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## A preliminary study on findings of psychopathy and affective disorders in adult sex offenders<sup>☆</sup>

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### Abstract

The construct of psychopathy has often been considered mutually exclusive to the presence of genuine depressive or anxiety symptomatology. This article addresses the hypothesized reasons for this dichotomous relationship. In this study, 68 civilly committed adult male sex offenders were evaluated using a variety of psychological measures to determine if psychopathic individuals in this group would demonstrate clinically significant affective symptoms. Results indicate that the men in this sample endorsed high rates of psychopathy on the PCL-R, with 42% of these expressing concurrent symptoms of depression and 26% manifesting symptoms of an anxiety disorder. Relationships between affective symptoms and PCL-R factor scores and qualitative differences between these constructs in child molesters and rapists are also discussed.

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### 1. Introduction

Within the fields of forensic and clinical psychology, there has been a growing interest in psychopathy and its related correlates. Much research has been conducted in an attempt to more precisely define what

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the psychopath is and what this particular set of traits implies for those involved in treatment planning, prediction of future behavior, and the formation of developmental theory. There is a dearth of research, however, that focuses on psychopathy and co-morbidity with other psychological disorders, such as affective or mood disorders. In this paper, we will evaluate the research contributions to the literature regarding psychopathy and affective disorders, provide data on a group of civilly committed sex offenders who demonstrate both psychopathy and significant affective symptoms, and discuss future implications for clinicians and researchers interested in this area.

## **2. Psychopathy and affective disorders: mutually exclusive constructs?**

The research literature to date has focused primarily on the hypothesis that psychopathy and affective dysfunction, particularly depression, are mutually exclusive constructs. Two theories have driven this research. The first of these focuses on a proposed continuum of behavioral inhibition and activation, while the second evaluates symptom characteristics of psychopathy and affective disorders that appear to be in opposition.

Gray (1976, 1978) developed a model utilizing the reward–punishment paradigms from the behavioral learning literature. He proposed that human behaviors and behavioral dysfunction are on an inhibition–activation continuum, and that certain types of disorders can be classified according to approach–avoidance mechanisms. The Behavioral Inhibition System (BIS) inhibits potential behavior when faced with a conditioned punishment, creating an avoidance response in the organism. The Behavioral Activation System (BAS) is characterized by the reverse, where the potential for receiving a reward causes the organism to activate behavior or approach the stimulus. This model was originally applied to anxiety by Gray (1976, 1978, 1979) and expanded to include explain depression (Fowles, 1988; Lovelace & Gannon, 1999) and later psychopathy (see Fowles, 1980, 1988, 2000, 2003; Gray, 1982; Newman, Wallace, Schmitt, & Arnett, 1997).

According to these theorists, anxiety and depression are located on the inhibition end of this continuum, with these affective disorders characterized by a strong BIS and a relatively weak BAS. Passive avoidance of potential negative conditions (such as punishment), withdrawal, and low levels of approach activity are noted characteristics of the internalizing disorders. Psychopathy, on the other hand, is believed to be located on the other end—the BAS—due to psychopathic traits such as poor inhibition of behavior when faced with threat cues, and overactive or excessive approach behaviors (e.g., sensation seeking).

In this behavioral continuum, states of disorder rest on either the activation or inhibition end, not both, thereby making disorders on either end inversely related constructs. Therefore, psychopathy (activation disorder) and mood dysfunction (inhibition disorder) would be unlikely to co-exist in the same individual due to marked differences in their default manifestation of approach–avoidance learning. Those with mood disorders would tend toward behavioral inhibition and avoidance of potential threat, whereas those with psychopathy would be indiscriminate in their approach for potential reward seeking.

Limited research evidence has supported the claim that psychopathy is characterized by increased approach responding and weak inhibitory control. Fowles (1980, 1988) used electrodermal skin response to measure reactivity when faced with an anticipated punishment. He found that psychopaths do demonstrate increased activation when given potential threat contingencies, and that this is not consistent with inhibitory responding in anxious or depressed individuals. Additionally, psychopaths are poor at

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