

Mood Patterns and Variations Associated With Personality Disorder Pathology

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This study examined mood and mood variation in relation to varying forms and degrees of personality disorder (PD) pathology. Mood experiences of 98 psychotropic medication-free individuals were repeatedly assessed over a 4-day period. Persons with PDs ($n = 57$) generally displayed neutral to moderately positive moods; however, overall mood valence was less positive when compared to those without PDs ($n = 41$). Mood ratings demonstrated moderate covariations with anxious-fearful (A-F) PD traits but little or no association with erratic-emotional-dramatic (E-D) and odd-eccentric (O-E) PD traits once common variance among PD dimensions was removed. For PD diagnostic categories, the presence of avoidant and/or depressive PDs was most strongly associated with negative mood. When dimensional scores based on

specific PD trait features were considered, avoidant, depressive, borderline, passive-aggressive, obsessive-compulsive, dependent, paranoid, and schizoid PD traits demonstrated the most reliable associations with negative mood. Apart from borderline PD features, traits associated with other E-D cluster PDs displayed little or no associations with mood quality. Consistent with previous research, mood variability emerged as an internally consistent and stable individual difference variable. Mood variability, however, was not generally associated with PD diagnostic categories or traits. Implications of this study's findings are considered in relation to the conceptual modeling of PDs.

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ALTHOUGH THE personality disorders (PDs) of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) have been the object of numerous studies in recent years,¹ some areas of inquiry within the field have not been well-researched, such as the association of PD pathology with mood. This is particularly striking given that PDs have commonly been associated with depressive^{2,3} and anxiety⁴ disorders, and that anger, loneliness, and emptiness are commonly reported experiences among some individuals with PDs.⁵ Relatedly, the facilitation of emotion tolerance and regulation skills is emphasized in many therapies for PDs.⁶⁻⁸ Consequently, emotions and moods are of central importance in the conceptualization and treatment of PD pathology, even though the nature of their relationships has not been well-researched. To address this relative gap in knowledge, the present research investigated moods and mood variability associated with PD pathology.

The experience of neuroticism or negative mood is common among those with various forms of psychopathology,^{9,10} including many of the PDs.¹¹⁻¹³ Positive moods, however, are more frequently experienced than negative moods in non-pathological samples,¹⁴⁻¹⁶ particularly among those who are extraverted.^{17,18}

Whereas neuroticism or negative mood appears to be a central feature of many of the PDs, the broad personality dimension of introversion-extraversion discriminates some PDs from others. Anxious-fearful (A-F; avoidant, dependent, obsessive-compulsive) and

odd-eccentric PDs (O-E; paranoid, schizoid, schizotypal) tend to be associated with introversive tendencies, while erratic-emotional-dramatic PDs (E-D; histrionic, narcissistic, borderline, antisocial) have been associated with extraversive tendencies.^{12,13,19} Introversion and extraversion have also been associated with low and high levels of positive affect, respectively.¹⁷

The personality dimensions of trait anxiety and impulsivity also discriminate among some classes of PD pathology, most notably A-F from E-D PDs.^{12,20} Although trait anxiety has consistently been associated with negative mood,¹⁷ impulsivity has been reported to be unrelated to positive mood^{18,21,22} and to have unreliable or modest associations with negative mood.^{21,22} Research has further suggested that extraversion's association with positive mood is largely a product of the sociability, not impulsivity, component of extraversion.^{21,22}

Research on mood variability has suggested that

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within- or intraperson mood variability is a temporally stable and cross-situationally consistent individual difference variable²³⁻²⁵ that is unreliably associated with major personality characteristics such as neuroticism and extraversion.^{23,26-29} Observations such as these have led some to conclude that mood variability is a unique personality trait.^{23,29} As such, mood variability may reflect the effects of dispositional rather than situational variability on moods. With regard to PDs, some have suggested that persons with E-D PDs, in particular, have difficulty regulating emotions or tend to be more emotionally reactive.^{5,7,30,31} However, limited research on the association of mood variability and PDs has yielded inconsistent findings. Two studies have found borderline and/or schizotypal traits to display modest to moderate associations with mood variability as assessed by self-report or rating measures completed at 12- to 24-hour intervals on multiple occasions.^{29,32} Similarly, persons with borderline PD have been observed to demonstrate similar degrees of self-reported mood lability but higher levels of self-reported affective intensity when compared to bipolar II patients.³³ Self-reports of mood instability have also been observed to be greater among persons with borderline PD when compared to those with other PDs; however, self-reports of affective intensity reportedly did not differ between borderline and nonborderline PD patients.³⁴ In these latter studies, retrospective self-reports of mood variability and intensity were based on self-report questionnaires administered on a single occasion. Retrospective self-reports of experiences such as mood may be adversely influenced by memory biases and response sets such as social undesirability, perhaps more so than indicators based on samples of immediate experience taken in an ongoing fashion in naturalistic environments.^{35,36}

The primary purpose of this research was to evaluate the degree and nature of associations among mood, mood variability, and PD pathology. The experience sampling method (ESM) was employed to assess mood and mood variability because this approach is particularly appropriate for the naturalistic assessment of experiences with minimal intrusion.³⁷⁻³⁹ Because individuals' experiences are sampled in environmental contexts where they naturally occur, this assessment approach maximizes ecological validity and is suited to the description of patterns of daily experi-

ence.^{37,38} This method is also less influenced by response sets or biases commonly associated with retrospective questionnaire assessments,³⁶ and has been demonstrated to be a reliable and valid approach for the assessment of mood, cognition, personality constructs, and behavior.^{37,39,40} Although the ESM method has been used to assess the experiences of a number of clinical groups,⁴¹⁻⁴³ it has not been systematically applied to the study of experiences associated with PD pathology.

In the present investigation, both categorical (i.e., PD diagnosis present *v* absent) and dimensional representations of PD pathology were considered. In the case of PD dimensions, the degree of symptom presence was determined for each participant for each of 12 PD diagnostic categories and each of three DSM-IV⁴⁴ symptomatological PD clusters (i.e., the O-E, E-D, and A-F clusters). Multivariate research has provided moderate empirical support for this clustering scheme.^{19,45-48}

Two primary hypotheses were examined in this research. First, based on previous observations,¹³ persons with PDs were expected to demonstrate less favorable moods than those without PDs. Given that negative moods are more commonly experienced among persons who are anxious¹⁷ and less common among those who are extraverted^{17,18} or impulsive,^{21,22} the degree of negative moods observed was hypothesized to vary as a function of PD dimensions. Specifically, negative mood was hypothesized to covary with A-F (anxious) PD characteristics and show little association with other PD features once common variance associated with A-F PD features was removed. Second, consistent with other research studies,²³⁻²⁵ mood variability was expected to emerge as a stable individual difference variable among study participants. Despite the observation that mood variability has unreliable associations with common personality dimensions,^{23,26-29} there is a suggestion that some PD traits, particularly those associated with E-D and O-E pathology, may be associated with mood variability.^{29,32-34} Given the inconsistent findings on the association between mood variability and personality, this study explored the tentative hypothesis that some E-D and O-E PD traits, most notably borderline and schizotypal PD traits, may demonstrate associations with mood variability.

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