

ATTITUDES TOWARD SELF AND OTHERS OF PSYCHOPATHS

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In their recent study of criminals, Worchel and Hillson (7) claim two positive and statistically significant findings: (a) The mean self-concept of the criminal is relatively favorable and significantly superior to that of the normal person. (b) The mean self- vs.-ideal discrepancy in the criminal is significantly smaller than in the normal person.

The purpose of this communication is to discuss two sets of findings cognate with those of Worchel and Hillson and to consider some of their implications (2, 3). The data are not comparable in the strict experimental sense; but it may be that the congruence of the results in spite of the differences between subjects and techniques adds, at least tentatively, to their generality.

COMPARISON OF METHODS

Subjects. Worchel and Hillson worked with two groups of 46 American men each—criminals in a penitentiary, and a normal control group. Foulds (2) had 28 psychopaths and 165 neurotics. Foulds, Caine and Creasy (3) reported on 40 normal subjects, 120 neurotics, and 31 psychopaths. In the two studies mentioned last all subjects were British and in-patients in a mental hospital, with almost equal numbers of men and women.

Instruments and procedures. Worchel and Hillson used a 54-item Self-Activity Inventory. Two examples are: "Gets confused when working under pressure," and "Feels guilty about his past sex life." The subject gives three answers to each item: (a) how frequently *he does* act in the prescribed manner, (b) how frequently *he would like to* so act and (c) how frequently *other people do* so act. From this procedure the following scores are derived: self-concept, ideal-concept, self- vs.-ideal discrepancy (the sum of these differences regardless of direction) and self- vs.-others discrepancy (the sum of the algebraic differences).

Incidentally, "how frequently *he would like to* act in the prescribed manner" does not seem very appropriate when applied to items which are all negatively stated. One end of such a scale seems to be closed to all but the most bizarre individuals. It is difficult to imagine anyone else saying, "I would always like to get confused when working under pressure," or "I would always like to feel guilty about my past sex life." In other words, for certain items the self-concept and other-concept measures could be regarded, in themselves, as self- vs.-ideal discrepancies (or self-criticism) and others- vs.-ideal discrepancies (or criticism of others).

Foulds used an almost identical scoring system and procedure, originally devised by Sweet (6), but here applied to frustrating situations. The model was Rosenzweig's Picture-Frustration Study (5); but a multiple-choice technique was used without pictures. The subjects had to choose between two extra- and two intro-punitive responses. The most useful score was found to be a Superiority: Inferiority Index. A self- vs.-ideal discrepancy (or self-criticism) score was obtained in exactly the same way as Worchel and Hillson's measure. An others-vs.-ideal discrepancy (or criticism of others) score was similarly obtained, and the difference between these gave the Superiority: Inferiority Index.

Foulds, Caine and Creasy developed 5 scales from the Minnesota Multiphasic Personality Inventory (MMPI): acting-out hostility, criticism of others, delusions of hostility, self-criticism, and delusions of guilt. For the present purpose,

only the criticism-of-others and self-criticism scales are relevant. The difference between these two gives another Superiority: Inferiority Index. An example of the criticism-of-others scale would be (C-3) "Some of my family have habits that bother and annoy me very much," and of the self-criticism scale (I-41) "I shrink from facing a crisis or difficulty." The self-criticism scale is very much akin to the Self-Activity Inventory, the items of which are all negatively expressed; but the MMPI has no ideal scale.

COMPARISON OF RESULTS

The main positive finding of Worchel and Hillson is that the self- vs.-ideal discrepancy (or self-criticism) of criminals is lower than that of normals. They had previously found (4) that neurotics had a high self- vs.-ideal discrepancy. It would seem highly probable from their data that, had they derived an others- vs.-ideal discrepancy score and then a Superiority: Inferiority Index, their criminals would have had significantly higher superiority scores than their normal controls.

Foulds found that on the frustration tests' Superiority: Inferiority Index clinical samples ranked in the following descending order from superiority to inferiority: alcoholic psychopaths, hysteroid psychopaths, hysterics, dysthymics (anxiety states, obsessionals, neurotic depressives).

TABLE I. MMPI CRITICISM-OF-OTHERS AND SELF-CRITICISM SCORES, AND SUPERIORITY: INFERIORITY INDEX, FOR NORMALS, NEUROTICS AND PSYCHOPATHS.

	Criticism of Others		Self-Criticism		Superiority: Infer. Index	
	M	SD	M	SD	M	SD
40 Normals	3.87	1.93	3.92	1.94	-0.05	1.92
120 Neurotics	3.50	2.31	6.51	2.86	-3.01	3.53
31 Psychopaths	6.03	2.93	5.74	2.82	0.29	3.69
	<i>t</i>	<i>p</i> <	<i>t</i>	<i>p</i> <	<i>t</i>	<i>p</i> <
Normals vs. Neurotics	not significant		6.47	.001	6.68	.001
Normals vs. Psychopaths	3.54	.001	3.07	.01	not significant	
Neurotics vs. Psychopaths	4.44	.001	not significant		4.47	.001

The findings of Foulds, Caine and Creasy with the MMPI scales are presented in Table I. The lower part of the third column shows that neurotics are significantly different from normals and psychopaths and are on the inferiority side. But normals and psychopaths do not differ significantly. This, as can be seen from the first and second columns, is due to the fact that psychopaths scored significantly higher than normals on both the criticism-of-others and self-criticism scales.

DISCUSSION

Although agreement between these three studies is not perfect and although a normal group was lacking in one study, there is certainly broad agreement as to trends. It would seem likely that psychopaths and criminals tend to have a more favorable, and neurotics a less favorable concept of themselves in relation to others, than do normal people. These attitudes would appear to be in line with the views of Adler, as Worchel and Hillson pointed out.

The results do not perhaps accord so happily with the use made by Butler and Haigh (1) of the self- vs.-ideal discrepancy as a measure of change with therapy among neurotics. The change could be either towards self-acceptance or towards self-satisfaction. This ambiguity could perhaps be removed by the use of the others- vs.-ideal difference and the Superiority: Inferiority Index. The Calvinist may consider himself a great sinner; but he thinks much the same of others; it is in the nature of man to be so. The melancholic also considers himself a great sinner, but he considers that there never has been anyone as wicked before. A reduction in the self- vs.-ideal discrepancy might be regarded as a movement towards self-acceptance if it became similar to the others- vs.-ideal discrepancy. If, however, this reduced self- vs.-ideal discrepancy were accompanied by a very high others- vs.-ideal discrepancy, the movement might be conceived of as towards self-satisfaction rather than self-acceptance. The results on the frustration test's Superiority: Inferiority Index suggest that hysterics and psychopaths feel relatively superior as compared with dysthymics. It may be that "improvement" with therapy should result in a reduction in the superiority scores of hysterics or psychopaths, and in an increase in the superiority scores of dysthymics.

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