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Understanding Emotion: Trait vs. State and Its Application in Psychotherapy

Emocje jako cecha i jako stan. Rozumienie i zastosowanie w psychoterapii

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ABSTRACT

This article examines the interplay between emotions as traits and states, highlighting their relevance in understanding emotional experiences and implications for psychotherapy. Emotions as traits are stable characteristics that predispose individuals to frequently feel certain emotions, while emotions as states are temporary responses to specific stimuli. Personality psychology often emphasizes traits, while social and clinical psychology focus more on emotional states. Integrating these perspectives creates a comprehensive framework for understanding emotions' dynamic nature. Traits like neuroticism and extraversion influence emotional experiences such as anxiety or joy, affected by situational context and regulatory processes. Their understanding informs therapeutic interventions. Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) effectively address emotional challenges by modifying thought patterns and enhancing coping skills, especially for those with high neuroticism. Additionally, strategies promoting social engagement can benefit individuals with low extraversion, fostering supportive networks and positive emotional experiences. Ultimately, the article underscores the importance of considering both traits and states in psychotherapeutic contexts, allowing clinicians to tailor interventions that, after taking into account the client's/patient's personality traits, support immediate emotional responses and long-term personality development, enhancing the prevention and treatment of emotional and mood disorders.

Keywords: emotion; trait; state; psychotherapy; cognitive; ACT; CBT

INTRODUCTION

Emotions are an integral part of the human experience, continuously intertwining with our thoughts, behavior, physiology, and social interactions. However, in academic literature, there is an ongoing debate about the nature of emotions: whether they should be considered more as traits (which could be incorporated into personality psychology) or as temporary states that arise in response to specific stimuli (including thoughts). This article examines the theoretical foundations of both perspectives and proposes a solution that integrates the two; it also highlights the necessity of distinguishing between emotion-state and emotion-trait in the context of applying psychotherapeutic interventions.

Notably, in the context of considering “trait or state”, it is impossible to categorise words describing emotions strictly into those that describe states and those that describe traits (Chaplin, John, Goldberg, 1988). The criterion for differentiation thus lies not in the word itself, but in how it is used to describe situations from a short-term perspective (state) or a long-term perspective (trait). This is reflected in the instructions given to respondents when using psychometric tools that are commonly employed in clinical practice, for instance, to measure therapeutic progress. For states, the instruction focuses on how the respondent feels at the exact moment of assessment or, possibly, on the day of the assessment. In contrast, when measuring emotions understood as traits, the instruction inquires about how the respondent usually feels (Watson, Clark, Tellegen, 1988). An example of applying the trait/state distinction in diagnostic practice is the approach to measuring anxiety or aggression as a state versus anxiety or aggression as a trait (Spielberger, Reheiser, 2004). However, research differentiating emotion as a state or trait often limits itself to selected emotions and does not encompass a broader set of them (Harmon-Jones, Bastian, Harmon-Jones, 2016).

The above information indicates that in distinguishing between trait and state in the context of emotions, the situational context and interpretation of the situation (including a relatively consistent pattern of interpreting similar situations) play a significant role. Consequently, from a broader psychotherapeutic perspective, it becomes impossible to distinctly differentiate between state emotion and trait emotion solely based on the description of the current emotional experience. This distinction, however, serves as an important guideline in the process of conceptualising the client/patient.

EMOTION AS A TRAIT

Emotion understood as a trait is a relatively stable tendency over time to experience a specific set of emotions more frequently than others (Zelenski,

Larsen, 2000). We refer to emotion as a trait when considering the frequency of experiencing a particular emotional state in everyday life (Wood et al., 2008). A trait is also an element that reveals itself in various, different circumstances (VandenBos, 2015). For example, a person who is helpful to their closest family may also help someone who asks for assistance on the street. Another crucial element that allows us to classify something as a trait is its stability over time (if someone was helpful a month ago, they are likely to be helpful today as well).

In the context of emotions, a trait is understood as the tendency to experience a particular emotion (Izard, 2009). Psychologists discuss emotion as a trait by noting that we can fairly easily identify someone who experiences, for instance, anger or fear more frequently than someone else; it is important to remember that these traits do not necessarily have to be directly related to personality (Diener, Larsen, 1984). This view of emotion aligns with the definition of a trait used in lexical studies, where it is understood as a representation of a stable tendency in any psychologically significant attribute (Saucier, Bel-Bahar, Fernandez, 2007). This is thus consistent with one of the possible ways of viewing emotion, indicating it as a long-term disposition (Russell, Feldman-Barrett, 1999).

Emotions as traits also reflect enduring aspects of personality that are associated with an individual's typical emotional responses. Traits such as neuroticism, extraversion, conscientiousness, or agreeableness influence the intensity and frequency of experienced emotional states. For instance, individuals with high levels of neuroticism tend to experience unpleasant emotions, such as anxiety or worry, more frequently (Brandes, Tackett, 2019). In contrast, extroverts often experience more pleasant emotions, such as joy, which affects their social activity and overall life satisfaction (Wilt, Revelle, 2019).

However, to more comprehensively understand emotional traits – that is, predispositions to experience specific emotions more frequently (Hartmann, 2025) – it is valuable to consider the role of deeper cognitive-affective structures, such as schemas or core beliefs. These constructs, often developed on the basis of early experiences, may function as moderators in the relationship between traits and emotional states (Mischel, Shoda, 1995; Pilkington, Younan, Bishop, 2021; Shoda, Smith, 2004). For instance, an individual with high neuroticism or anxiety hypervigilance (Hartmann, 2025) may possess abandonment or defectiveness schemas, which become activated in response to specific interpersonal stimuli, thereby intensifying experienced anxiety or sadness (Renner et al., 2012; Thimm, 2010). This perspective, present across various therapeutic modalities (e.g., schema therapy, psychodynamic psychotherapy, Cognitive Behavioral Therapy [CBT]), emphasises that emotional traits do not operate in a vacuum; rather, they are filtered and modified by enduring patterns of thinking.

EMOTION AS A STATE

Emotions as states are temporary reactions to specific stimuli or situations, which typically lead to changes in an individual's thinking, physiology, and behavior. Research on emotional states focuses on how these transient experiences affect our decisions, social interactions, and overall psychological functioning. Emotional states are crucial for understanding variability in responses to daily events, playing a significant role in adaptive management of challenges and stressors (Kuppens, Verduyn, 2017). Additionally, they can significantly modulate how people perceive others and interpret social signals (Lopes et al., 2005). During intense emotional states, such as joy when meeting a friend, positive distortions in perception may be enhanced, promoting better social cohesion and cooperation. Conversely, emotions like fear can lead to avoidance of social situations or excessive perception of threats.

In contrast to emotions as traits, which are relatively stable, emotions as states are dynamic and can rapidly change in response to external factors. Research conducted by Scherer (2009) indicates that emotional states are short-lived experiences that can influence cognitive processes such as attention and memory. Lazarus (1991), in his cognitive appraisal theory, emphasises that emotions as states result from an individual's assessment of a situation – evaluating the potential benefits or threats arising from that situation. Highlighting the adaptive nature of emotional states, Frijda (2008) points out that they play a key role in mobilising the body's resources in response to a changing environment, which is essential for effectively coping with challenges. An emotional state such as fear can quickly trigger fight or flight mechanisms, illustrating their fundamental protective function. Research on emotional states demonstrates that they significantly impact cognitive processing, for example, by modulating attention and memory (Mather, Sutherland, 2011).

Emotional states can be understood as adaptive mechanisms that prepare the body for rapid response to threats or emerging opportunities, which is crucial for human survival and functioning. They are thus an adaptive mechanism allowing individuals to quickly react to situations requiring immediate attention (Mather, Sutherland, 2011; Oatley et al., 2011). It is suggested that various emotional states, such as fear or anger, are critical in the context of survival because they enable the swift mobilisation of physical and cognitive resources. Fear, for instance, activates the “fight or flight” response, increasing heart rate and adrenaline levels, which prepares the body for sudden action (Feldman-Barrett, 2017; Öhman, Mineka, 2001; Spielberger, Sarason, 2005).

The contemporary understanding of emotions as states highlights their complexity and significance in the adaptive functioning of individuals, influencing a wide range of cognitive and social processes. LeDoux (2023), focusing on

the neurobiological foundations of emotional states, demonstrates how specific systems in the brain are automatically activated in response to emotional stimuli, enhancing swift and effective actions in particular situations. From this perspective, emotions as states serve a specific function influencing the brain's information-processing mechanisms. His work underscores the role of the prefrontal cortex in assessing emotional situations and making decisions based on currently experienced emotions. As a result, emotional states can modulate not only the level of arousal but also direct attention to the most relevant stimuli at any given moment (Barrett-Feldman et al., 2019).

Considering emotions in the context of daily functioning, it becomes apparent that the regulation of emotions affects decision-making processes and social interactions, suggesting that the ability to manage these temporary states is crucial for psychological well-being (Gross, 2013). Understanding emotional states is therefore key to many areas of psychology, including clinical psychology, where emotion regulation is often a focus of therapeutic interventions. For instance, therapeutic approaches such as Acceptance and Commitment Therapy (ACT) and Dialectical Behavior Therapy (DBT) use techniques that help patients identify and regulate their temporary emotional states, which is essential for improving functioning and psychological well-being (Hayes, Hofmann, 2021).

Emotions understood as states play a crucial role in our daily adaptation to the environment. Their dynamic nature allows for quick adjustment to changing conditions and influences our behaviors, thoughts, and interpersonal relationships. Understanding emotions as states provides insight into how people directly respond to surrounding events, which is significant not only for cognitive psychology but also for clinical applications, where altering or regulating negative emotional states is often a therapeutic goal.

METHODS OF MEASURING STATE AND TRAIT EMOTIONS

In the context of applying this knowledge in clinical practice, it is essential to identify ways to measure emotions understood both as states and as traits. One possible method of measuring state emotions is a collection of techniques known as Ecological Momentary Assessment (EMA), which allows for real-time data collection from respondents, often without requiring them to repeatedly visit a designated testing location. This collection includes methods such as behavioral observation, monitoring physiological changes, and responses provided by respondents via mobile applications. These methods help minimise recall errors and offer researchers the chance to observe micro-processes that might otherwise go unnoticed (Shiffman, Stone, Hufford, 2008; Stone, Shiffman, 1994; Stone et al., 2007). Also included in this collection are daily diaries, which are considered a relatively reliable way to measure states (Brondolo et al., 2008). They allow for

the description of state variability within individuals and help identify individual differences observed over a longer time (trait measurement; see Merz, Roesch, 2011). Interpreting a state as something measured as “here and now” and a trait as a pattern emerging from multiple state measurements is a practice accepted in the literature (e.g., see Brondolo et al., 2008; Fleeson, 2001; Polk et al., 2005), alongside the single measurement of a trait based on the reported frequency of experiencing a specific state by the respondent (e.g., see Watson et al., 1988; Wood et al., 2008).

Additionally, to determine whether greater variability occurs at the level of state or trait, it is possible to calculate the Intraclass Correlation Coefficient (ICC; see Bartko, 1966; McGraw, Wong, 1996) or to use Multilevel Factor Analysis (MFA; see Kim et al., 2016; Reise et al., 2005). A low ICC value suggests a high variability of state over time (within an individual) but small differences between respondents, indicating minor differences in the trait. Conversely, a high ICC value is interpreted as small differences in the states experienced by an individual but significant differences between the participants (Merz, Roesch, 2011). Multilevel Factor Analysis, after establishing an ICC value greater than zero but less than one (Reise et al., 2005), allows for simultaneous testing of the model based on data from EMA at both levels: (a) variability between individuals (trait) and (b) variability within individuals (state) (Fleeson, 2001; Roesch et al., 2010).

When measuring a state, it is important to be aware that it can stem from a specific event (e.g., receiving a gift) or from an inherent trait (e.g., feeling joy now because I have a cheerful disposition, hence a predisposition to experience joy more often). Researchers should be aware of the possible consequences of their choices when making decisions. Understanding emotion as a state tends to yield results that treat emotions as categories, while viewing emotion from a trait perspective often leads to a dimensional description. This latter approach appears to have broader applicability when attempting to identify individual differences (Zelenski, Larsen, 2000) and has been used in emotion research (e.g., see Watson, Clark, 1991). Differentiating between measuring emotions as traits and as states can be significant in psychotherapeutic practice, especially in the context of conceptualising and monitoring the effectiveness of the psychotherapy process.

PERSONALITY TRAITS, EMOTIONS, AND MENTAL HEALTH

From the perspective of trait theory, emotions can be seen as stable characteristics of an individual. Research conducted by McCrae, Costa, and Martin (2005) suggests that certain personality traits, such as neuroticism, are associated with a tendency to experience specific emotions more frequently than others. Emotional traits (Hartmann, 2025) can impact mental health and the ability to cope with stress, making them a crucial element in personality research. It has

been confirmed that emotions as stable traits can significantly shape our emotional reactions and long-term behavioral patterns from childhood (Soto, 2016). The influence of trait emotions on the experience of various psychological states and disorders is a subject of intensive psychological research. Understanding how trait emotions can affect our susceptibility to different mental disorders is essential for developing effective strategies in therapeutic interventions.

When examining the relationship between personality traits and mental health, it is also valuable to consider the moderating role of cognitive-affective structures, which serve as a bridge between enduring dispositions and specific “here-and-now” emotional responses (Mischel, Shoda, 1995; Roberts et al., 2017). These are relatively stable mental constructs, such as internal attachment models, schemas, or core beliefs. They also potentially influence how personality traits, such as neuroticism or agreeableness, translate into daily emotional states and coping strategies. For example, two individuals with similar levels of neuroticism may differ in the frequency and intensity of experienced anxiety depending on whether they possess adaptive or maladaptive schemas concerning a sense of security in relationships. Incorporating this perspective enriches the conceptualisation of the client and allows for more precise targeting of therapeutic interventions.

NEUROTICISM AND MENTAL HEALTH

Neuroticism, often associated with the chronic experience of unpleasant emotions such as anxiety and anger, is considered a significant predictor of mental health, including the risk of developing anxiety disorders and depression (Klein, Kotov, Bufferd, 2011; Komulainen et al., 2014; Verduyn, Brans, 2012; Vittengl, 2017). This is due to a heightened tendency in individuals with high levels of neuroticism to negatively interpret events and problems (Ormel et al., 2013). In a psychotherapeutic context, this implies that a therapist working with individuals with a high level of neuroticism should pay particular attention to their automatic negative interpretations of events and work on their cognitive restructuring.

Neuroticism is also associated with generally increased emotional reactivity. Individuals high in neuroticism have stronger reactions to daily stressors, which can lead to chronic stress and emotional exhaustion. For the therapist, it is crucial to recognise that clients with high neuroticism may experience intense emotional reactions even to seemingly minor events, necessitating an adjustment in the pace and intensity of therapeutic interventions. This personality trait affects the way emotions are processed, resulting in greater difficulty in managing unpleasant emotions (Tao et al., 2022; Yang et al., 2020) and prolonged reactions to stressful stimuli (Hayu, 2017). This necessitates allocating more time to teaching emotion regulation techniques and building tolerance for emotional discomfort.

The persistent presence of unpleasant emotions in the body increases the likelihood of various somatic illnesses, such as cardiovascular disease (Verduyn, Brans, 2012). Therapists should be cognisant of this psychosomatic vulnerability and integrate elements of body-oriented work as well as psychoeducation concerning the connection between emotions and physical health.

For individuals with high neuroticism, there are at least two key areas to focus on in therapeutic practice: the unpleasant emotions experienced and the strategies used to cope with them. It is worth noting that individuals with high neuroticism often require a longer therapeutic process, as the alteration of deeply ingrained emotional patterns necessitates time and patience from both the client and the therapist (Barlow et al., 2014, 2017). Highly neurotic individuals often employ less adaptive emotional regulation strategies, such as avoidance or rumination, which can exacerbate emotional problems. Therefore, it is suggested to develop more adaptive emotion regulation strategies in such individuals (Yoon, Maltby, Joormann, 2013), such as mindfulness training or cognitive-behavioral therapy interventions (Chen et al., 2023). Furthermore, therapists should be prepared for potential difficulties in building a therapeutic alliance, as individuals with high neuroticism may exhibit greater distrust and apprehension of being judged within the therapeutic relationship (Barlow et al., 2014, 2017). Moreover, a high level of neuroticism can sometimes lead to an increased subjective perception of both physical and psychological pain (Banozic et al., 2018; Rosmalen et al., 2007).

This heightened sensitivity to unpleasantness requires the therapist to exercise particular empathy and validation of the client's experiences, while gently encouraging exposure to discomfort within the therapeutic process (Clark, Beck, 2010). A significant aspect of working with individuals with high levels of neuroticism also involves addressing their tendency to catastrophise and predict worst-case scenarios. The therapist should be prepared for the possibility that the client may be inclined to interpret the therapeutic process itself and/or the therapist's actions more negatively, necessitating the cultivation of an especially safe and stable relationship (Connor-Smith, Flachsbart, 2007; Denhag, Ybrandt, Sundström, 2017). Therapists should actively work on fostering hope and realistic optimism while simultaneously normalising the emotional difficulties experienced by the client. The goal of therapy is not to eliminate unpleasant emotions, which is impossible, but to build emotional resilience – that is, the capacity to cope with unpleasant emotional states.

AGREEABLENESS AND MENTAL HEALTH

Agreeableness is a trait associated with a tendency to be compassionate, kind, cooperative, and altruistic (Ashton, Lee, 2007; Graziano, Eisenberg, 1997). In a psychotherapeutic context, individuals with high agreeableness may initially

appear to be ideal clients; however, therapists should be cognisant that this trait may mask deeper issues related to excessive conformity to others' expectations at the expense of their own needs (Boudreaux, Ozer, 2013; Hill, Knox, 2009; Mallinckrodt, 2010). Individuals with high agreeableness often build positive social relationships, which can serve as a protective factor against developing mental health issues. Simultaneously, therapy may present the challenge of these individuals' tendency to avoid conflict, which can hinder the expression of authentic emotions, particularly anger or frustration, which are often crucial to the recovery process. Research indicates that high agreeableness is linked to lower levels of interpersonal conflicts and a decreased risk of depression and anxiety disorders. Paradoxically, individuals with very high agreeableness may experience covert stress arising from the continuous suppression of their own needs and boundaries, which over the longer term can lead to emotional burnout or psychosomatic disorders (Bibbey et al., 2013; Grant, Schwartz, 2011). The supportive social environment created by agreeable individuals contributes to better coping with life difficulties, positively impacting their mental health (Aguirre et al., 2024; Chen, Qu, Hong, 2022) and acting as a buffer against mood disorders (Asendorpf, Wilpers, 1998). In therapeutic work, it is crucial to ascertain whether a client's agreeableness serves as a defence mechanism related to a fear of rejection or conflict (Thimm, 2010). This occurs because positive social interactions and a supportive atmosphere, more frequently experienced by agreeable individuals, can act as a "cushion" during challenging times (Duberstein et al., 2011; Ode, Robinson, 2009; Young et al., 2007). However, therapists should remain vigilant to situations in which high agreeableness may lead to being exploited in relationships (Graziano, Tobin, 2002), which necessitates working on assertiveness and establishing healthy boundaries. Agreeableness, as an emotional personality trait, supports the development and maintenance of healthy interpersonal relationships by promoting experiences such as empathy, compassion, and gratitude (Reizer, Harel, Ben-Shalom, 2023; Wood, Joseph, Maltby, 2009). The therapist can draw upon the client's natural predispositions, such as empathy or gratitude, as a foundation for fostering self-acceptance and self-compassion, which is often significantly more challenging for agreeable individuals than extending compassion to others (Neff, Rude, Kirkpatrick, 2007). Within the therapeutic process, it may be crucial to teach clients with high agreeableness that self-care is not synonymous with selfishness and that a healthy degree of assertiveness is indispensable for maintaining psychological equilibrium.

Additionally, high agreeableness is less often associated with alcohol abuse (Laursen, Pulkkinen, Adams, 2002). Individuals with high levels of agreeableness may be also more susceptible to other forms of behavioral addictions, such as helping addiction or codependency, which requires particular attention during the diagnostic and therapeutic process (Meier, Robinson, Wilkowski, 2006).

Furthermore, in couples or family therapy, individuals with high agreeableness may unconsciously adopt the role of a “rescuer” or “mediator”, which can perpetuate dysfunctional relational patterns and requires sensitive therapeutic intervention (Jensen-Campbell, Graziano, 2001; Malouff et al., 2010). It is also important to note that excessively low agreeableness can be equally problematic, leading to interpersonal conflicts and social isolation (Côté, Moskowitz, Zuroff, 2012; Graziano, Jensen-Campbell, Hair, 1996), which underscores the importance of striving for a healthy balance in expressing this personality trait.

CONSCIENTIOUSNESS AND MENTAL HEALTH

Conscientiousness is characterised by the ability to control impulses, high organisation, and goal orientation. This trait is fundamentally significant for mental health and positively correlates with the frequency of experiencing pleasant emotions (Kobylińska et al., 2022). However, it is important to consider that the increased engagement in social commitments that accompanies this trait can be beneficial or detrimental to the individual and their health, depending on the cultural context (Kitayama, Park, 2021). In therapeutic practice, it should be noted that individuals with very high conscientiousness may be susceptible to perfectionism and workaholism, which can lead to professional burnout and anxiety disorders (Clark et al., 2016; Hewitt, Flett, 1991; Hill, Curran, 2016; Shafran, Mansell, 2001). Conscientious individuals are often more disciplined and better at planning and problem-solving, which is significant for mental health. However, therapists should be aware that excessive rigidity in planning and organisation can impede adaptation to unpredictable life situations, which calls for working on cognitive flexibility and acceptance of uncertainty (Carleton, 2012; Dugas et al., 1998; Kashdan, Rottenberg, 2010). Conscientiousness is associated with a reduced risk of addiction-related disorders (Turiano et al., 2012). It also supports the ability to maintain healthy lifestyle habits, such as regular exercise and a healthy diet, which are crucial for long-term mental well-being (Bogg, Roberts, 2013; Chopik, Lee, 2022; Hill, Olaru, Allemand, 2024; Hu, Wang, Fan, 2022). In therapy with individuals low in conscientiousness, it is crucial to gradually establish structures and routines, while simultaneously avoiding overwhelming the client with overly ambitious goals, which could lead to a sense of failure and subsequent disengagement (Gollwitzer, 1999; Polivy, Herman, 2002).

Conscientiousness also promotes effective stress-coping strategies and helps develop future-oriented thinking, which can protect against chronic stress and its negative health effects (Roberts et al., 2007). Nevertheless, individuals high in conscientiousness may experience intense stress related to a sense of responsibility and fear of failure (Carter et al., 2016; Grant, Schwartz, 2011), which necessitates working on self-compassion and acceptance of one’s own limitations. According

to research conducted by Moffitt et al. (2011), even young individuals with high conscientiousness possess strong time management skills and a higher level of organisation, which enhances their overall ability to control life stressors. These skills can thus reduce the likelihood of experiencing situations that lead to mood decline. The results of these studies are supported by further research. For example, individuals high in conscientiousness are less likely to experience symptoms of depression, which can be attributed to their better emotion management skills and avoidance of risky behaviors that may lead to stress. Additionally, their ability to set realistic goals and strive to achieve them fosters life satisfaction, which is an important factor in reducing the risk of depression and anxiety disorders (Hill, Roberts, 2011). However, therapists should be vigilant for signs of concealed depression in conscientious individuals, who may mask their emotional difficulties through excessive activity and productivity (Andreassen et al., 2016; Joseph et al., 2025). In a therapeutic context, it is important to recognise whether high conscientiousness serves as a coping mechanism for anxiety and a fear of losing control (Flett, Hewitt, Heisel, 2014; Gotlib, Lewinsohn, Seeley, 1995; Kotov et al., 2010).

Therefore, enhancing conscientiousness can be included in therapeutic strategies as a supportive element in the treatment and prevention of mood disorders. It is crucial to maintain a balance – therapists should promote healthy conscientiousness that does not transform into destructive perfectionism or an obsessive pursuit of control (Bieling, Israeli, Antony, 2004; Stoeber, Otto, 2006). Therapies can concentrate on developing traits related to conscientiousness and self-regulation, such as time management, planning, and self-discipline. This approach can lead to an increased ability of clients/patients to cope with symptoms of depression and anxiety, among other challenges (Karoly, 1993; Whiteley, 2021). When working with individuals low in conscientiousness, it is particularly important to develop a sense of agency through small, attainable goals, which can gradually build intrinsic motivation and self-esteem (Bogg, Roberts, 2013; Chopik, Lee, 2022; Denissen et al., 2013). Therapeutic work with an overly conscientious person may focus on teaching them flexibility, especially concerning unrealistic expectations of themselves and others (Grant, Schwartz, 2011; Hayes, Hofmann, 2021). The aim then becomes helping the client accept that not everything can be planned and controlled, which is crucial for reducing internal tension.

EXTRAVERSION AND MENTAL HEALTH

Extraversion, one of the key dimensions of personality in the Big Five model, significantly influences an individual's emotional experiences and emotion regulation. Psychological literature includes numerous studies exploring the relationship between extraversion and emotions, suggesting that extraverted individuals tend to experience pleasant emotions more intensely and differ in

their emotion regulation compared to introverts. Consequently, it is believed that extraversion contributes to increased life satisfaction and enhances adaptive capacity in socio-emotional functioning (Wilt, Revelle, 2019). In the therapy room, a client's extraversion may manifest in ease of establishing contact and openness, which facilitates the rapid building of a therapeutic alliance (Coleman, 2006; Dennhag et al., 2017). The therapist should, however, be mindful, as there is a risk that the client's high social activity constitutes a way of avoiding deeper emotional problems or a sense of loneliness. In such a case, it may serve as a defence mechanism against deeper, introspective work on difficult emotions (Carver, Connor-Smith, 2010; Schneider et al., 2012).

Extraversion encourages engagement in pleasurable activities, which in turn enhances emotional well-being (Allen, DeYoung, 2016; Allen et al., 2021; Soto, 2019). Social interactions, which are frequently and eagerly pursued by extraverts, also provide a source of potential emotional support and can help alleviate stress. Extraverts are more likely to utilise social resources in challenging situations (Card, Skakoon-Sparling, 2023; Hayu, 2017). However, therapists should be aware of the potential for extroverts to engage in superficial social relationships, which, despite their number, may fail to provide deep emotional support during times of crisis (Carver, Connor-Smith, 2010). Conversely, introverts may require the therapist's support in developing a social network in a manner congruent with their personality (Balder, 2007; Petric, 2022).

In terms of emotion regulation strategies, extraverts tend to prefer strategies based on engaging in social activities (such as seeking support), which can lead to better emotional management (Amirkhan, Risinger, Swickert, 1995; Purnamaningsih, 2017). In therapy with extroverts, a challenge may involve working on the ability to be alone with oneself and tolerate silence, which is essential for deeper emotional processing. In contrast, introverted individuals may benefit more from introspective methods and internal analysis, which could potentially lead to differences in mental health and emotional experience between extraverts and introverts (Balder, 2007; Margolis, Lyubomirsky, 2020; Petric, 2022; Zelenski, Sobocko, Whelan, 2013). Therapists working with introverts should be prepared for longer periods of silence during sessions and should not interpret these as resistance, but rather as the client's natural way of processing information.

However, it is noteworthy that introverts were found to have better psychophysical health than extraverts during the Covid-19 pandemic (Kouser, Hanif, Saeed, 2022). This finding underscores the importance of tailoring therapeutic strategies to the client's life context – in situations requiring social isolation, introverts may demonstrate greater psychological resilience. Furthermore, in group therapy, temperamental differences should be considered, for instance, by providing introverts with space for expression in smaller subgroups or through written forms of expression and exposure.

PERSONALITY TRAITS, EMOTIONS, AND THEIR NEUROBIOLOGICAL FOUNDATIONS

Recent advances in neurobiological research provide evidence that stable emotional personality traits are linked to differences in the brain's structure and function, further emphasizing their significance as enduring elements of personality. The representation of emotions in brain structures, such as the limbic system, supports the concept that emotions as traits are deeply rooted biologically and influence an individual's daily functioning (Adolphs, 2010; Adolphs, Anderson, 2018). By exploring how specific traits manifest in brain activity and structure, researchers can better grasp the complex interplay between biology and personality in shaping our emotional lives.

Neurobiological research suggests that stable emotional traits are rooted in individual differences in brain function. Studies using brain imaging demonstrate that structural and functional differences in brain areas involved in emotional processing may be linked to personality traits such as neuroticism and extraversion (Fossati, 2012). Research into the neurobiological bases of emotional personality traits points to structural and functional associations between these traits and specific brain regions, such as the prefrontal cortex and the limbic system (Allen, DeYoung, 2016). These findings confirm that emotions as traits have not only psychological but also biological foundations, shaping our ability to process emotions and respond to stimuli.

In recent years, neurobiological research has also contributed to understanding emotions as personality traits. It has been demonstrated that consistent emotional patterns may be linked to individual differences in brain structure and function, highlighting their relatively enduring and biological nature (Canli et al., 2002). However, due to neuroplasticity, changes in daily functioning are indeed possible (Baumel et al., 2022; Bishop et al., 2021; Kunas et al., 2019). The integration of biological elements and individual experience has long been recognised in clinical practice, forming the basis of many treatment protocols for mood disorders and showing significant associations with them (e.g., see Barlow et al., 2010; Coleman et al., 2017; Lester, Eley, 2013).

TRAITS AND STATES INTEGRATION AS A CRUCIAL ELEMENT OF THE PSYCHOTHERAPY PROCESS

Contemporary psychological models often integrate both perspectives, viewing emotions as a multifaceted phenomenon that can be understood through the interaction of traits and states. For instance, an individual with high neuroticism may be more susceptible to intense anxiety states in stressful situations, but these states can also be regulated by their adaptive abilities and coping strategies.

Similarly, an extravert may frequently engage in social situations that generate pleasant emotional states, which, over time, affect their overall life satisfaction.

Emotional traits and states are connected in such a way that traits can predispose an individual to experience certain emotional states more frequently. For example, a highly extraverted person might more often feel joy and optimism, whereas someone with high neuroticism might be more prone to anxiety or sadness. Research suggests that the relationship between traits and emotional states can be mediated by various internal and external factors, such as social environment or current life goals (Baird, Le, Lucas, 2006).

While traits and states are distinct concepts, they are closely connected. Traits can influence which emotional states an individual frequently experiences and how intensely they react to them. For example, individuals with high extraversion may often experience states of joy and excitement, whereas those with high neuroticism might be more susceptible to anxiety and frustration (Wood et al., 2008). An integrated approach that considers both dimensions can provide a more comprehensive understanding of how emotions impact human life.

The element that integrates the trait and state perspectives are the relatively enduring cognitive-affective structures. These can be understood as matrices that give shape and meaning both to dispositions (traits) and their expression in specific moments (states) (Hartmann, 2025; Mischel, 2004; Mischel, Shoda, 1995). These structures moderate the influence of traits on states, for example, agreeableness as a trait may lead to chronic exhaustion and suppressed anger (a state) if it is driven, for instance, by a self-sacrifice schema (Gebauer et al., 2008; Meier et al., 2006). Therefore, a comprehensive psychotherapeutic intervention should aim not only to regulate states and modify traits, but also to transform the underlying cognitive-affective structures, which leads to more enduring change and emotional integration.

Understanding and connections between emotional traits and states are crucial in clinical practice, where both approaches have significant practical applications. Understanding this distinction is crucial, as it enables the therapist to differentiate which aspects of the client's emotional experience are transient (states) and which constitute enduring personality patterns (traits), directly influencing the choice of therapeutic strategies (Hartmann, 2025). For instance, anxiety as an emotional state can be effectively reduced through relaxation techniques, whereas anxiety as a personality trait requires long-term work on changing deeply ingrained cognitive and behavioral schemas (Endler, Kocovski, 2001; Spielberger, Sarason, 2005). Work on two complementary levels is therefore essential.

Interventions focused solely on emotional states (e.g., teaching relaxation techniques during a panic attack) provide immediate relief but do not alter the underlying problem – the trait (e.g., high neuroticism) that generates these states. It is akin to treating symptoms without addressing the cause of the illness. Conversely, working exclusively on a personality trait is a long-term process, and

the patient needs specific tools to cope with suffering here and now (Barlow et al., 2014; Chorpita, Barlow, 1998; Thimm, 2010). Therefore, effective treatment integrates both approaches: it offers immediate support in managing crisis states, while simultaneously striving for lasting modification of the underlying traits, thereby building long-term psychological resilience. By individualising the therapeutic approach to consider both traits and states, clinicians can more effectively treat emotional disorders.

Therapies such as CBT often focus on regulating emotional states but can also incorporate long-term strategies to modify emotional traits to alleviate psychopathological symptoms (Barlow et al., 2010). An exemplary long-term strategy illustrating this principle within cognitive-behavioral therapy is work on modifying core beliefs. While initial interventions focus on regulating emotional states by challenging automatic thoughts (e.g., the thought “I ruined everything” in response to criticism), long-term work aims to identify and restructure the underlying core beliefs (Beck, 1991; Tang, DeRubeis, 1999). These beliefs, such as “I am incompetent” or “I am worthless”, constitute the cognitive foundation for emotional traits, such as high neuroticism, filtering the interpretation of daily events and generating chronic negative affective states.

The strategy for their modification involves systematically undermining their credibility through techniques such as gathering evidence against a given belief or designing behavioral experiments that allow for the controlled empirical verification and falsification of these deep-seated assumptions (Beck, Haigh, 2014; McManus, Van Doorn, Yiend, 2012; Padesky, 1994). In this way, therapy is not limited to alleviating current symptoms but aims for a lasting change in the dispositional tendency to react negatively, which reduces the cognitive vulnerability to developing mood and anxiety disorders.

Understanding the impact of emotional traits, such as agreeableness and conscientiousness, on mental health is of significant clinical importance. Cognitive Behavioral Therapy can be tailored to help individuals develop these traits, which can improve interpersonal relationships and self-management in various areas. Interventions that enhance conscientiousness might focus on improving time management and fostering a goal-oriented approach, which can positively affect psychological well-being. Specific interventions can include, for example, the “implementation intentions” technique, where a client formulates detailed “if-then” plans (e.g., “If it is 7:00 PM, then I will turn off my phone and begin preparing for bed”) (Gollwitzer, 1999; Gollwitzer, Sheeran, 2006). Another effective method is “time-blocking” combined with mood monitoring, where the client learns to divide the day into specific time blocks dedicated to various activities, while simultaneously observing how the structure affects their well-being (Dimidjian et al., 2011; Mazzucchelli, Kane, Rees, 2010). Therapists can also introduce graduated homework assignments using the “SMART goals” (Specific, Measurable,

Achievable, Relevant, Time-bound) technique, starting with micro-goals, such as making the bed daily, and progressing to more complex life projects (Locke, Latham, 2002; Weick, 1984). Additionally, using activity logs with elements of gratification can help clients with low conscientiousness recognise the direct link between systematic actions and improved mood and sense of agency (Dimidjian et al., 2011; Hopko et al., 2003; Korotitsch, Nelson-Gray, 1999).

Recognising the impact of emotional traits on mental health is crucial in developing therapeutic plans and client/patient conceptualisation. For instance, CBT can be tailored to help individuals develop strategies related to agreeableness, thereby improving their ability to form and maintain healthy relationships. Effective in developing agreeableness are interventions based on cognitive empathy training, particularly the “perspective-taking” technique, where clients systematically practice imagining the thoughts and feelings of other people in conflict situations (Galinsky, Ku, Wang, 2005; Hudson, Fraley, 2015; Roberts et al., 2017).

For individuals with lower conscientiousness, interventions might focus on developing planning skills and self-discipline, which support mental health and life satisfaction (Roberts et al., 2017; Wilmot, Ones, 2019). Interventions utilising external support and monitoring systems, such as habit management applications with gamification elements, prove to be particularly effective. The combination of mindfulness training with behavioral activation techniques fosters lasting changes in conscientiousness, as mindfulness aids in recognising impulses, while behavioral activation provides concrete action strategies (Baer, 2003; Magidson et al., 2014; Papiés, Barsalou, Custers, 2012). Furthermore, interventions based on self-determination theory, which help clients identify internal motivations behind goals, demonstrate greater efficacy in the long-term development of conscientiousness compared to traditional approaches relying solely on external structure and rewards.

Therapies that promote the development of these traits can be particularly effective in the prevention and treatment of mental disorders. A meta-analysis of longitudinal studies (Bleidorn et al., 2022) indicates that changes in personality traits are most enduring when interventions combine cognitive, behavioral, and emotional components – highlighting the importance of a comprehensive approach in working on the modification of emotional traits.

Training programs that emphasise the development of interpersonal skills and self-discipline lead to long-term improvements in mental health (John, Srivastava, 1999; Liversage, Wissing, Schutte, 2023; Mack et al., 2017). Thus, personalising therapy to consider both traits and emotional states can lead to more effective interventions (Barlow et al., 2010). By identifying how traits influence typical emotional responses, therapists can better equip clients to manage and integrate these experiences, fostering more adaptive emotional regulation and improved mental health outcomes.

CONCLUSION

In summary, emotions as traits and emotions as states are fundamental components of the human emotional experience. Understanding their interrelationships not only allows for a more comprehensive insight into how emotions shape our lives, choices, and relationships with others but also aids in developing more effective therapeutic interventions. Integrating both approaches in research and clinical practice can lead to more effective support for mental health. By considering how these dimensions interact, practitioners can tailor interventions to address both immediate emotional challenges and long-term personality development, ultimately promoting overall well-being. In practice, this means that the therapeutic process unfolds along two parallel and mutually complementary tracks. The first track is work on states – particularly at the beginning of therapy, when the patient experiences acute distress (e.g., panic attacks, deep sadness), the priority is to provide them with tools for the immediate regulation of these states (Barlow, 2000). Concretely, this involves, for instance, teaching relaxation techniques (e.g., diaphragmatic breathing), grounding techniques to manage dissociation, as well as identifying and restructuring “hot” automatic thoughts that directly trigger negative emotions. The goal of this type of intervention is the rapid stabilisation of the patient and the restoration of their sense of control, which builds the therapeutic alliance and motivation for further work.

Work on restructuring traits takes place once the patient is already stabilised. In practice, this involves moving from analysing individual automatic thoughts to identifying the patterns behind them, namely core beliefs and schemas. Subsequently, interventions aimed at modifying these traits are implemented (Beck, Haigh, 2014; Padesky, 1994; Pilkington et al., 2021; Renner et al., 2012). For example, in the case of excessive neuroticism, this would involve systematically gathering evidence contrary to negative beliefs about oneself and the world, conducting behavioral experiments to falsify catastrophic predictions, or mindfulness training to increase tolerance for emotional discomfort. Conversely, when working on increasing conscientiousness, behavioral activation techniques can be applied, involving planning and executing actions aligned with the patient’s values, as well as problem-solving training, which teaches a structured approach to challenges.

Integration involves the continuous interweaving of these two areas of intervention. The therapist may work on a specific anxiety coping technique (state) in one session, and then, in the next, link this experience to an analysis of the underlying belief (trait). In this way, the patient not only learns how to cope with distress but also begins to understand why it arises, which leads to more enduring change and builds long-term psychological resilience (Bennett-Levy, 2003; Kazdin, 2007; Roberts et al., 2017).

It is important to consider that some individuals may change their behavior depending on the situation, while others maintain their behavior pattern regardless of circumstances. For instance, an introvert might exhibit extroverted behavior and start a conversation with a stranger during a conference break because they recognize the potential benefit of such behavior (Baird et al., 2006). Also, it is not hard to imagine someone displaying extroversion even in inappropriate situations. Therefore, measuring within-person variability is a critical aspect of the psychology of individual differences and should also be considered (Fleeson, 2001). In this context, a trait can be understood as a “density distribution of states” (Fleeson, 2001; Fleeson, Jayawickreme, 2015). This means that traits can be inferred based on experienced states, and individuals differ in their typical patterns of experiencing these states. For instance, some people – although capable of experiencing a state with varying intensity – tend to act in a narrow, characteristic manner. This distribution of experienced states facilitates distinguishing individuals based on the trait being measured. Conversely, some individuals do not have such a distinct pattern of experiencing states, making it harder to differentiate them, as they experience highly varied states throughout life (Fleeson, 2001). To better illustrate this concept, consider a concrete example concerning extraversion. An individual high in extraversion (trait) will consistently experience enthusiasm and display social openness across various situations – they will be talkative at a business meeting, a family dinner, and while waiting in a grocery line. This specific, characteristic pattern of states allows for their easy identification as an extrovert. Conversely, a person with moderate extraversion might be very sociable at a party with close friends (a high state of extraversion), yet withdrawn during a professional conference (a low state of extraversion), and averagely socially active in everyday situations. This greater variability in states makes it more difficult to unequivocally determine their level of extraversion as a trait. In a clinical context, this means the therapist must gather information about the client’s behavior across many different contexts to accurately assess both their traits and personality dynamics (Fleeson, Jayawickreme, 2015; Funder, 1995; Shoda, Mischel, Wright, 1994; Widiger, Samuel, 2005).

In this case, a “personality state” includes the same behavioral, cognitive, and affective components as a personality trait, with the only difference being duration – considerably shorter for states (Fleeson, Jayawickreme, 2015). Translating the concept of traits as a density distribution of states into the psychology of emotions, we can assume that some people have narrower or broader variability in experienced states over time. For example, some individuals might have low variability in an emotional trait (such as anger) and typically experience it in the same way (e.g., quickly becoming intensely angry). On the other hand, some people exhibit a broader range of anger (state) over time and experience it with varying intensity or frequency depending on the situation.

Both the perspective of emotions as states and emotions as traits are supported in the literature. Contemporary approaches to the psychology of emotions suggest that it is most effective to understand emotion as an interaction between traits and states. Gross and John (2003) emphasize that while certain individual tendencies (such as neuroticism and extraversion) may predispose individuals to experience particular emotions, specific emotional states are often the result of current life situations and the adaptive regulatory processes related to them.

On a theoretical level, it seems impossible to definitively determine whether emotion is a state or a trait, as the understanding of emotions largely depends on the research context. In personality psychology, emotions are often considered relatively stable traits, whereas social or clinical psychology may focus more on emotions as states. The key is understanding how these two aspects can interact, with personality and situations jointly shaping emotional experience. Considering emotions as traits versus states allows for an appreciation of the complexity of human emotional nature. Both approaches are not only useful but also complementary, offering a fuller picture of the role of emotions in an individual's life.

A fuller understanding of the dynamic relationship between emotions understood as traits or states requires incorporating a third element: relatively stable cognitive-affective structures (e.g., schemas, core beliefs, internal self-representations). These constitute the matrix through which personality traits are translated into specific emotional states. In therapeutic work, identifying and modifying these structures allows not only for a deeper conceptualisation of the client's problem but also for a more precise integration of short-term, state-focused interventions with long-term work on traits. This three-level perspective (structures – traits – states) offers richer, more nuanced frameworks for both research on emotions and clinical practice, supporting the development of personalised therapeutic processes that lead to more profound change.

Knowledge about the impact of emotional traits on mental health is critically important in the context of psychotherapy. Cognitive Behavioral Therapy and Acceptance and Commitment Therapy can be particularly effective for individuals with high neuroticism by focusing on changing thought patterns and improving coping skills (Hayes, Hofmann, 2021). Concurrently, therapeutic strategies that enhance social engagement may benefit those with low extraversion, strengthening their support networks and promoting positive emotional experiences. This integrated view acknowledges that personality traits shape our general emotional landscape and influence how we typically respond to events, while emotional states capture our immediate reactions to specific circumstances. By bridging these approaches, therapists can offer more nuanced and effective interventions tailored to the emotional and personality profiles of their clients/patients.

REFERENCES

- Adolphs, R. (2010). Emotion. *Current Biology*, 20(13), 549–552. DOI: 10.1016/j.cub.2010.05.046.
- Adolphs, R., Anderson, D. J. (2018). *The Neuroscience of Emotion: A New Synthesis*. Princeton University Press.
- Aguirre, P., Michelini, Y., Bravo, A. J., Pautassi, R. M., Pilatti, A. (2024). Association between Personality Traits and Symptoms of Depression and Anxiety via Emotional Regulation and Distress Tolerance. *PLOS One*, 19(7), e0306146. DOI: 10.1371/journal.pone.0306146.
- Allen, M. S., Mison, E. A., Robson, D. A., Laborde, S. (2021). Extraversion in Sport: A Scoping Review. *International Review of Sport and Exercise Psychology*, 14(1), 229–259. DOI: 10.1080/1750984X.2020.1790024.
- Allen, T. A., DeYoung, C. G. (2016). Personality Neuroscience and the Five Factor Model. In: T. A. Widiger (Ed.), *The Oxford Handbook of the Five Factor Model of Personality* (Vol. 1; pp. 1–63). Oxford University Press. DOI: 10.1093/oxfordhb/9780199352487.013.26.
- Amirkhan, J. H., Risinger, R. T., Swickert, R. J. (1995). Extraversion: A “Hidden” Personality Factor in Coping? *Journal of Personality*, 63(2), 189–212. DOI: 10.1111/j.1467-6494.1995.tb00807.x.
- Andreassen, C. S., Griffiths, M. D., Sinha, R., Hetland, J., Pallesen, S. (2016). The Relationships between Workaholism and Symptoms of Psychiatric Disorders: A Large-Scale Cross-Sectional Study. *PLOS One*, 11(5), e0152978. DOI: 10.1371/journal.pone.0152978.
- Asendorpf, J. B., Wilpers, S. (1998). Personality Effects on Social Relationships. *Journal of Personality and Social Psychology*, 74(6), 1531–1544. DOI: 10.1037/0022-3514.74.6.1531.
- Ashton, M. C., Lee, K. (2007). Empirical, Theoretical, and Practical Advantages of the HEXACO Model of Personality Structure. *Personality and Social Psychology Review*, 11(2), 150–166. DOI: 10.1177/1088868306294907.
- Baer, R. A. (2003). Mindfulness Training as a Clinical Intervention: A Conceptual and Empirical Review. *Clinical Psychology: Science and Practice*, 10(2), 125–143. DOI: 10.1093/clipsy/bpg015.
- Baird, B. M., Le, K., Lucas, R. E. (2006). On the Nature of Intraindividual Personality Variability: Reliability, Validity, and Associations with Well-Being. *Journal of Personality and Social Psychology*, 90(3), 512–527. DOI: 10.1037/0022-3514.90.3.512.
- Balder, E. A. (2007). Introversion: Relationship with Mental Well-Being. *Graduate Research Papers*, 1–18.
- Banozic, A., Miljkovic, A., Bras, M., Puljak, L., Kolcic, I., Hayward, C., Polasek, O. (2018). Neuroticism and Pain Catastrophizing Aggravate Response to Pain in Healthy Adults: An Experimental Study. *Korean Journal of Pain*, 31(1), 16–26. DOI: 10.3344/kjp.2018.31.1.16.
- Barlow, D. H. (2000). Unraveling the Mysteries of Anxiety and Its Disorders from the Perspective of Emotion Theory. *American Psychologist*, 55(11), 1247–1263. DOI: 10.1037/0003-066X.55.11.1247.
- Barlow, D. H., Farchione, T. J., Fairholme, C. P., Ellard, K. K., Boisseau, C. L., Allen, L. B., Ehrenreich May, J. T. (2010). *Unified Protocol for Transdiagnostic Treatment of Emotional Disorders*. Oxford University Press. DOI: 10.1093/med:psych/9780199772667.001.0001.
- Barlow, D. H., Sauer-Zavala, S., Carl, J. R., Bullis, J. R., Ellard, K. K. (2014). The Nature, Diagnosis, and Treatment of Neuroticism: Back to the Future. *Clinical Psychological Science*, 2(3), 344–365. DOI: 10.1177/2167702613505532.
- Barlow, D. H., Farchione, T. J., Bullis, J. R., Gallagher, M. W., Murray-Latin, H., Sauer-Zavala, S., Bentley, K. H., Thompson-Hollands, J., Conklin, L. R., Boswell, J. F., Ametaj, A., Carl, J. R., Boettcher, H. T., Cassiello-Robbins, C. (2017). The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders Compared with Diagnosis-Specific Protocols for Anxiety Disorders. *JAMA Psychiatry*, 74(9), 875. DOI: 10.1001/jamapsychiatry.2017.2164.

- Barrett, L. F., Adolphs, R., Marsella, S., Martinez, A. M., Pollak, S. D. (2019). Emotional Expressions Reconsidered: Challenges to Inferring Emotion from Human Facial Movements. *Psychological Science in the Public Interest*, 20(1), 1–68. DOI: 10.1177/1529100619832930.
- Bartko, J. J. (1966). The Intraclass Correlation Coefficient as a Measure of Reliability. *Psychological Reports*, 19(1), 3–11. DOI: 10.2466/pr0.1966.19.1.3.
- Baumel, W. T., Lu, L., Huang, X., Drysdale, A. T., Sweeny, J. A., Gong, Q., Sylvester, C. M., Strawn, J. R. (2022). Neurocircuitry of Treatment in Anxiety Disorders. *Biomarkers in Neuropsychiatry*, 6, 100052. DOI: 10.1016/j.bionps.2022.100052.
- Beck, A. T. (1991). Cognitive Therapy: A 30-Year Retrospective. *American Psychologist*, 46(4), 368–375. DOI: 10.1037/0003-066X.46.4.368.
- Beck, A. T., Haigh, E. A. P. (2014). Advances in Cognitive Theory and Therapy: The Generic Cognitive Model. *Annual Review of Clinical Psychology*, 10(1), 1–24. DOI: 10.1146/annurev-clinpsy-032813-153734.
- Bennett-Levy, J. (2003). Mechanisms of Change in Cognitive Therapy: The Case of Automatic Thought Records and Behavioral Experiments. *Behavioral and Cognitive Psychotherapy*, 31(3), 261–277. DOI: 10.1017/S1352465803003035.
- Bibbey, A., Carroll, D., Roseboom, T. J., Phillips, A. C., Rooij, S. R. de (2013). Personality and Physiological Reactions to Acute Psychological Stress. *International Journal of Psychophysiology*, 90(1), 28–36. DOI: 10.1016/j.ijpsycho.2012.10.018.
- Bieling, P. J., Israeli, A. L., Antony, M. M. (2004). Is Perfectionism Good, Bad, or Both? Examining Models of the Perfectionism Construct. *Personality and Individual Differences*, 36(6), 1373–1385. DOI: 10.1016/S0191-8869(03)00235-6.
- Bishop, J., Shpaner, M., Kubicki, A., Naylor, M. (2021). Structural Neuroplasticity Following Cognitive Behavioral Therapy for the Treatment of Chronic Musculoskeletal Pain: A Randomized Controlled Trial with Secondary MRI Outcomes. *MedRxiv*. DOI: 10.1101/2021.07.13.21260466.
- Bleidorn, W., Schwaba, T., Zheng, A., Hopwood, C. J., Sosa, S. S., Roberts, B. W., Briley, D. A. (2022). Personality Stability and Change: A Meta-Analysis of Longitudinal Studies. *Psychological Bulletin*, 148(7–8), 588–619. DOI: 10.1037/bul0000365.
- Bogg, T., Roberts, B. W. (2013). The Case for Conscientiousness: Evidence and Implications for a Personality Trait Marker of Health and Longevity. *Annals of Behavioral Medicine*, 45(3), 278–288. DOI: 10.1007/s12160-012-9454-6.
- Boudreaux, M. J., Ozer, D. J. (2013). Goal Conflict, Goal Striving, and Psychological Well-Being. *Motivation and Emotion*, 37(3), 433–443. DOI: 10.1007/s11031-012-9333-2.
- Brandes, C. M., Tackett, J. L. (2019). Contextualizing Neuroticism in the Hierarchical Taxonomy of Psychopathology. *Journal of Research in Personality*, 81, 238–245. DOI: 10.1016/j.jrp.2019.06.007.
- Brondolo, E., Brady, N., Thompson, S., Tobin, J. N., Cassells, A., Sweeney, M., Mcfarlane, D., Contrada, R. J. (2008). Perceived Racism and Negative Affect: Analyses of Trait and State Measures of Affect in a Community Sample. *Journal of Social and Clinical Psychology*, 27(2), 150–173. DOI: 10.1521/jscp.2008.27.2.150.
- Canli, T., Sivers, H., Whitfield, S. L., Gotlib, I. H., Gabrieli, J. D. E. (2002). Amygdala Response to Happy Faces as a Function of Extraversion. *Science*, 296(5576), 2191–2191. DOI: 10.1126/science.1068749.
- Card, K. G., Skakoon-Sparling, S. (2023). Are Social Support, Loneliness, and Social Connection Differentially Associated with Happiness across Levels of Introversion-Extraversion? *Health Psychology Open*, 10(1), 1–14. DOI: 10.1177/20551029231184034.
- Carleton, R. N. (2012). The Intolerance of Uncertainty Construct in the Context of Anxiety Disorders: Theoretical and Practical Perspectives. *Expert Review of Neurotherapeutics*, 12(8), 937–947. DOI: 10.1586/ern.12.82.

- Carter, N. T., Guan, L., Maples, J. L., Williamson, R. L., Miller, J. D. (2016). The Downsides of Extreme Conscientiousness for Psychological Well-being: The Role of Obsessive Compulsive Tendencies. *Journal of Personality, 84*(4), 510–522. DOI: 10.1111/jopy.12177.
- Carver, C. S., Connor-Smith, J. (2010). Personality and Coping. *Annual Review of Psychology, 61*(1), 679–704. DOI: 10.1146/annurev.psych.093008.100352.
- Chaplin, W. F., John, O. P., Goldberg, L. R. (1988). Conceptions of States and Traits: Dimensional Attributes with Ideals as Prototypes. *Journal of Personality and Social Psychology, 54*(4), 541–557. DOI: 10.1037/0022-3514.54.4.541.
- Chen, L., Qu, L., Hong, R. Y. (2022). Pathways Linking the Big Five to Psychological Distress: Exploring the Mediating Roles of Stress Mindset and Coping Flexibility. *Journal of Clinical Medicine, 11*(9), 2272. DOI: 10.3390/jcm11092272.
- Chen, L., Liu, X., Weng, X., Huang, M., Weng, Y., Zeng, H., Li, Y., Zheng, D., Chen, C. (2023). The Emotion Regulation Mechanism in Neurotic Individuals: The Potential Role of Mindfulness and Cognitive Bias. *International Journal of Environmental Research and Public Health, 20*(2), 896. DOI: 10.3390/ijerph20020896.
- Chopik, W., Lee, J. H. (2022). Dyadic Associations between Conscientiousness Facets, Health, and Health Behavior Over Time. *Collabra: Psychology, 8*(1), 1–18. DOI: 10.1525/collabra.37611.
- Chorpita, B. F., Barlow, D. H. (1998). The Development of Anxiety: The Role of Control in the Early Environment. *Psychological Bulletin, 124*(1), 3–21. DOI: 10.1037/0033-2909.124.1.3.
- Clark, D. A., Beck, A. T. (2010). Cognitive Theory and Therapy of Anxiety and Depression: Convergence with Neurobiological Findings. *Trends in Cognitive Sciences, 14*(9), 418–424. DOI: 10.1016/j.tics.2010.06.007.
- Clark, M. A., Michel, J. S., Zhdanova, L., Pui, S. Y., Baltes, B. B. (2016). All Work and No Play? A Meta-Analytic Examination of the Correlates and Outcomes of Workaholism. *Journal of Management, 42*(7), 1836–1873. DOI: 10.1177/0149206314522301.
- Coleman, D. (2006). Client Personality, Working Alliance and Outcome. *Social Work in Mental Health, 4*(4), 83–98. DOI: 10.1300/J200v04n04_06.
- Coleman, J. R. I., Lester, K. J., Roberts, S., Keers, R., Lee, S. hyuck, De Jong, S., Gaspar, H., Teismann, T., Wannemüller, A., Schneider, S., Jöhren, P., Margraf, J., Breen, G., Eley, T. C. (2017). Separate and Combined Effects of Genetic Variants and Pre-Treatment Whole Blood Gene Expression on Response to Exposure-Based Cognitive Behavioral Therapy for Anxiety Disorders. *The World Journal of Biological Psychiatry, 18*(3), 215–226. DOI: 10.1080/15622975.2016.1208841.
- Connor-Smith, J. K., Flachsbart, C. (2007). Relations between Personality and Coping: A Meta-Analysis. *Journal of Personality and Social Psychology, 93*(6), 1080–1107. DOI: 10.1037/0022-3514.93.6.1080.
- Côté, S., Moskowitz, D. S., Zuroff, D. C. (2012). Social Relationships and Intraindividual Variability in Interpersonal Behavior: Correlates of Interpersonal Spin. *Journal of Personality and Social Psychology, 102*(3), 646–659. DOI: 10.1037/a0025313.
- Denissen, J. J. A., Aken, M. A. G. van, Penke, L., Wood, D. (2013). Self-Regulation Underlies Temperament and Personality: An Integrative Developmental Framework. *Child Development Perspectives, 7*(4), 255–260. DOI: 10.1111/cdep.12050.
- Dennhag, I., Ybrandt, H., Sundström, A. (2017). The Relationship between Clients' Personality Traits, Working Alliance and Therapy Outcome in a Training Context. *Current Issues in Personality Psychology, 5*(2), 132–142. DOI: 10.5114/cipp.2017.65244.
- Diener, E., Larsen, R. J. (1984). Temporal Stability and Cross-Situational Consistency of Affective, Behavioral, and Cognitive Responses. *Journal of Personality and Social Psychology, 47*(4), 871–883. DOI: 10.1037/0022-3514.47.4.871.
- Dimidjian, S., Barrera, M., Martell, C., Muñoz, R. F., Lewinsohn, P. M. (2011). The Origins and Current Status of Behavioral Activation Treatments for Depression. *Annual Review of Clinical Psychology, 7*(1), 1–38. DOI: 10.1146/annurev-clinpsy-032210-104535.

- Duberstein, P. R., Ma, Y., Chapman, B. P., Conwell, Y., McGriff, J., Coyne, J. C., Franus, N., Heisel, M. J., Kaukeinen, K. A., Sörensen, S., Tu, X. M., Lyness, J. M. (2011). Detection of Depression in Older Adults by Family and Friends: Distinguishing Mood Disorder Signals from the Noise of Personality and Everyday Life. *International Psychogeriatrics*, 23(4), 634–643. DOI: 10.1017/S1041610210001808.
- Dugas, M. J., Gagnon, F., Ladouceur, R., Freeston, M. H. (1998). Generalized Anxiety Disorder: A Preliminary Test of a Conceptual Model. *Behavior Research and Therapy*, 36(2), 215–226. DOI: 10.1016/S0005-7967(97)00070-3.
- Endler, N. S., Kocovski, N. L. (2001). State and Trait Anxiety Revisited. *Journal of Anxiety Disorders*, 15(3), 231–245. DOI: 10.1016/S0887-6185(01)00060-3.
- Feldman-Barrett, L. (2017). *How Emotions Are Made: The Secret Life of the Brain*. Houghton Mifflin Harcourt.
- Fleeson, W. (2001). Toward a Structure- and Process-Integrated View of Personality: Traits as Density Distributions of States. *Journal of Personality and Social Psychology*, 80(6), 1011–1027. DOI: 10.1037/0022-3514.80.6.1011.
- Fleeson, W., Jayawickreme, E. (2015). Whole Trait Theory. *Journal of Research in Personality*, 56, 82–92. DOI: 10.1016/j.jrp.2014.10.009.
- Flett, G. L., Hewitt, P. L., Heisel, M. J. (2014). The Destructiveness of Perfectionism Revisited: Implications for the Assessment of Suicide Risk and the Prevention of Suicide. *Review of General Psychology*, 18(3), 156–172. DOI: 10.1037/gpr0000011.
- Fossati, P. (2012). Neural Correlates of Emotion Processing: From Emotional to Social Brain. *European Neuropsychopharmacology*, 22(Suppl. 3), 487–491. DOI: 10.1016/j.euroneuro.2012.07.008.
- Frijda, N. H. (2008). The Psychologists' Point of View. In: M. Lewis, J. Haviland-Jones, L. F. Barrett (Eds.), *Handbook of Emotions* (pp. 68–87). The Guilford Press.
- Funder, D. C. (1995). On the Accuracy of Personality Judgment: A Realistic Approach. *Psychological Review*, 102(4), 652–670. DOI: 10.1037/0033-295X.102.4.652.
- Galinsky, A. D., Ku, G., Wang, C. S. (2005). Perspective-Taking and Self-Other Overlap: Fostering Social Bonds and Facilitating Social Coordination. *Group Processes & Intergroup Relations*, 8(2), 109–124. DOI: 10.1177/1368430205051060.
- Gebauer, J. E., Riketta, M., Broemer, P., Maio, G. R. (2008). Pleasure and Pressure Based Prosocial Motivation: Divergent Relations to Subjective Well-Being. *Journal of Research in Personality*, 42(2), 399–420. DOI: 10.1016/j.jrp.2007.07.002.
- Gollwitzer, P. M. (1999). Implementation Intentions: Strong Effects of Simple Plans. *American Psychologist*, 54(7), 493–503. DOI: 10.1037/0003-066X.54.7.493.
- Gollwitzer, P. M., Sheeran, P. (2006). Implementation Intentions and Goal Achievement: A Meta-Analysis of Effects and Processes. *Advances in Experimental Social Psychology*, 38, 69–119. DOI: 10.1016/S0065-2601(06)38002-1.
- Gotlib, I. H., Lewinsohn, P. M., Seeley, J. R. (1995). Symptoms Versus a Diagnosis of Depression: Differences in Psychosocial Functioning. *Journal of Consulting and Clinical Psychology*, 63(1), 90–100. DOI: 10.1037/0022-006X.63.1.90.
- Grant, A. M., Schwartz, B. (2011). Too Much of a Good Thing: The Challenge and Opportunity of the Inverted U. *Perspectives on Psychological Science*, 6(1), 61–76. DOI: 10.1177/1745691610393523.
- Graziano, W. G., Eisenberg, N. (1997). Agreeableness: A Dimension of Personality. In: R. Hogan, J. A. Johnson, S. R. Briggs (Eds.), *Handbook of Personality Psychology* (pp. 795–824). Academic Press. DOI: 10.1016/B978-012134645-4/50031-7.
- Graziano, W. G., Tobin, R. M. (2002). Agreeableness: Dimension of Personality or Social Desirability Artifact? *Journal of Personality*, 70(5), 695–728. DOI: 10.1111/1467-6494.05021.
- Graziano, W. G., Jensen-Campbell, L. A., Hair, E. C. (1996). Perceiving Interpersonal Conflict and Reacting to It: The Case for Agreeableness. *Journal of Personality and Social Psychology*, 70(4), 820–835. DOI: 10.1037/0022-3514.70.4.820.

- Gross, J. J. (2013). Emotion Regulation: Taking Stock and Moving Forward. *Emotion, 13*(3), 359–365. DOI: 10.1037/a0032135.
- Gross, J. J., John, O. P. (2003). Individual Differences in Two Emotion Regulation Processes: Implications for Affect, Relationships, and Well-Being. *Journal of Personality and Social Psychology, 85*(2), 348–362. DOI: 10.1037/0022-3514.85.2.348.
- Harmon-Jones, C., Bastian, B., Harmon-Jones, E. (2016). The Discrete Emotions Questionnaire: A New Tool for Measuring State Self-Reported Emotions. *PLOS One, 11*(8), 1–25. DOI: 10.1371/journal.pone.0159915.
- Hartmann, K. (2025). *Emocja jako cecha. Identyfikacja i walidacja pięcioczynnikowego modelu dyspozycji afektywnych*. Wydawnictwo Academicon. DOI: 10.52097/acapress.9788367833448.
- Hayes, S. C., Hofmann, S. G. (2021). “Third-Wave” Cognitive and Behavioral Therapies and the Emergence of a Process-Based Approach to Intervention in Psychiatry. *World Psychiatry, 20*(3), 363–375. DOI: 10.1002/wps.20884.
- Hayu, E. (2017). Personality and Emotion Regulation Strategies. *International Journal of Psychological Research, 10*(1), 53–60. DOI: 10.21500/20112084.2040.
- Hewitt, P. L., Flett, G. L. (1991). Perfectionism in the Self and Social Contexts: Conceptualization, Assessment, and Association with Psychopathology. *Journal of Personality and Social Psychology, 60*(3), 456–470. DOI: 10.1037/0022-3514.60.3.456.
- Hill, A. P., Curran, T. (2016). Multidimensional Perfectionism and Burnout: A Meta-Analysis. *Personality and Social Psychology Review, 20*(3), 269–288. DOI: 10.1177/1088868315596286.
- Hill, C. E., Knox, S. (2009). Processing the Therapeutic Relationship. *Psychotherapy Research, 19*(1), 13–29. DOI: 10.1080/10503300802621206.
- Hill, P. L., Roberts, B. W. (2011). The Role of Adherence in the Relationship between Conscientiousness and Perceived Health. *Health Psychology, 30*(6), 797–804. DOI: 10.1037/a0023860.
- Hill, P. L., Olaru, G., Allemand, M. (2024). Examining Sense of Purpose and Conscientiousness as Unique Correlates of Health: A Bifactor Examination. *Journal of Health Psychology, 29*(11), 1195–1209. DOI: 10.1177/13591053241226814.
- Hopko, D. R., Lejuez, C. W., Ruggiero, K. J., Eifert, G. H. (2003). Contemporary Behavioral Activation Treatments for Depression: Procedures, Principles, and Progress. *Clinical Psychology Review, 23*(5), 699–717. DOI: 10.1016/S0272-7358(03)00070-9.
- Hu, Y., Wang, Z., Fan, Q. (2022). The Relationship between Conscientiousness and Well-Being among Chinese Undergraduate Students: A Cross-Lagged Study. *International Journal of Environmental Research and Public Health, 19*(20), 13565. DOI: 10.3390/ijerph192013565.
- Hudson, N. W., Fraley, R. C. (2015). Volitional Personality Trait Change: Can People Choose to Change Their Personality Traits? *Journal of Personality and Social Psychology, 109*(3), 490–507. DOI: 10.1037/pspp0000021.
- Izard, C. E. (2009). Emotion Theory and Research: Highlights, Unanswered Questions, and Emerging Issues. *Annual Review of Psychology, 60*, 1–25. DOI: 10.1146/annurev.psych.60.110707.163539.
- Jensen-Campbell, L. A., Graziano, W. G. (2001). Agreeableness as a Moderator of Interpersonal Conflict. *Journal of Personality, 69*(2), 323–362. DOI: 10.1111/1467-6494.00148.
- John, O. P., Srivastava, S. (1999). The Big Five Trait Taxonomy: History, Measurement, and Theoretical Perspectives. In: L. A. Pervin, O. P. John (Eds.), *Handbook of Personality: Theory and Research* (Vol. 2; pp. 102–138). Guilford Press.
- Joseph, J. F., Tural, U., Joseph, N. D., Mendoza, T. E., Patel, E., Reifer, R., Deregnaucourt, M. (2025). Understanding High-Functioning Depression in Adults. *Cureus, 17*(2), e78891. DOI: 10.7759/cureus.78891.
- Karoly, P. (1993). Mechanisms of Self-Regulation: A Systems View. *Annual Review of Psychology, 44*(1), 23–52. DOI: 10.1146/annurev.psych.44.1.23.

- Kashdan, T. B., Rottenberg, J. (2010). Psychological Flexibility as a Fundamental Aspect of Health. *Clinical Psychology Review, 30*(7), 865–878. DOI: 10.1016/j.cpr.2010.03.001.
- Kazdin, A. E. (2007). Mediators and Mechanisms of Change in Psychotherapy Research. *Annual Review of Clinical Psychology, 3*(1), 1–27. DOI: 10.1146/annurev.clinpsy.3.022806.091432.
- Kim, E. S., Dedrick, R. F., Cao, C., Ferron, J. M. (2016). Multilevel Factor Analysis: Reporting Guidelines and a Review of Reporting Practices. *Multivariate Behavioral Research, 51*(6), 881–898. DOI: 10.1080/00273171.2016.1228042.
- Kitayama, S., Park, J. (2021). Is Conscientiousness Always Associated with Better Health? A U.S.–Japan Cross-Cultural Examination of Biological Health Risk. *Personality and Social Psychology Bulletin, 47*(3), 486–498. DOI: 10.1177/0146167220929824.
- Klein, D. N., Kotov, R., Bufferd, S. J. (2011). Personality and Depression: Explanatory Models and Review of the Evidence. *Annual Review of Clinical Psychology, 7*(1), 269–295. DOI: 10.1146/annurev-clinpsy-032210-104540.
- Kobylińska, D., Zajenkowski, M., Lewczuk, K., Jankowski, K. S., Marchlewska, M. (2022). The Mediation Role of Emotion Regulation in the Relationship between Personality and Subjective Well-Being. *Current Psychology, 41*(6), 4098–4111. DOI: 10.1007/s12144-020-00861-7.
- Komulainen, E., Meskanen, K., Lipsanen, J., Lahti, J. M., Jylhä, P., Melartin, T., Wichers, M., Isometsä, E., Ekelund, J. (2014). The Effect of Personality on Daily Life Emotional Processes. *PLOS One, 9*(10), e110907. DOI: 10.1371/journal.pone.0110907.
- Korotitsch, W. J., Nelson-Gray, R. O. (1999). An Overview of Self-Monitoring Research in Assessment and Treatment. *Psychological Assessment, 11*(4), 415–425. DOI: 10.1037/1040-3590.11.4.415.
- Kotov, R., Gamez, W., Schmidt, F., Watson, D. (2010). Linking “Big” Personality Traits to Anxiety, Depressive, and Substance Use Disorders: A Meta-Analysis. *Psychological Bulletin, 136*(5), 768–821. DOI: 10.1037/a0020327.
- Kouser, S., Hanif, R., Saeed, W. (2022). Impact of Introversion and Extroversion on Psychological Wellbeing of University Students during Covid-19. *Journal of Educational Research & Social Sciences Review, 2*(4), 18–22.
- Kunas, S. L., Yang, Y., Straube, B., Kircher, T., Gerlach, A. L., Pfleiderer, B., Arolt, V., Wittmann, A., Stroehle, A., Wittchen, H.-U., Lueken, U. (2019). The Impact of Depressive Comorbidity on Neural Plasticity Following Cognitive-Behavioral Therapy in Panic Disorder with Agoraphobia. *Journal of Affective Disorders, 245*, 451–460. DOI: 10.1016/j.jad.2018.11.026.
- Kuppens, P., Verduyn, P. (2017). Emotion Dynamics. *Current Opinion in Psychology, 17*, 22–26. DOI: 10.1016/j.copsyc.2017.06.004.
- Laursen, B., Pulkkinen, L., Adams, R. (2002). The Antecedents and Correlates of Agreeableness in Adulthood. *Developmental Psychology, 38*(4), 591–603. DOI: 10.1037/0012-1649.38.4.591.
- Lazarus, R. S. (1991). Progress on a Cognitive-Motivational-Relational Theory of Emotion. *American Psychologist, 46*(8), 819–834. DOI: 10.1037/0003-066X.46.8.819.
- LeDoux, J. (2023). The Deep History of Ourselves: The Four-Billion-Year Story of How We Got Conscious Brains. *Philosophical Psychology, 36*(4), 704–715. DOI: 10.1080/09515089.2022.2160311.
- Lester, K. J., Eley, T. C. (2013). Therapygenetics: Using Genetic Markers to Predict Response to Psychological Treatment for Mood and Anxiety Disorders. *Biology of Mood & Anxiety Disorders, 3*(1), 1–16. DOI: 10.1186/2045-5380-3-4.
- Liversage, C., Wissing, M. P., Schutte, L. (2023). Promotion of Well-Being in Work and Interpersonal Relationships: A Scoping Review of Goals and Meaning Interventions. *International Journal of Wellbeing, 13*(3), 94–110. DOI: 10.5502/ijw.v13i3.2941.

- Locke, E. A., Latham, G. P. (2002). Building a Practically Useful Theory of Goal Setting and Task Motivation: A 35-Year Odyssey. *American Psychologist*, 57(9), 705–717. DOI: 10.1037/0003-066X.57.9.705.
- Lopes, P. N., Salovey, P., Côté, S., Beers, M. (2005). Emotion Regulation Abilities and the Quality of Social Interaction. *Emotion*, 5(1), 113–118. DOI: 10.1037/1528-3542.5.1.113.
- Mack, D. E., Gunnell, K. E., Wilson, P. M., Wierst, C. (2017). Well-Being in Group-Based Exercise Classes: Do Psychological Need Fulfillment and Interpersonal Supports Matter? *Applied Research in Quality of Life*, 12(1), 89–102. DOI: 10.1007/s11482-016-9454-y.
- Magidson, J. F., Roberts, B. W., Collado-Rodriguez, A., Lejuez, C. W. (2014). Theory-Driven Intervention for Changing Personality: Expectancy Value Theory, Behavioral Activation, and Conscientiousness. *Developmental Psychology*, 50(5), 1442–1450. DOI: 10.1037/a0030583.
- Mallinckrodt, B. (2010). The Psychotherapy Relationship as Attachment: Evidence and Implications. *Journal of Social and Personal Relationships*, 27(2), 262–270. DOI: 10.1177/0265407509360905.
- Malouff, J. M., Thorsteinsson, E. B., Schutte, N. S., Bhullar, N., Rooke, S. E. (2010). The Five-Factor Model of Personality and Relationship Satisfaction of Intimate Partners: A Meta-Analysis. *Journal of Research in Personality*, 44(1), 124–127. DOI: 10.1016/j.jrp.2009.09.004.
- Margolis, S., Lyubomirsky, S. (2020). Experimental Manipulation of Extraverted and Introverted Behavior and Its Effects on Well-Being. *Journal of Experimental Psychology: General*, 149(4), 719–731. DOI: 10.1037/xge0000668.
- Mather, M., Sutherland, M. R. (2011). Arousal-Biased Competition in Perception and Memory. *Perspectives on Psychological Science*, 6(2), 114–133. DOI: 10.1177/1745691611400234.
- Mazzucchelli, T. G., Kane, R. T., Rees, C. S. (2010). Behavioral Activation Interventions for Well-Being: A Meta-Analysis. *Journal of Positive Psychology*, 5(2), 105–121. DOI: 10.1080/17439760903569154.
- McCrae, R. R., Costa, Jr., P. T., Martin, T. A. (2005). The NEO-PI-3: A More Readable Revised NEO Personality Inventory. *Journal of Personality Assessment*, 84(3), 261–270. DOI: 10.1207/s15327752jpa8403_05.
- McGraw, K. O., Wong, S. P. (1996). Forming Inferences about Some Intraclass Correlation Coefficients. *Psychological Methods*, 1(1), 30–46. DOI: 10.1037/1082-989X.1.1.30.
- McManus, F., Van Doorn, K., Yiend, J. (2012). Examining the Effects of Thought Records and Behavioral Experiments in Instigating Belief Change. *Journal of Behavior Therapy and Experimental Psychiatry*, 43(1), 540–547. DOI: 10.1016/j.jbtep.2011.07.003.
- Meier, B. P., Robinson, M. D., Wilkowski, B. M. (2006). Turning the Other Cheek: Agreeableness and the Regulation of Aggression-Related Primes. *Psychological Science*, 17(2), 136–142. DOI: 10.1111/j.1467-9280.2006.01676.x.
- Merz, E. L., Roesch, S. C. (2011). Modeling Trait and State Variation Using Multilevel Factor Analysis with PANAS Daily Diary Data. *Journal of Research in Personality*, 45(1), 2–9. DOI: 10.1016/j.jrp.2010.11.003.
- Mischel, W. (2004). Toward an Integrative Science of the Person. *Annual Review of Psychology*, 55(1), 1–22. DOI: 10.1146/annurev.psych.55.042902.130709.
- Mischel, W., Shoda, Y. (1995). A Cognitive-Affective System Theory of Personality: Reconceptualizing Situations, Dispositions, Dynamics, and Invariance in Personality Structure. *Psychological Review*, 102(2), 246–268. DOI: 10.1037/0033-295X.102.2.246.
- Moffitt, T. E., Arseneault, L., Belsky, D., Dickson, N., Hancox, R. J., Harrington, H., Houts, R., Poulton, R., Roberts, B. W., Ross, S., Sears, M. R., Thomson, W. M., Caspi, A. (2011). A Gradient of Childhood Self-Control Predicts Health, Wealth, and Public Safety. *Proceedings of the National Academy of Sciences*, 108(7), 2693–2698. DOI: 10.1073/pnas.1010076108.

- Neff, K. D., Rude, S. S., Kirkpatrick, K. L. (2007). An Examination of Self-Compassion in Relation to Positive Psychological Functioning and Personality Traits. *Journal of Research in Personality, 41*(4), 908–916. DOI: 10.1016/j.jrp.2006.08.002.
- Oatley, K., Gerrod Parrott, W., Smith, C., Watts, F. (2011). Cognition and Emotion Over Twenty-Five Years. *Cognition and Emotion, 25*(8), 1341–1348. DOI: 10.1080/02699931.2011.622949.
- Ode, S., Robinson, M. D. (2009). Can Agreeableness Turn Gray Skies Blue? A Role for Agreeableness in Moderating Neuroticism-Linked Dysphoria. *Journal of Social and Clinical Psychology, 28*(4), 436–462. DOI: 10.1521/jscp.2009.28.4.436.
- Ormel, J., Jeronimus, B. F., Kotov, R., Riese, H., Bos, E. H., Hankin, B., Rosmalen, J. G. M., Oldehinkel, A. J. (2013). Neuroticism and Common Mental Disorders: Meaning and Utility of a Complex Relationship. *Clinical Psychology Review, 33*(5), 686–697. DOI: 10.1016/j.cpr.2013.04.003.
- Öhman, A., Mineka, S. (2001). Fears, Phobias, and Preparedness: Toward an Evolved Module of Fear and Fear Learning. *Psychological Review, 108*(3), 483–522. DOI: 10.1037/0033-295X.108.3.483.
- Padesky, C. A. (1994). Schema Change Processes in Cognitive Therapy. *Clinical Psychology & Psychotherapy, 1*(5), 267–278. DOI: 10.1002/cpp.5640010502.
- Papies, E. K., Barsalou, L. W., Custers, R. (2012). Mindful Attention Prevents Mindless Impulses. *Social Psychological and Personality Science, 3*(3), 291–299. DOI: 10.1177/1948550611419031.
- Petric, D. (2022). The Introvert-Ambivert-Extrovert Spectrum. *Open Journal of Medical Psychology, 11*(3), 103–111. DOI: 10.4236/ojmp.2022.113008.
- Pilkington, P., Younan, R., Bishop, A. (2021). Early Maladaptive Schemas, Suicidal Ideation, and Self-Harm: A Meta-Analytic Review. *Journal of Affective Disorders Reports, 3*, 100051. DOI: 10.1016/j.jadr.2020.100051.
- Polivy, J., Herman, C. P. (2002). If at First You Don't Succeed: False Hopes of Self-Change. *American Psychologist, 57*(9), 677–689. DOI: 10.1037/0003-066X.57.9.677.
- Polk, D. E., Cohen, S., Doyle, W. J., Skoner, D. P., Kirschbaum, C. (2005). State and Trait Affect as Predictors of Salivary Cortisol in Healthy Adults. *Psychoneuroendocrinology, 30*(3), 261–272. DOI: 10.1016/j.psyneuen.2004.08.004.
- Purnamaningsih, E. H. (2017). Personality and Emotion Regulation Strategies. *International Journal of Psychological Research, 10*(1), 53–60. DOI: 10.21500/20112084.2040.
- Reise, S. P., Ventura, J., Nuechterlein, K. H., Kim, K. H. (2005). An Illustration of Multilevel Factor Analysis. *Journal of Personality Assessment, 84*(2), 126–136. DOI: 10.1207/s15327752jpa8402_02.
- Reizer, A., Harel, T., Ben-Shalom, U. (2023). Helping Others Results in Helping Yourself: How Well-Being Is Shaped by Agreeableness and Perceived Team Cohesion. *Behavioral Sciences, 13*(2), 150. DOI: 10.3390/bs13020150.
- Renner, F., Lobbestael, J., Peeters, F., Arntz, A., Huibers, M. (2012). Early Maladaptive Schemas in Depressed Patients: Stability and Relation with Depressive Symptoms Over the Course of Treatment. *Journal of Affective Disorders, 136*(3), 581–590. DOI: 10.1016/j.jad.2011.10.027.
- Roberts, B., Kuncel, N. R., Shiner, R., Caspi, A., Goldberg, L. R. (2007). The Power of Personality. *Perspectives on Psychological Science, 2*(4), 313–345. DOI: 10.1136/bmj.2.3584.509.
- Roberts, B. W., Luo, J., Briley, D. A., Chow, P. I., Su, R., Hill, P. L. (2017). A Systematic Review of Personality Trait Change through Intervention. *Psychological Bulletin, 143*(2), 117–141. DOI: 10.1037/bul0000088.
- Roesch, S. C., Aldridge, A. A., Stocking, S. N., Villodas, F., Leung, Q., Bartley, C. E., Black, L. J. (2010). Multilevel Factor Analysis and Structural Equation Modeling of Daily Diary Coping Data: Modeling Trait and State Variation. *Multivariate Behavioral Research, 45*(5), 767–789. DOI: 10.1080/00273171.2010.519276.

- Rosmalen, J. G. M., Neeleman, J., Gans, R. O. B., Jonge, P. de (2007). The Association between Neuroticism and Self-Reported Common Somatic Symptoms in a Population Cohort. *Journal of Psychosomatic Research*, *62*(3), 305–311. DOI: 10.1016/j.jpsychores.2006.10.014.
- Russell, J. A., Feldman Barrett, L. (1999). Core Affect, Prototypical Emotional Episodes, and Other Things Called Emotion: Dissecting the Elephant. *Journal of Personality and Social Psychology*, *76*(5), 805–819.
- Saucier, G., Bel-Bahar, T., Fernandez, C. (2007). What Modifies the Expression of Personality Tendencies? Defining Basic Domains of Situation Variables. *Journal of Personality*, *75*(3), 479–503. DOI: 10.1111/j.1467-6494.2007.00446.x.
- Scherer, K. R. (2009). The Dynamic Architecture of Emotion: Evidence for the Component Process Model. *Cognition and Emotion*, *23*(7), 1307–1351. DOI: 10.1080/02699930902928969.
- Schneider, T. R., Rench, T. A., Lyons, J. B., Riffle, R. R. (2012). The Influence of Neuroticism, Extraversion and Openness on Stress Responses. *Stress and Health*, *28*(2), 102–110. DOI: 10.1002/smi.1409.
- Shafran, R., Mansell, W. (2001). Perfectionism and Psychopathology: A Review of Research and Treatment. *Clinical Psychology Review*, *21*(6), 879–906. DOI: 10.1016/S0272-7358(00)00072-6.
- Shiffman, S., Stone, A. A., Hufford, M. R. (2008). Ecological Momentary Assessment. *Annual Review of Clinical Psychology*, *4*(1), 1–32. DOI: 10.1146/annurev.clinpsy.3.022806.091415.
- Shoda, Y., Smith, R. E. (2004). Conceptualizing Personality as a Cognitive-Affective Processing System: A Framework for Models of Maladaptive Behavior Patterns and Change. *Behavior Therapy*, *35*(1), 147–165. DOI: 10.1016/S0005-7894(04)80009-1.
- Shoda, Y., Mischel, W., Wright, J. C. (1994). Intraindividual Stability in the Organization and Patterning of Behavior: Incorporating Psychological Situations into the Idiographic Analysis of Personality. *Journal of Personality and Social Psychology*, *67*(4), 674–687. DOI: 10.1037/0022-3514.67.4.674.
- Soto, C. J. (2016). The Little Six Personality Dimensions from Early Childhood to Early Adulthood: Mean-Level Age and Gender Differences in Parents' Reports. *Journal of Personality*, *84*(4), 409–422. DOI: 10.1111/jopy.12168.
- Soto, C. J. (2019). How Replicable Are Links Between Personality Traits and Consequential Life Outcomes? The Life Outcomes of Personality Replication Project. *Psychological Science*, *30*(5), 711–727. DOI: 10.1177/0956797619831612.
- Spielberger, C. D., Reheiser, E. C. (2004). Measuring Anxiety, Anger, Depression, and Curiosity as Emotional States and Personality Traits with the STAI, STAXI, and STPI. In: M. J. Hilsenroth, D. L. Segal (Eds.), *Comprehensive Handbook of Psychological Assessment: Personality Assessment* (pp. 70–86). John Wiley & Sons Ltd.
- Spielberger, C. D., Sarason, I. G. (2005). *Stress and Emotion: Anxiety, Anger, and Curiosity*. Routledge.
- Stoeber, J., Otto, K. (2006). Positive Conceptions of Perfectionism: Approaches, Evidence, Challenges. *Personality and Social Psychology Review*, *10*(4), 295–319. DOI: 10.1207/s15327957pspr1004_2.
- Stone, A. A., Shiffman, S. (1994). Ecological Momentary Assessment (EMA) in Behavioral Medicine. *Annals of Behavioral Medicine*, *16*(3), 199–202. DOI: 10.1093/abm/16.3.199.
- Stone, A. A., Shiffman, S., Atienza, A. A., Nebeling, L. (Eds.). (2007). *The Science of Real-Time Data Capture*. Oxford University Press.
- Tang, T. Z., DeRubeis, R. J. (1999). Sudden Gains and Critical Sessions in Cognitive-Behavioral Therapy for Depression. *Journal of Consulting and Clinical Psychology*, *67*(6), 894–904. DOI: 10.1037/0022-006X.67.6.894.
- Tao, Y., Liu, X., Hou, W., Niu, H., Wang, S., Ma, Z., Bi, D., Zhang, L. (2022). The Mediating Role of Emotion Regulation Strategies in the Relationship between Big Five Personality Traits and

- Anxiety and Depression among Chinese Firefighters. *Frontiers in Public Health*, 10, 1–8. DOI: 10.3389/fpubh.2022.901686.
- Thimm, J. C. (2010). Personality and Early Maladaptive Schemas: A Five-Factor Model Perspective. *Journal of Behavior Therapy and Experimental Psychiatry*, 41(4), 373–380. DOI: 10.1016/j.jbtep.2010.03.009.
- Turiano, N. A., Whiteman, S. D., Hampson, S. E., Roberts, B. W., Mroczek, D. K. (2012). Personality and Substance Use in Midlife: Conscientiousness as a Moderator and the Effects of Trait Change. *Journal of Research in Personality*, 46(3), 295–305. DOI: 10.1016/j.jrp.2012.02.009.
- VandenBos, G. R. (2015). *APA Dictionary of Psychology*. American Psychological Association.
- Verduyn, P., Brans, K. (2012). The Relationship between Extraversion, Neuroticism and Aspects of Trait Affect. *Personality and Individual Differences*, 52(6), 664–669. DOI: 10.1016/j.paid.2011.12.017.
- Vittengl, J. R. (2017). Who Pays the Price for High Neuroticism? Moderators of Longitudinal Risks for Depression and Anxiety. *Psychological Medicine*, 47(10), 1794–1805. DOI: 10.1017/S0033291717000253.
- Watson, D., Clark, L. A. (1991). Self- Versus Peer Ratings of Specific Emotional Traits: Evidence of Convergent and Discriminant Validity. *Journal of Personality and Social Psychology*, 60(6), 927–940. DOI: 10.1037/0022-3514.60.6.927.
- Watson, D., Clark, L. A., Tellegen, A. (1988). Development and Validation of Brief Measures of Positive and Negative Affect: The PANAS Scales. *Journal of Personality and Social Psychology*, 54(6), 1063–1070. DOI: 10.1037/0022-3514.54.6.1063.
- Weick, K. E. (1984). Small Wins: Redefining the Scale of Social Problems. *American Psychologist*, 39(1), 40–49. DOI: 10.1037/0003-066X.39.1.40.
- Whiteley, C. (2021). Depression as a Disorder of Consciousness. *British Journal for the Philosophy of Science*, 76(3), 383–398. DOI: 10.1086/716838.
- Widiger, T. A., Samuel, D. B. (2005). Diagnostic Categories or Dimensions? A Question for the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition. *Journal of Abnormal Psychology*, 114(4), 494–504. DOI: 10.1037/0021-843X.114.4.494.
- Wilmot, M. P., Ones, D. S. (2019). A Century of Research on Conscientiousness at Work. *Proceedings of the National Academy of Sciences*, 116(46), 23004–23010. DOI: 10.1073/pnas.1908430116.
- Wilt, J., Revelle, W. (2019). The Big Five, Everyday Contexts and Activities, and Affective Experience. *Personality and Individual Differences*, 136, 140–147. DOI: 10.1016/j.paid.2017.12.032.
- Wood, A. M., Maltby, J., Stewart, N., Linley, P. A., Joseph, S. (2008). A Social-Cognitive Model of Trait and State Levels of Gratitude. *Emotion*, 8(2), 281–290. DOI: 10.1037/1528-3542.8.2.281.
- Wood, A. M., Joseph, S., Maltby, J. (2009). Gratitude Predicts Psychological Well-Being Above the Big Five Facets. *Personality and Individual Differences*, 46(4), 443–447. DOI: 10.1016/j.paid.2008.11.012.
- Yang, J., Mao, Y., Niu, Y., Wei, D., Wang, X., Qiu, J. (2020). Individual Differences in Neuroticism Personality Trait in Emotion Regulation. *Journal of Affective Disorders*, 265, 468–474. DOI: 10.1016/j.jad.2020.01.086.
- Yoon, K. L., Maltby, J., Joormann, J. (2013). A Pathway from Neuroticism to Depression: Examining the Role of Emotion Regulation. *Anxiety, Stress & Coping*, 26(5), 558–572. DOI: 10.1080/10615806.2012.734810.
- Young, S. N., Rot, M., aan het, Pinard, G., Moskowitz, D. S. (2007). The Effect of Tryptophan on Quarrelsomeness, Agreeableness, and Mood in Everyday Life. *International Congress Series*, 1304, 133–143. DOI: 10.1016/j.ics.2007.07.037.
- Zelenski, J. M., Larsen, R. J. (2000). The Distribution of Basic Emotions in Everyday Life: A State and Trait Perspective from Experience Sampling Data. *Journal of Research in Personality*, 34(2), 178–197. DOI: 10.1006/jrpe.1999.2275.

Zelenski, J. M., Sobocko, K., Whelan, D. C. (2013). Introversion, Solitude, and Subjective Well-Being. In: R. Coplan, J. Bowker (Eds.), *The Handbook of Solitude* (pp. 184–201). Wiley. DOI: 10.1002/9781118427378.ch11.

ABSTRAKT

W artykule opisano współzależności pomiędzy emocjami rozumianymi jako cechy oraz stany, podkreślając znaczenie tego rozróżnienia w kontekście psychoterapeutycznym. Emocje jako cechy to względnie stabilne w czasie tendencje, które predysponują jednostki do częstego odczuwania określonych emocji, podczas gdy emocje jako stany są tymczasową reakcją na konkretne bodźce. Psychologia osobowości często akcentuje cechy, natomiast psychologia społeczna i kliniczna częściej koncentrują się na stanach emocjonalnych. Integracja tych perspektyw tworzy ramę dla zrozumienia dynamicznej natury emocji. Cechy osobowości, takie jak neurotyczność i ekstrawersja, wpływają na doświadczenia emocjonalne, które są również modyfikowane przez kontekst sytuacyjny oraz procesy regulacyjne. Ich zrozumienie pozwala na podejmowanie interwencji terapeutycznych. Terapia Poznawczo-Behawioralna (CBT) oraz Terapia Akceptacji i Zaangażowania (ACT) pomagają skutecznie radzić sobie z trudnościami emocjonalnymi poprzez modyfikację sposobu myślenia i rozwijanie strategii zaradczych, szczególnie u osób z wysokim nasileniem neurotyzmu. Dodatkowo strategie wspierające zaangażowanie społeczne mogą przynosić korzyści osobom z niską ekstrawersją, sprzyjając tworzeniu sieci wsparcia i pozytywnych doświadczeń emocjonalnych. Ostatecznie w artykule podkreślono wagę uwzględniania zarówno cech, jak i stanów w kontekście psychoterapeutycznym, co pozwala klinicytom dostosowywać interwencje tak, by – po uwzględnieniu cech osobowości klienta/pacjenta – wspierały zarówno zmianę natychmiastowych reakcji emocjonalnych, jak i długofalową zmianę cech, co zwiększa skuteczność zapobiegania i leczenia zaburzeń emocjonalnych.

Słowa kluczowe: emocja; cecha; stan; psychoterapia; poznawczy; ACT; CBT