

Dispositional impulsivity in normal and abnormal samples

Janine D Flory^{a,b,*}, Philip D Harvey^a, Vivian Mitropoulou^c, Antonia S New^a,
Jeremy M Silverman^a, Larry J Siever^a, Stephen B Manuck^b

^a Department of Psychiatry, Box 1230, One Gustave Levy Place, Mount Sinai School of Medicine, New York, NY 10029, United States

^b Department of Psychology, University of Pittsburgh, Pittsburgh, PA, United States

^c General Clinical Research Center, Box 1230, One Gustave Levy Place, Mount Sinai School of Medicine, New York, NY 10029, United States

Received 20 June 2005; received in revised form 22 December 2005; accepted 17 January 2006

Abstract

Impulsive behaviors, which can include aggression, substance use and suicide, are common and core features of the DSM Axis II Cluster B personality disorders. The construct of dispositional impulsivity is multidimensional and a number of self-report measures have been created to represent features of this trait (e.g., novelty seeking, behavioral disinhibition, nonplanning). Because these questionnaires are rarely administered together in the same sample, little is known about how they are related to one another. The current study was conducted to examine the structure of dimensional impulsive personality traits in a large normative sample ($n = 351$). Analyses revealed that dispositional impulsivity was represented by three moderately correlated latent factors labeled thrill seeking, nonplanning and disinhibited behavior. Confirmatory factor analyses were also used to examine the extent to which the internal structure of these impulsive personality traits was similar in a sample defined as abnormal (i.e., DSM-III-R Cluster B PD diagnoses; $n = 70$). Results revealed that the structure of these traits was consistent across the two samples in a model that constrained factor loadings and structural covariances (NFI = 0.89; CFI = 95; RMSEA = 0.04). In addition, correlational relationships between the impulsivity factor scores and behavioral and sociodemographic factors (e.g., socioeconomic status, substance use) were consistent across the two samples. These results help to establish a common framework for understanding the multidimensional nature of impulsivity. Results from these analyses also lend support to a large body of work that demonstrates that normal and abnormal personality features are related.

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Keywords: Impulsivity; Novelty seeking; Cluster B personality disorder

1. Introduction

Impulsivity is a common feature of a broad range of psychopathological conditions (e.g., Hollander and Evers, 2001; Moeller et al., 2001) and a hallmark characteristic of the DSM Axis II Cluster B (“dramatic”) personality disorders (Looper and Paris, 2000; Zanarini, 1993). For example, a diagnosis of borderline personality disorder (BPD) or antisocial personality disorder (ASPD) – the two most widely studied cluster B disorders – is associated with higher scores on standard trait measures of impulsivity (e.g., Morey et al., 2002; Rounsaville et al., 1998; Serper et al., 1993) and with impulsive behavior as measured by laboratory decision making tasks (e.g., Best et al., 2002; Dougherty et al., 1999; Dowson et al., 2004; Hochaussen et al., 2002; Newman and Kosson, 1986; Petry, 2002), when compared to healthy controls or other psychiatric control groups.

Comorbidity among the Cluster B personality disorders is common (e.g., McGlashan et al., 2000; Oldham et al., 1992; Zanarini et al., 1998). Furthermore, both BPD and ASPD can be represented by various forms of disinhibited behavior including aggression (e.g., Blair,

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* Corresponding author.

E-mail address: janine.flory@mssm.edu (J.D. Flory).

2004; Lieb et al., 2004), binge eating (e.g., Sansone et al., 2000), gambling (e.g., Blaszczynski and Steel, 1998; Slutske et al., 2001), suicide (e.g., Brodsky et al., 1997) and substance dependence (reviewed in Trull et al., 2000; Waldman and Slutske, 2000). One explanation for the co-occurrence of these externalizing disorders and behaviors is that there is a common underlying diathesis (Krueger, 1999; Krueger et al., 1998; Vollebergh et al., 2001), perhaps reflecting a heritable dimension of temperament (Hicks et al., 2004).

Despite growing consensus that impulsivity figures prominently in the phenomenology and perhaps etiology of these disorders, the specific nature of impulsivity as a dispositional characteristic is less clear (Evdenden, 1999; Moeller et al., 2001). Although the construct can be defined generally as a diminished capacity to delay or inhibit behavioral responding, it has been operationalized in a number of different ways including motor impulsivity (motor disinhibition), risk taking, nonplanning, a preference for smaller immediate rewards over larger delayed rewards, a disregard for future consequences and insensitivity to punishment (e.g., Barratt, 1985, 1994; Evdenden, 1999; Moeller et al., 2001; Montecarlo and Ainslie, 1999; Swann et al., 2002; Patterson and Newman, 1993). Moreover, although impulsivity is included in all of the major taxonomic models of normative personality, the trait loads onto different higher order factors depending on the model. For example, in Eysenck and Eysenck (1968) early three factor system of personality, impulsivity was conceptually aligned with extraversion and unrelated to neuroticism. Later versions of this model subdivided the construct into venturesomeness and impulsiveness, which loaded onto extraversion and psychoticism, respectively (Eysenck and Eysenck, 1985).

With regard to the common five factor model (FFM) of personality, aspects of impulsivity are included in three of the five factors as measured by the NEO-PI-R (Costa and McCrae, 1992). In this questionnaire, the scale or “facet” labeled Impulsiveness is aligned with neuroticism. High scorers on this scale are unable to resist cravings and temptations. However, the conscientiousness factor also includes items that might be considered the converse of dispositional impulsivity (e.g., planning for the future, thinking before acting) and the extraversion factor includes items that tap experience seeking. Cloninger’s psychobiological model of temperament (Cloninger et al., 1993) includes impulsivity, conceptualized as the converse of reflective decision making as a feature of novelty seeking. This putatively heritable dimension of temperament represents a behavioral activation system and incorporates the related features of experience seeking, uncontrolled spending and disorderliness.

In sum, a large number of self-report scales have been developed to assess features of impulsivity based on all-

inclusive models of personality (e.g., Cloninger et al., 1993) as well as comprehensive theories of impulse control (e.g., Barratt, 1985). Because these measures are rarely administered together, however, it is not clear how these varieties of impulsivity are related to one another. A notable exception is work by Whiteside and Lynam (2001) who administered eight impulsivity measures to a sample of 437 undergraduates and used exploratory factor analysis to identify four impulsivity factors labeled urgency, sensation seeking, (lack of) premeditation and (lack of) perseverance. Although the authors included a comprehensive list of measures, the generalizability of the results is constrained by their use of a young (i.e., undergraduates) and predominantly female (70%) sample.

The purpose of the current study was twofold. First, analyses were conducted to identify the underlying structure of impulsive personality traits (e.g., novelty seeking, disinhibited behavior) in a large normative sample of middle-aged adults and to examine the relationship of impulsive personality factors to behavioral and sociodemographic factors previously correlated with trait impulsivity and/or associated with Cluster B personality disorder diagnoses, including socioeconomic indicators, aggression, substance use disorders and suicide. Second, using confirmatory analyses, we aimed to examine the extent to which the internal structure of these impulsive personality traits was similar in a sample defined as abnormal (i.e., adults with DSM-III-R Cluster B PD diagnoses). Results from these analyses may help to provide a framework for understanding the multidimensional nature of impulsivity. Moreover, consistent phenotypic structure of impulsive traits in normal and abnormal samples would add to a growing body of research that demonstrates that the structure of normal and abnormal personality is similar and can be measured with the same instruments. Diverging correlational structure across the two groups might imply that the etiology of dispositional impulsivity differs between so-called normal and abnormal groups (e.g., one or more of the cluster B disorders represents a taxon).

2. Methods

2.1. Participants

Participants in the nonpatient sample were recruited through mass mailings to residents of Allegheny County (PA). Recruitment and initial screening was conducted by the Recruitment Office in the Department of Epidemiology in the School of Public Health at the University of Pittsburgh. Interested individuals responded by mail or phone and were recruited to participate in a study of genetic correlates of normative

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