



Psychopathy and the prediction of alcohol-related physical aggression: The roles of Impulsive Antisociality and Fearless Dominance

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ARTICLE INFO

Article history:

Received 6 January 2012

Received in revised form 12 June 2012

Accepted 1 August 2012

Available online 7 September 2012

Keywords:

Alcohol
Fearless Dominance
Impulsive Antisociality
Physical aggression

ABSTRACT

Background: It is well established that individual difference factors modulate aggression under the acute effects of alcohol. In this investigation, we tested the hypothesis that one core dimension of psychopathy, Impulsive Antisociality, would modulate intoxicated aggression, whereas another dimension, Fearless Dominance, would not.

Methods: Participants were 516 young social drinkers (253 men and 263 women). Psychopathy was measured using the Psychopathic Personality Inventory (PPI; Lilienfeld and Andrews, 1996). Following the consumption of either an alcohol or a placebo beverage, aggression was measured with a task in which participants administered and received electric shocks to/from a fictitious opponent under the guise of a competitive reaction-time task.

Results: Hierarchical regression analyses supported our hypothesis: Impulsive Antisociality predicted aggression under alcohol, whereas Fearless Dominance did not.

Conclusions: Persons who tend to endorse antisocial and impulsive externalizing behaviors appear to be at greater risk for aggression under the acute influence of alcohol.

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Alcohol, as a sort of catalyst, sometimes contributes a good deal to the long and varied series of outlandish pranks and inanely coarse scenes with which nearly every drinking psychopath's story is starred. ~Hervey Cleckley, 1982.

1. Introduction

Alcohol has been shown to facilitate aggression in some, but not all persons. Several researchers have uncovered traits to help identify who is at greater risk for the perpetration of aggression when acutely intoxicated. Alcohol intoxication is more likely to facilitate aggression in persons with elevated levels of emotional detachment (Reardon et al., 1996), sensation seeking (Cheong and Nagoshi, 1999), trait anger (Giancola, 2002), dispositional aggressivity (Tremblay et al., 2008), and low levels of dispositional empathy (Giancola, 2003). Additionally, persons with a history of childhood aggression (Jaffe et al., 1988) a diagnosis of antisocial personality disorder (Moeller et al., 1998), and those with an aggressive personality (Giancola et al., 2012) are at greater risk for exhibiting aggressive behavior under the acute influence of

alcohol. Giancola et al. (2012) examined a variety of traits thought to comprise aggressive personality including dispositional aggressivity and affective, behavioral, cognitive, and dispositional anger and found that these traits comprise a unitary variable. This aggressive personality variable moderated the alcohol–aggression relation such that alcohol was significantly more likely to increase aggression in persons with higher, compared with lower, aggressive personality scores (Giancola et al., 2012).

Related to several of the above risk factors, it is important to consider the role of psychopathy in alcohol-related aggression. The relation between psychopathy and violence is well established in the empirical literature (Edens and McDermott, 2010; Kennealy et al., 2010; Harpur and Hare, 1994; Patrick et al., 2009; Serin and Amos, 1995). Few would dispute that alcohol intoxication will facilitate aggression in psychopaths. However, psychopathy has been repeatedly shown not to be a unitary construct (Brinkley et al., 2004; Hare, 1991; Harpur et al., 1989), thus it is important to understand which dimensions of psychopathy predict aggression under the effects of alcohol.

1.1. Dimensions underlying psychopathy

One useful model for understanding the dimensions underlying psychopathy has been proposed by Patrick et al. (2009). They described a triarchic model of psychopathy that includes

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three facets: disinhibition, boldness, and meanness. Disinhibition is characterized by impulse-control problems including externalizing psychopathology such as angry aggression and addictive behaviors and low inhibitory control. Boldness is described as a capacity to remain calm in dangerous situations, to recover quickly from, or react less severely to, exposure to stress, and to tolerate distress. Meanness includes a lack of empathy and affective attachment, tendency toward manipulation and deceitfulness, and “empowerment through cruelty” (p. 927).

The Psychopathic Personality Inventory (PPI; Lilienfeld and Andrews, 1996) provides measures of at least two of these three dimensions. In a series of studies, Benning et al. (2003) found an orthogonal structure (labeled PPI-I and PPI-II) on the factor structure of the PPI in a large community sample of men. Consistent with the Benning et al. (2003) model, PPI-I was labeled Fearless Dominance, and consisted of the PPI subscales of Social Potency, Fearlessness, and Stress Immunity. As Benning et al. (2005) noted, this factor is analogous to Boldness. PPI-II was labeled Impulsive Antisociality (referred to as Self-Centered Impulsivity on the revised PPI), and consisted of the PPI subscales of Carefree Nonplanfulness, Impulsive Nonconformity, Machiavellian Egocentricity, and Blame Externalization. This factor is analogous to the previously noted construct of disinhibition (Benning et al., 2005). The Coldheartedness subscale did not load on either factor and has been suggested to possibly represent the meanness dimension in the Benning et al. (2003) conceptualization. The two core dimensions of Fearless Dominance and Impulsive Antisociality are now represented by scales in the revised version of the PPI, known as the PPI-R (Lilienfeld and Widows, 2005). However, the PPI-R was not yet developed when this study was initially conducted.

1.2. The different dimensions of psychopathy and aggression

Consistent with the theoretical and empirical identification of the two broad factors of psychopathy just discussed, one related to disinhibition and risk for externalizing behavior and the other related to interpersonal dominance and the ability to stay calm and tolerate distress, research has shown that the former factor tends to be associated with aggression and violence risk (along with other externalizing behaviors) but the latter does not (Edens et al., 2008). For example, in a sample of prison inmates, Cima and Raine (2009) found that the disinhibition factor, measured by Impulsive Antisociality, had a correlation of $r = .57$ ($p < .01$) with reactive aggression and $.60$ ($p < .01$) with proactive aggression. The boldness and Fearless Dominance factors did not correlate with reactive aggression yet correlated more modestly with proactive aggression ($r = .26$, $p < .05$).

Moreover, Edens et al. (2008) found that Impulsive Antisociality was related to several markers of misconduct, including aggressive misconduct, but not Fearless Dominance in prison inmates. Edens and McDermott (2010) then found that Self-Centered Impulsivity predicted hostility ($r = .30$, $p < .001$) and violence risk ($r = .26$, $p < .01$) in a sample of psychiatric inpatients using the PPI-R. Fearless Dominance was not significantly related to either of the two abovementioned relations (r 's range from $-.01$ to $-.09$). The previous findings have been found to be consistent with those using a short form of the PPI.

Taken together, this body of findings support the conclusion that Impulsive Antisociality is associated with externalizing psychopathology, including tendencies toward impulsive and aggressive behavior and substance abuse, and that Fearless Dominance is associated with low levels of stress and interpersonal dominance (Blonigen et al., 2010; Edens and McDermott, 2010; Smith et al., 2011). These findings point to the prediction that individual differences in Impulsive Antisociality, but not in Fearless Dominance, are associated with aggressive behavior, particularly

under alcohol. Indeed, there is evidence that antisocial and impulsive traits may moderate the relation between acute alcohol intoxication and aggression (Cheong and Nagoshi, 1999; Edens et al., 2008; Moeller et al., 1998; Smith et al., 2011; Tremblay et al., 2008).

1.3. Prior investigation of psychopathy as a moderator on the alcohol–aggression relation

Only one known laboratory study has assessed the moderating effects of psychopathy on the alcohol–aggression relation (Denson et al., 2009). Psychopathy was measured with a revised version of the PPI but it did not moderate the alcohol–aggression relation; in other words, psychopathy was not a risk factor for aggression under alcohol intoxication compared with placebo. However, there are three features regarding this study that indicate the need for further inquiry: first, the moderator (i.e., overall psychopathy scores on the PPI), may have diluted the more singular effect of Impulsive Antisociality, which may have been more strongly related to aggression, with the effect of Fearless Dominance, which has consistently been unrelated to aggression in previous studies (Cima and Raine, 2009; Edens et al., 2008; Edens and McDermott, 2010; Smith et al., 2011); second, the possibility that Impulsive Antisociality moderates the impact of alcohol on aggression was not tested by Denson and colleagues; finally, Denson and colleagues operationalized aggression as the administration of a noxious hot sauce to a fictitious participant who was relatively *unprovoked* (which is a necessary condition for an aggressive reaction) by the actual participant. The present investigation addresses each of these limitations.

1.4. Present investigation

We used a laboratory paradigm to assess the hypothesis that a particular dimension of psychopathy, Impulsive Antisociality, will moderate the relation between alcohol consumption and aggressive behavior. In other words, when under the influence of alcohol, persons with higher scores of Impulsive Antisociality will be more likely to exhibit physical aggression compared with those persons with lower scores. Moreover, based on the above review, we did not expect to find any evidence that the other core dimension of psychopathy, Fearless Dominance, would moderate the alcohol–aggression relation. The present investigation is the first to test the differential roles of these two dimensions of psychopathy on the alcohol–aggression relation.

2. Methods

2.1. Participants

Participants were 516 healthy social drinkers (49% men) between 21 and 35 years of age ($M = 23.1$; $SD = 2.9$), recruited from the Lexington, KY area through newspaper advertisements and fliers. Social drinking was defined as consuming at least 3–4 drinks per occasion at least twice per month. The ethnic composition of the sample was 87% Caucasian, 10% African-American, 1% Hispanic, and 2% Other. Most participants (92%) were never married, had an average of 16 years of education, and an average household income of \$61,000. The study was approved by the University of Kentucky Institutional Review Board.

Respondents were initially screened by telephone. Individuals reporting any past or present drug- or alcohol-related problems, contraindications to alcohol consumption, serious head injuries, learning disabilities, or serious psychiatric symptoms were excluded from participation. Persons scoring an “8” or more on the Short Michigan Alcoholism Screening Test (Selzer et al., 1975), which may suggest drinking problems, were also excluded. Upon arrival at the laboratory, anyone with a positive breath alcohol concentration (BrAC) test or with a positive urine pregnancy/drug result (i.e., cocaine, marijuana, morphine, amphetamines, benzodiazepines, and barbiturates) were also not allowed to participate. Women were not tested between one week before menstruation and the beginning of menstruation because hormonal variations associated with menstruation can affect aggressive responding (Volavka, 1995).

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