

## Moral Identity and Moral Judgement of Subclinical Psychopaths in Normal Population

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### ABSTRACT

Subclinical psychopaths are those individuals who have most of psychopath's traits but doesn't indulge in serious antisocial behavior and thus rarely get imprisoned<sup>1</sup>. Psychopaths have been generally reported to be low on ethical behaviours. This study is an attempt to see if subclinical psychopaths too are low on moral aspects like clinical psychopaths. For this study data of 279 young adults in the age group of 18 to 25 years were collected from various colleges and universities of Punjab. Correlation analysis revealed that subclinical psychopathy is negatively related to moral identity internalisation, however, no relation was found with moral judgement and moral identity symbolisation. When the two group subclinical psychopath's and non-subclinical psychopaths were compared they were found to differ on moral identity internalisation. With regression analysis subclinical psychopathy was found to be a significant predictor of moral identity internalisation.

**Keywords:** Moral judgement; Moral identity; Subclinical psychopaths

## 1. INTRODUCTION

### 1.1 Subclinical Psychopathy

Psychopathy is a severe form of personality disorder. It is characterised by lack of empathy, callousness and self-centeredness; as a result, it impedes an individual's way of developing healthy emotional relationships<sup>2</sup>. There is little consensus till now on the meaning of subclinical psychopathy.

Hall and Benning<sup>1</sup> explained subclinical psychopath is an individual who has most of psychopath's traits but doesn't indulge in serious antisocial behaviour and thus rarely get imprisoned. They engage in behaviour which is against social norms but does not qualify as illegal behaviour for instance striving for success at the cost of others. There are various issues in studying subclinical psychopathy. Firstly, DSM III and DSM IV have focused largely on antisocial behaviour of psychopaths, so much that all other traits have been under represented. Secondly subclinical psychopaths are not screened in subclinical environment as often as in the clinical population<sup>1</sup>, as a consequence an alternative instrument psychopathic personality inventory (PPI)<sup>3</sup> was constructed to derive data from normal population.

Evidence of difference between subclinical psychopaths and clinical psychopaths come from physiological psychology. Clinical psychopaths were found to have lower volume and abnormal functioning in amygdala<sup>4,5</sup> however same was not found to be true for subclinical psychopaths<sup>6</sup>. Similar findings

were found for reduced grey matter volume in prefrontal cortex of clinical psychopaths and not subclinical psychopaths<sup>6</sup>. Raine et al<sup>7</sup> found asymmetry in the volume of hippocampus where right was found to be more than the left for clinical psychopaths as compared to both control and subclinical psychopaths.

### 1.2 Moral Identity

In simple terms moral identity refers to how important it is for an individual's identity to be a moral person. Moral identity is different from moral reasoning or moral judgment. Moral judgment as per cognitive development model of Kohlberg<sup>8</sup> requires cognitive as well as perspective taking abilities<sup>9</sup> where as in moral identity cognitive ability is of lesser importance.

### 1.3 Moral Judgment

Moral judgment is defined as the evaluation of one's action pertaining to the existing norms of the society, for example not stealing and being an honest citizen. When a person judges any behaviour as morally right or wrong, he or she refers to the internal representations of norms and values.

## 2. METHOD AND MATERIAL

### 2.1 Participants

Data of 279 young adults in the age group of 18 to 40 years was collected from various colleges, universities and workplaces in Punjab. After taking the consent to participate in the study, the subjects who were interested in the study were given the set of questionnaires to fill in their responses.

**Table 1. Correlation of subclinical psychopathy**

Variables	Subclinical psychopathy
Moral judgement	0.112
Moral identity internalisation	-0.421**
Moral identity symbolisation	0.079
Self-deceptive enhancement	-0.251**
Impression management	-0.426**

**Table 2. Differences among subclinical psychopaths**

		Sum of squares	df	Mean square	F	Sig.
Moral judgement	Btw groups	357.263	1	357.263	2.525	.113
	Within groups	39336.278	278	141.497		
	Total	39693.541	279			
Moral identity internalization	Btw groups	260.403	1	260.403	26.163	.000
	Within groups	2766.968	278	9.953		
	Total	3027.371	279			
Moral identity symbolisation	Btw groups	38.711	1	38.711	2.650	.105
	Within groups	4060.714	278	14.607		
	Total	4099.425	279			
Self-deceptive enhancement	Btw groups	74.982	1	74.982	7.502	.007
	Within groups	2778.503	278	9.995		
	Total	2853.486	279			
Impression management	Btw groups	384.502	1	384.502	37.454	.000
	Within groups	2853.941	278	10.266		
	Total	3238.443	279			

## 2.2 Measures

### 2.2.1 Moral Identity Scale

Moral identity scale (MIS) by Aquino and Reed<sup>10</sup> was used to tap moral identity. The scale has two subscales internalisation and symbolisation. Both subscales have five items to be marked on five-point scale. Internal consistency was reported 0.77 and 0.71 for symbolisation and internalisation respectively<sup>10</sup>. Cronbach alpha was found to be 0.73 for internalisation and 0.82 for symbolisation.

### 2.2.2 Moral Judgment Test

In the present study moral judgement test (MJT) by George Lind<sup>11</sup> was used. In MJT a subject confronts two moral dilemmas with a set of pro and counter arguments that indicates a subject's opinion on solving dilemmas. The competence is indexed by the score called C score or C index which ranges from 1 to 100. MJT was found to have test retest reliability of 0.90<sup>12</sup>.

### 2.2.3 Self-report Psychopathy III-R

Self-report psychopathy scale (SRP) was developed by Hare. This scale has undergone various revisions. In the present study the most recent version of Self-Report Psychopathy scale was used. The newest version of the scale is SRP III<sup>13</sup>. This new version was found to have good convergent and discriminant validity on student population<sup>14</sup>.

### 2.2.4 Balanced Inventory of Desirable Responding

Balanced inventory of desirable responding (BIDR) by Paulhus<sup>15</sup> was used. It has two subscales Self Deceptive Enhancement (SDE) and Impression Management (IM). Each subscale has 20 items to be marked on a seven-point scale. Internal consistency for SDE was found to be 0.65 to 0.80 and for IM 0.75 to 0.86. The scale showed concurrent validity of 0.71 with Marlowe Crowne Scale<sup>15</sup>.

Table 1 shows correlation of subclinical psychopathy with moral judgement, moral identity, self-deceptive enhancement and impression management.

Table 2 shows differences among subclinical psychopaths and non-subclinical psychopaths on moral

**Table 3. Multiple regression model with subclinical psychopaths**

	Predictors	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	F	Sig
Moral identity internalisation	subclinical psychopathy ( $\beta = -.378, p = .000$ ) Self-deceptive enhancement ( $\beta = .087, p = .156$ ) Impression management ( $\beta = .051, p = .435$ )	0.435	0.190	0.181	21.601	.000

**Table 4. Simple regression model with subclinical psychopaths**

	Predictors	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	F	Sig
Moral identity internalisation	subclinical psychopathy ( $\beta = -.421, p = .000$ )	.421	.177	.174	60.131	.000
	Self-deceptive enhancement ( $\beta = .204, p = .000$ )	.204	.042	.038	12.50	.000
	Impression management ( $\beta = .249, p = .000$ )	.249	.062	.059	19.00	.000

judgement, moral identity, self-deceptive enhancement and impression management.

Table 3 shows multiple regression model with subclinical psychopathy, self-deceptive enhancement and impression management as predictors.

Table 4 shows simple regression model with subclinical psychopathy, self-deceptive enhancement and impression management as predictors independently.

### 3. RESULTS

#### 3.1 Correlation Analysis

Moral identity internalisation was found to have a significant negative correlation with subclinical psychopathy. Correlational analysis revealed no significant relationship of subclinical psychopathy with moral judgement and moral identity symbolisation. Both self-deceptive enhancement and impression management were found to have significant negative relationship with subclinical psychopathy and positive with moral identity internalisation.

#### 3.2 Analysis of Variance

The two groups' one of subclinical psychopath and other of non-subclinical psychopaths were compared for moral judgement, moral identity internalisation, moral identity symbolisation, self-deceptive enhancement and impression management. Significant differences were found in the two groups on moral identity internalisation, self-deceptive enhancement and impression management.

#### 3.3 Regression Analysis

As a significant correlation were obtained among various variables under study, to arrive at a concrete conclusion regression analysis was conducted where subclinical psychopathy, impression management and self-deceptive enhancement were kept as predictors to see if they contribute to moral identity internalisation. The model came out to be significant with the predictors contributing 18 per cent to moral identity internalisation, however beta value was significant only for subclinical psychopathy. There is a possibility of mediation effect as the independent variables are correlated to each other as well as to the dependent variable under study. So another regression analysis was done with this time each independent variable was studied separately with moral identity internalisation. As per the findings impression management contributed 5.9 per cent to moral identity internalisation, self-deceptive enhancement 3.8 per cent and subclinical psychopathology 17.4 per cent. Though the mediation effect cannot be ruled out in the first finding however after studying subclinical psychopathy independently it can be concluded that it is a significant predictor of moral identity internalisation. Besides this both impression management and self-deceptive enhancement predict subclinical psychopathy.

### 4. DISCUSSIONS

Moral Identity has been considered as a deterrent for an individual to indulge in cheating<sup>16</sup>. Evidence of an impoverished Moral Identity in psychopaths comes from the scientific research<sup>17,18</sup>. Psychopathy was studied with Moral

Identity to see where Moral Identity of the individual lies who are high on psychopathy. It was found that psychopathy has a significant negative relation with both subscales of Moral Identity. It was also found to be a significant predictor for both scales of Moral Identity. In the current study also moral identity internalisation was found to have significant correlation with subclinical psychopathy. Regression analysis found subclinical psychopathy as a significant predictor of moral identity internalisation. In a recent study Zuo, Wang, Xu, Wang and Zhao<sup>19</sup> studied the relationship between the facets of Moral Identity and Dark Triad where Subclinical Psychopathy was found to be negatively related to Moral Identity Internalisation and didn't show any significant interaction with Moral Identity Symbolisation.

Weak to moderate negative correlation of psychopaths with moral deficits such as moral judgment was reported<sup>20</sup>. In the present study no relationship was found between subclinical psychopathy and moral judgement. Cima et al<sup>21</sup> reported that psychopaths deviate from non-psychopaths on two aspects, firstly not caring about their judgment, secondly not engaging in any kind of motivational system that inhibits immoral behaviour and promotes moral behaviour. In 1935 Prichard talked about moral insanity while describing psychopathic individuals and concluded that these individuals know the difference between right and wrong however they act aggressively because of underlying deficits<sup>22</sup>. Gleem et al<sup>23</sup> also didn't find any differences in moral judgment of more psychopaths and non-psychopaths even when the activity of amygdala was reduced, besides that no difference was observe between subclinical psychopaths and non-subclinical psychopaths. One of the characteristics of psychopaths is being amoral and having a self-centered orientation<sup>24</sup>. Cima et al<sup>21</sup> found no difference between psychopaths and non-psychopaths in judgment for both personal and impersonal moral scenarios.

Psychopaths have been found to have a tendency to deceive<sup>25,26,27,28</sup> however tendency to deceive doesn't mean ability to deceive. Few studies have made an attempt to study faking ability of psychopaths on self-report inventories. These researches have showed that when asked to fake good, psychopaths who actually scored high on the scale could reduce their score to a greater extent, even lower to those who scored low on the actual tests<sup>29,30</sup>. As for tapping two major variables self-report inventory was used so self-deceptive enhancement and impression management was measured to keep a check on desirable responding.

There are few limitations to this study firstly the sample pertains to the Punjab region only and it has only young adults in it. Expanding the region and age might lead to concrete conclusion. Besides that, keeping another group of clinical psychopaths would have helped us to understand how clinical psychopaths differ from non-clinical psychopaths on moral identity and moral judgement.

### 5. CONCLUSIONS

Subclinical psychopathy is quiet common in normal population and a significant negative predictor of moral identity internalisation. Moral judgement was not found to relate with subclinical psychopathy, further work can be done

by taking a group of clinical psychopaths to expand knowledge on subclinical psychopath's morality.

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