



The relationship of compliance with inattention and hyperactivity/impulsivity

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ABSTRACT

The aim of the study was to investigate the relationship between Attention Deficit Hyperactivity Disorder (ADHD) inattention and hyperactivity/impulsivity symptoms in predicting compliance. It was hypothesised that inattention symptoms are a better predictor of compliance than hyperactivity/impulsivity. There were two different groups of participants: 367 college students (both males and females) and 89 male prisoners. All participants had completed the Gudjonsson Compliance Scale (GCS) and the DSM-IV-TR (Screening) Checklist for adult ADHD symptoms. Significant correlations emerged between compliance and ADHD symptoms, but the correlations were higher for inattention than hyperactivity/impulsivity among both samples. This was confirmed by multiple regression analyses (hierarchical), which showed that the variance in compliance explained by ADHD inattention versus hyperactivity/impulsivity symptoms increased from 2% to 8% for college students and 8% to 24% for prisoners after entering inattention into the model (hyperactivity/impulsivity was entered first in the regression models). The findings suggest that inattention is a more powerful predictor of compliance than hyperactivity/impulsivity. This is a novel and an important finding.

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1. Introduction

In this paper the authors investigate the relationship between adult Attention Deficit Hyperactivity Disorder (ADHD) symptoms and compliance. ADHD has three core symptoms: inattention, hyperactivity and impulsivity (American Psychiatric Association, 2000). In a recent study ADHD symptoms correlated significantly with compliance (Gudjonsson, Sigurdsson, Einarsson, Bragason, & Newton, 2008), but what has not been investigated is the relative importance of inattention versus hyperactivity and impulsivity in the relationship with compliance. This is the main focus of the present study. The main research question is, which ADHD symptom dimension, inattention or hyperactivity/impulsivity, is the better predictor of compliance?

Compliance is an important concept in social psychology and is related to how people cope with pressure in personal and impersonal relationships (Gudjonsson, Sigurdsson, Einarsson, & Einarsson, 2008). Compliance has been found to be related to low self-esteem (Gudjonsson & Sigurdsson, 2003), insecure attachment (Gudjonsson, Sigurdsson, Lydsdottir, & Olafsdottir, 2008), and it is particularly high among unstable introverts (Gudjonsson, Sigurdsson, & Einarsson, 2004). Within forensic contexts, high

compliance has been linked with false confessions (Kassin et al., 2010; Sigurdsson & Gudjonsson, 2001), taking blame for antisocial acts people have not committed (Gudjonsson, Sigurdsson, & Einarsson, 2007), and being pressured or tricked into participating in crime (Gudjonsson & Sigurdsson, 2007).

People with a childhood development disorder, such as ADHD and Autism Spectrum Disorder (ASD) may be vulnerable to giving in to pressure by people in authority (e.g., teachers and police officers) and peers due to their high level of compliance. For example, North, Russel, and Gudjonsson (2008) found an elevated level of compliance among high functioning Autism Spectrum Disorder patients, and Gudjonsson, Sigurdsson, Einarsson, Bragason, et al. (2008) found a significant correlation between compliance among prisoners and ADHD symptoms as measured by a DSM-IV screen. Gudjonsson, Sigurdsson, Einarsson, Bragason, et al. (2008) also found that prisoners who were currently symptomatic for ADHD were significantly more likely than the other prisoners to report a history of having made a false confession to police. Investigating the relationship between the type of ADHD symptoms (i.e., inattention versus hyperactivity/impulsivity) and compliance, Gudjonsson, Sigurdsson, Einarsson, Bragason, and Newton (2010) found that it was inattention that was a better predictor of false confession than hyperactivity/impulsivity and antisocial personality disorder. This was a surprising, but an important finding.

Gudjonsson, Sigurdsson, Einarsson, et al. (2010) suggested that anxiety and the disorganizational aspect of ADHD were probably the key psychological factors that mediate the relationship

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between inattention and false confession. This interpretation is consistent with the findings of Gudjonsson, Sigurdsson, Gudmundsdottir, and Sigurjonsdottir (2010) who have shown that the core component of maladaptive personality associated with the ADHD inattention symptoms is impaired capacity to set and achieve realistic goals. Maedgen and Carlson (2000) found that children with ADHD who were of the predominantly inattentive type displayed deficits in social knowledge and social passivity. The social passivity part of the inattentive ADHD type appears to overlap with the construct of compliance in adults as measured by the Gudjonsson Compliance Scale (GCS; Gudjonsson, 1989). In the current article the authors investigate the relationship between compliance and ADHD inattention and hyperactivity/impulsivity symptoms in two different groups of participants, college students and prisoners. It is hypothesised that inattention predicts compliance above and beyond that of hyperactivity/impulsivity after controlling for age (gender is also controlled for among the college student sample).

2. Methodology

2.1. Participants

2.1.1. College students

The participants were 367 students from further educational establishments in Iceland. There were 128 (34.9%) males and 239 (65.1%) females. The average age of the sample was 23.6 years (16–58, SD = 7.6; range 16–58).

2.1.2. Prisoners

The participants were 89 Icelandic male prisoners who were serving sentences for criminal offences, mainly property, drug, and driving offences. They had a mean age of 31 years (SD = 9.8, range 19–56). Einarsson, Sigurdsson, Gudjonsson, Newton, and Bragason (2009) provide a detailed description of the sample in terms of ADHD symptoms and co-morbid diagnoses.

The two samples were convenience samples, where data on ADHD symptoms and compliance was already available. The two different samples were used in the present study to investigate the generalisability of the findings.

2.2. Measures

2.2.1. Diagnostic Statistical Manual IV Checklist of ADHD symptoms (DSM-IV-TR)

The DSM-IV-TR Checklist of Symptoms (DCS; American Psychiatric Association, 2000) was used. This is based on an 18-item scale, which measures symptoms relating to ADHD corresponding with DSM-IV diagnostic criteria. Nine items focus on inattention problems and nine relate to hyperactivity and impulsivity. Each item was scored on a 3-point rating scale (0 = never, 1 = sometimes, 2 = often) with the total possible score ranging between 0 and 36.

2.2.2. The Gudjonsson Compliance Scale (GCS; Gudjonsson, 1989, 1997)

This is a 20 item self-report scale based on true/false statements. It measures the susceptibility of individuals to comply with the requests of others, particularly people in authority, including parents. Scores range from 0 to 20, with a higher score indicating greater compliance. The scale was developed to identify persons who are vulnerable to making a false confession under interrogative pressure and being pressured into crime by peers and others. The scale's validity has been well documented in these two areas (Gudjonsson, 2003; Gudjonsson & Sigurdsson, 2007).

2.3. Procedure

The college students were tested in class. The study was briefly introduced by a researcher and the students were informed that they were free to leave class and could omit answering specific items, if they so wished. The study was introduced as an investigation into ADHD and associated problems. The prisoners were tested individually within 10 days of admission to the prison. They were told that the study involved investigating problems with attention and hyperactivity and their relationship with personality and mental health problems. The participants in both groups were told that their answers were anonymous and confidential.

2.4. Statistical analysis

The study employed a cross-sectional (correlational) design. Correlations were conducted using Pearson's correlation coefficients. Hierarchical multiple regressions were used to investigate if inattention predicted compliance above and beyond that of hyperactivity/impulsivity, whilst controlling for age and gender using SPSS (Field, 2009).

3. Results

3.1. Correlational analysis

Tables 1 and 2 give the mean scores, standard deviations, and correlations between the GCS and ADHD measures for the college students and prisoners, respectively. The GCS correlated with the total, inattention and hyperactivity/impulsivity scores among both samples. However, the correlations were all considerably higher among the prisoners than the college students (the variance in total ADHD symptoms explained by compliance is 19.4% and 4.4% for the prisoners and college students, respectively). In addition, the correlations between the GCS and ADHD measures were highest among both groups for inattention. In both samples, the inattention and hyperactivity/impulsivity subscales were highly

Table 1

The mean scores and standard deviations for the Gudjonsson Compliance Scale and the ADHD-DSM-TM scores for the college student sample, and the correlations between the measures.

	Mean (SD)	ADHD-Total	ADHD-Hyperactivity	ADHD-Inattention
Gudjonsson Compliance Scale	9.1 (3.1)	.21**	.11*	.26**
ADHD-DSM-IV Total Score	11.3 (7.6)	–	.88**	.91**
Hyperactivity/impulsivity	5.0 (4.0)	–	–	.60**
Inattention	6.3 (4.5)	–	–	–

* $p < .05$.

** $p < .001$.

Table 2

The mean scores and standard deviations for the Gudjonsson Compliance Scale and the ADHD-DSM-TM scores for the prison sample, and the correlations between the measures.

	Mean (SD)	ADHD-Total	ADHD-Hyperactivity	ADHD-Inattention
Gudjonsson Compliance Scale	9.4 (3.5)	.44***	.29**	.50***
ADHD-DSM-IV Total Score	14.2 (8.2)	–	.90***	.93***
Hyperactivity/impulsivity	6.0 (4.1)	–	–	.66***
Inattention	8.2 (4.9)	–	–	–

** $p < .01$.

*** $p < .001$.

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