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Self-esteem and styles of coping with stress versus strategies of planning in people with psychopathic personality disorders

Authors' Contribution:

- A** Study Design
- B** Data Collection
- C** Statistical Analysis
- D** Data Interpretation
- E** Manuscript Preparation
- F** Literature Search
- G** Funds Collection

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Background:

Psychopathy is a notion that has been difficult to define. The operational definition of psychopathy by Hare is one of the most commonly used in psychology and it is usually identified with the scale used to measure this type of personality, which is the Psychopathy Checklist - Revision (PCL-R). PCL-R is composed of two factors: Factor 1 describes a constellation of psychopathic traits considered by many clinicians to be basic for this type of personality, and Factor 2 describes types of behaviour indicating impulsiveness, lack of stability and antisocial lifestyle. The aim of the research was to verify a hypothesis that people with psychopathic personality disorders are characterised by high self-esteem, unconstructive strategies of planning actions and non-adaptive styles of coping with stress.

Material/Methods:

The group of participants included 30 people at the age of 22–36 convicted with a legally binding sentence. Methods were: 1. The Psychopathy Checklist-Revision (PCL-R); 2. Antisocial Personality Questionnaire (APQ); 3. Coping Inventory for Stressful Situations (CISS); 4. Generalised Self-Efficacy Scale (GSES).

Results:

The participants were diagnosed as psychopaths (PCL-R), and more specifically – as primary psychopaths (APQ). They revealed a grandiose sense of self-worth, increased self-control, impulsive style of functioning, perceived high self-efficacy (which might be considered as a defence mechanism). Psychopaths prefer a coping style focused on emotions and avoidance.

Conclusions:

The hypothesis was confirmed, that people with psychopathic personality disorders are characterised by high self-esteem, unconstructive strategies of planning actions and non-adaptive styles of coping with stress.

key words:

psychopathy • personality disorder • coping with stress • self-esteem • planning strategies

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BACKGROUND

Due to its multitude of meaning and diversity of description in psychiatric and psychological literature the notion of psychopathy has become one of the most controversial and the subject of numerous scientific and clinical studies [1]. Analysing global reports in literature, as well as clinical and forensic practice, it may be noticed that both DSM (Diagnostic and Statistical Manual of Mental Disorders), and ICD (International Classification of Diseases) suggest different terminology and diagnostic criteria to determine the personality types commonly presumed to be identical in clinical practice (antisocial, dissocial, sociopathic and psychopathic personality). Blackburn [1] believes that psychopathy is close, by definition, to several other personality disorders as described in DSM. It is underlined that both discrepancies in the terminology and conceptualisation of these personality types result to a great extent from the difference of models they are described in. The medical model prefers a taxonomic approach, while the psychological model emphasises the psychopathology of adjustment mechanisms and mechanisms of mental regulation [2–9].

Contrary to the trend prevalent in the Polish literature on the subject to use modern terminology recommended by diagnostic books, both DSM and ICD, in this paper we will use the notion of psychopathy understood according to the concept of Robert D. Hare [3,4]. The operational definition of psychopathy by Robert D. Hare [3,4] is to a great extent identified with the scale used to measure this type of personality, which is the Psychopathy Checklist-Revision (PCL-R), allowing for the measurement of two factors, each described by 10 items. Thus, Factor 1 describes a constellation of psychopathic traits considered by many clinicians to be basic for this type of personality, that is, factors concerning the interpersonal, emotional and verbal style of functioning [1] Glibness and superficial charm, 2) Grandiose sense of self-worth, 3) Need for stimulation and increased susceptibility to boredom, 4) Pathological lying, 5) Conning/manipulative, 6) Lack of remorse or guilt, 7) Shallow affect, 8) Callousness and lack of empathy, 9) Parasitic lifestyle, 10) Poor behavioural controls]. This factor correlates positively with clinical determinants of psychopathy, especially with narcissistic and histrionic personality disorders and measures of Machiavellianism. On the other hand, it correlates negatively with the measures of empathy and fear. Factor 2 describes types of behaviour indicating impulsiveness, lack of stability and antisocial lifestyle [11] Promiscuous sexual behaviour, 12) Early behaviour problems, 13) Lack of realistic, long-term goals, 14) Impulsivity, 15) Irresponsibility, recklessness, 16) Failure to accept responsibility for one's own actions, 17) Many, short-term relationships, 18) Juvenile delinquency, 19) Revocation of conditional release, 20) Criminal versatility]. Variables contained in this factor correlate with the criteria of antisocial personality disorders [3,4]. Walters and Duncan [10] concluded that Factor 2 was a stronger determinant of recidivism than was Factor 1. Furthermore, Factor 2 and PCL-R total score were linked to disciplinary problems amongst inmates [11]. Studies on the factor structure of psychopathy prove that the isolated factors can be related to individual types of control; in other words some researchers [8,12,13,15] refer to the notion of control processes, while analysing the factor structure. Thus, the affective factor is related to emotional control, the behavioural

factor to behavioural control, and the interpersonal factor, including cognitive functioning, to cognitive control. It is assumed that control processes concerning various areas of human behaviour aim at directing and optimising the purposeful activity, as all purposeful actions of a person may be a source of information needs, which in turn remain strictly related to other types of needs, conditioning the performance of co-dependent goals. A failure to fulfil the needs (standards of regulation) leads to a disturbed functioning of personality, inhibition of its development and even disintegration [7]. Moreover, all types of incoherence and conflict are sources of mental discomfort, which motivates people to reduce them. In the case of psychopathic personality disorders it turns out that both the orientation and ability to act purposefully may be disturbed [8,14], which results from "the inhibition of development of personality as a system" (7, p.123). In other words, the inhibition of personality development reveals itself mostly in a low level of system structure development, especially cognitive structures, which is reflected in the incorrect functioning of the system. Due to that an analysis of personality disorders must be at the same time a structural (internal) and functional (external) description. Undoubtedly in psychopathic personality disorders we are dealing with an underdevelopment of cognitive structures, which results in the continuing functional dominance of emotional mechanisms [3,4,8,16,17]. The abovementioned theses are confirmed in numerous studies. Roberts and Coid [18] found that psychopathy is associated with criminal acts committed early in life as well as with the history of imprisonment amongst male and female offenders. Mokros et al. [19] emphasize that callousness/lack of empathy (emotional dysfunctions in general) is a psychopathic characteristic that is closely connected with sexually sadistic disorders. Vess, Murphy and Arkowitz [20] found that sexually violent predators – rapists are often psychopathic (almost 50% of the examined group of offenders), in contrary to child molesters. Putkonen et al. [21] explored psychopathy amongst murderers of children. They conclude that this group obtain lower psychopathy scores than other murderers. However, they display problems with expressing emotions, which in PCL-R are described by such characteristics as lack of remorse and empathy, shallow affect, problems with behavioural control or an accepting of responsibility. Lee, Klaver and Hart [22] compared psychopathic and non-psychopathic offenders in their tendency to lie. Their research indicate that psychopathic offenders provide more details when they tell a false story comparing to the non-psychopathic ones (with no differences between groups when offenders tell the truth). What is interesting, psychopaths told less coherent stories, which were spontaneously corrected when lying. They were not viewed as credible when telling their stories. Therefore, Lee et al. [22] believe that psychopathic behavioural style (indicating confidence) as well as detailed narratives make them effective in deception. Porter and Woodworth [23] add that psychopathic murderers have a greater tendency than non-psychopaths to emphasize the reactivity (impulsivity, lack of planning) of their acts. However, homicides perpetrated by psychopaths are usually instrumental (intentional).

In looking for elements of psychopathic personality determining the functioning of these people, it is necessary to consider the notion of self-esteem as one of the elements of an ego structure which is fairly stable. Also R.D. Hare, S.D.

Hart and T.J. Harpur [24] in performing a theoretical, empirical and clinical analysis of the notion of psychopathy noticed that one out of the ten most diagnostic traits of such a personality is inadequate and grandiose self-esteem. Thus the authors not only noticed the importance of self-esteem, but also emphasised its influence on the functioning of psychopaths. It is underlined that psychopathic people have a great need to maintain their high self-esteem, which determines their level of activity and experienced emotions. Thus it can be concluded that in the affective aspect self-esteem reflects the level of experiencing emotions and managing them, and therefore can be related to styles of stress (emotion) management. The affective (emotional) aspect may be two-fold: positive (we react with positive emotions to what we do, say and are) and negative (we react with negative emotions to ourselves). Studies on correlates of self-esteem show that high (meaning more positive) self-esteem is accompanied by other variables, including undertaking various activities, and their related efficacy and undertaking more effective (more adaptive) ways of handling stress. In the aspect of person's activity, higher self-esteem will be related to a high general feeling of one's own efficacy, and in consequence – control over one's own actions. Thus beliefs concerning efficacy influence the evaluation of one's own resources in a stressful situation [25].

The aim of the study

Considering the data from the literature presented above we decided to form and empirically verify a hypothesis that people with psychopathic personality disorders are characterised by high self-esteem, unconstructive strategies of planning actions and non-adaptive styles of coping with stress.

MATERIAL AND METHODS

Study participants

The group of participants included 30 people at the age of 22-36 convicted with a legally binding sentence. Moreover, all participants had to fulfil the following clinical criteria: a) be diagnosed by a psychiatrist with dissocial, asocial, psychopathic or sociopathic personality disorders and b) obtain a result in the PCL-R test equal or higher than 30. The tests were consented to by all participants, as well as the directors of the prison that they were in.

Method

The following psychological study methods were used in the studies:

1. The Psychopathy Checklist-Revision (PCL-R) by Hare in the Polish adaptation by Pastwa-Wojciechowska.

PCL-R (3) is commonly accepted as the most powerful instrument to detect and measure psychopathy, and there is a wide consensus that, for the moment, there is no other procedure that can be so accurate and so well-correlated with antisocial variables. PCL-R encompasses a unidimensional measure of the disorder with two correlated factors, one related to personality traits and the other portraying an antisocial lifestyle. Items are scored from 0 (the characteristic is not present) to 1 (some features are present but

not the whole description) and 2 (the characteristic is fully present), through the combination of the results of a long semi-structured interview with file consultation in different institutional sources. According to Hare (1991), total scores can be divided into three groups: less than 20: non-psychopaths; 20–29 mild psychopaths, and 30 or more: psychopaths.

2. Antisocial Personality Questionnaire, APQ by Blackburn and Fawcett in the Polish adaptation by Pastwa-Wojciechowska.

APQ is a 125-item multi-trait, self-report inventory which measures cognitive, affective and behavioural dispositions of relevance to antisocial population. Eight factors extracted were identified as Self-Control, Self-Esteem, Avoidance, Paranoid Suspicion, Resentment, Aggression, Deviance and Extraversion. Short scales constructed to measure these have a satisfactory reliability (α), and correlations with measures of personality disorder, observer ratings of interpersonal style, and criminal career data supporting their construct validity. Scale intercorrelations yield two higher-order dimensions of hostile impulsivity and social withdrawal that reflect orientations towards others and the self, respectively. The APQ provides comprehensive coverage of the deviant traits implicated in personality disorder and antisocial behaviour [26].

Coping Inventory for Stressful Situations (CISS) by Endler and Parker in the Polish adaptation by Szczepanik, Wrzeńniewski and Strelau [27].

CISS is comprised of 48 items, which describe various behaviours in stressful situations. Participants answered on a scale which reflects the frequency of behaviours displayed in difficult, stressful situations. The questionnaire has three dimensions: SSZ – Task-oriented coping; SSE – Emotion-oriented coping; SSU – Avoidance coping (which includes: ACZ – Distraction and PKT – Social Diversion).

4. Generalised Self-Efficacy Scale, GSES by Schwarzer et al. in the Polish adaptation by Schwarzer, Jerusalem, and Juczyński [25].

GSES is composed of 10 items. The scale is unidimensional. GSES measures the general self-efficacy regarding coping in difficult situations and dealing with obstacles.

RESULTS

First of all we would like to present the results of participants in the PCL-R scale, describing the intensity of psychopathic traits (Table 1). All participants obtained 30 points in the test, which according to the concept of Robert D. Hare (1991) means a diagnosis of psychopathy. In Factor 1 participants obtained on average 17.17 (out of 20) points, and in Factor 21 – 3.82 points, which means that Factor 1 (describing the constellation of psychopathic personality traits) was dominant over Factor 2 (describing antisocial behaviour).

The variable identified with self-esteem in the PCL-R test is item 2 – a grandiose sense of self-worth. According to the rules of administering the scale, a participant can obtain a maximum of 2 points for the item. Participants obtained an average result of 1.83 points (Table 2) for this item.

Table 1. Average results in the PCL-R test of participants with psychopathic personality disorders.

Study variable	Factor 1 M	Factor 2 M	Total result M
Psychopathy	17.17	13.82	30.97

Table 2. Average result for item 2 in factor 1 in the PCL-R test in the studied group.

Study variable	M
Grandiose sense of self-worth	1.83

Table 3. Average results in the Antisocial Personality Questionnaire (APQ).

Study variables	M
Self-control	13.20
Self-esteem	5.09
Avoidance	4.11
Paranoid suspicion	12.86
Resentment	14.03
Aggression	15.14
Deviance	13.54
Extraversion	15.35
Factor 1: Impulsivity	21.00
Factor 2: Withdrawal	4.80

Then the structure of personality of the participants was described by means of the Antisocial Personality Questionnaire (APQ), which allows not only for a diagnosis, but also describes the functioning of participants in the dimension of behaviour control and social functioning (dominance – submission and hostility – affiliation). The participants obtained high levels in scales reflecting the emotional style of functioning, which is visible in Factor 1 (Impulsiveness). The obtained results are presented in Table 3.

In the Generalised Self-Efficacy Scale (GSES) participants obtained an average result of 35.83 points, which indicates a high level of self-efficacy (Table 4).

Relating the PCL-R scale results to the efficacy of the actions of psychopaths (Table 5) it can be observed that they are characterised by a lack of realistic goals (item 13), irresponsibility, recklessness (item 15) and a lack of responsibility for undertaken actions (item 16).

An analysis of the average results obtained by the participants in the Coping Inventory of Stressful Situations revealed the

Table 4. Average result in the Generalised Self-Efficacy Scale (GSES).

Study variable	M
Generalised self-efficacy	35.83

Table 5. Average result for items 13, 15 and 16 in factor 2 in the PCL-R test in the studied group.

Study variables	M
13. Lack of realistic goals	1.83
15. Irresponsibility, recklessness	1.67
16. Lack of responsibility for undertaken actions	1.76

Table 6. Average results in the coping inventory for stressful situations in the studied group.

Study variables	M
Task-oriented style	50.12
Emotion-oriented style	52.64
Avoidance-oriented style	46.04
Distraction 28.7	
Social Diversion	17.34

Table 7. Average result for items 7 and 10 in Factor 1 in the PCL-R test in the studied group.

Study variables	M
7. Shallow affect	1.60
10. Poor behavioural control	1.73

dominance of style focused on emotions and avoidance, especially distraction (Table 6).

In the PCL-R scale (Table 7) the analysis covered such variables as shallow affect (item 7) and poor behavioural control (item 10), which describe the style of the emotional functioning of participants.

DISCUSSION

The paper is based on the psychopathy concept of Hare [3], thus this author's scale was used to study the discussed variable (The Psychopathy Checklist-Revision PCL-R). Hare assumes that we are dealing with the dimension of psychopathy, from the lack of psychopathic traits (result 0–9) through insignificant symptoms (result 10–19), and moderate symptoms (result 20–29) to psychopathy itself (result 30–40). The obtained

results unequivocally indicate that according to the scale's assumptions the participants should be diagnosed as psychopaths. Moreover, the factor analysis of the scale (dominance of Factor 1 above 2) additionally confirms such a diagnosis. Then, in considering the analysis of individual scale items, it was noticed that participants reveal a grandiose sense of self-worth, and in consequence, act to support it at any price, especially devaluing other people. Such an approach is compliant with literature data on the subject, which is found in the opinions of such authors as Hare [3,4], Cooke et al. [28], Pospiszyl [6], Pastwa-Wojciechowska [8], Millon, Davis [9]. The Antisocial Personality Questionnaire revealed a decreased estimation of self in psychopaths with increased self-control, and indicated an impulsive style of functioning. Based on the analysis of results of the APQ questionnaire we can diagnose the participants as primary psychopaths, thus confirming the PCL-R diagnosis. According to Blackburn [12] primary psychopaths are characterised by high extraversion and dominance (scales of extraversion and avoidance), aggressiveness and impulsiveness (scales of aggression and self-control), suspicion (scale of resentment), they have earlier had experiences related to the violation of legal norms (deviance scale) and do not reveal anxiety and self-criticism (self-esteem scale).

The result in the Generalised Self-Efficacy Scale showed that psychopaths consider themselves as people of high efficacy; however, an analysis of the PCL-R test indicated that their activities are characterised by the lack of realistic goals, irresponsibility, recklessness and lack of responsibility for undertaken actions. In other words, psychopaths consider themselves to be effective, but it rather seems to be a defence mechanism, which aims at the maintenance of high self-esteem. In reality psychopaths cannot set goals that they could fully implement in a responsible manner [3,4,6,8].

The stress coping style as a constant disposition of a person to cope with stressful situations in a certain manner showed that psychopaths prefer a style focused on emotions and avoidance. On one hand, in stressful situations psychopaths show a tendency to concentrate on themselves, especially their own experiences, such as anger and a tendency for wishful thinking and dreaming; on the other they avoid thinking, feeling and experiencing stressful situations. This result may seem contradictory. It is well documented in the subject literature that psychopaths are egocentric, focused on their own experiences, and react with aggression to any obstacles and frustration [3–6,8]. Avoiding confrontation with reality, they use their fantasy, which sometimes takes the form of pseudologia fantastica (pathological lying). Such a process resembles the phenomenon of egocentric deviation in the empathising described by Hoffman [29]. A person experiences emotions in response to the observed discomfort of others, but starts focusing on their own experiences and the emphatic process is discontinued [cf. 30]. The disturbed effective empathising, as well as incoherent, non-adaptive reactions to stress among psychopaths may be related to the emotional dysfunctions characterising this group mentioned in the theoretical part [cf. 8]. This problem is undoubtedly worthy of further analysis.

CONCLUSIONS

As a result of the conducted studies we formulated the following conclusions concerning people with psychopathic personality structure:

1. They are characterised by high self-esteem.
2. They show unconstructive strategies of activity planning: lack of realistic goals, irresponsibility, recklessness.
3. They have high self-efficacy.
4. In the area of self-regulation related to coping with stress, they use mostly a style focused on emotions and avoidance.

REFERENCES:

1. Blackburn R: Personality disorder and psychopathy: conceptual and empirical integration. *Psychology, Crime & Law*, 2007; 13(1): 7–18
2. Hare RD: *Psychopathy: Theory and Research*. New York: Wiley, 1970
3. Hare RD: *The Hare Psychopathy Checklist-Revised. Manual*. Toronto: Multi-Health Systems, 1991
4. Hare RD: Psychopathy: A clinical construct whose time has come. *Criminal Justice and Behavior*, 1996; 23: 25–54
5. Cleckley H: *The mask of sanity*, (5th). St. Louis: Mosby, 1976
6. Pospiszyl K: *Psychopatia [Psychopathy]*. Warsaw: Wydawnictwo Żak, 1985/2000 [in Polish]
7. Jakubik A: *Zaburzenia osobowości [Personality disorders]*. Warsaw: Wydawnictwo Lekarskie PZWL, 1997 [in Polish]
8. Pastwa-Wojciechowska B: *Naruszanie norm prawnych w psychopatii. Analiza kryminologiczno-psychologiczna. [Psychopathy and lawbreaking. Criminological and psychological analysis]*. Gdańsk: Wydawnictwo Uniwersytetu Gdańskiego, 2004 [in Polish]
9. Millon T, Davis R: *Zaburzenia osobowości we współczesnym świecie [Personality disorders in modern life]*. Warsaw: Instytut Psychologii Zdrowia, 2005 [in Polish]
10. Walters GD, Duncan SA: Use of the PCL-R and PAI to predict release outcome in inmates undergoing forensic evaluation. *The Journal of Forensic Psychiatry & Psychology*, 2005; 16(3): 459–76
11. Walters GD, Duncan SA, Geyer MD: Predicting disciplinary adjustment in inmates undergoing forensic evaluation: a direct comparison of the PCL-R and the PAI. *The Journal of Forensic Psychiatry & Psychology*, 2003; 14(2): 382–93
12. Blackburn R: Psychopathy and personality disorder: Implications of interpersonal theory. In: Cooke DJ, Forth AE, Hare RD (eds.), *Psychopathy: Theory, research, and implications for society*. Dordrecht, The Netherlands: Kluwer, 1998; 269–301
13. Hare RD: Psychopathy: A clinical of forensic overview. *Psychiatr Clin North Am*, 2006; 29(3): 709–24
14. Pastwa-Wojciechowska B: Psychopathy and Gender Differences. From Norm to Pathology. In: Chybicka A, Kaźmierczak M (eds.), *Appreciating diversity – gender and cultural issues*. Kraków: Oficyna Wydawnicza Impuls, 2008; 381–414
15. Serin RC, Brown SH: Social cognition in Psychopaths: Implications for Offender Assessment and Treatment. In: McMurrin M, McGuire J (eds.), *Social problem solving and offending: Evidence, evaluation and evolution*. New York, NY, US: John Wiley and Sons Ltd., 2005; 249–64
16. Baumeister RF, Heatherton TF, Tice DM: Utrata kontroli. Jak i dlaczego tracimy zdolność samoregulacji [Losing Control: How and Why People Fail at Self-Regulation]. Warsaw: Państwowa Agencja Rozwiązywania Problemów Alkoholowych, 2000 [in Polish]
17. Blair J, Mitchell D, Blair K: *The Psychopath. Emotion and the brain*. Blackwell Publishing, 2005
18. Roberts ADL, Coid JW: Psychopathy and offending behaviour: findings from the national survey of prisoners in England and Wales. *The Journal of Forensic Psychiatry & Psychology*, 2007; 18(1): 23–43
19. Mokros A, Osterheider M, Hucker SJ, Nitschke J: Psychopathy and sexual sadism. *Law and Human Behavior, Online First™*, 15 April 2010
20. Vess J, Murphy C, Arkowitz S: Clinical and demographic differences between sexually violent predators and other commitment types in a state forensic hospital. *J of Forensic Psychiatry & Psychology*, 2004; 15(4): 669–81
21. Putkonen H, Weizmann-Henelius G, Lindberg N et al: Differences between homicide and filicide offenders; results of a nationwide register-based case-control study. *BMC Psychiatry*, 2009; 9(1): 1–8
22. Lee Z, Klaver JR, Hart SD: Psychopathy and verbal indicators of deception in offenders. *Psychology, Crime & Law*, 2008; 14(1): 73–84
23. Porter S, Woodworth M. "I'm Sorry I did it...but He Started it": A Comparison of The Official and Self-Reported Homicide Descriptions of Psychopaths and Non-Psychopaths. *Law Hum Behav*, 2006; 31(1): 91–107

24. Hare RD, Hart SD, Harpur TJ: Psychopathy and the DSM-IV criteria for antisocial personality disorder. *J Abnorm Psychol*, 1991; 100(3): 391–98
25. Juczyński Z: Skala Uogólnionej Własnej Skuteczności [General Self-Efficacy Scale]. In: Juczynski Z (ed.), *Narzędzia Pomiaru w promocji i psychologii zdrowia [Methods of psychological measurement in promotion and health psychology]*. Warsaw: Pracownia Testów Psychologicznych PTP; 2001; 93–98 [in Polish]
26. Blackburn R, Fawcett DJ: *Manual for the Antisocial Personality Questionnaire (APQ)*. Unpublished Manuscript, University of Liverpool, 1996
27. Strelau J, Jaworowska A, Wrześniewski K, Szczepaniak P: *CISS Kwestionariusz Radzenia Sobie w Sytuacjach Stresowych. [CISS Coping Inventory for Stressful Situations]*. Warsaw: Pracownia Testów Psychologicznych PTP, 2005 [in Polish]
28. Cooke DJ, Forth AE, Hare RD: *Psychopathy: Theory, research and implication for society*. Dordrecht: Kluwer, 1998
29. Hoffman ML: *Empathy and moral development. Implications for caring and justice*. Cambridge University Press, New York, 2003
30. Kaźmierczak M: *Oblicza Empatii w Relacjach Mażeńskich. Perspektywa Psychologiczna. [Faces of empathy in marriage. Psychological perspective]*. Gdańsk: Wyd. UG, 2008 [in Polish]