



## Active versus reactive cooperativeness in Borderline Psychopathology: A dissection based on the HEXACO model of personality



Johanna Hepp<sup>a,b,\*</sup>, Benjamin E. Hilbig<sup>b</sup>, Morten Moshagen<sup>b</sup>, Ingo Zettler<sup>c</sup>, Christian Schmahl<sup>d</sup>, Inga Niedtfeld<sup>d</sup>

<sup>a</sup> Institute of Psychology, Heidelberg University, Hauptstrasse 47, 69117 Heidelberg, Germany

<sup>b</sup> Department of Psychology, School of Social Sciences, University of Mannheim, Schloss Ehrenhof Ost, 68131 Mannheim, Germany

<sup>c</sup> Institute of Education, Center for Educational Science and Psychology, Europastrasse 6, 72072 Tuebingen, Germany

<sup>d</sup> Department of Psychosomatic Medicine, Central Institute of Mental Health Mannheim, Medical Faculty Mannheim/Heidelberg University, C4, 11, 68159 Mannheim, Germany

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### ABSTRACT

The concept of personality disorders (PDs) is shifting from categorical to dimensional, conceptualizing PDs as maladaptive variants of basic personality traits. The Agreeableness trait in the Five Factor Model of personality classically represents dispositional cooperativeness, which is associated with PDs characterized by interpersonal impairments. However, recent research designates two separate dispositional tendencies: active and reactive cooperativeness. Using the HEXACO model of personality we assessed traits representing these tendencies (Honesty–Humility and Agreeableness) and investigated their relation to Borderline features in 602 individuals. Borderline features were associated with low Agreeableness scores, representing low reactive cooperation, entailing a tendency to retaliate. Yet, there was no association with Honesty–Humility, implying intact active cooperativeness and non-exploitation. These findings extend prior results on the relation between Borderline PD and basic personality dimensions driving prosocial behavior. Implications for the understanding of interpersonal problems in PDs and the refinement of existing therapies are discussed.

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### 1. Introduction

Lately, a dimensional understanding of personality disorders (PDs) has become more prevalent as empirical evidence points towards a continuous variation of personality and a shared basis of pathology for all PDs (Markon, Krueger, & Watson, 2005). Particularly vital for the dimensional perspective on PDs was the Five Factor Model (FFM) of personality (e.g., Costa & McCrae, 1992), which encompasses the five dimensions Openness to Experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. Using the FFM in clinical and non-clinical samples, it has repeatedly been shown that all PDs have a differential FFM trait profile, implying that each can – at least to some extent – be understood as reflecting maladaptive levels of “normal” personality (Samuel & Widiger, 2008; Saulsman & Page, 2004).

Among the FFM traits, (high) Neuroticism and (low) Agreeableness have been linked most consistently with various PDs, as confirmed by large-scale meta-analyses (Samuel & Widiger, 2008; Saulsman & Page, 2004). Both are particularly common to those PDs which are marked by interpersonal problems. This is plausible

given that Neuroticism encompasses anger, hostility, and vulnerability and Agreeableness yields trust, straightforwardness, altruism, and compliance. Herein, we focus on Borderline Personality Disorder (BPD) as it is well described by maladaptive trait values on all of the above facets (cf. Samuel & Widiger, 2008) and is characterized by noteworthy social impairment (Gunderson et al., 2011). Indeed, recent studies have shown that patients with BPD may be less willing or able to initiate or uphold cooperation, a vital aspect of social functioning (King-Casas et al., 2008; Seres, Unoka, & Kéri, 2009; Unoka, Seres, Áspán, Bódi, & Kéri, 2009).

Nevertheless, prosocial behavior need not be exclusively determined by two basic factors, Neuroticism and Agreeableness. Rather, the HEXACO model of personality, for which lexical studies have found support across various languages (Ashton et al., 2004), distinguishes between three determinants of prosocial behavior: Emotionality, Agreeableness, and a newly proposed Honesty–Humility factor. The first factor is strongly related to FFM Neuroticism, retaining what one might consider the *intrapersonal* and emotional aspects. The *interpersonal* aspects, by contrast, are summarized in Agreeableness and Honesty–Humility. Most importantly, these two represent complementary aspects (Ashton & Lee, 2007): Whereas Honesty–Humility (HH) stands for “the tendency to be fair and genuine in dealing with others, in the sense

\* Corresponding author at: Institute of Psychology, Heidelberg University, Hauptstrasse 47, 69117 Heidelberg, Germany. Tel.: +49 6211812145.

E-mail address: [j.hepp@stud.uni-heidelberg.de](mailto:j.hepp@stud.uni-heidelberg.de) (J. Hepp).

of cooperating with others even when one might exploit them without suffering retaliation” (p.156), Agreeableness (AG) indicates “the tendency to be forgiving and tolerant of others, in the sense of cooperating with others even when one might be suffering exploitation by them” (p.156). In other words, the two represent non-exploitation versus non-retaliation and thus tendencies toward active versus reactive cooperation. Indeed, recent studies have confirmed that HH selectively predicts active cooperation, whereas AG was selectively associated with measures of reactive cooperation (Hilbig, Zettler, Leist, & Heydasch, 2013).

Moreover, previous research in the realm of behavioral economics supports the intuition that one single trait may not suffice to account for cooperativeness: Whereas some investigations have reported positive associations between FFM Agreeableness and cooperation, others found no such effect (for a brief overview see Hilbig et al., 2013). Differentiating between active and reactive cooperativeness and the underlying traits (HH and AG, respectively) might account for this inconsistent picture. Indeed, distinguishing between HH and AG has already led to successful predictions beyond the FFM for different aspects of prosocial behavior (Ashton & Lee, 2008; Hilbig & Zettler, 2009; Hilbig, Zettler, & Heydasch, 2012; Lee & Ashton, 2005; Lee & Ashton, 2012; Zettler & Hilbig, 2010).

In line with this reasoning, the dispositional underpinnings of impaired cooperative behavior in BPD, too, may be explained more precisely once tendencies of active versus reactive cooperativeness are kept apart. At present, the empirical picture is still inconclusive: BPD is linked to impaired cooperative behavior in general (King-Casas et al., 2008; Seres et al., 2009; Unoka et al., 2009), but this conclusion may be somewhat oversimplified: Given that neither the paradigms used in prior studies nor FFM Agreeableness distinguish between different aspects of cooperativeness, it remains an open question how exactly the interpersonal difficulties arise. Importantly, this should not be taken as a dismissal of previous work linking BPD to the FFM but rather as an extension or further specification. In past studies, the FFM explained substantial variance in BPD diagnoses and allowed one to differentiate it from other PDs (Morey & Zanarini, 2000). Moreover, FFM trait scores were actually a stronger predictor of future outcomes such as hospitalizations and more stable over time than a DSM-IV diagnosis of BPD (Morey et al., 2007). Finally, FFM scores explained incremental variance over a DSM-IV diagnosis when predicting psychosocial functioning over a ten year period (Hopwood & Zanarini, 2010). Nonetheless, more may be learned about the traits linking BPD to impairments in prosocial behavior by differentiating active vs. reactive cooperativeness.

Consequently, this study examines the relation between Borderline pathology and dispositional cooperativeness. Following the shift towards understanding PDs in dimensional ways (e.g., Markon et al., 2005), we assessed Borderline symptomatology on a continuum of Borderline features in a large sample. We focus on this specific disorder as it is the most prevalent PD in clinical settings and also particularly impairing, with suicide rates ranging up to eight percent (e.g., Grant et al., 2008; Zanarini et al., 2008). Understanding the role of cooperativeness is particularly important for BPD, because the disorder is strongly characterized by interpersonal problems that are both frequent and stable – indeed, only 20% of patients showed a remission of such symptoms after ten years (Gunderson et al., 2011). Interpersonal problems are closely linked to the BPD core symptom of emotional instability as well as self-injurious behavior and suicide attempts (Welch & Linehan, 2002).

This current study assesses the relative extent to which Borderline symptomatology is associated with active vs. reactive cooperativeness as conceptualized in the HEXACO model and indicated by HH and AG, respectively. Additionally, we expected to find a posi-

tive association between Borderline features and Emotionality – mirroring the strong links between BPD and Neuroticism established previously (e.g., Samuel & Widiger, 2008). However, to our knowledge, no studies have found evidence for impaired active cooperativeness (non-exploitation) in BPD. Therefore, we do not expect to find a meaningful relation between Borderline features and active cooperativeness as represented in the HH factor. By contrast, findings of relatively strong correlations between Borderline features and various measures of forgiveness (Ross, Hertenstein, & Wrobel, 2007) and corresponding associations between HEXACO AG and forgiveness (for an overview see Hilbig et al., 2013) hint at impaired reactive cooperation in BPD. Thus, AG (non-retaliation) should be negatively linked with Borderline features.

## 2. Methods

### 2.1. Procedure and materials

After providing consent and demographical information, participants were asked to respond to the 60-item HEXACO personality inventory (Ashton & Lee, 2009) in German (Moshagen, Hilbig, & Zettler, *in press*). It assesses the dimensions Honesty–Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, and Openness to Experience with ten items each to which participants respond on a five-point Likert-type scale. The inventory has satisfactory psychometric properties with internal consistencies between .74 and .83, 8-month test–retest reliabilities around .80, and correlations with the longer 100-item HEXACO-PI-R above .94 (Moshagen et al., *in press*).

Next, Borderline features were assessed using the Borderline scale of the *Verhaltens-Erlebens-Inventar* (VEI, Groves & Engel, 2007), the German adaptation of the Personality Assessment Inventory (PAI, Morey, 1991). The Borderline scale (VEI-BOR) consists of 24 items, answered on a four-point Likert-type scale. The inventory was chosen as it provides a dimensional measure of Borderline features without producing floor effects – like other inventories that are designed for the clinical context only.<sup>1</sup>

The VEI-BOR yielded a good internal consistency of  $\alpha = .84$  in a representative German sample (Groves & Engel, 2007) and the PAI-BOR exhibited a high retest-reliability of  $r = .78$  for up to twelve weeks (Trull, 1995). The scale’s criterion validity has been addressed by using the PAI-BOR score to distinguish diagnosed BPD patients from control participants, yielding high correct classification rates between 73% (Stein, Pinsker-Aspen, & Hilsenroth, 2007) and 82% (Bell-Pringle, Pate, & Brown, 1997). Also, the instrument was shown to be related to a number of life-events relevant to BPD such as a history of abuse, suicide attempts, drug or alcohol abuse, arrests and psychiatric hospitalizations (Slavin-Mulford et al., 2012). High correlations with the total number of SCID-II criteria for BPD (Jacobo, Blais, Baity, & Harley, 2007) imply convergent validity beyond strong associations with other self-report measures of BPD symptoms (Kurtz, Morey, & Tomarken, 1993; Trull, 1995). At the same time, the absence of significant relations with criteria for histrionic, narcissistic, or antisocial PD speak for discriminant validity (Jacobo et al., 2007). The utility of the PAI-BOR total score for measuring BPD pathology has been emphasized by Jackson and Trull (2001) and De Moor, Distel, Trull, and Boomsma (2009) explicitly state that “the PAI-BOR can be used to study the etiology of BPD features in population-based samples and to screen for BPD features in clinical settings in both men and women of varying ages” (p.125).

<sup>1</sup> In order to avoid an influence of answering biases, several items of the VEI Borderline scale were recoded to ensure an equal number of positively and negatively coded items.

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