders. Considering love as a crucial human feeling, the study was planned to describe the associations between intimacy, passion, commitment, and personality disorder traits in a community sample. A sample of 194 participants was investigated (men and women in similar age and education levels). The following techniques were used: the SCID-II to assess personality disorders' traits and the Triangular Love Scale by Sternberg to assess the components of love. Results show there are significant negative correlations between intimacy, commitment and personality disorders traits. Many personality disorders are associated with decreasing of intimacy and commitment, whereas passion was not associated with personality disorders' traits. Results confirm that emotional impairments in personality disorders elicit conflicts and problems in relationships based on love and closeness.

Keywords—Intimacy, commitment, love, passion, personality disorders.

I. INTRODUCTION

LOVE as a complex emotion plays a key role in interpersonal relations. Although generally in the literature, love is indicated as a complex, individually diverse state with a positive valence, the different patterns and forms of love are described, as well as its various components, and even negative aspects [1]. Love is dominated by emotions such as joy, happiness, excitement, admiration, but it also may contain fear, anger, jealousy, shame or guilt [2]. The structure of love is determined by a set of different factors [3]. In this study, the structure of love is understood according to Sternberg as a constellation of passion, intimacy, and commitment [1]. One of the factors that may affect the mutual arrangement of these components can be the pathology of personality, which according to the literature leads to the pathology of love. Such views of love were described, for example, by Fromm [4] or Horney [5] in a conception of neurotic love. They pointed to deficits in experiencing love, the causes of such deficits, and consequences of a pathology of love. In general, neurotic people cannot love, and their love is characterized by compulsiveness and insatiability [5]. Other dysfunctional forms of love are, for example, sentimental or sadistic-masochistic addiction to a partner [4]. The essential components of pathological love listed by researchers are

following: lack of concern for the partner of the relationship, neglecting the activity in the relationship with the partner and self, impulsiveness, and low satisfaction from the relationship. Pathological love is manifested in some attitudes towards love, i.e. people exhibiting high scores on the pathological scale of love more often show love styles Mania and Agape [6].

A particular factor contributing to the pathology of love are personality disorders [7]. Personality disorders are present for a long time in various psychological and medical concepts, in the area of personality psychology, and psychology of individual differences. In clinical psychology, personality disorders have been placed on Axis II in DSM-3, DSM-4, and DSM-5 [8]. They are defined as a permanent pattern of internal experiences and behaviors, which to a large extent deviate from the expectations adopted in a given culture [9]. Since the introduction of this term to psychiatry and psychology, attention has been drawn to the fact that personality disorders are associated in a significant way with dysfunctional emotional processes. The affective sphere is one of the areas in which an abnormal pattern of an individual's activity in personality disorders is manifested. Hence, the assumption that personality disorders will be related to the dysfunctionality of love [7], [10]. This is due to the general dysfunctions in affective functioning of these people. Personality disorders are characterized by a low level of satisfaction in relationships with people [11]. It has been shown that many personality disorders are connected with the Mania love style which is characterized by possessiveness in relationships. It has been found that, in turn, that antisocial and narcissistic personalities are associated with the type of love Ludus, which is characterized by a play-manipulative attitude, while the histrionic disorder correlates with the type of love Eros (passionate love) [12].

Research shows that people with an antisocial personality disorder are characterized by an inability to create relationships based on love caused by, among others, a very high level of egocentrism, lack of responsibility, superficial affection, and deficits in empathy [13]. It was also found that secondary psychopathy negatively correlates with intimacy and involvement in the relationship between partners, while primary psychopathy positively, which was interpreted as a quite unexpected result [14]. Persons with this disorder, however, often enter into relationships with others, but in general, their relationships are short-lived, manipulative and deprived of greater intimacy [15]. Antisocial people have undeveloped patterns of love and reciprocity, while largely developed patterns of hostility, predation, and ruthlessness [16]. Their mental representations of love contain

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dysfunctional elements. This results in the improper recognition of goals, intentions, and aspirations, thus leading to clarity in reading the proper meaning of the different affective situations of love [17].

In turn, persons displaying narcissistic personality manifest strong tendency to confirm their own values, recognition, and status, and they do not look for intimacy and caring [18]. Narcissistic persons are characterized by the type of Ludus love (according to the typology of Hendrick and Hendrick) [19]. They treat love as a game and play, they manipulate a partner and cheat on it. They enter into relationships with others only to gain respect, power or satisfy sexual needs. There is, however, a certain diversity of preferences in the style of love depending on the structure of the narcissistic personality. The intensification of sensitive narcissism is related to the intensification of the styles of love Eros, Ludus, Pragma, Mania, and Agape, whereas the intensity of the grandiose narcissism is associated with the love as Eros, Ludus, and Pragma type [20].

Love in persons with borderline personality is characterized by turbulence, possessiveness, and hostility when the goal is not achieved. A person with a borderline personality disorder exhibits a very strong fear of leaving [21]. Therefore, the individual makes desperate efforts against the idea of abandonment through repeated self-mutilations or threats [22]. Interpersonal relationships of persons with borderline personality disorder oscillate from extreme idealization to devaluation, between love and hatred. There are many conflicts in these relationships, unpredictable behaviors, betrayal as well as physical and psychological abuse [21].

In turn, for people with obsessive-compulsive personality disorder, the need for control and domination in relationships is typical. Due to the excessive control of feelings, people with this disorder are devoid of dynamics, they are often accompanied by such anxiety, lack of resolve, lack of faith in themselves and clinging to rules giving a relative sense of security [23]. For people with obsessive-compulsive personality, coldness, a reserve in relationships, and a sense of duty are characteristic [24]. On the other hand, for the dependent personality, a strong sense of maladjustment and the fear of losing a partner is typical. Such a person perceives himself as helpless and abandoned, and this causes anxiety and excessive worrying [25]. Dependent personality disorder, likewise many others, is marked by anxiety. Research shows that the excess of anxiety in individual experiences contributes to the special experience of the emotions of love; people with high trait anxiety experience love and relationships with other people in a more turbulent and conflictive way than people without such fear [26].

Hypotheses. The three-component love concept according to Sternberg was taken into consideration in the present analyses. These components are the following: passion, intimacy, and commitment. Passion is a strong desire for physical closeness with another person associated with intense emotions. Intimacy stands for the relationship of reciprocity, respect, emotional bond between people. In turn, commitment refers to decisions, thoughts, feelings, and actions aimed at

transforming the love relationship into a lasting relationship and maintaining this relationship. This concept has been thoroughly described in the literature [27], which is why the detailed discussion of it was abandoned. It has been assumed that three components of love, basing on the former data, are negatively related with personality disorder traits. It means that intimacy, passion, and commitment are low when personality disorder traits are higher.

II. METHOD

A. Participants

A group of 194 subjects of equal educational background, 20-45-year-olds (100 women, 94 men) have been examined. The subjects did not vary as to their intellectual level. On the basis of an interview concerning their health, interests, as well as family and education, persons that displayed any neuropsychiatric dysfunctions have been excluded. All tested subjects were in partnerships. The non-clinical group was examined due to the fact that there are premises in the literature that a non-clinical group is adequate to search for personality disorders traits [28]. There is a lot of data indicating that personality disorders, as well as the significant intensity of personality disorder traits, are present in non-clinical populations with high frequency [29].

B. Measures

The Triangular Love Scale (TLS) by Sternberg [30]

Three components of love were defined on the basis of this questionnaire: Intimacy, Passion, and Commitment. The questionnaire consists of 36 items divided into three scales. Each scale contains 12 questions and each of them measures a different component of love. Subsequent items of the questionnaire are formulated in the form of affirmative sentences describing one's own beliefs and feelings towards a partner. Each item has a seven-point scale from 'definitely not' to 'definitely yes'; the higher the number was marked by the subject at the given item, the more he agreed with the given statement. The total score on each scale is the sum of the points at the items composing it. The psychometric properties of the TLS are very good [30]. In the present study, reliability of the TLS was also high.

The Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders 4th edition Axis II Disorders [31], is a standardized tool which allows for the diagnosis of 10 personality disorders in accordance with DSM-4, plus two additional disorders. Reliability of this tool in the present study was estimated by Cronbach's alpha measures: it was high.

C. Results

At the beginning, correlations between particular components of love were calculated, i.e. passion, intimacy, commitment, and personality disorders traits (Pearson's or tau-Kendall correlations was computed due to the fact that the distributions of some variables deviated from the normal one). The correlations are presented in Table I. The results indicate

that more significant relationships occur between intimacy, commitment, and personality disorder traits, and only one significant correlation was found between passion and obsessive-compulsive personality traits. In addition, all significant correlations between variables are negative. This means that the enhanced features of obsessive-compulsive, schizoid, and narcissistic personality are connected with a reduction of intimacy. Then, the higher the obsessive-compulsive, schizoid, narcissistic, and antisocial personality traits, the lower commitment is. In the case of other traits of personality disorders, significant relationships were not found. It is worth emphasizing that the values of correlation coefficients are low. This suggests that the intensity of personality traits is accompanied by a slight but significant reduction mainly of intimacy and commitment. The component of love, passion, seems to be largely independent of personality disorders.

TABLE I
CORRELATIONS BETWEEN PERSONALITY DISORDER TRAITS AND
COMPONENTS OF LOVE (R – PEARSON/TAU-KENDALL)

Personality disorder traits	Passion	Intimacy	Commitment
Avoidant	-0.06	-0.09	-0.05
Dependent	-0.03	-0.08	-0.06
Obsessive-compulsive	-0.18*	-0.25**	-0.21*
Paranoid	-0.03	-0.08	-0.04
Schizotypal	-0.01	-0.08	-0.08
Schizoid	-0.13	-0.26**	-0.27**
Histrionic	-0.04	-0.04	-0.08
Narcissistic	-0.09	-0.23**	-0.26**
Borderline	-0.06	-0.12	-0.14
Antisocial	-0.14	-0.16	-0.22**

Note: *- p < 0.05 **p < 0.01

TABLE II
PRINCIPAL COMPONENT ANALYSIS FOR PERSONALITY DISORDER TRAITS AND
COMPONENTS OF LOVE (ROTATED FACTOR LOADINGS)

Personality disorder traits	Factor 1	Factor 2	Factor 3	Factor 4
Avoidant	0.01	0.79	0.02	-0.12
Dependent	-0.04	0.73	0.12	-0.03
Obsessive-compulsive	0.25	0.45	-0.10	0.38
Paranoid	0.09	0.66	0.00	0.36
Schizotypal	0.91	0.12	0.08	0.18
Schizoid	0.93	-0.06	0.05	-0.08
Histrionic	0.01	0.23	-0.04	0.78
Narcissistic	0.91	0.03	0.03	0.14
Borderline	-0.00	0.69	0.02	0.39
Antisocial	0.14	-0.05	0.17	0.75
Passion	0.01	0.12	0.78	0.02
Intimacy	0.05	0.23	0.79	0.01
Commitment	0.07	0.05	0.87	0.09

In order to recapitulate and show the relationship between personality disorder traits and components of love, a principal component analysis was computed (see Table II). As a result, four independent factors were identified. The first factor contains personality disorder traits from the DSM-5 cluster A (schizoid and schizotypal) and cluster B (narcissistic). The second factor encompasses personality disorders from the DSM-V cluster C (avoidant, dependent, obsessive-compulsive), and paranoid personality disorder traits, and borderline traits. The third factor contains the components of

love: passion, intimacy, and commitment. And the fourth factor includes personality disorder traits from the DSM-5 cluster B (antisocial and histrionic). These calculations have clearly confirmed that the love components and personality disorder traits form separate factors and they are largely independent.

III. DISCUSSION

It was found that in general, the components of the structure of love, passion, intimacy, and commitment seem to have a different nature from personality disorders traits; they are independent. The intimacy related to an emotional bond with the partner and commitment relating on the decision-making and emotional processes remain in a negative relationship with the pathology of the personality. While the two components of love are negatively associated with personality disorders, passion as a component of love seems to be not related to the traits of personality disorders. This confirms the results of the research obtained by Ali and Chamorro-Premuzic [10]. The results also point to the nature of passion; its dynamics in relation to some extent does not depend on the emotional skills of the partners as opposed to the other two components [1]. Intimacy decreases with the intensity of obsessive-compulsive personality traits, which results from the affective functioning of people with such a disorder. People with this disorder function well in professional life, while they establish a poor intimate relationship [18]. When dealing with a partner, they tend to be possessive and inflexible, and exaggerated involvement in professional duties makes it difficult for them to concentrate on a close relationship with their loved one [9]. It has consequences in lowering commitment. In turn, a narcissistic personality disorder manifested by exaggerated self-esteem, the search for recognition and admiration is not conducive to the appearance of reciprocity, which is the essence of intimacy [18]. In turn, schizoid personality disorder is associated with a permanent defect in the recognition of emotional states of themselves and other people, a decrease in empathy, communication disorders between partners, and this obviously is not conducive to the development of intimacy and involvement [17]. Antisocial personality traits do not allow to properly understand emotions and emotional expressions, to engage in relationships with another person. Such people focus too much on themselves, do not pay attention to their partner's emotions, often emphasize their uniqueness, are also aggressive and have manipulative tendencies, and all this is not conducive to the development of intimacy and commitment [11].

Generally, as the higher intensity of the traits of the narcissistic, antisocial, schizoid, obsessive-compulsive personality disorders, intimacy and involvement in love are lower. The above personality disorders belong to three categories, i.e. A, C, B according to DSM-5 [9]. All people with such disorders present affective dysfunctions. In general, these difficulties are related to poor insight into emotions and dysfunctional regulation of emotions [17]. Group A disorders are dominated by emotional functioning characterized by eccentricity and odd behavior, e.g. problem with feeling and

expression of emotions, difficulties in understanding emotions of others and own emotions, lack of initiative and emotional severity, discomfort in contact with others, behavior not adapted to social requirements, also fear, distrust, anger, and anger in relationships with others. All these patterns can contribute to lowering intimacy and involvement in love [18].

Personality disorders included in group B are characterized by dramatic behavior, emotionality, and disregard of consequences. As a result, people with a narcissistic personality exhibit difficulties in intimacy and commitment because they are hindered by the need to put themselves in the center, tendencies to deny feelings, excessive dependence on admiration and approval from others, and chronic uncertainty and dissatisfaction. Similarly, people with antisocial personality disorder manifest deficits in empathy, understanding and experiencing emotions, dominance of experiences as aggression and poor regulation of emotions. All these characteristics impede intimacy and involvement in the relationship [13], [14]. Likewise, the emotional functioning of people with personality disorders from group C is characterized by experiencing anxiety, fear, and tension. Such experiences are also not conducive to the development of intimacy and involvement in the relationship because the experience, emotional functioning of such people is dominated by a constant fear of change, the need to control the environment, excessive control of expression of emotions, and numerous conflicts [8].

The mentioned affective dysfunctions in people with personality disorder traits are rooted in the mechanisms constituting personality disorders. Thus, for odd or eccentric disorders, such as schizoid personality, typical is non-acceptance of the rules for regulating emotions. For ambivalent disorders, such as antisocial disorders, a characteristic is an insufficient assimilation of the rules of experiencing emotions, and for the grandiosity disorders, such as narcissistic and obsessive-compulsive, the typical feeling is a sense of omnipotence. Hence, the components of love, intimacy, and commitment, cannot be properly developed in people displaying such disorders. It results from the mechanism, i.e. cognitive-affective patterns integrated into personality disorders, which modify the emotional processing affecting the reception of information, intrapsychic processes and reactions to emotional stimuli [7]. The mechanism of supporting such patterns includes various mental processes, runs at different levels of information processing, and is based on different codes in accordance with the concept of Interacting Cognitive Subsystems [32]. This multi-level system that maintains the dysfunctional way of human behavior causes that people behave in accordance with the content of affective patterns and strategies defined by these patterns [32]. And, the content of affective patterns inscribed in personality disorders is different from the one inscribed in intimacy and commitment in love.

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