

Impulsivity, aggressiveness, and *DSM-IV* personality disorders

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This article is dedicated to the memory of Ernest S. Barratt, Ph.D.

Abstract

The aim of this study is to assess whether impulsive and aggressive traits can be placed on a continuum with *DSM-IV* Cluster B Personality Disorders (PDs) and to determine if different aspects of these personality traits are specifically associated with individual Cluster B PDs. The study group comprised 461 outpatients admitted consecutively to a clinic that specializes in the diagnosis and treatment of PDs. Principal component analyses clearly suggested a five-factor structure of both normal and psychopathological personality traits. Importantly, measures of impulsivity, aggressiveness and novelty seeking formed a part of the principal component that clustered all Cluster B PDs. Regression analyses indicated that impulsive traits were selectively associated with Borderline PD whereas different aspects of aggressiveness were useful in discriminating Narcissistic PD from Antisocial PD. Sensation seeking traits formed a part of Histrionic PD. These results indicate that impulsive/aggressive traits may be useful in explaining both why Cluster B PDs tend to covary, and why they frequently differ in clinical pictures and courses. © 2006 Elsevier Ireland Ltd. All rights reserved.

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1. Introduction

During the last decade there has been an increasing interest in the role of impulsivity (Moeller et al., 2001) and aggressiveness (Coccaro, 1989; Dolan et al., 2002) in psychiatric disorders with a particular focus on Personality Disorders (PDs). Although most research has considered impulsivity and aggressiveness as distinctive

features of Borderline (BPD) (Links et al., 1999) and Antisocial (ASPD) PDs (Dolan et al., 2002; Barratt et al., 1997; Gardner et al., 1991; Lish et al., 1996; Raine, 1993), recent studies have reported that impulsivity and aggressiveness may also characterize other Cluster B PDs (New et al., 2002).

These findings suggest that impulsive and aggressive features may represent personality aspects relevant to several *DSM-IV* PDs that have been reported to show high rates of covariation (Widiger et al., 1991; Ekselius et al., 1994; Fossati et al., 2000). Thus, impulsive–aggressive features, as well as other action personality traits, such as Novelty Seeking (Cloninger et al., 1993), could represent personality characteristics that underlie

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all Cluster B PDs and could explain their co variation. In other words, according to this hypothesis, Cluster B PDs could represent the maladaptive variant of extreme “action-oriented”, impulsive–aggressive personality dimensions. The need for a broader, multivariate perspective in the study of the relationship between *DSM-IV* PDs and personality traits is also suggested by the high co-occurrence rate, consistently reported in PD diagnoses (see, for instance, Widiger et al., 1991; Ekselius et al., 1994; Widiger, 2005). This substantial co-occurrence in PD diagnoses seems to indicate an inadequacy in the *DSM-IV* categorical model of PD diagnoses and the need to explain these co-occurrences in terms of continuities both in PDs, and between PDs and adaptive personality traits (Ball, 2001; Widiger, 2005).

The hypothesis of a continuum between impulsive–aggressive personality traits and Cluster B PDs raises several general questions, relevant to PD diagnoses and psychopathology. Firstly, this putative personality dimension should both converge with measures of Cluster B PDs, and diverge from measures of “feeling” personality traits, e.g., anxiety, and of other *DSM-IV* PDs. Moreover, the hypothesis of a continuum between adaptive and maladaptive personality traits raises questions as to the possible application of the Five Factor Model (Widiger, 1991, 2005) for the description of personality psychopathology.

Today, although specific models of the relationships between basic personality traits and selected PDs have been proposed and tested (Yeung et al., 1993; Ball et al., 1997), few factor analytic studies have been carried out to directly attempt to identify common latent dimensions clustering measures of both adaptive and maladaptive personality traits. As a whole, these studies have suggested that Neuroticism, Introversion, low Agreeableness and Conscientiousness are related to dimensional representations of PDs (Livesley, unpublished manuscript, 1990; Schroeder et al., 1992). Despite their groundbreaking contribution, these factor analytic studies did not use *DSM*-based measures of PD features and relied only on self-report questionnaires.

The evidence for latent dimensions connecting adaptive and maladaptive personality traits suggests the need for a new approach to the study of interpersonal characteristics — i.e., adult attachment — that are thought to play a role in the development of certain Cluster B PDs, namely Borderline (Fonagy et al., 1996; Bateman and Fonagy, 2004) and Narcissistic PDs (Bateman and Fonagy, 2004). According to this view, adult attachment patterns should show continuities with both normal personality traits (e.g., impulsivity) and with their extreme personality variants (e.g., Borderline PD).

A final relevant question concerning the adaptive–maladaptive interface in personality is the need to explain the clinical differences that occur in PDs that purportedly belong to the same latent dimension. For example, the Cluster B PDs of BPD and ASPD have frequently been reported to load on the same factor (Fossati et al., 2000; Virkunen et al., 1994). However, it is also well known that ASPD subjects frequently manifest difficulties in complying with social norms and may experience guilt feelings; indeed, these aspects make them quite different from BPD subjects who often display self-destructive behaviours and an erratic life style. Thus, in order to enhance our understanding of individual PDs we should change our focus from the exclusive study of broad personality domains to more specific facets of personality. This shift in approach suggests that concentrating exclusively on general domain level personality dimensions leads to a loss of relevant information and is inadequate for describing PDs, particularly in clinical samples (Butcher and Rouse, 1996; De Clerq and DeFruyt, 2003). From this perspective, PDs often do not vary in terms of underlying dimensions and structures, but are different in terms of the specific expression of symptoms (De Clerq and DeFruyt, 2003). Starting from the above considerations, this study aimed to test the following hypotheses in an outpatient sample:

1. Do “action-oriented” personality traits, i.e., impulsivity, aggressiveness and novelty seeking, identify a latent dimension that is also relevant to Cluster B PDs but does not cluster other *DSM-IV* PDs?
2. Is it possible to differentiate this latent dimension from other dimensions, clustering other adaptive and maladaptive aspects of personality (e.g., “feeling” personality traits) and interpersonal relationships?
3. Is it appropriate to describe these converging/discriminating issues in the relationship between impulsivity, aggressiveness and *DSM-IV* PDs in the context of a five-factor model of personality and its psychopathology?
4. Within the same “action-oriented” latent dimension, is it possible to differentiate the individual Cluster B PDs in terms of their specific association with distinct combinations of impulsivity, aggressiveness and novelty seeking facets?

In order to avoid the risk of imposing an a priori five-factor structure to the data, no measure based on the Big Five model of personality was used in this study. Instead we relied on Cloninger’s seven-factor model of personality, both because of its comprehensive assessment of

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