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Original article

Relations between cyclothymic temperament and borderline personality disorder traits in non-clinical adolescents[☆]



Relations entre le tempérament cyclothymique et les traits de personnalité limite chez des adolescents non-cliniques

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ABSTRACT

Objectives. – The aim of the present study was to examine the relation between cyclothymic temperament and borderline personality disorder traits in adolescents and to identify a typology of adolescents based on temperamental traits (cyclothymic temperament and BPD traits).

Participants and methods. – A sample of 312 adolescents completed several questionnaires assessing cyclothymic temperament, borderline personality disorder traits, depressive symptoms, suicidal ideation, antisocial behaviors and frequency of cannabis use.

Results. – The Cyclothymic-Hypersensitive Temperament (CHT) questionnaire and the Borderline Personality Features Scale for Children (BPFS-C) were highly correlated which suggests that these scales may measure the same construct. Factor analyses of the pooled items of both scales yielded two factors, 'anger-impulsivity' and 'affective instability', both composed half of items from both scales. The relation between these traits and suicidal ideation was fully mediated by depressive symptomatology. Cluster analysis showed that these traits may occur independently and that adolescents with both traits had the highest levels of depressive symptoms, suicidal ideations and antisocial behaviors.

Discussion. – The CHT questionnaire and the BPFS-C may measure the same construct which appeared relevant for defining a subgroup of adolescents with high levels of depressive symptoms, suicidal ideations and antisocial behaviors.

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R É S U M É

Objectifs. – Le but de cette étude était d'examiner les relations entre le tempérament cyclothymique et les traits de personnalité limite chez les adolescents et d'identifier une typologie des adolescents basée sur les traits cyclothymiques et limites.

Participants et méthode. – Un échantillon de 312 adolescents a répondu à des questionnaires évaluant le tempérament cyclothymique, les traits de personnalité limite, les symptômes dépressifs, les idées de suicide, les comportements antisociaux et la fréquence d'usage du cannabis.

Résultats. – Le questionnaire de tempérament cyclothymique-hypersensitif (CHT), et l'échelle de traits de personnalité limite pour enfant (BPFS-C) étaient fortement corrélés ce qui suggérait que ces échelles mesurent le même construit. Une analyse factorielle des items des deux échelles a extrait deux facteurs « colère-impulsivité » et « instabilité affective », ces deux traits étant composés pour moitié d'items issus de chaque échelle. La symptomatologie dépressive était un médiateur dans la relation entre ces traits et les idées suicidaires. L'analyse classificatoire a montré que ces traits pouvaient se manifester indépendamment et que les adolescents ayant ces deux traits avaient le niveau le plus élevé de symptômes dépressifs, d'idées suicidaires et de comportements antisociaux.

Mots clés :

Adolescents

Tempérament cyclothymique

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Analyse factorielle

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Discussion. – Les questionnaires CHT et BPFS-C pourraient mesurer le même construit qui apparaît pertinent pour définir un sous-groupe d'adolescent ayant un niveau élevé de symptômes dépressifs, d'idées suicidaires et de comportements antisociaux.

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1. Introduction

Cyclothymic temperament and borderline personality disorder (BPD) are connected constructs sharing emotional and behavioral dysregulation. Cyclothymic temperament is characterized by high mood-lability, emotional reactivity, irritability and impulsivity (Akiskal, Djenderedjian, Rosenthal, & Khani, 1977). BPD is mainly characterized by a pervasive pattern of instability of affects, identity, behavior and relationships (DSM-IV, 2000). Both constructs share emotional instability, heightened irritability, anger, and impulsivity. These two overlapping constructs have been developed from different approaches in psychopathology. Cyclothymic temperament has been developed as a mild form of and a precursor to bipolar disorder and has been mainly linked to biological and genetic influences (Akiskal et al., 1977). BPD is derived from the psychoanalytic approach and described a personality organization mainly reflecting early negative caregiving experiences (e.g., Kernberg, 1980). Both cyclothymic temperament (Kochman, Hantouche, & Akiskal, 2001; Kochman et al., 2005) and BPD (Masterson, 1971) have been extended to adolescents. Cyclothymic temperament has been reported to be common in clinical samples (Kochman et al., 2001, 2005), but, to our knowledge, has not been explored in non-clinical adolescents. BPD and borderline personality traits have been reported to be common in both clinical and community samples of adolescents (Chabrol, Montovany, Chouicha, & Mullet, 2001; Chabrol & Leichsenring, 2006; Tomko, Trull, Wood, & Sher, 2013).

As in adults, significant overlap between the cyclothymic temperament and BPD has been reported in clinical samples of children and adolescents (Perugi, Toni, Travierso, & Akiskal, 2003; Perugi, Fornaro, & Akiskal, 2011; Zimmerman & Morgan, 2013). Some authors have suggested that cyclothymic disorder and bipolar disorders in adolescents may be misdiagnosed as BPD (e.g. Kochman et al., 2005; Ruggero, Zimmerman, Chelminski, & Young, 2010). Conversely, others suggest that BPD may be misdiagnosed as bipolar disorders (McClellan & Hamilton, 2006). Moreover, cyclothymic temperament and BPD are both associated to impulsive/risk taking behavior. Kochman et al. (2005) reported that a cyclothymic temperament at baseline predicted not only the bipolar outcome, but also suicidal behaviors in children and adolescents with an index diagnosis of major depressive episode. It has also been highlighted as a risk factor for substance use in adolescents (Unselde et al., 2012). BPD in adolescence increases the risk for suicidality (e.g., Glenn, Bagge, & Osman, 2013; Wedig et al., 2012) and a high comorbidity between BPD and substance use disorders has also been found in adolescents (e.g., Chabrol, Ducongé, Casas, Roura, & Carey, 2005; Distel et al., 2012; Rizvi, Dimeff, Skutch, Carroll, & Linehan, 2011). Finally, cyclothymic temperament and BPD are associated to antisocial behaviors in adolescents (e.g., Chanen, Jovev, & Jackson, 2007; Kovacs & Pollock, 1995).

However, there is neither study on the relationship between cyclothymic temperament and borderline personality disorder traits in adolescents, nor research on the relationship between these personality characteristics, depression, suicidality, antisocial behaviors, and substance use in adolescents. Likewise, there is no typological study aiming to identify homogeneous groups of adolescents regarding cyclothymic and borderline traits.

The aim of the present study was to examine the relation between cyclothymic temperament and borderline personality disorder traits in adolescents and to test which component of cyclothymic temperament and borderline personality disorder traits would be associated to depression and suicidality. We hypothesized that cyclothymic temperament and borderline personality disorder traits share common dimensions and that depression mediates the relationship between these dimensions and suicidal ideation. Another aim of this study was to identify a typology of adolescents based on these dimensions. We expected to find clusters that would differ in levels of depressive symptoms, suicidal ideations, antisocial behaviors and cannabis use.

2. Method

2.1. Participants and recruitment

Five high schools were invited to participate to the study and 3 have declined. Therefore, data were obtained from students attending two randomly selected high schools in Toulouse, France. Eleven classes were randomly drawn from these high schools. Among 347 students approached, none declined participation. Thirty-five participants considered as young adults (aged 19 and over) were excluded. The final participation rate was therefore of 90% and the final sample was composed of 312 participants (157 girls, 155 boys; mean age = 16.6 ± 1.4; age range = 14–18). Being free of charge, these public high schools were not discriminatory on the basis of income and admitted adolescents with diverse SES levels.

2.2. Procedure

The study followed the ethical guidelines of the Helsinki Declaration and the study procedures were approved by the principals of the selected high schools. Participants provided written informed consent before completing the questionnaires. Questionnaires were completed during class time in the presence of a Master's level psychology student who presented the study and collected the questionnaires.¹ No members of the school staff were present during the administration of the questionnaires. The questionnaires were anonymous, and therefore students were assured that their responses were confidential. Students were informed that participation was voluntary, signed a consent form and were given the option of not participating. No compensation was offered to participate in the study. In the event that a student felt troubled by his or her participation in the study, they were provided with contact information for the school nurse who was available on the premises. No students refused to participate² in the study given these conditions and all questionnaires turned out to be usable.

¹ We cannot present more precise demographic characteristics since principals of French high schools do not approve study procedures asking participants to give information on race, religion or socioeconomic status. These areas are perceived as too sensitive. However, this contributed to the acceptability of the study.

² It is quite common to have a 100% rate of participation in French studies.

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