



Relationships between psychopathy and impulsivity in the domain of self-reported personality features

James V. Ray*, Norman G. Poythress, John M. Weir, Angela Rickelm

The Louise de la Parte Florida Mental Health Institute, Department of Mental Health Law and Policy, University of South Florida, 13301 Bruce B. Downs, Tampa, FL 33612, USA

ARTICLE INFO

Article history:

Received 30 April 2008

Received in revised form 27 August 2008

Accepted 8 September 2008

Available online 29 October 2008

Keywords:

Psychopathy

Impulsivity

UPPS

Psychopathic personality inventory - revised

Personality traits

Personality disorders

ABSTRACT

Impulsivity is widely accepted as a characteristic of psychopathy. However, both psychopathy and impulsivity are multi-faceted constructs, and theory suggests that primary and secondary variants of psychopathy may differ in their manifestations of impulsivity-related features. Using a sample of 92 offenders, this study used the fearless dominance (FD) and self-centered impulsivity (SCI) factors of the psychopathic personality inventory - revised (PPI-R; Lilienfeld, S.O., & Widows, M.R. (2005). Psychological assessment inventory - revised (PPI-R). Lutz, FL: Psychological Assessment Resources.), respectively, as proxy indicators of primary and secondary psychopathy, and examined their relations to multiple impulsivity-related constructs. Bivariate and hierarchical regression analyses revealed that FD and SCI have different patterns of association with impulsivity-related constructs and that these patterns are generally consistent with theoretical expectations. The results suggest that measures of impulsivity may be useful in identifying psychopathy subtypes.

© 2008 Elsevier Ltd. All rights reserved.

1. Overview of psychopathy

Cleckley (1941) described psychopathy in terms of chronic behavioral deviance (e.g., inadequately motivated antisocial behavior, unreliability), emotional-interpersonal deficits (e.g., untruthfulness and insincerity, lack of remorse or shame), as well as features of positive adjustment (e.g., superficial charm and good intelligence, absence of “nervousness” or psychoneurotic manifestations). Psychopathy has since become one of the most widely researched personality constructs (Patrick, 2006), particularly in offender populations, due primarily to the development of Hare’s psychopathy checklist – revised (PCL-R; Hare, 1991, 2003), which was based in part on Cleckley’s criteria.

Although the Cleckley and Hare conceptualizations portray psychopathy as a unitary construct, a substantial literature asserts that psychopathy is a heterogeneous construct (for a review, see Skeem, Poythress, Edens, Lilienfeld, & Cale, 2003). Working within a psychodynamic framework, Karpman (1949) asserted that subtypes of psychopathy may be distinguished in part in terms of susceptibility to negative affectivity. He described the primary psychopath as essentially unable to experience anxiety, whereas secondary psychopathy is marked by features consistent with negative affectivity such as depression, neuroticism, and guilt. Lykken’s (1995) more modern theory employed constructs from Gray’s (1982) reinforcement sensitivity theory and asserted that primary psychopa-

thy is distinguished by an innate fearless temperament (i.e., low sensitivity to cues of potential harm or non reward), whereas secondary psychopaths’ problem behavior may often result from oversensitivity to cues of reward/reinforcement. Still, in Lykken’s theory secondary, but not primary, psychopaths are prone to experience anxiety and other negative emotions.

The PCL-R is the best validated measure for assessing psychopathy in offenders, and most of the PCL-R research uses a two-factor structure identified by Harpur, Hakstian, and Hare (1988) (for views of alternative three- and four-factor structures, see Hare & Neumann, 2006, and Cooke, Michie, & Hart, 2006). Factor 1 captures the core interpersonal (e.g., superficial charm, failure to accept responsibility) and affective (e.g., lack of remorse, shallow affect) features of psychopathy, whereas factor 2 captures features of a chronic socially deviant lifestyle (e.g., juvenile delinquency, irresponsibility).

Because PCL-R factors are usually correlated (about .50), it is important to control for covariance between them in examining associations with external variables due to possible suppressor effects (Hicks & Patrick, 2006). When covariance between the factors is controlled for, the PCL-R factors display divergent associations with external variables such that “the descriptive features of primary and secondary psychopathy mirror the psychometric correlates of PCL-R factors 1 and 2” (Hicks, Markon, Patrick, Krueger, & Newman, 2004, p. 277). Factor 1 is negatively associated with measures of negative emotionality, whereas factor 2 has positive associations. Factor 2 correlates positively with impulsivity and anger, and negatively with conscientiousness and constraint,

* Corresponding author. Tel.: +1 727 452 6642; fax: +1 813 974 6411.
E-mail address: jray@fmhi.usf.edu (J.V. Ray).

whereas factor 1 tends to be unrelated to these traits (Hicks et al., 2004). Factor 2 has been associated with risk for suicidal behavior (Douglas et al., in press; Verona, Hicks, & Patrick, 2005; Verona, Patrick, & Joiner, 2001), whereas factor 1 has been shown to be either unrelated (Douglas et al., in press; Verona et al., 2001) or negatively associated with suicidality (Verona et al., 2005). Factor 2 is also commonly associated positively, and more strongly than factor 1, with self-report measures of substance use problems (Hare, 1991/2003).

An alternative measure of psychopathic features is the psychopathic personality inventory (PPI; Lilienfeld & Andrews, 1996), a self-report measure whose content scales (see Measures, below) also load on two higher order factors (Benning, Patrick, Hicks, Blonigen, & Krueger, 2003; cf. Neumann, Malterer, & Newman, 2008), PPI-I (Fearless Dominance; FD), and PPI-II (Impulsive Antisociality; IA). The PPI differs in content from the PCL-R in two important ways. First, the PPI places greater emphasis on features of positive adjustment such as absence of neurotic symptoms and effective social functioning (Patrick, in press); second, the PPI lacks items that tap explicitly criminal behavior (e.g., delinquent juvenile or adult criminal behavior). Also, in contrast to the PCL-R factors, in most samples the PPI factors are uncorrelated and represent a model of psychopathy based on complementary, rather than correlated, higher order facets. For these (and other) reasons, PPI-I and PPI-II are imperfect analogues of PCL-R factors 1 and 2.

Nevertheless, in studies with offenders the external correlates of FD and IA, respectively, are similar to those described above for PCL-R factors 1 and 2. For example, associations with measures of negative emotionality have been negative for PPI-I and positive for PPI-II, (Benning, Patrick, Blonigen, Hicks, & Iacono, 2005; Patrick, Edens, Poythress, Lilienfeld, & Benning, 2006), although Uzieblo, Verschuere, and Crombez (2007) reported that PPI-II was unrelated to scores on the behavioral inhibition scale (Carver & White, 1994), which largely indexes anxiety or negative emotionality (Poythress et al., 2008). Similarly, PPI-II correlated positively, and PPI-I negatively, with indices of suicidality (Douglas et al., in press), and PPI-II correlated positively with self-reported substance use problems, whereas PPI-I has been negatively related, or unrelated, to these indices (Benning et al., 2005; Patrick et al., 2006).

Based on this literature, some regard psychopathy measures' factor scores as proxy indicators for primary and secondary psychopathy (e.g., Hundt, Kimbrel, Mitchell, & Nelson-Gray, 2008; Ross et al., 2007). It is in this context that the present study examined associations between psychopathy and indices of impulsivity that may be helpful in distinguishing psychopathic subtypes.

2. Psychopathy and Impulsivity

Impulsivity has been used to describe diverse traits or tendencies (e.g., motor restlessness; lack of planning; precipitous emotional reactions). Although it is routine to encounter assertions that impulsivity is a core characteristic of psychopathy (Hare, 1991/2003), such assertions are at odds with some clinical observations and research findings. Karpman (1948) suggested that whereas impulsivity may characterize the behavior of secondary psychopaths, the primary psychopath rarely reacts impulsively and has the ability to calmly and purposefully carry out actions. Relatedly, Woodworth and Porter (2002) found that individuals scoring high on the PCL-R were significantly more likely to engage in murders that were instrumental, requiring well thought-out plans, void of any impulsiveness. Fowles and Dindo (2006) concluded that the form of impulsivity associated with the core interpersonal and affective features of psychopathy (i.e., primary psychopathy) was "... one of willingness to take risks even after considering the consequences" (p. 26).

Differences between primary and secondary psychopathy in the expression of impulsivity is consistent with the dual deficit model of psychopathy (Fowles & Dindo, 2006). In this model primary psychopathy is related to reduced fear sensitivity, implicating subcortical (amygdala, hippocampus) deficits that render the individual (relatively) less inhibited in the face of novel or exciting (although potentially harmful) stimuli, and thus prone to more exploratory forms of "impulsive" behavior (e.g., sensation seeking). In contrast, secondary psychopathy is associated with deficits in executive functioning, implicating the prefrontal cortex and cognitive mechanisms (e.g., attention focus; planning) associated with controlling behavioral responses.

Empirical studies using the PCL-R have generally found stronger associations with indices of impulsivity for factor 2 than for factor 1 (Hare, 2003, Table 8.15). Similarly, using estimated PPI scores Benning et al. (2005) reported a significantly higher association for PPI-II ($r = .50$) than PPI-I ($r = .12$) with a unitary index of impulsivity. The body of literature examining relations between psychopathy and impulsivity is limited for two reasons. First, in some studies investigators have reported associations with total scores from unitary impulsivity scales that did not differentiate among expressions of impulsivity-related traits. Second, prior findings may have been influenced by criterion contamination – some indices of impulsivity may have been present in the "factor 2" predictor variables as well as criterion variables. On the PCL-R, an "impulsivity" item loads on factor 2; similarly, on the PPI the Carefree Nonplanfulness scale, and some items on the Rebellious Nonconformity scale, also index impulsivity-related traits, and both of these scales load on PPI-II. To better understand impulsivity-related differences in primary and secondary psychopathy, research is needed that (a) examines associations of psychopathy factor scores across a variety of impulsivity-related constructs, and (b) controls for the influence of impulsivity-related content in the psychopathy factors themselves.

3. The Present study

In this study the fearless dominance (FD) and self-centered impulsivity (SCI) factors from the revised PPI (PPI-R; Lilienfeld & Widows, 2005) were used as proxy indicators for primary and secondary psychopathy, respectively. These factor scores were correlated with measures of four impulsivity-related constructs identified by Whiteside and Lynam (2001). Urgency reflects behavior precipitated by the need to obtain relief from unpleasant emotions, whereas Premeditation (lack of) and Perseverance (lack of) arguably relate to executive control functions. As noted above, vulnerability to negative emotions is associated with secondary psychopathy and deficits in executive functioning are a suggested pathway to behavioral dyscontrol in secondary psychopathy. Thus, we hypothesized significant, positive associations for SCI for with these three impulsivity-related traits. A fourth impulsivity trait, sensation seeking, may be associated with both primary psychopathy (lack of inhibition due to low fear sensitivity) and secondary psychopathy (excessive excitation that overrides normal inhibition in the face of reward stimuli) (Lykken, 1995, p. 160). On this basis, both FD and SCI were expected to correlate positively with sensation seeking.

4. Method

4.1. Participants

Participants were 92 English-speaking offenders (70% male), between the ages of 18 and 40 ($M = 28.9$), court-ordered to participate in a community-based, residential drug treatment program.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات