University of Tartu

Institute of Psychology

Maarja-Liisa Oitsalu

THE STRUCTURE OF SELF-REPORTED BEHAVIOUR AND ITS RELATIONS WITH SNAP-2 PERSONALITY SCALES

Master thesis

Supervisor: René Mõttus

Running head: SNAP personality traits and behaviour

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ABSTRACT

This study investigates the structure of self reported daily behaviours and their relations to personality traits measured by SNAP-2 in a sample consisting of university students and community dwelling adults, as well as in a psychiatric patient sample. In addition, the behaviour structure is studied separately in participants who score low or high on SNAP personality disorder scales. The results suggests that individual behavioural items form relatively coherent scales that are related to negative emotion expression, socializing, assertive behaviours, rule following, and avoidance beahviours. These scales show somewhat differential correlation patterns with SNAP trait and temperament scales. While behaviour reports in this study add no additional value to personality scales in predicting patient status, they are strongly related to predicting high scorers on personality disorder scales.

KOKKUVÕTE

„Enda poolt raporteeritud igapäevaste käitumiste struktuur ja seosed SNAP-2 poolt mõõdetavate isiksuseomadustega“

Käesolevas uuringus vaadeldakse enda poolt raporteeritud käitumiste struktuuri ja selle seost SNAP-2 poolt mõõdetud isiksuse- ja temperamendiskaaladega. Uuring hõlmab kahte valimit, millest üks koosneb peamiselt üliõpilastest ja vabatahtlikest täiskasvanud vastajatest, ja teine psühhiaatrilistest patsientidest. Eraldi uuritakse nende vastajate käitumiste ja isiksuse struktuuri, kelle tulemused SNAP isiksusehäire skaaladel on kõrgemad kui kaks standardhälvet keskmisest. Tulemused viitavad sellele, et üksikud raporteeritud käitumised koonduvad viide üldisesse skaalasse: negatiivsete emotsioonide väljendamine, sotsialiseerumine/suhtlemine, enesekehtestamine, reeglite/korralduste järgimine, ja vältimiskäitumised. Skaalad on teataval määral eristatavad oma korrelatsioonimustrite poolest SNAP isiksuse- ja temperamendiskaaladega. Käitumisskaalad ei anna selles uuringus lisainformatsiooni isiksuseskaaldele patsiendi staatuse ennustamiseks, kuid on oluliselt seotud kõrgete skooridega isiksusehäirete skaaladel.

1. Introduction

Personality pathology by definition manifests itself in difficulties in interpersonal communication, emotion regulation, and everyday behaviour. DSM-5 (APA, 2013) now offers an alternative for evaluating these difficulties in addition to diagnostic criteria for specific personality disorder diagnoses. *The Levels of Personality Dysfunction Scale*, which is part of the alternative personality disorder model of DSM-5, divides these problems into two broad categories, such as self functioning and interpersonal functioning. Both of these can be broken down to two smaller categories, identity and self direction for self functioning, and empathy and intimacy for interpersonal functioning. There are several measurement instruments available, in both interview and questionnaire format, for assessing personality disorders (see Furnham, Milner, Akhtar, and De Fruyt [2014] for a comprehensive overview). While some of them deal with assessing specific diagnostic criteria, or beliefs about oneself and others, most of them are to a great extent concerned with everyday behavior and emotional experience. These developments suggests that assessing specific behaviour, in addition to personality traits has become increasingly relevant in determining personality functioning, as well as identifying extreme or pathological personality traits.

1.1 Personality in relation to daily behaviour

The idea that personality traits should somehow help us predict how people behave in everyday situations is by no means a new one. Several methods, including online self-report, retrospective self-report, video coding, laboratory experiments, peer judgements, as well as more recently experience sampling procedures have been used to gain insight into how the way people behave is related to their most prominent personality traits. While at different times different methods have been preferred, the results reported by all of these methods produce similar results (see Fleeson & Gallagher, 2009; Wu & Clark, 2003; Jackson et al, 2010; Calabrese et al, 2014).

One of the more investigated behavioural complexes in relation to personality has been impulsivity. Wu & Clark (2003) reported a correlation of .48 (agression) to .55 (exhibitionism) between SNAP personality trait scores and online self reported impulsive behaviour. All three trait scales were correlated to a separate set of daily behaviour, indicating that it is indeed

possible to a certain extent to differentiate personality traits based on daily reports of behaviour. Impulsivity related behaviour has been found to form two relatively independent scales: Antisocial/Irresponsible and Sex/Substance use related behaviour for the retrospective self-report; and Carefree/Careless, and Planful/Organized behaviour scales for the daily reported behaviour The reported correlations with impulsigenic personality traits, and well as SNAP-2 disinhibition scales remained modest, between .21 – .48 in magnitude. In the same study, a regression model including impulsigenic traits and SNAP-2 scales was built, which predicted 25% of the behavioural variation in the study. Antisocial/Irresponsible behaviours were differentially predicted by Aggression and Manipulativeness; Sex/Substance use behaviours by Disinhibition, Aggression, Entitlement and low Propriety; Careless/Carefree daily behaviours by Manipulativeness and Negative temperament; and Planful/Organized behavious by Workaholism and Propriety (Sharma, Kohl, Morgan & Clark, 2013). In Calabrese et al (2014) study, regression model of the self reported behaviour also predicted the amount of dysfunctional behaviours reported on a day to day basis (excluding interpersonal problems), while adding personality scales to the model did not increase the predictive power significantly. These results have also been replicated cross-culturally by Ching et al (2014) who found that personality scales are up to moderately related to daily reported behaviour, being more strongly related to the average frequency of behaviour, rather than the maximum. Personality scales had significant predictive power for both single daily behaviours, as well as aggregated behaviours.

1.2 Clinical and sub-clinical personality in relation to daily behaviour

In line with dimensional personality (pathology) models depicting personality disorders as extreme variations on the same traits that characterize non-psychiatric populations (Samuel, Simms, Livesley & Widiger, 2010), one would expect behaviours related to these traits to follow the same logic – to be similar in structure but more frequent in people with more extreme versions of related traits. Berghuis, Kamphuis & Verheul (2012) have determined that there is a general personality dysfunction that is meaningfully distinguishable from normal personality as well as single personality traits. On the trait level, Extroversion, and Agreeableness show the more specific correlations with psychiatric disorders, and Neuroticism being more strongly related to psychopathology in general (Berghuis, Kamphuis & Verheul, 2012, Lamers,

Westerhof, Kovács & Bohlmeijer, 2012). In the Wilt, Schalet & Durbin (2010) study, SNAP-2 scales measuring personality pathology in the non-clinical populations indicated similar relations to personality traits as the clinical personality disorder population. Similar behavioural patterns were also found for histrionic and narcissistic traits in a laboratory observation study conducted by Smith (2010).

One of the more studied psychiatric disorders in connection with its related behaviours has been borderline personality disorder (BPD), where behavioural factors such as inability to resume disrupted cooperation (King-Cansas, 2008; Lönnqvist, Verkasalo, Wichart & Walkowitz, 2012), experiential avoidance (Jacob, Ower & Buchholz, 2013), and interpersonal dysfunction (Stepp, Hallquist, Morse & Pilkonis, 2011; Russell, Moskowitz, Zuroff, Sookman & Paris, 2007) have been studied. Personality traits such as high neuroticism and low agreeableness (Lönnqvist et al, 2012), but also the general instability of personality traits (Hopwood & Zanarini, 2010) have been linked to BPD related behaviours. Eaton et al (2011) have also demonstrated that BPD is unique among psychiatric disorders in its connection to both internalizing and externalizing behaviours. In the Russell et al (2007) study BPD patients showed a unique tendency to oscillate between different interpersonal strategies.

Other personality disorders, namely narcissistic personality disorder (NARPD), and antisocial personality disorder (ANTPD), and their relative behaviour patterns have also been studied. NARPD has been associated with interpersonal problems and relational dysfunction, substance use and abuse, aggression and sexual aggression, impulsivity, homicidal ideation, and parasuicidal/suicidal behaviors (Pinkus & Lukowitsky, 2010; Miller, Widiger, and Campbell, 2010), as well as self-enhancing behaviour (Miller, Widiger, and Campbell, 2010; Carpenter, 2012, in non-clinical population). Krueger, Markon, Patrick, Benning & Kramer (2007) have studied externalizing behaviours related to several externalizing disorders, including ANTPD, and found they can be categorized into 23 unidimensional scales, among them relational, physical, and destructive aggression; blame externalization; alienation; substance use; problematic impulsivity; planful control; impatient urgency; rebelliousness; and excitement seeking.

1.3 Personality and Axis I disorders

Personality disorders are known to have high comorbidity with other psychopathology, which may mediate any connections found between personality and daily behaviour. While it has been demonstrated in several studies, that Negative temperament, as well as Neuroticism are linked to psychopathology in general (Berghuis, Kamphuis & Verheul, 2012, Lamers, Westerhof, Kovács & Bohlmeijer, 2012), Negative temperament subscales have demonstrated specific connections between Self-harm and depression; and Eccentric Perceptions and Posttraumatic Stress Disorder (Gamez, Watson ja Doebelling, 2007). Positive temperament has negative connections with depression, social phobia, and generalized anxiety disorder; while Disinhibition has failed to manifest correlations with any depressive or anxiety disorders in the Gamez et al (2007) study. Carlier et al (2014) conclude in their study that the self-reported personality pathology related behaviours in patients with anxiety disorders were to a large extent state dependent. Morey et al (2010) concluded in their study that patients with comorbid personality disorder and major depression were more similar to patients with personality disorder diagnosis only than to those with only a diagnosis of major depression. These results were observed across all personality disorders, and remained when the depression was in remission. The authors concluded that the presence of major depression does not change the course of the personality disorder, and that the causal relationship would more likely be that the personality disorder makes one more prone to developing major depression.

1.4 The scope of this study

The aim of this study is to investigate whether self-reported daily behaviours can distinguish people with psychiatric disorders, and subclinical personality disorders, from people who have no diagnosis of psychiatric disorder, and fall between two standard deviation on the SNAP personality disorder scales; to provide an overview of what those differences are, and how they are related to general personality and trait scales.

Hypothesis 1. Patients and non-patients differ in the frequency, and variability of their reported daily behaviours but indicate a similar overall structure.

Hypothesis 2. Self-reported daily behaviours form distinct behavioural scales that are independent of each other.

Hypothesis 3. Behavioural scales have a distinct pattern of correlations with SNAP-2 personality scales, meaning that each scale is more strongly correlated with one SNAP-2 temperament, and/or its related trait scales, and have low correlations with the others.

Hypothesis 4. Behavioural scales can be meaningfully predicted from SNAP trait and temperament scales in both the patient and non-patient populations.

Hypothesis 5. Behavioural scales provide additional information to SNAP trait and personality scales in predicting patient status, and/or the presence of extreme personality traits measured by SNAP-2 personality disorder scales.

2. Method

2.1 Participants

The non-patient sample for the Behavioural Acts Questionnaire consisted of 172 participants, of whom 162 had completed the questionnaire fully. The participants were 27% male, in the age range of 19 – 51 years, with the median age of 22 years. One hundred and thirty seven of the participants were university students who had the option of receiving course credit for participation, 34 were community dwelling adults who volunteered to complete the questionnaires.

The patient sample for the Behavioural Acts Questionnaire consisted of 43 participants, of whom 48% were male. The median age of the participants is 37 years, ranging from 17 – 62 years of age. The diagnoses of the patients were obtained with their consent by their psychologist, and are in this sample as follows: four organic mental disorders, two substance use disorders, six psychotic disorders, 18 mood disorders, 10 anxiety disorders, two somatoform disorders, eight personality disorders, two intellectual disabilities, and one pervasive developmental disorder. Eightteen (42%) of the patients had more than one diagnosis; there are eight patients with unknown diagnoses or who did not consent to giving out this information.

Based on SNAP-2 personality disorder scales developed for assessing DSM-IV-TR personality disorder criteria, a sample consisting of subjects who had scores higher than 2 standard deviations above the scale mean on one or more of these scales, and could thus be considered having a subclinical personality disorder, was compiled.

A sample was compiled consisting of subjects scoring higher than 2 standard deviations above the scale mean on one or more of the SNAP-2 personality disorder scales. They were considered to have a subclinical personality disorder. This sample consisted of 70 participants both from the patient and non-patient sample, 28 of them had outlier scores on more than one personality scale. 34% of them were male, and the median age was 22 years, ranging from 19 to 52 years.

2.2 Assessment instruments

Schedule for Nonadaptive and Adaptive Personality (SNAP-2; Clark, 1993) is a self-report questionnaire measuring 3 temperament, and 12 personality trait dimensions. In addition to these 15 scales SNAP-2 has 6 validity scales, and 13 personality disorder specific scales tapping into DSM-IV-TR criteria. In this study, the Estonian version of SNAP (Kaera, 2008; Rannu, 2009) was used.

Behavioural Acts Questionnaire (Käitumisaktide küsimustik; Kaljuste, 2012; Oitsalu, 2012) is a list of 110 behavioural items consisting of specific and observable daily behaviours. For each item a self-reported frequency estimate is made on a 5-point Guttmann-like scale (*never, at least once a year, at least once a month, at least once a week, every day*).

Emotional Wellbeing Scale (Emotsionaalse enesetunde küsimustik, EEK-2; Aluoja et al, 1999) is a list of sympoms designed to screen possible depression, and anxiety disorders. Patients self-report the frequency of these symptoms on a scale of 0 to 4 (from *never* to *all the time*).

In addition to these questionnaires, patients also filled out NEPO-Y (Allik ja Realo, 1997), the Estonian equivalent of PANAS-X, which is a 81 item self-report scale for evaluating the frequency of different emotions; the Estonian version of IPDE-SQ (Loranger et al, 1997; Maailma Tervishoiuorganisatsioon, 1995), which is a questionnaire screening personality disorder crieria of ICD-10; and EPIP.NEO (Mõttus, Pullmann ja Allik, 2006) measuring the Big Five personality traits in Estonian. These questionnaires were not used in current analyses.

2.3 Procedure

The questionnaires were given out to participants by the researcher in the non-patient group, and by their psychologist in the patient group to be filled out at home. There were no time

restrictions for filling out the questionnaires but the participants were advised to fill out each questionnaire in one sitting. All participants had the option to receive feedback regarding their test results. In the patient group the SNAP-2 results were forwarded to the patient's psychologist as part of the personality assessment procedure.

3. Results

3.1 Factor structure of the Behavioural Acts Questionnaire in the patient and non-patient sample

To explore the structure of self-reported daily behaviours, a principal components analysis with direct oblimin rotation was conducted in both the patient and non-patient sample. While the sample size, especially in the patient group, limits the statistical power in using factor analysis, the differences found were robust enough to give at least an estimate of how the behavioural structures might differ.

In the non-patient sample, six factors were distinguishable on the scree plot, five of which were interpretable as coherent behaviour scales. Those five scales describe a total of 27.8% of the variance, and their correlations with each other range from .06 to .25. The behavioural items and their loadings on all five components are presented in Appendix 1, Table A.

The first component has items related to expressing anger and negative emotions, e.g 109. "*Läksin endast välja"*, 79. "*Lõin kedagi (meelega)"*, 36. "*Ütlesin, et vihkan ennast/oma keha"*. The second component has high negative loadings on items related to socializing, e.g 74. "*Sain sõpradega kokku"*, 34. "*Käisin väljas meelt lahutamas"*, 110. "*Kutsusin kellegi külla"*. The third component contains high loadings from items related to assertive, self justification related behaviour, e.g 35. "*Küsisin uusi töövahendeid"*, 7. "*Tingisin"*, 64. "*Panin klienditeenindaja paika"*. The fourth component has high loadings from items related to following social norms, and rules, e.g 60. "*Tegin kellelegi komplimendi"*, 80. "*Tegelesin kodus töö-/kooliasjadega"*, 20. "*Koristasin"*. The fifth component has items related to avoidance, and isolating oneself, e.g 75. "*Olin terve päeva suhtlemata"*, 28. "*Ütlesin ära küllakutsele"*, 107. "*Hoidsin enda tunded/arvamuse endale"*.

In the non-patient sample, four factors are clearly distinguishable on the scree plot. There's also a fifth factor that is interpretable as a coherent behaviour scale. Those five scales describe a

total of 48.6% of the variance, and their correlations with each other range from .02 to .21. The behavioural items and their loadings on all components are presented in Appendix 1, Table B.

The first component has high loadings on items describing behaviour that doesn't follow social norms, and customs, e.g 82. "*Varastasin"*, 59. "*Olin seksuaalvahekorras inimesega, kelle nime ma ei teadnud"*, 78. "*Tarvitasin illegaalset narkootikumi"*. The second component includes items regarding the expression of anger, e.g 73. "*Sain nii vihaseks, et keeldusin kellegagi rääkimast*", 40. "*Lõin ukse selja taga pauguga kinni*", 95. "*Viskasin vihahoos mingi asja puruks*". The third component has high loadings on items that describe acts of destructive behaviour, e.g 103. *Tegin loomale haiget*, 48. *Üritasin ennast tappa*, 79. *Lõin kedagi (meelega)*, 93. *Vigastasin ennast meelega*. The fourth component has high negative loadings on behaviour related to assertive, rule following behaviour, e.g 99. "*Tegin kellelegi märkuse tema ebasobiva käitumise kohta*", 66. "*Parandasin ajalehes/raamatus trükivigu*", 101. "*Küsisin üle, kas ma käitusin õigesti*". The fifth component has high loadings on items related to avoidance, and isolation, e.g 22. "*Jäin hommikul nii kauaks voodisse, et asjad jäid tegemata*", 28. "*Ütlesin ära küllakutsele*", 15. "*Vältisin töökaaslastega suhtlemist*".

3.2 Behaviour scales of the Behavioural Acts Questionnaire

Based on the principal component analysis behavioural scales were composed for further analyses. All scales include items with a loading over .30 on that scale, and no loadings over .30 on any other scales to reduce covariation. An exception was made for item 47. "*Tähtpäeval helistasin või saatsin kellelegi kirja/kaardi/sõnumi*", which was included in Scale 4 as it increased the internal consistency of the scale substantially, but also had a small loading on component 2 in the principal component analysis.

Scale 1: Expressing Negative Emotion includes 16 items, with internal consistency $\alpha = .83$. Item correlations with the scale range from $r = .35$ (79. "*Lõin kedagi meelega*") to $r = .58$ (109. "*Läksin endast välja*").

Scale 2: Socializing includes 14 items, which have the internal consistency $\alpha = .81$. Item correlations with the scale range from $r = .29$ (70. "*Rääkisin oma saavutustest*") to $r = .65$ (67. "*Pidutsesin hommikuni*").

Scale 3: Asserting, Justifying Behaviour includes eight items, with internal consistency α = .71. Item correlations with the scale range from *r* = .17 (10. "*Käisin üksi väljas söömas*") to *r* = .60 (35. "*Küsisin uusi töövahendeid/paremaid töötingimusi*")

Scale 4: Adhering to Social Norms and Rules includes eight items, and has internal consistency α = .62. Item correlations with the scale range from *r* = .15 (5. "*Grupitöö korral tegin teiste töö ära kartuses, et teine ei tee piisavalt hästi*") to *r* = .53 (61. "*Nägin tulevikku ette*").

Scale 5: Avoidance, includes 10 items, and has the internal consistency α = .76. Item correlations with the scale range from *r* = .25 (11. "*Jätsin oma partneri maha/katkestasin sõbraga suhted*") to *r* = .70 (65. "*Kui ma kellegi peale vihane olin, ei rääkinud ma temaga*").

Behavioural scale means and standard deviations for both genders are stated in Table 1. Scale 5 has moderate gender differences in the non-patient, and substantial gender differences in the patient sample. Scale 3 has moderate gender differences in both the patient and non-patient sammple, while Scale 2 indicates considerable gender differences only in the patient sample.

Table 1. Means and standard deviations of behavioural scales, and their differences between genders and samples

Behavioural scale	Non-patient					Patient					*d'*
	Male		Female		*d*	Male		Female		*d*	
	M	*SD*	*M*	*SD*		*M*	*SD*	*M*	*SD*		
B1: Expressing negative emotion	14.7	7.4	14.4	5.6	0.16	15.7	5.8	14.9	7.2	0.12	0.14
B2: Socializing	26.6	6.5	24.7	6.3	0.19	22.5	9.1	15.6	6.3	0.88	0.79
B3: Assertive, self-justifying	3.3	3.1	5.4	3.3	0.65	8.1	4.3	4.4	1.9	1.11	0.28
B4: Adhering to social norms	10	2.6	13.1	3.2	0.15	12.3	5.2	11.6	2.6	0.17	0.19
B5: Avoidance	13.3	11	10.1	2.5	0.38	16.3	8.1	13.1	4.2	0.5	0.78

Age differences appear only for B2: Socializing ($F = 2.9(33)$, $p < 0.05$). Further analysis shows a moderate negative correlation between age and socializing behaviour (*r* = -.50) indicating that as the age increases, socializing behaviour tends to decrease. The correlations between behavioural scales and age range from *r* = -.11 for B5: Avoidance, *r* =.14 for B3: Assertive and B4: Adhering to social norms, to *r* =.20 for B1: Expressing negative emotion.

Two of the behavioural scales – B2: Socializing and B5: Avoidance show significant differences between patient and non-patient groups (Table 2). Comparing the subclinical personality disorder group with subjects whose personality scores were in the normal range, B1: Expressing negative emotion (d = .74), and B5: Avoidance (d = .88) indicate the highest group difference; while B3: Assertive, self-justifying scale (d = .44) also has moderate group differences. Correlations of these five behavioural scales with each other are presented in Table 2. The correlation patterns appeared to be different in the patient and non-patient groups, so the correlation matrices for both are presented separately. The subclinical personality disorder group is similar to the patient group in the correlation pattern, with a moderate correlation between B1 and B2 (r = .40), and higher correlations between B2 and B3 (r = .70), B2 and B4 (r = .71), and B3 and B4 (r = .55).

Table 2. Correlation patterns for behavioural scales

	Behavioural scale	B 1	B 2	B 3	B 4
Non-patient group *N* = 152	B1: Expressing negative emotion	1			
	B2: Socializing	.33	1		
	B3: Assertive, self-justifying	.30	.24	1	
	B4: Adhering to social norms, order	.13	.32	.13	1
	B5: Avoidance, isolating	.26	.46	.04	.12
Patient group *N* = 40	B1: Expressing negative emotion	1			
	B2: Socializing	.48	1		
	B3: Assertive, self-justifying	.35	.66	1	
	B4: Adhering to social norms, order	.50	.56	.41	1
	B5: Avoidance, isolating	.44	.26	.50	.31
Sub clinical PD group *N* = 70	B1: Expressing negative emotion	1			
	B2: Socializing	.39	1		
	B3: Assertive, self-justifying	.16	.70	1	
	B4: Adhering to social norms, order	.35	.71	.55	1
	B5: Avoidance, isolating	.30	.08	.27	.16

Note. All correlation coefficients are based on Spearman's rho

3.3 Individual behaviours in the Behavioural Acts Questionnaire

The average frequencies of the 110 items on the Behavioural Acts Questionnaire are indicated in Figure 1 both for patient and non-patient groups. The average frequencies in the patient group are higher than in the non-patient groups for all behaviours. These differences are higher for mental health related behaviours, such as visiting a psychiatrist, and taking antidepressant medication (72. "*Võtsin depressiooniravimit*", d = 1.12; 30. "*Külastasin psühholoogi/*

psühhiaatrit", d = 1.7; 21. "*Kutsusin endale kiirabi*", *d* = .65), social behaviour (33. "*Käisin väljas meelt lahutamas*", *d* = .93, 42. "*Lõin uue tutvuse/sain sõbra*", *d* = .71, 53. "*Naersin südamest*", *d* = .82, 74. "*Sain sõpradega kokku*", *d* = .88, 94. "*Tegin seltskonnas nalja*", *d* = .69), workaholism/propriety related behaviours (87. "*Ma ei jõudnud tööga valmis, sest püüdsin teha maksimaalselt hästi*", *d* = .58, 106. "*Vaatasin enese peegelpilti aknaklaasil*", *d* = .61, 80. "*Tegelesin kodus töö-/kooliasjadega*", *d* = 1.05), and two of the avoidance behaviours (55. "*Vältisin võimaluse korral avalikke kohti*", *d* = .68, 75. "*Olin terve päeva kellegagi suhtlemata*", *d* = .54).

3.4 The structure of self-report behavioural items of the Behavioural Acts Questionnaire

The data suggests that while there are only a few quantitative differences in behavioural frequencies between patients and non-patients, there are meaningful qualitative differences in the way these behavioural scales covary and relate to each other. To further examine the structural relations between the behavioural scales, the Bass-Ackwards method (Goldberg, 2006) was used. Figure 2 illustrates the behavioural item structure in the non-patient sample. On the second level of factor analysis, the behavioural items form what could be termed externalizing and internalizing behaviour. The internalizing factor that contains items related to socializing with high negative loadings remains throughout all four levels of factor analyses. On the third level, the assertive, justifying behaviour factor emerges, having equally strong path coefficients with both externalizing and internalizing behaviour factors. The assertive behaviour factor remains unchanged through three levels of analyses. Externalizing behaviour breaks down into impulsive behaviour that is moderately related to socializing, and xpressing negative emotion, on the fourth level. On the fifth level, externalizing behaviours are further broken down to two factors. One of them contains items related to following social norms, and their impulsive opposites with a negative loading, and is equally negatively correlated to both the Impulsivity factor, and (Minus) Socializing factor on the fourth level. The other factor contains items related to avoidance, and substance use; it has a positive strong correlation with Impulsivity factor, and a small positive correlation with Expressing negative emotion, on the fourth level.

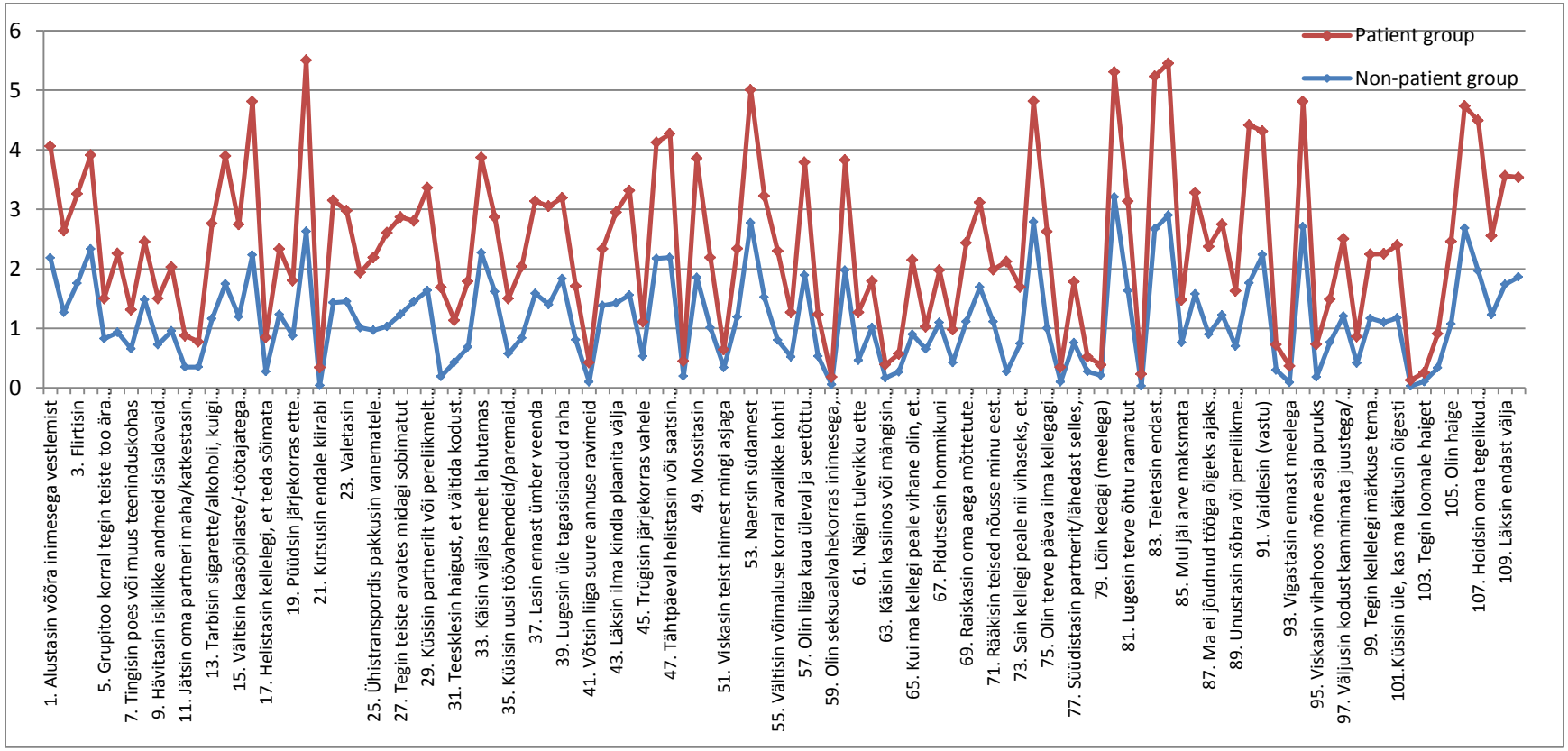

Figure 1. Average frequencies on single self-reported behaviours in the Behavioural Acts Questionnaire in the patient and non-patient group

In the patient sample (Figure 3), the two main factors emerging on level 2 analyses are expressing negative emotion, that remains relatively similar through all four levels of analyses, concentrating more on expressing anger starting level 4, and socializing. On level 2 the factor socializing contains both the more positive aspects of socializing, like calling friends, and going out, as well as the more assertive (like correcting others' behaviour), and negative aspects (such as arguing) of social behaviour. In the further levels, a factor containing the positive social behaviours does not emerge in the patient sample analysis. The socializing factor further breaks down to assertive, self-justifying behaviour, and (self-)destructive behaviour, that is not correlated to the expressing negative emotion factor on any levels. The (self-)destructive behaviours factor further breaks down into pure destructive behaviour (including suicide attempts, and self-harm), and avoidance behaviours. Two separate factors emerge from the assertive behaviour component as well, one containing loadings from items with behaviours disregarding social norms (such as stealing, drug use), and the other containing high (negative) loadings of socially normative, and rule following oriented behaviours. These factors are not correlated at any level.

The structure of behavioural items in the subclinical personality disorder group is similar to that of the patient group.

3.5 Personality and behaviour scales

The principal component analysis of the SNAP scale indicates similar structure of the temperament and personality scales as reported by Clark (1993a.). In the normative sample the personality scales demonstrate similar variability between 3 – 4 standard deviations from the mean. Low self-esteem and suicide proneness have the lowest variability (*SD* = 1.6 and *SD* = 1.9) while temperament scales have higher variability, with *SD* = 5.3 for disinhibition, *SD* = 5.8 for positive temperament, and *SD* = 7.3 for negative temperament. Analysis of variance indicates there are group differences between patients and non-patients on six of the trait and temperament scales, namely Negative temperament (NT), *d* = .67, Mistrust (MST), *d* = 1.16, Suicide proneness (SuicP), *d* = .72, Eccentric Perceptions (EP), *d* = .52, Positive temperament (PT), *d* =. 39, Exhibitionism(EXH), *d* = .39, Detachment(DET), *d* = .67, and Workaholism(WRK), *d* = .36.

The correlations between the behavioural scales of the Behavioural Acts Questionnaire and SNAP trait and temperament scales are indicated in Table 2. Given the significant differences between the patient and non-patient samples in both the behavioural as well as trait and temperament scales, the correlations are calculated separately for both groups.

B1: Expressing negative emotion correlates with Negative Temperament, and most of its trait scales, and Disinhibition. B2: Socializing correlates with Manipulativeness, Exhibitionism, and Disinhibition in the non-patient sample, while it is most strongly correlated with Aggression, Positive Temperament, and Exhibitionism in the patient sample. B3: Asserting, justifying behaviour has a low correlation with Entitlement in the non-patient sample, but has moderate correlations with Positive Temperament, and Entitlement in the patient sample. B4: Adhering to social norms shows a similar correlation pattern in the patient sample; however has an additional small correlation with Propriety, while B3 tends to be more correlated with Disinhibition. B5: Avoidance has high correlations Suicide Proneness, and moderate correlations with Mistrust, Self-harm, and Detachment in the non-patient sample, but fails to indicate any substantial correlations in the patient sample besides indicating a possible connection with Suicide Proneness.

The behavioural scales indicated some specificity in their correlation patterns with the SNAP-2 personality disorder scales. B1: Expressing negative emotion had the strongest correlations with the borderline (r = .54), paranoid personality disorder (r = .40), antisocial personality disorder (r =.34), and histrionic personality disorder (r =.39) scales. B2: Socializing had strongest correlations with histrionic (r = .49), narcissistic (r = .44), antisocial (r = .33), and schizoid (r = -.34) personality disorder scales. B3: Assertive, self-justifying behaviour had strongest correlations with the antisocial (r = .42), narcissistic (r = .43), and histrionic (r = .41) personality disorder scales. B4: Adhering to social norms had highest correlations with histrionic (r = .56), narcissistic (r = .42), and schizoid (r = -.37) personality disorder scales. B5: Avoidance behaviours were correlated with paranoid (r = .37), schizoid (r = .50), antisocial (r = .36), and borderline (r = .37), and avoidant (r = .37) personality disorder scales.

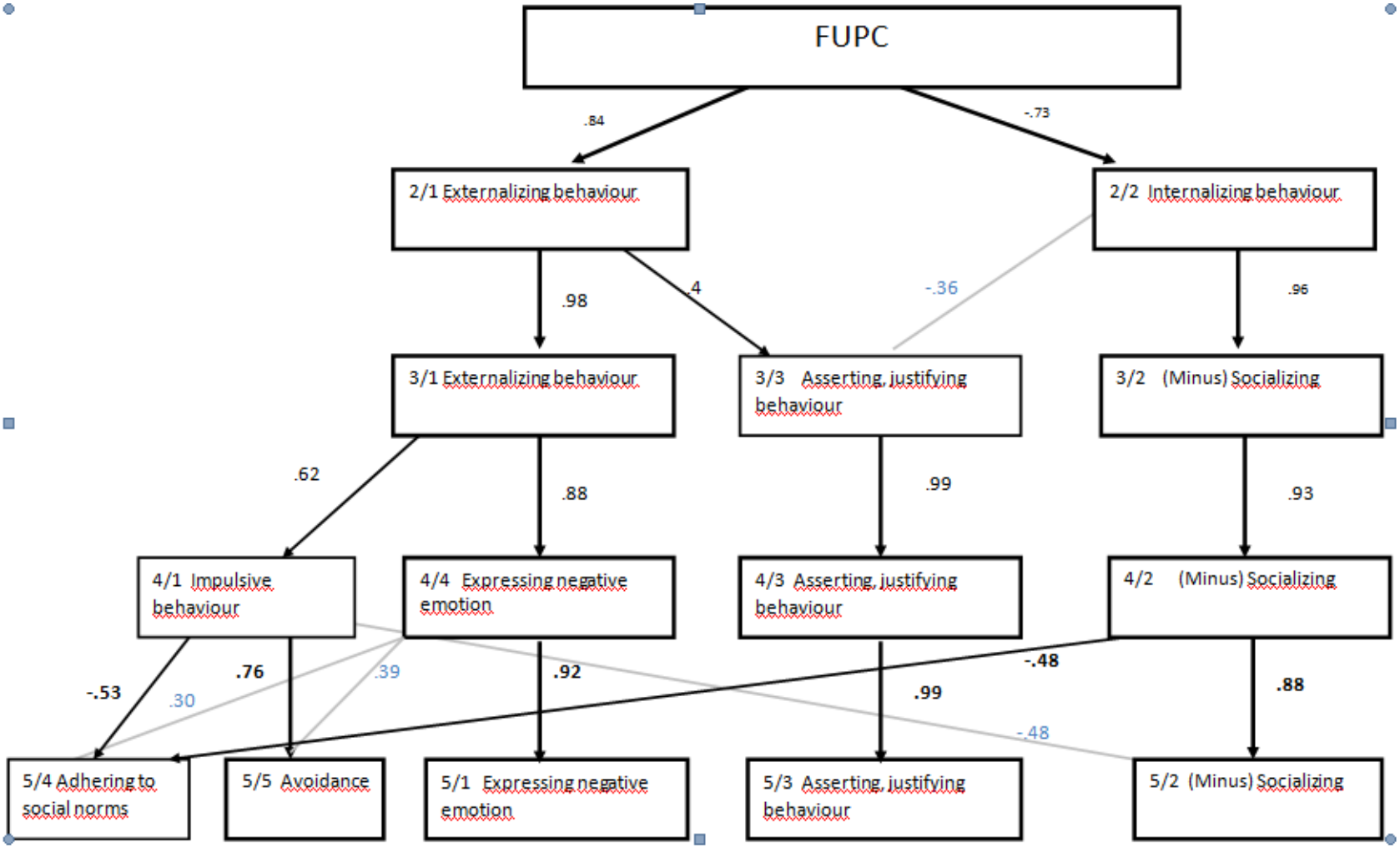

Figure 2. Principal components with direct oblimin rotation of the Behavioural Acts Questionnaire in the general population sample. FUPC= first unrotated principal component. Only path coefficients over 0.3 are indicated.

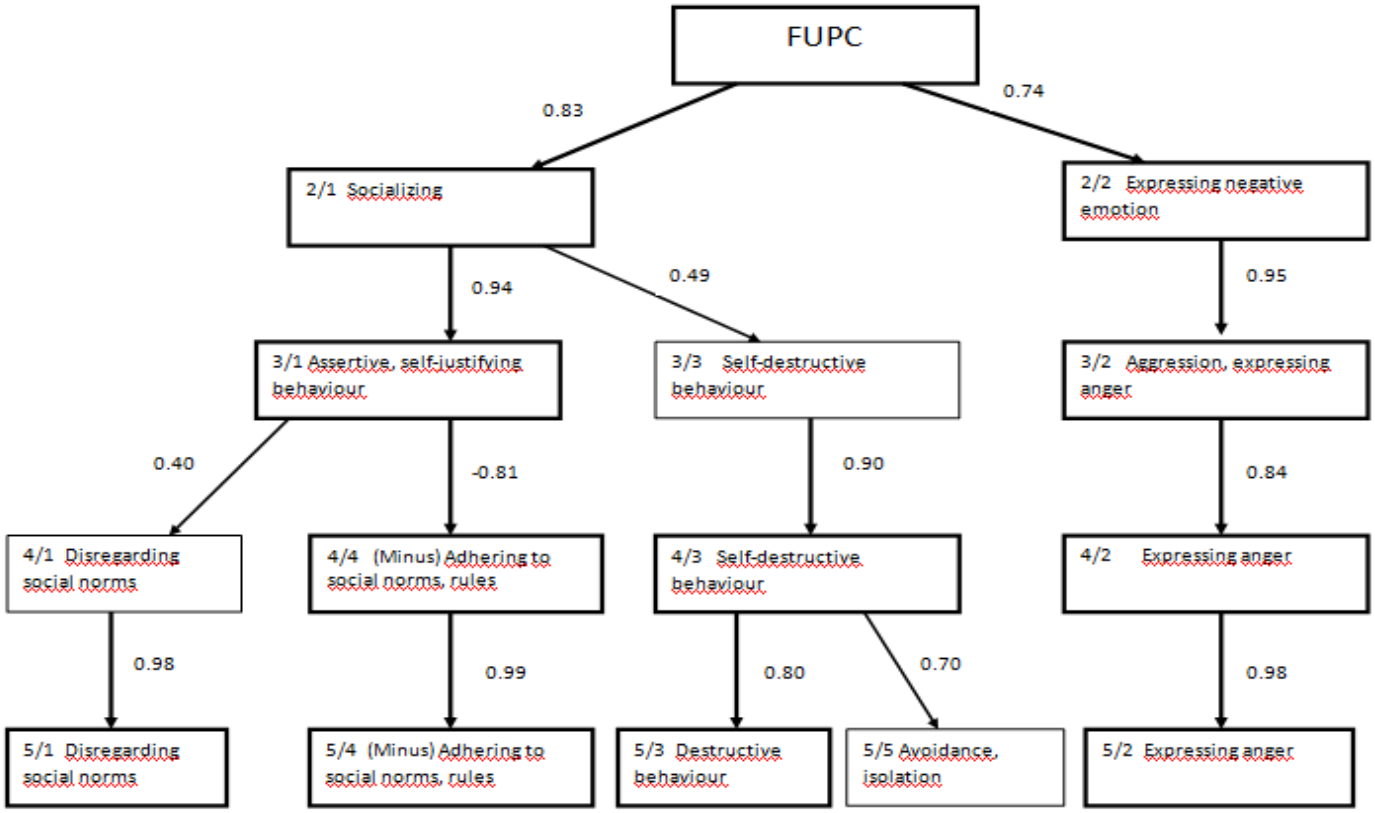

Figure 3. Principal components with direct oblimin rotation of the Behavioural Acts Questionnaire in the patient sample. FUPC= first unrotated principal component. Only path coefficients over 0.3 are indicated.

Table 2. Behavioural Acts Questionnaire scales' correlations with SNAP temperament and trait scales

Group	SNAP scales	B1: Expressing negative emotion	B2: Socializing	B3: Assertive, self-justifying	B4: Adhering to social norms, order	B5: Avoidance, isolating
Non-patients *N*=152	**Negative Temperament**	**.55**	.04	-.03	.15	.15
	Mistrust	**.40**	.07	.10	-.23	**.48**
	Manipulativeness	**.41**	**.40**	.28	.12	-.05
	Aggression	**.53**	.02	.02	.17	.18
	Self-harm	**.40**	.07	-.22	-.14	**.63**
	Low Self-esteem	**.36**	.02	-.09	-.11	.17
	Suicide Proneness	**.36**	.01	-.25	-.12	**.75**
	Eccentric Perceptions	.29	.26	.15	**.66**	.14
	Dependency	.28	.09	-.04	.07	.09
	Positive Temperament	.03	.28	.08	**.47**	.02
	Exhibitionism	.19	**.49**	.23	**.41**	-.03
	Entitlement	.03	.27	**.37**	**.36**	.09
	Detachment	.08	-.25	-.03	-.27	**.52**
	Disinhibition	**.33**	**.50**	.25	.28	-.17
	Impulsivity	.17*	.29	.04	.26	**-.36**
	Propriety	.08	-.21	-.10	-.28	.08
	Workaholism	.01	-.06	.15	.02	.29
Patients *N*=40	**Negative Temperament**	**.53**	.12	.03	.18	.09
	Mistrust	.26	.14	.05	.10	.07
	Manipulativeness	**.57**	.19	**.32**	**.38**	.03
	Aggression	**.56**	**.51**	.23	.14	.22
	Self-harm	**.37**	.17	.25	.06	.05
	Low Self-esteem	**.32**	.13	.24	.04	.00
	Suicide Proneness	**.42**	.21	.07	.12	**.34**
	Eccentric Perceptions	**.38**	.09	.26	.13	.03
	Dependency	.04	.05	.06	.02	.01
	Positive Temperament	.02	**.47**	**.43**	**.44**	.23
	Exhibitionism	.02	**.48**	.25	**.30**	.16
	Entitlement	.17	**.31**	**.50**	**.49**	.13
	Detachment	**.34**	.02	.17	.04	.21
	Disinhibition	**.46**	.24	**.34**	.14	.13
	Impulsivity	.22	**.33**	.09	.08	.04
	Propriety	.05	.07	.02	**.30**	.21
	Workaholism	.23	.01	.22	.05	.21

3.6 Predicting behavioural scales

A linear regression model that would predict B1: Expressing negative emotion could not be found in the non-patient sample. In the patient sample, however, the model consisting of SNAP Aggression and Eccentric Perceptions, and EEK-2 Depression scale indicated predictive value (R^2 = .80; sd error 4.6). When EEK-2 scales were not included in the model, SNAP Aggression,

Eccentric Perceptions, and B4: Adhering to social norms was the best model for predicting B1 (R^2 = .67; sd error 5.1).

For predicting B2: Socializing in the non-patient sample, the best linear regression model included SNAP Exhibitionism, Suicide Proneness, Disinhibition, and Impulsiveness (R^2 = .88, sd error 2.6). In the patient sample, the strongest predictors were B3: Assertive, justifying behaviour, age, SNAP Aggression, and Detachment (R^2 = .77, sd error 4.3). When including EEK-2 scales in the model, the model with the best predictive value includes B3: Assertive, justifying behaviour, age, EEK social anxiety scale, SNAP Aggression, and Entitlement, B4: Adhering to social norms, and EEK general anxiety scale (R^2 = .95, sd error 2.3). When excluding the other behavioural scales, the best model includes SNAP Aggression, EEK social anxiety scale, and SNAP Disinhibition R^2 = .62, sd error 5.5).

For predicting B3: Assertive, justifying behaviour in the non-patient sample, the best linear regression model includes SNAP Manipulativeness, B1: Expressing negative emotions, and SNAP Self-harm (R^2 = .60, sd error 1.9). When excluding the other behavioural scales, a model that would predict B3 can not be constructed. In the patient sample, the strongest predictors for B3 were B2: Socializing, SNAP entitlement, B5: Avoidance, and age (R^2 = .78, sd error 1.9). When excluding the other behavioural scales, SNAP Entitlement and Disinhibition are the strongest predictors for B3 (R^2 = .39; sd error 3.2). Adding EEK-2 scales does not improve the predictive value of the models.

For predicting B4: Adhering to social norms in the non-patient sample, the best linear regression model includes SNAP Eccentric Perceptions, and Propriety (R^2 = .63, sd error 2.2). In the patient sample B2: Socializing, SNAP Propriety, and Manipulativeness have the highest predictive value (R^2 = .61, sd error 3). When the other behavioural scales are excluded from analysis, SNAP Entitlement, and Manipulativeness significantly predict B4 (R^2 = .32, sd error 3.7). Adding EEK-2 scales does not improve the predictive value of the models.

In the non-patient sample, SNAP Suicidality alone significantly predicts B5: Avoidance value (R^2 = .60, sd error 3). In the patient sample, the best predictive model includes B3: Assertive, justifying behaviour, and SNAP Positive Temperament (R^2 = .39, sd error 5.5). When the other behavioural scales are excluded from analysis, a model that would significantly predict B5 cannot be constructed. Adding EEK-2 scales does not improve the predictive value of the models.

3.7 Predicting patient status

A stepwise linear regression analysis was conducted for predicting patient status from the trait, and temperament scales, and behavioural scales. The best model (R^2 = .58) included Low self-esteem (B = .106, p < 0.001), followed by Detachment (B = .041, p < 0.003), and Entitlement (B = .035, p < 0.006). Behavioural scales did not increase the predictive value of this model.

Another stepwise linear regression model was built for predicting high scorers on the SNAP-2 personality disorder scales. The best model in this case (R^2 = .58) included Propriety (B = .073, p < 0.001), and B5: Avoidance (B = .038, p < 0.002).

4. Discussion

Hypothesis 1 was partly confirmed. The results indicate that patients and non-patients do differ in the frequency of self-reported daily behaviour with patients reporting higher frequencies for most of the individual behaviours. When individual behaviours are aggregated, however, the mean scale scores of the Socializing behaviour scale are higher in the non-patient group. The structure of behaviours, however, appears to be somewhat different in the patient and non-patient groups. Analyzing the structure of behavioural items, a scale including Socializing behavioural items fails to emerge in the patient sample, with these behavioural items loading on the second order factor only, after which most of the socializing items fail to load on any of the factors, and some individual behaviours follow a similar pattern with the adhering to social norms items. This absence of a coherent Socializing behaviour factor could be explained by patients using the scale and its items in a different manner, and/or lack of situations in which positive social behaviour could be demonstrated, and would thus need further study.

Both groups had a clear externalizing behaviour factor. Similar to Sharma et al (2013), a Planful/Organized factor illustrated by Scale 4: Adhering to social norms, and a Carefree/Careless factor illustrated by the Impulsive factor on level 4 of analyses emerged. The behaviours accounted for by the Sex/Substance scale in the Sharma et al (2013) study, tended to load on the Adhering to social norms/Disregarding social norms factor in the patient sample. In the non-patient sample, substance use items loaded mostly on the Avoidance scale, suggesting a general experiential avoidance factor. In the patient sample, a factor consisting of more serious

destructive behaviour appeared, similar, although more general than that reported by Krueger et al (2007). It's also worth noting that while in the non-patient sample a single factor concerning expressing negative emotions emerged, in the patient sample two distinct factors, one dealing with anger expression, and the other with more serious destructive behaviours (such as physical violence against others, and oneself) emerged, suggesting that in addition to being more frequent in the patient sample, aggressive behaviours could also be more differentiated.

Hypothesis 2 and 3 were confirmed. In line with previous research, the individual behavioural items form coherent scales that are relatively distinct from each other, and have a moderate to high internal consistency. The behavioural scales have unique correlation patterns with SNAP-2 trait and temperament scales, with different patterns emerging for patient and non-patient samples indicating that personality traits can mediate either the behavioural expression or its report in more than one way. For example, the expression of negative emotion is most strongly related to Negative temperament, and most of its subscales, as well as Disinhibition in both the patient and non-patient groups. In the patient sample it is additionally related to Detachment, while in the subclinical personality disorder group the connection with Disinhibition is rather low. One explanation for the pattern difference would be that in the non-patient sample Disinhibition mediates the ability to keep to the social custom of keeping ones (negative) emotions to oneself while in the personality disorder group such behaviour would be part of the pathological behavioural profile thus annulling the „need" for such mediation.

On the Socializing behaviour scales, people scoring high on the personality disorder scales are more similar to the non-patient sample, with Socializing being related to high Manipulativeness, Positive temperament, Exhibitionism, and Disinhibition. In people with higher personality disorder scale scores connections to impulsivity, as well as low propriety appear. The patient sample demonstrates a similar connection between socializing and Positive temperament, and also a correlation similar in magnitude with trait Aggression indicating the socializing behaviours follow a different pattern in the patient sample that is more likely related to their general psychopathology than personality traits. This is also in line with regression analyses where the Anxiety scales of EEK-2 appeared to be good predictors of socializing behaviour scores in the patient sample.

Assertive behaviour shows a weak relation to personality traits in the non-patient sample, with only a low correlation to Entitlement, while indicating stronger links to both Positive

temperament, and Disinhibition in patient and subclinical personality disorder groups. In the high personality disorder score group there's also a connection to Impulsivity, and Detachment not present in the other groups.

Adhering to social norms has a similar pattern in all three groups where socially normative behaviours are linked to Positive temperament, and trait Entitlement, and Exhibition. This scale has a connection to the SNAP-2 Eccentric Perceptions scale in the non-patient, as well as subclinical personality disorder group but not in the patient group. Based on participants' feedback, it is likely that this connection reflects a tendency to interpret certain items both in the behavioural items list, as well as personality tests in line with one's experience rather than as reflecting odd experiences. For example, the item "I foresaw the future" could be interpreted as being able to apprehend certain events in the future based on knowledge and/or past experience.

Avoidance behaviours have little connection with personality traits in the patient group, while the prevalence of avoidance behaviours in that group is relatively high, indicating that these behaviours are more strongly related to general psychopathology. Avoidance behaviour in all groups is most related to Suicide proneness, as well as Detachment. The non-patient group also has a negative correlation with Impulsivity, while in the subclinical personality disorder group avoidance correlates negatively with Manipulativeness. This could suggest that in the non-patient group, avoidance behaviours are more strongly related to failure to plan or follow made plans than the goal to avoid certain experiences, which would warrant further study.

Hypothesis 4 and 5 were partially confirmed. In general, SNAP trait and temperament scales appear to be good predictors of the behavioural scales, demonstrating better predictive ability in the patient group. This indicates that in the case of daily behaviours tapped into by the Behavioural Acts Questionnaire, personality traits mediate the reported frequency more strongly in the presence of psychopathology. In case of expressing negative emotions, and socializing behaviours, anxiety and depression symptomatology add predictive value in addition to personality traits, suggesting that these behaviours are more influenced by a person's (emotional) state.

Patient status appears to be most strongly linked to personality traits such as Low self-esteem, Detachment, and Entitlement, with no additional predictive value added by behavioural scales. Detachment, as well as Entitlement tends to be correlated with most of the behavioural

scales in the patient group, which would suggest that these traits tap into qualities related to Axis I psychopathology in general.

When it comes to predicting high scorers on personality disorder scales, however, avoidance behaviours in addition to trait Propriety appear to have the strongest connection. This would be in line with the Adaptive Failure model of general personality dysfunction proposed by Livesley (2003), where pro-social and/or cooperative behaviour is one of the main components.

This indicates that personality disorder specific traits can be meaningfully differentiated from other forms of psychopathology, with self-reported daily behaviour tending to interact more distinctly with personality traits in case of personality disorders.

5. Limitations and future directions

There were several limitations to this study. The small sample size limits statistical power in most analyses, and increases the likelihood that a good proportion of the results could be random. The non-patient sample especially has a very low median age, as well as a great percentage of female responders, which calls into question how well these results can be generalized to other age groups, and/or male responders.

The patient group was very heterogenous in their diagnoses, which makes it difficult to control for specific effects of any psycopathology on the results. Further examination of a specific personality disorder sample, as well as using other means of assessment, such as experience sampling, in addition to self report would be useful in inverstiganting the behavioural structure in relation to personality traits, and psychopathology.

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APPENDIX 1

Table A. Principal components in the general population sample: Behavioural Acts Questionnaire

	PC1	PC2	PC3	PC4	PC5
109. Läksin endast välja	**.67**	.08	-.09	.03	.14
68. Kontrollisin oma partneri või teiste pereliikmete asju/e-postkasti/telefoni	**.57**	-.01	.00	-.01	-.09
79. Lõin kedagi (meelega)	**.55**	-.02	-.15	-.15	-.18
36. Ütlesin, et vihkan ennast/oma keha	**.53**	.11	-.14	.14	.32
77. Süüdistasin partnerit/lähedast selles, et ta ei hooli minust	**.53**	.18	-.04	.22	.10
86. Tõstsin kellegi peale häält	**.51**	.00	.07	.02	-.15
49. Mossitasin	**.51**	-.11	-.10	.12	.25
73. Sain kellegi peale nii vihaseks, et keeldusin temaga rääkimast	**.51**	.10	.06	.09	.15
18. Kirjeldasin olukorda tõsisemalt/traagilisemalt, kui see tegelikult oli	**.48**	-.25	.01	-.11	.07
100. Ütlesin kellelegi, et olen tema peale solvunud	**.47**	-.09	.11	.08	.07
40. Lõin ukse selja taga pauguga kinni	**.46**	-.05	.06	.12	-.10
88. Tülitsesin pereliikmega	**.45**	.00	.26	.01	.07
51. Viskasin teist inimest mingi asjaga	**.45**	-.15	-.08	-.22	-.06
95. Viskasin vihahoos mõne asja puruks	**.42**	-.01	-.03	-.15	-.01
54. Nutsin	**.40**	-.02	-.23	**.36**	.03
108. Tegin partneri/sõbra soovil midagi, mida ma teha ei tahtnud	**.39**	-.12	.24	.07	.15
17. Helistasin kellelegi, et teda sõimata	**.38**	-.11	**.33**	-.06	-.11

29. Küsisin partnerilt või pereliikmelt millegi tegemiseks luba	**.38**	.09	**.30**	.06	-.04
23. Valetasin	**.37**	**-.32**	.12	**-.30**	.09
14. Kahetsesin oma käitumist	**.37**	-.07	-.07	.06	**.34**
93. Vigastasin ennast meelega	**.36**	.00	-.02	-.03	.16
27. Tegin teiste arvates midagi sobimatut	**.35**	-.11	.17	-.20	**.33**
66. Parandasin ajalehes/raamatus trükivigu	**.32**	.03	-.07	**.30**	.03
24. Kuulasin salaja teiste juttu pealt	**.31**	-.25	.06	-.04	.10
50. Tegutsesin vastupidiselt korraldustele/kokkuleppele	.26	-.23	.25	.00	.16
32. Jätsin oma osa tööst tegemata	.26	-.18	.10	-.20	.07
102. Kahjustasin meelega kellegi teise asju	.26	-.10	.04	-.20	.02
2. Sõin nii palju, et hiljem oli paha olla	.14	.12	.03	.10	.09
74. Sain sõpradega kokku	-.15	**-.70**	-.04	.17	.09
33. Käisin väljas meelt lahutamas	.07	**-.69**	.00	.01	.08
67. Pidutsesin hommikuni	.04	**-.66**	.03	-.04	.14
110. Kutsusin kellegi külla	-.05	**-.62**	.00	.15	.03
94. Tegin seltskonnas nalja	-.05	**-.60**	.20	.24	.03
4. Läksin külla	.12	**-.60**	.01	-.04	-.09
42. Lõin uue tutvuse/sain sõbra	.02	**-.59**	.07	.13	-.04
43. Läksin ilma kindla plaanita välja	.05	**-.57**	.08	-.05	.14
53. Naersin südamest	-.13	**-.54**	-.03	.18	-.12
84. Helistasin sõbrale	-.05	**-.53**	.13	**.32**	.00
52. Mul oli pohmelus	-.02	**-.49**	-.07	-.19	.28
3. Flirtisin	.20	**-.46**	-.12	.12	-.18

8. Hilinesin kokkulepitud kohtumisele	.04	**-.43**	.24	-.05	.10
62. Lihtsalt ei läinud tööle/kooli	.19	**-.40**	-.15	-.12	.21
9. Hävitasin isiklikke andmeid sisaldavaid dokumente nii, et neid poleks võimalik enam taastada	-.03	.38	.31	.20	.23
46. Lükkasin edasi vajalike tööde tegemist	.21	**-.35**	-.01	-.07	**.28**
34. Jäin tööle/kooli hiljaks	-.08	-.35	.32	-.28	.22
106. Vaatasin enese peegelpilti aknaklaasil	.25	-.35	-.28	.22	.14
70. Rääkisin oma saavutustest	.22	**-.35**	.04	.07	-.15
22. Jäin hommikul nii kauaks voodisse, et asjad jäid tegemata	.12	-.32	.13	-.25	.32
31. Teesklesin haigust, et vältida kodust väljumist	.18	-.28	.08	.02	.20
45. Trügisin järjekorras vahele	-.02	-.17	-.01	.02	-.06
41. Võtsin liiga suure annuse ravimeid	.03	-.13	.07	.04	.05
92. Laenasin/kasutasin teise inimese asja, kuigi teadsin, et see talle ei meeldi	.04	-.10	.01	-.09	.07
35. Küsisin uusi töövahendeid/paremaid töötingimusi	.04	-.07	**.73**	-.13	-.21
7. Tingisin poes või muus teeninduskohas	-.12	-.09	**.62**	-.04	-.12
64. Panin klienditeenindaja paika	.20	.13	**.58**	.08	-.17
12. Kaebasin kaupluses toodete, kaupluse või teeninduse peale	.06	.19	**.52**	.26	-.15
104. Küsisin palka juurde/ küsisin koolis paremat	-.04	-.09	**.51**	-.05	-.03
89. Unustasin sõbra või pereliikme sünnipäeva	.02	-.05	**.49**	-.21	.21
87. Ma ei jõudnud tööga õigeks ajaks valmis, sest püüdsin teha maksimaalselt hästi	.01	.04	**.49**	-.08	.06

10. Käisin üksi väljas soomas, kinos või mõnel muul kultuuriüritusel	-.14	-.15	**.40**	.08	.17
19. Püüdsin järjekorras ette pääseda/kiiremini jutule pääseda	.24	**-.35**	**.38**	-.10	-.04
71. Rääkisin teised nõusse minu eest midagi ära tegema	.18	**-.32**	**.37**	.04	.08
96. Läksin külla eelnevalt kokku leppimata	-.05	**-.35**	**.37**	-.08	-.07
1. Alustasin võõra inimesega vestlemist	-.03	-.29	.35	.20	.00
44. Tegin oma töid põhjalikumalt, kui oli ette nähtud	-.13	.00	**.35**	**.34**	.27
91. Vaidlesin (vastu)	.10	**-.31**	**.33**	.15	.04
85. Mul jäi arve maksmata	-.08	.09	**.32**	-.14	.14
99. Tegin kellelegi märkuse tema ebaviisaka käitumise kohta	.24	-.10	.29	.11	.14
21. Kutsusin endale kiirabi	.17	-.04	.20	.03	-.10
47. Tähtpäeval helistasin või saatsin kellelegi kirja/kaardi/sõnumi	-.04	**-.36**	-.06	**.54**	-.12
60. Tegin komplimendi kellegi riietuse kohta	-.04	-.23	-.09	**.52**	.11
80. Tegelesin kodus töö-/kooliasjadega	-.02	-.16	-.03	**.49**	.17
5. Grupitoo korral tegin teiste too ära kartuses, et teine ei tee piisavalt hästi	.06	-.14	.09	**.40**	.21
61. Nägin tulevikku ette	.13	.09	.11	**.38**	-.10
20. Koristasin oma tuba	-.10	.10	.17	**.36**	-.13
58. Kuulsin teiste mõtteid	-.05	-.11	-.10	**.35**	-.06
25. Ühistranspordis pakkusin vanematele inimestele kohta	.16	-.01	-.07	**.33**	-.17
103. Tegin loomale haiget	**.26**	.11	.09	**-.30**	-.06
83. Teietasin endast vanemaid/tähtsamaid inimesi	.05	-.06	.16	**.29**	.16
97. Väljusin kodust kammimata juustega/ pesemata hammastega	.11	-.18	.14	-.24	.24

38. Ostsin midagi, mida mul tegelikult vaja polnud	.04	-.11	-.07	.23	.04
98. Tõstsin poodi külastades asju õigetele riiulitele	.09	-.11	-.01	.22	.02
81. Lugesin terve õhtu raamatut	-.11	.01	.17	.20	-.01
39. Lugesin üle tagasisiaadud raha	-.01	.14	.14	.19	.18
75. Olin terve päeva ilma kellegagi suhtlemata	-.07	-.04	.00	.01	**.56**
28. Ütlesin ära küllakutsele	.05	-.13	.15	.03	**.55**
30. Külastasin psühholoogi/psühhiaatrit	.16	**.34**	-.02	.05	**.52**
57. Olin liiga kaua üleval ja seetõttu järgmisel päeval liiga väsinud, et hästi tegutseda	.13	-.20	.06	-.05	**.50**
15. Vältisin kaasõpilaste/-töötajatega suhtlemist	**.31**	.12	.07	-.07	**.47**
6. Keeldusin kellegagi suhtlemast	.14	.11	.20	.05	**.45**
78. Tarbisin illegaalset narkootikumi	.01	**-.33**	.00	-.17	**.44**
11. Jätsin oma partneri maha/katkestasin sõbraga suhted	-.04	-.11	-.02	.04	**.41**
107. Hoidsin oma tegelikud tunded/arvamuse endale	.05	.03	-.02	.11	**.37**
63. Käisin kasiinos või mängisin hasartmänge	-.04	-.06	.01	-.07	**.36**
55. Vältisin võimaluse korral avalikke kohti	**.34**	.03	.05	.05	**.36**
65. Kui ma kellegi peale vihane olin, et rääkinud ma temaga	-.07	.02	.04	.06	**.36**
72. Võtsin depressiooniravimit	.08	.15	-.12	-.05	**.34**
37. Lasin ennast ümber veenda	.25	-.25	-.09	.01	**.34**
69. Raiskasin oma aega mõttetute inimeste peale	.18	-.05	**.27**	.08	**.34**
90. Ei läinud kodust välja	.11	-.09	-.10	-.10	**.33**

13. Tarbisin sigarette/alkoholi, kuigi teadsin, et mul hakkab sellest halb	.11	**-.23**	.11	-.08	**.32**
105. Olin haige	.01	-.12	.04	**.31**	**.31**
82. Varastasin	.19	-.05	.12	.08	**-.31**
101.Küsisin üle, kas ma käitusin õigesti	**.26**	-.10	.22	.12	**.30**
56. Küsisin sugulastelt/sõpradelt/tuttavatelt raha laenuks	-.01	-.21	.22	-.15	.26
76. Alustasin kellegi kohta kuulujuttu	.24	-.08	.06	.09	-.24
26. Olin küll teiste inimestega ühes ruumis, ent istusin üksi ja eraldi	.17	.07	.00	.13	.23
59. Olin seksuaalvahekorras inimesega, kelle nime ma ei teadnud	-.05	-.12	.03	-.21	.21
48. Üritasin ennast tappa	.09	.05	.18	-.08	-.21
16. Kandsin kaks päeva järjest samu riideid	.12	.08	.17	-.10	.17

Principal Component Analysis with Direct Oblimin rotation

N=162

Table B. Principal components in the patient sample: Behavioural Acts Questionnaire

	PC1	PC2	PC3	PC4	PC5
82. Varastasin	**.80**	.28	-.05	-.02	-.04
59. Olin seksuaalvahekorras inimesega, kelle nime ma ei teadnud	**.75**	.25	.03	-.01	.01
78. Tarbisin illegaalset narkootikumi	**.73**	**.35**	-.07	-.03	-.07
102. Kahjustasin meelega kellegi teise asju	**.62**	.26	**.32**	.04	.01
51. Viskasin teist inimest mingi asjaga	**.59**	.29	**.45**	.00	.03
62. Lihtsalt ei läinud tööle/kooli	**.56**	.15	.09	.08	**.31**
96. Läksin külla eelnevalt kokku leppimata	**.55**	.08	**.32**	-.10	.13
55. Vältisin võimaluse korral avalikke kohti	**-.52**	.20	.09	-.15	**.39**
85. Mul jäi arve maksmata	**.51**	-.07	-.15	-.03	.29
36. Ütlesin, et vihkan ennast/oma keha	**-.46**	.28	.24	-.20	**.39**
84. Helistasin sõbrale	**.44**	-.16	.15	-.24	.13
43. Läksin ilma kindla plaanita välja	**.40**	-.07	.11	-.06	.18
24. Kuulasin salaja teiste juttu pealt	**.40**	.05	.29	-.18	.26
74. Sain sõpradega kokku	**.39**	-.21	.26	-.22	.24
33. Käisin väljas meelt lahutamas	**.34**	-.16	.01	-.05	.23
89. Unustasin sõbra või pereliikme sünnipäeva	**.34**	.08	-.15	.26	.09
8. Hilinesin kokkulepitud kohtumisele	**.34**	-.23	-.12	-.23	.28
32. Jätsin oma osa tööst tegemata	**.31**	-.11	.28	-.03	.11
105. Olin haige	**-.30**	.22	.08	.15	.16
65. Kui ma kellegi peale vihane olin, et rääkinud ma temaga	.02	**.77**	.04	-.29	.05
73. Sain kellegi peale nii	.20	**.70**	.04	-.17	.04

vihaseks, et keeldusin temaga rääkimast					
109. Läksin endast välja	.05	**.61**	.14	-.04	.12
86. Tõstsin kellegi peale häält	.00	**.61**	.26	-.08	-.02
91. Vaidlesin (vastu)	.14	**.59**	-.01	-.18	-.13
64. Panin klienditeenindaja paika	.46	**.59**	.03	-.26	.01
40. Lõin ukse selja taga pauguga kinni	.11	**.55**	.28	-.11	.10
49. Mossitasin	-.22	**.51**	.14	.04	.15
56. Küsisin sugulastelt/sõpradelt/tuttavatelt raha laenuks	.16	**.46**	-.14	-.29	-.01
69. Raiskasin oma aega mõttetute inimeste peale	.01	**.45**	-.03	-.03	.29
41. Võtsin liiga suure annuse ravimeid	**.32**	**.43**	.17	.10	.13
98. Tõstsin poodi külastades asju õigetele riiulitele	-.02	**-.42**	.08	**-.33**	**.36**
72. Võtsin depressiooniravimit	-.08	**.39**	-.09	.20	.18
30. Külastasin psühholoogi/psühhiaatrit	-.07	.20	.10	.02	-.08
103. Tegin loomale haiget	.03	-.10	**.82**	.07	-.02
48. Üritasin ennast tappa	-.10	-.09	**.77**	.03	-.17
76. Alustasin kellegi kohta kuulujuttu	-.03	.00	**.76**	.02	.04
79. Lõin kedagi (meelega)	.41	.24	**.75**	.08	-.04
93. Vigastasin ennast meelega	.28	.27	**.71**	.14	.09
95. Viskasin vihahoos mõne asja puruks	.08	.31	**.59**	.09	.10
54. Nutsin	**-.51**	.15	**.53**	-.14	.11
77. Süüdistasin partnerit/lähedast selles, et ta ei hooli minust	**-.34**	.12	**.53**	-.26	.11
45. Trügisin järjekorras vahele	**.37**	.12	**.44**	.00	-.13
17. Helistasin kellelegi, et	.15	-.15	**.43**	.01	.25

teda sõimata					
61. Nägin tulevikku ette	-.03	.16	**.41**	-.01	-.13
88. Tülitsesin pereliikmega	-.07	**.33**	**.38**	.15	.18
4. Läksin külla	.15	.07	**.33**	-.05	-.01
58. Kuulsin teiste mõtteid	.18	.19	**.32**	-.10	.10
108. Tegin partneri/sõbra soovil midagi, mida ma teha ei tahtnud	-.19	.01	**.29**	-.07	.07
66. Parandasin ajalehes/raamatus trükivigu	-.15	.04	-.20	**-.78**	-.16
99. Tegin kellelegi märkuse tema ebaviisaka käitumise kohta	.15	.18	.03	**-.77**	.01
60. Tegin komplimendi kellegi riietuse kohta	-.26	.07	-.10	**-.71**	.25
70. Rääkisin oma saavutustest	.20	.04	.23	**-.70**	-.16
101.Küsisin üle, kas ma käitusin õigesti	.11	**.35**	-.07	**-.69**	.04
35. Küsisin uusi töövahendeid/paremaid töötingimusi	.29	-.04	.08	**-.66**	-.13
19. Püüdsin järjekorras ette pääseda/kiiremini jutule pääseda	**.36**	-.09	.14	**-.66**	-.03
104. Küsisin palka juurde/ küsisin koolis paremat	**.33**	.00	-.14	**-.65**	.03
100. Ütlesin kellelegi, et olen tema peale solvunud	-.06	**.51**	.10	**-.61**	.12
9. Hävitasin isiklikke andmeid sisaldavaid dokumente nii, et neid poleks võimalik enam taastada	-.12	.13	-.11	**-.59**	.17
12. Kaebasin kaupluses toodete, kaupluse või teeninduse peale	**-.34**	.02	.22	**-.55**	.19
92. Laenasin/kasutasin teise inimese asja, kuigi teadsin, et see talle ei meeldi	**.42**	-.22	.19	**-.55**	.05
71. Rääkisin teised nõusse minu eest midagi ära tegema	**.35**	-.10	**.36**	**-.53**	-.03
6. Keeldusin kellegagi suhtlemast	-.02	**.45**	-.14	**-.53**	.09
5. Grupitoo korral tegin	**.34**	-.26	.07	**-.52**	-.04

teiste too ära kartuses, et teine ei tee piisavalt hästi					
29. Küsisin partnerilt või pereliikmelt millegi tegemiseks luba	.09	-.04	.06	**-.52**	-.11
63. Käisin kasiinos või mängisin hasartmänge	-.22	.03	-.04	**-.51**	.06
37. Lasin ennast ümber veenda	.11	-.20	.07	**-.50**	.04
42. Lõin uue tutvuse/sain sõbra	.36	.26	.00	**-.50**	.08
47. Tähtpäeval helistasin või saatsin kellelegi kirja/kaardi/sõnumi	.05	.28	.13	**-.49**	.08
21. Kutsusin endale kiirabi	-.25	.16	.10	**-.48**	-.02
94. Tegin seltskonnas nalja	.30	.21	-.43	**-.47**	-.08
44. Tegin oma töid põhjalikumalt, kui oli ette nähtud	.10	.20	.00	**-.43**	.11
3. Flirtisin	**.36**	.14	.02	**-.43**	.05
53. Naersin südamest	**.38**	-.11	.29	**-.42**	.02
68. Kontrollisin oma partneri või teiste pereliikmete asju/e-postkasti/telefoni	.02	**-.38**	.25	**-.40**	**.32**
7. Tingisin poes või muus teeninduskohas	.03	**-.39**	**.32**	**-.40**	.07
1. Alustasin võõra inimesega vestlemist	**.31**	-.16	-.18	**-.40**	.12
80. Tegelesin kodus töö-/kooliasjadega	-.08	**-.32**	-.09	**-.39**	.00
39. Lugesin üle tagasisiaadud raha	-.25	-.26	.02	**-.38**	.19
20. Koristasin oma tuba	.12	.09	.21	**-.38**	-.01
110. Kutsusin kellegi külla	.07	-.08	.27	**-.37**	.24
90. Ei läinud kodust välja	.13	.03	.03	**.33**	-.02
23. Valetasin	.28	-.02	-.03	**-.30**	.26
31. Teesklesin haigust, et vältida kodust väljumist	-.18	-.17	.27	-.29	.21
22. Jäin hommikul nii kauaks voodisse, et asjad jäid tegemata	.05	.04	.13	.10	**.69**

28. Ütlesin ära küllakutsele	-.08	.00	-.08	.12	**.66**
15. Vältisin kaasõpilaste/-töötajatega suhtlemist	-.16	.15	-.11	-.06	**.64**
27. Tegin teiste arvates midagi sobimatut	.01	.10	-.15	-.16	**.62**
75. Olin terve päeva ilma kellegagi suhtlemata	-.31	**.42**	.11	.07	**.56**
81. Lugesin terve õhtu raamatut	.24	.22	.04	.23	**.48**
26. Olin küll teiste inimestega ühes ruumis, ent istusin üksi ja eraldi	.09	.14	.03	-.03	**.47**
107. Hoidsin oma tegelikud tunded/arvamuse endale	.03	**.32**	.02	.13	**.47**
83. Teietasin endast vanemaid/tähtsamaid inimesi	.06	-.34	-.06	.16	**.47**
38. Ostsin midagi, mida mul tegelikult vaja polnud	.02	.06	.19	-.15	**.46**
87. Ma ei jõudnud tööga õigeks ajaks valmis, sest püüdsin teha maksimaalselt hästi	.13	**.35**	-.09	-.24	**.45**
14. Kahetsesin oma käitumist	.11	.03	**-.41**	-.25	**.45**
52. Mul oli pohmelus	.28	-.06	.13	.11	**.43**
46. Lükkasin edasi vajalike tööde tegemist	.13	**-.34**	-.02	.23	**.42**
13. Tarbisin sigarette/alkoholi, kuigi teadsin, et mul hakkab sellest halb	-.05	-.20	.14	-.17	**.42**
10. Käisin üksi väljas soomas, kinos või mõnel muul kultuuriüritusel	-.12	-.24	**.37**	-.01	**.41**
11. Jätsin oma partneri maha/katkestasin sõbraga suhted	.14	-.23	.10	-.19	**.41**
25. Ühistranspordis pakkusin vanematele inimestele kohta	.12	.12	.17	-.18	**.41**
67. Pidutsesin hommikuni	**.38**	-.17	.27	-.28	**.41**
16. Kandsin kaks päeva järjest samu riideid	-.08	.01	.04	-.11	**.40**
57. Olin liiga kaua üleval ja seetõttu järgmisel päeval liiga väsinud, et hästi tegutseda	.19	.22	.01	-.02	**.40**

34. Jäin tööle/kooli hiljaks	**.35**	.10	-.27	-.14	**.39**
2. Sõin nii palju, et hiljem oli paha olla	.01	-.27	**.33**	-.10	**.37**
50. Tegutsesin vastupidiselt korraldustele/kokkuleppele	.20	.33	.24	.08	**.36**
97. Väljusin kodust kammimata juustega/ pesemata hammastega	.05	-.16	-.27	**.35**	**.36**
18. Kirjeldasin olukorda tõsisemalt/traagilisemalt, kui see tegelikult oli	.10	-.28	**.32**	**-.31**	**.33**
106. Vaatasin enese peegelpilti aknaklaasil	-.01	-.05	.20	-.16	**.32**

Principal Component Analysis with Direct Oblimin rotation

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