



The relationship between personality disorder traits and reactive versus proactive motivation for aggression



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ABSTRACT

There is a strong link between personality disorders (PDs) and aggression. This is reflected in high prevalence rates of PD diagnoses in forensic samples, and in several diagnostic criteria of PDs directly referring to elevated levels of aggression. Aggression can stem from two distinct types of motivation; reactive or impulsive aggression that serves as a defensive reaction to provocation, and proactive or premeditated aggression used to gain extrinsic benefits. Although some clinical conditions like antisocial, borderline, and narcissistic PDs or PD traits, have been empirically linked to reactive and/or proactive aggression, the current study pioneers assessing the relationship between reactive and proactive aggression and traits of all 10 PDs. A mixed sample of patient and non-patient ($N=238$) participants were administered with the SCID II to assess the level of PD traits; they also completed the Reactive Proactive Questionnaire to determine levels of reactive and proactive aggression. Results showed that paranoid PD traits were positively related to reactive aggression, whereas proactive aggression was uniquely related to antisocial PD traits. This highlights the importance of differentiating between distinct motivations for aggression in PD samples.

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1. Introduction

Several DSM-5 (APA, 2013) personality disorder (PD) criteria directly refer to the inability to adequately control anger and/or elevated levels of aggression. For example, difficulty controlling anger is a criterion for borderline PD while one of the paranoid PD criteria includes reacting angrily or counterattacking. The antisocial PD criteria include many references to aggression, requiring the presence of a conduct disorder before the age of 15, irritability and aggressiveness continuing into adulthood, and the continuing violation of others' rights as expressed in unlawful behaviors that are grounds for arrest.

PD rates are elevated in criminal samples. A review of prison populations concluded that 65% of men and 47% of women met criteria for a PD (Fazel and Danesh, 2002). PD rates are likely even higher among violent recidivists (Putkonen et al., 2003). The odds ratio of having a PD in incarcerated samples was estimated at 8.6 when compared to a community sample (Butler et al., 2006). Additionally, longitudinal studies confirmed that having PD

symptoms or diagnoses strongly increased the risk for violence in community samples. Johnson et al. (2000), e.g., followed more than 700 adolescents into adulthood and found a 14.4% elevation in violence over base rate for those with a PD diagnosis. In particular, antisocial, borderline, narcissistic, and paranoid PDs and PD traits appeared to be highly prevalent in offender populations (e.g., Coid, 2003; Ullrich et al., 2008; Sansone and Sansone, 2009).

Experimental studies of the PD-aggression relationship have also primarily focused on the latter set of PDs. Antisocial PD has been consistently linked to elevated self-reported levels of aggression (e.g., Warren et al., 2002; Dunsieath et al., 2004), and there is a flourishing line of research linking non-clinical narcissism to behavioral forms of aggression, like giving negative feedback and noise blasts to opponents (e.g., Bushman and Baumeister, 1998; Stucke and Sporer, 2002). Likewise, borderline PD has been linked to increased self-report of aggression using both trait questionnaires and experience sampling methods (e.g., Dougherty et al., 1999; Russel et al., 2007).

During recent years, there has been increased attention to differentiating aggression according to two distinct types of motivation; reactive versus proactive. Reactive aggression refers to uncontrolled or impulsive outbursts of anger that serve as a

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Table 1
Overview of previous findings on the relationship between PDs and reactive versus proactive aggression.

PD	Reactive aggression		Proactive aggression	
	Self-report	Behavioral	Self-report	Behavioral
Antisocial PD	Positive relation Lobbetael et al., 2013 Ostrov and Houston, 2008 Ross and Babcock, 2009 Walters, 2007	NA	Positive relation Lobbetael et al., 2013 Ostrov and Houston, 2008 Ross and Babcock, 2009 Walters, 2007	NA
Narcissistic PD ^a	Positive relationship Fossati et al., 2009	Positive relationship Bushman and Baumeister, 1998 Stucke and Sporer, 2002 Twenge and Campbell, 2003	Positive relationship Fossati et al., 2009 Lobbetael et al., 2014 Seah and Ang, 2008	NA
	No relationship Seah and Ang, 2008	No relationship Bushman and Baumeister, 1998 ^b Martinez et al., 2008 Reidy et al., 2008 Reidy et al., 2010		
Borderline PD	Positive relationship Berenson et al., 2011 Ostrov and Houston, 2008 Ross and Babcock, 2009	Positive relationship Dougherty et al., 1999 McCloskey et al., 2009 New et al., 2009	Positive relationship Ostrov and Houston, 2008	NA
			No relationship Ross and Babcock, 2009	

For an overview and more elaborate description see also Lobbetael and Cané (2015).

^a Only subclinical samples were used.

^b Study 1; NA=not assessed.

defensive reaction to goal blocking, provocation or frustration. On the other hand, proactive aggression, is a relatively non-emotional and often premeditated or planned display of aggression, to further one's goals of power, money or external gains (Dodge and Coie, 1987; Poulin and Boivin, 2000). Factor analyses have consistently shown that this bimodal distinction outperforms conceptualizing aggression as a unitary concept (Ross and Babcock, 2009). Individuals can engage in both types of aggression, leading to the view that reactive and proactive aggression are separate dimensions rather than distinct categories (Poulin and Boivin, 2000; Cima and Raine, 2009).

There are surprisingly few empirical studies of PD (trait)-reactive/proactive aggression relationships. The antisocial DSM criteria contain no specific reference to reactive or proactive motivation for aggression. Antisocial PD traits have been shown to relate to both self-reported reactive and proactive aggression (Walters, 2007; Ostrov and Houston, 2008; Lobbetael et al., 2013). With regard to relational aggression, the antisocial PD diagnosis was only related to proactive motivation (Ostrov and Houston, 2008). Finally, male batterers with an antisocial PD diagnosis were found to be motivated to reactive aggression following distress by their female partners. Male antisocial batterers also engaged in proactive aggression, which was motivated by a need to control their female partner after she displayed behavior that the batterer perceived as an attempt to assert dominance (Ross and Babcock, 2009).

The DSM criteria for narcissism, like those for antisocial, do not include specific reference to reactive or proactive motivation for aggression. Narcissism has been linked to reactive aggression through the concept of threatened egotism, in which aggression serves as a defensive response when the highly favorable self-view is challenged by less favorable external appraisals (Baumeister et al., 1996; Baumeister and Boden, 1998). This view was supported by several studies linking narcissistic traits to aggressive behavior like administering more aversive tones, or giving negative verbal feedback after rejection or receiving negative feedback (e.g., Bushman and Baumeister, 1998; Stucke and Sporer, 2002; Twenge and Campbell, 2003). However, other studies failed to replicate the activation of narcissistic rage following ego-threat (e.g. study 1 of

Bushman and Baumeister, 1998), or found narcissism scores to predispose to aggression even in the absence of ego-threat (Martinez et al., 2008; Reidy et al., 2008, 2010). Narcissism traits were also shown to correlate with self-reported proactive aggression (Washburn et al., 2004; Seah and Ang, 2008; Fossati et al., 2010; Lobbetael et al., 2014), suggesting that narcissists might also use aggression instrumentally.

Theoretically, one would expect borderline PD to be more strongly related to the reactive form of aggression, because of these patients' impulsivity (APA, 2013). Empirical findings are inconsistent, however. Ostrov and Houston (2008) found borderline PD to relate to both reactive and proactive types of relational aggression, but another study concluded that male batterers respond violently to their female partners' display of distress, suggesting mainly reactive aggression in this subsample (Ross and Babcock, 2009). Further evidence for the borderline-reactive aggression relationship comes from an experience sampling diary study showing that experienced rejection was more often followed by rage in borderline PD patients compared to healthy controls (Berenson et al., 2011). Behavioral aggression studies on borderline PD used the Point Subtraction Aggression Paradigm (PSAP, Cherek, 1981; Golomb et al., 2007), where participants compete in an online computer game against a virtual opponent who provokes the participant by subtracting points. The participant's counter-attack of subtracting money from his opponent is considered an aggressive act. In the PSAP, borderline PD patients were found to respond with three times as many aggressive responses as non-patients (Dougherty et al., 1999; McCloskey et al., 2009; New et al., 2009). Aggression levels did not differ from those of non-cluster B patients (McCloskey et al., 2009).

Because paranoid PD patients tend to counterattack (APA, 2013), one would expect their traits to correlate primarily to reactive aggression. To our knowledge, no previous empirical studies have tested this assumption.

Table 1 presents an overview of the findings on the PD (trait)-reactive/proactive aggression relationship. As becomes apparent from this overview, motivation for aggression has been studied only in relation to some select PDs or PD traits. Additionally, several of the existing studies report opposing results, which could be

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