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#### Research report

## Affective temperaments: Unique constructs or dimensions of normal personality by another name?



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#### ABSTRACT

*Background:* Current models theorize that affective temperaments underlie the development and expression of mood psychopathology. Recent studies support the construct validity of affective temperaments in clinical and non-clinical samples. However, one concern is that affective temperaments may be describing characteristics that are better captured by models of normal personality. We conducted two studies examining: (a) the association of affective temperaments with domains and facets of normal personality, and (b) whether affective temperaments accounted for variance in mood symptoms and disorders, impairment, and daily-life experiences over-and-above variance accounted for by normal personality.

*Methods:* Study 1 included 522 young adults who completed the TEMPS-A and the NEO-PI-3. Study 2 included 145 participants who were administered the TEMPS-A, NEO-FFI, interviews assessing psychopathology and impairment, and an assessment of daily life experiences.

Results: Study 1 revealed that personality domains and facets accounted for one-third to one-half of the variance in affective temperaments. However, study 2 demonstrated that affective temperaments accounted for unique variance in measures of psychopathology, impairment, and daily-life experiences after partialling variance associated with personality domains. Specifically, cyclothymic/irritable temperament predicted bipolar disorders, impairment, borderline personality traits, urgency, and anger in daily life. Hyperthymic temperament predicted hypomanic episodes, grandiosity, sensation seeking, and increased activity in daily life.

*Limitations*: The study was limited by the fact that only domain, not facet-level, measures of FFM were available in study 2.

*Conclusions:* The findings support the validity of hyperthymic and cyclothymic/irritable temperaments as indicators of clinical psychopathology and indicate that they provide information beyond normal personality.

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#### 1. Affective temperaments

Kraeplin (1899/1921) introduced four temperaments—depressive, manic, cyclothymic, and irritable—that he described as continuous states that occur not only during the course of mood episodes, but also during the intervals between episodes. Building on these foundations, Akiskal and Mallya (1987) operationalized four affective temperaments: dysthymic, cyclothymic, irritable, and hyperthymic

temperaments. Affective temperaments are defined as relatively stable, trait-like expressions of affect that presumably convey risk for mood psychopathology (Akiskal et al., 2005a).

Dysthymic temperament is characterized by being pessimistic, highly self-critical, gloomy, and prone to excessive worrying. It also involves preoccupation with personal failure, lack of assertiveness, being self-denying, and striving to please others (Akiskal et al., 2005a). Cyclothymic temperament is operationalized by abrupt shifts between high and low moods, with each lasting a few days at a time. These biphasic alterations in mood are also associated with behavioral changes between sluggishness and increased energy, low self-confidence and over-confidence, and creative thinking and dull or confused thoughts (Akiskal et al., 2000). Irritable temperament,

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which is conceptually and empirically linked with cyclothymic temperament, is characterized by reactivity to aversive events with negative affect, moodiness, and a tendency to complain (Akiskal and Mallya, 1987).

In contrast to the other three temperaments, hyperthymic temperament consists of more adaptive tendencies that can prove to be beneficial to daily functioning. Hyperthymic temperament includes characteristics such as sociability, increased energy, and excessive cheerfulness. However, hyperthymic temperament also includes maladaptive aspects such as unwarranted over-confidence, over-involvement in activities, uninhibited or reckless behavior, along with grandiose ideas that can lead to undesirable consequences (Akiskal et al., 2000). Consistent with the potential adaptive features of hypomanic episodes, hyperthymic temperament can have beneficial effects. However, markedly elevated hyperthymic traits, especially in conjunction with low constraint or with superimposed episodes of depression, can contribute to impairment and psychopathology (Akiskal et al., 2005b).

#### 2. Assessment of affective temperaments

The Temperament Evaluation of Memphis, Pisa, Paris, and San Diego—Autoquestionnaire (TEMPS-A; Akiskal et al., 2005a) is a self-report measure assessing cyclothymic, irritable, hyperthymic, and dysthymic temperaments. The measure has been widely used and is reported to have good psychometric properties. Several studies have examined affective temperaments in patients with mood psychopathology. For example, Evans et al. (2005) reported that mood disorder patients had significantly higher scores for all temperaments except hyperthymic temperament compared to healthy controls. Similar results have been reported (Di Florio et al., 2010; Mendlowicz et al., 2005; Nowakowska et al., 2005), although Kesebir et al. (2005) found similar scores for hyperthymic temperament across patients with bipolar disorder and healthy controls.

Recent studies have also examined the validity of the TEMPS-A in non-clinical samples. Lazary et al. (2009) reported that cyclothymic and dysthymic temperaments were associated with depressive symptoms and a family history of mood disorders. Walsh et al. (2012) examined affective temperaments in a sample of young adults at risk for mood psychopathology. They reported that combined cyclothymic/irritable temperament was associated with DSM-IV-TR bipolar disorders and broader bipolar spectrum disorders proposed by Akiskal (2004). In contrast, hyperthymic temperament was only associated with broader bipolar spectrum disorders and not DSM-IV-TR mood psychopathology. Dysthymic temperament was associated with depressive symptoms, but not mood disorders. These findings suggest that affective temperaments may convey risk for psychopathology and could serve as an important model for identifying those at risk for developing severe mood psychopathology.

#### 3. Affective temperaments and normal personality

Affective temperaments share a number of features in common with normal dimensions of personality such as the Five-Factor Model (FFM). Affective temperaments and normal personality are expressed and measurable in both clinical and non-clinical populations, and their extreme variants are presumed to be associated with pathological expressions. An obvious concern is that affective temperaments may essentially be describing human characteristics that are more fully described by normal personality (and that measures of affective temperament may be capturing variance that is more fully explained by trait-based measures of personality). However, research examining the association of affective

temperaments and normal dimensions of personality is relatively limited. A validation study of the TEMPS-A in a German nonclinical sample (Blöink et al., 2005) examined the association of personality as measured by the NEO Five-Factor Inventory (NEO-FFI; Costa and McCrae, 1992) and affective temperaments assessed by the TEMPS-A. Results indicated that neuroticism was positively associated with cyclothymic, irritable, and dysthymic temperaments, but not hyperthymic temperament. In contrast, extraversion positively correlated with hyperthymic temperament and negatively with the remaining three temperaments. Conscientiousness was negatively correlated with cyclothymic temperament, whereas agreeableness was negatively correlated with both the cyclothymic and irritable temperaments. In addition, openness was found to have minimal associations to the four temperaments, but this may represent a more complex association of openness at the level of subfactors or facets. Similar results were reported by Rózsa et al. (2008) and Walsh et al. (2012). However, studies have not reported associations of FFM facets with affective temperaments, examined the total variance in the affective temperaments accounted for by normal personality, or examined whether affective temperaments account for variance in measures of psychopathology, functioning, or daily life experiences over-and-above variance accounted for by normal personality.

#### 4. Goals and hypothesis

The goals of the present study were to examine the associations of affective temperaments with domains and facets of normal personality and to determine whether affective temperaments accounted for variance in measures of mood symptoms and disorders, impairment, and daily life experiences over-and-above variance accounted for by normal personality domains. We conducted two studies to: (a) examine the FFM structure of affective temperaments, and (b) examine whether affective temperaments accounted for variance over-and-above the effects of FFM domains in the prediction of interview-based ratings of psychopathology and functioning and ESM ratings of daily life experiences. Consistent with the model that normal personality provides the components for affective temperaments and with previous findings (e.g., Walsh et al., 2012), we hypothesized that hyperthymic temperament would be associated with high extraversion and low neuroticism, dysthymic temperament with low extraversion and high neuroticism, and cyclothymic/irritable temperament would be associated with high neuroticism and low agreeableness and conscientiousness. Study 1 is the first study to our knowledge that will examine the association of FFM facets with affective temperaments, and we expected that these associations will provide further information regarding the nature of these temperaments.

Study 2 represents the first attempt to examine whether affective temperaments account for variance in symptoms and functioning over-and-above the variance accounted for by the FFM. We specifically hypothesized that: (a) cyclothymic/irritable temperament will account for unique variance over-and-above normal personality domains in the prediction of mood psychopathology and impairment; (b) hyperthymic temperament will account for unique variance in terms of interview-based hyperthymic and grandiose symptoms; and (c) dysthymic temperament will account for unique variance in depressive symptoms and disorders.

#### 4.1. Study 1

#### 4.1.1. Overview

Study 1 examined the association of the four affective temperaments with FFM domains and facets in a large sample of young adults.

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