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To cite this article: Peter Heinze (2016): Psychopathy, unconscious shame and attachment: Considering the psychodynamics of psychopathy, Psychodynamic Practice, DOI: 10.1080/14753634.2016.1269663

To link to this article: http://dx.doi.org/10.1080/14753634.2016.1269663

Published online: 22 Dec 2016.

Article views: 28

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Psychopathy, unconscious shame and attachment: Considering the psychodynamics of psychopathy

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(Received 23 February 2016; accepted 4 December 2016)

Recent psychopathy research has involved a critical re-examination of the construct. Absent from this research has been an analysis of the role unconscious shame might play in etiology, traits and behaviour. Outside of the domain of psychopathy research, the significant role shame plays in intra- and interpersonal dynamics has been comprehensively investigated for the past few decades. More recently, exploration into the role that attachment plays in the development of shame has been suggested. The extant shame literature has explored the connection between unconscious shame and a range of behaviours, many of which are characteristic of psychopathy. While there have been some investigations on the association between psychopathy and conscious shame, this paper suggests that the exploration of unconscious shame, and its development resulting from certain attachment dynamics, can potentially further enhance our conceptualisation of psychopathy with regard to etiology, traits, behaviour, assessment and treatment. After reviewing the literature on unconscious shame, attachment and psychopathy, recommendations for future research are suggested.

Keywords: psychopathy; shame; unconscious; attachment; assessment; psychodynamics

In a comprehensive overview of the state of research in psychopathy, Skeem, Polaschek, Patrick, and Lilienfeld (2011) suggest that the field is continuing to wrestle with defining the construct. With specific reference to assessment they note:

The fact that 20-plus years of research directed at understanding psychopathy in terms of one particular operationalization has left more questions unresolved than answered is not cause for concern or dismay. Rather, it is fundamentally what one expects to see over the course of systematic efforts to validate clinical constructs. As described by Cronbach and Meehl (1955), construct validation is an ongoing, iterative process in which measures developed to operationalize

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hypothetical constructs serve as transitional referents, giving way to new measures as their limitations become recognized and as the construct itself is refined to accommodate new observations, often from other measures. (p. 143)

In the context of opening up avenues of exploration, as opposed to retreating to established norms, Skeem et al. examine a range of themes and issues in psychopathy research. From addressing subtypes, assessment, the nature/definition of the construct, etiology, primary vs. secondary psychopathy, successful psychopathy, juvenile psychopathy and associations with criminality and/or violence, the authors argue that, in the aforementioned spirit of construct validation being ‘an ongoing, iterative process in which measures developed to operationalize hypothetical constructs serve as transitional referents giving way to new measures’ (p. 143), there exists a need for new perspectives that might aid in conceptualising the disorder. Some new perspectives to which Skeem et al. refer are the increasing evidence that primary and secondary psychopathy are distinguished by differences in two domains: levels of anxiety and/or fearlessness and hostility and/or aggression, and the emergence of the Triarchic model (Patrick, Fowles, & Krueger, 2009), which conceptualises psychopathy as being comprised of the dimensions of disinhibition, boldness and meanness. It is in the spirit of discovery to which Skeem et al. refer that this paper presents some potentially critical themes, which have been essentially absent from the conceptualisation of psychopathy. Consideration of these themes can contribute to the field as it moves to better understand the etiology, dynamics, assessment and treatment of the psychopathic personality.

Virtually absent from psychopathy research has been a critical examination of the role shame, specifically that which is unacknowledged or unconscious, might play in etiology, traits and behaviour. As a point of reference, the indexes in Patrick’s *Handbook of Psychopathy* (Patrick, 2007) and Felthous and Sass’ *International Handbook on Psychopathic Disorders and the Law* (2007), both of which are compendiums of various facets of the field include no reference to shame. Similarly, Skeem et al.’s comprehensive overview of the state of the field (2012) makes not a single reference to shame, other than reviewing Cleckley’s (1988) criteria, which describe a lack of it. However, for the past few decades, curiously paralleling the evolution of psychopathy research, the critical role shame plays in intra- and interpersonal dynamics has been a topic of scrutiny. Work by Lewis (1971), Lansky (1993), Morrison (1989), Nathanson (1992), Scheff and Retzinger (1991) and Tomkins (2008), among others, has explored the connection between intense, typically unacknowledged (e.g. unconscious) shame (and its emotional variants, such as humiliation, embarrassment) and a range of dysfunctional behaviours and pathology (e.g. aggressive narcissism). Indeed, Nathanson suggests that shame ‘is the dominant negative affect of everyday life, far more varied in its triggers and presentation than any other displeasure. Most of the problems of interpersonal life can be traced to shame-based issues’ (as cited in Tomkins, 2008, p. xix).
The relation between shame and psychopathic traits

Of relevance to the potential association between shame and psychopathy is the type of reaction, often expressed behaviourally, that profound feelings of shame elicit (e.g. rage, contempt, the desire to humiliate, aggression, violence). Gilligan (1996) presents a cogent argument for the role unacknowledged shame plays in extreme, remorseless and apparently irrational acts of violence. Indeed, his sensitivity to the role unconscious shame plays in triggering such behaviour allowed him, in the role of prison psychiatrist, to dramatically decrease institutional violence. Additionally, the Resolve to Stop Violence program (Gilligan & Lee, 2005) based on Gilligan’s work resulted in lower recidivism rates and violence reduction, providing verifiable support for his hypothesis on shame.

The extant psychopathy literature is essentially descriptive, in that various traits have been identified, factors and/or facets posited and the association among an array of variables correlated. For example, Hare (1993) offers an in depth description of traits and behaviours but is limited in terms of a deeper analysis of possible psychological dynamics which might drive these. This emphasis on a descriptive, non-explanatory analysis, absent a discussion of deeper psychological dynamics, appears connected to the assumption, which Hare, and Cleckley (1988), endorse, that the core personality and behavioural elements of psychopathy are primarily genetically or biologically based, with environmental influences limited to influencing the phenotypic manifestation (e.g. white collar vs. criminal) of the disorder. Other than work such as that by Meloy (1988) and Meloy and Shiva (2008), who present a psychodynamic formulation based on object relations theory, there has been minimal research investigating intrapsychic dynamics which might play a causal role in psychopathic traits and behaviours.

Gilligan’s examination of the unconscious provides a valuable resource in this context, as his focus on unacknowledged shame makes much of what appears to be irrational psychopathic behaviour quite logical. While Gilligan’s primary focus centres on how unconscious shame drives supposedly inexplicable violence, in the process of doing so he indirectly offers explanations for a variety of other traits and behaviours that have been identified as psychopathic. For example, Gilligan offers an alternative view on recidivism which, in past research, when assessed by the Psychopathy Checklist – Revised (PCL-R; Hare, 1991), has been correlated with the antisocial factor (2 Factor model) and facet (4 Facet model) (although Walters (2012) recent work research challenges this assumption). As suggested, research on the association between psychopathy and recidivism has been descriptive. In contrast, Gilligan explains that, if understood in the context of shame dynamics, recidivism can be seen as a behavioural manifestation of deep-seated feelings of inadequacy, which contribute to the fear of not being able to survive outside of prison. From this perspective, recidivism is driven by the individual’s need for safety, control and stability which, for many inmates, is most strongly experienced in prison.
He adds that for those who are particularly prone to shame, the punishment of prison only exacerbates unconscious feelings of humiliation which, in turn, increases the likelihood of repeat violence. Hence, while recidivism and violence have been heavily researched in the psychopathy literature, absent has been any attempt to explain the psychological mechanisms driving such behaviour. In contrast, Gilligan offers a dynamic explanation of the role shame plays in both recidivism and violence.

It is important to note here that the PCL-R has come under increased scrutiny as a measure of psychopathy (Cooke & Michie, 2001; Skeem & Cooke, 2010a, 2010b; Skeem et al., 2011), as some have argued it might be more associated with criminality and its correlates, such as violence, than with the core construct of psychopathy. If psychopathy is conceptualised as more criminally based, one could argue that shame dynamics might better explain violence (Gilligan’s primary focus) rather than psychopathic (nonviolent) behaviour and traits. However, as mentioned, in the context of addressing violence, Gilligan alludes to a number of other psychopathic traits that are not inherently violent. For example, fearlessness (e.g. low anxiety/stress immunity), of which some forms have been proposed as comprising the domain of Boldness in the Triarchic model, has been considered a critical dimension of psychopathy. Offering an alternative to genetic arguments regarding a predisposition to such traits, Gilligan presents a psychodynamic formulation, noting that for those with deep-seated unconscious shame, the preservation of pride and self-respect is an essential component of existence and, sadly, for many inmates, the only ‘possessions’ they have left. Gilligan argues that any perceived threat to one’s manhood, any sign of being disrespected (e.g. ‘dissed’) triggers deep, unacknowledged feelings of shame. In response, the individual who has been ‘dissed’ experiences this ‘threat’ as a matter of life or death. Since such a scenario is experienced as a matter of survival, any action, no matter how violent, is justified. Gilligan notes that the individual who feels he has been ‘slighted’ has no qualms about seriously injuring, even murdering, the person who is perceived to be disrespecting him, often without the slightest bit of observable anxiety. Such behaviour is believed to be achieving justice for the perceived affront. In the absence of considering shame as a driving force, such seemingly irrational behaviour can be perceived as fearless. However, when such ‘fearless’ aggression is considered as a reaction to a threat to one’s pride (e.g. an attempt to maintain one’s self-esteem in the face of a threat to the ego) which is triggered by unconscious feelings of defectiveness (shame), behaviour through this lens is neither fearless or irrational, but rather a matter of survival. Gilligan argues that, in this context, such individuals have no qualms against seriously injuring or killing those who have ‘dissed’ them, feeling it is a matter of self-preservation, since the ‘dissing’ is experienced as a mortal threat. What is beyond awareness is that the ‘dissing’ has actually triggered unconscious shame about deep-seated feelings of inferiority.
This shame driven ‘revenge’ also helps to explain the impulsivity and lack of inhibition (the Triarchic domain of Disinhibition) associated with psychopathy, as Gilligan cites numerous examples of explosive outbursts that, on the surface, appear to have no justifiable explanation. In fact, in the context of providing an example of the trait ‘poor behavioral controls’, Hare (1993) offers an anecdote in which an inmate beat another man senseless for bumping into him, explaining that his reason for doing so was because the man ‘stepped into my space’. However, Hare offers no deeper psychological explanation for such behaviour, although his example is analogous to the type of violence driven by unconscious shame depicted by Gilligan. In contrast, Gilligan would suggest such violence was triggered by the inmate experiencing the stepping into his ‘space’ as being a sign of disrespect, and subsequently feeling that the response of rage was justified due to the injury to his pride. Hence, whereas Hare’s anecdote is purely descriptive in order to provide an illustration of a trait, Gilligan offers a deeper understanding about why such behaviour occurs. Gilligan’s conceptualisation similarly provides a possible explanation for the lack of remorse and empathy (Triarchic domain of Meanness) emblematic of psychopathy. What appears as an irrational and violent reaction to the observer is, in fact, a fully justified response on the part of the perpetrator to silence the individual who is experienced as the source of humiliation and shame. From this perspective, the individual who acts with apparent remorseless violence feels they have simply gotten an ‘eye for an eye’ for the insult (threat) they have experienced. As such, there is no reason to feel remorse, for the violent individual experiences him/herself as the victim who is justified in defending against the person they perceive as a threat to their existence.

The aforementioned dynamics that drive fearlessness can similarly be linked to the Blame Externalization (Lilienfeld & Andrews, 1996) and Failure to Accept responsibility traits (Hare, 1993) associated with psychopathy. Gilligan explains that the shamed individual will sacrifice anything to diminish these feelings and, by using force in an attempt to obtain respect, is able to rationalise the use of violence without experiencing remorse. In this context, blame is externalised and responsibility denied (possibly associated with what appears to be a lack of anxiety as well), as all actions are validated by the individual who seeks to silence and/or eliminate the perceived aggressor. From this perspective, violence is a tool for seeking a form of justice, and is in keeping within a moral code of ‘an eye for an eye’. One might also see how this attempt to maintain pride is associated with the grandiose sense of self that is emblematic of psychopathic individuals. A perspective which considers unconscious shame as a driving dynamic reveals that excessive pride is a response to unacknowledged feelings of powerlessness. In response to the unconscious shame of powerlessness, the individual for whom such feelings of inadequacy are outside of awareness will attempt to inflate their sense of self. As Gilligan states, attitudes:
such as arrogance, superiority, and self-importance, to which the term ‘narcissism’ is often attached, and which are so often misunderstood to be the genuine attitudes of the people who hold them, are actually defenses against, or attempts to ward off or undo, the opposite set of feelings: namely, underlying feelings of personal insignificance and worthlessness. (p. 183)

Gilligan’s perspective suggests that those who experience unconscious shame keep this feeling out of awareness by displaying superiority (e.g. a grandiose sense of self-worth) over others.

With Gilligan’s success in reducing prison violence by focusing on the causal role of unconscious shame, it is surprising that his work has been virtually unrecognized in the psychopathy literature, particularly when one considers that psychopathy (as assessed by the PCL-R) has, for years, been strongly correlated with, and predictive of, violence (Cooke & Michie, 2001; Skeem et al., 2011). Recently, Walker and Knauer (2011), in work that references the putative relation between shame and psychopathy, cited Gilligan, noting that this is one of ‘the most compelling overarching theories of violence in relation to self-conscious emotions’ which puts ‘shame, poor self-esteem and humiliation at the centre of his psychodynamic formulation of violence proneness’ (p. 725). One might wonder why, in the light of Gilligan’s contributions, research on the association between shame and psychopathy, particularly with the popularity of the PCL-R and its historical emphasis on criminality and violence, has been so scant.

**Primary vs. secondary psychopathy**

Prior to a more in-depth discussion regarding the various dimensions of the psychopathy construct, it might be helpful to address the putative variants of primary and secondary psychopathy. As Skeem et al. have noted, although past research has suggested that primary psychopathy (argued to be more personality or, innately, anchored) appears to be distinct from secondary psychopathy (argued to be more behaviourally anchored) based on endorsing specific sets of traits that are supposedly unique to each, more recent research suggests that there is little or no support for equating interpersonal and affective personality features as operationalized by Factor 1 with primary psychopathy and impulsivity and/or antisocial behavior as operationalized by PCL-R Factor 2 with secondary psychopathy. Although PCL-R total, factor, and facet scores are routinely included in studies, there is little consistency in whether and how variants differ across them, and, in cases where differences have been reported, effect sizes are typically modest. Instead, two domains seem to distinguish between variants relatively robustly: trait anxiety and/or fearfulness (secondary > primary) and, perhaps to a lesser extent, hostility and/or aggression (secondary > primary). The first domain is consistent with the notion that secondary psychopaths are neurotic (Karpman, 1941) whereas primary psychopaths ‘are very sharply characterised by a lack of anxiety’ (Cleckley, 1964, p. 271) or by fearlessness (Lykken, 1995).
This difference is important. In broader research, high-anxious (secondary) psychopaths often fail to show the cognitive-affective deficits that characterise low-anxious (primary) psychopaths, including deficits in passive avoidance learning, modulation of responses to emotional and neutral stimuli, and fear-potentiated-startle response (e.g. Arnett, Smith, & Newman, 1997; Dindo & Fowles, 2011; Hiatt, Lorenz, & Newman, 2002; Lorenz & Newman, 2002; Newman & Schmitt, 1998; Newman, Schmitt, & Voss, 1997; Sutton, Vitale, & Newman, 2002). (p. 119)

Appreciating this reconceptualisation of primary and secondary psychopathy is helpful in considering the role unconscious shame might play, as will be discussed later in this paper.

Limitations of current research examining shame and psychopathy

A review of the extant research reveals there has been some mention of shame as it relates to psychopathy. Morrison and Gilbert (2001) revealed that ‘secondary psychopaths have significantly greater levels of internalized shame than primary psychopaths’, with shame being assessed by the Internalized Shame Scale (Cook, 1993, 1996). Similarly, Campbell and Elison (2005) found that primary psychopathy, as assessed by the Self-Report Psychopathy Scale had a negative association with internalized shame coping, as assessed by the Compass of Shame Scale (CoSS-4; Elison, Pulos, & Lennon, 2001a, 2001b, 2006; Yelsma, Brown, & Elison, 2002), while secondary psychopathy had a positive relationship with this shame construct. Nystrom and Mikkelsen (2013) revealed an association between shame management strategies, as assessed by the Compass of Shame Scale (CoSS-5) and psychopathy traits. Tangney, Stuewig, Mashek, and Hastings (2011) examined the association between shame and guilt, as assessed by the TOSCA-SD (a version of the Test of Self-Conscious Affect developed by Hanson & Tangney, 1996) and a number of correlates, including psychopathy. However, the aforementioned research consists of a significantly important omission vis a vis the broader, more comprehensive, literature on shame. A critical limitation of these studies, which has strong potential for leading the field astray regarding the association between shame and psychopathy, is that the shame construct was assessed only by self-report instruments, by definition resulting in measurement limited to tapping conscious shame and ignoring that which is unconscious, precisely the form which Gilligan describes as contributing to such psychopathic traits and behaviour.

In psychological research outside the domain of psychopathy, the clear disconnect between self-reported, conscious, attitudes and the implicit, unconscious, variants of these perceptions has been demonstrated. For example, with regard to research on racism Fazio, Jackson, Dunton, and Williams (1995) found no association between conscious and implicit (e.g. unconscious) racist attitudes. In other words, those who consciously considered themselves non-racist (via self-report) did not reveal this sentiment on an unconscious level.
Of note, a significant association was revealed between unconscious racism and friendliness towards a black female confederate: Whites who were not consciously aware of their racism displayed less friendly behaviour. By contrast a conscious assessment (self-report) of white attitudes towards racism revealed no correlation with friendliness towards the confederate. Carpenter (2008) provides an overview of similar research on implicit bias which demonstrates how unconscious stereotypes contradict individuals’ conscious perceptions and, beyond one’s awareness, influence behaviour. Additional evidence of the disparity between conscious perceptions and latent attitudes is supported by past research on homophobia (Adams, Wright, & Lohr, 1996) which revealed that participants’ conscious self-report of homophobic attitudes contradicted their physiological response when watching gay pornography. Specifically, a positive association was revealed between level of self-reported homophobia and degree of ‘excitement’ (e.g. increase in erection as measured by penile plethysmography) when viewing a video of consensual male homosexual activity. The conscious homophobia was in stark contrast to feelings which were outside of awareness.

Such research on unacknowledged attitudes supports the notion that self-reports are limited in their capacity to tap the full range of psychological experience and, more importantly, ignore the crucial unconscious dynamics that trigger problematic and/or pathological behaviour. Another potential problem is that recent psychopathy research has mistakenly argued that certain self-reports actually tap ‘more unconscious’ shame (Nystrom & Mikkelsen, 2013). Venturing into the domain of ‘more unconscious’ can result in considerable confusion, as it suggests that self-reports assess something other than conscious attitudes, and might imply to some readers that the unconscious can be accessed via self-report. If not clarified, such a lack of awareness of the nature of unconscious dynamics can lead to gross misunderstandings of the relation between actual unconscious shame (as opposed to that considered ‘more unconscious’ via self-report) and psychopathy, dramatically limiting the potential for critical knowledge.

**Measuring unconscious shame**

One of the very few examples of empirical research that has explored the distinction between conscious and unconscious shame can be found in a study conducted by Conklin (1999). In reviewing the literature on shame, Conklin summarises that ‘it is not shame per se that contributes to the genesis of interpersonal violence but, more specifically, unacknowledged shame’ (p. 34). In exploring this hypothesis, Conklin investigated a sample of men who had a history of childhood physical or sexual abuse, finding that those who perpetrated violence endorsed significantly less shame via self-report than men who had similar histories of abuse but did not engage in violence. However, the men who engaged in violence revealed significantly higher levels of
unconscious shame (as assessed by the Social Cognition Object Relations Scale Q-Sort for the Thematic Apperception Test; Westen, 1995) than the men who were nonviolent. Conklin (1999) used the Internalized Shame Scale and Test of Self-Conscious Affect to assess conscious shame, self-reports similar to those used in the research that has, to date, attempted to examine the association between shame and psychopathy. In contrast to Conklin’s methodology, none of the aforementioned studies examining the putative association between shame and psychopathy incorporated an assessment of unconscious shame. With this critical omission, the findings of such studies, some of which reveal significant correlations between secondary psychopathy and self-reported conscious shame, can lead to the erroneous conclusion that only secondary psychopaths experience shame and the mistaken assumption that shame is nonexistent in primary psychopaths. With an absence of research on the relation between unconscious shame and psychopathy, a much more appropriate assumption at this juncture would be to suggest that, while primary psychopaths appear to not experience conscious shame, further investigation is needed with regard to the potential role unconscious shame might play in the determination of traits and behaviour. The fact that Conklin’s work, an unpublished manuscript, was the only study found to assess unconscious shame is strong evidence of the gap in research and the dire need for greater exploration in this domain.

In the light of the aforementioned tendency in research to focus on conscious shame, at the expense of investigating the role of unconscious shame, erroneous assumptions, such as the suggestion that the ‘absence’ of shame is additional evidence of an innate predisposition among primary psychopaths, are likely to be made. The findings of Gilligan and Conklin, by contrast, suggest that the distinction in the type of shame experienced is one of type, not degree. This conceptualisation of unconscious shame suggests that the experience of this affect can be so overwhelming that somewhere along the developmental continuum the emotion becomes pushed outside of awareness. With this perspective, one could offer an alternative hypothesis regarding the etiology of psychopathic traits and behaviour: that individuals who perpetrate such remorseless actions have a different reaction to shaming experiences and, therefore, their behaviour, violent or not, is a reaction to shaming stimuli, rather than a necessarily innate predisposition for aggression or hostility.

How is aggression defined?
Because Gilligan’s work has focused on violence among a subset of incarcerated individuals, one could suggest that unconscious shame might only be relevant when studying psychopathy among this population. However, an area that has more recently been examined addresses how aggression is defined. Specifically, Warren and Clarbour (2009) revealed an association between psychopathy and indirect aggression (e.g. social, relational), noting ‘direct and indirect aggression
are equally predicted by the same psychopathic traits, namely impulsive antisociality and coldheartedness’, suggesting that psychopathy might be ‘related to a general increase in both forms of aggression and that use of a specific type of aggression will be dependent on situational factors or other moderators, such as social skills or gender’ (p. 418). This proposition supports the idea that the form of aggression exhibited might be more a function of ‘characteristic adaptation’ or situational factors, rather than a ‘basic tendency’ (Cooke & Michie, 2001). In other words, while the experience of contempt, rage, etc., might be similar between those who engage in direct and indirect violence, the outward behavioural manifestation of these emotions are influenced by situational and demographic norms. So, whereas a criminal psychopath typically will resort to extreme violence, the rage felt by a corporate psychopath might result in the public humiliation of another. This implies that, although the intensity of the underlying emotion between the two could very well be similar, the avenue for behavioural expression of the rage is different. Of importance here is the emphasis on the affect driving the behaviour. As such, shame has been identified as an emotion that leads to a range of aggressive and contemptuous behaviours (Nathanson, 1992). Interestingly, Warren and Clarbour found that the subscale of the Indirect Aggression Scale most strongly correlated with psychopathy was ‘malicious humor’. In terms of shame dynamics, a tactic such as this, which often involves clear humiliation of the victim, appears to be a predictable response on the part of an individual who has felt attacked or slighted. As Gilligan suggests, when existing on an unconscious level, shame often triggers a range of aggressive (both direct and indirect) and violent behaviours, such as attempts to humiliate those perceived to be shaming the individual. Hence, the use of ‘malicious humor’ supports this conceptualisation of the role of shame. Moreover, due to the fact that indirect aggression would not be measured as physical violence, there is the clear possibility that individuals engaging in this form of behaviour would not be categorised as overtly hostile and aggressive, as is the case with violent psychopaths. This can potentially be quite misleading, as it appears that the primary difference is the choice of strategy used to aggress against another. With the evidence that corporate or ‘noncriminal’ psychopaths who engage in indirect aggression might share the same core traits of their overtly aggressive counterparts, examining the role that unconscious shame plays in such ‘nonviolent’ individuals might help to further inform our understanding of the construct, and aid in more clearly delineating differences between primary and secondary psychopathy.

Unconscious shame and the dimensional perspective

Skeem et al. suggest that

An intriguing, even perturbing, contrast exists between construal of psychopathy in the scientific literature and its construal in settings in which psychopathy most
clearly meets the ‘real world.’ If in theory and research psychopathy is a diversely defined disorder with a correspondingly unclear etiology, in most clinical and legal contexts psychopathy is instead construed and assessed as if it were a single thing: a homogeneous diagnostic category underpinned by a single causal process, such as fearlessness or deficient response modulation.

For example, Cleckley (1941, 1988) appeared to conceptualize psychopathy as a single syndrome even though he viewed the psychopathic individual as a hybrid creature whose ‘skein of apparent madness has been woven by a person of (technically) unimpaired and superior intellectual powers and universally regarded as sane’ (p. 364; see Lilienfeld et al., in press, for a discussion). Notwithstanding Cleckley’s unitary perspective, we review evidence in this section that there may be different kinds of psychopathy: not only ‘primary’ or Cleckleyan, but also ‘secondary’ psychopathy – and not only ‘unsuccessful’ but also ‘successful’ psychopathy. (p. 115)

The authors’ suggestion that psychopathy is best understood as a heterogeneous construct invites the consideration of additional factors contributing to the etiology of the disorder. As such, the role of unconscious shame is worthy of consideration as an instrumental dynamic contributing to psychopathy. With regard to the heterogeneity of psychopathy, Skeem et al. (2011), Skeem, Johansson, Andershed, Kerr, and Louden (2007) and Skeem, Poythress, Edens, Lilienfeld, and Cale (2003) present various theoretical perspectives and address the debate regarding the distinction between primary and secondary psychopathy. Intertwined with this synopsis is a discussion of categorical vs. dimensional perspectives of psychopathy. Skeem et al. (2003) note that while the theoretical assumption of the categorical perspective implies that psychopathy represents a discrete taxon or class of individuals, putatively distinct from others, the only research which has argued for the presence of such a taxon ‘found taxonicity for PCL-R Factor 2 and items assessing childhood antisocial behaviour, but not PCL-R Factor 1, which is thought to represent the core personality features of psychopathy’ (Lilienfeld, 1998 as cited in Skeem et al., 2003, p. 517). The lack of support for a distinct taxon has led Skeem et al. (2011) to embrace a perspective which suggests that psychopathy is better understood as a ‘dimensional trait or configuration of traits rather than a discrete category (or taxon) that exists in nature’ (p. 101). The existence of a taxon implies that psychopathy is genetically or biologically ‘innate’. In contrast, a dimensional perspective, which suggests that traits are present in varying degrees, infers that the severity of psychopathic traits might well be determined by environmental influences. Skeem et al. note that discussion surrounding the presence of primary and secondary psychopathy is tied to a dimensional perspective, with all but one of the theories (Lykken’s) implicating environment in the etiology of this variant of psychopathy. A dimensional perspective, therefore, potentially dovetails with the hypothesis that psychopathic traits and behaviours are influenced by unconscious shame. This being said, Skeem et al. cite research, such as that conducted by Blonigen, Carlson,
Krueger, and Patrick (2003), which provides evidence for the heritability of psychopathic traits. Similarly, Viding, Jones, Paul, Moffitt, and Plomin (2008) present findings supporting the heritability of callous-unemotional traits, often identified as a precursor of psychopathy, in children.

Also of note research, which has examined primary and secondary psychopathy, has assessed traits and behaviours by either self-report (e.g. PPI, anxiety measures) or structured interview (e.g. PCL-R). With this being the case, a potentially critical dynamic, unconscious shame, has been ignored. It appears reasonable to consider that if self-reported, conscious measures of anxiety and aggression/hostility appear to distinguish between primary and secondary psychopathy, an examination of unconscious shame would be illuminating as well. As mentioned, conscious shame has been associated with secondary psychopathy, but absent in the research has been any investigation of unconscious shame and its association with psychopathy as either a unitary or heterogeneous, dimensional construct.

Since unconscious defences typically emerge at very young stages of development, it seems as if research on the role of unconscious shame would inform a number of areas of interest in the psychopathy field. As will be discussed in the section on attachment and shame, environmental effects during infancy can have a dramatic influence on psychological functioning. Indeed there is evidence of biological changes (in the oxytocin and arginine vasopressin systems) in response to the environment, which occur at very young stages (e.g. shortly after birth) of development (Fries, Ziegler, Kurian, Jacoris, & Pollak, 2005). If this is the case, traits that might appear to be biological, innate or genetic might well have environmental triggers. This alternative perspective suggests that the role of unconscious shame is worthy of investigation in terms of the critical developmental role it plays in the etiology of psychopathic personality traits and behaviour. Such research could help to more fully inform questions about factors contributing to the distinction between primary and secondary psychopathy.

Attachment and unconscious shame as potential influences in the etiology of psychopathy

To be pushed out of conscious awareness, childhood shaming experiences would have to either occur at a stage too early to recall or be of a quality that is too painful to keep in consciousness. The quality of caregiver–infant attachment would appear to both affect and be affected by shame, and this dynamic has been receiving increased attention. This section will examine the relation between shame and attachment, with the possible role these play in the development of psychopathy.

The literature on the etiology of psychopathy has been limited, with Skeem et al. (2011) noting that
Most theories of psychopathic variants emphasize distinctions that are broadly etiological (i.e. explaining psychopathy in terms of distal biological and/or environment causal factors) or specifically mechanistic (i.e. decomposing psychopathy into proximal physical and/or mental parts and operations; see Betchel, 2008). In part, this emphasis is placed on such distinctions because understanding etiology and mechanisms is crucial to effective prevention and intervention. For these reasons, much more – and more rigorous – research on etiology and mechanisms is needed. (p. 119)

Interestingly, while Skeem et al. are insightful in noting the dearth of research addressing the etiology of psychopathy, their comprehensive overview of the field makes only one minor reference to attachment, specifically noting that it is one characteristic comprising the trait (in the Triarchic model) of ‘meanness’. Curiously, both unconscious shame and attachment, are essentially absent in their analysis.

As such, the field is in need of research that will help to elucidate developmental dynamics that may contribute to psychopathic traits and personality. Attachment theory has been a domain of robust research for decades. With the growing interest in the powerful effect of shame, there has been an increasing number of theoretical perspectives on the association between shame and quality of attachment. As Conklin (1999) notes, many shame theorists ‘have suggested that the quality of the parent-child relationship plays a critical role in whether children develop the ability to experience shame in healthy adaptive ways, or whether they become excessively shame-prone’. Smith (2009) suggests that shame

is an earlier occurring affect than guilt. It is the painful state of self-consciousness that results from someone else’s negative appraisal (Seidler, 2007). This usually means that awareness of self is suddenly superseded by the critical tone of someone else. It results in unwanted feelings of separation from the caregiver … The individual’s ability to cope with shame forms the motivational basis for future social adaptations of inclusion, withdrawal, or aggression. (p. 242)

The shame, which triggers the ‘unwanted feelings of separation from the caregiver’, to which Smith alludes is clearly suggestive of the dynamics associated with poor attachment. Knox (2011) also comments on the association between quality of attachment and the development of shame, noting that an infant’s

sense of identity comes from the meaning attributed by the mother to his or her actions, which, when positive, provide the foundation for the healthy development of self-agency in early infancy. But the infant’s dependence on key attachment figures to give meaning to his/her actions makes him or her uniquely vulnerable to negative attributions from parents who interpret their infant’s healthy appetite as greed, or see normal aggression as evil. This kind of parental rejection, which often takes the form of a mere facial expression of disapproval or even disgust, is often fleeting and usually entirely unconscious. These negative
attributions are internalized to become a core part of the sense of self, with devastating consequences – a kind of antithesis of ‘moments of meeting’. The child becomes literally ‘ashamed of himself’, of his or her self-agency. (p. 341)

Ayers (2003) presents a compelling case that shaming dynamics, resulting from a lack of adequate mirroring (e.g. poor/inadequate attachment) on the part of the caregiver, affect the quality of infant attachment in the first 6 months of life. Ayers addresses the symbolic importance of the eyes and eye contact in the etiology of shame, arguing that the quality of mother–infant eye contact is a critical component for secure attachment and, if inadequate/disrupted, can contribute to intense shame. Ayers provides a review of developmental research supporting the idea that infants possess an innate ability to identify the human face (in contrast to inanimate objects), with evidence that this capacity emerges as early as four weeks of age. She highlights the critical role of infant–mother eye contact, noting that this is the sine qua non of early attachment. In her review of gaze aversion research, Ayers references investigations supporting how a rupture in mother–infant eye contact results in behavior which is typically associated with the experience of shame. Ayers references work by Tronick et al. (1975, as cited in Ayers) in which mothers were asked to alternate between a normal, active, lively facial expression and one that was flat and ‘deadpan’. When an infant was presented with a mother exhibiting an expressionless face, she would

first attempt to recapture the mother’s expected response by trying to meet her eyes, moving her hands and eyes, grogging with her arms, legs, and indeed her entire squirming body. When this was unsuccessful, the baby averted her gaze and collapsed into an attitude of total withdrawal. The cycle of attempts to engage followed by collapse was repeated, each time with mounting distress. Initially the infant’s main reaction to the inhibited facial looks was to do remarkable things to get the mother’s attention. When this was not forthcoming, the infant disintegrated and collapsed into shame, evidenced by gaze aversion and a limp body which ‘cringes in apology for her very existence’ (Morrison, 1996).

(As cited in Ayers, 2003, p. 58)

The developmental research Ayers cites provides support for the fact that poor attachment (lack of mirroring the child’s gaze) can lead the infant to experience a lack of control over his or her environment, sowing the seeds for feelings of inadequacy leading to shame. This perspective resonates with Gilligan’s suggestion that powerlessness contributes to the etiology of narcissistic traits, aggression and violence. Gilligan also addresses the symbolic meaning of the eyes, noting that among the individuals with whom he worked, being seen by others can trigger intense feelings of defectiveness. Hence the gaze (e.g. eye contact) of others is often felt to exacerbate feelings of shame and, as Gilligan graphically details, can be the trigger for intense violence. Tomkins’ (2008) work on human emotion might be informative with regard to understanding how shame evolves in infancy. Tomkins argues that shame is
one of the innate affects observable in early infancy, describing it as being triggered by an incomplete reduction in the feeling of interest-excitement or enjoyment-joy. Activities such as feeding, gazing and playing all have the potential to be interrupted and trigger a shame response. As Broucek (1997) notes ‘in the interpersonal situations that Tomkins lists, shame is clearly elicited by an intersubjective disjunction based on absent complementarity or reciprocity that results in a sense of rejected desire and rejected affectivity, failed intentionality, and inefficacy’ (p. 48).

While such theoretical assumptions, particularly those referring to the experience of the pre-verbal infant, might appear challenging to empirically support, research in attachment theory has revealed promising findings. The profound effect that the caregiver has on the infant is supported by Broussard and Cassidy (2010), whose research revealed that mothers’ perceptions of their infants aged one month predicted adult attachment style. Specifically, adults whose mothers had negative perceptions of them as newborns were 18 times more likely be assessed as having an insecure adult attachment. Graphic evidence of the effect of such shame-based attachment dynamics is present in Docherty’s (1995) documentary. The featured infants, two of whom were pre-verbal, all displayed early behavioural problems (not sleeping, temper tantrums, refusal to eat) and were from middle class, intact families, with no evidence of abuse or neglect history. Analysis of play therapy revealed that the mother’s inability to identify nonverbal cues exhibited by their children, illustrative of Tomkin’s conceptualisation of shame resulting from an incomplete reduction of interest, was a key factor contributing to behavioural problems. In one instance the mother of a pre-verbal infant, who earlier in the documentary called her infant a ‘bad baby’ in a moment of anger, is shown interacting with her child during play therapy. When her child expressed a desire for affection (exhibited by cuddling in a bean bag chair), she misinterpreted this by suggesting it was an act of ‘jealousy’ (a clear misattribution of a complex adult emotion) on the part of her infant. The inability to properly identify nonverbal cues on the part of the parent illustrates the dynamics involved in Tomkins’ conceptualisation of shame (incomplete reduction of joy or interest) and the shaming dynamics, such as inadequate attunement to the child’s experience. Once this mother was presented with feedback on how to be more attentive to her child’s nonverbal cues, the behavioural problems abated considerably. It is also important to note that such shame inducing experiences and dynamics at this early stage of development would be out of awareness (e.g. unconscious) in adulthood, yet critically involved in interpersonal, affective and behavioural domains. Of importance, this analysis not only highlights the crucial dynamics of interactions caregivers have with pre-verbal infants but also places an emphasis on the reality that poor attachment occurs in families with demographics typically identified as ‘protective’ factors (e.g. middle class, intact family).

In the light of this evidence it is essential to emphasise that attachment style resulting in significant behavioural problems, can be influenced by factors
that are not overtly abusive or neglectful. It appears that an emphasis on investigating the more observable factors (which are more conducive to empirical study), at the expense of more subtle and nuanced interpersonal parent–infant dyad dynamics such as those investigated by Broussard and Cassidy and illustrated by Docherty, has been the norm for research on the childhood experiences of psychopathic individuals. For instance, one factor which has been identified as possibly contributing to secondary psychopathy is a childhood of abuse and/or neglect, with the implication that the childhood experiences of primary psychopaths are often absent such histories. As such, it has been suggested that primary psychopathy essentially results from genetic or biological factors. However, it is clear that the quality of attachment is affected by much more subtle, and distinctly less overt, dynamics. Indeed it is quite plausible that shame induced from such nuanced, developmentally early interactions would be pushed out of awareness, planting the seeds for unconscious shame. In adulthood, the reaction to this unconscious shame among those from intact, middle and upper class families, might be expressed in more indirectly aggressive and less anxious behaviour, akin to that associated with primary psychopathy. Clearly, the past tendency towards measuring more concretely observable variables helps to explain why dynamics such as unconscious shame have been essentially ignored in psychopathy research. This leaves open the possibility that primary psychopathy might indeed be more environmentally influenced than has been previously suggested, although the identification of such influences, through either parent or individual retrospective self-report has been limited, requiring the need for much more nuanced and in-depth forms of assessment.

The relative absence of an attachment perspective in psychopathy research

The tendency of focusing on the more overt and observable factors when hypothesising about the etiology of psychopathy is understandable when one examines the influential perspectives of Cleckley (1988) and Hare (1993), both of whom do not endorse attachment based or psychodynamic formulations. Both tend to equate relatively superficial, observable demographics with quality of parenting efficacy. For example, Cleckley references the case study of Pierre and is sure to point out that his parents ‘accompanied him from a thriving community in northern Florida where for the last sixty years the members of this family had been sober and respected citizens’ (p. 78). Dismissing the critical importance of the nuanced, developmental attachment dynamics during infancy/pre-verbal stages, Cleckley applies the misleading logic that since the family was ‘sober and respected’, environmental influences should essentially be ruled out. Hare similarly offers a number of real-world examples of children he describes as ‘bad seeds’, minimising the critical role of parent–child attachment, noting that ‘there is no evidence that failure to bond can result in anywhere near the full gamut of symptoms comprised by
psychopathy’ and that ‘in some children the very failure to bond is a symptom of psychopathy’ (p. 172).

In contrast to the logic Cleckley and Hare employed to explain their anecdotal examples, one of the mothers in Docherty’s documentary clearly explained how her older child was a much ‘easier’ infant. The mother, a married, middle-class white woman, described how positive experiences with her first ‘cooperative’ baby greatly influenced her expectations with regard to her second son, whose nonverbal cues she was unable to effectively identify. As a result, the infant began displaying problematic behaviour and was labelled as difficult, even a ‘bad baby’, by the mother, based on her erroneous assumption that the child was innately predisposed to such behaviour. Due to this incorrect assumption about her infant’s ‘inherent’ personality (which echoed the logic of Cleckley and Hare), the mother was blind to how her own inability to respond appropriately to her child’s nonverbal cues was actually causing the behaviour she had labelled as ‘innate’. However, in the context of play therapy, the mother was given feedback regarding her tendency to miss and misinterpret her baby’s cues. Once this disconnect with her child was identified, and she became more aware of the role she was playing in determining her child’s actions, the infant’s behaviour improved dramatically. If one were to use the logic of Cleckley and Hare to analyse this case, the argument would most likely be that the mother was from a middle class, intact family with a well adjusted first born child, hence the ‘personality’ of the ‘problem child’ must have been due to genetic or biological factors that were out of the parents’ control. Both Cleckley and Hare ignore the critical role that the caretaker’s ability to respond to nonverbal cues potentially plays in the etiology of psychopathy. Logic would suggest that, without the pre-verbal infant’s ability to describe his/her experiences, the only data gleaned regarding the quality of the early environment would be the parent’s self-report which, as Docherty clearly depicts, is inaccurate due to both bias and the inability for parents to accurately assess their own perceptions and behaviour. Understandably, there is an absence of studies investigating potential psychopathic correlates among pre-verbal infants. Attachment theory, as illustrated by Docherty’s work, suggests that the inability for the caregiver to identify nonverbal cues contributes to poor attachment and subsequent behavioural problems. Child psychopathy research has yet to examine this critical stage of pre-verbal development, during which ruptures in attachment could well plant the seeds of shame, as Ayers argues. As evidenced, absent the observation of a therapist or clinician, a child’s aggressive behaviour at 2 or 3 years of age could quite easily be misattributed to temperament, for if the only source of information is the parent’s report, it seems likely that they, being blind to their own influence on negative traits, would be prone to indicate that the child was ‘always that way’, implicating an innate personality disposition, as opposed to inadequate parenting playing a role in personality etiology.
In the light of attachment research, it is clear that the parent–infant dyad is replete with an array of virtually indiscernible perceptions and interactions, many of which are potentially shame-inducing, that significantly influence personality. Importantly, it appears that such subtle dynamics are independent of the demographic factors to which Cleckley and Hare allude. With their enormous influence on the field, one has to wonder about the degree to which Cleckley and Hare’s pronouncements, which minimise the effect of environmental factors and are based essentially on anecdotal observation, have contributed to the dearth of psychopathy research on themes such as early attachment and shame.

With regard to the association between quality of attachment and psychopathy, Gao, Raine, Chan, Venables, and Mednick (2010) note that the research is scant. Studies examining the role of shame as a developmental factor in the etiology of psychopathy have also been virtually nonexistent. For example, as is the case with the handbooks of Patrick (2007) and Felthous and Sass (2007), as well as Skeem et al.’s overview of the field, Salekin and Lynam’s *Handbook of Child and Adolescent Psychopathy* (2010) is without a reference to shame in the index. A more recent self-described ‘state of the art overview’, of child and adolescent psychopathy (da Silva, Rijo, & Salekin, 2012) similarly makes no mention of shame as a factor worthy of investigation in the etiology of the disorder.

While these works all address environmental factors, shame-inducing dynamics are not identified as an etiological influence. With the potentially strong association between quality of attachment and the development of shame, the way in which these dynamics might influence psychopathy is an area in need of much deeper investigation. With regard to attachment, Gao et al. revealed a negative relation between parental bonding (primarily maternal) and psychopathy scores (as assessed by SRP-II),

It has been suggested that the association between abuse and psychopathy is tenuous, at best (Skeem et al., 2011). However, recent work has been promising in this regard. Specifically, Schimmenti, Di Carlo, Passanisi, and Caretti (2015) found childhood emotional abuse predictive of psychopathic traits, while Schimmenti et al. (2014) revealed an association between attachment style (related to a history of abuse) and psychopathic traits,

Of note, however, abuse and/or neglect have traditionally been defined by relatively observable/measurable criteria. What has been absent from analysis is the effect that much more nuanced and subtle behaviours and interactions (e.g. mirroring, attentiveness to nonverbal cues), typically studied by attachment theorists, might play in the development of psychopathic traits and or personality. Expanding the scope of future investigations to go beyond overt abuse or neglect, and include more subtle forms of dysfunctional attachment, with an increased focus on the experience of pre-verbal infants, might be potentially enlightening with regard to the etiology of unconscious shame and psychopathic traits.
Some thoughts regarding unconscious shame and the heritability/biology of psychopathic traits

With the considerable influence that both Cleckley and Hare have had in the field, it should not be surprising that a substantial amount of research has been conducted on the biological and genetic correlates of psychopathy. The following discussion offers some thoughts with the hope there will be a greater consideration of hitherto ignored factors which might contribute to the etiology of the disorder.

Work such as that conducted by Blonigen et al. (2003) and Viding et al. (2008) supports the genetic basis for psychopathic traits. These studies revealed greater prevalence of traits among monozygotic twins, suggesting a considerable genetic influence. Regarding the gene–environment interaction, some compelling recent research by Freund et al. (2013) found that mice exposed long term to an enriched environment revealed an increase in hippocampal neurogenesis compared to genetically identical controls. Particularly intriguing was the fact that this change in neurogenesis was found even among genetically identical mice in the enriched environment, with some exhibiting a greater degree of roaming/exploring behaviour than others. Of note, the degree of roaming correlated with the amount of hippocampal neurogenesis, suggesting that the way in which the environment is experienced plays a formidable role in development.

Meloy and Shiva (2007) comment that recent ‘neuroimaging research has begun to functionally map the abnormalities of the psychopath’s brain (Kiehl et al., 2001, 2003), and such findings help us to biologically ground the clinical and forensic extremes of his behavior’. However, as Patrick, Venables, and Skeem (2012) delineate, for a number of methodological reasons, such purported associations between brain function and psychopathic traits need to be interpreted tentatively. They note that structural and functional imaging studies, due to the prohibitive cost, typically involve small samples sizes of less than 20 participants, making replication difficult, at best. By default, small sample sizes have the strong tendency to omit from consideration the non-psychopathic individuals who might possess similar brain structure and functioning, and anecdotal evidence suggests that this is a distinct possibility. Specifically, Dr. James Fallon, a neuroscientist who conducts research on the brain structure of psychopathic criminals, has received substantial media attention for the fact that his own PET scan is similar to that of the psychopathic brains he studies (Hagerty, 2010). Fallon has also examined his genetic makeup, focusing on the monoamine oxidase A (MAO-A) gene which has been implicated in the expression of aggression, discovering that he was the only one in his family to possess the high aggression variant of MAO-A. Nonetheless, he is a happily married family man who states that his positive childhood home environment (e.g. secure attachment) was the factor that defied any genetic predisposition. Less publicised has been the report by BBC journalist Michael Mosley who, while investigating psychopathy research
involving brain imaging, discovered that his MRI brain profile was similar to that of a psychopath (Mosley, 2011). Although only two examples, the existence of successful mainstream individuals who possess the ‘brains of psychopaths’ raises the question of how frequently such profiles appear in the general population. While these cases might be outliers, unless larger sample sizes in imaging studies are used, conclusions regarding innate differences in brain function and structure need to be made with caution.

A more inclusive integration of developmental research, particularly attachment theory, reveals some alternatives to the ‘bad seed’ hypothesis. For example, Schore (2001) presents a compelling model, suggesting that neurobiology is currently exploring ‘early beginnings for adult brain pathology’ (Altman, 1994, 1997) and describing ‘alteration[s] in the functional organization of the human brain which can be correlated with the absence of early learning experiences’ (Castro-Caldas, Petersson, Reis, Stone-Elander, & Ingvar, 1998). These data are also relevant to the field of infant mental health, with its interest in all early conditions that place infants and/or their families at risk for less than optimal development. (p. 204)

Schore explains that many brain structures are still developing after birth, stating that

The limbic system has been suggested to be the site of developmental changes associated with the rise of attachment behaviors (Anders & Zeanah, 1984) and to be centrally involved in the capacity ‘to adapt to a rapidly changing environment’ and in ‘the organization of new learning’ (Mesulam, 1998, p. 1028). These limbic circuits are particularly expressed in the right hemisphere (Joseph, 1996; Tucker, 1992), which is in a growth spurt in the first two years of life (Schore, 1994). (p. 209)

Of note, two brain regions that have been investigated in psychopathy research are the hippocampus and amygdala, both of which function within the limbic system. With the reality that the limbic system is still developing during the first two years of life, any conclusions from adult brain MRI’s suggesting that structural ‘abnormalities’ are somehow innate should be reconsidered, keeping in mind the possibility that inadequate, neglectful or abusive attachment (e.g. shaming) experiences can influence the eventual adult brain structure. Research regarding the effect of neglectful, abusive and/or traumatic early experiences on other biological markers supports this contention. Fries et al. (2005) found that a group of children who had been placed in orphanages immediately after birth, had lower overall levels of Arginine Vasopressin than controls, as well as lower levels of Oxytocin after interactions with their (adoptive) mothers. Friedman, Wang, Jalowiec, McHugo, and McDonagh-Coyle (2005) revealed women diagnosed with PTSD (with histories of childhood sexual abuse) had significant alterations in thyroid functioning. With evidence supporting the effect of trauma on biology, assumptions about the innateness of biological
markers should be tentatively made. It is also quite plausible that trauma could very well be shame inducing both consciously (e.g. concrete memories of sexual abuse) and unconsciously (e.g. placement in an orphanage due to neglect shortly after birth, for which there is no conscious memory). Hence, there is reason to believe that early attachment and shaming experiences, many of which are not accessible to consciousness, might contribute to biological correlates of psychopathy.

**Implications for treatment**

Skeem et al. (2011) note that recent research has challenged earlier conceptions that psychopathy is untreatable. The authors introduce the discussion of whether psychopathic traits, not just behaviours, are amenable to change and note that those with clinical experience acknowledge that resistance to treatment is not limited to any one disorder. With specific regard to shame, the literature is fairly replete with the idea that the act of acknowledging one’s shame is, in itself, shaming. Indeed, with shame being an emotion that causes such deep feelings about the perceived defectiveness of oneself there is a tremendous pull to run from such feelings. It seems rather logical that, for an individual whose life has been spent hurting others either physically or emotionally, confronting the reality of the shame dynamics driving this behaviour would be almost intolerable. Doing so would also involve an eventual acknowledgement of accountability (e.g. not seeing oneself as a perpetual victim whose violent/hurtful actions are justified, but rather a perpetrator who has inflicted pain on others) and remorse, feelings which, for many, might be too overwhelming to confront. Such a dynamic would certainly lead to rather intense resistance and, in many cases, a lack of change.

Assuming that shame is implicated in the etiology of psychopathy, it is probably safe to suggest that new forms of treatment could be developed based on this reality. Olver, Lewis, and Wong (2013) hypothesise that CU (Callous-Unemotional) traits might ‘be key to therapeutic responsivity which could be mediated by the individual’s CU traits or an interaction of treatment staff’s reactions to individuals with high CU traits or a combination of the two’ (p. 166). Gilligan argues that it is unconscious shame which drives such apparently coldhearted and callous violence. It seems apparent that, as long as such feelings are deeply buried, resistance to, and a lack of change during, treatment would be predictable. Hence, investigating the role unconscious shame plays in traits such as coldheartedness might be critical in developing more effective treatment for those considered intractable. For researchers who believe treatment for psychopathy holds promise, investigation of unconscious shame appears warranted.
Recommendations for future research

The literature on shame reveals that it both influences personality development and drives an array of behaviours. Attachment theory provides support for how shame, particularly that which is unconscious, develops. The fact that shame has been acknowledged to play such a critical role suggests that it might help to elucidate a number of salient questions in psychopathy research. Just as anxiety and hostility have been increasingly identified as core elements in understanding the psychopathic personality, unconscious shame similarly should be considered as worthy of investigation. The role that unconscious shame, and its association with attachment, plays in psychopathy has been ignored. The following are recommendations based on the current state of the field.

1. A viable measure of unconscious shame needs to be developed. Current measures of unconscious shame need to be integrated into psychopathy research in order to create a valid assessment. The Social Cognition Object Relations Scale Q-Sort for the Thematic Apperception Test is a projective assessment which has the capacity to tap unconscious shame. The TAT should be integrated in research assessing the relation between psychopathy and conscious measures of shame (e.g. CoSS, ISS) in order to further establish distinctions between conscious and unconscious shame as they relate to the various manifestations of the psychopathy. Additionally, the development of alternative measures of unconscious shame, possibly based on the paradigm of the Implicit Association Test, would help to further research.

2. More psychopathy research is needed on pre-verbal stages of development. Both parental expectations and perceptions, and the reactions of infants in response to these, has the potential for providing clues regarding the development of unconscious shame, the quality of attachment and its association with psychopathic traits.

3. The traditional focus on overt abuse and neglect needs to give way to an analysis of the more subtle parent–child interactions that contribute to potentially psychopathic traits and behaviours. This would likely require research that would be more qualitative and time-intensive in nature, such as viewing and coding video recordings of parent–child interactions similar to those captured by Docherty.

4. An increased focus on indirect forms of aggression and its potential relation to unconscious shame would be enlightening. Psychopathy research has historically been very limited in its definition of aggression, emphasising overt violence. While a greater understanding of the role unconscious shame plays in this form of hostility would be beneficial, research on more nuanced and subtle forms of aggression needs to be conducted. Understanding how unconscious shame is
expressed by those who are not overtly hostile will potentially help shed light on nature of the interpersonal and affective facets of psychopathy. Related to this, increased research on middle and upper class intact families, those more likely to be socialised to employ non-violent and indirect forms of aggression, using more dynamic and qualitative methodology, would be helpful.

(5) With regard to biological perspectives, a greater focus on the effect of attachment and shaming experiences during the critical stages of limbic system development in the first two years of life would be informative. Rather than retroactive assumptions made based on data such as adult images of brain structure and function, a perspective which embraces the role of environmental effects on biological and brain development would allow for a more nuanced understanding of the interaction between nature and nurture as it relates to the etiology of psychopathic traits and behaviour.

Disclosure statement
No potential conflict of interest was reported by the author.

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