



Contents lists available at ScienceDirect

Personality and Individual Differences

journal homepage: www.elsevier.com/locate/paid

Callous-unemotional traits and the five factor model in adolescents

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ARTICLE INFO

Article history:

Received 9 July 2016

Received in revised form 30 September 2016

Accepted 27 October 2016

Available online xxx

Keywords:

Callous-unemotional traits

Five factor model

Adolescents

Proactive and reactive aggression

Substance use

ABSTRACT

Callous-unemotional traits are the focus of huge attention in studies of behavioural problems. Although the most popular measure of these traits (i.e. the Inventory of Callous Unemotional Traits, ICU) has been widely used, further studies are required to relate the ICU to general models of personality. This study, involving a sample of 910 adolescents within the general population, analyses the relationship between the self-reported ICU and the different domains and facets of the Five Factor Model. The results enable identification of the profile of facets associated with each subscale of the ICU and show that each subscale is mainly associated with a different personality domain: Callousness with Agreeableness, Uncaring with Conscientiousness, and Unemotional with Extraversion. We also found that Callousness is significantly associated with a variety of behavioural problems (reactive and proactive aggression, substance use) beyond the domains of the Five Factor Model. However, the inconsistency of the Unemotional subscale with the underlying construct is revealed by the specific pattern of relations between Unemotional and 1) personality traits and 2) behavioural problems. The need to refine the measurement of Unemotional traits within the ICU is highlighted.

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1. Introduction

The concept of psychopathy has been enormously productive in research into individual differences, especially in clinical and forensic psychology. Research conducted over decades has led to the generation of reliable and valid measures of psychopathy and exploration of its nomological network, and it has demonstrated the usefulness of the concept in predicting the most serious and violent types of antisocial behaviour (Hare & Neumann, 2008).

More recently there has been increasing interest in extending downwards the concept of psychopathy to children and adolescents. Psychopathic traits are currently studied as developmental constructs, which can be reliably identified before adulthood. Within the constellation of psychopathic traits, the callous-unemotional (CU) traits, which capture the affective dimension of psychopathy, have received particular attention in research on children and adolescents, as demonstrated by the inclusion of the specifier “with limited prosocial emotions” for the diagnosis of conduct disorder in the DSM 5 (APA, 2013).

In this field of research, the Inventory of Callous-Unemotional Traits (ICU; Frick, 2004) has acquired great popularity as a comprehensive and promising measure for capturing CU traits in young populations. Although there are other well-known scales that measure CU traits in youth (e.g., Antisocial Process Screening Device, APSD, Frick & Hare, 2001; Youth Psychopathic traits Inventory, YPI, Andershed, Kerr,

Stattin, & Levander, 2002), the ICU was created specifically and solely for the measurement of CU traits and therefore, it offers a detailed view of the specific facets within the CU traits. On the other hand, its close relationship with the specifier “limited prosocial emotions” of the DSM 5 provides added value to the study of CU traits in youth.

Research has shown that three components can be identified in the ICU: Callousness (lack of empathy, remorse and guilt), Uncaring (lack of caring about task performance and others' feelings), and Unemotional (deficient emotional affect and expression). The deficits in empathy appear to lie in the core of the CU traits; in this way, the CU traits coincide with the symptoms of Autism Spectrum Disorder (ASD). However, recent studies have revealed that empathic difficulties have a different nature in CU traits and in ASD, with difficulties in cognitive empathy being more closely associated with ASD (Mazza et al., 2014) and empathic sadness being more closely associated with CU (Pijper et al., 2016).

A large body of researchers currently use the ICU, which has proved useful for predicting behavioural problems, aggression (particularly proactive aggression; Kerig & Stellwagen, 2010), drug consumption and multiple psychosocial difficulties in childhood and adolescence (Frick, Ray, Thornton, & Kahn, 2014). Nevertheless, the location of adolescent CU traits within the structural models of personality is still a needed task. Indeed, this has been an important focus of interest in research studies on psychopathy in adults (Lynam & Miller, 2015). Integrating CU traits and the basic science of personality will lead to better informed predictions regarding epidemiology, comorbidities and underlying processes, as this approach may benefit from the knowledge accumulated over many years in research into the normative dimensions of personality (Frick & Ray, 2015; Lynam & Miller, 2015).

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Moreover, studying the personality correlates of CU traits in children and adolescents will enable comparison of the results with those obtained in adults, which will help in evaluating the extent to which equivalent constructs can be captured in young people and adults (Roose et al., 2012).

In studying the relationships between psychopathic traits and general personality traits, the Big Five/Five Factor Model (FFM) has been one of the main reference frameworks (Lynam & Miller, 2015). Previous literature has emphasized the need to go beyond the higher-order domains and to study the profiles of specific facets provided by measures such as the NEO PI-R. This provides a more detailed picture of personality and uncovers the different, sometimes opposing relationships for the various facets of the same domain (Wilson, Miller, Zeichner, Lynam, & Widiger, 2011).

Numerous studies of psychopathy and the FFM have been conducted in adults (Decuyper, De Pauw, De Fruyt, DeBolle, & De Clercq, 2009; Lynam & Miller, 2015). Such studies have revealed negative relationships between psychopathy and all facets of Agreeableness and Conscientiousness (especially C5-Self-discipline and C6-Deliberation). The relationships with the other domains are somewhat more complex. Openness is not consistently related to psychopathy, although it tends to be negatively related to facet O3-Feelings. Within Extraversion, psychopathy tends to be negatively related to E1-Warmth and E6-Positive Emotions and positively related to E3-Assertiveness and E5-Excitement Seeking. Within Neuroticism, psychopathy is positively related to N2-Angry Hostility and N5-Impulsiveness and negatively related to N1-Anxiety and N4-Self-Consciousness (Lynam & Miller, 2015).

Some studies in children and adolescents have also examined the relationship between psychopathic traits (including CU traits) and the Big Five/FFM. These studies have been conducted in community adolescents (e.g., Borroni, Somma, Andershed, Maffei, & Fossati, 2014; Essau, Sasagawa, & Frick, 2006; Roose et al., 2012) and in young offenders (Salekin, Debus, & Barker, 2010). The instruments used for the measurement of psychopathic traits were diverse, including the Youth Psychopathic Inventory (Borroni et al., 2014; Roose et al., 2012; Salekin et al., 2010) and the ICU (Essau et al., 2006). The measures of the Big Five/FFM were also diverse, including the Big Five Inventory (e.g., Borroni et al., 2014), the Big Five Questionnaire (e.g., Essau et al., 2006), the NEO PI-R for adults (e.g., Roose et al., 2012) and the Interpersonal Adjective Scale-Revised (e.g., Salekin et al., 2010). The results show that the CU traits tend to be negatively related to Agreeableness and Openness, but that the relationships with the other domains are less clear, possibly due to the diversity of measures used, both for CU traits and for general personality traits.

The need for a more fine-grained analysis, bridging the specific components of the ICU and trait models has been reiterated in previous reviews (Frick et al., 2014). Although various studies have been conducted on psychopathic traits and the Big Five/FFM in adolescents, the relationship between the components of the ICU and all domains and facets of the FFM remains unknown.

The aim of this study is to help address this gap. This will provide a more direct connection between research in adolescents and in adults and would enable detailed examination of the differential place of each ICU component within the personality space. The data collected in a large sample of adolescents from the general population are used to examine the relationship between the ICU scales and the domains and facets of the FFM, and the position of the ICU components in the FFM map is also analysed. In addition, the incremental contribution of the ICU scales, beyond the FFM, for explanation of behavioural problems in adolescence (aggressive behaviour, substance use) is examined. This will help to evaluate the extent to which the ICU scales cover variance different from well consolidated constructs; in practical terms, this will help to elucidate the extent to which the use of the ICU scales represents an improvement with regards to these well known constructs.

Considering the findings of previous studies of CU traits, carried out in adults and adolescents, we expect a close (negative) relationship

between the ICU scales and Agreeableness. Negative relationships with Conscientiousness and Openness are also expected, as well as a more mixed pattern of relationships for Extraversion and Neuroticism, similar to those observed in adults. Given the inconsistent results regarding the different relationships with the specific components of the ICU (Frick et al., 2014), it is difficult to make specific predictions. However, given that the Uncaring dimension includes lack of concern about impersonal tasks, a particularly strong relationship with Conscientiousness is expected, as shown by other studies (Essau et al., 2006). Callousness, which includes the aspects most closely related to interpersonal empathy, may be more closely (and negatively) related to Agreeableness and Neuroticism. Unemotional, a construct that includes aspects of emotional expression, may be (negatively) related to the most emotional dimension of FFM, i.e. Neuroticism. In addition, given the importance previously given to the ICU components as correlates of behavioural difficulties, it is expected that the ICU components will contribute to explaining variance in behavioural problems beyond the FFM domains.

2. Material and methods

2.1. Participants

The study participants comprised 910 adolescents (474 girls, 434 boys; 2 participants did not indicate their gender), of ages ranging from 12 to 19 years (mean 14.57; SD = 1.57), attending 9 secondary schools in Galicia (NW Spain). These schools were selected due to their representativeness of the geographical rural and urban areas of Galicia. The research team made contact via telephone with the school directors, with whom they later held a personal interview in order to explain the objectives and conditions of the study. Neither the schools nor the participants received any type of incentives for their collaboration. The questionnaires were administered in Spanish in the classroom under the supervision of members of the research team, after obtaining written parental consent and with assent of the participants. Anonymity and data confidentiality were guaranteed.

2.2. Variables and instruments

2.2.1. CU traits

The self-reported ICU (Frick, 2004) was used to measure the CU traits. The ICU comprises 24 items on a four-point Likert scale, ranging from 0 (Not at all true) to 3 (Definitely true). As indicated above, three factors have been identified in the instrument, across different samples and languages (e.g. Essau et al., 2006; López-Romero, Gómez-Fraguela, & Romero, 2015): *Callousness* (11 items; e.g. "I do not feel remorseful when I do something wrong"), *Uncaring* (8 items; e.g. "I try not to hurt other's feelings", reversely scored), and *Unemotional* traits (5 items; e.g. "I do not show my emotions to others"). The alpha scores obtained on the ICU scales were 0.74 for Callousness, 0.73 for Uncaring, 0.70 for Unemotional and 0.78 for the overall score.

2.2.2. FFM domains and facets

The short form of the Junior Spanish NEO PI-R (JS NEO-S; Ortet et al., 2010), which comprises 150 items answered on a 5-point Likert-type scale ranging from *strongly disagree* to *strongly agree*, was used to assess the FFM domains. The JS NEO was developed as an adaptation of the NEO PI-R for adolescents (Ortet et al., 2012), and both the full and short versions have shown adequate psychometric properties. Use of these tests to capture the 5 domains and 30 facets of the FFM has been supported by the results of different studies (Ibáñez et al., 2015; Ortet et al., 2010). In the present study, the alpha coefficients for the domains ranged between 0.80 (Openness) and 0.89 (Conscientiousness). The alpha coefficients for the different facets ranged between 0.49 (N5-Impulsiveness) and 0.77 (N3-Depression). The alpha coefficients for 24 of the 30 facets were equal to or higher than 0.60. The facets

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