



Five factors of impulsivity: Unique pathways to borderline and antisocial personality features and subsequent alcohol problems



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ABSTRACT

Impulsivity, a multidimensional behavioral mechanism, commonly preceding externalizing maladaptive behavior and psychopathology, is a diagnostic criterion central to both antisocial and borderline personality disorders (American Psychiatric Association; APA, 2013). This study tested a path model of associations between five facets of impulsivity (negative urgency, positive urgency, lack of premeditation, lack of perseverance, and sensation seeking), borderline personality features, antisocial personality features, and two alcohol outcomes (consumption and alcohol-related problems) in a sample of college students ($N = 624$; 69% female, 31% male) between the ages of 18–25 ($M = 19.77$, $SD = 1.55$). The model demonstrated good fit with $\chi^2(14, N = 624) = 17.48$, $p = .231$; $RMSEA = .020$ [90% CI: .000–.046]; $CFI = .998$; $SRMR = .019$. Negative urgency and (lack of) perseverance predicted borderline personality features. Positive urgency, sensation seeking, (lack of) premeditation, and negative urgency predicted antisocial personality features. Antisocial, but not borderline personality features, were significantly associated with alcohol consumption. However, both antisocial and borderline personality features significantly predicted alcohol problems. Overall, the results demonstrate that impulsivity facets can differentially predict personality psychopathology and illustrate distinct paths to alcohol consumption and problems.

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1. Introduction

Personality disorders are persistent patterns of functioning that conflict with societal and cultural expectations. The Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5; American Psychiatric Association [APA], 2013) categorizes personality disorders in three distinct clusters (i.e., A, B, & C) based on characteristics and similarities. Cluster B personality disorders are characterized by emotional and behavioral dysregulation and antisocial and borderline personality disorders are both classified within cluster B. Antisocial personality disorder (ASPD) is characterized as a “pervasive pattern of disregard for, and violation of, the rights of others” (APA, 2013, p. 659). Borderline personality disorder (BPD), on the other hand, is characterized by “a pervasive pattern of instability of interpersonal relationships, self-image, and affects” (APA, 2013, p. 663). Although, by definition, ASPD and BPD are distinctly different, these diagnoses do share a significant amount of resemblance with regard to externalization and outward dysfunctional interpersonal interactions. As such, antisocial and borderline personality disorders are associated with similar behavioral outcomes, such as alcohol use and related problems (Compton, Conway, Stinson, Colliver, & Grant, 2005; Crawford, Moore, & Ahl, 2004; Goldstein et al., 2007; Stepp, Trull, & Sher, 2005; Sylvers, Landfield, &

Lilienfeld, 2011) and interpersonal violence (Sijtsema, Baan, & Bogaerts, 2014). Predictably, antisocial and borderline personality disorders exhibit comorbidity, such that 21% of individuals with a diagnosis of ASPD also meet criteria for BPD (Grant et al., 2008). Despite the aforementioned commonalities, these two personality types may have etiological and developmental trajectories that are distinctly unique, but ultimately result in similar externalizing behavioral patterns. However, the externalization associated with borderline personality features (e.g., interpersonal instability and alcohol problems) may have distinct etiological pathways that are different from those features associated with antisocial personality, such that the externalization associated with borderline features may stem from poor emotion regulation, identity diffusion, and negative self-image. Thus, a need exists to identify individual mechanisms that may uniquely predict each disorder.

1.1. Impulsivity

Impulsivity, a multidimensional behavioral mechanism commonly preceding externalizing maladaptive behavior and psychopathology, is a diagnostic criterion central to both antisocial and borderline personality disorders (APA, 2013). Additionally, impulsivity is integrally associated with alcohol use and related problems (Burton, Pedersen, & McCarthy, 2012; Sher & Trull, 1994; see Coskunpinar, Dir, & Cyders, 2013 & Dick et al., 2010 for reviews). Despite this shared criterion and associations with alcohol-related outcomes, BPD and ASPD may significantly differ with regard to their underlying associations with the

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various facets of impulsivity and thus, their subsequent associations with alcohol-related outcomes.

Whiteside and Lynam (2001) developed the Urgency, (lack of) Premeditation, (lack of) Perseverance, and Sensation Seeking (UPPS) impulsive behavior scale as a way to measure these four respective factors of impulsivity. Negative urgency is the propensity to take rash action in response to intense negative emotion. Lack of perseverance is an individual's inability to stay with a task through completion. Lack of premeditation is an individual's tendency to act without evaluating consequences and the inability to plan. Lastly, sensation seeking represents an individual's inclination to pursue stimulation and excitement. The development of impulsivity is conceptualized using different perspectives (e.g., genetic, cognitive-based, environmental, and temperamental; see Carver, 2005 for review). Despite the variations in theoretical explanations for the development of impulsivity, these theories all posit that impulsivity initiates development during or before early childhood. Hence, although impulsivity is a central feature of many personality disorders, its development likely precedes that of personality pathology and subsequent behavioral outcomes.

1.2. Externalization and internalization

One major differentiation between antisocial personality features and borderline personality features is, while antisocial features are primarily associated with externalization, borderline features are associated with both internalizing and externalizing psychopathology (Crowell, Beauchaine, & Linehan, 2009; Eaton et al., 2011; James & Taylor, 2008). Similarly, the impulsivity facets associated with personality pathology can also be understood through internalization and externalization. Although the latent construct of impulsivity is generally externalizing in nature, the basis of certain facets may be more associated with internalization (i.e., negative urgency, lack of perseverance) than others, which are undoubtedly driven by externalization (i.e., sensation seeking, lack of premeditation).

With regard to impulsivity facets, negative urgency and lack of perseverance were the facets most strongly associated with internalizing pathology (Miller, Flory, Lynam, & Leukefeld, 2003). Perseverance is an individual's ability to see a task through to completion. Similarly, the inability or reduced ability to persevere can be understood as disordered self-discipline characterized by reduced internal drive. The propensity to engage in rash action in response to intense negative emotion, namely negative urgency, can be understood as a means to alleviate or self-medicate such emotions. Thus, although the rash action is ultimately externalization, certain motives behind these behaviors may be internally based. Predictably, both lack of perseverance and negative urgency are positively associated with BPD (DeShong & Kurtz, 2013; Miller et al., 2003; Whiteside, Lynam, Miller, & Reynolds, 2005). However, Whiteside et al. (2005) also found negative urgency to be associated with antisocial personality features, but to a lesser extent than that of BPD. This finding indicates that, although negative urgency may have an internalizing etiological foundation, it is also associated with externalization. Conversely, the inability to act without planning ahead or evaluating consequences (i.e., lack of premeditation) and the propensity to seek out stimulation and excitement (i.e., sensation seeking) are both components of impulsivity that are fundamentally associated with externalization. As such, both lack of premeditation and sensation seeking are strongly associated with ASPD (DeShong & Kurtz, 2013; Miller et al., 2003; Whiteside et al., 2005). Thus, aside from the aforementioned overlap of negative urgency, ASPD and BPD have distinct associations with different facets of impulsivity.

Most recently Cyders and Smith (2007) identified a fifth facet of impulsivity, positive urgency. Opposite of negative urgency, positive urgency is the propensity to take rash action in response to intense positive emotions. Positive urgency is positively associated with alcohol consumption and alcohol-related consequences (Cyders & Smith, 2008; Grimaldi, Napper, & LaBrie, 2014). Although positive and negative

urgency both involve acting rashly in response to intense emotions, the two constructs are unique in their mechanisms for engaging in the rash behavior. For example, both negative and positive urgency are positively associated with alcohol-related outcomes (Grimaldi et al., 2014; Shishido, Gaher, & Simons, 2013), indicating that excessive alcohol use is one such behavior that could be classified as "rash action." However, research investigating the motives for drinking indicate that individuals high in negative urgency use alcohol consumption as a coping mechanism, while individuals high in positive urgency use alcohol consumption for enhancement (Adams, Kaiser, Lynam, Charnigo, & Milich, 2012; Coskunpinar et al., 2013). In other words, the rash action associated with positive urgency is more externally motivated, while that same type behavior associated with negative urgency is more internally motivated. Thus, theoretically, positive urgency might be more strongly associated with externalizing personality pathology, such as antisocial personality.

To date, no studies have investigated positive urgency in relation to ASPD and only one study has investigated this facet with BPD (Peters, Upton, & Baer, 2013). Peters et al. (2013) found positive urgency to be positively correlated with borderline personality features. However, across the four Personality Assessment Inventory (PAI; Morey, 1991) – Borderline Features (BOR) subscales (i.e., affective instability, identity problems, negative relationships, and self-harm), positive urgency was only significant as a weak predictor of self-harm, while negative urgency was significant in predicting all four. This finding provides further evidence for positive urgency as a primarily externalizing facet (e.g., positive urgency only predicts externalizing behaviors such as self-harm), while negative urgency shares both internalizing and externalizing qualities.

The ability to differentiate personality pathology through impulsivity traits contributes to further understanding the etiology and development of disordered personality and subsequent drinking behaviors. Although independent studies have examined the relationships between impulsivity facets, borderline and antisocial personality disorders, and alcohol outcomes (DeShong & Kurtz, 2013; Miller et al., 2003; Peters et al., 2013; Whiteside et al., 2005), the current study tested a comprehensive model aimed at understanding the unique contributions of impulsivity facets to borderline and antisocial, and subsequent associations with alcohol outcomes. Specifically, we hypothesized that

1. Lack of perseverance will be uniquely associated with borderline personality features.
2. Sensation seeking, lack of premeditation, and positive urgency will be uniquely associated with antisocial personality features.
3. Negative urgency will predict both borderline and antisocial personality features.
4. Both borderline and antisocial personality features will predict greater alcohol use and alcohol problems and account for the relationships between the impulsivity traits and alcohol variables.

2. Method

2.1. Participants

Participants were 624 undergraduate college students at a Midwest university. The sample ranged from 18 to 25 years of age ($M = 19.77$, $SD = 1.55$). Approximately 69% of the sample was women, and 95% of the sample was white, 2% was black, 1% was Asian, 1% was Latino, and 1% was multiracial. Participants were recruited through an online scheduling system. All questionnaires were completed online. The reliability and validity for the online assessments of individuals' characteristics and alcohol use have been supported by previous research (Gosling, Vazire, Srivastava, & John, 2004). All participants who completed the study were included in the analyses.

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