

Increased height and bulk in antisocial personality disorder and its subtypes

Sharon S. Ishikawa^{a,*}, Adrian Raine^a, Todd Lencz^b, Susan Bihrlé^a,
Lori LaCasse^a

^a*Department of Psychology-SGM 501, University of Southern California, 3620 McClintock Ave., Los Angeles, CA 90089-1061, USA*

^b*Department of Research, Hillside Hospital, North Shore, Long Island Jewish Health System, Glen Oaks, NY 11004, USA*

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Abstract

Research suggests that those with antisocial tendencies are larger than controls, but studies have not assessed this association in antisocial personality disorder (APD) or its hypothesized sub-types (i.e. adolescence-limited, late-onset). Height, weight, body mass index, bulk, and psychosocial adversity were assessed in 44 controls, nine adolescent-limited antisocials, 21 APDs, and 13 late-onset antisocials from the community. Adult antisocial individuals, regardless of age of onset, were significantly taller and had greater body bulk than controls. Although groups tended to differ on weight, they did not differ on body mass index. In addition, APDs and adolescent-limited individuals reported greater psychosocial adversity than the other groups. Adversity did not account for height or bulk differences. Results suggest prior findings on height and bulk may apply to APD and support differentiating adolescent-limited and life-course persistent subgroups. © 2001 Elsevier Science Ireland Ltd. All rights reserved.

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1. Introduction

A somewhat unexpected, but intriguing finding in recent research is that larger body size is linked to antisocial behavior. For example, increased height at age 8–10 years is associated with violence at age 16–18 years (Farrington,

1989), and greater height and body bulk at age 3, independent of stimulation-seeking behavior and fearlessness, are each associated with aggression at age 11 (Raine et al., 1998). In addition, body mass at age 12 is uniquely related to aggression at age 13 (Tremblay et al., 1998) and, conversely, conduct disorder at age 14 is associated with greater body mass at age 22 (Pine et al., 1997). Body size has been thought to relate to antisocial behavior because larger people are able to intimidate others successfully (Raine et al., 1998), or

* Corresponding author. Tel.: +1-213-821-2900; fax: +1-213-740-0897.

E-mail address: sharoni@usc.edu (S.S. Ishikawa).

because increased size may reflect neurobiological processes involved in antisocial behavior (Pine et al., 1997). However, no study has explored whether increased body size and antisocial behavior are related in adulthood. In addition, Raine et al. (1998) did not control for environmental stressors, yet Farrington (1989) found that adverse family conditions (e.g. economic deprivation, family criminality, poor parenting) were also associated with delinquency. Thus, it remains possible that family adversity, and not body size, per se, is accounting for the body size–antisocial behavior relationship.

Another important gap in this preliminary literature is that studies have not explored whether body size is differentially related to hypothesized subgroups of antisocials. Two such subgroups involve what Moffitt (1993) has termed adolescent-limited and life-course persistent antisocial behavior. Although antisocial behavior first emerges in childhood or early adolescence for both groups, the former group engages in delinquent acts typically seen in adolescence that decline by late adolescence/early adulthood, whereas the latter group engages in stable, more severe antisocial behavior across the lifespan. Moffitt argues that life-course persistent antisocials, but not their adolescent-limited counterparts, have a biological basis to their behavior.

A third subgroup recently identified by Hamalainen and Pulkkinen (1996) consists of late-onset antisocial individuals who first engage in antisocial acts in late adolescence or early adulthood. This later time of onset is regarded as developmentally unusual because the behavior first emerges when the delinquent behavior of their non-APD peers is typically diminishing. Despite their lack of early delinquency, these late-onset individuals exhibit lower educational attainment, more impulsive, hostile personality traits, cross-generational alcoholism and substance dependence problems, and severe antisocial behavior similar to life-course persistent antisocials (Elkins et al., 1997). It has been speculated that genetic or biological factors may play a role in the development of this antisocial typology; however, no biologically based research appears to have been conducted with this subgroup.

The current, cross-sectional study makes an initial attempt to address several gaps in the literature. First, no study to date has looked at body size in relation to a formal diagnosis of antisocial personality disorder (APD), which may reflect more chronic, severe antisocial tendencies than a general measure of antisocial behavior. Thus, adolescent and adult antisocial behavior was defined using DSM-IV diagnoses for APD and conduct disorder. Using these criteria, the current study then addressed the following questions: Do life-course persistent individuals (i.e. APD) and ‘late-onset antisocials’ (i.e. APD without early conduct disorder) show height, weight, body mass, and bulk differences compared to controls? Do adolescent-limited individuals differ from controls? Finally, do body size differences remain after controlling for early psychosocial adversity?

2. Methods

2.1. Participants

A community sample was recruited from five temporary employment agencies in the greater Los Angeles area to participate in research. Previous work (Raine, 1997) has suggested that such agencies are effective locations to recruit individuals with significant antisocial traits. Because participation in the larger study included magnetic resonance brain imaging (see Raine et al., 2000), participants were excluded if they were under 21 or over 45 years of age, non-fluent in English, claustrophobic, or had a pacemaker, metal implants, or history of epilepsy. Written, informed consent was obtained from all qualified participants. The study and all its procedures were approved by the USC Institutional Review Board.

Of the total sample of men (i.e. $n = 91$), 87 had complete diagnostic data and were included in the current study. These participants were placed into one of four groups based on history of antisocial behavior (described below). Groups did not differ on age, $F_{3,83} = 1.15$, $P = 0.33$, or socioeconomic status (SES; Hollingshead, unpublished manuscript), $F_{3,81} = 0.75$, $P = 0.52$. Due to

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