Perceived social rank, social expectation, shame and general emotionality within psychopathy

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Overview

Within the psychological literature, the self-conscious emotion of shame is proving to be an area of growing interest. This thesis addresses the application of this emotion, as well as self and social evaluative processes, to our understanding of offenders, specifically those high in psychopathic traits.

Part 1 reviews the literature concerning emotionality within psychopathy, in order to assess the capabilities, as well as the deficits that people with psychopathic traits demonstrate. Emotions classified as 'moral' or 'self-conscious', namely empathy, sympathy, guilt, remorse, shame, embarrassment and pride, are investigated. From the review it is clear that psychopaths are not the truly unemotional individuals that they are commonly portrayed as being, but instead experience many emotions to varying degrees. This paper concludes by highlighting possible areas for further exploration and research.

Part 2 reports on an empirical investigation into the prevalence of social rank, social expectations, and emotionality, particularly the self-conscious emotion of shame, within psychopathy. The paper also considers the inter-relationships between these emotions amongst a sample of offenders as a whole. The study highlights the worth of considering different treatment approaches for the different subtypes of psychopathy identified.

Part 3 reflects on the process of having carried out the above research. This paper is divided into two broad sections. The first, considers methodological issues, such as

the self-report method, and the dynamic between male offender participants and a female researcher. Within the second section, systemic issues are considered and personal reflections are provided, in the hope that this may assist future researchers, who may be interested in carrying out research within prisons.

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Part 1: Literature Review

Emotional capability: Are psychopaths truly callous and unemotional?

Abstract

This paper presents a review of the theory and empirical evidence that relates to emotionality within psychopathy, in order to assess the capabilities, as well as the deficits that people with psychopathic traits demonstrate. In doing so, many of the major theories that have shaped our understanding of the disorder are presented. Psychopathy is then reviewed in relation to many relevant emotional states, including the emotions of anger and anxiety. In addition, emotions classified as 'moral' or 'self conscious', namely empathy, sympathy, guilt, remorse, shame, embarrassment and pride, are also investigated. From this review it is clear that psychopaths are not the truly unemotional individuals that they are commonly portrayed as being, but instead experience many emotions to varying degrees. This paper concludes by highlighting possible areas for further exploration and research.

1. Introduction

Cleckley (1941) described psychopathy as an inherently paradoxical syndrome, one in which severe behavioural maladjustment and positive psychological adjustment go hand in hand. Thus he wrote:

> *In all the orthodox psychoses, ... there is more or less obvious alteration of reasoning processes or of some other demonstrable personality feature. In the psychopath, this is not seen. The observer is confronted with a convincing mask of sanity (Cleckley, 1941, p.368).*

Psychopathy is characterized by irresponsibility, impulsivity, antisocial behaviour, an inability to learn from punishment and a lack of long-term goals (Cleckley, 1941). As such, the 'psychopath' has been described as being *morally insane*; an untreatable misfit, whose aggression and antisocial behaviour is so inherent, that it requires little external or environmental stimulation (van Honk & Schutter, 2006). It has been widely reported that the motivation for such unrestrained violence and antisocial acts is provided by a lack of fear and empathy, whilst it has been asserted that the psychopath is able to access his many victims through the use of an impenetrable *mask of sanity* (Cleckley, 1941), a façade whereby 'victims' are charmed and persuaded of the normality of their assailant, prior to the 'attack'. Phillippe Pinel (c.1800's, cited in van Honk & Schutter, 2006) coined the term '*insanity without the delirium*' referring to the presence of an emotional dysfunction in the absence of distress. Cleckley (1941) who carried out an extensive qualitative-type analysis of the presentation, suggested that psychopaths suffer from an 'emotional poverty'. He went on to assert that although psychopaths are able to gain the linguistic component

of emotions, the experiential element is either reduced or missing within these individuals, when compared with the normal population. It is this phenomenon, that is, the depth and degree to which psychopaths can experience emotions, which this review will attempt to explore.

Today, psychopathy is characterized as a personality disorder (PD) with a distinctive pattern of affective, interpersonal, and behavioural symptoms, and is related, though not identical, to Antisocial Personality Disorder (ASPD) (Hare, Cooke, & Hart, 1999; Kirsch & Becker, 2007). Psychopathy is considered by many psychologists, to be a higher order construct, encompassing a high degree of personality traits associated with DSM-IV (Diagnostic Statistical Manual: 4th Edition, American Psychiatric Association, 1994) criteria for many of the other personality disorders, including narcissistic, histrionic, borderline and paranoid PD (Blackburn, 1993; Hart & Hare, 1989). It has been widely reported that affective features include shallow affect, lack of remorse and lack of empathy, while interpersonal features include glibness, superficial charm, grandiosity and an ability to deceive and manipulate others for maximum personal gain. Behavioural features have included impulsivity, irresponsibility and antisocial acts. Consistent with other personality disorders, the above traits typically appear during early development and are pervasive and enduring across the lifespan (Frick, Kimonis, Dandreaux & Farell, 2003; Kirsch & Becker, 2007; and Rutherford, Cacciola, Alterman, McKay & Cook, 1999). It is estimated that psychopaths comprise 20 to 30 percent of the North American prison/forensic population (Harpur & Hare, 1994; and Widiger, Cadoret, Hare, Robins, Rutherford, Zanarini, *et al.*, 1996), with around 15 to 20 percent making up the figures for European populations (Hare, Cooke & Hart, 1999). In the general

population, the prevalence of psychopathy has been estimated as less than one percent (Pitchford, 2001), although some researchers state that this number cannot be effectively estimated due to the unknown quantity of psychopaths in the non-offender community, sometimes referred to as 'successful' psychopaths, who have yet to be reliably measured (Hall & Benning, 2006; Hare, Cooke & Hart, 1999; Ishikawa, Raine, Lencz, Bihrle & LaCasse, 2001; Kirsch & Becker, 2007; Lykken, 1995).

This paper will first outline the study selection used for this review before introducing the construct of psychopathy, including its origin, the way in which it is assessed and many of the major theories that have shaped our understanding of the disorder. This section will include a brief review of a vast literature that focuses on a cognitive and/or neurological perspective of the etiology of the disorder. Following this, the topic of 'emotion' will be introduced, including a summary of the many ways in which emotions are conceptualized and empirically studied. Finally, psychopathy will be reviewed in relation to many relevant emotional states, including those emotions classified as 'moral' and/or 'self conscious'. By providing a review of current theory and empirical evidence relating to the emotional capabilities and deficits of individuals with psychopathic traits this paper will conclude by putting forward some suggestions for possible areas for further research.

1.1 Study Selection

A pragmatic search of the literature was carried out using psychINFO (Search range: 1806-2008). The terms included in the search were: 'emotion', 'anxiety', 'fear', 'anger', 'empathy', 'sympathy', 'shame', 'guilt', 'remorse' 'embarrassment', 'pride',

'self conscious emotion' and 'moral emotion'. These items were all then crossed with 'psychopath'. It was decided that the search item 'antisocial personality disorder' would not be included within this review as it was the intention of this review to survey only literature that considered the specific factors related to the construct of psychopathy and not the broader constructs of 'criminality', 'antisocial behaviour' and/or 'personality disorder'. That said, within the literature examined, it was found that the term 'psychopathy' was defined broadly, and included researcher, as well as, self-report ratings. The search was restricted to studies that involved male participants because, although studies are beginning to be carried out with female participants, it is believed that the current knowledge of this cohort is insufficient to allow for assumptions of generality across the construct of psychopathy (Verona & Vitale, 2006). Furthermore, initial evidence has suggested that there are definite performance differences between the two groups on some psychometric measures of psychopathy, specifically the PCL-R (Verona & Vitale, 2006). As a result of this, studies using female samples have been excluded from this review. The total number of 'relevant' journal articles and books found was eighty-seven. An additional twenty-four sources were found as a result of scanning the abstracts and/or the reference sections of the initial sources.

2. Psychopathy

2.1 The Origins of the Construct of Psychopathy

Cleckley's classic monograph, *The Mask of Sanity* (1941, 1976), which presented fifteen case descriptions of psychopaths, continues to provide a vital point of reference for theorists, researchers and clinicians alike, with much of his initial material remaining relatively unchallenged to this date. Furthermore, his set of

sixteen diagnostic criteria, formulated from his initial case studies, has served as the basis for the development of Hare's Psychopathy Checklist (PCL, 1980; PCL-R, 1991). The PCL-Revised (PCL-R) is regarded by many, as the 'gold standard' assessment tool for psychopathy. Cleckley's proposed etiological model of the disorder also inspired Lykken's (1957) seminal study of 'anxiety in the sociopathic personality' (Patrick, 2006). Nonetheless, there are undoubtedly differences between Cleckley's construct of psychopathy and that embodied by the PCL-R, as described in detail by Hare (1980, 1991, 1993). Specifically, these differences relate to the emotional components of anger and anxiety. Further exploration of these positions, as well as the empirical evidence to support them, will be considered throughout this review.

2.2 Assessment of Psychopathy

As noted above, for some time, the gold standard for the assessment of psychopathy has been thought by many psychologists to be the PCL-R (Hare, 1991). The PCL-R combines a semi-structured interview with a detailed review of a person's records to form a clinical judgment of the personality traits and behaviours that are central to this construct. In order to obtain a clinical diagnosis, in North America, scores of 30 or greater are considered to be indicative of psychopathy (Hare, 1991), whilst in the UK, this figure is set at 28 or greater. For research purposes, scores above 25 are generally considered to be indicative of individuals with high psychopathic traits. The PCL-R is comprised of two distinct, yet moderately correlated factors (Harpur, Hare, & Hakstian, 1989). Factor 1 describes the affective and interpersonal features of psychopathy, which are considered by many to be the core of the disorder, while

Factor 2 reflects an unstable and antisocial lifestyle, and includes features that are predominantly behavioural in nature.

Existing crime data suggest that the PCL-R is a measure with great clinical utility. For example, data on re-offending rates shows that individuals that score over the cut off on the PCL-R are three times more likely to offend (Hare, 1991; Douglas, Vincent & Edens, 2006). However, evidence concerning the etiology of the 'PCL-R psychopath', is less consistent. Brinkley (2004) proposed that one potential source of the inconsistent evidence is that psychopathy is a construct, like learning disability, that is etiologically heterogeneous.

Other researchers and clinicians have noted a tendency for the PCL-R to over ascribe or diagnose psychopathy (Newman & Lorenz, 2003). This occurs due to the fact that the PCL-R protocol does not involve any examination or measurement of anxiety and as a result, those offenders with reasonably high levels of anxiety can still be diagnosed with psychopathy, which for many psychologists is somewhat of a contradiction in terms. As a result of this short fall, some researchers have taken to adding an anxiety measure, when using the PCL-R (Newman, Patterson, Howland, & Nichols, 1990) and have subsequently utilised sub-categories of psychopathy, such as 'primary psychopaths', those with low anxiety scores, and 'secondary psychopaths', those with high anxiety scores (Karpman, 1948; Blackburn, 1975; 1986; 1987). However, many studies have shown that an anxiety index of passive avoidance is dysfunctional in the primary psychopath (Arnett, 1997), suggesting that 'secondary psychopathy' might better be encompassed by the diagnostic category of Antisocial Personality Disorder (ASPD) (Fowles, 2000; van Honk & Schutter, 2006).

Other measures of psychopathy include self-report measures, specifically the Psychopathic Deviate (Pd) scale of the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1943), the Socialization Scale (So) of the California Psychological Inventory (CPI, Gough, 1957) and more recently, the Psychopathic Personality Inventory-Revised (PPI-R, Lilienfeld & Widows, 2005). Unlike earlier inventories, the PPI-R is a self-report measure of psychopathy, which is intended to comprehensively and exclusively assess for personality traits associated with the disorder of psychopathy, with the further utility that it can be used in offender and community samples alike. The PPI-R includes validity scales to identify malingering, under-reporting and inconsistent responding. In addition, the inclusion of elements of psychopathy, more closely conceptualized by Cleckley, means that the PPI-R has gone someway to producing data on a more homogeneous group, and allows 'high anxiety' or 'secondary' psychopaths to be better grouped within the disorder of ASPD (Benning, Patrick, Hicks, Blonigen, & Krueger, 2003; Edens, Poythress, & Watkins, 2001).

2.3 Major Theoretical Contributions

Since Cleckley's first description of the psychopathic personality, many psychological theories of psychopathy have been put forward, each partly supported by empirical evidence. The following section will attempt to introduce the major theories and models of psychopathy in order to begin to make sense of the complex role that emotions might play in the etiology and maintenance of the disorder.

Although differing with respect to the hypothesized nature of the deficiency, many theorists who seek to define the construct, share a common view of psychopathy as

resulting from a core, over-arching deficit that impairs the individual's ability to become socialized (Kirsch & Becker, 2007). In contrast to this, some personality theorists argue that most of the deficits proposed by both researchers and clinicians cannot be subsumed under a single construct that stems from a single etiological mechanism, and instead suggest that psychopathy is more likely to be a constellation of personality traits from a more general model of personality (Lynam & Derefinko, 2006).

In line with the first view, the Frontal Lobe Dysfunction hypothesis (Gorenstein, 1982) posited that damage to the frontal lobe, with its related disruption to executive functioning causes aggression and general antisocial behaviour. However, frontal lobe dysfunction has only been associated with 'reactive' or emotion based aggression. Therefore, the Frontal Lobe Dysfunction hypothesis does not offer an explanation for the high levels of 'instrumental', or goal directed aggression, that is so often associated with individuals with psychopathy (Cornell, Warren, Hawk, Stafford, Oram & Pine, 1996).

Lykken's (1957, 1995) Low Fear and Fear Dysfunction models posit that people who have innately low levels of fearfulness are harder to socialize due to the fact that they fail to experience fear or anxiety in the face of punishment. This lack of fear is thought to translate into a motivational deficit in psychopaths. Many psychologists have criticized this theory as being too general. For example, Hare (1998) has argued that low fear or anxiety accounts for only some of the features of psychopathy, whilst others have noted that fear conditioning is a poor predictor of

moral socialization compared with fostering empathy during development (Hoffman, 1984, and Blair, Jones, Clark & Smith, 1997).

In attempting to build upon Lykken's work, Patrick and Lang (1999) suggested that the emotional detachment and the behavioural disinhibition components of psychopathy are two separate, but often co-occurring entities characterized by deficits in distinct brain regions and functions. Patrick and Lang (1999) suggest that while the emotional detachment component probably results from deficient fear responding, impulsive antisocial acts are better accounted for by a deficit in higher information processing systems that may then interact with motive systems, such as fear. Newman and colleagues also understand psychopathy with regard to deficits in information processing, specifically 'response modulation' (Newman, 1998; Patterson & Newman, 1993). Response modulation (RM) involves the "rapid and relatively automatic shift of attention from the effortful planning and implementation of goal-directed behaviour to its evaluation" (Newman, Schmitt & Voss, 1997). The RM model is an attention-based model. Dysfunction within the system responsible for response modulation is thought to limit a person's ability to attend to, and therefore process feedback, specifically negative feedback, from the environment, rendering them less able to regulate their behaviour once it has been initiated. Newman (1998) argues that it is not that psychopaths are unable to regulate their behaviour; more that it requires an increased effort because of a lack of automatic responses that guide their actions. This model therefore predicts that individuals with psychopathy will be more likely than non-psychopathic individuals to persist in a previously rewarded response, even if the rate of punishment for this response increases. Support for this prediction comes from a series of studies

employing a card-playing task, in which, under conditions of partial reinforcement, psychopaths chose to continue to view cards for a far greater amount of time than controls, after rewards had decreased (Newman, Patterson & Kosson, 1987).

Blair and colleagues (Blair, 1995, 2005, and Blair, Jones, Clark, & Smith, 1997) also attribute psychopathy to cognitive deficits. In particular, they view psychopathic behaviour as resulting from a defective Violence Inhibition Mechanism (VIM). This hypothesis was developed from the work of the ethologists Eibl-Eibesfeldt (1970) and Lorenz (1981), who proposed that most social animals possess mechanisms for the control of aggression. Blair (2005) notes that submission cues displayed to an aggressor should trigger autonomic arousal, which subsequently inhibits attack behaviour. For example, an aggressor dog will cease fighting if its opponent bares its throat. The VIM is considered to be a physiological system that becomes activated in response to distress cues in others. Proponents of this model argue that within psychopaths there is a failure in the activation of the inhibitory behavioural mechanism. In line with conditioning principles, continual inactivation of the VIM during harmful acts results in a failure to associate these acts with personally aversive physiological sensations. In turn, this leads to a failure to develop empathy, produces poor moral socialization, and increases the likelihood that the individual will engage in acts of instrumental aggression.

A recent cognitive neuroscience perspective on psychopathy has been developed by Blair (2005). He reviewed the above cognitive and neuroscience models of psychopathy: the Frontal Lobe Dysfunction Model, the Fear Dysfunction Model, the Response Modulation Model and the Violence Inhibition Model. As a result of his

review, he proposed the Integrated Emotion Systems (IES) model. This model can be considered an integration of the Fear Dysfunction and VIM models, but also suggests a primary amygdala dysfunction in psychopathy, as proposed by Patrick (1994). Similarly to previous hypotheses, this deficit is believed to disrupt the ability of the individual with psychopathy to form stimulus-response associations, particularly stimulus-punishment associations, thereby interfering with 'normal' socialization. The psychopathic individual is considered less likely to learn to avoid the use of antisocial behaviour to achieve their goals. Instead, they appear to go out of their way to use antisocial behaviour instrumentally to achieve their desires, due to the fact that they are able to experience the receipt of the potential reward, e.g. financial gain, sexual pleasure, power, etc., without the experience of the 'cost' of the victim/s' distress. Consistent with the Frontal Lobe Dysfunction model and the RM model, the IES model suggests frontal cortex dysfunction, specifically locating this in the orbital/ventrolateral region. It is believed that this deficit disrupts the systems necessary for the rapid alteration of responding, following contingency change, and can help to explain why psychopaths are at an increased risk of frustration based reactive aggression, as well as the instrumental aggression, as noted above.

In proposing this model, Blair (2005) raises the question of why there appears to be two forms of cerebral pathology in psychopathy; that is, amygdala and orbital/ventrolateral dysfunction. He offers three possible hypotheses for this. The first hypothesis suggests that, due to the amygdala dysfunction, the required output does not reach the orbital/ventrolateral frontal cortex effectively. The second possibility is that the two types of pathology are linked to a single pathology at a different level, for example, disruption within a single neurotransmitter system. The

final suggestion that Blair (2005) offers relates to the possible lifestyle of individuals with psychopathy, i.e. their increased likelihood of drug use, which has been associated with frontal cortex dysfunction (Rogers & Robbins, 2001).

In summary, many psychological theories of psychopathy have been put forward, proposing links between emotion-processing deficits, cognitive deficits and dysfunctional socialization. However, proponents of these theories vary in the degree to which they consider psychopathy to be a bottom up or a top down phenomenon, and whether it is most likely to stem from an emotional or an attentional deficit. Cognitive theories, particularly proposals of dysfunctional information processing mechanisms, have been routed to deficits in neuro-anatomy, specifically within the amygdala and areas of the frontal cortex. However, as Newman (1998) points out, these theories need not be mutually exclusive and later we will consider how empirical evidence can be used in support of a number of different conceptualizations of psychopathy.

3. Emotion

According to Lang (1995) it is generally believed that emotions can be conceptualized as states of 'readiness for action' reflecting activity in two basic motivational systems; the first, an appetitive system that mediates approach behaviour, with the second, a defensive system, which mediates withdrawal behaviour. Research into emotionality has similarly resulted in two approaches for classifying emotions. The first conceptualizes emotional affect along two dimensions: 'valence', which describes the extent of pleasure or sadness, and 'arousal', which describes the extent of calmness or excitation (Lang, Bradley, &

Cuthbert, 1990). The second emphasizes a categorical approach, describing six basic, universally recognized, facial expressions of emotion, i.e. happiness, sadness, anger, surprise, fear, and disgust (Ekman & Friesen, 1972). In general, psychophysiological research has adopted the dimensional approach, whilst researchers studying emotion recognition and empathy have tended to utilize the categorical approach.

3.1 Assessment of Emotion

Emotion researchers suggest that emotional expression involves the activation of separate, but interrelated response systems, including those related to patterns of behaving, expressive and evaluative language, and physiological changes mediated by the somatic and autonomic nervous systems (Lang, Bradley, & Cuthbert, 1998). The literature reviewed below reflects a range of different research methods. While behavioural observations and self report measures are considered to be useful indicators of emotionality, recently many researchers have tended to rely more heavily on objective physiological correlates of emotional states, due to the fact that both language and behaviours are more conscious representations that are subject to bias or distortion within participants (Kirsch & Becker, 2007). Specific psychophysiological systems have been found to be consistently associated with aspects of emotional experience (Lang *et al.*, 1998) and can be used to measure both emotional arousal and valence; these include measures of startle reflex, heart rate variations, corrugator electromyographic (EMG) (a measurement of the frown muscle), and galvanic skin response (GSR). By observing these responses, researchers can test whether certain groups of individuals show different patterns of emotional responses when presented with similar stimuli.

3.2 Emotional Processing in Psychopathy

As noted above, abnormal emotional processing is believed to be a hallmark of psychopathy. However, cognitive deficits associated with psychopathy do not appear to fit established models of cognitive dysfunction, such as executive deficits or difficulty with sustained attention. It is therefore thought that psychopaths have adequate cognitive resources and capacity, but appear to have difficulties maintaining an adaptive balance between top-down and bottom-up processing (Hiatt & Newman, 2007). In support of this view, Herve, Hayes and Hare (2003) demonstrated that psychopaths show a tendency not to understand or effectively utilize the emotional content of language. In their study, Herve *et al.* asked participants to choose two words from a triad, which they believed to be most similar in meaning. The psychopathic cohort made more sorting errors on the emotional metaphor 'Q sort task' than their non-psychopathic counterparts, despite having good literacy understanding. Moreover, Hare, Williamson and Harpur (1988) found that psychopaths group words on the basis of their literal meaning (e.g. antonyms), whilst non-psychopaths more often utilize the word's connotation, as a basis for categorisation. In a more recent study, Long and Titone (2007) demonstrated that individuals with high psychopathic traits were less efficient, than their low trait counterparts, in processing negatively valanced words. This was shown across all levels of word abstractness, again supporting accounts of emotional processing difficulties within psychopathy.

Other research suggests that psychopaths show a severe disruption in emotional responding and social functioning (Mitchell, Richell, Leonard & Blair, 2006). Mitchell and colleagues (2006) asked participants to complete an Emotional Interrupt

Task, in which they were asked to respond to target stimuli with right or left button presses to shapes that were temporarily bracketed by positive, negative or neutral images. Participants with psychopathy showed no increase in response latencies when the target stimuli were bracketed by positive or negative images, compared to neutral images, suggesting that individuals with psychopathic personality traits were not affected by varying degrees of emotionality.

3.3 Emotional Experience in Psychopathy

3.3.1 Psychopathy & Anger

Counter to the previously common perception of psychopaths as being aggressive and/or murderous predators, Cleckley (1941, 1976) explicitly noted that, although persistent antisocial deviance was characteristic of these individuals, serious violence and aggression was not central to the construct of psychopathy. Indeed, although many of Cleckley's case illustrations report some features of anger and aggression, these commentaries appear to sit alongside several accounts of friendliness, affability and cooperativeness. Furthermore, even within the examples of those who exhibited tendencies towards aggression, there were no reports of impulsive rage that could not be controlled. Moreover, as many as one third of Cleckley's fifteen case studies include no mention of verbal or physical aggression (Patrick, 2006). As a result, Cleckley maintained that the underlying affective disposition of the psychopath, their 'emotional poverty', actually mitigates against hostile grudges or angry, vengeful displays:

> *"It is my opinion that when the typical psychopath... occasionally commits a major deed of violence, it is usually a causal act done not from tremendous passion or as a result of plans persistently followed with earnest compelling*

> *fervor. ... The psychopath is not volcanically explosive, at the mercy of irresistible drives and overwhelming rages of temper. Often he seems scarcely wholehearted, even in wrath and wickedness (Cleckley, 1976, p.263).*

It is notable that Cleckley's position on psychopathy and aggression is at odds with Hare's construct of the disorder, where hostility, anger, cold-heartedness and aggression occupy a more central role (Patrick, 2006). Indeed, there has been much empirical evidence indicating that psychopathy, as determined by the PCL-R, shows its strongest associations with personality traits of aggression and antagonism (Lynam & Derefinko, 2006), and PCL-R scores have reliably been found to predict aggressive behaviour and violent recidivism within criminal offenders (Douglas, Vincent & Edens, 2006). However, Patrick and Zempolich (1998) note a limitation of many studies that utilise the PCL-R, in that they are highly susceptible to 'criterion contamination'. Specifically, Patrick *et al.* (1998) assert that the relationship between psychopathy and violence is likely to arise due to the fact that PCL-R ratings of psychopathy can often be inflated as a result of the presence of violence related information within the person's history. In support of this assertion, Patrick *et al.* (1998) note that for studies that have employed self report indices of psychopathy, there has been a tendency to only find a relationship between psychopathy and violence when a moderating factor, for example, low IQ or high social withdrawal, is present. In addition, Patrick (2006) asserts that of the sixteen diagnostic criteria that Cleckley described, emotional and interpersonal deficits and behavioural deviance are well represented by the PCL-R, however, the more positive, psychological adjustment features, namely 'good intelligence and social

charm', 'absence of delusions and other signs of irrationality', 'absence of nervousness' and 'suicide rarely carried out', are not featured, especially when careful comparison of the wording between the two criterion is performed (Patrick, 2006). Patrick (2006) claims that the absence of indicators of positive psychological adjustment among the items of the PCL-R has occurred due to the fact that indicators that did not contribute to the reliability of the overall scale were abandoned. This has subsequently resulted in a measure that concentrates almost exclusively on deviance and maladjustment, and departs in many ways from Cleckley's original criterion set.

That aside, there have not been many empirical studies that have explicitly investigated emotionality, specifically anger, and its role in violence or aggression within psychopathy. Instead, much research has considered victim characteristics when attempting to understand the emotions that may precede the aggressive acts of psychopaths. For example, Williamson, Hare and Wong (1987) found that the victims of psychopaths were more often strangers, whereas non-psychopaths usually knew their victims. Moreover, studies of crime data have found that psychopaths inflict less harm to their victims than non-psychopaths, with homicide rates again being higher within non-psychopathic populations (Hare & McPherson, 1984). Psychopaths are instead thought to utilise more 'instrumental' aggression, i.e. threats and intimidation, which are considered to be a marker of more pathological development, than emotion based or 'reactive' forms of aggression, the more pervasive form of violent crime (Cornell, Warren, Hawk, Stafford, Oram & Pine, 1996). In line with these findings, Williamson *et al.* (1987) investigated the apparent motives of many violent crimes and found that, more often than not, the crimes of those high in psychopathy involved material gain, whereas for non-psychopaths,

strong emotional arousal appeared to precede acts of aggression. In addition, although it has been found that psychopaths engage in more aggressive and disruptive behaviour in prison, researchers have found that a substantial amount of this behaviour is aimed at controlling others, rather than as a result of high emotionality (Hare & McPherson, 1984). From the weight of this evidence, it has been suggested that psychopaths, although able to carry out impulsive acts, may not be able to form the kind of deep interpersonal attachments to others, which precipitate strong emotional reactions that can lead to many forms of violent offending (Patrick & Zempolich, 1998).

That said, evidence suggests that psychopaths can, and do, experience anger. Using PCL scores, Serin (1991) divided a sample of participants into those high or low in psychopathy. Serin (1991) noted that those with high PCL scores do not differ from those with low psychopathy scores in their levels of reported anger as assessed by the Novaco Anger Scale (Novaco, 1975) or reported hostility, as measured by the Overcontrolled-Hostility Scale (Megaree, Cook & Mendelsohn, 1967). Moreover, when asked to attribute emotionality to the people in a series of vignettes of frustrating situations, those with high PCL scores actually reported greater levels of anger. However, the psychopaths did not differ from the non-psychopaths with regard to how they expected to respond to such situations or in their attributions of hostile intent from others in the vignettes, again suggesting that a level of control or detachment tempers their anger.

3.3.2 Psychopathy, Anxiety & Fear

Cleckley (1941) considered abnormally low levels of anxiety to be a core element of psychopathy, with the majority of his case studies presenting as lacking in nervousness, concern, tension, anxiety, stress or any form of "psycho-neurosis". In fact, he noted that many of the individuals within his cohort demonstrated abnormally high levels of calmness and self-assurance. In line with this view, as noted above, the Low Fear Model (Lykken, 1957) states that psychopathic disturbance has its foundations in, and is supported by, the absence of fear (Lykken, 1957). It is asserted that fearfulness ensures an inability to respond to, and learn from, the punishing consequences of antisocial and violent behaviour. Passive avoidance, that is, a tendency to avoid behaviour that has previously been contingent with aversive or punishing stimuli, has been found to a lesser extent in psychopaths, when compared with the normal population (Lykken, 1957). This finding has been replicated in many subsequent studies, which have used either an aversive-conditioning paradigm or observed the frequency and severity of physiological arousal, e.g. startle reflex, heart rate, corrugator electromyographic (EMG) and galvanic skin response (GSR), all of which are considered to be reduced in people who experience low levels of fear (Kirsch & Becker, 2007).

Whilst studying individuals with psychopathic traits, researchers have noted a definite deficit in emotional response to fear inducing situations. Patrick, Cuthbert and Lang (1994) asked participants to read six neutral and six fearful sentences. Each fearful scene included at least one autonomic (e.g., "my heart pounds") or behavioural (e.g., "I tense") response descriptor, designed to enhance activation of efferent components in associative memory (Miller, Levin, Kozak, Cook, McLean, &

Lang, 1987). Researchers found that psychopaths exhibited significantly less differentiation in heart rate between the fearful and neutral sentence stimuli. In addition, Patrick, Bradley and Lang (1993) demonstrated that psychopaths display unusual startle responses, as measured by the number of eye blinks following neutral, pleasant and unpleasant visual stimuli. Compared with controls, the psychopaths showed diminished startle responses to the unpleasant slides. However, no difference was found for pleasant or neutral images, suggesting that differences in attention were not related to the observed outcome. Psychopaths have also been found to demonstrate significant startle inhibition during exposure to victim scenes. Levenston, Patrick, Bradley and Lang (2000) showed participants images of mutilations and attacks on others, as well as scenes that should induce feelings of personal threat. Participants with high PCL-R scores showed a marked decrease on a range of physiological responses, when compared with those of non-psychopaths. This reported evidence of psychopaths' decreased physiological arousal on a range of aversive conditioning paradigms, (whilst demonstrating that their ability to attend to such stimuli is equal, or in some cases superior, to that of non-psychopaths) suggests support for a model of psychopathy, which posits low fear as a central component of psychopathy. In line with this view, it has been suggested that Lykken's Low Fear Model does not deviate, to any meaningful degree, from another model of psychopathy, namely the Motivational Imbalance Model, which also considers the issues of sensitivity to punishment and reward as fundamental within psychopathy (van Honk & Schutter, 2006). Arnett (1997) suggests that a weak inhibition and a strong activation system is at play within the psychopath, with punishment being particularly ineffective when it conflicts with reward. Arnett (1997) analyzed heart rate measures to monetary incentives. He showed that short-term reward is favoured,

even when the psychopathic individual has the knowledge that this will be followed by extreme future punishment.

Further evidence has been put forward within the cognitive neuroscience literature, which suggests that the above phenomenon of behavioural inhibition and activation depend on neuroanatomical and neurohormonal substrates, which have been found to be defective in psychopaths. Specifically, it has been shown that imbalances in the activity in and between the hypothalamic-pituitary-adrenal and the hypothalamic-pituitary-gonadal axes, measured in terms of the ratio of cortisol and testosterone levels, are related to the above behaviours (van Honk & Schutter, 2006). However, van Honk and Schutter (2006) posit that passive avoidance in the psychopath, rather than being directly related to punishment insensitivity or low levels of fear, is instead better explained as the result of poor 'anxiety mediated avoidance learning'. In line with this view, the 'Somatic Marker Hypothesis' (SMH; Damasio, 1994) puts forward an explanation that emotional learning is established by somatic, or bodily feelings that consciously, or unconsciously, mark behaviours that have either negative or positive outcomes for the individual (Tranel, Bechara, & Damasio, 2000). Tranel *et al.* (2000) therefore suggest that punishment and reward learning depends on the orbitofrontal and medial regions of the prefrontal cortex (OMPFC) having access to amygdala-generated bodily signals. It is believed that the SMH accounts for aggression, which is impulsive and reactive, but is less helpful in explaining instrumental, goal directed aggression. As psychopaths are notable in that they display both forms of behaviour, van Honk and Schutter (2006) noted that the SMH is only of limited use in understanding the emotional, cognitive and neurological aspects of the psychopath.

In line with views that psychopaths experience low levels of fear and anxiety, work into the attentional biases of psychopaths have revealed that they experience a reduced sensitivity to threat than a non-psychopathic cohort (Arnett, 1997). Arnett (1997) asserted that dysfunctions in emotional processing can be assessed by observing the way in which individuals attend, and subsequently respond, to threat. Cognitive hypervigilance and increased psychophysiological responses have been observed within many emotional disorders; however it seems that it is 'hypo'vigilance that appears to mark the behaviour of the psychopath (Arnett, 1997). It appears that decreased levels of vigilance to environmental threat, and neglect of threat, play an important role in the etiology and maintenance of psychopathy by allowing the psychopathic individual more cognitive space to attend to the reward contingencies involved in certain actions, without having to be concerned with the risks (van Honk & de Haan, 2000; and Williams, Matthews & MacLeod, 1996).

3.3.3 Psychopathy & Moral Emotions

The discussion above indicates that psychopaths may lack 'normal' levels of anxiety and fear, given that they are hypovigilent to threat signals. Furthermore, although they often behave in antisocial ways, it seems that they are not constantly at the mercy of uncontrollable anger or rage. However, research into the emotional capabilities of psychopathic individuals has demonstrated that they are not globally incapable of experiencing or recognizing emotions. In fact, psychopaths appear to be very able to recognize some emotions, namely happiness, sadness and embarrassment (Blair, Sellars, Strickland, Clark, Williams, Smith, & Jones, 1995). Their ability to experience some of the more 'moral' emotions, e.g. empathy, sympathy, guilt and remorse, however, may be somewhat deficient in comparison.

Maibom (2005) noted that all moral emotions derive from our ability and our inclination to share the feelings of others. Hume (1777, cited in Mackie, 1980) calls this 'sympathy', but this emotional state corresponds more closely to our current understanding of 'empathy'. Nonetheless, it seems that without empathy, other moral emotions cannot develop, meaning that the individual will be 'amoral', a scenario that for many authors fits their description of the development of psychopathy.

3.3.3.1 Empathy

As indicated above, much has been written about the psychopath's ability to show empathy, with views varying from them as having a muted or reduced capability, to descriptions of psychopaths as having a total deficit for this emotion.

Empathy is the capacity to share another person's emotional world; it requires the cognitive ability to take another person's perspective, to discriminate another person's specific emotional experience, and demands the affective capacity to engage freely in one's own range of emotions (Feshbach, 1975). Empathy is crucial to the development of trusting and rewarding experiences (Rogers, 1961), and is thought to be essential to higher social functioning (Rankin, Kramer & Miller, 2005) as it promotes altruistic behaviour (Eisenberg, 2000) and suppresses aggression (Saarni, 1999).

Research supports the assertion that empathy is comprised of both cognitive and affective elements (Cliffordson, 2002). Cognitive empathy involves perspective taking and reaching an intellectual understanding of another's cognitive and affective state. Emotional empathy however, is a sudden powerful feeling of concern for

another person in distress. This type of empathy does not require the cognitive explanation for the other person's distress (Rankin, Kramer and Miller, 2005). It has been suggested that within psychopathy the reverse is true, as psychopaths have been found to be deficient in processing affect, such as fear and guilt (Blair, Jones, Clark & Smith, 1997), but have not displayed impairment in Theory of Mind (ToM) tasks (Richell, Mitchell, Newman, Leonard, Baron-Cohen & Blair, 2003). In their study Richell *et al.* (2003) considered the link between insight into others' emotions and psychopathy. Participants were asked to complete an advanced ToM test, the 'reading the mind in the eyes' task. This requires participants to attempt to put themselves into the mind of people shown in a series of photographs, and attribute a relevant mental state to them. It was found that psychopaths did not display any deficit for emotional state recognition and did not present with a generalized impairment in ToM.

In a similar study carried out by Blair, Sellars, Strickland, Clark and Smith (1996), consistent with controls, psychopathic participants were able to provide meaningful responses about what other people might be feeling within differing scenarios, as well as what might be motivating them to act in particular ways. Moreover, in a study looking at the relationship between psychopathic traits and a person's perception of nonverbal communication, it was found that PCL-R scores positively correlated with participants' accuracy of emotional intensity ratings and assertiveness ratings (Book, Quinsey & Langford, 2007). It has therefore been argued that psychopaths are able to "manipulate, deceive and charm others" (Cleckley, 1941; Hare, 1993) directly because of an ability to utilize socially relevant information and combine it with a well-developed insight into others' intentions, emotions and

motivations (Blair *et al.*, 1996; Richell *et al.*, 2003). Rather than lacking empathy, it appears that psychopaths have a well developed ToM, leading some authors to refer to psychopaths as having, what they term, 'callous empathy' (Book *et al.*, 2007).

3.3.3.2 Sympathy

Many have argued that true empathy also consists of sympathy (Tangney & Dearing, 2002). Sympathy relates to an "affective reaction of concern, pity and/or sorrow for someone else's misfortune or distress" (Oxford English Dictionary [OED], 2008), though sympathy, unlike empathy, does not necessarily represent a vicarious experience of the same emotion (Decety & Chaminade, 2003, Eisenberg, 1986), therefore sympathy can occur in the absence of empathy (Tangney & Dearing, 2002). It would follow that empathy, at a cognitive level at least, can occur without sympathy and it is this pattern of emotional response that appears to predominate in the case of psychopaths, as outlined above. However, within this review no studies were found explicitly measuring the experience of sympathy within psychopathy. An empirical study that investigated the capacity for psychopathic individuals to experience or understand this specific emotional state would therefore be advantageous.

3.3.3.3 Guilt (or Remorse)

Guilt, or remorse, is "a self-generated pang of conscience" (Tangney, 1999). As posited above, in order to experience guilt, one must first be able to empathize, that is to possess a theory of mind (ToM) or have an ability for 'mentalization' (Fonagy, Gergely, Jurist & Target, 2002). As the literature reviewed so far suggests that psychopaths can experience empathy, albeit of a callous type, it is thought that an

exploration of the extent to which these individuals are capable of experiencing guilt, or remorse, would further aid our understanding of the specific emotional capabilities of the psychopath.

It seems that it is widely accepted within the literature that central to the disorder of psychopathy is a callous disregard for others, with many authors detailing how psychopaths appear to be unhampered by guilt, remorse or indeed any form of fear of retribution (Cooke, & Michie, 1997; Cleckley, 1941, 1979; Fine & Kennett, 2004; Hare, 1980, 1991, 1993; Lykken 1995; Maibom, 2005; and Patrick, 2006). In terms of empirical evidence, psychometric analysis of the PCL-R consistently identifies two factors, with 'lack of remorse or guilt' significantly featuring within the first factor, (Harpur, Hare & Hakstian, 1989). A study carried out by Blair, Sellars, Strickland, Clark, Williams, Smith and Jones, (1995) investigated the ability of psychopaths to attribute emotions to others in order to indirectly gauge the participant's own emotional experiences; the rationale being that if an individual was unable to experience the emotions investigated, attributions would be randomly assigned across the given situations. Within this study, psychopaths, as measured on the PCL-R, and controls were presented with short vignettes of contexts, which should induce feelings of happiness, sadness, embarrassment or guilt. They were then asked to attribute feelings to the story protagonist. The psychopaths did not differ in their emotion attributions to the happiness, sadness or embarrassment stories, but did, to a large extent, for the guilt stories, with them misattributing feelings of either happiness or indifference.

The above finding was predicted by Blair's neurocognitive account of the psychopath, the Violence Inhibition Mechanism (VIM) model of psychopathy, as cited above (Blair, 1995). As noted previously, the VIM Model offers an emotion-based account of psychopathy, by positing that psychopaths have a fundamental emotional deficit, specifically a lack of empathy, which subsequently affects their capacity for violence inhibition (Blair, 1995). Blair (1995) noted that humans, like various social animals, inhibit aggressive behaviour when a conspecific aggressor displays submission cues (Blair, 1995, Eibl-Eibesfeldt, 1970, and Lorenz, 1966). According to this model, moral emotions, namely empathy, sympathy, guilt, and remorse, result from an early interpretation of arousal, generated by the activation of the Violence Inhibition Mechanism, when we witness a display of distress or fear. As noted previously, the psychopath is assumed not to have an intact VIM, and so does not experience these moral emotions or the subsequent behavioural control (Blair, 1995). Support for this model has come from studies, which have suggested that individuals with psychopathic traits appear to be less responsive to distress cues than non-psychopathic individuals (Blair, Jones, Clark & Smith, 1997).

In summary, the review of the literature revealed many articles and books that referred to a deficit for guilt and remorse within psychopathy, but found few empirical studies that have specifically investigated these emotions within this cohort. For this reason, further empirical evidence is needed in order to understand to what extent psychopaths experience or understand the specific emotional state of guilt or remorse. This work would be highly informative to researchers, but also to those clinicians tasked with carrying out risk assessments and 'victim empathy' work with these types of offenders.

3.3.4 Psychopathy & Self Conscious Emotions

Following on from the previous section, guilt, as well as being a moral emotion, is also considered to be a 'self-conscious' emotion. Self-conscious emotions are those that involve, as a central feature, some form of self-reflection and self-evaluation. They may be implicit or explicit, and can be either consciously experienced or occur below conscious awareness (Tangney, 1999). Examples of other self-conscious emotions include, shame, embarrassment and pride. These emotions, as well as their relationship to psychopathy, will be considered in more detail below.

3.3.4.1 Shame

The self-conscious emotion of shame is a "powerful, self-focused, affective experience related to negative self-evaluation" (Morrison & Gilbert, 2001). It is generally viewed as "a debilitating, negative emotion involving feelings of inferiority, powerlessness and self-consciousness" (Tangney, Miller, Flicker & Barlow, 1996). Goldberg (1991) posited that it is "related to the unquestioned conviction that in some important way, one is flawed and ineffectual". According to White (1963, cited in Goldberg, 1991) "shame always involves a sense of incompetence".

Gilbert (1997, 1998) has argued that there are two forms of shame. The term *external shame* (Gilbert, 1997) refers to how an individual perceives that others see them, and therefore pertains to a sense of failing to meet externalized standards (Goss, Gilbert & Allan, 1994). However, the degree to which external shame is experienced is dependent on how important others' views are to the self. Hence, the experience of external shame is affected by cognitions about the value of others' judgments. The

term *internal shame* (Gilbert, 1997) on the other hand, concerns the idea of the self judging the self (Tarrier, Wells & Haddock, 1998), and pertains to a sense of failing to meet internalized standards.

Gilbert (1997) asserts that internal and external shame is not always interrelated. For example, one may feel no anxiety about one's flaws unless one expects that they will be revealed (Lewis, 1992), whilst an individual can recognize that other people consider their behaviour shameful, but do not share this view (Gilbert, 1998). For example, a sex offender might understand that other people disapprove of their behaviour, but simultaneously have no internal shame for it themselves.

There is growing evidence that shame is associated with many psychopathologies, but given that it is widely reported that psychopaths see themselves as superior to others (Cleckley, 1941, 1976; and Hare 1991, 1993), and feel little empathy, remorse or shame (Hare, 1991, 1993), it had always been assumed that it had not played a significant role in the development or perpetuation of psychopathic disorders.

From his work with offenders in the US, Gilligan (1996, 2000) has written extensively on the relationship between shame and violence, positing that shame is "the primary or ultimate cause of *all* violence". He states that in almost all of the cases that he has worked with, within his role as a Forensic Psychiatrist, violence has been provoked by the experience of feeling shamed, humiliated, ridiculed and disrespected, with the purpose of the violent act being to diminish the intensity of a person's experienced level of shame and ultimately supplant it with a sense of pride. In addition, Gilligan (2000) notes that violent men often hide their deep sense of

shame behind a defensive mask of bravado, arrogance, machismo and self-satisfaction. It is therefore possible that these observations about the emotion of shame within the general criminal population could also be pertinent to our understanding of the criminal psychopathic population. Specifically, it may go someway to explain the origins of violence within this group, and may also extend our understanding of the psychopath's tendency towards narcissism, grandiosity and general self-promotion.

In an empirical study carried out by Morrison and Gilbert (2001) participants, sampled from a population of male offenders, were asked to rate their perceptions of internalized shame (shame proneness). Contrary to expectation, it was found that internalized shame levels in those with psychopathic traits were far greater than that found in the normal male population and furthermore, were more consistent with those of clinical samples, specifically alcoholics (Morrison & Gilbert, 2001). Morrison and Gilbert (2001) concluded that psychopaths appear to have an inner sense of shame such that 'there is a feeling that, in truth, there is something flawed, bad or worthless about oneself', but that they are able to hold this view whilst maintaining their superiority to others e.g. 'I may not be that good myself, but I'm still better than other people'. It therefore seems that they are more concerned with attempting to live up to their own personal standards than concerned with what others may think of them (Morrison & Gilbert, 2001).

A limitation of this study was that Morrison and Gilbert (2001) utilized the 1983 Mental Health Act legal classification of 'psychopathic disorder' to identify mentally disordered offenders who were more likely to have a psychopathic personality. As

this classification is a legal definition, it has only limited clinical relevance and is an invalid, and therefore unreliable, method for sampling this population. Moreover, in an attempt to refine their sample, Morrison and Gilbert (2001) categorized their initial sample into 'primary' and 'secondary' psychopathic subtypes by using the Antisocial Personality Questionnaire (APQ; Blackburn and Fawcett, 1996). As suggested above, a classification system based on the symptomology of Antisocial Personality Disorder (APSD) is arguably insensitive to the specific traits associated with psychopathic personality, as psychopathy shares only some characteristics with ASPD. Further research is therefore required to assess whether the above findings can be replicated within a sample that is more representative of those with psychopathy. In addition, exploration of the claim that the psychopath's 'internalized' versus 'externalized' shame levels differ, as suggested by Morrison and Gilbert (2001), needs also to be assessed.

3.3.4.2 Embarrassment

Miller (1995) describes embarrassment as "an aversive state of mortification, abashment and chagrin that follows public social predicaments". As a result of this, it is sometimes considered to be the most social of the self-conscious emotions (Tangney, 1999). People who are prone to embarrassment tend to be highly aware of, and concerned with, social rules and standards (Tangney, 1999). Therefore, it could be hypothesized that psychopaths would not be prone to this psychological state. Unfortunately however, this cannot be confirmed, as there is only minimal research into embarrassment within psychopathy. The Blair *et al.* (1995) study mentioned above, in which participants were asked to attribute emotions to others in order for the researchers to indirectly gauge the participant's own emotional experiences, is

the only one to date that has investigated this emotion within a psychopathic cohort; their finding, however, that psychopaths can, and do, experience embarrassment is perhaps questionable given the problematic methodology utilised within this study of attributing experience based upon the correct identification of an emotion. As many authors have outlined, psychopaths are very capable of learning to read others (Cleckley, 1941; Hare, 1991; Hare 1993; and Patrick, 2006) and therefore, rather than demonstrating an ability to experience an emotion, the participants in this study may simply have been reflecting an ability to correctly recognize scenarios, which are inclined to bring about embarrassment in individuals. Support for this view comes from the fact that embarrassment is normally accompanied by a set of, often very prominent, physical features (Tangney, 1999), whilst guilt, the emotion that was not found within this study, conversely is considered to be a very private emotive state (Tangney, 1999), and as such cannot be observed in others in the same way. As a result, it seems possible that the participants in this study may have been reporting an understanding, rather than an experience, of embarrassment, whilst in the case of guilt the circumstances in which this emotion is likely to be present may not have been learned to a similar degree. Further investigation of the findings noted above, using a more stringent research paradigm, might therefore provide a clearer understanding of the emotional capabilities of the psychopath regarding experiences of both embarrassment and guilt.

3.3.4.3 Pride

According to Tangney (1999), of the self-conscious emotions, pride has received the least attention within the psychological literature, and this is certainly replicated within psychopathy research, with no studies found explicitly relating to the

experience of pride within psychopathy. Pride relates to "feelings of deep pleasure or satisfaction derived from achievements, qualities, or possessions" (OED, 2008). An empirical study that investigated the capacity for psychopathic individuals to experience or understand this specific emotional state would therefore be highly informative to both clinicians and researchers alike.

4. Discussion & Summary

In 1941, Cleckley suggested that psychopaths suffer from 'emotional poverty', whilst in 1993, Hare offered an impression of psychopaths as experiencing low levels of fear and as having underdeveloped empathy. These views have been supported by much empirical evidence over the past few decades, though to differing degrees. Cleckley and Hare deviate from one another regarding their views on anger, hostility and rage within psychopathy, with Cleckley regarding psychopaths as 'antisocially deviant' rather that motivated in their actions by strong emotions. From the literature reviewed it seems that, in line with common assumptions and theories, those labeled psychopaths do indeed have a tendency to act with callous regard for others, however, when it comes to general emotionality, there seems to be little evidence for them being truly unemotional individuals.

Within this review, it has been demonstrated that there is a wide disparity within the literature regarding the degree to which psychopaths experience many emotions. However, with regard to anger, there is a weight of evidence to suggest that psychopaths, although able to carry out impulsive acts, may not be able to form the kind of deep interpersonal attachments to others, which precipitate strong emotional reactions that can lead to some forms of violent offending. This is evidenced by

many studies, which repeatedly suggest that psychopaths utilise more 'instrumental' aggression, than emotion based or 'reactive' forms of aggression. In addition, with regard to anxiety, or fear, in line with Cleckley's (1941) initial view, a low level of anxiety does appear to be a core element of psychopathy, with researchers noting a definite deficit in emotional response to fear inducing situations. This finding is evidenced by self-report measures, as well as many papers that describe a decreased physiological arousal on a range of aversive conditioning paradigms (thought to be robust measures of emotional arousal). Moreover, these findings are supported by the cognitive neuroscience literature, which has reported defective areas of neuro-anatomical and neuro-hormonal substrata within individuals high in psychopathic traits. However, the PCL-R, does not specifically account for levels of anxiety, with overall PCL-R scores found to be only negligibly related to indices of trait anxiety (Hare, 1991).

With regard to moral and self-conscious emotions, i.e., empathy, sympathy, guilt, shame, embarrassment and pride, it seems that far less is known. The limited literature surrounding 'empathy' within psychopathy suggests that psychopaths are able to understand other people's intentions, emotions and motivations, but due to possessing an exclusively cognitive, or callous, form of empathy, they utilize socially relevant information entirely for their own gain. Unfortunately, no studies were identified that measured the relationship between psychopathy and sympathy, a related but qualitatively different emotional state to empathy. Limitations were also found in the literature regarding the emotional state of pride, whilst only one study had been carried out into the relationship between psychopathy and embarrassment. More has been written with regard to remorse, or guilt, but again there were few

empirical studies that have specifically investigated this emotion to a degree that would be informative for clinicians working with psychopathic individuals. The literature on shame within psychopathy suggests that there may be evidence of psychopaths having an inner sense of shame, though the methodology used within the study reporting such claims was questionable, and thus this outcome may need to be explored further utilising a more robust research paradigm.

This review has therefore highlighted the need for further exploration into many emotional states and their relationship to the etiology and maintenance of psychopathy. In looking forward, a greater understanding of the emotional capabilities, as well as the deficits of psychopaths will be pertinent in increasing our understanding of this disorder, and help those working with individuals high in psychopathic traits, in their clinical endeavour to search for effective ways of supporting psychopaths to live healthy and productive lives, and thus reduce the risk that these individuals pose to society.

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Part 2: Empirical Paper

Perceived social rank, social expectation, shame and general emotionality within psychopathy

Abstract

Objectives: To investigate the self and social evaluative processes of offenders high in psychopathic traits.

Background: Previous research (Morrison & Gilbert, 2001) indicates that psychopaths may experience higher degrees of internalised shame than previously thought. As there were concerns about the method used within this study, the current investigation aims to replicate these findings utilising a more stringent methodology.

Method and Design: The current study utilised a variety of published self-report questionnaires, measuring psychopathy (PPI-R), social rank (SCRS), shame (ISS and OAS), distress (DASS-21) and general emotionality (DES). Social expectations were measured using the Social Expectations Inventory (SEI; Blackburn, Personal correspondence). 106 male participants from a large, inner city prison completed the test battery.

Results: The current study found significant differences between those defined as 'primary' and 'secondary' psychopaths, in terms of their self and social evaluative processes, specifically with regard to perceived social rank estimate and reported levels of shame and distress.

Conclusions: Overall, the proposed relationships between the two subtypes of psychopaths were found. The findings of this study highlight the worth of considering different treatment approaches for the different subtypes of psychopathy.

1. Introduction

This paper reports on an investigation into the self and social evaluative processes of offenders high in psychopathic traits. Specifically, it considers the role of perceived social rank, social expectations, shame, and general emotionality within this criminal population. This study will attempt to replicate and extend Morrison and Gilbert's (2001) study, which examined how psychopathic traits relate to shame and social rank. In this introductory section some of the main constructs are discussed before an outline of the study's aims and hypotheses are put forward.

1.1 Psychopathy

In 1941, Hervey Cleckley offered one of the first comprehensive descriptions of psychopathy outlining how the psychopath differs from the ordinary criminal offender in a number of discernible ways. His criteria included behavioural components (including a tendency to be unmotivated, antisocial and unreliable), affective personality features (including egocentricity or narcissism, and a lack of anxiety, remorse or shame) and interpersonal features, (including superficial charm, dishonesty, lack of guilt and empathy, and a lack of responsiveness). Another key theorist, Benjamin Karpman, distinguished 'primary' from 'secondary' psychopaths (Karpman, 1941, cited in Poythress & Skeem, 2006). He noted that although psychopathic individuals are "superficially similar in their propensity toward antisocial and criminal behaviour", primary and secondary subtypes are "fundamentally different in their psychopathological underpinnings" (Karpman, 1941, cited in Lilienfeld & Widows, 2005).

Since Karpman, many other psychologists have taken up the challenge of reclassifying the broad construct of psychopathy into various subtypes (Blackburn, 1975, 1998; Blackburn & Coid, 1999; Herve, 2007; Hicks, Markon, Patrick, Krueger & Newman, 2004; Millon & Davis, 1998). Primary psychopaths are thought to display the defining personality characteristics of psychopathy from an early age, display low levels of anxiety and to lack prosocial emotions, such as guilt or love. In contrast, the hostile behaviour of secondary psychopaths is considered to be a product of their negative life experiences and environment (Porter and Woodworth, 2006). In addition, secondary psychopaths are believed to be able to experience a range of social emotions. Blackburn (1998) distinguished between the two subtypes in terms of their differing levels of social competence and sociability. He argued that primary psychopaths are socially adept and self confident, and as a result display little overt anxiety, generally perceiving themselves as being socially dominant. Secondary psychopaths, on the other hand, are characterized by emotional disturbance, social anxiety, low self-esteem, submissiveness and social withdrawal. Within their study, Morrison & Gilbert (2001) chose to utilize the 'primary' versus 'secondary' psychopathy distinction.

1.2 Social rank

Hierarchical social structures exist throughout the animal kingdom and have important implications for access to resources, reproductive opportunities and alliances. Within these systems, dominance may be attained either through alliances and/or through 'ritual agonistic behaviour' (Allan & Gilbert, 1997). Ritual agonistic behaviour refers to the symbolization of fighting behaviour that serves as a signaling function. It includes, 'dominance display', that is aggressive displays to others,

'threat display' towards an individual, 'attack and escape behaviours' and 'submissive display' (Sloman & Price, 1987). Sturman and Mongrain (2008) note that ritual agonistic behaviour also serves to prevent serious injury or death. For example, threat displays are terminated by submissive acts that signal that one is not a competitor for status or resources. This subordinate, or yielding mechanism has come to be known as the Involuntary Subordinate Strategy (Allan & Gilbert, 1997; Gardner & Price, 1999; Sloman, Price, Gilbert, & Gardner, 1994) and more recently as the Involuntary Defeat Strategy (IDS; Gilbert, 2000; Sloman, 2000). Sloman, Gilbert, and Hasey (2003) posit that the IDS prompts flight or submissive behaviour after a defeat and, insofar as the individual has been able to escape, obtain help or accept a new social standing, the IDS will have been effective in preventing further losses.

Kalma (1991) notes that humans are highly sensitive and responsive to rank related social threat signals, with verbal and non verbal signals of disapproval, criticism and ridicule perceived as attacks on status, personal attractiveness and acceptability (Gilbert, 1997). Social rank theory (Gilbert, 1989) posits that personal perceptions of one's social rank affect a range of social behaviours and affects. For example, criticism, social put down, perceived social rank and styles of blame have been found to play a major role in shame (Gilbert & Miles, 2000; Goss, Gilbert, & Allan, 1994). Anger often arises as a result of threats to status, by way of feeling shamed or criticised (Tangney, Hill-Barlow, Wagner, Marschall, Borenstein, Sanftner, Mor & Gramzow, 1996). There is good evidence that social rank also plays an important role in the expression of aggressive behaviour, (Ray & Sapolsky, 1992; Sapolsky,

1990; Scott, 1990). Thus, aggressive attacks and threats tend to flow down the social rank (from dominant to subordinate) more frequently, than up it (Toates, 1995).

1.2.1 Social comparison

In humans, social comparisons are used extensively and incorporate sophisticated judgements relating to 'social attractiveness'. Allan and Gilbert (1995, 1997) suggested that through comparison of 1) rank, 2) social attractiveness and 3) the degree to which one is either an insider or an outsider, individuals find their place in a social hierarchy. Taken together, these three dimensions are interpreted as 'perceived status' and are implicated in the activation of the involuntary domination, as well as the subordination mechanisms, mentioned above. In cognitive terms, dominance hierarchies constitute a set of social norms that reflect which behaviours are permitted, prohibited, or obligated given one's rank (Cummins, 1999; Gilbert & Allan, 1994). Allan and Gilbert's (1995) formulation of social comparison has been linked to submissiveness, hostility, depression and other mental disorders. In order to maintain priority of access to resources, dominant individuals monitor the behaviour of subordinates and aggress against those who "cheat", that is, those who violate social norms and/or expectations. An implication of this analysis is that higher-ranking individuals are more likely to detect cheating in lower-ranking individuals than vice versa, (Cummins, 1999).

1.2.2 Social Rank and Status Attack in Psychopathy

Relatively few empirical studies have been carried out into the role of social presentations, rank and status attack within psychopathy. Of the limited literature that does exist, the general view is that psychopaths assume that they are dominant, or

'high ranking' in social comparative terms, and expect others to treat them as such, (Blackburn & Renwick, 1996; Blackburn, 1998; Blackburn & Coid, 1999; Hare 1991; Morrison & Gilbert, 2001). Psychopaths appear to hold positive self-schemas and experience high self-esteem (Morrison & Gilbert, 2001) and as a result do not expect others to be antagonistic towards them (Blackburn, 1998). However, the research literature regarding 'secondary' psychopaths, suggests that, unlike primary psychopaths, they are particularly sensitive to threats against their social standing (Blackburn, 1998; Blackburn & Coid, 1999). Differences between these two subtypes of psychopaths, have also been found with regard to their sensitivity to social put downs, with secondary psychopaths being far more sensitive than primary psychopaths (Morrison & Gilbert, 2001). In addition, counter to Toates' (1995) finding within a normal population, that aggressive attacks and threats tend to be more strongly associated with perceptions of higher social rank, a significant inverse relationship has been reported between social rank and anger within psychopathy (Morrison & Gilbert, 2001). The following study will therefore investigate whether those offenders high in traits that have traditionally defined the psychopath, that is those that are associated more with what Blackburn (1998) defines as the 'primary psychopath', report specific social expectations that stem from an evaluation of their social rank status.

1.3 Shame

The self-conscious emotion of shame is considered to be "a powerful, affective experience related to negative self-evaluation (self as inadequate, flawed, bad and inferior), beliefs that others see the self unfavourably, and strong desires to conceal the self" (Morrison & Gilbert, 2001). It has been described as an egocentric, or self-

focused, experience where the individual, immersed in a moment of shame, is more concerned with the implications of their perceived transgression for themselves, than for others (Tangney and Dearing, 2002). Shame is viewed as a "debilitating, negative emotion, marked by feelings of inferiority, powerlessness and self-consciousness" (Tangney, Miller, Flicker and Barlow, 1996).

Gilbert (1997, 1998a, 1998b) has argued that there is a need to distinguish between two forms of shame, 'internal shame', that is, a negative feeling that a person holds about themselves, and 'external shame', a negative feeling that a person thinks others hold about them. External shame relates to a sense of failing to meet externalized standards, whilst the degree to which external shame is experienced is thought to be dependent on how important others' views are to the self (Goss, Gilbert & Allan, 1994). Consequently, the experience of external shame appears to be affected by social expectations, as well as cognitions about the value of others' judgments; whilst internal shame concerns the idea of the self judging the self (Tarrier, Wells and Haddock, 1998) and pertains to a sense of failing to meet internalized standards.

Gilbert (1997) asserts that levels of internal and external shame are not necessarily interrelated, but instead vary across two unrelated continua. For example, a person may feel no distress or anxiety about their failings or flaws (unaffected by internal shame) unless they expect that these might be revealed (affected by external shame) (Lewis, 1992). An example of this might be that of an offender who understands that other people disapprove of their criminal activities, and on considering this feels deeply uncomfortable, but in the absence of judging others, does not experience any degree of internal shame.

1.3.1 Shame and Psychopathy

There is growing evidence that shame is associated with many psychopathologies (Gilbert, 1992, 1997), but given that it has always been reported that psychopaths see themselves as superior to others and feel little empathy or remorse (Hare, 1991, 1993), many psychologists had assumed that shame did not played a significant role in the development or perpetuation of psychopathic disorders. However, Gudjonsson and Roberts (1983) found that secondary psychopaths have higher levels of shame and guilt than primary psychopaths. In building on this finding Morrison and Gilbert (2001) again asked participants from a population of male offenders to rate their perceptions of internalized shame (shame proneness). They found that both 'primary' and 'secondary' psychopaths showed comparatively high levels of internalised shame when compared with non-psychopaths (Morrison & Gilbert, 2001). Of note, the difference was only significant for secondary psychopaths, but nonetheless an elevation on a measure of shame was somewhat unexpected given the dominant views of primary psychopaths as having a 'deficient affective response' (Cleckley, 1976; Hare, 1980, 1991), specifically for moral or self-conscious emotions. As a result of their study, Morrison and Gilbert (2001) concluded that psychopaths, particularly 'secondary' psychopaths appear to have an inner sense of shame such that "there is a feeling that, in truth, there is something flawed, bad or worthless about oneself", though they are able to hold this view whilst maintaining a perception of themselves as being superior to others, e.g. "I may not be that good myself, but I'm still better than other people", suggesting that psychopaths are more concerned with attempting to live up to their own personal standards than concerned with what others may think of them. More recently, Wastell and Booth (2006) have found Machiavellianism (a strong tendency to manipulate others for personal gain - a

trait typically associated with psychopathy) to be positively associated with shame proneness (internal shame), but negatively associated with guilt proneness.

1.4 Psychopathy and Other Emotions

With the exception of anxiety or fear and anger, emotionality within psychopathy has been poorly researched, with only a handful of empirical studies exploring the capabilities of psychopaths to experience the other basic emotions (Blair, Sellars, Strickland, Clark, Williams, Smith, & Jones, 1995). It is believed that even less is known about the degree to which psychopaths might experience the many moral and self-conscious emotions, such as empathy, sympathy and guilt, or shame, embarrassment and pride. Of the literature that has been produced, some authors have concluded that psychopaths are cognitively able to understand a range of both positive and negative emotions, but appear to lack the ability to really 'feel' or experience many of these affective states for themselves (Book, Quinsey, & Langford, 2007). However, in line with the literature that is available, we might expect that those individuals high in psychopathic traits would, in the main, experience positive emotions given that they do not show a tendency to experience high levels of anger (Cleckley, 1976) guilt (Hare, 1980, 1991) depression, anxiety or stress (Lilienfeld & Widows, 2005).

The following research will therefore attempt to investigate whether those with a psychopathic personality type have a particular propensity to experience a range of emotions to varying degrees. In doing so, it may be possible to assess whether psychopaths report predictable patterns of thinking, behaving and feeling. This idea has a basis in a cognitive behavioural framework, but is also supported by Izard,

Libero, Putnam and Haynes' (1993) work into emotion-personality relations, which has shown that emotions and dimensions of temperament and personality are closely related.

1.5 The Present Study

This study aims to extend previous research on personality, social cognition and social rank theory, in those people with a psychopathic personality type. It aims to explore how those high in psychopathic traits differ from those low in psychopathic traits in terms of their perceived social rank, their reported levels of internal and external shame, their expectations about others, and the degree to which they experience certain emotions.

In advancing the work of Morrison and Gilbert (2001), one criticism of their study is that they used the 1983 Mental Health Act legal classification of 'psychopathic disorder' to identify, from their chosen sample of mentally disordered offenders, who were more likely to have a psychopathic personality. As this classification is a legal definition, it has only limited clinical relevance and is therefore an invalid and unreliable method for sampling this population. In an attempt to refine their sample, as stated previously, Morrison and Gilbert (2001) further categorized their sample into 'primary' and 'secondary' psychopathic subtypes. This was achieved by using the Antisocial Personality Questionnaire (APQ; Blackburn and Fawcett, 1996). However, unlike other self-report measures of psychopathy, namely the Levenson Primary and Secondary Psychopathy Scales (Levenson, Kiehl, & Fitzpatrick, 1995), or the Psychopathic Personality Inventory (PPI; Lilienfeld, & Andrews, 1996; and PPI-Revised; Lilienfeld & Widows, 2005), the APQ was not designed to be a

measure of psychopathy per se, but rather a measure of generalized antisociality and deviance (Lilienfeld & Fowler, 2006). As a result, it is believed that the APQ may be insensitive to the specific traits associated with psychopathic personality, and therefore it remains possible that a more robust measure of psychopathy may have produced different results. The present study will therefore first attempt to assess whether the Morrison and Gilbert (2001) finding of shame proneness can be replicated within a sample that is more representative of those with a psychopathic personality. Then, if indeed there is some evidence of shame playing a role within psychopathy, as suggested by Morrison and Gilbert, (2001), it will explore whether there is any evidence that psychopaths' 'internalised' versus their 'externalised' shame levels differ.

In the following study psychopathy will again be measured using a self-report questionnaire. This methodology was chosen for a number of reasons. Firstly, although it is acknowledged that Hare's Psychopathy Checklist-Revised (PCL-R; Hare 1991) is considered to be the gold standard in assessing psychopathy, there are pragmatic obstacles in using it within research. Firstly, the PCL-R is notoriously difficult to administer and requires extensive training to achieve adequate inter-rater reliability. Secondly, the structured interview with the patient/participant typically requires anything upwards of 90 minutes to complete, whilst for the scoring to be valid the clinician/researcher would need to be able to access high quality file data in order to corroborate or amend evidence collected within the initial interview. Due to these concerns employing a self-report measure seemed to be a more feasible way to access and obtain the amount of data required for this study. After a careful assessment of the psychometric tools available in the area, Lilienfeld and Widows'

(2005) Psychopathic Personality Inventory-Revised (PPI-R) was chosen as the measure of psychopathy within this study. The PPI-R, unlike many other widely used measures of psychopathy, including the Psychopathic Deviate (Pd) scale of the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1943), and the Socialization Scale (So) of the California Psychological Inventory (CPI, Gough, 1957), has repeatedly been shown to have good psychometric properties, including strong construct validity, reliability and predictive utility (Derefinko & Lynam, 2006; Edens, Poythress, & Watkins, 2001; Lilienfeld & Andrews, 1996; Lilienfeld & Widows, 2005; Lynam & Derefinko, 2006), (although it is acknowledged that the measure has yet to be used extensively in the UK). In addition, the PPI-R has been found to correlate with the PCL-R (Benning, Patrick, Hicks, Blonogen and Krueger, 2003; Lilienfeld & Widows, 2005), yet unlike the PCL-R, it also provides indexes of the lower order (specific) traits of psychopathy, for example, lack of empathy and fearlessness (Lilienfeld & Widows, 2005).

A factor analysis carried out by Benning, *et al.*, (2003) found two largely orthogonal PPI factors, the first termed "Fearless dominance", the second "Impulsive Antisociality". The two factors were described as paralleling the traits associated with Factor 1 and 2 or the PCL-R, in that the first factor describes largely emotional-interpersonal components of psychopathy, whilst the second is associated with the antisocial deviant behavioural features of the disorder. In addition, Benning *et al.* (2003) reported that both Factor 1 of the PCL-R, as well as Factor 1 of the PPI-R, describes a trait configuration that fits well with conceptualisations of the 'primary psychopath'. As a result of Benning et al.'s (2003) analysis, within the following study the factor scores of the PPI-R will be used to attempt to replicate the findings

of Morrison and Gilbert (2001) as well as consider any other differences between the two subtypes of 'primary' and 'secondary' psychopathy.

Based on the empirical findings and theoretical underpinnings discussed above, it is specifically hypothesised that:

1.6 Hypotheses

1. Social rank and shame, as well as social rank and anger, should be negatively correlated (Allan, Gilbert, & Goss, 1994; Morrison & Gilbert, 2001).

2. Perceived social rank should be positively correlated with positive social expectations (Cummins, 1999).

3. Those individuals that achieve high scores on Factor 1 of the PPI-R, that is those with fearless and dominant traits, should perceive themselves as being of high social standing (rank), and generally have an outlook on life that reflects superiority over others (Blackburn & Renwick, 1996; Blackburn, 1998; Blackburn & Coid, 1999; Hare, 1991; Morrison & Gilbert, 2001).

4. Those individuals that score highly on Factor 1 of the PPI-R, should be less susceptible to experiencing high levels of depression, anxiety or stress (Lilienfeld & Widows, 2005).

5. Those individuals that score highly on Factor 1 of the PPI-R should hold positive self-schemas and experience high self-esteem (Morrison & Gilbert, 2001).
6. Those individuals that score highly on Factor 1 of the PPI-R should experience low levels of both internal and external shame (Hare, 1991; Morrison & Gilbert, 2001).

7. Those individuals that score highly on Factor 1 of the PPI-R should not expect others to be antagonistic towards them, but instead will expect others to be unassured and trusting (Blackburn, 1998).

8. Those individuals that score highly on Factor 1 of the PPI-R should, in the main, experience positive emotions. In particular, they should not show a tendency to experience high levels of anger (Cleckley, 1976) or guilt (Hare, 1980, 1991).

9. Those individuals that score highly on Factor 2 of the PPI-R, that is those with impulsive antisocial traits, should experience high levels of guilt (Gudjonsson & Roberts, 1983) and shame (Blackburn & Fawcett, 1996), as well as anger, which is thought to be particularly related to status attack (Baumeister, Smart, & Boden, 1996; Morrison & Gilbert, 2001).

2. Method

2.1 Participants

All participants were English-speaking, male prisoners. Participants were recruited from a large, inner-city prison. Participants were invited to take part in a study investigating their personality, their emotions, the way in which they thought about themselves in relation to others, and their expectations of others. In terms of inclusion criteria, prisoners had: 1) to have an ability to read and comprehend written English, 2) to have an ability to concentrate for approximately one hour, and 3) to be able to give their informed consent to participate in the study. An information sheet was offered to all prisoners, whilst a signed consent form was obtained from all participants (see Appendices). The study was granted ethical approval from the UCL research ethics committee and the prison research committee (see Appendices).

2.2 Design

This study employed a within subjects design. The independent variable was psychopathy (as measured on the PPI-R), whilst the dependent variables were social rank status (as measured on the Social Comparison Rating Scale), social expectations (as measured on the Social Expectations Inventory), internal shame (as measured by the Internalised Shame Scale), external shame (as measured by the Others as Shamer Scale), emotionality (as measured on the Differential Emotion Scale), and schemata (as measured on the Brief Core Schema Scale).

2.3 Measures

Psychopathic Personality Inventory-Revised (PPI-R; Lilienfeld & Widows, 2005)

The PPI-R is a 154-item trait-based measure of psychopathy, which is intended to reflect the personality traits associated with the disorder. Items are responded to on a 4-point, Likert-type scale (1=False, 4= True). The PPI-R includes validity scales to identify defensiveness, malingering and inconsistent responding. The PPI-R has eight personality subscales including, 'Machiavellian Egocentricity', 'Social Influence', 'Fearlessness', 'Coldheartedness', 'Rebellious Nonconformity', 'Blame Externalisation', 'Carefree Nonplanfulness' and 'Stress Immunity'. Three, largely orthogonal, factor scores, the first termed "Fearless dominance", (incorporating the subscales of 'Social Influence', 'Fearlessness' and 'Stress Immunity'), the second "Impulsive antisociality" (incorporating the subscales of 'Machiavellian Egocentricity', 'Rebellious Nonconformity', 'Blame Externalisation' and 'Carefree Nonplanfulness'), the third, "Coldheartedness" (including the subscale of 'Coldheartedness' only) can be computed from the PPI-R scores. The first factor, which describes largely emotional-interpersonal components of psychopathy, and according to Benning *et al* (2003) fits well with conceptualisations of the 'primary psychopath' will be used within this study. In addition, the second factor score, associated with the antisocial deviant behavioural features of the disorder, will also be used within this study. However, the third factor score, which derives from the subscale of 'Coldheartedness' alone, will not be explored within the current research. The PPI-R has shown high test-retest reliability (Lilienfeld & Widows, 2005), good internal validity (Cronbach's alpha from .90 to .93 for the total score) and has been validated as a measure of psychopathy when the PCL-R was the criterion (Derefinko & Lynam, 2006; Sandoval, Hancock, Poythress, Edens, & Lilienfeld, 2000).

The Social Comparison Rating Scale (SCRS; Allan & Gilbert, 1995) – as social rank estimate

This is an 11-item scale designed to measure how people perceive themselves in relation to others (Allan & Gilbert, 1995). According to Gilbert, Price and Allan, (1995) estimates of social standing and rank can be taken from measures of social comparison. The test assesses the three principal dimensions of social comparison: 'Relative Inferiority' (or general rank); 'Attractiveness' and 'Group-fit', by measuring a person's rating of their relative social rank. The SCRS employs a semantic differential methodology (Osgood, Suci & Tannenbaum, 1957), in which participants are asked to make a global social comparison of themselves in relation to others by considering the statement: 'In relation to others, I generally feel...' followed by a series of bipolar constructs. Constructs include, inferior-superior, untalented-more talented, undesirable-more desirable, and unconfident and more confident. Each item is rated on a 10-point Likert scale. High scores represent favourable social comparisons whilst low scores determine unfavourable comparisons. The measure has exhibited a high degree of internal reliability (Cronbach's alpha of .88; Allan & Gilbert, 1995) and is significantly negatively correlated with several types of psychopathology, including depression, both in clinical and student groups (Allan & Gilbert, 1995).

The Social Expectations Inventory (SEI) Blackburn (Personal Correspondence)

The SEI is a 32-item trait-based measure of social expectations. Participants are asked to consider, 'In your everyday dealing with others, to what degree do you expect people to...' avoid you, admit you are right in an argument, confide in you, etc. Participants are asked to state the regularity of the above items on a 6-point

Likert-type scale, with responses ranging from "never" to "usually or always". The inventory consists of three subscales, 'Antagonistic', 'Trusting' and 'Unassured'. Although the SEI has not been published, Blackburn (Personal communication) has provided data showing good psychometric properties for the measure. For example, the first two of the three subscales noted above have exhibited a high degree of internal reliability (Cronbach's alpha of .90 and .83 respectively, N=114; Blackburn, personal communication). However, it should be noted that the last subscale, 'Unassured', showed only a moderate degree of internal validity (Cronbach's alpha of .55) so will be utilised within the current study with some degree of caution. For a copy of the measure see Appendices.

The Internalized Shame Scale (ISS; Cook, 1988, 1994)

The ISS is a 30-item trait-based measure, developed from Kaufman's (1989) construct of internalized shame. Twenty-four of the items form the 'Shame' scale, with the remainder consisting of positive items from Rosenberg's Self-Esteem Scale, (Rosenberg, 1965). Participants were asked to state the regularity with which they experienced particular thoughts or feelings, on a 5-point Likert-type scale, with responses ranging from "never" to "almost always". The measure has high internal consistency and test re-test reliability (Goss, Gilbert & Allan, 1994). In addition, correlations with other emotions that are theoretically linked with shame have been found to be significant, as measured by an affect checklist (Rybak & Brown, 1996). Overall the ISS is considered to be a measure of internal shame, although it is acknowledged that a small proportion of the items also relate to external shame.

The Other as Shamer Scale (OAS; Goss, Gilbert & Allan, 1994)

As an adaptation of the Internalized Shame Scale, the OAS scale was created as a trait-based measure of external shame. Within this study, the OAS was used in order to obtain global judgements of how people think others view them. The measure consists of 18 items. Respondents are asked to indicate the frequency of their feelings and experiences to items such as, ''I feel other people see me as not good enough'', and ''I think that other people look down on me'', on a 5-point Likert scale (0–4). The scale produces a total score, as well as three subscale scores, 'inferior', 'emptiness' and 'how others behave when they see me make mistakes'. This trait-based measure has been shown to have good psychometric properties (Goss *et al.*, 1994) and correlates significantly with other measures of shame, such as the Internalized Shame Scale (r = .81, Goss et. al., 1994). In their study, Goss *et al.* (1994) found this scale to have a Cronbach's alpha of .92.

The Brief Core Schema Scale (BCSS; Fowler, Freeman, Smith, Kuipers, Bebbington, Bashforth, et al., 2006)

The BCSS has 24 items concerning beliefs about the self and others that are assessed on a 5-point rating scale (0–4). Four scores are obtained: negative-self (six items), positive- self (six items), negative-others (six items) and positive-others (six items). The participant is asked to indicate, in a dichotomous No/Yes format, whether they hold each belief. Then, if they indicate that they do hold the belief they are asked to indicate the strength of their belief conviction by circling a number from 1 to 4 (1 = believe it slightly, 2 = believe it moderately, 3 = believe it very much, 4 = believe it totally). The scale has achieved good psychometric properties, both in terms of internal consistency (Cronbach's alpha of .78 and .86 for positive and negative self

schemas respectively, and .88 and .88 for the positive and negative other schemas respectively) and test-retest reliability (Pearson's r = 0.84, p<0.001) (Fowler *et al.*, 2006).

The Differential Emotions Scale, Fourth edition (DES-IV; Izard, Libero, Putnam & Haynes, 1993)

The DES is a multi-scale, trait-based measure of twelve separate emotions. The emotions measured by the DES are interest, joy, surprise, sadness, anger, disgust, contempt, fear, shame, shyness, guilt and hostility directed toward the self. Participants are asked to respond on a 5-point frequency scale (1= rarely or never to 5=very often) to the question, "In your daily life, how often do you feel...". The measure has 36 items. Several studies have contributed evidence for the construct validity of the DES, (Blumberg & Izard, 1985; Fridland, Schwarzt, & Fowler, 1984, cited in Izard, Libero, Putnam & Haynes, 1993). In their study, Izard, *et al.*, (1993) reported Cronbach's alpha scores ranging from .56 for disgust, through to .85 for the anger and sadness scales.

The Depression Anxiety Stress Scale (DASS; Lovibond & Lovibond, 1995)

The DASS-21 is a state-based measure of depressive symptoms, physical anxiety (fear) and mental stress (nervous tension), and was used to ascertain the level of current distress within the participant group. The full DASS has 41 items, but the short version contains 21 items, 7 per subscale. The items are measured on a 4-point scale ranging from 0, "did not apply to me" to 3 "applied to me very much, or most of the time". Higher scores denote less favourable conditions. Participants are asked to use the 4-point severity/frequency scales to rate the extent to which they have

experienced each state over the past week. The DASS-21 has the same factor structure and gives similar results to the full DASS (Lovibond & Lovibond, 1995). In addition, it has been shown to have excellent internal consistency gaining Cronbach's alphas of .94 for depression, .87 for anxiety and .91 for stress (Antony, Beiling Cox, Enns, & Swinson, 1998).

2.4 Procedure

Prisoners were recruited using two methods. Some participants responded, via a prison officer or member of the healthcare team, to posters displayed throughout the prison, whilst many were approached directly on the wings, during social periods, and invited to participate. On meeting with potential participants, the researcher explained the purpose of the study and participants were given an Information Sheet (see Appendices). Questions were invited before written consent was obtained. The psychometric batteries were left with the participant to complete during "lock up", a period of approximately two hours in their cell, which incorporated the lunch hour. On completion, questionnaires were collected and participants were given the opportunity to ask any questions or discuss any issues that may have arisen from completing the measures. In order to minimise any comprehension difficulties, given the degree of literacy problems amongst the offending population, participants were invited to leave blank any questions that they did not understand for later clarification and completion with the help of the researcher.

2.5 Power Analysis

Given the results reported by Morrison & Gilbert (2001) regarding the differences of two groups (psychopaths and non-psychopaths) on the social rank measure, a power

calculation was performed using the Zumastat Version 2.3 software. Using the means and standard deviations reported to estimate the effect size, it was found that 55 participants per group would be needed (total sample =110) in order to achieve a power level of .80, at alpha < .05 level of statistical significance.

However, as this study was not intending to split the data set into two groups, but rather analyse multiple continuous variables, an alternative method of estimating the sample size was used in addition. In order to carry out a meaningful regression analysis, a graph constructed by Miles and Shevlin (2001) was used to estimate the sample size required to achieve a power level of .80. Given an expected medium effect size, and that a relatively large number of predictors (up to 6 variables) would be used within the regression analysis, it was predicted that a sample size of approximately 100 participants would be required.

3. Results

3.1 Description of Sample

One hundred and six participants agreed to take part in the study. The mean age of the cohort was 35 years old (range = 21 to 65 years). Seventy (66%) offenders were British, (51 white British, 14 black British, 5 Black/White British). Of the remainder, twelve (11%) were European, including Irish, ten (9%) originated from the Caribbean, seven (7%) described themselves as Asian, five (5%) as African and two (2%) originated from North America. With regard to offending behaviour the sub-categories described within Item 20: 'Criminal Versatility' of the PCL-R (Hare, 1991) were used to subdivide the sample according to their index offences. For a breakdown of these see Table 1. With regard to the four participants that were being detained for crimes that fell under the 'Miscellaneous' category, this included driving offences, violation of immigration laws, trespass and affray (PCL-R equivalent of 'causing a disturbance' and/or 'vandalism'). The remaining four (4%) participants did not provide any information about their offending behaviour. In addition, five (5%) participants did not provide any information about their current sentence status.

Table 1. Background variables for the sample (N=106)

Background variables	Sample (N=106) N (%)
Age	34.97 s.d. 9.589
Ethnicity/Culture	
British	70 (66)
Non British	36 (34)
Index Offence	
'Assault'	15 (14)
'Robbery'	12 (11)
'Theft'	11 (12)
'Possession of a weapon'	10 (9)
'Drug offences'	8 (8)
'Murder'	7 (7)
'Arson'	4 (4)
'Sex offence'	3 (3)
'Kidnapping'	3 (3)
'Fraud'	2 (2)
'Escape'	2 (2)
'Obstruction of justice'	2 (2)
'Major driving offence'	1 (1)
'Miscellaneous'	4 (4)
Sentence type	
Pre-Sentence/Remand	33 (31)
Post Sentence	67 (63)
Civil Prisoner – Awaiting Deportation	1 (1)

3.2. Preliminary Analysis

All variables were examined for accuracy of data entry, missing values and appropriateness for parametric testing prior to statistical analysis. All data was examined for its suitability for parametric statistical analysis. With regard to the PPI-R measure, fourteen participant's data was deleted due to unsatisfactory scores on the Inconsistent Responding (15-item) validity scale (IR15) of this measure. However, it was decided that only data relating to the PPI-R would be deleted from the dataset, as after eyeballing the remaining data for each of the fifteen cases, there was nothing to suggest that participants had responded in a similarly fashion towards the other measures. In addition, as the other measures did not have similar validity scales it was not possible to establish, through any reliable means, whether or not a similar problematic response style had unduly influenced the acquired data. Finally, it

remained possible that the PPI-R measure, more so than any other, would have been at risk of an inconsistent responding style, as it represented the largest section within the test battery, containing 154-items as opposed to 36-items, which was the next largest section.

Transformations and Outliers

A total of eight transformations were carried out on the data in order to achieve normality. The SCRS (social rank estimate) data was negatively skewed (skewness = 4.14), however, after a square root transformation skewness fell within acceptable limits (0.18). In addition, data for the measure of SEI 'Unassured' (Social expectations), OAS 'Emptiness' (external shame), DASS 'total' (distress), BCSS 'Negative Self' (schemas), and DES 'Fear', 'Shyness' and 'Hostility Inwards' were positively skewed. Normality was again achieved due to square root transformations being performed on the data (see Table 2). No variables had significant kurtosis.

There were four outlier scores in the total data set. One was present within the data relating to the PPI-R subscale of 'Stress Immunity', another was present within the SEI subscale of 'Unassured', yet another within the data for the measure of SCRS, whilst the final one presented itself within the data relevant to the BCSS subscale 'Negative Self'. All outliers were removed from the dataset.

Table 2. Skewness statistics for all measures, including post-transformations, where applicable

Aspect Being Measured	Measure	Skewness	
		Pre Transformation	Post Transformation (If applicable)
Psychopathy	PPI-R (Total score)	0.59	
	PPI-R (Factor 1)	0.11	
	PPI-R (Factor 2)	0.28	
	[1]PPI-R (ME)	1.96	
	[2]PPI-R (RN)	1.65	
	[3]PPI-R (BE)	0.54	
	[4]PPI-R (CN)	0.31	
	[5]PPI-R (SOI)	0.82	
	[6]PPI-R (F)	0.29	
	[7]PPI-R (STI)	1.74	
	[8]PPI-R (C)	1.80	
Social Rank	SCRS (Total Score)	4.14	0.18
Social Expectation	SEI (Antagonistic)	1.57	
	SEI (Trusting)	1.13	
	SEI (Unassured)	2.51	1.30
Shame (External)	OAS (Total Score)	1.67	
	OAS (Inferior)	1.41	
	OAS (Emptiness)	2.41	0.65
	OAS (How others behave...)	1.76	
Shame (Internal)	ISS (Shame)	0.52	
	ISS (Self esteem)	2.07	
Schemata	BCSC (Neg. Self)	3.34	0.79
	BCSC (Pos Self)	1.12	
	BCSC (Neg. Other)	1.93	
	BCSC (Pos. Other)	0.68	
Emotionality (General)	DES (Interest)	0.69	
	DES (Enjoyment)	1.43	
	DES (Surprise)	1.14	
	DES (Sadness)	0.81	
	DES (Anger)	0.76	
	DES (Disgust)	0.43	
	DES (Contempt)	0.02	
	DES (Fear)	3.01	1.23
	DES (Guilt)	0.95	
	DES (Shame)	1.99	
	DES (Shyness)	2.94	1.04
	DES (Self-Hostility)	2.60	0.97
Distress	DASS21 (Total)	2.40	0.57

[1] PPI-R: Machiavellian Egocentricity Subscale
[2] PPI-R: Rebellious Nonconformity Subscale
[3] PPI-R: Blame Externalisation Subscale
[4] PPI-R: Carefree Nonplanfulness Subscale
[5] PPI-R: Social Influence Subscale
[6] PPI-R: Fearlessness Subscale
[7] PPI-R: Stress Immunity Subscale
[8] PPI-R: Coldheartedness Subscale

Questionnaire Measures

As many of the measures used within this study were developed with non-offender populations, means and standard deviations from the current study are placed in the context of previously published norms for each of the questionnaire measures in order to help the reader see how the current sample's performance on the various measures compares with the samples that the tests were standardized on.

Psychopathy

PPI-R (Lilienfeld & Widows, 2005)

Table 3 shows the means and standard deviations for the PPI-R. Lilienfeld and Widows' (2005) norms for an American offender population are shown in parentheses within this table. As illustrated, the majority of the means for participants in the present study were higher than those reported by Lilienfeld and Widows (2005) indicating that the general level of psychopathy reported within this sample is somewhat higher than that observed within the American cohort. Of note, the Stress Immunity Subscale mean score and the total score mean are markedly different from that reported by Lilienfeld and Widows (2005). This is thought to be due to a typographical error within the PPI-R manual, (Lilienfeld, Private correspondence) as the means for these indices within this sample are more inline with all other reported sample means within the PPI-R manual (Lilienfeld and Widows, 2005) and within other means within this study.

Table 3. Descriptive statistics for the psychopathy measure (PPI-R)

Aspect being Measured	Measure	Mean	Standard Deviation
Psychopathy	PPI-R (Total score)	308.46 (283.86)*	31.87 (28.99)
	PPI-R (Factor 1)	119.50 (DNA)	16.33 (DNA)
	PPI-R (Factor 2)	158.03 (DNA)	24.18 (DNA)
	[1]PPI-R (ME)	44.13 (38.38)	9.91 (10.10)
	[2]PPI-R (RN)	34.59 (27.26)	8.04 (6.84)
	[3]PPI-R (BE)	41.35 (34.00)	7.91 (8.51)
	[4]PPI-R (CN)	37.47 (33.45)	8.95 (8.62)
	[5]PPI-R (SOI)	47.64 (48.48)	7.89 (7.92)
	[6]PPI-R (F)	37.28 (30.64)	9.73 (7.60)
	[7]PPI-R (STI)	34.65 (12.86)*	6.61 (6.50)
	[8]PPI-R (C)	31.35 (33.02)	8.27 (8.39)
	[9]PPI-R (VR)	30.28 (32.24)	5.43 (5.87)
	[10]PPI-R (DR)	15.65 (12.86)	4.25 (3.24)
	[11]PPI-R (IR15)	11.37 (11.58)	4.59 (4.62)

Note: Published norms for offender sample shown in parentheses, from Lilienfeld & Widows (2005). DNA = Data not available within published study. * = Possible typographical error within PPI-R manual (Lilienfeld, Private correspondence).

Means and standard deviations for each of the remaining measures used within this study are presented within Table 4. Again, current means and standard deviations are placed in the context of previously published norms for each of the questionnaire measures.

[1] PPI-R: Machiavellian Egocentricity Subscale
[2] PPI-R: Rebellious Nonconformity Subscale
[3] PPI-R: Blame Externalisation Subscale
[4] PPI-R: Carefree Nonplanfulness Subscale
[5] PPI-R: Social Influence Subscale
[6] PPI-R: Fearlessness Subscale
[7] PPI-R: Stress Immunity Subscale
[8] PPI-R: Coldheartedness Subscale
[9] PPI-R: Virtuous Responding Validity scale
[10] PPI-R: Deviant Responding Validity scale
[11] PPI-R: Inconsistent Responding (15-items) Validity scale

Table 4. Descriptive statistics for all other measures

Aspect being Measured	Measure	Mean		Standard Deviation	
Social Rank	SCRS (Total Score)	68.32	(68.04)[1]	18.44	(16.59)[1]
Social Expectation	SEI (Antagonistic)	23.53	(24.34)[2]	11.73	(10.96)[2]
	SEI (Trusting)	18.96	(25.49)[2]	6.03	(7.37)[2]
	SEI (Unassured)	17.18	(9.03)[2]	5.03	(3.44)[2]
Shame (External)	OAS (Total Score)	43.85	(20.00)[3]	15.29	(10.10)[3]
	OAS (Inferior)	16.61	(DNA)[3]	6.38	(DNA)[3]
	OAS (Emptiness)	8.79	(DNA)[3]	3.83	(DNA)[3]
	OAS (How others behave...)	16.03	(DNA)[3]	5.66	(DNA)[3]
Shame (Internal)	ISS (Shame)	38.96	(33.98)[4]	21.74	(15.52)[4]
	ISS (Self esteem)	15.16	(DNA)[4]	4.62	(DNA)[4]
Schemata	BCSC (Neg. Self)	4.84	(3.55)[5]	4.50	(3.55)[5]
	BCSC (Pos Self)	12.27	(10.20)[5]	6.14	(4.23)[5]
	BCSC (Neg. Other)	8.06	(4.07)[5]	10.18	(4.04)[5]
	BCSC (Pos. Other)	6.13	(10.43)[5]	6.19	(4.51)[5]
Emotionality (General)	DES (Interest)	10.31	(11.51)[6]	2.55	(1.81)[6]
	DES (Enjoyment)	9.48	(12.19)[6]	2.70	(1.83)[6]
	DES (Surprise)	8.55	(7.76)[6]	2.74	(2.23)[6]
	DES (Sadness)	8.91	(6.60)[6]	3.12	(1.98)[6]
	DES (Anger)	8.73	(7.73)[6]	3.23	(1.98)[6]
	DES (Disgust)	8.33	(4.88)[6]	3.04	(1.83)[6]
	DES (Contempt)	7.48	(5.45)[6]	2.82	(1.95)[6]
	DES (Fear)	6.83	(5.13)[6]	3.37	(1.95)[6]
	DES (Guilt)	9.13	(5.77)[6]	2.94	(1.98)[6]
	DES (Shame)	8.02	(5.59)[6]	3.25	(2.16)[6]
	DES (Shyness)	7.21	(6.42)[6]	3.19	(1.81)[6]
	DES (Self-Hostility)	7.09	(5.27)[6]	3.31	(1.85)[6]
Distress	DASS21 (Total)	20.83	(25.33)[7]	15.68	(DNA)[7]

Note: Published means and standard deviations shown in parentheses. DNA = Data not available within published studies.

[1] Offender sample, N =50 (Morrison & Gilbert, 2001)
[2] British mentally disordered offender sample, N=114 (Blackburn, Personal correspondence)
[3] British , non-clinical, student sample, N= 152 (Goss, Gilbert & Allan, 1994)
[4] British, non clinical, student sample, N= 514 (Cook, 1994)
[5] British, non-clinical' student sample, N=754 (Fowler, Freeman, Smith, Kuipers, Bebbington, Bashforth *et al.*, 2006)
[6] American, middle class mothers, N=86 (Izard, Libero, Putnam & Haynes, 1993)
[7] Australian psychiatric patients at admission, N=786, (Ng, Trauer, Dodd, Callaly, Campbell and Berk, 2007)

Social Rank

The Social Comparison Rating Scale (SCRS; Allan & Gilbert, 1995) – as social rank estimate

Allan and Gilbert (1995) used the Social Comparison Rating Scale on two groups of participants, the first 263 British university students (mean = 64.67, s.d. = 11.65), and the second a clinical group consisting of 32 day hospital patients (mean = 38.90, s.d. = 13.47). In the present study means for perceived social rank (mean = 68.32, s.d. = 18.44), were more similar to that of the non-clinical sample reported by Allan and Gilbert (1995) than the clinical sample, and were comparable to the total sample statistics reported within Morrison and Gilbert's (2001) study (mean = 68.04, s.d. = 16.59).

Social Expectations

The Social Expectations Inventory (SEI) Blackburn (Personal Correspondence)

Blackburn (Personal Correspondence) used the Social Expectations Inventory with a sample of 114 mentally disordered offenders from a Special Hospital. In the present study, means for the two subscales relating to people's expectations of others being 'antagonistic' and 'trusting' were lower than those reported by Blackburn (mean = 24.34 and 25.49, s.d. = 10.96 and 7.37 respectively) indicating that this sample were inclined to feel that others would be less antagonistic, but also less trusting towards them. However, the subscale pertaining to expectations of others being 'unassured' was significantly higher within this study (mean = 17.18, s.d.= 5.03) than that reported by Blackburn (mean = 9.03, s.d.= 3.44) indicating that this sample showed a greater tendency to report that others would be more unassured in their presence.

Shame

Internalised Shame Scale (ISS; Cook, 1988, 1994); The Other as Shamer Scale (OAS; Goss, Gilbert & Allan, 1994)

Cook (1994) used the ISS with a sample of British students and reported a mean of 33.98, (s.d. = 15.52). Similarly, Goss, Gilbert and Allan (1994) used both the ISS and the OAS with a sample of British students. In the present study, the total sample mean for internalized shame (mean = 38.96, s.d. = 21.74) was higher than that obtained in both the Cook (1994) study (mean = 33.98, s.d.=15.52) and the Goss *et al.,* (1994) study (mean = 32.1, s.d. = 16.2), but somewhat lower than the total sample mean reported in Morrison and Gilbert's (2001) study (mean = 46.50, s.d. = 19.76). Although, comparable data for external shame is not available within Morrison and Gilbert's (2001) study, this study's sample yielded significantly higher scores (mean = 43.85, s.d. = 15.29) on average than the students within Goss *et al.'s* (1994) study (mean = 20.0, s.d. = 10.1).

Schemata

The Brief Core Schema Scale (BCSS; Fowler, Freeman, Smith, Kuipers, Bebbington, Bashforth, et al., 2006)

Fowler, Freeman, Smith, Kuipers, Bebbington, Bashforth, *et al.* (2006) used the BCSS with a sample of 754 British students. In the present study, means for negative self schemas (4.84, s.d.= 4.50), positive self schemas (12.27, s.d.= 6.14) and negative other schemas (8.06, s.d.= 10.18) were all higher than those reported by Fowler *et al.* (2006) (mean = 3.55, s.d. = 3.55; mean = 10.20, s.d. = 4.23; mean = 4.07, s.d. = 4.04, respectively) indicating that they held either a higher degree of, or possibly stronger, positive and negative self schemas, as well as either a higher degree of, or possibly

stronger negative other schemas. However, the mean for the positive other schemas subscale was somewhat lower (mean = 6.13, s.d. = 6.19) than that found within the Fowler *et al.* (2006) study (mean = 10.43, s.d.= 4.51) indicating that they held either a lower degree of, or possibly weaker, positive other schemas.

Emotionality (General)

The Differential Emotions Scale, Fourth edition (DES-IV; Izard, Libero, Putnam & Haynes, 1993)

Izard, Libero, Putnam and Haynes (1993) used the DES on a sample of American, middle class mothers. Within the present study means on the 'Interest' and 'Enjoyment' subscales were slightly lower than those reported by Izard *et al.* (1993), but slightly higher for all other subscales (surprise, sadness, anger, disgust, contempt, fear, guilt, shame, shyness and self-hostility), indicating that the current sample were less inclined to report the presence of positive emotions, and much more inclined to report the more negative emotions. Of note, 'Disgust' and 'Guilt' showed the largest discrepancy between the two studies. See Table 4 for all means and standard deviations.

Distress

The Depression Anxiety Stress Scale-21 Item (DASS-21; Lovibond & Lovibond, 1995)

Antony, Beiling Cox, Enns, and Swinson (1998) administered the DASS-21 to a non-clinical sample and reported a total mean score of 2.58 (s.d. = 2.83). However, Ng, Trauer, Dodd, Callaly, Campbell and Berk (2007) administered the DASS-21 to a sample of 786 psychiatric outpatients and obtained a total mean score of 25.33 at

admission, and a mean score 13.38 at discharge (s.d.= data not available). Within this study, the sample statistics (mean = 20.83, s.d. = 15.68) were more inline with the result obtained within Ng *et al.*'s (2007) study, specifically with regard to the result of the clinical group at admission, indicating that this sample were more inclined to report high levels of distress.

3.3 Reliability of Measures in Current Sample

To assess the internal consistency of the measures used within the study, Cronbach's alphas were computed for each of the scales and subscales (see Table 5). All of these scores were above .70, with the exception of SEI 'unassured', which achieved an alpha of only .59. Of note, Blackburn reported an alpha of .55 for this subscale, which was markedly different from his reported scores for 'antagonistic' and 'trusting' expectations, which were .90 and .83, respectively. Therefore some degree of caution should be applied when making inferences about the construct measured within this subscale.

Table 5. Cronbach's alphas for all measures

Aspect Being Measured	Measure	Alpha
Psychopathy	PPI-R (Total score)	.89
	PPI-R (Factor 1)	.83
	PPI-R (Factor 2)	.90
	[1]PPI-R (ME)	.82
	[2]PPI-R (RN)	.78
	[3]PPI-R (BE)	.83
	[4]PPI-R (CN)	.84
	[5]PPI-R (SOI)	.76
	[6]PPI-R (F)	.86
	[7]PPI-R (STI)	.76
	[8]PPI-R (C)	.85
Social Rank	SCRS (Total Score)	.91
Social Expectation	SEI (Antagonistic)	.90
	SEI (Trusting)	.78
	SEI (Unassured)	.59
Shame (External)	OAS (Total Score)	.95
	OAS (Inferior)	.90
	OAS (Emptiness)	.82
	OAS (How others behave...)	.89
Shame (Internal)	ISS (Shame)	.96
	ISS (Self esteem)	.78
Schemata	BCSC (Neg. Self)	.80
	BCSC (Pos Self)	.84
	BCSC (Neg. Other)	.88
	BCSC (Pos. Other)	.90
Emotionality (General)	DES (Interest)	.77
	DES (Enjoyment)	.83
	DES (Surprise)	.81
	DES (Sadness)	.88
	DES (Anger)	.91
	DES (Disgust)	.86
	DES (Contempt)	.72
	DES (Fear)	.90
	DES (Guilt)	.84
	DES (Shame)	.90
	DES (Shyness)	.90
	DES (Self-Hostility)	.89
Distress	DASS21 (Total)	.96

[1] PPI-R: Machiavellian Egocentricity Subscale
[2] PPI-R: Rebellious Nonconformity Subscale
[3] PPI-R: Blame Externalisation Subscale
[4] PPI-R: Carefree Nonplanfulness Subscale
[5] PPI-R: Social Influence Subscale
[6] PPI-R: Fearlessness Subscale
[7] PPI-R: Stress Immunity Subscale
[8] PPI-R: Coldheartedness Subscale

3.4 Hypothesis Testing

Two-tailed tests were used as it was decided that none of the hypotheses were based on associations or differences that were well enough established to warrant one-tailed tests.

Correlations between variables

Social Rank and Shame

As it was predicted that there would be a relationship between perceived social rank and the self-conscious emotion of shame (hypothesis 1), Pearson correlation tests were performed on the measures of social rank estimate and the various measures of shame used within this study. As predicted, it was found that social rank was negatively correlated with all measures of shame, and all measures were highly statistically significant (see Table 6). For example, for rank and internal shame Pearson's correlation was $r = -.462$, $p<.001$,**, whilst for rank and external shame, $r=-.459$, $p<.001$,**. Of note, all shame measures showed statistically significant positive correlations with one another, further demonstrating the high degree of construct validity for these measures.

Table 6. Correlations between social rank and shame

	(ISS) Internal Shame	(OAS) External Shame 'Total'	(OAS) External Shame 'Inferior'	(OAS) External Shame 'Emptiness'	(OAS) External Shame 'How others behave...'	(DES) Shame
(SCRS) Social Rank	-.462 ** N=95	-.459 ** N=97	-.510 ** N=97	-.411 ** N=97	-.334 ** N=97	-.437 ** N=96
(ISS) Internal Shame		.832 ** N=101	.794 ** N=101	.752 ** N=101	.734 ** N=101	.759 ** N=102
(OAS) External Shame 'Total'			.946 ** N=104	.889 ** N=104	.912 ** N=104	.694 ** N=102
(OAS) External Shame 'Inferior'				.802 ** N=104	.785 ** N=104	.649 ** N=102
(OAS) External Shame 'Emptiness'					.712 ** N=104	581 ** N=102
(OAS) External Shame 'How others behave...'						.683 ** N=102

Note: * $P < .05$, ** $P < .01$

Social rank and social expectations

It was predicted that there would be a relationship between social rank and social expectations (hypothesis 2) and thus correlations were performed between these two variables (see Table 7). As expected, a positive correlation was found between perceived social rank and social expectations relating to others being 'trusting' (r=.327, p=.001,**). A significant, positive relationship was also found between perceived social rank and those social expectations that relate to others acting in an 'unassured' or unconfident manner (r=.394, p<.001,**). In addition, a negative correlation was found between perceived social rank and social expectations of 'antagonistic' type behaviour (r=-.253, p=.012,**). These results suggest that as

perceived social rank increases, perceptions about others being unassured, i.e. behaving in a passive or submissive manner increase, whilst perceptions about others being antagonistic, i.e. behaving in a dominant manner generally decrease.

Table 7. Correlations between PPI-R Factor 1, social rank and social expectations

	(SCRS) Social Rank	(SEI) Expect Trust	(SEI) Expect Unassured Behaviour	(SEI) Expect Antagonism
(PPI-R) Factor 1	.474 **	.356 **	-.111	.042
	N=85	N=89	N=87	N=89
(SCRS) Social Rank		.327 **	.394 **	-.253 **
		N=98	N=96	N=98
(SEI) Expect Trust			-.222 *	.184
			N=103	N=105
(SEI) Expect Unassured Behaviour				.496 **
				N=103

Note: * $P<.05$, ** $P<.01$

'Primary' Psychopathy, Social Rank, Social Expectations, and Emotionality

With regard to psychopathy, it was predicted that those achieving high scores on Factor 1 of the PPI-R, that is those with fearless and dominant traits or 'primary' psychopathic traits, would perceive themselves as being high in social rank (hypothesis 3), and as a result of their general feelings of superiority would expect others to be submissive rather than antagonistic or dominant towards them (hypothesis 7). Table 7 shows the results of the Pearson correlations that were performed in order to investigate these hypotheses. Consistent with hypothesis 3, Factor 1 was positively correlated with perceived social rank (r=.474, p<.001, **). In relation to hypothesis 7, Factor 1 showed no statistically significant relationship to expectations of others being antagonistic(r=.042, p=.693, ns), though Factor 1 did

significantly positively correlate with expectations of others being trusting (r=.356, p=.001, **). Unexpectedly, social expectations of others being unassured was not significantly correlated with factor 1 (r=-.111, p=.307, ns).

It was predicted that those achieving high scores on Factor 1 of the PPI-R would be less susceptible to personal distress (hypothesis 4), would hold positive self schemas and would have high self-esteem (hypothesis 5). Table 8 shows the results of the Pearson correlations that were carried out in order to test these predictions. With regard to personal distress, as predicted, Factor 1 of the PPI-R appeared to show a statistically significant negative correlation (r=-.224, p=.037, *). Also as predicted, Factor 1 showed a statistically significant, positive correlated with positive self schemas (r=.442, p<.001,**), and a positive correlation appeared between Factor 1 and self-esteem (r=.330, p=.002, **).

Table 8. Correlations between PPI-R Factor 1 and multiple variables

	(DASS) Distress	(BCSS) Neg. Self Schema	(BCSS) Pos. Self Schema	(BCSS) Neg. Other Schema	(BCSS) Pos. Other Schema	(ISS) Self-esteem
(PPI-R) Factor 1	-.224 *	-.183	.442 **	.059	.157	.330 **
	N=87	N=88	N=89	N=88	N=88	N=88
(DASS) Distress		.578 **	-.487 **	.143	-.209	-.451 **
		N=100	N=101	N=98	N=98	N=99
(BCSS) Negative Self Schemas			-.328 **	.355 **	-.122	-.417 **
			N=102	N=99	N=99	N=100
(BCSS) Positive Self Schemas				.066	.425 **	.620 **
				N=100	N=100	N=101
(BCSS) Negative Other Schemas					.092	.007
					.362	.942
					N=100	N=98
(BCSS) Positive Other Schemas						.221
						.029
						N=98

Note: * $P < .05$, ** $P < .01$

In order to assess whether Factor 1, was associated with shame (hypothesis 6), Pearson correlations were computed for this variable along with internal and external shame total scores. With regard to Factor 1 and internal shame, a negative correlation was found (r=-.176, p=.101, ns), though this was not statistically significant. In addition, regarding Factor 1 and external shame, a negative correlation appeared (r=-.082, p=.444, ns), but again this result was not statistically significant.

Regarding emotionality more broadly, it was predicted that those achieving high scores on Factor 1 of the PPI-R would be more inclined to report experiencing more positive emotions, i.e. interest and/or enjoyment, rather than negative emotions, i.e. sadness, anger, disgust, contempt, fear, guilt, hostility inwards and/or shame (hypotheses 6 and 8). However, as both internal and external shame had already been

analysed, DES Shame was removed from this analysis. Table 9 shows the results of these tests.

Table 9. Correlations between PPI-R Factor 1 and emotionality

	(DES) 1 Int.	(DES) 2 Enj.	(DES) 3 Sad.	(DES) 4 Anger	(DES) 5 Disg.	(DES) 6 Cont.	(DES) 7 Fear	(DES) 8 Guilt	(DES) 9 Host.
(PPI-R) Factor 1	.310 ** N=89	.361 ** N=89	-.203 N=89	-.106 N=89	-.058 N=89	.192 N=89	-.150 N=89	-.031 N=89	-.200 N=89
(DES) 1 Interest		.508 ** N=103	-.040 N=103	.014 N=103	.097 N=103	.166 N=103	.052 N=103	.123 N=103	-.028 N=103
(DES) 2 Enjoy-ment			-.346 ** N=103	-.330 * N=103	-.225 N=103	-.006 N=103	-.142 N=103	-.087 N=103	-.322 ** N=103
(DES) 3 Sadness				.729 ** N=103	.698 ** N=103	.275 * N=103	.589 ** N=103	.472 ** N=103	.706 ** N=103
(DES) 4 Anger					.614 ** N=103	.342 ** N=103	.443 ** N=103	.363 ** N=103	.629 ** N=103
(DES) 5 Disgust						.382 ** N=103	.413 ** N=103	.522 ** N=103	.707 ** N=103
(DES) 6 Contempt							.396 ** N=103	.307 * N=103	.297 * N=103
(DES) 7 Fear								.474 ** N=103	.591 ** N=103
(DES) 8 Guilt									.551 ** N=103

Note: * $P < .05$, ** $P < .01$

With regard to Factor 1, as predicted a positive correlation was found for both interest and enjoyment (r=.310, p=003, **, and r=.361, p=.001,** respectively), whilst the more negative emotions of sadness, anger, disgust, fear, guilt and hostility inwards were not significantly correlated with Factor 1. Of interest, contempt

appeared positively correlated with Factor 1, (r=.192, p=.072, ns) though not to a significant degree.

'Secondary' Psychopathy, Social Rank, Social Expectations and Emotionality

With regard to psychopathy, Pearson correlations were performed on Factor 2 of the PPI-R, which related to impulsive antisocial traits, in order to test predictions that were made regarding the relationship between 'secondary' psychopathy, social rank and social expectations (hypotheses 9), (see Table 10). With regard to Factor 2 and social rank a significant negative relationship was observed as expected (r=-.312, p=.004,**). In addition, Factor 2 was significantly, positively correlated with social expectations of antagonistic type behaviour (r=.451, p<.001,**) and somewhat unpredictably with expectations of others being unassured (r=.298, p=.005,**). Factor 2 appeared to be negatively correlated with expectations of others being trusting (r=-.113, p=.293, ns), although not to a statistically significant degree.

Table 10. Correlations between 'PPI-R Factor 2, rank and expectations

	SCRS Social Rank	SEI Expect 'Antagonism'	SEI Expect 'Trust'	SEI Expect 'Unassured'
PPI-R Factor 2	-.312 ** N=85	.451 ** N=89	-.113 N=89	.298 ** N=87
SCRS Social Rank		-.253 * N=98	.327 ** N=98	-.217 * N=96
SEI Expect 'Antagonism'			.184 N=105	.496 ** N=103
SEI Expect 'Trust'				-.222 * N=103

Note: * P< .05, ** P< .01

'Secondary' Psychopathy & Shame

It was predicted that those individuals that scored highly on Factor 2 would report high levels of internal and external shame, suffer from a low self-esteem and be more susceptible to experiencing the negative emotions of anger, guilt and general distress (hypothesis 9). To explore these hypotheses Pearson correlations were performed (see Table 11).

Table 11. Correlations between PPI-R Factor 2' and emotionality

	(ISS) Internal Shame	(ISS) Self-Esteem	(OAS) External Shame	(DES) Anger	(DES) Guilt	(DASS) Distress
(PPI-R) Factor 2	.550 ** N=88	-.298 ** N=88	.475 ** N=89	.442 ** N=89	.384 ** N=89	.530 ** N=87
(ISS) Internal Shame		-.464 ** N=102	.832 ** N=101	.569 ** N=102	.557 ** N=102	.774 ** N=99
(ISS) Self-Esteem			-.466 ** N=101	-.345 ** N=102	-.198 * N=102	-.451 ** N=99
(OAS) External Shame				.423 ** N=102	.407 ** N=102	.706 ** N=100
(DES) Anger					.363 ** N=103	.549 ** N=100
(DES) Guilt						.475 ** N=100

Note: * P < .05, ** P < .01

As predicted, Factor 2 was found to positively correlate with both internal shame (r=.550, p<.001,**) and external shame (r=.475, p<.001,**). These results were both highly statistically significant, indicating that scores for Factor 2 increase inline with a person's propensity to experience shame. Also, as previously hypothesised, Factor

2 was found to correlate negatively with self-esteem to a highly significant degree (r=-298, p=.006,**). With regard to other emotions, highly significant positive correlations were found for Factor 2 and anger (r=.442, p<.001,**), as well as guilt (r=.384, p=.001,**) and general distress (r=.530, p<.001,**).

Statistical Analysis

A multiple regression analysis was performed in order to assess the predictive power of the significant correlations for the dependent variable of Factor 1 of the PPI-R, that is fearless and dominant traits or 'primary' psychopathy. A total of six predictor variables were entered into a multiple regression analysis, these included Social Rank (SCRS), Social Expectation variable of others being 'Trusting' (SEI), Positive Self Schemas (BCSS), Enjoyment (DES), interest (DES) and distress (DASS). The 'forced entry' method was used for this analysis as no decision was made with regard to the order in which the variables should be entered into the model. The regression analysis revealed that the highest correlation within the model was between enjoyment and interest (R=.548), therefore as no correlation was above the threshold of R=.9 this signified that there was no multicolinearity, and again confirmed that each of the predictors within the model measured different constructs. In addition, all assumptions of regression were met, including the assumption of independent errors (Durbin-Watson statistic = 2.13), suggesting that the model was generalisable beyond this sample.

Overall the regression was highly significant (F(6,74)=5.766, p<.001, **). Scores on the measures of social rank, social expectations of others being trusting, positive self-schemas, enjoyment, interest and distress accounted for 31.9% of the variation in

Factor 1 scores, (R^2=.319, Adjusted R^2=.263). A significant independent effect was found for social rank (*B*=2.931, t(1)=2.53, p=.01,**). For all b-values, standard error b-values and beta values see Table 12.

Table 12. A multiple regression analysis for PPI-R Factor 1 – Fearless and dominant traits

Model		*B*	*Std. Error*	*Beta*
1	(Constant)	110.57	12.673	
	Social Rank	2.931**	1.159	0.295
	SEI – 'Trusting'	0.110	0.337	0.039
	Pos. Self Schemas	0.626	0.321	0.254
	Enjoyment	0.541	0.800	0.090
	Interest	0.620	0.782	0.095
	Distress	0.477	1.071	0.053

Note: R^2=.319, (p<.01). *P<.05, **P<.01.

A multiple regression analysis was also performed in order to assess the predictive power of the significant correlations for the dependent variable of Factor 2 of the PPI-R, that is impulsive antisocial traits or 'secondary' psychopathy. A total of six predictor variables were entered into a multiple regression analysis, these included, Social Rank (SCRS), two Social Expectation variables (SEI 'Unassured' and SEI 'Antagonising'), Internal Shame (ISS) and External Shame (OAS) and Distress (DASS). Again the 'forced entry' method was used for this analysis as no decision was made with regard to the order in which the variables should be entered into the model. The regression analysis revealed that the highest correlation within the model was between internal shame and external shame (R=.801) signifying a moderate degree of multicolinearity between these variables. In general however, all the predictors used within this analysis met the multicolinearity assumption, as no correlation was above the threshold of R=.9. In addition, all other assumptions of

regression were met, including the assumption of independent errors (Durbin-Watson statistic = 1.98) suggesting that the model was generalisable beyond this sample.

Overall the regression was highly significant ($F(6,70)=9.582$, $p<.001$,**). Scores on the measures of social rank, social expectations of others being unassured and social expectations of others being antagonising, as well as internal shame and external shame and distress accounted for 45.1% of the variation in Factor 2 scores, ($R^2=.451$, Adjusted $R^2=.404$). Significant independent effects were found for internal shame ($B=.521$, $t(1)=2.752$, $p=.008$,**), and for expectations of others being antagonistic ($B=.573$, $t(1)=2.245$, $p=.02$,*). For all b-values, standard error b-values and beta values see Table 13.

Table 13. A multiple regression analysis for PPI-R Factor 2 - Impulsive antisocial traits

Model		*B*	*Std. Error*	*Beta*
1	(Constant)	115.40	9.214	
	Social Rank	-0.432	1.590	-0.029
	SEI – 'Antagonistic'	0.573*	0.255	0.259
	SEI – 'Unassured'	0.611	0.479	0.132
	Internal Shame	0.521**	0.189	0.466
	External Shame	-0.328	0.280	-0.200
	Distress	2.429	1.879	0.180

Note: $R^2=.451$ ($p<.01$). *P<.05, **P<.01.

4. Discussion

This research project set out to investigate the role of perceived social rank, social expectations and emotionality within psychopathy. Taken as a whole, a high degree of psychopathic traits were present within the sample, somewhat higher than that observed within a similar American study (Lilienfeld & Widows, 2005). With regard to social rank, this sample reflected perceptions of high rank status comparable to that reported within Morrison and Gilbert's (2001) study. Of note, the sample means within both of these studies were higher than the mean rank estimate of university students, and well above scores reported by a group of day hospital patients (Allan & Gilbert, 1994), suggesting that high perceived social rank may be common within an offender population.

In terms of social expectations, it was found that this sample was inclined to report that others would be antagonistic towards them, to a similar degree to that found within other offender samples (Blackburn, personal correspondence). However, with regard to expectations of others being trusting of them or unassured in their presence, results varied from the study reported by Blackburn (personal correspondence), with more people in this study reporting higher levels of expected unassured behaviour and lower levels of expected trust. It was hypothesised that social expectations would vary in line with a person's perceived rank status. In general, with regard to the relationship between social rank and social expectations, results suggested that as perceived social rank increased, perceptions about others being trusting and unassured, i.e. behaving in a passive, accepting or submissive manner increased, whilst perceptions about others being antagonistic, i.e. behaving in a dominant manner, decreased.

Overall, the participants within this study reported lower levels of internal shame than that reported by Morrison and Gilbert (2001) who studied mentally disordered offenders. However, a higher level of internal shame was found compared to that reported within a non-clinical, student sample (Goss, Gilbert & Allan, 1994). These findings may suggest that moderate to high levels of internal shame may be characteristic within offenders. In accordance with this, higher levels of external shame were demonstrated within this sample than reported by a non-clinical sample of students (Goss *et al.*, 1994). In addition, it was found that social rank was negatively correlated with the self-conscious emotion of shame.

Taken as a whole, this sample held a high degree of both positive and negative self-schemas, as well as a high degree of negative other-schemas. Positive other-schemas were not reported as frequently in this study compared with a published study (Fowler, Freeman, Smith, Kuipers, Bebbington, *et al.*, 2006). In addition, although positive emotions were reported more frequently than negative emotions within the current sample, participants were less inclined to report the presence of positive emotions, and much more inclined to report negative emotions when compared with a published study (Izard, Libero, Putnam & Haynes, 1993). Finally, a high level of general distress was described by this sample, comparable to that found within a sample of psychiatric patients (Ng, Trauer, Dodd, Callaly, Campbell & Berk, 2007).

Consistent with Morrison and Gilbert's (2001) findings, the current study found a difference between those defined as 'primary' and those defined as 'secondary' psychopaths, in terms of their self and social evaluative processes, specifically with regard to perceived social rank estimate and reported levels of shame and distress.

As predicted, it was found that as levels of 'primary' psychopathy increased, that is, as scores on Factor 1 of the PPI-R relating to fearless and dominant traits rose, scores on the measure of social rank estimate showed an upward trend, indicating that people high in traits associated with 'primary' psychopathy perceive themselves as being somewhat superior to others. However, with regard to impulsive and antisocial traits or 'secondary' psychopathy, as scores on Factor 2 of the PPI-R increased, social rank estimate showed a downward trend, indicating that people high in traits associated with 'secondary' psychopathy are more inclined to compare themselves poorly to others.

'Primary' psychopathy also deviated from 'secondary' psychopathy with regard to reported levels of shame. Consistent with Morrison and Gilbert's (2001) findings, the current study found a high degree of internal shame within secondary psychopathy, with Factor 2 of the PPI-R showing a significant positive correlation with this trait. However, unlike within Morrison and Gilbert's (2001) study, Factor 1 showed a significant negative relationship with internal shame scores, supporting previous evidence that those who display the more classic psychopathic features are less inclined to experience this self-conscious emotion (Cleckley, 1976; Blair, 1995; Lykken, 1957; Hare, 1991, 1993). For external shame the findings for fearless and dominant traits or 'primary' psychopathy was less clear as the correlations were non significant. Nonetheless, there appeared to be a negative correlation of r=-.150 between external shame and Factor 1. Factor 2, relating to impulsive and antisociality traits or 'secondary' psychopathy, demonstrated a significant positive relationship with external shame levels. Interestingly, the current study also found a significant positive correlation between Factor 2 and measures of guilt, anger,

general distress and expectations of others being antagonistic, as well as a negative relationship between this factor score and self-esteem. Collectively, these findings appear to add support to Blackburn's (1998) view of those with traits relating to 'secondary' psychopathy, as being characterized by emotional disturbance, social anxiety, low self-esteem and social withdrawal.

In contrast, those scoring highly on Factor 1, that is those with fearless and dominant traits that relate to 'primary' psychopathy, showed low levels of emotional disturbance, with a slight negative correlation with reported levels of depression, anxiety and stress, supporting much empirical evidence that 'primary' psychopaths are unlikely, or even unable to experience high levels of fear and/or distress (Arnett, 1997; Lykken, 1957; van Honk & de Haan, 2000, and Williams, Matthews, & MacLeod, 1996). Furthermore, it was found that those individuals that scored highly on Factor 1 were more inclined to experience more positive emotions. This was particularly true with regard to enjoyment, which was significantly positively correlated with Factor 1 or 'primary' psychopathy. In addition, this emotion was found to have some amount of predictive power when used within a regression equation. In addition, negative correlations lend support to the hypotheses that 'primary' psychopaths do not experience high levels of anger (Cleckley, 1976) or guilt (Hare, 1980, 1991), although within this study these results were not statistically significant. Furthermore, regarding schemas, this study found evidence to suggest that those with fearless dominant traits, or 'primary' psychopaths, are more inclined to hold positive self-schemas than any others.

As predicted, the social expectations of those with fearless dominant traits, or 'primary' psychopaths, were found to significantly positively correlate with expectations that others would be trusting, and negatively correlate with expectations that others would be antagonistic. This last finding may be understood in terms of a biological or neurological deficit for normal levels of fear or anxiety. Research into the attentional biases of psychopaths has revealed that they experience a reduced sensitivity to threat than non-psychopaths (Arnett, 1997). Arnett, (1997) posits that decreased levels of vigilance to environmental threat play an important role in the etiology and maintenance of psychopathy, and as a result this may go some way to accounting for the social expectations observed within this study. Alternatively, these expectations may lie in the 'primary' psychopath's perception of his social rank, a fundamental cognitive distortion relating to his superiority over others. However, with regard to others being unassured, the hypothesis that those with fearless, dominant traits would expect others to be unassured was not supported.

4.1 Implications

With regard to practical and clinical implications, the current study supported the notion that clinically meaningful subtypes of psychopathy can be identified (Blackburn, 1975, 1998; Blackburn & Coid, 1999; Herve, 2007; Hicks, Markon, Patrick, Krueger & Newman, 2004; Millon & Davis, 1998). Within the current study, although it was assumed that those who met the criteria for psychopathy shared many behavioural features, the self and social evaluative processes and emotionality of those defined as 'primary' and 'secondary' psychopaths differed significantly. For example, 'primary' psychopaths demonstrated a high degree of positive emotionality and reported perceiving themselves as being dominant and high ranking. Conversely,

those defined as 'secondary' psychopaths showed themselves to be significantly more emotionally distressed and under-controlled. According to previous research, this difference has implications for an offender's propensity for reactive aggression (Blackburn, 1993; Megaree, 1966; Morrison & Gilbert, 2001). Therefore, consistent with earlier research, it seems probable that those high in impulsive and antisocial traits, or those who could be termed 'secondary' psychopaths, would be more sensitive to perceived status attack and social put downs than their 'primary' counterparts (Blackburn, 1993; Megaree, 1966). As a result, we might expect 'secondary' psychopaths to exhibit many of the behavioural definitions associated with Bockian and Jongsma's (2001) 'Antisocial – reputation defending' personality disorder subtype. Relevant behavioural definitions for this include, a presentation of an 'image' of being tough, indomitable and formidable; reactions of anger and defensiveness whenever status is questioned; an over-reactive, irritable and aggressive presentation, and an incessant need to enhance or defend one's own or family's reputation. If this is the case, those defined as 'secondary' psychopaths would benefit from assistance to deal adaptively with aversive emotions, as well as work that enhanced their understanding of their personality traits and the interaction between these and their interpersonal functioning (Beck, Freeman, Davis & Associates, 1990). Related to this, it is possible that as 'secondary' psychopaths show a tendency to report being highly emotionally labile, they may share many characteristics and traits with individuals with borderline personality disorder. As a result, it is possible that those defined as 'secondary' psychopaths may also benefit from the kind of treatments that have been shown to be effective when working with people with a diagnosis of borderline personality disorder, e.g. Dialectical Behavioural Therapy. It seems that further exploration and empirical research that

examines treatments that target the specific needs of the two subtypes of psychopathy, would be extremely useful.

With regard to management and engagement issues, it would be expected that those high in impulsive and dominant traits or 'primary' psychopaths, would see any form of treatment as unnecessary, given their high opinion of themselves and their tendency towards positive self-schemas and positive emotionality. In addition, if they were to be referred for therapy, it is likely that they would avoid meeting with any therapist who they assessed as being inferior to them, and in general, would expect therapists to be passive and accepting of them. In addition, those defined as 'primary' psychopaths, with their low levels of internal shame, may lack the 'motivational distress' to make meaningful engagement in psychotherapy possible. On the other hand, it would be expected that 'secondary' psychopaths, with their propensity for higher levels of general distress (including depression, anxiety and stress), as well as higher levels of shame, anger and guilt would be more likely to seek out treatment.

4.2 Limitations and future directions

Although the results of the current investigation are interesting and appear to build on the findings of Morrison and Gilbert's (2001) research, there are some limitations to this study. Firstly, the use of self-report measures to test assumptions about psychopathy may be regarded by many psychologists to be highly problematic (Edens, Hart, Johnson, Johnson & Olver, 2000), especially given that the construct of psychopathy is a disorder characterized by deception and a reduced insight into the nature and extent of ones own psychological deficits (Lilienfeld & Fowler, 2006). In

addition, some researchers have indicated that offenders in general, often show a tendency to respond to self-report measures dishonestly (Holden, Kroner, Fekken & Popham, 1992), and have a propensity toward positive impression management or 'social desirability'. For a counter view however, see Hare (1982) and Lilienfeld and Andrews (1996). In addition, while self report measures are considered to be useful indicators of emotionality, recently many researchers have tended to rely more heavily on objective physiological correlates of emotional states, due to the fact that both language and behaviours are more conscious representations that are subject to bias or distortion within participants (Kirsch & Becker, 2007). In addition, it is known that many individuals, but particularly those with personality disorders, which accounts for a large percentage of the offender population, would struggle to correctly identify or accurately name their emotional experiences. This has specific relevance to the use of the DES, which asked participants to directly report on their experience of emotional labels, i.e. how often have you felt happy, sad, nervous, frightened, etc. As a result, many psychologists might argue that measuring the construct of psychopathy within an offender sample, using a series of self-report measures is a particularly vulnerable methodology to employ. However, the fact that participants understood that their data was to be used solely for research, rather than decisions about their care or management, may have mitigated the tendency to 'fake good' on the questionnaires.

Furthermore, it has been argued that self-report is limited by the fact that it can only ever gauge subjective emotional states and traits. In addition, as self-report measures have been found to agree only moderately (r= .30 to .50) with ratings of personality obtained from knowledgeable observers (Kendrick & Funder, 1988) it has been

argued that a broader picture may be being lost in only taking one perspective of an individual's personality (Lilienfeld & Fowler, 2006).

Within the study, the PPI-R was the only measure to include validity scales to identify defensiveness, malingering and inconsistent responding. A small number of participants' data was removed from the analysis due to concerns about valid responding. It remains possible that many of the other psychometric measures, especially those with a high degree of transparency of questionnaire items, may have been affected by similar threats to validity, but without standardized validity scales, would have been less easily identifiable.

Future studies might therefore consider employing items from a social desirability scale or a lie scale throughout the battery of tests, such as the Marlowe-Crowne Social Desirability Scale (Crowne and Marlowe, 1960), or the Paulhus Deception Scale (Paulhaus, 1998) to allow for the general assessment of social desirability, and to control for untrue or inconsistent responding. In addition, further research may benefit from employing additional measures, which allow knowledgeable observers, perhaps a member of staff or someone from the person's family, to offer an opinion on the individual's personality traits, in order to obtain some of the non-shared variance between self and observer ratings of personality.

There is evidence for the validity and reliability of all of the measures used in the present study, as outlined in both the method and the results sections. However, as with most measures of emotional and psychological constructs, improvements could be possible. For example, the Internalised Shame Scale (ISS), which was used in this study to measure internal shame, has many items that appear to relate to external

shame. As a result a moderate to high level of multicolinearity was observed between the two measures of internal and external shame suggesting that, as they stand, the ISS and the OAS may not be measuring wholly discrete constructs. Furthermore, there were concerns regarding the subscale of the SEI, relating to expectations of others being unassured. This subscale showed a relatively low level of internal consistency compared with all other tests used within this study. Future research may therefore benefit from sourcing a more reliable measure of this construct, in order to secure more confidence in the results obtained.

A further concern of this study relates to the sampling procedure, as it is possible that there could have been a degree of volunteer bias. Heiman (1998) notes that in general people who volunteer to participate in field surveys tend to have a higher social status and intelligence, and exhibit a greater need for social approval. In addition, it is likely that the degree to which people are interested in the research topic, as well as their strength of feeling for the particular topic, influences their decision whether or not to participate (Heiman, 1998). Although the subject matter within this research was not thought to be particularly emotive, it remains possible that some of participants within the current study may have been more motivated to volunteer than other prisoners due to the fact that they were particularly interested in the research topic or had a greater need for social approval, and thus volunteering would have afforded them an opportunity to portray themselves, or the group that they were being asked to represent, i.e. offenders, in a particular way.

This study has suggested that a high degree of perceived superiority may be common within a UK offender population. However, further research is required, both within

this country, as well as within other countries, in order to obtain more understanding about social rank estimate within offenders generally, and psychopaths specifically. Further research may also utilise some of the constructs in this study, for example social rank perception, social expectations, schemas and emotionality, to explore whether there are differences to be found between incarcerated, or criminal psychopaths, and those termed "successful" psychopaths, that is those that are living in the community, either not offending or at least those better able to avoid detection.

4.3 Conclusion

Although a number of limitations to the study are discussed above, the following conclusions appear to be quite solidly established: 1) Primary psychopaths deviate from secondary psychopaths, specifically with regard to reported levels of shame and distress and this is consistent with past research, as well as clinical lore that primary psychopaths are poor candidates for traditional psychological therapies that focus on emotional distress; and (2) Primary psychopaths expect others to be compliant and yielding and this may elicit actions from others that maintain the psychopaths' dominant or superior view of themselves.

It seems that much work is still to be carried out with regard to the self and social evaluative processes involved in psychopathy, but it is hoped that this study has gone someway to increase current knowledge of the role of these constructs within this complex, and socially devastating disorder. In addition, it is hoped that the noticeable differences observed between the two subtypes identified, increase the diagnostic sensitivity and specificity of the disorder by highlighting important risk and protective factors, specifically associated with the subtypes.

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Part 3: Critical Appraisal

Abstract

This paper will reflect on the process of having carried out a study investigating the self and social evaluative processes of offenders. The paper is divided into two broad sections. The first will build upon some of the methodological issues that were raised within Part 2 of this thesis. In addition, it will outline some of the observations that were made with regard to the possible dynamic that exists between male offender participants and female researchers. The concluding section will consider some of the systemic issues and ethical dilemmas that were encountered whilst carrying out research in a prison. Throughout the paper, concerns about the level of overcrowding in our prisons today are outlined.

1. Introduction

Within this paper, I will attempt to offer a critical appraisal of the research that I have carried out, by initially expanding upon some of the methodological issues raised within the discussion section of the main research paper (Part 2). I will then endeavour to offer an account of some of my observations, as well as the personal and moral issues that came up for me whilst carrying out data collection within a prison environment. It is hoped that this may afford future researchers, who may be interested in carrying out research in prison, the opportunity to consider some of these points, prior to commencing their work. In order to enable the reader to understand some of the difficulties that I encountered I will also provide a brief description of the setting, in the hope that this may prove useful in understanding the context of the problems/concerns I faced.

2. Methodological Issues

The Self Report Method

As suggested within the discussion section of Part 2, the use of self-report measures to test assumptions about psychopathy is regarded by many psychologists as being highly problematic (Edens, Hart, Johnson, Johnson & Olver, 2000). In addition, some researchers have suggested that offenders in particular, show a tendency to respond to self-report measures dishonestly (Holden, Kroner, Fekken & Popham, 1992). With regard to the present research, there were grounds to believe that the majority of the responses given were 'honest' self-reflections. One reason for holding this view is that the battery of tests administered was quite large, containing over 300 items, and to participate took a reasonable amount of the prisoners' time.

Participants were told in advance that completion of the questionnaire would take approximately 45 minutes to an hour, and were given the opportunity to change their minds in advance of electing to participate. The fact that this did deter a few prisoners from volunteering gives me some confidence that those who did complete the test battery were genuinely interested in helping in the study, and thus attempted to provide truthful responses. In addition, those participants who did seem more flippant in their approach to the study generally took a questionnaire to complete, but mostly did not return them or 'lost' them over the lunch hour. Moreover, participants did not appear concerned that the research topic was either intrusive or irrelevant, and so again I feel that participants would not have purposefully attempted to provide false answers for either of these reasons. Furthermore, on completion of the questionnaire, when asked whether they had any concerns or feedback about the study, most commented that it had been interesting, and some could talk knowledgably about the questions that they had completed. Indeed, some commented that they had enjoyed having an opportunity to reflect on the way in which they thought about and interacted with others. This suggested that, on the whole, participants were giving their responses some degree of thought, and trying to give honest answers, rather than randomly circling responses or purposely being deceptive.

With regard to the participant's motivation to engage, it seemed that this ranged from getting positive feedback and a small amount of time and attention from a female researcher, to simply having something to do, especially during 'lock up' (a two hour period in the middle of the day when lunch was served, followed by a period when staff retreated for their lunch break). A small chocolate bar was given to the

participants by way of a 'thank you' on completion of the questionnaire, but I feel that this, in itself, would not have motivated respondents to complete the study. Therefore, overall I have no reason to assume that participants were motivated to complete the test in order to sabotage the study by giving false responses.

Related to the issue of 'honest' responding, some psychologists, particularly psychoanalysts and social psychologists, express grave doubts about the self-report method (Barker, Pistrang and Elliot, 2002). In general, psychoanalysts have little regard for this approach, as they believe that conscious self-knowledge is limited, with important feelings existing unconsciously that are guarded by defence mechanisms, such as denial or repression. Social psychologists on the other hand, consider that it is biases (potentially conscious and unconscious), which exist to affect peoples' ability to offer 'true' judgements. For example, Fiske and Taylor (1991) report on the 'self-serving bias', a tendency to take credit for success and deny responsibility for failure. It is therefore plausible that both defences and biases come into play in the collection of data via self-report methods, and however well meaning the participant, or unintentional the act, data collected in this way will always contain some amount of 'false' or deceptive, albeit mainly self-deceptive, responses.

Advancement made in the quality of self-report measures however, specifically with regard to the research field of psychopathy, are beginning to provide researchers and clinicians alike with increased confidence in the self-report method. Although traditionally in clinical settings, where the dominant view has been that a diagnosis of psychopathy should not be based on self-report evidence alone, but instead be

supported by substantial corroborative information, advances in self-report tools have produced some hopeful and interesting preliminary findings regarding an alternative approach. For example, research evidence suggests that the Psychopathic Personality Inventory (PPI: Lilienfeld & Andrews, 1996) a self report measure, and the Psychopathy Checklist-Revised (PCL-R; Hare, 1991) a measure that utilises interview, as well as collateral information, correlate significantly with disciplinary infarctions among inmates, with neither measure affording significant incremental validity above and beyond the other (Edens, Poythress & Lilienfeld, 1999).

Some psychologists, however, continue to maintain that due to many of the reasons outlined above, it may prove advantageous for researchers to develop less transparent assessment tools that are not dependent on self-reflection and not so vulnerable to impression management. These tools would detect emotions without asking about them in such a direct manner, perhaps taking the form of performance-based measures. It is hoped that these would be less vulnerable to biases, to social desirability and to either 'faking good' or 'faking bad', and therefore prove to be more valid assessments of the phenomena under investigation. Whichever the preference, it remains that self-report is an extremely common and popular method of gathering data across the social sciences with numerous research findings discussed in the literature that are based on data gathered in this way (Barker, Pistrang and Elliot, 2002). It seems that as long as researchers and clinicians understand the potential pitfalls of the self-report approach, utilising this mode of data collection affords them a great deal of detail about the way in which people see themselves, biases and all.

This section closes with comments regarding comparative data sets and the population norms that are usually available to the researcher who utilises standardized self-report measures. An attempt was made to consider the scores yielded on the measures used within this study in relation to norms referenced within published studies. However, published norms were not always obtained from offender samples, which meant that the comparisons were of interest, but were not always particularly meaningful given the expected degree of 'difference' between the various types of samples. For example, the Differential Emotions Scale (DES; Izard, Libero, Putnam & Haynes, 1993) was standardised on a sample of American, middle class mothers. It is assumed that these participants would have been very different in a number of ways from the sample of mainly British offenders who participated in the current study.

Further Research

During times in which some participants offered information about their personal experiences, it became apparent that for some, levels of shame and guilt were related to the degree to which they felt their crimes had transgressed against the teachings of their own or their family's religion, and/or the dominant ideology of the society they originated from, i.e. collectivist or individualistic. Further research into self-conscious emotions may therefore benefit from collecting background information about participant's religious faith and societal beliefs, as it is expected that this may offer an additional insight into the differing levels of shame within the population.

More specifically, further research into emotionality in offenders may benefit from collecting data from community samples of both offenders and non-offenders in

order to control for the effects of incarceration. It seems possible that being sentenced to prison and being separated from society may significantly affect a person's reported levels of self-conscious emotions. In addition, a significant percentage of the participants in the current study were 'on remand' as opposed to being sentenced prisoners. It is possible that this difference in their status at the time of the research may have influenced their perception of their rank status, and/or affected their reported levels of self-conscious emotions, i.e. shame and guilt, and their general thoughts and emotions about others. By concentrating the research on sentenced prisoners this study would have been able to control for this variable.

Within the current study, offending histories were not recorded in detail. However, it would have been interesting to review this data, as it is possible that the number of offences committed may have correlated, to some degree, with the prisoner's propensity for self-conscious emotions. For example, shame levels may have increased or decreased in accordance with offending (the latter effect being a possible consequence of practice at justifying such behaviour). A person's offending history, specifically types of offending, may also relate to an offender's perceived social rank, to social expectations and to many self and other schemas. Therefore, further research in this area, might consider collecting information about prisoner's offending histories in more detail than time permitted in the present study.

Gender Issues

Male prisons are predominantly male environments, with a relatively small proportion of female staff that have direct contact with inmates. Perhaps, because of

this fact, the offenders I approached appeared to be highly motivated to participate in the study. Although enthusiasm to participate might be an expected outcome amongst inmates suffering from boredom, perhaps the extent to which they were eager, and the style in which their keenness was expressed, would have been different if the researcher had been male. This dynamic has implications not only for the present research, but also for any form of research and clinical work between male inmates and female staff, where attraction and/or bravado in front of other inmates, creates barriers or problems within therapeutic or working relationships. Of course, consideration of these dynamics may also open up opportunities for the client to consider how their attitudes and behaviours towards females may be interfering with other professional relationships or even affecting their propensity to offend.

Although having a female researcher had some definite advantages in working with this sample, such as ease of recruiting, the disadvantages included a possible volunteer bias, with regard to those who saw participation as an opportunity to have time or contact with a female researcher.

Behavioural Concerns

Perhaps related to some of the above points, the behaviour of participants was interesting, and at times a little worrying. Some offenders went out of their way to make themselves available to participate, including missing activities, forming a queuing system amongst themselves, and seeking me out to provide me with their identification and cell location so that I might locate them to participate on another occasion. With regard to more worrying behaviours, a couple jotted comments on their questionnaire packs, either giving their mobile telephone number (concerning in

itself that they may have had access to a mobile) and private address on the 'outside', or commenting on my "beautiful eyes". Other inmates went to great lengths to assist me in recruiting participants, either by volunteering cellmates or by trying to insist that some prisoners took part. This dynamic has implications with regard to both potential problems of participants feeling either coerced or bullied into participating or problems relating to the quality of the data provided, e.g. offering answers to the questionnaires that related to presenting an image of themselves to a female researcher as being either caring, sensitive, modest, strong, dominant, competitive, virile, etc., depending on what they viewed were sexually desirable traits. With regard to participants feeling bullied, I felt comfortable that no one who took part in the study felt unduly coerced into participating, as informed consent was achieved away from the glare of other offenders. However, with regard to the second concern, it remains possible that some of the answers provided were influenced by a desire to create a 'good' or '*sexually* desirable' impression.

3. Research in Prison

Background Information

My Contact within the prison was a Social Worker and, as a result, for approximately four months at the end of 2007 and the beginning of 2008, I was based within the Mental Health Team of a busy inner city prison. During the time that I was collecting data, the national prison population was greater than it had ever been, with approximately 82,000 inmates within 142 institutions throughout England and Wales (HM Prison Services Monthly Population Bulletin: March, 2008). Of note, this population figure is the highest within Western Europe (Prison Reform Trust, 2008).

Within the prison where I conducted my research, the Certified Normal Accommodation (CNA), or uncrowded capacity, was 87%. According to the Prison Services Monthly Population Bulletin (2008), "CNA represents the good, decent standard of accommodation that the Prison Service aspires to provide all prisoners". At the time that I was collecting data the 'In use CNA' stood at 142%. The issue of overcrowding is one that I will return to below, as I feel it has relevance for many of the concerns I experienced.

Time Pressures

As is the case with many secure institutions or sensitive environments, gaining access to carry out research can be fraught with difficulties. In general, these types of institutions have their own set of governance procedures, which need to be satisfied prior to permission being granted to access a potential research sample. In addition to these, as is the case with many large institutions, systemic pressures, staffing changes and leave periods, have a tendency to slow the process of gaining access to the environment. Many of these issues were relevant to my experience, and had the result of severely delaying the start of data collection, adding an additional time pressure to an already time limited process.

Safety and Security

Related to time pressures, was the decision I took to be escorted during my time within the prison. I had contacted previous researchers who had carried out work within the same establishment, and had discovered that they had been given freedom of movement within the prison, as they had been 'key trained' (participated in a security induction in order to be allocated keys). However, I took advice from my

contact, that to request that I be key trained would only delay the start of data collection further, perhaps considerably.

In taking this advice, subsequently I had to ask someone to interrupt their work every time I needed to move within the prison, be it to distribute questionnaires, collect them back, or indeed go to the lavatory. Although inconvenient for all, I took some consolation in the fact that to be escorted would afford me some amount of safety and security whilst I collected data in an unknown and potentially unsafe environment. However, I feel the team very quickly got used to me being around, and as a result I feel my 'escorted visitor' status lapsed in their minds, and soon I was entrusted to move more freely around the prison. On reflection, it seemed that in their view, being escorted was more about accompanying me in order to unlock doors, rather than about ensuring my safety within the prison or protecting the security of the establishment.

Although initially members of the Mental Health Team were very willing to volunteer to collect me from the front gate in order to escort me to my base, with regard to shadowing me for an hour or two whilst I collected data, understandably, this proved to be more difficult for them. As a result, I was escorted to a wing and required to make contact with an available Prison Officer in order to introduce myself and my research and request that I might be able to approach some of the prisoners to see if they would be willing to participate. This was met with a variety of responses. Some officers were very happy to help and would allocate an Officer to accompany me around the landings so that I might approach potential participants. Others however, waved an arm at me and said, "Sure...Go ahead".

As someone with experience of secure settings, I was aware of the hazards of my environment, but was also acutely aware that I could not carry out any form of meaningful risk assessment. I knew nothing of the background of the prisoners I was approaching, including their propensity for violence, their attitudes towards staff and to women in particular. As I understand it, the Prison Officer's role is more of containment and management rather than that of offering care provision. As such, it would have been meaningless for me to ask for a 'handover', as I would usually have done when working in a secure clinical environment. Furthermore, the sheer number of prisoners meant that knowledge of the idiosyncrasies of the individuals I was to meet could not possibly have been understood or conveyed to me by the staff on shift. Consequently, I was under pressure to collect my data, but without being aware of any of the current stresses that the prisoners faced on an individual basis and, therefore, was only able to surmise how they may have perceived me. At this point, I struggled with an internal conflict. On the one hand, for my personal safety, I felt I needed to treat each prisoner as a potential threat, a potential assailant or rapist. However, simultaneously, my value system is such that I wanted to treat them with respect, dignity and as individuals.

These strong feelings were compounded when, on one occasion whilst I was on the wing collecting questionnaires back, a Prison Officer got attacked and severely assaulted. This had the affect of heightening my awareness of the potential threats that were around, and over time I began to be more hypervigilant and uncomfortable on the wings, rather than less.

These strong feelings began to have consequences outside of prison. I was aware that my attitudes towards men had temporarily changed during the hours that I spent in prison. My hypervigilance to possible threat often continued into my journey home. Whilst walking from the prison, as well as during the time that I stood on the platform waiting for the tube, and throughout my tube and train journeys home, I scanned my environment and questioned my safety in the presence of some of the men around me. These feelings were relatively transitory, but nonetheless they appeared to be affecting me in the short term.

Supervision and Self-Care

Regarding supervision, my prior experience of 'research supervision' had perhaps influenced my thinking and use of support whilst carrying out this study. Previous projects I had worked on had provided a culture where utilising supervision was more about having a space to consider the pragmatics of carrying out the research and any ethical issues that may have arisen for the participants, as opposed to providing an arena for seeking personal reflection and support. As a result, it was only when I noticed that my feelings and attitudes might have been relevant to my clinical work (within a forensic setting) that I allowed myself to utilise clinical supervision to reflect on these concerns.

'Prisoner' versus 'Patient'

Over the four months it took to collect the data, I experienced many difficult feelings being in the prison. For example, I was intensely aware of some of the differences between the prisoners that I was meeting whilst carrying out my research and the

patients that I was working with during my final placement within a high secure hospital.

It appeared that crowded conditions and different philosophies of practice meant that offenders in prison had reduced opportunities for rehabilitation compared with those in hospitals, classified as 'mentally disordered offenders'. In addition, daily living conditions appeared far worse within prison, with people living four to a cell, being required to use communal shower and toileting facilities, and having to eat their meals in their cells. Moreover, with periods for work and social time not being guaranteed, prisoners were locked up for many hours throughout the day. The amount of time that prisoners had out of their cells seemed to depend on a number of issues, including staffing numbers and/or the perceived 'safety status' of the wing. From speaking with some prisoners about these issues, feelings ranged from frustration to total inertia. What seemed puzzling and somewhat upsetting from my perspective was that in many cases it was only 'chance' that had influenced whether or not offenders were in prison or hospital, as many of the individuals in prison are known to have severe mental health and/or personality problems that would satisfy the criteria for transfer to hospital (Coid, 1988; Cooke, 1994; Cooke, 1995).

Additional difficulties arose for me when prisoners would approach me on the wing to ask who I was. Once I had told them I was a Psychologist, and explained to those who asked what that was, many would go on to outline a problem that they had, which might benefit from the kind of talking therapy that I had described. However, I was very aware that the psychology service offered within the prison was limited to mainly offering offence related group work. As a result, I was left with a realisation

that I was raising their awareness of a support system that might help to either alleviate their distress or help them with the specific behavioural difficulties that they described, whilst knowing that they were in no place to receive it. I was aware the Mental Health Team within the prison were doing their best to reach as many prisoners as they could but, with only seven staff members, their attention had to be with those at the severe end of the spectrum, usually those with acute positive symptoms of psychosis.

Overcrowding

I feel that many of the issues raised above would have been compounded by the levels of overcrowding that I witnessed within the prison system at the time that I carried out my study.

The persistence of overcrowding has routinely been regretted by senior managers and condemned by a variety of interested commentators, such as successive Chief Inspectors of Prisons, representatives of the Prison Governors' Association and the Prison Officers' Association (Sparks, 2001). All have stated that the conditions that result from overcrowding have a major effect on both prisoners and staff. For example, as well as the immediate problems of daily management of so many prisoners, with regard to housing, feeding, bathing, clothing, exercising, escorting them to court, on visits, to education or work, it has been found that rates of suicide, self-harming, violence and bullying increase in line with the population (Howard League, 1999; Liebling, 1992; Prison Reform Trust, 1999; Sparks, 2001). Indeed some recent statistics report that, in 2007, 92 prisoners committed suicide, compared with 67 in 2006, whilst 23,420 incidents of self-harm occurred within English and

Welsh prisons during 2006 (Prison Reform Trust, 2008). Unsurprisingly, Prison Officer numbers have failed to keep pace with the increase in inmates over the last decade (Prison Reform Trust, 2008), whilst less unexpectedly, the Prison Officers' Association has argued strongly that material strain on space and human resources severely inhibits efforts to engender greater professionalism and creativity in working practices (Prison Reform Trust, 1999).

It seems that prison can be a dehumanising environment at the best of times, where people are warehoused, moved around from one prison or cell location to the next, without regard for their feelings or relationships. However, during periods of overcrowding, individual needs are often sidelined altogether, in order to meet basic needs for all. Somewhat disturbingly, within the current study, reported levels of distress on the Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond, 1995) were comparable to levels recorded within a sample of high to moderately disturbed psychiatric patients (Ng, Trauer, Dodd, Callaly, Campbell and Berk, 2007). In part, this effect may have arisen due to the broad effects of imprisonment, but I feel that there is evidence to suggest that the specific effects that stem from overcrowding further increase levels of stress.

Furthermore, I observed that a large percentage of the accommodation of an entire wing within the prison was dedicated to foreign prisoners, many of whom could not speak English. I would hypothesise that the degree of reported depression, anxiety and stress within the English speaking participants in my study would have been significantly increased within those offenders who could not communicate effectively with staff or fellow inmates.

Of interest, and related to the reported high levels of distress, Paris (1997) posits that there may be an overlap between the personality disorders of antisocial personality disorder (ASPD), a disorder that approximately eighty percent of individuals within any prison population would meet DSM-IV criteria for (REF), and borderline personality disorder (BPD). Paris (1997) suggests that ASPD and BPD represent two aspects of the same psychopathology given that they share as their central features impulsivity and emotional lability. Moreover, he asserts that when individuals from either diagnostic grouping are prevented from utilising their preferred coping strategy, i.e. aggression towards others within ASPD and self-harming behaviour within BPD, those with ASPD start to act in ways that resemble individuals with BPD and vice versa. This may therefore help to explain the increase in some of the reported phenomena noted above i.e. suicide, self-harming, depression, anxiety and general distress, within individuals who, more commonly, would be inclined to utilise violence and aggression during times of high distress.

Media Representations

On 25th April 2008, just following the completion of my data collection, a member of the Prison Officers' Association commented to the press, that prisoners do not take opportunities to escape because "life is so cushy within the prison system" (BBC News, 2008). He spoke of the availability of drugs and in some cases the wide scale use of prostitutes within some prisons. He further commented on a general shortage of Prison Officers and of relaxed regimes, where prisoners were not required to engage in any meaningful work, but instead spent their days enjoying satellite television and video game consoles. This media report follows many others that repeatedly speak of prison being a "holiday camp". More balanced reporting also

mentions the suicide and self harm rates, but it seems that this does not appear to attract the same degree of media coverage.

It may be true that incarceration affords prisoners time away from immediate stressors i.e. money concerns, employment, relationship difficulties, etc., however I feel it should also be acknowledged that it separates families, breaks down social support networks, and disrupts progress in education and employment. In addition, the fact that drugs are prolific within many prisons means that any attempts to rehabilitate offenders will be lost within an environment that permits some of the fundamental antecedents of crime to flourish. In my view, media attention that highlighted this issue would prove more useful to society than continually propagating the image of the 'cosy' prisoner. As Psychologists working with and around offenders, I feel that we have a role, and perhaps a responsibility, to highlight concerns, such as these. In addition, carrying out meaningful research that may support these observations would be highly advantageous.

4. Conclusion

Within this paper, I have offered a very subjective account of carrying out research in prison, which was influenced by many factors, including my prior and concurrent experience of working in secure settings, the political context at the time at which I collected the data and, perhaps, my gender. However, it is hoped that this account may still prove useful in outlining some of the issues and difficulties that may arise for Psychologists working and, specifically carrying out research, within a prison setting.

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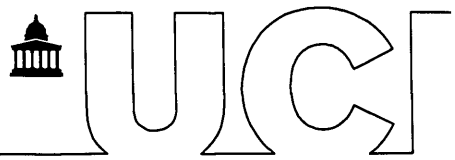
Appendices

UCL GRADUATE SCHOOL
UCL RESEARCH ETHICS COMMITTEE



Dr Peter Scragg
Department of Anthropology
UCL

April 2007

Dear Dr Scragg

Notification of Ethical Approval

Project ID/Title: 0881/001: Study of personality and social behaviour

I am pleased to confirm that the UCL Research Ethics Committee has approved your research proposal for the duration of the project. However, it was suggested that:

- all references to 'psychopathy' should be removed from the participants copy of the study results;

- the Information Sheet for Participants should be revised to ensure that it is really understandable through the use of simple, lay language. Some suggested changes to the information sheet are as follows: 'I would like to invite you to take part in this research project.' 'The study aims to explore.....their expectations about others and how often they experience certain emotions.' 'You will be asked to go through a number of questions about your personality.....'

Members also expressed concern with the applicant's planned one-to-one sessions with the prisoners. The information provided in D8 of the application form is inadequate. The Committee would like to receive clarification on whether someone will be with the applicant when the interviews are conducted.

Approval is subject to the following conditions:

1. You must seek Chair's approval for proposed amendments to the research for which this approval has been given. Ethical approval is specific to this project and must not be treated as applicable to research of a similar nature. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing the 'Amendment Approval Request Form'. The Request Form can be accessed by logging on to the ethics website http://www.grad.ucl.ac.uk/ethics/ and clicking on the button marked 'Responsibilities Following Approval'.
2. It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. Both non-serious and serious adverse events must be reported.

Reporting Non-Serious Adverse Events.
For non-serious adverse events you will need to inform Ethics Committee Administrator ( ), within ten days of an adverse incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Chair or Vice-Chair of the Ethics Committee will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Reporting Serious Adverse Events

The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator immediately the incident occurs. Where the adverse incident is unexpected and serious, the Chair or Vice-Chair will decide whether the study should be terminated pending the opinion of an independent expert. The adverse event will be considered at the next Committee meeting and a decision will be made on the need to change the information leaflet and/or study protocol.

On completion of the research you must submit a brief report (a maximum of two sides of A4) of your findings/concluding comments to the Committee, which includes in particular issues relating to the ethical implications of the research.

In the meantime, I look forward to receiving feedback on the issues raised by the Committee.

Yours sincerely

Chair of the UCL Research Ethics Committee

Cc: Sarah Keen, Sub-Department of Clinical Health Psychology, UCL

SOCIAL EXPECTATIONS INVENTORY

0 = Never 1 = Rarely 2 = Occasionally 3 = Quite a lot 4 = Very frequently

5 = Usually or Always

Please complete the following statements. Try to be as honest as you can in responding and do not miss out any item. Please read each statement carefully and circle the number to the right of the item that indicates how often, in your everyday dealings with others, you expect people to:-

	SCALE
1) Avoid you	0 1 2 3 4 5
2) Admit you are right in an argument	0 1 2 3 4 5
3) Confide in you	0 1 2 3 4 5
4) Seek out your company	0 1 2 3 4 5
5) Try to show they are better than you	0 1 2 3 4 5
6) Listen seriously to your opinions	0 1 2 3 4 5
7) Be relaxed in your company	0 1 2 3 4 5
8) Be sympathetic	0 1 2 3 4 5
9) Do things your way	0 1 2 3 4 5
10) Praise or express respect for you	0 1 2 3 4 5
11) Show dislike	0 1 2 3 4 5
12) Be fearful of you	0 1 2 3 4 5
13) Be sincere and open with you	0 1 2 3 4 5
14) Question your honesty	0 1 2 3 4 5
15) Tell you what to do	0 1 2 3 4 5
16) Sneer or be sarcastic	0 1 2 3 4 5
17) Criticise you	0 1 2 3 4 5
18) Ask for your help or advice	0 1 2 3 4 5
19) Be bossy	0 1 2 3 4 5
20) Act in a hostile or angry way towards you	0 1 2 3 4 5
21) Disagree or argue with you	0 1 2 3 4 5
22) Try to persuade you to change your mind	0 1 2 3 4 5
23) Be friendly and helpful	0 1 2 3 4 5

0 = Never 1 = Rarely 2 = Occasionally 3 = Quite a lot 4 = Very frequently
5 = Usually or Always

How often, in your everyday dealings with others, do you expect people to:-

24) Boast or show off	0 1 2 3 4 5
25) Be distant or on their guard	0 1 2 3 4 5
26) Be unsure of themselves	0 1 2 3 4 5
27) Stop and chat to you	0 1 2 3 4 5
28) Talk too much	0 1 2 3 4 5
29) Try to wind you up	0 1 2 3 4 5
30) Be bashful or shy	0 1 2 3 4 5
31) Be cheerful with you	0 1 2 3 4 5
32) Be confident of their own opinion	0 1 2 3 4 5

Thank you. You have completed this section!

REQUEST FOR RESEARCH PARTICIPANTS

I am a Trainee Clinical Psychologist working within the NHS. As part of my Doctoral thesis I am carrying out a piece of research looking into **personality** and its effects on how we **feel about ourselves** and how we **relate to others**

I am therefore asking if you would be willing to help with the research by completing a series of **questions** about your personality, and your expectations of others.

To protect your privacy, the information that you provide will be made anonymous, and your answers will be kept **strictly confidential**, meaning that they will not be shared with anyone, under any circumstances

Venue: Healthcare Centre or On Wing
Duration: 45 minutes to 1 hour

WILLING TO HELP?
Please approach a Prison Officer for dates and times of participation

MANY THANKS
Sarah Keen

Information Sheet for Participants in Research Studies

You will be given a copy of this information sheet.

Title of Project: **Perceived Social Rank, Shame, Social Expectation & Emotion in Offenders**

This study has been approved by the UCL Research Ethics Committee [Project ID Number]: **0881/001**

Sarah Keen
Trainee Clinical Psychologist
University College London
Sub-department of Clinical Health

I would like to invite you to participate in this research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or you would like more information.

The study:
The study aims to explore differing personality types within an offender group, to see whether they vary in terms of the thoughts they have about themselves, their expectations about others, and/or their susceptibility to experience certain emotions more frequently than others.

What I am asking you to do:
You will be asked to complete a number of questions about your personality, your expectations, and your emotions. The questionnaire should take you between 45 to 60 minutes, approximately, to complete.

Other Important Information:
It is up to you to decide whether or not to take part.

If you choose not to participate it will involve no penalty or loss of benefits to which you are otherwise entitled.

If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form.

If you decide to take part you are still free to withdraw at any time and without giving a reason.

All data will be collected and stored in accordance with the Data Protection Act 1998.

Informed Consent Form for Participants in Research Studies

This form is to be completed independently by the participant after reading the Information Sheet and/or having listened to an explanation about the research.

Title of Project: **Perceived Social Rank, Shame, Social Expectation & Emotion in Offenders**

This study has been approved by the UCL Research Ethics Committee [Project ID Number]: **0881/001**

Participant's Statement

I ..... agree that I have

- read the information sheet and/or the project has been explained to me verbally;
- had the opportunity to ask questions and discuss the study;
- received satisfactory answers to all my questions or have been advised of an individual to contact for answers to pertinent questions about the research and my rights as a participant and whom to contact in the event of a research-related injury.

I understand that I am free to withdraw from the study without penalty if I so wish and I consent to the processing of my personal information for the purposes of this study only and that it will not be used for any other purpose. I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.

Signed: Date:

Investigator's Statement

I ..... confirm that I have carefully explained the purpose of the study to the participant and outlined any reasonably foreseeable risks or benefits (where applicable).

Signed: Date: