

Psychopathy, borderline personality disorder, and emotional processing in incarcerated
women

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Abstract

15

16 One or two sentences providing a **basic introduction** to the field, comprehensible to a
17 scientist in any discipline. Two to three sentences of **more detailed background**,
18 comprehensible to scientists in related disciplines. One sentence clearly stating the **general**
19 **problem** being addressed by this particular study. One sentence summarizing the main
20 result (with the words “**here we show**” or their equivalent). Two or three sentences
21 explaining what the **main result** reveals in direct comparison to what was thought to be
22 the case previously, or how the main result adds to previous knowledge. One or two
23 sentences to put the results into a more **general context**. Two or three sentences to
24 provide a **broader perspective**, readily comprehensible to a scientist in any discipline.

25 *Keywords:* keywords

26 Word count: X

Psychopathy, borderline personality disorder, and emotional processing in incarcerated women

Introduction

Present Aims

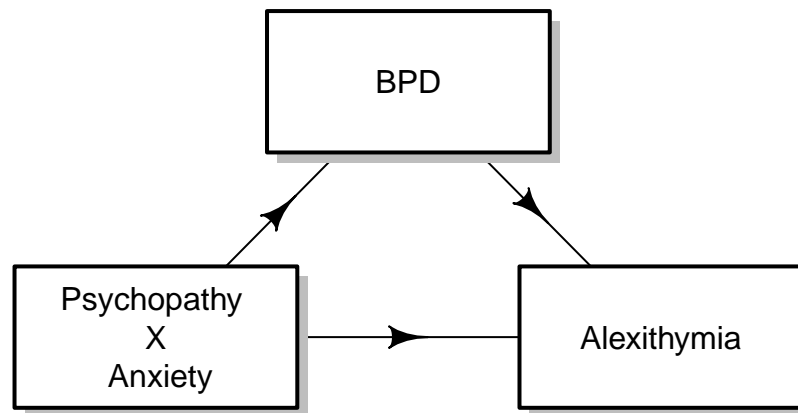


Figure 1

(#fig:simple plot of mediation relationship)

Methods

We report how we determined our sample size, all data exclusions (if any), all manipulations, and all measures in the study.

Participants

Measures

Procedure

Data analysis

We used R (Version 4.3.2; R Core Team, 2023) and the R-packages *diagram* (Version 1.6.5; Soetaert, 2020), *dplyr* (Version 1.1.4; Wickham, François, Henry, Müller, & Vaughan, 2023), *forcats* (Version 1.0.0; Wickham, 2023a), *ggformula* (Version 0.12.0; Kaplan & Pruim, 2023), *ggplot2* (Version 3.4.4; Wickham, 2016), *ggsci* (Version 3.0.0; Xiao, 2023), *kableExtra* (Version 1.4.0; Zhu, 2024), *lattice* (Version 0.21.9; Sarkar, 2008), *lubridate* (Version 1.9.3; Grolemund & Wickham, 2011), *MASS* (Version 7.3.60; Venables & Ripley, 2002), *Matrix* (Version 1.6.1.1; Bates, Maechler, & Jagan, 2023), *mediation* (Imai, Keele, & Tingley, 2010; Imai, Keele, Tingley, & Yamamoto, 2011; Imai, Keele, & Yamamoto, 2010; Imai & Yamamoto, 2013; Version 4.5.0; Tingley, Yamamoto, Hirose, Keele, & Imai, 2014), *mosaic* (Version 1.9.0; Pruim, Kaplan, & Horton, 2017; Pruim, Kaplan, & Horton, 2023), *mosaicData* (Version 0.20.4; Pruim et al., 2023), *mvtnorm* (Version 1.2.4; Genz & Bretz, 2009), *papaja* (Version 0.1.2; Aust & Barth, 2023), *plot.matrix* (Version 1.6.2; Klinke, 2022), *purrr* (Version 1.0.2; Wickham & Henry, 2023), *readr* (Version 2.1.4; Wickham, Hester, & Bryan, 2023), *readxl* (Version 1.4.3; Wickham & Bryan, 2023), *sandwich* (Zeileis, 2004, 2006; Version 3.1.0; Zeileis, Köll, & Graham, 2020), *shape* (Version 1.4.6; Soetaert, 2021), *stargazer* (Version 5.2.3; Hlavac, 2022), *stringr* (Version 1.5.1; Wickham, 2023b), *tibble* (Version 3.2.1; Müller & Wickham, 2023), *tidyr* (Version 1.3.0; Wickham, Vaughan, & Girlich, 2023), *tidyverse* (Version 2.0.0; Wickham et al., 2019), and *tinylabels* (Version 0.2.4; Barth, 2023) for all our analyses. Due to the nature of the project, it was determined most ethical to simply remove participants who were missing data for any of the required assessments. A total of 104 participants remained.

Results

Descriptive statistics for the assessments of interest can be seen in Table ??.

Table 1

Statistic	N	Mean	St. Dev.	Min	Max
PAIBOR_Total_Score	104	36.750	11.738	11	58
PCLR_Total_Score_Pro-rated	104	23.476	8.070	4.400	37.000
TAS_Total_Score	104	49.702	13.852	20	82
STAI_Trait_Anxiety	104	45.558	11.213	23	72

As seen in Figure 2, our distribution of PCL–R scores is left-skewed, with more participants falling on the higher end of the spectrum.

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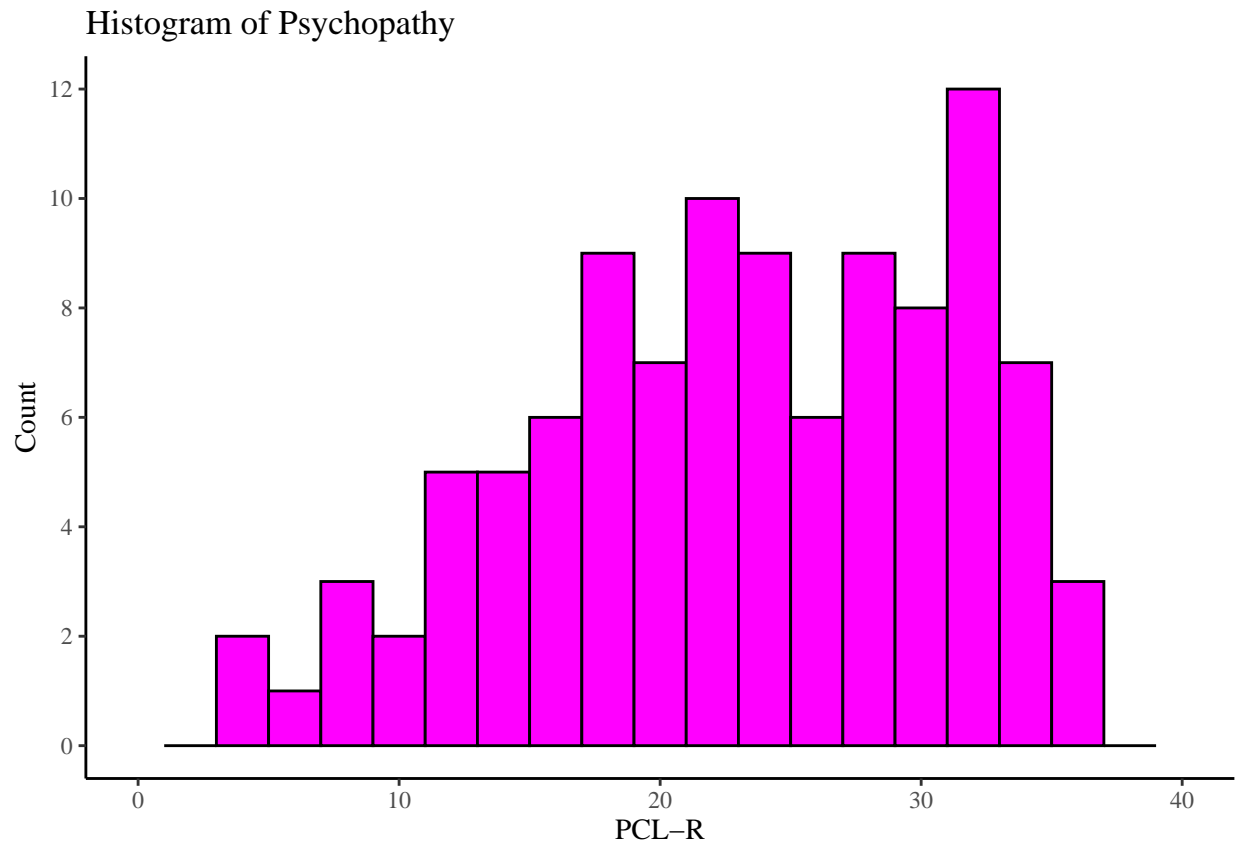
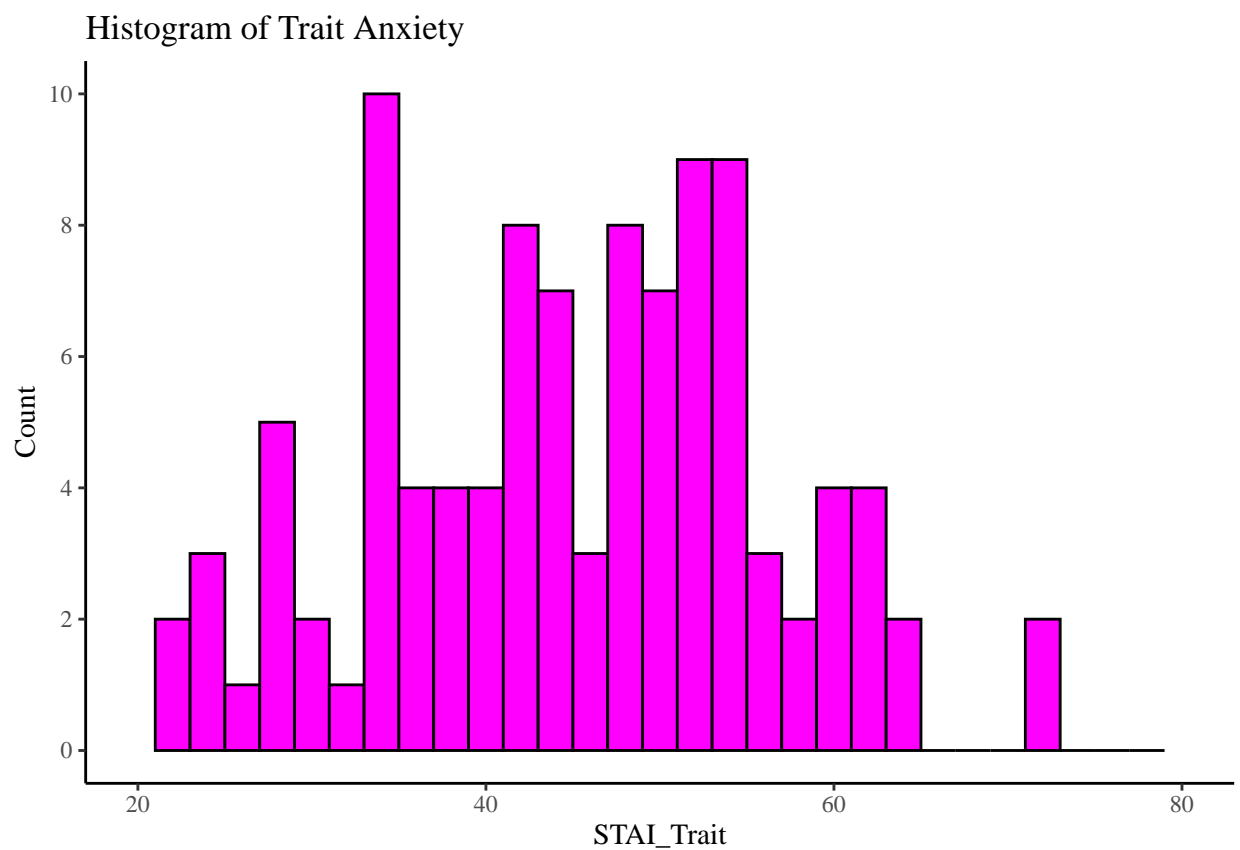
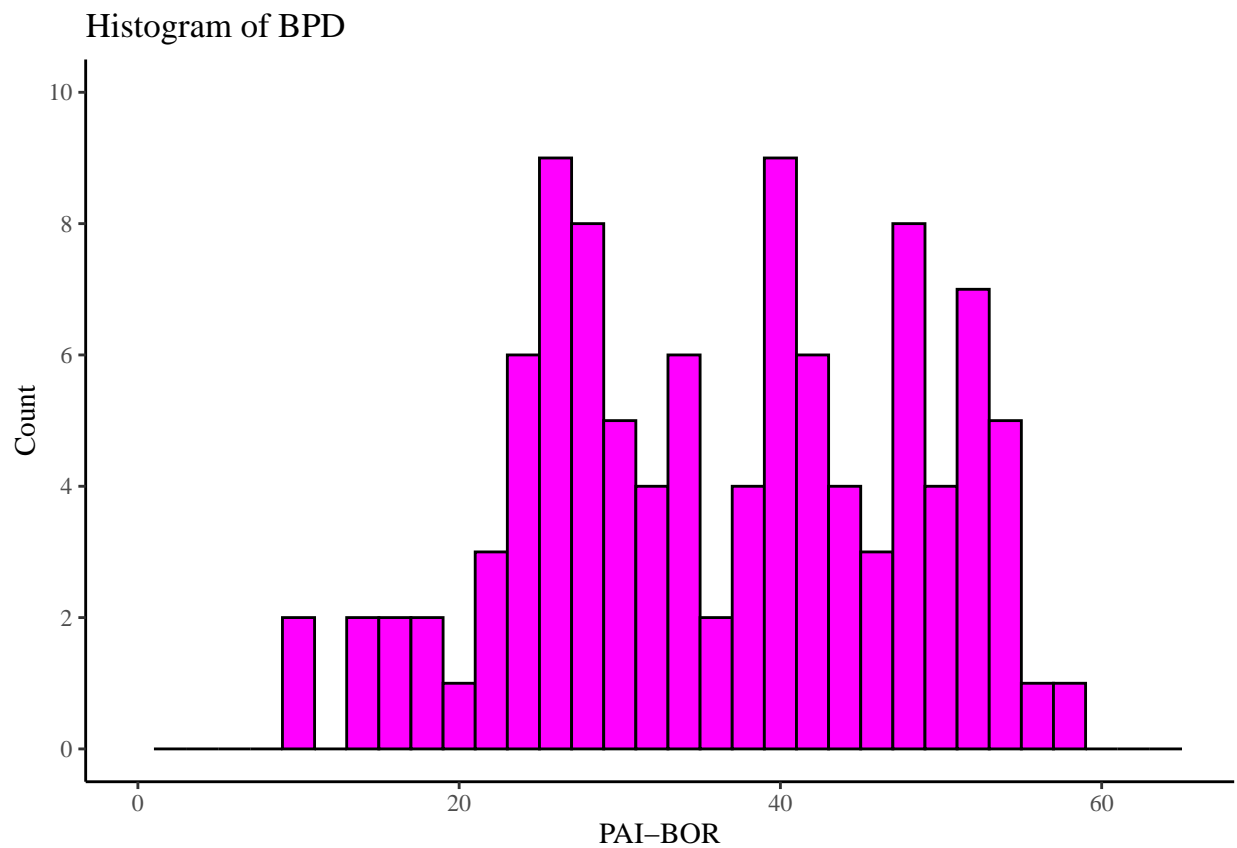


Figure 2. Histogram of score distribution on the PCL-R.



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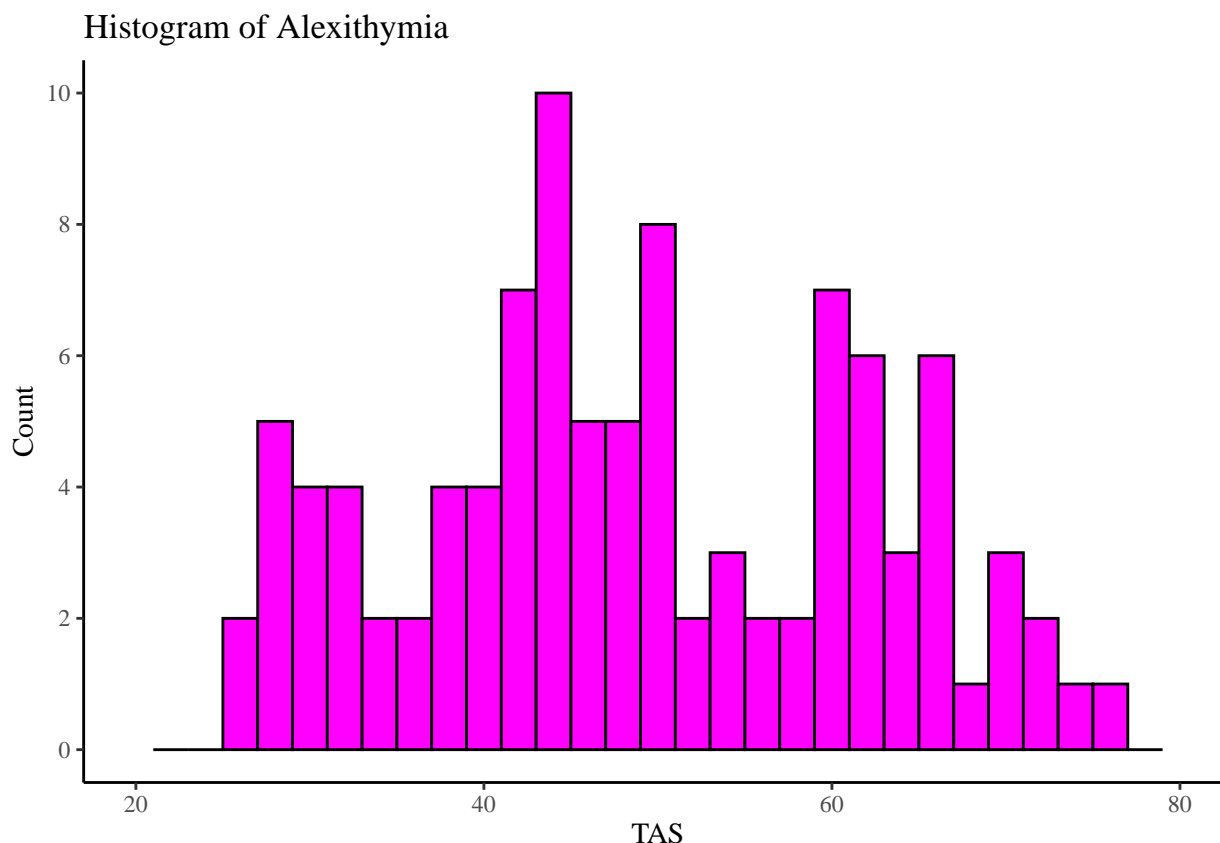


Figure 3 shows a moderate correlation between PsychopathyXAnxiety and Alexithymia.

Figure 4 shows a moderate to strong correlation between PsychopathyXAnxiety and BPD.

All assessment scores (including the interactive term) were standardized. Mediation analyses with bootstrapping were conducted to test the primary hypothesis. Unlike other methods, bootstrapping is not limited by the assumption of normality. The interaction term of PCL-R Total Score and STAI Trait Anxiety was entered as the predictor, and PAI-BOR Total Score was entered as the mediating term. Total Score on the TAS was our outcome variable. A significant Average Causal Mediation Effect (ACME) would demonstrate support of our hypothesis. Summary tables (figure out how to include this info) show that the ACME is significant and the Average Direct Effect (ADE) disappears.

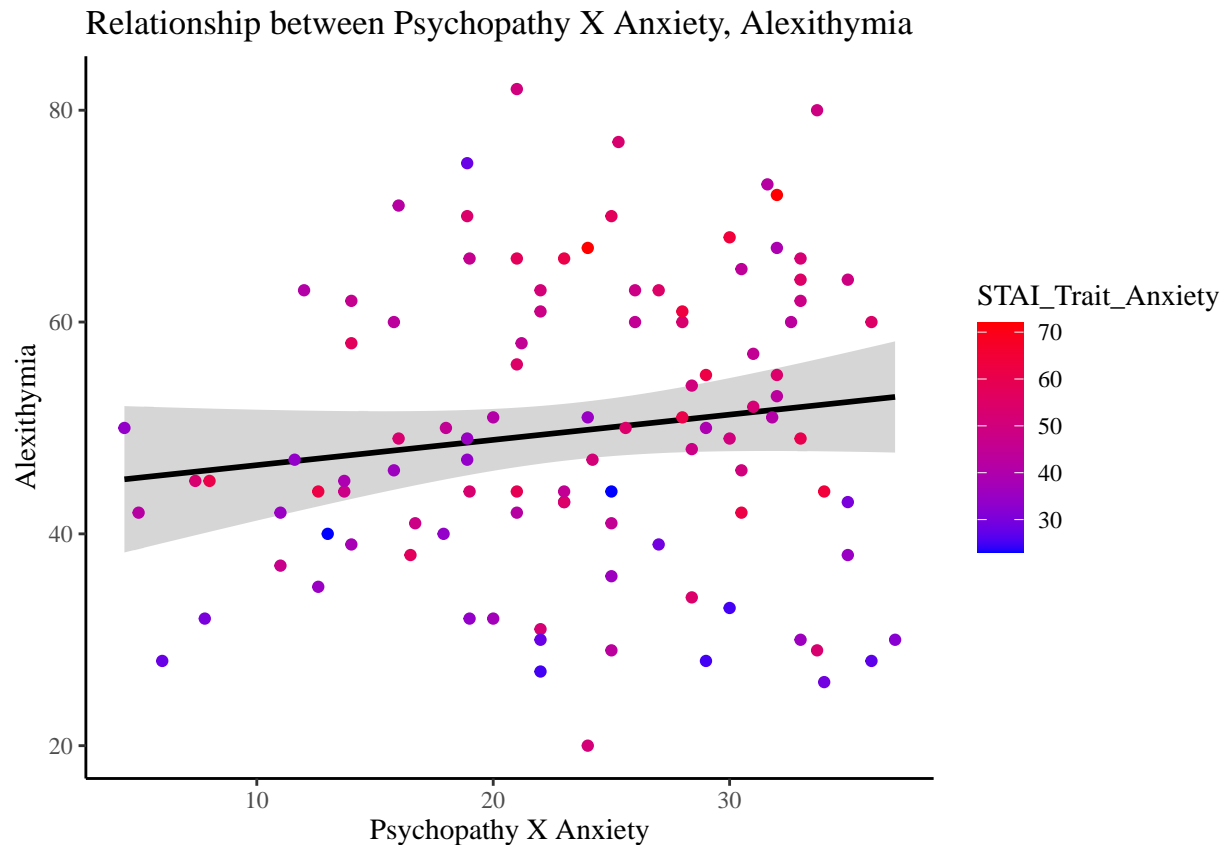


Figure 3. Scatterplot demonstrating relationship between the interactive term of psychopathy and trait anxiety with alexithymia in our sample of incarcerated women.

This implies full causal mediation by BPD on the relationship between PsychopathyXAnxiety and Alexithymia.

In order to run a mediation analysis, one must ensure significant relationships exist between predictor and outcome, predictor and mediator, and mediator and outcome. Results for these preliminary analyses can be seen in some table somewhere.

There is a significant relationship between predictor (psychopathy and anxiety interaction) and outcome (alexithymia). However, this effect goes away when adding BPD as a mediator. This suggests that the presence of BPD acts as a mechanism through which the predictor influences the outcome. The significant, full mediation effect we observed suggests that a portion of the total effect of the predictor on the outcome is explained by

Table 2

Preliminary Regression Results

	<i>Dependent variable:</i>		
	P-O Path	P-M Path	M-O Path
	(1)	(2)	(3)
PsychopathyXAnxiety	0.373*** (0.092)	0.660*** (0.074)	
BPD			0.471*** (0.087)
Constant	−0.000 (0.091)	−0.000 (0.074)	−0.000 (0.087)
Observations	104	104	104
R ²	0.139	0.436	0.222
Adjusted R ²	0.131	0.431	0.214
Residual Std. Error (df = 102)	0.932	0.755	0.887
F Statistic (df = 1; 102)	16.501***	78.905***	29.024***

Note:

*p<0.1; **p<0.05; ***p<0.01

Table 3

Simple Linear Regression Results

	<i>Dependent variable:</i>			
	TAS Total	Factor 1	Factor 2	Factor 3
	(1)	(2)	(3)	(4)
PsychopathyXAnxiety	0.373*** (0.092)	0.418*** (0.090)	0.291*** (0.095)	0.197** (0.097)
Constant	-0.000 (0.091)	-0.000 (0.090)	-0.000 (0.094)	0.000 (0.097)
Observations	104	104	104	104
R ²	0.139	0.174	0.085	0.039
Adjusted R ²	0.131	0.166	0.076	0.030
Residual Std. Error (df = 102)	0.932	0.913	0.961	0.985
F Statistic (df = 1; 102)	16.501***	21.551***	9.463***	4.140**

Note:

*p<0.1; **p<0.05; ***p<0.01

Table 4

Multiple Linear Regression Results

	<i>Dependent variable:</i>			
	TAS Total	Factor 1	Factor 2	Factor 3
	(1)	(2)	(3)	(4)
PsychopathyXAnxiety	0.111 (0.116)	0.096 (0.110)	0.036 (0.121)	0.154 (0.130)
BPD	0.398*** (0.116)	0.487*** (0.110)	0.386*** (0.121)	0.066 (0.130)
Constant	-0.000 (0.087)	-0.000 (0.082)	-0.000 (0.090)	0.000 (0.097)
Observations	104	104	104	104
R ²	0.228	0.308	0.169	0.041
Adjusted R ²	0.213	0.294	0.153	0.022
Residual Std. Error (df = 101)	0.887	0.840	0.921	0.989
F Statistic (df = 2; 101)	14.949***	22.477***	10.273***	2.182

Note:

*p<0.1; **p<0.05; ***p<0.01

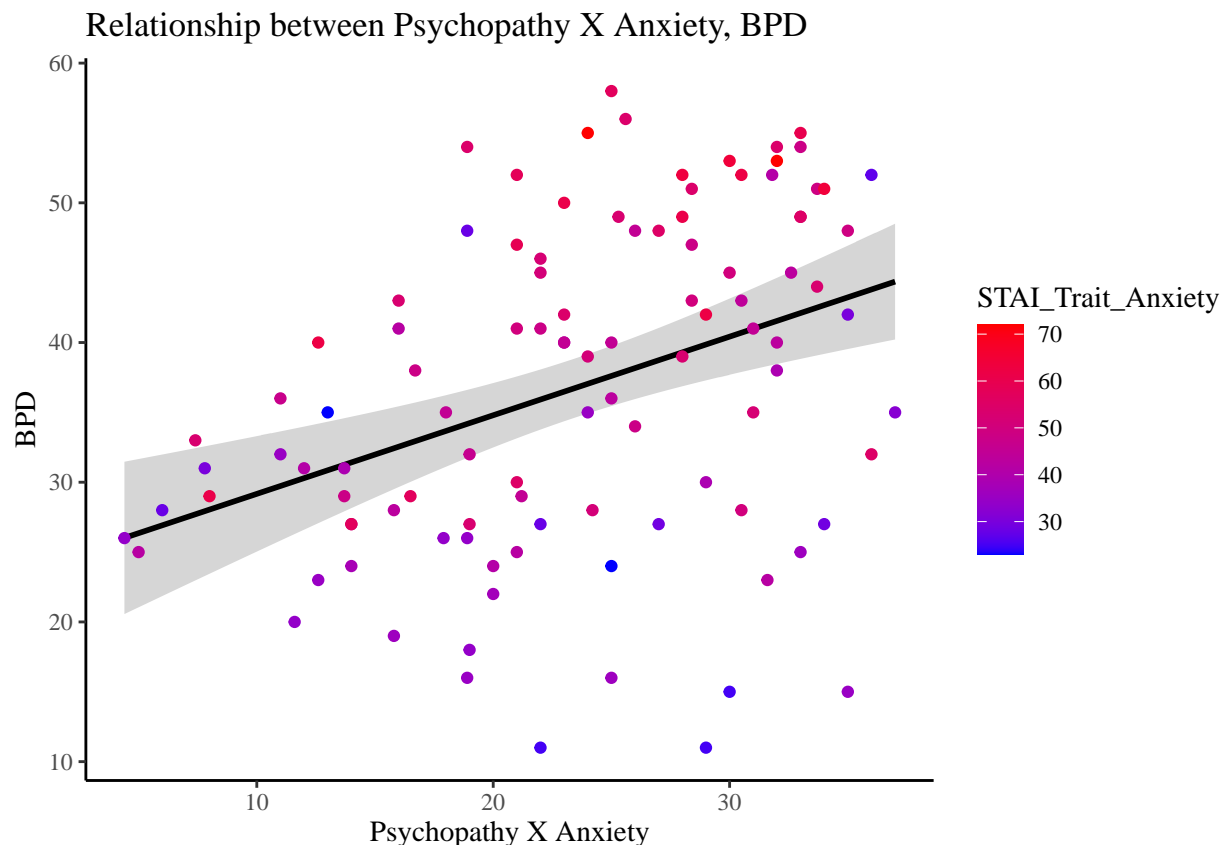


Figure 4. Scatterplot demonstrating relationship between the interactive term of psychopathy and trait anxiety with borderline personality disorder in our sample of incarcerated women.

the mediator.

Three subfactors defined in the TAS are believed to compose alexithymia: difficulty identifying feelings (Factor 1), difficulty describing feelings (Factor 2), and externally-oriented thinking (Factor 3). As we collected subfactor scores for every participant, we decided to conduct an exploratory analysis to get a sense of what specific parts of emotional processing psychopathy and BPD may be impacting. We found that, replacing the total TAS score for Factor 1 and Factor 2, the significant mediation effect remained in tact. However, designating Factor 3 as an outcome left us with an insignificant model. The change in significant effect when replacing for specific factors of TAS suggests

the mediation effect may depend on specific aspects or dimensions of alexithymia. I would like to suggest some possible interpretations for this below:

It is possible that BPD symptoms uniquely impact certain dimensions of the outcome variable. When considering what each of the three factors represent, it may be plausible that BPD would affect factors 1 and 2 – addressing emotional comprehension and recognition – and not 3, as BPD may be more closely associated with internalizing features. More research that addresses the role of BPD on externally-oriented thinking is required here to draw firmer conclusions.

It is without a doubt that the relationship between psychopathy, anxiety, BPD, and alexithymia is multifaceted and complex. Our results should be further interpreted with caution and a unique sample such as this one may lead to skewed distributions.

Additional factors and moderators warrant further exploration. Other relevant comorbidities – such as PTSD – may influence the heterogeneous mediation pathway seen here in a way that could explain the nuanced relationships further. Further, it would certainly be worthwhile to break down BPD further to understand what specific mechanisms of this disorder might be at play in this relationship. We did not have sufficient data to conduct a factor analysis, but it may be useful as the personality disorder can be diagnosed in 256 unique ways, according to the DSM-V.

The heterogeneity of this mediation effect is certainly cause for future research. This information can guide the development of targeted interventions or strategies based on specific factors that are most influenced by the mediation process. This changes in significance emphasize the need for careful and nuanced interpretation, taking into account the specific characteristics and dynamics at play for each factor within the composite variables.

Discussion

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