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Personality and neuropsychological correlates of bullying behavior ☆

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Abstract

The psychological and neuropsychological correlates of bullying behavior were examined in a group of 41 middle school students (age range 11–15 years) and group-matched controls. The students were identified as bullies by school administrators, their teachers, and self-ratings. Parents of children in both groups completed the Coolidge Personality and Neuropsychological Inventory, a 200-item, *DSM-IV-TR* aligned, parent-as-respondent, standardized measure. It was found that bullying behavior was associated more with *DSM-IV-TR* Axis I diagnoses of conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder, and depressive disorder than in matched controls. Bullying behavior was also correlated more with Axis II diagnoses of passive–aggressive, histrionic, paranoid, and dependent personality disorders than in matched controls. Bullying behavior was also more correlated with measures of neuropsychological dysfunction and executive function deficits. An implication of these findings is that traditional short-term psychotherapeutic interventions for bullying behavior may be of limited value given the complex nature of the associated psychopathology.
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Keywords: Bullying; Personality disorders; Passive–aggressive personality disorder; Executive function deficits; Depression

1. Introduction

In a variety of forms, school violence pervades American society. Various methods of research have been undertaken in an effort to pinpoint the etiology of school violence, particularly bullying

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behavior in schools. Definitions of bullying behavior incorporate such factors as an evident power differential, physical and/or verbal abuse, and severity and duration of abuse (Atlas & Pepler, 1998). Olweus (1991) defines bullying and victimization as the exposure of an individual, repeatedly and over time, to negative actions on the part of one or more others. Bullying can take physical forms, such as hitting, pushing, kicking, or punching, and/or verbal forms, exemplified in threatening, teasing, taunting, and name calling.

A major theoretical orientation for the understanding of developmental psychopathology was offered by Spreen (1989). Spreen proposed that psychiatric disturbances are frequently associated with neuropsychological dysfunction as a result of a common biological origin. Whereas Spreen noted that toxins and the prenatal environment might be sources of influence, he emphasized that the stronger etiological agent was genetic. Support for this argument was provided by Yeudall, Fromm-Auch, and Davies (1982) in their study of 99 juvenile delinquents. They found that 84% of the delinquents had evidence of neuropsychological deficits compared to only 11% of a control sample. A multitude of related research provides support for subtle neurological deficits in children and adolescents with borderline personality disorder features and characteristics of other personality disorders (Coolidge, Segal, Stewart, & Ellett, 2000; Cowdry, Pickar, & Davies, 1985; Gardner, Lucas, & Cowdry, 1987; Quitkin, Rifkin, & Klein, 1976; Shaffer, Davidson, & Saron, 1985). However, the Yeudall et al. study did not specifically assess bullying behavior, and their application to the study of bullying behavior remains speculative.

Another theoretical framework for the understanding of bullying behavior was provided by Grigsby and Stevens (2000) who suggest that appropriate functioning of the frontal lobes serves as a basis for appropriate social behavior as well as the basis for inhibition of inappropriate and irrelevant behavior. Based on this theory, it is plausible that bullies may lack sufficient frontal lobe functioning, which would be a requirement for them to be able to follow directions from others and obey authority figures. Additionally, bullies may lack the capability to inhibit their aggressive and inappropriate verbal and physical actions. Indeed, in a group with similar problems as bullies, juvenile delinquents were found to have significantly more executive functions deficits than non-delinquent controls (Coolidge et al., 1992).

The majority of bullying research has focused on the distinctive characteristics of bullies and victims. Although empirical investigations have dealt with the attitudinal and behavioral aspects of school bullies (Atlas & Pepler, 1998; Craig, 1998; Glover, Gough, Johnson, & Cartwright, 2000; Whitney & Smith, 1993), there is presently limited information concerning bullying behavior vis-à-vis diagnoses from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000) and the relationship of bullying to neuropsychological behavioral function.

A variety of studies have dealt with psychological disturbance in bullies and/or victims. Kumpulainen, Rasanen, and Henttonen (1999), in a longitudinal study of 1268 children aged 8 and 12 years studied at two time points for incidence of bullying behavior, found that children who bully had significantly more psychiatric symptoms than other children. Specifically, bullies exhibited greater psychopathology on externalizing disorders and greater hyperactivity than controls. Additionally, Craig (1998) found that bullies exhibited more antisocial behavior and physical aggression than non-bullies, but they also exhibited lower levels of anxiety. In contrast, victims showed increased depression and anxiety. Bullies, in Craig's study, did not show elevated levels of depression. This finding is consistent with previous research examining psychiatric

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