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Intrusive thoughts and psychopathy in a student and incarcerated sample

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ABSTRACT

Unwanted intrusive thoughts play an integral role in a number of different disorders including obsessive–compulsive disorder, post-traumatic stress disorder and substance use and abuse disorders . The objectives of this study were twofold. First, we examined intrusive thoughts and impulses in a student and incarcerated sample. Second, in an effort to better understand the non-universality of the intrusive thought experience, we hypothesized that psychopathic traits may be accounting for the 10–20% of individuals who deny the experience of intrusive thoughts. Using the methodology of Rachman, S., and de Silva, P. [(1978). Abnormal and normal obsessions. *Behavior Research and Therapy*, *16*, 233–248] and Salkovskis, P.M., and Harrison, J. [(1984). Abnormal and normal obsessions: a replication. *Behavior Research and Therapy*, *22*, 549–552], the frequency and content of intrusive thinking were extremely similar to the original studies for the student group. Higher levels of psychopathic traits appear to account for a lower number of intrusive thoughts and impulses within the inmate sample. Implications of the findings and directions for future research are discussed.

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Physically punishing a loved one, harm to a friend, driving into oncoming traffic, and harming one's pet cat, are all examples of intrusive thoughts (Rachman & de Silva, 1978; Salkovskis & Harrison, 1984). Although similar in form and content to an obsession, intrusive thoughts are shorter in duration, less intense, less distressing and more easily controlled (Rachman & de Silva, 1978; Salkovskis & Harrison, 1984). Intrusive thoughts are reported in the majority of the general population. Based on Rachman and de Silva's (1978) work, and replications of their work (Clark & de Silva, 1985; Salkovskis & Harrison, 1984), approximately 85–90% of individuals experience intrusive thoughts. Other studies have found

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similar results with 80–99% of participants reporting the occasional intrusive thought or impulse (Freeston, Ladouceur, Thibodeau, & Gagnon, 1991; Purdon & Clark, 1993; Reynolds & Salkovskis, 1991).

Current cognitive theories of obsessive–compulsive disorder (OCD) depict intrusive thoughts as a normal process that is universally experienced (Freeston, Rheaume, & Ladouceur, 1996; Rachman, 1998, 2003; Salkovskis, 1985). Normalizing the experience of intrusive thoughts is an important piece of cognitive behavioral therapy (CBT) for OCD. Results from early studies (Rachman & de Silva, 1978) are regularly shared as part of the psychoeducation that occurs early in treatment (Whittal & O'Neill, 2003; Wilhelm, 2003). Replicating these early studies will help expand our understanding of intrusive thoughts and provide important updated information to assist in the treatment of OCD and related concerns.

If 80–90% of the general population reports the occasional intrusive thought (Rachman & de Silva, 1978; Salkovskis & Harrison, 1984), what about the other 10–20% who deny the experience? What makes these respondents different from the majority of the general population? One hypothesis suggests a cluster of personality traits referred to as psychopathy. It may be that individuals with the affective, interpersonal, and behavioral traits common to psychopathy do not identify intrusive thoughts as intrusive. Their experience with intrusive thoughts and impulses may be more ego-syntonic and lack the repugnancy that is normally reported with the experience of intrusive thoughts. This is the first study to systematically investigate individuals who may not report the experience of intrusive thoughts and impulses.

Psychopathy is a clinical construct characterized by grandiosity, shallow affect, lack of empathy and remorse, impulsivity, and the repeated violations of social and legal norms and expectations (Cleckley, 1941; Hervé, Hayes, & Hare, 2003). Cleckley (1941), who first proposed a definition of psychopathy, defined the psychopath as a clever person with little emotion or awareness of shame that, when combined with superficial charm, allows for the effortless manipulation of the people and environment around him or her. Individuals with psychopathy are described as intelligent, often being referred to as having above average or superior intelligence (Cleckley, 1941; MacDonald, 1966). Psychopathy is typically diagnosed in 20% of the incarcerated population (Hare, 1993) and in 50% of serial rapists (Prentky & Knight, 1991) with psychopaths being responsible for 50% of the serious crime being committed (Hare, 1993). It is this combination of intelligence, unemotionality, and lack of empathy that enables psychopaths to take what they want and do as they want, breaching social expectations and norms without experiencing even a minimal amount of guilt or regret (Hare, 1993; Hare, Forth, & Hart, 1989). It may also be this combination that prevents individuals with higher levels of psychopathic traits from differentiating between intrusive thoughts and normal everyday thoughts.

Structural differences in the central nervous system (CNS) are thought to play a role in the onset and maintenance of psychopathic traits (Blair, 2005; Blair, Mitchell et al., 2006; Blair, Peschardt, Budhani, Mitchell, & Pine, 2006; Laakso et al., 2001; Müller et al., 2003; Raine et al., 2003). Previous research has shown that individuals diagnosed with antisocial personality disorder and scoring high on measures of psychopathic traits had a 23% increase in volume of the corpus callosum and demonstrated better connectivity between the two hemispheres when compared to a control group scoring low on psychopathic traits (Raine et al., 2003). Reduced prefrontal cortex volumes have also been associated with high levels of psychopathic traits (Raine, Lencz, Bihrle, La Casse, & Colletti, 2000) while damage to the temporal lobes containing the limbic system has been suggested as precursor to violent behavior (Golden, Jackson, Peterson-Rohne, & Gontkovsky, 1996)

Along with structural differences, individuals with higher levels of psychopathic traits also display differences in activity and function within some neural structures in the CNS, especially areas of the frontal cortex that are concerned with aggression, instrumental learning, and response reversal (Blair, 2003, 2005; Lapierre, Braun, & Hodgins, 1995; Müller et al., 2003). When presented with positive and negative emotional stimuli, individuals with high levels of psychopathic traits show abnormal activation patterns within important cortical and subcortical parts of the emotion-related brain circuit including the amygdala (Gordon, Baird, & End, 2004; Müller et al., 2003) and the orbitofrontal cortex (OFC) (Blair, Mitchell et al., 2006; Blair, Peschardt et al., 2006). Combined, these preliminary results are beginning to suggest a unique neural presentation of individuals with high psychopathic traits (Gordon, Baird, & End, 2004). The structural and functional differences of the psychopathic brain may decrease their probability of experiencing unwanted thoughts and impulses.

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