Personality and Life Events in a Personality Disorder Sample

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Individuals with a personality disorder (PD) tend to experience more negative life events (NLEs) than positive life events (PLEs). In community samples, the Five Factor Model of personality (FFM) predicts both positive and negative life events. The present research examined whether FFM normal personality traits were associated with positive and negative life events among individuals with 1 of 4 PDs: avoidant, borderline, schizotypal, and obsessive–compulsive, and tested whether associations between the FFM of personality and PLEs and NLEs were similar across the 4 PD groups and a control group. Among aggregated PDs, neuroticism was positively associated with NLEs, whereas extraversion, openness to experience, and conscientiousness were positively associated with PLEs. Comparisons of each PD group to a control group of individuals with a major depressive disorder indicated that the FFM traits operated similarly across clinical samples with and without PD. Our findings indicate that normal personality traits can be used to help understand the lives of individuals with PD.

**Keywords:** Five Factor Model, Big Five, personality disorder, personality, life events

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Research indicates that personality disorders (PDs) are linked to negative life events (NLEs), including arrest and incarceration (Pagano et al., 2004; Yen et al., 2005), unemployment (Heikkinen et al., 1997; Skodol et al., 2002), and unstable interpersonal relationships (Skodol et al., 2005). PDs have been proposed to reflect extreme and maladaptive manifestations of normal traits (Costa & Widiger, 2002; Lynam & Widiger, 2001), and among community samples, the Five Factor Model of personality (FFM) predicts positive life events (PLEs) and NLEs (Headey & Wearing, 1989). Personality is an important predictor of life events, and this relationship is particularly striking in the context of PDs. Research indicates that certain PDs may be associated with a greater likelihood of experiencing unfavorable life events (Cramer, Torgersen, & Kringlen, 2006; Pagano et al., 2004). Pagano and colleagues (2004) found that individuals with borderline personality disorder (BPD) or schizotypal personality disorder (STPD) experience more criminal and legal life events (e.g., criminal conviction or involvement in a lawsuit) than do those with avoidant or obsessive–compulsive PD (OCPD), and fewer overall PLEs than individuals with major depressive disorder (MDD). Cramer et al. (2006) found a positive association between adverse life events (e.g., divorce, injury, job loss) and several PDs, including BPD and STPD. Similarly, Ulrich, Farrington, and Coid (2007) demonstrated that avoidant, BPD, and STPDs were inversely related to successful intimate relationships, with the latter two PDs also demonstrating inverse associations with indicators of status and wealth. Individuals with a PD, particularly borderline, have been shown to experience fewer interpersonal interactions and more negative interpersonal events (e.g., arguments) than individuals without a PD (Stepp, Pilkonis, Yaggi, Morse, & Feske, 2009). In contrast, some PDs (e.g., OCPD, narcissistic) have been linked to favorable life events and components of life success (Cramer et al., 2006; Ulrich et al., 2007). These findings point to potentially important associations among PD and life events; however, the factors that underlie these well-documented relationships have yet to be fully explored.

Life events have prognostic value (Kendler, Hettema, Butera, Gardner, & Prescott, 2003; Yen et al., 2005). For example, NLEs such as marital separation and involuntary job loss can lead to increased suicidality (Kolves, Ide, & De Leo, 2012), substance use (Catalano, Dooley, Wilson, & Hough, 1993; Gallo, Bradley, Mundson, Lynam, Miller, Gore, & Widiger, 2011) and OCPD (Five-Factor Obsessive Compulsive Inventory; Crego, Samuel, & Widiger, 2015). The FFM is an intriguing candidate for elucidating the associations between PD and life events. Evidence from community samples suggests that normal FFM traits influence life events in meaningful ways. For example, in a large panel study occurring over a 6-year period, extraversion consistently predicted both positive friendship events (e.g., making lots of new friends) and job events (e.g., getting promoted; Headey & Wearing, 1989). Conversely, neuroticism predicted both negative financial (e.g., experiencing a financial crisis) and job events (e.g., being fired). Openness to experience predicted favorable friendship events, as well as unfavorable financial events. More recent research has demonstrated similar results (e.g., Magnus, Diener, Fujita, & Pavot, 1993; Saudino, Pedersen, Lichtenstein, McClearn, & Ploomin, 1997). In general, neuroticism appears to predict NLEs, extraversion and conscientiousness predict PLEs, and openness to experience predicts both PLEs and NLEs (Headey & Wearing, 1989; Magnus et al., 1993). Indeed, personality had been found to have both contemporaneous and predictive associations with
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health, happiness, and interpersonal functioning (Ozer & Benet-Martínez, 2006), and a review of longitudinal research concluded that the predictive power of personality for important life outcomes was equivalent to that of established predictors, such as socioeconomic status and cognitive ability (Roberts, Kuncel, Shiner, Caspi, & Goldberg, 2007). However, the extent to which associations between life events and the FFM generalize to individuals with PD has not been examined. Addressing these questions may help elucidate the association between PD and life events and may also help to identify potential moderators of negative outcomes among individuals with PD.

The present study had two primary aims. First, we tested whether FFM personality traits were associated with positive and negative life events among individuals with one of four PDs: avoidant (AVPD), BPD, STPD, or OCPD. We also tested whether the FFM personality traits were associated with PLEs and NLEs similarly across the four PDs and MDD control group.

We predict that, in general, the FFM will be associated with PLEs and NLEs among individuals with a PD in a manner that will parallel findings from community samples (e.g., Headey & Wearing, 1989). Specifically, we predict that neuroticism will be positively related to NLEs, extraversion will be positively related to PLEs, and openness to experience will be positively associated with PLEs and negatively associated with NLEs. We further predict that conscientiousness will be positively correlated with PLEs. Given the lack of association between agreeableness and life events in previous research, we make no predictions regarding agreeableness. We predict that the FFM will be related to positive and negative life events similarly between individuals in the PD groups and the MDD group.

Method

Participants

The CLPS was a multisite, naturalistic, longitudinal study of four PD groups: STPD, BPD, AVPD, and OCPD, as well as a non-PD comparison group diagnosed with MDD. A detailed description of the CLPS can be found elsewhere (Gunderson et al., 2000; McGlashan et al., 2000). The sample was recruited in two cohorts from treatment clinics and through the use of advertisements. Participants were between the ages of 18 and 45 (M = 32.5, SD = 8.20) and met diagnostic criteria for STPD, BPD, AVPD, or OCPD. Trained interviewers conducted assessments at baseline, 6 months, 1 year, and then annually. Membership in PD groups was STPD = 88 (13%), BPD = 175 (26%), AVPD = 166 (24%), and OCPD = 155 (23%). There were 98 (14%) participants in the MDD group. The final sample consisted of 682 participants with complete life events data, 435 (64%) of whom were women (Table 1).

Measures

PD group. Diagnoses were made at baseline using the Diagnostic Interview for Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM–IV) Personality Disorders (DIPD-IV; Zanarini, Frankenburg, Sickel, & Yong, 1996). PD criteria are rated on a 3-point scale (0 = absent or clinically insignificant; 1 = present, but of uncertain clinical significance; 2 = present and clinically significant). Diagnoses were adequately reliable (Zanarini et al., 2000). PD group assignment was determined by severity when more than one PD was present.

MDD. MDD was assessed by using the Structured Clinical Interview for DSM–IV Axis I Disorders—Patient Version (SCID-IP; First, Gibbon, Spitzer, & Williams, 1996).

Personality. The FFM was assessed using the Revised NEO Personality Inventory (NEO-PI-R; Costa & McCrae, 1992). The NEO-PI-R is a 240-item, self-report tool designed to measure the five domains of the FFM of personality: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. NEO-PI-R scores at baseline assessment were used.

Life events. Life events were assessed by using a modified version of the Psychiatric Epidemiology Research Interview Life Events Scale (Dohrenwend, Krasnoff, Askenasy, & Dohrenwend, 1978). Participants were asked whether any of 45 possible NLEs and 25 possible PLEs had occurred during the prior year. Life events were classified into 10 domains: school (two negative, two positive), work (nine negative, seven positive), love and marriage (eight negative, five positive), family (one negative, zero positive), residence (two negative, one positive), crime and legal matters (10 negative, two positive), finances (three negative, three positive), social activities (two negative, zero positive), and health (four negative, one positive). Mean PLEs and NLEs per year were averaged over a period of 7 years, starting 1 year following baseline assessment, and were used as the outcome variables. Extreme cases on both life events variables were Winsorized so that they fell within ±3.29 SDs of their means (Tabachnick & Fidell, 2007).

Analytic Plan

All analyses involved cross-sectional examinations of traits and averaged life events. Prior to analysis, four dummy-coded PD categories (STPD, BPD, AVPD, and OCPD) and one MDD dummy category were created. In addition, four dummy coded PD × FFM trait interaction terms and one MDD × FFM trait interaction term were created for each of the five FFM traits, which were centered on their means. The MDD group was used as the comparison group, and all MDD terms were therefore excluded from each regression analysis.

We conducted bivariate correlations to examine the relations between the FFM, and PLEs and NLEs. Analyses were conducted
within each of the four PD groups separately, as well as with aggregated PDs. Centered scores for each FFM trait at baseline were correlated with average annual positive and negative life events over the 7-year follow-up period.

We conducted regressions to determine whether the FFM traits predicted PLEs and NLEs differentially between each PD when compared with MDD. For each regression, the dependent variable was either average PLEs or NLEs. At Step 1, a centered FFM trait was entered. At Step 2, the four PD dummy variables were entered. Finally, at Step 3, we entered PD x FFM trait interaction terms.

**Results**

Among aggregated PDs, women (M = 1.75) experienced more PLEs per year than men (M = 1.58), F(1, 582) = 4.15, MSE = 0.96, p = .04, η² = .01. There were no differences between women (M = 2.31) and men (M = 2.14) in the number of NLEs experienced, F(1, 582) = 1.67, MSE = 2.14, p = .12, η² = .00, and there were no gender by PD interactions, all ps > .05. Overall, there were no differences between individuals with PD (M = 2.25) and MDD controls (M = 2.09) in the average number of NLEs experienced per year, F(1, 680) = 0.95, MSE = 2.12, p = .33, η² = .00. However, individuals with PD (M = 1.69) experienced fewer PLEs per year than MDD controls (M = 1.98), F(1, 680) = 7.24, MSE = 0.99, p < .01, η² = .01.

A one-way analysis of variance (ANOVA) comparing groups (i.e., STPD, BPD, AVPD, OCPD, and MDD) on number of NLEs identified differences among groups, F(4, 677) = 7.92, MSE = 2.04, p < .01, η² = .04. Follow-up Tukey’s HSD tests indicated that those in the STPD group (M = 2.37) experienced more NLEs per year than did the AVPD group (M = 1.80), p = .02 (Figure 1). The BPD group (M = 2.65) experienced more NLEs than those in the AVPD group, p < .01, the OCPD group (M = 2.21), p = .05, and MDD group (M = 2.09), p = .02. A one-way ANOVA comparing groups on PLEs also identified differences, F(4, 677) = 9.75, MSE = 0.95, p < .01, η² = .05. Follow-up tests indicated that the STPD (M = 1.48), BPD (M = 1.60), and AVPD (M = 1.54) groups experienced fewer PLEs than the OCPD group (M = 2.06), all ps < .01. The STPD and AVPD groups experienced fewer PLEs than did MDD controls (M = 1.98), ps < .01 (see Figure 1), and the BPD group experienced fewer PLEs than did MDD controls, p = .02.

Bivariate correlations indicated that the FFM was associated with life events among PD groups (Table 2). Among aggregated PDs, NLEs were positively associated with neuroticism. PLEs were positively associated with extraversion, openness, and conscientiousness. PLEs were negatively associated with neuroticism. Examination of disaggregated PDs identified distinct relationships according to PD group. Specifically, the FFM traits were unrelated to NLEs among the STPD group; however, openness was positively associated with PLEs. Among the BPD group, NLEs were positively correlated with neuroticism, whereas PLEs were positively associated with extraversion and openness. Among the AVPD group, PLEs were positively associated with extraversion and openness. Among OCPD, extraversion was associated with PLEs. In the MDD control group, NLEs were negatively associated with agreeableness, and PLEs were positively correlated with extraversion and openness.

Comparisons of the predictive power of these traits for life events were relatively stable across each PD group and the MDD control group: Three group-by-trait interactions emerged. Agreeableness was more strongly associated with fewer NLEs among the MDD group than among the STPD group, b = 0.03, t(672) = 2.66, p = .01. Similarly, openness was more strongly associated with more PLEs among the MDD group than they were among the OCPD group, b = −0.01, t(672) = 2.00, p = .05, and greater extraversion was more strongly associated with experiencing more PLEs among the MDD group than it was among the STPD group, b = −0.01, t(672) = 2.09, p = .04. Overlap of FFM trait distributions between each PD and the MDD control group was acceptable for testing group-by-trait interactions. Trait means for each PD and the MDD control group were within 1 SD of one another in all but two cases. In these two cases, trait means fell within 1.5 SDs of one another.

**Discussion**

The results of the present investigation indicate that normal personality traits can be used to help understand the lives of individuals with disordered personality. We predicted that the FFM would correlate with positive and negative life events, and that these relations would be similar to those found among nonclinical samples. This hypothesis was partially supported. Among all PDs combined, neuroticism was positively associated with NLEs, whereas extraversion, openness, and conscientiousness were positively associated with PLEs. Overall, this pattern of associations is similar to findings from nonclinical samples (e.g., Headey & Wearing, 1989; Magnus et al., 1993). Further evidence of continuity between PD and non-PD groups is provided by our comparisons of PD groups to a control group of individuals with a
MDD, which indicated that, in general these traits operated relatively similarly across clinical samples with and without PD.

Our findings also highlight the importance of concurrently considering normal personality and disordered personality. Although we identified substantial continuity regarding the predictive power of normal personality traits, we also identified some distinct associations according to PD groups. Among the disaggregated PD groups, the pattern of associations between FFM and life events was most notable in the BPD group. Specifically, among the BPD group, extraversion and openness were positively correlated with PLEs, and neuroticism was positively related to NLEs. Among the AVPD group, openness and extraversion were positively associated with PLEs. Among the STPD group, the only relationship we observed was between openness and PLEs, and among the OCPD group, extraversion was positively associated with PLEs.

Positive associations between openness and extraversion and PLEs are consistent with findings from community samples. The relationship between neuroticism and NLEs among the BPD group is also consistent with findings from community samples (e.g., Headey & Wearing, 1989), but is particularly interesting in light of the pronounced absence of such relationships among the other PD groups. Indeed, given that BPD pathology is largely characterized by high levels of neuroticism, it might be reasonable to predict attenuated associations because of ceiling effects. On the contrary, our findings suggest that BPD pathology may amplify the pernicious influence of neuroticism on life events. More generally, the elevated patterns of prediction for normal traits and life events among the BPD group suggest a broad accentuating effect of BPD pathology on associations between personality and outcomes. These findings are consistent with those of Trull et al. (2003), who found that the Five Factor index of BPD did not fully account for variance captured by traditional measures of BPD.

Results from the STPD group contrast with those of the BPD group such that the schizotypal pathology appears to mute the influence of normal personality traits. Indeed, relative to MDD controls the STPD group exhibited attenuated associations between agreeableness and fewer negative events and between extraversion and more positive events. It may be that the social isolation that characterizes STPD individuals inhibits the potential for personality traits to influence life events. This interpretation is consistent with our observation of a somewhat similar pattern of results among the AVPD group. Indeed, among the STPD and the AVPD groups, the most notable association between normal personality and life events involved a positive influence of openness to experience, suggesting that willingness to engage with the broader world may improve prospects for these groups that are prone to social isolation.

Several limitations of this research warrant discussion. First, our sample was constrained to four PDs and MDD. As such, we could not investigate relationships across the entire spectrum of PDs. Second, we examined NLEs and PLEs as broad categories. Thus, our findings offer a less nuanced picture of the relationships among PDs, the FFM, and life events, than if we had examined life events within specific domains separately, or considered individual life events. Third, participants’ perceptions of life events were not assessed. Certain life events could potentially be perceived as positive or negative; for example, in some instances, a marital separation or broken engagement may be viewed positively. In an attempt to guard against this issue, we primarily investigated events consistently rated as either negative or positive by judges in Dohrenwend et al.’s initial study, and excluded several more ambiguous events. Finally, our assessment of the FFM relied on the NEO-PI, which is designed as a measure of normal traits. More recently developed measures that assess maladaptive variants of FFM traits in the context of PD have demonstrated incremental validity over NEO-PI traits for important outcomes (e.g., Crego et al., 2015; Edmundson et al., 2011) and future research that employs such measures has the potential to further contribute to the understanding of FFM and life events among clinical samples.

Despite these limitations, the present research has several implications. First, the determination of the extent to which the FFM explains life events among PD groups may contribute to an understanding of the factors that lead to undesirable outcomes among PD individuals. Moreover, as our findings are relatively congruent with prior research from normal populations, it may be appropriate to extrapolate research from community samples to understanding the lives of PD individuals. Finally, in addition to highlighting the potential utility of normal personality for understanding the lives of individuals with PD, our findings of distinct patterns of association according to diagnostic group suggests that the concurrent

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Table 2
Bivariate Correlations Between the Five Factor Model (FFM) and Life Events by Personality Disorder (PD) Group

<table>
<thead>
<tr>
<th>FFM trait</th>
<th>PD (n = 584)</th>
<th>STPD (n = 88)</th>
<th>BPD (n = 175)</th>
<th>AVPD (n = 166)</th>
<th>OCPD (n = 153)</th>
<th>MDD (n = 98)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>.09*</td>
<td>-.07</td>
<td>-.01</td>
<td>-.02</td>
<td>.15*</td>
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<tr>
<td>E</td>
<td>.04</td>
<td>.22</td>
<td>.06</td>
<td>.07</td>
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<td>O</td>
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<tr>
<td>A</td>
<td>-.06</td>
<td>.03</td>
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<td>.12</td>
<td>-.03</td>
<td>.04</td>
</tr>
<tr>
<td>C</td>
<td>-.05</td>
<td>.09</td>
<td>.03</td>
<td>-.03</td>
<td>-.01</td>
<td>.04</td>
</tr>
</tbody>
</table>

Note. PD = personality disorder (STPD, BPD, AVPD, and OCPD combined); STPD = schizotypal personality disorder; BPD = borderline personality disorder; AVPD = avoidant personality disorder; OCPD = obsessive-compulsive personality disorder; MDD = major depressive disorder; N = neuroticism; E = extraversion; O = openness to experience; A = agreeableness; C = conscientiousness; = average negative life events per year over seven years, + = average positive life events per year over seven years. *p < .05; two-tailed.
consideration of both normal and disordered personality features contribute to understanding life events among individuals with PD.

References


