



Callous-unemotional and borderline traits in nonclinical adolescents: Personality profiles and relations to antisocial behaviors

Henri Chabrol^{a,*}, Marjorie Valls^a, Nikki van Leeuwen^a, Eric Bui^{b,c}

^a Department of Psychology, Université de Toulouse, Toulouse, France

^b Laboratoire du Stress Traumatique (EA4580), Centre Hospitalier Universitaire de Toulouse & Université de Toulouse, Toulouse, France

^c Massachusetts General Hospital and Harvard Medical School, Boston, USA

ARTICLE INFO

Article history:

Received 27 February 2012

Received in revised form 21 June 2012

Accepted 9 July 2012

Available online 6 August 2012

Keywords:

Callous-unemotional traits

Borderline traits

Personality profiles

Antisocial behavior

Adolescents

ABSTRACT

Callous-unemotional and borderline traits, antisocial behaviors, depressive symptoms and social anxiety were assessed in 972 high-school students. Cluster analysis yielded four groups: a low traits group, a second group that was above the mean in callous-unemotional traits and below the mean in borderline traits (moderate callous-unemotional traits cluster), a third group that was well above the mean in borderline traits but low on callous-unemotional traits (borderline traits cluster), and a fourth group that was high on both traits (high traits cluster). The high traits cluster was characterized by the highest level of antisocial behaviors and shared with the borderline traits cluster a high level of depressive symptoms and social anxiety. The moderate callous-unemotional traits cluster and the borderline traits cluster had similar levels of antisocial behaviors that were higher than those of the low traits cluster. This study suggests that there is a significant minority of non-clinical adolescents characterized by the presence of both callous-unemotional and borderline traits, and higher levels of antisocial behaviors and emotional distress.

© 2012 Elsevier Ltd. All rights reserved.

1. Introduction

Psychopathic traits, mainly characterized by callousness and unemotionality, and borderline personality traits, mainly characterized by instability of affects, identity, behavior and relationships, have been reported to be frequent in community samples of adolescents and to be linked to antisocial behaviors (e.g., Andershed, Hodgins, & Tengström, 2007; Bernstein et al., 1993; Chabrol, Montovany, Chouicha, Callahan, & Mullet, 2001; McManus, Brikman, Alessi, & Grapentine, 1984). However, there are only few studies investigating the relations between both psychopathic and borderline traits and antisocial behavior (Chabrol, van Leeuwen, Rodgers, & Séjourné, 2009).

Psychopathic and borderline personality disorder traits have in common some characteristics but differ on other ones, both at the symptoms and defense mechanisms levels. Both disorders share impulsivity and heightened irritability, anger, and aggressiveness. For example, Fossati et al. (2004) reported that borderline and antisocial personality disorders symptoms shared a common impulsivity dimension but were linked to different aggressiveness facets. Borderline and psychopathic personality disorders principally differ in emotional reactivity which is considered to be low in psychopathic traits and high in borderline

traits. However, borderline and psychopathic personality disorders share poor skills in understanding and managing emotions (Bateman & Fonagy, 2008; Gardner, Qualter, & Tremblay, 2010). At the defensive level, borderline and psychopathic personality disorders are both characterized by the predominance of immature or primitive defense mechanisms but differences in defense use have been reported. For example, Presniak, Olson, and Macgregor (2010) found that in borderline personality, the defenses may manifest themselves in interpersonal dependency and a tendency to direct aggression toward the self, whereas in antisocial personality, the defenses may be expressed through egocentricity, interpersonal exploitation, and a tendency to direct aggression toward others.

There are conflicting theories about the relationships between psychopathic and borderline traits in adolescents. On the one hand, Frick (2001) considered that there are two opposite types of conduct disorder, first juvenile psychopathy, characterized by callousness and low emotional reactivity, and a second type distinguished on the contrary by high emotional reactivity and closely paralleled to borderline personality disorder. On the other hand, Kernberg (1978) hypothesized that adolescents with psychopathic personality disorder may present with an underlying borderline personality organization characterized. In support of this hypothesis, Chabrol and Leichsenring (2006) reported a significant association between psychopathic traits and indicators of borderline personality organization in a non-clinical sample of adolescents. Further, attachment theory also suggests an association between borderline personality disorder and psychopathic

* Corresponding author. Address: Laboratoire CERPP-OCTOGONE, Université de Toulouse-Le Mirail, Pavillon de la recherche, 5 allées Antonio Machado, 31058 Toulouse Cedex 9, France. Tel.: +33 561 22 52 90; fax: +33 561 50 39 92.

E-mail address: chabrol@univ-tlse2.fr (H. Chabrol).

personality disorder that have been linked to childhood abuse, disorganized attachment, and internalization of the abuser as an alien self (Fonagy, 1999, 2000). Borderline and psychopathic personality disorders differ in the way of using projection in attempts to eliminate the alien self. Individuals with borderline personality tend to unstably alternate projections of the alien self into their own bodies and into interpersonal relationships. The projection of the alien self into the body leads to self-harm and suicide attempts to destroy the alien self within. Psychopathic personality is characterized by the predominance of a rigid and stable projection of the alien self into interpersonal relationships, the individual becoming the abuser tormenting others. Comorbid psychopathic and borderline personalities associate both types of projection leading to violence towards both self and others (Bateman & Fonagy, 2008).

However, there are few studies examining the co-occurrence or symptom overlap of psychopathic and borderline personality traits or disorders in community, clinical or forensic samples of adolescents. In adults, moderate to high rates of comorbidity of borderline personality disorder with antisocial personality disorder have been reported in community and clinical samples of adults (Barrachina et al., 2011; Becker, Grilo, Edell, & McGlashan, 2000; Grant et al., 2004).

There are only two typological studies based on psychopathic and borderline traits in adults. Among violent male offenders, cluster analysis identified a borderline psychopathic group which had more frequent histories of affective and anxiety disorders than the non-borderline psychopathic groups (Blackburn & Coid, 1999). Similarly, among incarcerated adults with psychopathy, cluster analysis yielded two groups, the second one being characterized by more borderline traits, fewer psychopathic traits and higher trait anxiety (Skeem, Johansson, Andershed, Kerr, & Louden, 2007). These studies are consistent with the differentiation between primary psychopathy characterized by fearlessness and secondary psychopathy characterized by high levels of negative emotionality, in particular anxiety and depression (e.g., Lykken, 1995). There is no typological study aimed at identifying homogeneous groups of adolescents regarding psychopathic traits, borderline traits and antisocial behaviors. However, cluster analysis is a useful tool for developing empirically derived diagnostic groups that could be more objective, reliable, and predictive of outcome from different treatment (Borgen & Barnett, 1987; Skinner & Blashfield, 1982). In particular, clustering techniques based on personality traits or dimensions are an underutilized means of exploring clinical heterogeneity of psychopathological disorders, and yielding empirically based personality typology that provides an important heuristic for personality theory, as well as useful information for the prediction of clinical outcome and for need-adapted treatment (Martel, Goth-Owens, Martinez-Torteya, & Nigg, 2010; Morizot & Le Blanc, 2005). Cluster analyses may be useful to determine if there are subgroups of adolescents with specific profiles of psychopathic and borderline traits. Also, these analyses are helpful in assessing whether these subgroups of adolescents are varying in the levels of antisocial behaviors and emotional distress. At the theoretical level, cluster analyses may contribute to the debate about the relationships between psychopathic and borderline traits in adolescents. At the level of clinical implications, a better knowledge of psychopathological profiles might contribute to the understanding of antisocial behavior and to the identification of specific needs concerning prevention or treatment for psychopathologically distinct groups of adolescents.

The aim of this study was to identify a typology of adolescents based on psychopathic and borderline traits in a community sample. We expected to find clusters that would differ in levels of antisocial behaviors, anxiety and depressive symptoms.

2. Method

2.1. Participants

Participants were sampled from a random sample of primarily urban public high schools¹ in the same city (Toulouse, France). The sample consisted of 972 students (594 boys (61%); 378 girls (39%); mean age of boys = 17.1 ± 1.2; mean age of girls = 16.7 ± 1, $p < .001$; age range = 14–21). Regarding ethnicity, most participants were Caucasian (97%), followed by African (2%) and Asian (1%). The study followed the ethical guidelines of the Helsinki Declaration and the study procedures were approved by the ethics committee of the research ward. The questionnaires were collectively administered in the classroom by a Masters level psychology student who presented the study and collected the questionnaires. The questionnaires were anonymous and no compensation was offered to participate in the study. Students were informed that participation was voluntary and signed a consent form². None of the students declined to participate in the study.

2.2. Measures

Psychopathic traits were assessed using the French version of the 50-item self-report Youth Psychopathic traits Inventory which was developed for adolescents aged 12 and older (YPI; Andershed et al., 2007; d'Acremont, Van der Linden, Axelson, Flykt, & Vonèche, 2002). In the present study, we used only the 15-item Affective subscale measuring callous-unemotional traits (e.g., "I have the ability not to feel guilt and regret about things that I think other people would feel guilty about") which is one of the core features of psychopathic traits. We chose this subscale because callous-unemotional traits has been identified as a marker for life course antisocial behavior in children and adolescents (e.g., Frick, Cornell, Barry, Bodin, & Dane, 2003; Lynam, 1997; Moran, Ford, Butler, & Goodman, 2008). Items were rated on a 4-point scale. The callous-unemotional subscale scores range from 15 to 60. Validation studies of the YPI have been conducted among a community sample of adolescents and a sample of delinquent adolescents (Andershed et al., 2007). The YPI showed good internal consistency, test-retest reliability, and convergent and predictive validity. In our sample, the Cronbach's coefficient α for the callous-unemotional subscale was .70.

Borderline personality disorder (BPD) traits were assessed using the French version of the BPD scale of the Personality Diagnostic Questionnaire, Fourth Edition (PDQ-4, Hyler, 1994; Bouvard, 2002). The PDQ-4 is a self-report questionnaire designed to assess the ten personality disorders of the DSM-IV (American Psychiatric Association, 1994). The BPD scale is composed of 9 items corresponding to the DSM-IV criteria for borderline personality disorder (e.g., "I often wonder who I really am"; "I am a very moody person"; "I have difficulty controlling my anger and temper"). Items were scored on a 4-point scale (1 = Does not apply at all, 4 = Applies very well). Total score ranges from 9 to 36. Psychometric studies supported reliability, construct validity and concurrent validity of the BPD scale in clinical, community and students samples (e.g., Gardner & Qualter, 2009). In our sample, the coefficient α was .69.

Antisocial behaviors were measured using the items of the French version of the Antisocial Behavior Scale (ABS; Schwab-Stone et al., 1999; Chabrol & Saint-Martin, 2009). This 22-item self-report questionnaire includes three subscales assessing behavior problems of different severity. The respondents were asked to report on a 5-point scale how many times they had been involved

¹ In France, most students are found in public schools.

² In France, parental consent for high-school students is not required.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات