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Psychological characteristics of aggressive drivers with and without intermittent explosive disorder

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Abstract

We compared two groups of aggressive drivers, those who met criteria for Intermittent Explosive Disorder (IED) ($n=10$) and comparable aggressive drivers who did not meet IED criteria ($n=20$), to a group of non-aggressive driving controls ($n=20$) on measures of psychological distress, anger, hostility, and Type A behavior as well as measures of aggressive driving and driving anger and their driving records. There were few differences between the aggressive drivers with IED and those without IED. The IED positive aggressive drivers endorsed more assaultiveness and resentment as well as more impatience and showed trends to have more hostility and angry temperament. When all aggressive drivers were compared to controls, differences emerged on anxiety, hostility, and anger as well as on measure specific to aggressive driving (competitiveness) and driving anger (at slow drivers and traffic obstructions). © 2002 Elsevier Science Ltd. All rights reserved.

Intermittent Explosive Disorder (IED), is an understudied Axis I disorder (Monopolis & Lion, 1983; Felthous, Bryant, Wingerter, & Barratt, 1991; McElroy, Hudson, Pope, Keck, & Aizley, 1992) among the broader category termed, Impulse Control Disorders. This point is echoed by authors of the few recent studies of IED such as McElroy, Soutullo, Beckman, Taylor, and Keck (1998), Mattes and Fink (1987) and Coccaro, Kavoussi, Berman, and Lish (1998). The reasons for this relative inattention could be its relative rarity (Felthous et al., 1991) or that individuals with this problem are more likely to be found in the criminal justice system than in the mental health system; that is, in the words of Lion (1992), they are ‘bad’, not ‘mad’.

Through recent work with aggressive drivers, we have found that about one-third of aggressive drivers, both those who are court-referred and those who are self-referred, meet DSM-IV (APA,

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1994) criteria for IED. This paper compares aggressive drivers with IED to aggressive drivers without IED and to a non-aggressive driving control group along a number of psychological dimensions we thought might be relevant to understanding IED.

Intermittent Explosive Disorder. Patients (a) who periodically act very aggressively, resulting in serious assaultive acts or property damage; (b) whose degree of aggression is grossly out of proportion to any provocation or precipitating stressor; (c) and whose behavior cannot be better accounted for by other disorders, are diagnosed according to DSM-IV (APA, 1994, p. 612) with Intermittent Explosive Disorder.

In one of the best studies of IED diagnosed by DSM-IV criteria, McElroy et al. (1998), studied 27 individuals with IED, most of whom were convicted felons or referred by mental health practitioners. Data on co-morbid Axis I disorders showed high prevalence of current (89%) and lifetime (93%) mood disorders and relatively high prevalence of current (37%) and lifetime (48%) anxiety disorders. Ninety-two percent acknowledged irritability or rage accompanying impulses to act and 79% acknowledged these same affective states during their worst act. Despite the very informative nature of the study, there were certain deficits in it: (i) there were no patient controls nor (ii) normal controls included and (iii) no dimensional assessment with psychological tests were performed.

In a study, which partially corrected these deficits, Coccaro et al. (1998) studied 188 individuals with personality disorders (diagnosed with the SIDP-R, Pfohl & Zimmerman, 1989). Coccaro et al. (1998) have advocated not excluding from the diagnosis of IED individuals with Axis II disorders such as anti-social personality disorder (ASPD) or borderline personality disorder (BPD). They compared their two groups of Axis II disordered patients, those with IED (based on new IED diagnostic criteria proposed by Coccaro et al. (1998) ($n=76$) and those with personality disorders who did not meet the proposed criteria for IED, ($n=112$). Those with IED had greater prevalence of current mood disorder (39.5% vs 22.3%) and lifetime mood disorder (72.4% vs 44.6%). The two groups did not differ on current or lifetime anxiety disorder. Those with IED were significantly higher on impulsiveness, as measured on the Eysenck and Eysenck (1978) impulsivity scale and on hostility, as measured on the Buss–Durkee Hostility Inventory (Buss & Durkee, 1957), and on state anxiety as measured by the State–Trait Anxiety Inventory (Spielberger, 1983).

While this study has provided some information on the psychological characteristics of patients with IED, and included a patient control group, it lacked a normal control group. It also defined IED in an idiosyncratic manner and deliberately ignored the possibility that the aggressive acts might be a part of the Axis II condition. This seems possible since 33% of the IED group met the criteria for BPD versus only 6% of the non-IED group.

Aggressive Driving. Although aggressive driving, and its extreme form, popularly known as ‘road rage’, is not a mental disorder, it does represent a major societal problem. Authorities dealing with automobile travel and traffic safety (Martinez, 1997; Snyder, 1997) have identified aggressive driving as a *risk factor* for motor vehicle accident (MVA) morbidity and mortality on a par with alcohol impaired driving. For instance, Martinez (1997) estimated that one-third of all personal injury MVAs and two-thirds of MVA fatalities were due to aggressive driving; Snyder (1997) estimated that 50% of all MVA crashes involved aggressive driving.

There is a small literature on the psychological characteristics of aggressive drivers. Larson (1996) notes a fair proportion of aggressive drivers who sought help in his treatment program

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