

A number of researchers and clinicians have suggested that all personality disorders (PDs) may share a general psychopathology; this stems from the fact that disorder spectra, like externalizing and internalizing spectra, as well as internalizing and thought disorder spectra are correlated with each other. Not without criticism, some posit a p-factor, which high scores imply worse outcomes for severity, duration of disorder, and comorbidity, i.e., factors underlying all PDs. Not only the “existence” but also the characterization of the p-factor is still an open question, although researchers suggest that impulsive emotionality may be at the core. However, it is insufficient for defining the interpersonal problems of people across all types of PDs. Clinicians are aware that a lack of cognitive flexibility and reflexivity and general deficits in social cognition impact PDs. On the other hand, social psychologists point to the need for closure or hostile attributions (HAs) as factors that relate to the difficulties in dealing with ambiguity; these also lead to many interpersonal dysfunctions—the primary difficulty across all PDs. HA is a tendency to believe that the actor did something with hostile purpose, intentionally, and is to be blamed for that, even though the social cues may be ambiguous or even neutral. HAs and in particular desire to blame, create psychological stiffness and rigidity of, for instance, moral judgment. People who see the outside world as hostile and provocative also have very distinct ways to encode social cues.

HAs may represent a key factor in psychopathology, yet there are scarce studies in clinically depressed samples and/or among patients with comorbid PDs. This type of cognitive rigidity hinders interpersonal perception and a primary challenge for patients with PDs is difficulty in close relationships. It is possible that they lack cognitive flexibility to integrate mitigating and justifying information, which might lead to conflicts severing of close relationships. Thus, the project proposal is comprised of two parts: I) furthering the understanding of the relationship between HAs and PDs, while also deconstructing the contextual and cognitive underpinnings of HAs also in a clinical population, which will allow for II) examining the efficacy of psychotherapy targeting HAs, i.e., on reducing PD severity. Notably the finding from Part I of the project will be used to create indicators (e.g., contextual and cognitive) of changes in HAs tested in the Part II of the project.

Such an in-depth understating of HAs, especially among patients with a personality disorder, would facilitate the provider’s ability to target them during psychotherapeutic treatment and define precise indicators of effectiveness. Currently, although the effectiveness of psychotherapy is rarely questioned, the mechanisms underlying changes in psychopathology still require further investigation. The project will involve several types of study designs, including experiments and modified diary method. Cognitive functions will be investigated with an eye tracker. All studies will address both clinical and community populations in order to assure a normal distribution of PDs.