



Emotional dysregulation and Borderline Personality Disorder: Explaining the link between secondary psychopathy and alexithymia



Leigh E. Ridings^a, Catherine J. Lutz-Zois^{b,*}

^aOklahoma State University, United States

^bUniversity of Dayton, United States

ARTICLE INFO

Article history:

Received 6 March 2013

Received in revised form 5 September 2013

Accepted 6 September 2013

Available online 29 September 2013

Keywords:

Borderline Personality Disorder

Alexithymia

Psychopathy

Emotional dysregulation

ABSTRACT

Research explaining the overlap between psychopathy and alexithymia is in its infancy. A study by Lander, Lutz-Zois, Rye, and Goodnight (2012) revealed a significant positive correlation between secondary, but not primary, psychopathy and alexithymia. However, little is known about what accounts for this differential association. Because both alexithymia (Webb & McMurran, 2008) and secondary psychopathy (Blackburn, 1996) have been linked to Borderline Personality Disorder (BPD), the current study sought to determine if emotional processing deficits characteristic of BPD could explain the link between secondary psychopathy and alexithymia. The results supported the hypothesis that BPD would mediate the association between secondary psychopathy and alexithymia. Implications, limitations, and future directions are discussed.

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1. Introduction

Psychopathy, a term first coined by Hervey Cleckley (1941), is a personality pattern marked by persistent antisocial behavior (e.g., theft or violent behavior) as well as interpersonal and affective deficits such as callousness, manipulation, lack of empathy, and difficulty forming meaningful attachments with others (Hare, 2003). Scholars have begun to speculate about a possible link between psychopathy and alexithymia (Kroner & Forth, 1995; Louth, Hare, & Linden, 1998). Alexithymia is a clinical syndrome characterized by difficulty in describing feelings to others and in identifying and distinguishing between feelings and bodily sensations of emotional arousal (Taylor, Bagby, & Parker, 1992). Because of these difficulties in describing and identifying feelings, persons with alexithymic characteristics are thought to experience interpersonal deficits such as problems in forming social attachments, understanding the emotions of others, and displaying empathy. Researchers have noted similar characteristics between psychopathy and alexithymia such as lack of empathy, difficulties with introspection and in interpreting emotions, aggressiveness, and lack of close interpersonal relationships (Haviland, Sonne, & Kowert, 2004; Kroner & Forth, 1995). The purpose of the current study was to better understand the relationship between alexithymia and two subtypes of psychopathy, primary and secondary.

Karpman (1941) first distinguished between primary and secondary psychopathy, asserting that persons with secondary psychopathy were prone to experience negative affect and to form emotional bonds with others. Further, he argued that primary psychopathy might largely represent a heritable deficit, whereas secondary psychopathy may represent a combination of genetics and maladaptive environmental characteristics (e.g., childhood maltreatment). More modern research also implicates neuroanatomical abnormalities, with primary psychopathy being tied to subcortical deficits (i.e., fear sensitivity), and secondary psychopathy being tied to prefrontal cortex deficits (i.e., executive functions including attention and planning) (Fowles & Dindo, 2006). Numerous studies have found patterns of correlations between Factor 1 (i.e., interpersonal and affective impoverishment) or Factor 2 (i.e., impulsivity and an antisocial lifestyle) of the Psychopathy Checklist-Revised (PCL-R; Hare, 2003) and other variables that are theoretically consistent with the primary versus secondary psychopathy distinction (see Fowles & Dindo, 2006 and Skeem, Johansson, Andershed, Kerr, & Loudon, 2007 for a more complete review). For instance, whereas persons who score high on Factor 1 have been found to be likely to demonstrate narcissistic traits, emotional detachment, social dominance, and low levels of anxiety, persons high on Factor 2 demonstrate borderline traits, social deviance, impulsivity, and high levels of anxiety. Despite the growing body of literature supporting a 2-factor model of psychopathy, an important caveat is that some theorists have argued that more elaborate typologies are more in line with factor analytic studies of psychopathy (e.g., Williams, Paulhus, & Hare, 2007).

* Corresponding author. Address: 329 St. Joseph Hall, Department of Psychology, University of Dayton, Dayton, OH 45469-1430, United States. Tel.: +1 (937) 229-2164.

E-mail address: czois1@udayton.edu (C.J. Lutz-Zois).

In one of the first studies to examine the link between psychopathy and alexithymia, Louth et al. (1998) found that Factor 2 of the PCL-R was positively correlated with items on the Toronto Alexithymia Scale (TAS) that signify an inability to discriminate feelings and bodily sensations; however, no relationship between Factor 1 and the TAS was found. Kroner and Forth (1995) found a similar pattern of associations. Due to the fact that some research indicates that Factor 1 might roughly coincide with primary psychopathy and Factor 2 with secondary psychopathy (Hicks, Markon, Patrick, Krueger, & Newman, 2004), the findings by Louth et al. (1998) and Kroner and Forth (1995) suggest that a positive relationship may exist between alexithymia and secondary, but not primary psychopathy.

A recent study by Lander et al. (2012) found direct evidence for these differential associations between alexithymia and primary versus secondary psychopathy. Specifically, using two different methods of assessing primary versus secondary psychopathy, they found that alexithymia was significantly positively associated with secondary, but unrelated to primary psychopathy. Despite the empirical research linking alexithymia and secondary psychopathy together, it remains unclear why alexithymia is related to secondary psychopathy, but not primary psychopathy. This differential relationship is intriguing because one might initially expect that because primary psychopathy is more closely associated with deficits in affective processing on laboratory tasks (e.g., Patrick, Zempolich, & Levenston, 1997), primary rather than secondary psychopathy would demonstrate a stronger relationship with alexithymia. Hence, understanding what accounts for the differential relationship observed in Lander et al. (2012) may deepen our understanding of the distinction between primary and secondary psychopathy, especially as it applies to a “sub-clinical,” non-criminal sample (Mahmut, Homewood, & Stevenson, 2008).

Several studies also highlight conceptual similarities between alexithymia and secondary psychopathy. For example, typical individuals with secondary psychopathy and alexithymia are anxious and submissive (Haviland et al., 2004; Skeem et al., 2007). In contrast, individuals with primary psychopathy are thought to be much less prone to experiencing anxiety, and tend to be rather cunning (Karpman, 1949). In addition, the results of multiple studies suggest that those with secondary psychopathy and alexithymia exhibit lower levels of emotional intelligence and less control over emotions and impulses in comparison to primary psychopathy (Haviland et al., 2004; Ross, Lutz, & Bailley, 2004; Vidal, Skeem, & Camp, 2010). The characteristics that alexithymia and secondary psychopathy share could be summarized as deficits in emotion regulation, a set of problems characteristic of Borderline Personality Disorder (BPD; Blackburn, 1996; Webb & McMurran, 2008).

BPD is characterized by severe interpersonal disruptions, impaired coping skills, and difficulty regulating emotions, especially negative ones (Kehrer & Linehan, 1996). Interestingly, researchers have found that some symptoms of affective disruption and interpersonal struggles characteristic of BPD resemble those of secondary psychopathy (Stalenheim & von Knorring, 1998). Further, because BPD is characterized in part by problems identifying and distinguishing between emotions, alexithymia is thought to be a common characteristic of BPD (e.g., Modestini, Furrer, & Malti, 2004). The difficulties embodied in alexithymia could themselves be considered one aspect of emotional dysregulation, as effective affect regulation may first hinge on adequate emotional awareness and understanding (e.g., Berenbaum, 1996). Taken together, the available research identifies BPD tendencies, especially deficits in affect regulation, as the common thread that ties secondary psychopathy and alexithymia together.

The current study was designed to determine if BPD tendencies and the associated symptoms of emotional dysregulation, in part,

account for the relationship between alexithymia and secondary psychopathy found in the study conducted by Lander et al. (2012). Consistent with the results of Lander et al. (2012), we hypothesized that alexithymia would not be correlated with primary psychopathy, but would be positively associated with secondary psychopathy. We also hypothesized that emotional dysregulation and BPD tendencies would mediate the association between secondary psychopathy and alexithymia.

2. Method

2.1. Participants

One hundred undergraduate students, 53 men, 46 women, and one unspecified, from a medium-sized private university in the Midwest completed study measures in exchange for credit in their introductory psychology course. The number of participants recruited was based on a power analysis in which we assumed a medium effect size and a power of .80 (Cohen, 1988). The participants' ages ranged from 18 to 22 years old, with an average age of 19 (SD = .99). The ethnic composition was 88% Caucasian, 4% African American, 3% Asian/Pacific Islander, 2% Latino, 1% Native American, and 2% other racial or ethnic groups.

2.2. Measures

The measures used were chosen because of their strong psychometric properties and wide-use in assessing the constructs of interest in the current study. Descriptive statistics for the continuous variables, including Cronbach's alphas can be found in Table 1. With the exception of secondary psychopathy and self-deceptive enhancement, which were in the questionable range, the alpha values ranged from acceptable to excellent (Kline, 1999).

2.2.1. Primary and secondary psychopathy

The Levenson Self-Report Psychopathy Scale (LSRP; (Levenson, Kiehl, & Fitzpatrick, 1995) is a 26-item self-report measure which measures both primary and secondary psychopathy; the primary psychopathy subscale has 16 items and is designed to assess the interpersonal and affective features of psychopathy, while the secondary subscale includes 10 items and is designed to assess impulsivity and other antisocial behaviors (Miller, Gaughan, & Pryor, 2008). Research has found good test-retest reliability (Lynam, Whiteside, & Jones, 1999). However, studies have found mixed support for the discriminant and convergent validity of the two subscales (Brinkley, Schmitt, Smith, & Newman, 2001; Lilienfeld & Fowler, 2006).

2.2.2. Alexithymia

The Toronto Alexithymia Scale (TAS-20; Taylor et al., 1992) is a 20-item self-report measure designed to tap three different factors to correspond to the distinct facets of alexithymia: Difficulty identifying feelings and distinguishing them from bodily sensations of emotion (Factor 1), Difficulty describing feelings to others (Factor

Table 1
Descriptive statistics for continuous study variables.

Variables	Mean	SD	Min–Max	Cronbach's alpha
Primary psychopathy	33.18	7.33	17–49	.84
Secondary psychopathy	21.89	4.12	13–31	.60
Alexithymia	52.59	10.50	26–74	.81
BPD tendencies	49.86	10.63	28–78	.87
Emotional dysregulation	91.33	21.16	48–147	.93
Self-deceptive enhancement	4.71	2.85	0–15	.62
Impression management	4.48	3.10	0–13	.74

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