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# Responsiveness to distress cues in the child with psychopathic tendencies

R.J.R. Blair<sup>a, b</sup>

*Institute of Cognitive Neuroscience, Alexandra House, 17 Queen Square, London WC1N 3AR, UK  
Department of Psychology, University College London, London, UK*

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## Abstract

This study investigates the psychophysiological responsiveness of children with emotional and behavioral difficulties, divided according to their Psychopathy Screening Device (PSD) scores (Frick & Hare, in press) to distress cues, threatening and neutral stimuli. From this population, 16 high PSD scoring children and 16 low scoring controls were shown slides of these three types of stimuli and their electrodermal responses were recorded. An additional 16 normal developing children in mainstream education were also presented with these stimuli. The high PSD scoring children showed, relative to the controls, reduced electrodermal responses to the distress cues and threatening stimuli. In contrast, the two groups did not differ in their electrodermal responses to the neutral stimuli. The results are interpreted within the Violence Inhibition Mechanism model (Blair, 1995) of Psychopathy. © 1999 Elsevier Science Ltd. All rights reserved.

*Keywords:* Psychopathy; Distress; Empathy

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## 1. Introduction

Psychopathy is a developmental disorder. The classification of an adult as psychopathic according to Hare's Revised Psychopathy Checklist (PCL-R) almost requires that the individual has shown severe behavioral disturbance when a child (Hare, 1991). However, there has been little work investigating children with psychopathic tendencies. Indeed, only recently has a measure of childhood psychopathy become available (Frick & Hare, in press); the Psychopathy Screening Device (PSD). The PSD indexes a syndrome in children which bears a striking degree of similarity to the adult form of psychopathy (Frick, O'Brien, Wootton & McBurnett, 1994). Thus, for example, factor analyses conducted on the PSD reveal two dimensions of behavior: one associated with impulsiveness and conduct problems and one associated with the interpersonal and motivational aspects of psychopathy (Frick et al., 1994). These factors have been similarly identified in

the behavior of adult psychopaths using the adult Psychopathy Checklist (e.g. Harpur, Hare & Hakstian, 1989).

One of the main positions regarding the impairment shared by adult psychopaths is that there is a lack of emotional responsiveness to threatening stimuli (e.g. Lykken, 1957; Hare, 1982; Ogloff & Wong, 1990; Patrick, Bradley & Lang, 1993; Patrick, Cuthbert & Lang, 1994). For example, psychopaths have been shown to be deficient in the acquisition of anxiety responses to threatening stimuli (e.g. Lykken, 1957). They have also been found, when anticipating aversive shock, to show smaller electrodermal responses which occur later in the warning interval in comparison to non-psychopaths (e.g. Hare, 1982; Ogloff & Wong, 1990). They have also been found to show reduced autonomic reactivity relative to non-psychopathic controls during the imagery of unpleasant and fearful experiences (Patrick et al., 1994). Individuals with psychopathy have been found to show comparable skin conductance responses to threatening visual stimuli (e.g. picture of a snake) to controls (Patrick et al., 1993). However, their startle reflex responses to the same stimuli are significantly less than those of controls (Patrick et al., 1993). On the basis of these results there have been several suggestions that the psychopathic phenotype is a consequence of a deficit in the neurophysiological systems modulating fear behavior (e.g. Hare, 1978; Gray, 1987; Fowles, 1993; Patrick et al., 1993; Patrick, 1994; Mealey, 1995).

An alternative conceptualization assumes that the primary deficit in individuals with psychopathy is a dysfunction within the neuro-cognitive system which mediates the response to distress cues; the Violence Inhibition Mechanism model (Blair, 1995; Blair et al., 1995). In normal developing individuals, the activation of this system by the display of distress cues (sad expressions) is thought to result in autonomic arousal and the interruption/inhibition of on-going behavior (Blair, 1995; Blair, Jones, Clark, & Smith, 1997). It should be noted that the Violence Inhibition Mechanism is thought to be activated whenever distress cues are displayed; it is a basic emotion system. It is not reliant on contextual information about on-going violence for activation. In line with this position, the display of distress cues has been found to result in the termination of not only aggression (e.g. Perry & Perry, 1974) but also non-violent disputes over property ownership (e.g. Camras, 1977) and sexual activity (e.g. Chaplin, Rice, & Harris, 1995).

The Violence Inhibition Mechanism model suggests that a deficit within, or a failure to develop, this mechanism might, under certain environmental conditions, result in the development of psychopathic behavior; the individual without this mechanism would not inhibit his behavior subsequent to a victim displaying distress cues. This predicts that the psychopath should not show, or should show reduced, arousal responses to distress cues. Four studies have examined the autonomic responsiveness of psychopaths to distress cues (Sutker, 1970; House & Milligan, 1976; Aniskiewicz, 1979; Blair et al., 1997). Three of these studies involved a similar design; subjects had to observe confederates who they thought were being given electric shocks. Skin conductance responses to the sight of the apparently shocked confederates were recorded. Of these three studies, two reported less responsiveness in the psychopath relative to controls (House & Milligan, 1976; Aniskiewicz, 1979) while one did not (Sutker, 1970). More recently, Blair et al. (1997) examined skin conductance responses of psychopaths and matched controls to distress cues, threatening and neutral stimuli. While the psychopaths showed comparable autonomic responses to the controls to the threatening and neutral stimuli, they showed significantly reduced responses to the distress cue stimuli.

Only one previous study has investigated the validity of the Violence Inhibition Mechanism for

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