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Neural correlates of error-related learning deficits in individuals with psychopathy

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Background. Psychopathy (PP) is associated with a performance deficit in a variety of stimulus–response and stimulus–reinforcement learning paradigms. We tested the hypothesis that failures in error monitoring underlie these learning deficits.

Method. We measured electrophysiological correlates of error monitoring [error-related negativity (ERN)] during a probabilistic learning task in individuals with PP (n = 13) and healthy matched control subjects (n = 18). The task consisted of three graded learning conditions in which the amount of learning was manipulated by varying the degree to which the response was predictive of the value of the feedback (50, 80 and 100%).

Results. Behaviourally, we found impaired learning and diminished accuracy in the group of individuals with PP. Amplitudes of the response ERN (rERN) were reduced. No differences in the feedback ERN (fERN) were found.

Conclusions. The results are interpreted in terms of a deficit in initial rule learning and subsequent generalization of these rules to new stimuli. Negative feedback is adequately processed at a neural level but this information is not used to improve behaviour on subsequent trials. As learning is degraded, the process of error detection at the moment of the actual response is diminished. Therefore, the current study demonstrates that disturbed error-monitoring processes play a central role in the often reported learning deficits in individuals with PP.

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Introduction

Individuals with psychopathy (PP) show little concern about the consequences of their actions for others and themselves. They often show poor planning skills and fail to avoid behaviours that have been punished previously (Hare, 1991). The latter is reflected in, for example, the amount and types of incidents occurring in clinical settings (Hildebrand, 2005) and in their poor response to treatment and the high relapse rates of criminal behaviour (D’Silva et al. 2004).

In line with these observations, psychopathic individuals show performance deficits in different stimulus–response and stimulus–reinforcement learning situations. Cleckley (1976) found individuals with PP to have a reduced capacity to learn from experience. Other studies have demonstrated abnormally low levels of aversive learning (Flor et al. 2002), instrumental learning (Mitchell et al. 2006) and avoidance learning (Newman & Kosson, 1986; Blair et al. 2004). The latter is the process by which one learns that omitting a certain response will result in the termination or prevention of an aversive stimulus. Additionally, impairments in decision making to rewarding and punishing stimuli have been found (Blair et al. 2006). Furthermore, studies of post-error slowing, the phenomenon of slower response times (RTs) following erroneous trials, have shown that individuals with PP fail to utilize feedback to alter future responses (Newman, 1987). Finally, recent behavioural data from a probabilistic response–reversal task indicated that individuals with PP showed learning deficits in the reversal phase only, in which the earlier learned reinforcement contingencies were suddenly reversed (Budhani et al. 2006).

These findings are mainly in line with the integrated emotion system (IES) interpretation of PP (Blair, 2005; Blair et al. 2005), which assumes orbitofrontal and
amygdala abnormalities in PP. The model predicts individuals with PP to show deficits in both stimulus–reinforcement learning involving the amygdala and reversal learning served by orbitofrontal areas and the basal ganglia (Cools et al. 2002; Clarke et al. 2008). Importantly, the model would not predict deficits in stimulus–response learning, a process that relies on the posterior medial frontal cortex (pMFC), including the pre-supplementary motor area (pre-SMA) and the anterior cingulate (Carter et al. 1998).

In our view, the above suggests that psychopathic individuals have difficulties in using negative feedback or error information to adapt their behaviour. Holroyd & Coles (2002) proposed the reinforcement learning (RL) theory of performance monitoring, which assumes that whenever outcomes are worse than expected, an error signal is conveyed from the basal ganglia to the anterior cingulate cortex (ACC). Upon arrival of this error signal in the ACC, the error-related negativity (ERN), an event-related potential (ERP) component measurable at the scalp, is generated (Dehaene et al. 1994; Carter et al. 1998; Holroyd et al. 1998; Holroyd & Coles, 2002). The ERN occurs not only when participants make errors but also when they receive feedback indicating that they gave an incorrect response (for an overview on ERN and performance monitoring, see Ullsperger & Falkenstein, 2004).

The onset of the ERN coincides with response initiation (rERN; Gehring & Fencsik, 2001), or occurs 200 ms after the delivery of error feedback (fERN; Milter et al. 1997). The former reflects internal error signals, the latter external error signals. Studies have demonstrated that the ERN is generated at the first moment in time when the error can be detected (Holroyd & Coles, 2002; Nieuwenhuis et al. 2002). Thus, fERNs are elicited when the negative feedback itself was not, or was only partly, predicted by earlier events. This is, for example, the case when subjects are still learning the correct stimulus–response mapping by trial and error. However, as the system gradually learns the stimulus–response mapping, subjects will eventually be able to detect errors at the moment of response onset. At an electrophysiological level, this is reflected in the fERN ‘propagating back in time’ and ‘becoming’ an rERN. Consequently, while learning takes place, rERN amplitudes increase (Holroyd & Coles, 2002).

Although several studies have investigated learning in individuals with psychopathic traits at a behavioural level, learning deficits in individuals diagnosed with PP have never been studied in relation to the underlying electrophysiological markers of performance or error monitoring. Until now, most studies either focused on individuals with behavioural patterns related to PP (Dikman & Allen, 2000; Hall et al. 2007) or investigated aspects of error monitoring unrelated to learning (Munro et al. 2007; Brazil et al. 2009). An investigation of reward and avoidance learning in low socialized individuals (a concept related to PP; Kosson & Newman, 1989) has shown diminished rERN amplitudes only in the punishment condition (Dikman & Allen, 2000). Another study demonstrated reduced rERN amplitudes in healthy individuals scoring high on externalizing psychopathology, a factor comparable to the behavioural deficit cluster in individuals with PP (Hall et al. 2007). Only two studies have investigated the rERN directly in individuals diagnosed with PP. Munro et al. (2007) used a neutral and an emotional choice–reaction task and found reduced rERNs in the emotional task only. Brazil et al. (2009) reported no differences in rERN amplitude between healthy controls and individuals with PP on a neutral task, but did demonstrate problems in the conscious evaluation and signalling of errors. Taken together, these studies point towards learning deficits associated with a failure to detect and use internal and external error signals.

The present study was designed to examine the relationship between error monitoring and reinforcement learning in individuals diagnosed with PP, by investigating the rERN and fERN and the relationship between the two while learning progresses. To investigate this, a probabilistic learning task was used in which participants learned stimulus–response mappings based on feedback about their performance (trial–and–error learning; see, for example, Holroyd & Coles, 2002; Nieuwenhuis et al. 2002, 2005). A crucial aspect of the task is that the imperative stimulus presented on each trial differed in the degree to which the response was predictive of the value of the feedback (50, 80 and 100%).

Compared with healthy controls, we expected individuals with PP to display learning difficulties, reflected behaviourally by reduced accuracy and electrophysiologically by smaller amplitudes of rERN, fERN and a slower propagation in time of the fERN to become an rERN.

Method

Participants

Thirteen male violent offenders aged between 18 and 55 years (mean = 37, s.d. = 9.5 years) diagnosed with a psychopathy score of ≥26 according to the Hare Psychopathy Check List–Revised (PCL-R; Hare, 1991) were selected from the in-patient population of
a forensic psychiatric institute in The Netherlands† (mean PCL-R score = 31, S.D. = 3.4). Educational level was coded according to the Dutch educational system (1 = primary education, 2 = secondary education, 3 = higher education; mean education patients = 2.8, mean education controls = 2.3). Eighteen healthy male controls matched for age (mean age = 37, S.D. = 6.5 years) and educational level and without a criminal record or a history of psychiatric disorders were recruited by advertisement. Participants in both groups were checked for drug use and for medical/neurological history. Exclusion criteria were: use of alcohol > 3 units/day during the week preceding the experimental measure and use of alcohol within 24 h of the measurement; use of cannabis or other illicit drugs within the week before measurement and use of psychotropic medication other than oxazepam during the 5 days before measurement; use of oxazepam within 12 h before measurement; history of trauma capitis, visual and auditory disorders, neurological disorders, first-degree relative with any relevant neurological disorders. The study was approved by the local Medical Ethical Committee and carried out in accordance with the Declaration of Helsinki.

Task and procedure

Participants received written information about the experiment and gave their written consent before being screened for psychiatric exclusion criteria by trained psychologists using the SCID-II (Groenestijn et al. 1999) and the M.I.N.I. (van Vliet et al. 2000). The psychiatric exclusion criteria included: depressive disorder, bipolar disorder, schizophrenia, schizoaffective disorder, schizophreniform disorder, delusional and other psychotic disorders, schizoid or schizotypal personality disorder, current alcohol and substance intoxication, first-degree relatives with DSM-IV Axis I schizophrenia or schizophreniform disorder. Participants performed the experimental task and received a financial reimbursement. Additionally, all subjects received a bonus earned during the experiment.

Participants performed a probabilistic learning task requiring a two-choice decision to an imperative visual stimulus (Holroyd & Coles, 2002) (see Fig. 1). Following each response, a feedback stimulus representing reward information was presented, informing participants whether their response was correct (green dollar signs: +2 cents), incorrect (red dollar signs: −2 cents) or too late (a cherry; −4 cents).

†The Pompestichting is a ‘TBS clinic’ located in Nijmegen. TBS is a treatment measure on behalf of the state for people who have committed serious criminal offences in connection with having a mental disorder. TBS is not a punishment but an entrustment act for mentally disordered offenders (diminished responsibility). These court orders are an alternative to either long-term imprisonment or confinement in psychiatric hospital, with the aim of striking a balance between security, treatment and protection.
The amount of learning possible was manipulated in three different conditions (50, 80 and 100%) by varying the degree to which the response was predictive of the value of the feedback. For stimuli in the 50% control condition, the value of the feedback was uncorrelated with the selected response, making it impossible to learn stimulus–response mappings. In the 100% and 80% learning conditions, participants could learn the stimulus–response mappings to varying degrees.

In each experimental block, participants were presented with a new set of six different stimuli (for task and stimulus details, see Nieuwenhuis et al. 2002, 2005), that is two for each condition. The two stimuli from the 100% condition mapped congruently to either the left or the right response button throughout the entire block. For two stimuli, feedback was delivered randomly (50% condition). Of the two remaining stimuli, one required a left button press in 80% (‘80% valid’) but a right button press in 20% of the trials (‘80% invalid’), and vice versa for the other stimuli.

Participants started with a bonus of €2.50 and were informed about the status of this bonus at the end of each block. The aim was to determine the financially most beneficial strategy by trial and error. First, participants completed a practice block of 100 trials followed by four experimental blocks of 300 trials each. The six stimuli in each block were presented randomly 50 times each (Holroyd & Coles, 2002; Nieuwenhuis et al. 2002, 2005). Fig. 1 depicts details of the duration of the trial, which are identical to previous studies using the same paradigm (Holroyd & Coles, 2002; Nieuwenhuis et al. 2002, 2005).

Electrophysiological recording

A QuickAmp amplifier (Brainproducts, Germany) with an ActiCap system holding 32 active electrodes was used for data acquisition. A electroencephalogram was recorded at a sampling rate of 500 Hz and referenced to the left ear, but was re-referenced offline to the average of both ears. Signals were filtered offline using a band-pass filter of 0.019–20 Hz.

Data analysis

Trials with RTs < 150 ms or > 700 ms were excluded from the analyses (6.06%, s. d. = 5.44%; Nieuwenhuis et al. 2002, 2005). For the ERP analyses, single-trial epochs were extracted relative to the presentation of the feedback stimulus for the fERNs and relative to the response for the rERN. Single-trial electroencephalography (EEG) signals were corrected for electrooculography (EOG) artefacts (Gratton et al. 1983) and averaged for each subject and condition separately using a 200-ms pre-response/feedback baseline.

In line with previous studies using the current paradigm (Holroyd & Coles, 2002; Nieuwenhuis et al. 2002, 2005), difference waves were created by subtracting the individual averages for correct responses/feedback from the individual averages for incorrect responses/feedback. The rERN amplitude was defined as the most negative peak of the response-locked difference waves at electrode Cz in a window of 0–200 ms (de Bruijn et al. 2007). For the fERN, a window of 200–400 ms (de Bruijn et al. 2004; Mars et al. 2004) on the feedback-locked difference waves was chosen.

Analyses were conducted using repeated-measures general linear models (GLMs) with group (psychopaths, controls) as a between-subject factor and block half [first (BH1) and second (BH2)], block (1, 2, 3, 4) and condition as possible within-subject factors. Depending on the independent variable entered into the GLM, the number of levels for the factor condition varied. First, to test the validity of our design, all four levels (100%, 80% valid, 80% invalid, 50%) were entered. Second, to investigate learning processes in more detail, the two learning conditions (100% and 80%) were analysed by means of a repeated-measures GLM with group as a between-subject factor and BH1, BH2 and condition as within-subject factors. Because any response-locked error-related activity in the 50% condition is known to result from random fluctuations in the EEG signal (Nieuwenhuis et al. 2002, 2005) and learning cannot occur, we excluded this condition from the analyses. Note that for the rERN analyses the factor ‘condition’ includes the 80% condition but that no distinction is made between valid and invalid trials, as the actual validity of a trial in the 80% condition is unknown to the subject until the moment of feedback.

Results

Behavioural results

Confirming the validity of our design, an overall analysis of condition (100%, 80% valid, 80% invalid and 50%) revealed that accuracy was highest in the 100% condition, followed by the 80% valid condition, and lowest in the 80% invalid condition [F(3, 27) = 86.0, p < 0.001]. Accuracy in the 50% condition was around chance level (see Fig. 2).

An analysis of the two learning conditions (100% and 80% valid) including block half revealed no overall group differences between psychopathic individuals and controls in accuracy [F(1, 29) = 1.65, p = 0.209]. However, the significant interaction between condition and group showed that, compared to
controls, psychopathic subjects were less accurate in the 100% condition but not in the 80% valid condition \( F(1, 29) = 6.90, \ p = 0.014 \). Planned comparisons by means of an independent \( t \) test confirmed this [two-tailed \( t \) test 100%: \( t(29) = 2.00, \ p = 0.055 \); 80% valid: \( t(29) = 0.449, \ p = 0.657 \)]. Accuracy was higher in the second block half than in the first \( F(1, 29) = 23.8, \ p < 0.001 \) and this was the same for both groups \( F(1, 29) = 0.03, \ p = 0.87 \). The interaction between condition and block half revealed that the increase in accuracy with block half was more pronounced for the 100% condition (6.9%) than for the 80% valid condition [2.6%; \( F(1, 29) = 14.9, \ p = 0.001 \). Most importantly, the three-way interaction between condition, block half and group showed a clear trend towards significance \( F(1, 29) = 4.05, \ p = 0.054 \). Psychopathic individuals show less increase in accuracy between block halves for the 100% condition compared to controls, but a steeper increase between block halves in the 80% valid condition (see Table 1 and Fig. 2). These effects were confirmed by planned independent \( t \) tests [two-tailed \( t \) test 100%]
BH1: $t(29) = 1.74, p = 0.093$; 100% BH2: $t(29) = 2.05, p = 0.049$; 80% valid BH1: $t(29) = 0.804, p = 0.428$; $t(29) = 0.136, p = 0.892$.

To examine acquisition and generalization of learning rules in the two learning conditions (100% and 80% valid), we investigated accuracy per block. Accuracy increased with each block [F(3, 27) = 37.2, $p < 0.001$; all contrasts: $p < 0.05$] without an interaction between block and group [F(3, 27) = 1.78, $p = 0.175$]. Planned comparisons showed that individuals with PP had lower accuracy in the first block but not in the fourth [F(1, 29) = 5.07, $p = 0.03$, see Fig. 3].

**ERP findings**

**fERN**

In line with previous studies (Nieuwenhuis et al. 2002, 2005), comparison of fERN amplitudes between conditions revealed that amplitudes were largest in the 80% invalid condition, in which negative feedback was most unexpected, followed by the 50% condition, the 80% valid condition, and finally the 100% condition [F(3, 27) = 7.97, $p = 0.001$, all contrast $p < 0.05$, see Figs 2 and 4].

For the fERN in the learning condition (80% valid, 80% invalid and 100%), we did not find any differences in fERN amplitudes between groups or block half, or any interaction between the two (all $p$’s $> 0.10$; see Figs 2 and 4 for mean amplitudes).

**rERN**

Comparison of rERN amplitudes revealed a main effect of condition [F(2, 28) = 42.9, $p < 0.001$, all contrast $p \leq 0.003$]. Amplitudes were largest in the 100% condition, followed by the 80% condition, and almost absent in the 50% condition (see Figs 2 and 5).

For the rERN in the learning conditions (80% and 100%), we found a main effect for group [F(1, 29) = 7.94, $p = 0.009$] and a main effect for block half

$F(1, 29) = 8.50, p = 0.007$; see Figs 2 and 5]. The interaction between condition and block half revealed that amplitudes in the 100% condition were larger in BH2 than in BH1, but such a difference was present to a lesser extent or absent in the 80% condition [$F(1, 29) = 9.03, p = 0.005$]. This was confirmed by means of a paired $t$ test [two-tailed rERN100BH1 – rERN100BH2: $t(30) = 3.383$, $p = 0.002$; rERN80BH1 – rERN80BH2: $t(30) = 1.2, p = 0.240$].

The significant interaction between group and condition showed that, although amplitudes in the 80% condition did not differ between groups, subjects with PP displayed smaller amplitudes in the 100% condition [$F(1, 29) = 11.4, p = 0.002$]. Most importantly, the interaction between group and block half was significant [$F(1, 29) = 7.29, p = 0.011$], indicating that subjects with PP showed a smaller difference in amplitudes between BH1 and BH2 compared with control subjects. Finally, the three-way interaction between group, condition and block half was not significant [$F(1, 29) = 0.285, p = 0.598$].

**Discussion**

The present study has revealed that individuals with PP showed lower accuracy in a reinforcement-learning paradigm. Furthermore, diminished rERN but normal fERN amplitudes were found in psychopathic individuals.

The current study investigated the relationship between error-monitoring and learning in individuals with PP and healthy controls. At an electrophysiological level, psychopathic individuals showed similar responses as controls to negative external feedback, reflected in the fERN. However, individuals with PP did display problems in using this signal to optimize performance, which was reflected in both the behavioural and electrophysiological data. Behaviourally, patients showed reduced accuracy in the 100% learning condition but not in the 80% learning condition. Additionally, the PP group had a smaller increase in accuracy between block halves in the 100% learning condition and the accuracy rate analyses over blocks demonstrated that individuals with PP had specific problems in the initial learning phase in the first block, but not in the later blocks. Importantly, diminished learning was also associated with the compromised propagation of the fERN to become an rERN. This was mainly reflected in a diminished increase in rERN amplitudes while learning progressed.

**Behavioural findings**

To master the present task, subjects have to learn the rules and apply them to new pictures in subsequent
blocks. Therefore, accuracy is expected to be low in the initial learning phase (the first block) but to increase rapidly during the generalization process (later blocks). Although this pattern was found in both groups, individuals with PP showed diminished accuracy during the first block, suggesting a deficit in initial rule learning. Similar accuracy levels in the last block suggest that psychopathic individuals do reach the same performance level as healthy controls but need more time to do so.

Of note, differences in accuracy were only found in the easiest learning condition and not for the more
Electrophysiological findings

According to the RL theory (Holroyd & Coles, 2002), the rERN elicited by negative feedback is used to update and learn the earliest predictor of punishment. The error signal is carried to the pMFC, where it is used as a reinforcement-learning signal, guiding the adaptation of behaviour. Although individuals with PP show intact processing of external negative feedback at an electrophysiological level, they do not seem to use the error signal to optimally form an internal template of the rules (stimulus–response mappings) at hand. For an rERN to occur, detection of a mismatch between expected and real outcome has to take place (Holroyd & Coles, 2002). Prerequisite for this is an internal template of the rules to which the current behaviour can be compared. As no internal template is formed, a comparison between real and expected outcome cannot be made and hence learning, reflected in adaptive behaviour, is compromised. The reduced rERN amplitude thus reflects higher uncertainty due to diminished learning at an electrophysiological level (Pailing & Segalowitz, 2004). It has been demonstrated that the performance of individuals with PP in certain learning paradigms is modulated by reward but not by punishment (Blair et al. 2006). Additionally, it has been reported that low socialized individuals (a trait closely related to PP) show diminished rERNs under conditions of punishment but not reward (Dikman & Allen, 2000). With regard to the current task, individuals with PP might have learned based on reward cues, but not on punishment cues, which leads to diminished learning performance as only some of the trials (the rewarded but not the punished) are used to adapt behaviour.

An earlier investigation of the rERN in individuals diagnosed with PP outside a learning context (Munro et al. 2007) reported no indications for diminished amplitudes. Although Brazil et al. (2009) replicated this finding at an electrophysiological level, their behavioural data demonstrated problems in error signalling in individuals with PP. This suggests that rERN amplitudes are only decreased in PP when related to explicit behavioural adaptations or learning processes but not in the context of simple error detection in a neutral task.

Integration

It is noteworthy that the currently found learning deficits in individuals with PP would not have been predicted by the IES (Blair, 2005; Blair et al. 2005) hypothesis of PP. The IES interpretation proposes that an underlying amygdala deficit (Kiehl et al. 2001; Blair, 2003; Pridmore et al. 2005) leads to impairments in
stimulus–reinforcement associations but not in stimulus–response associations in individuals with PP. However, although the amygdala plays a central role in the first process, other brain structures are involved in the second. Functional magnetic resonance imaging (fMRI) and ERP studies using similar paradigms to the current one have demonstrated an important role for the pMFC (including the ACC and pre-SMA; Holroyd et al. 2004; Mars et al. 2005) and the basal ganglia (Holroyd & Coles, 2002; Ullsperger & von Cramon, 2006) in learning from errors. Currently, the IES interpretation of PP does not include these processes and brain areas and hence does not allow for any specific predictions to be made. Therefore, we argue that, for a better understanding of the learning deficits in PP, neurocognitive models should also focus on the areas involved in the processing of internal and external error messages and the subsequent adaptation of behaviour.

To summarize, our results indicate that learning from negative feedback is compromised in PP. These results are supported by both behavioural and electrophysiological data. Deviances in error processing may play a crucial role in the learning deficiencies associated with PP. The IES interpretation of PP predicts deficits in certain forms of learning, but does not relate these deficits to the processing of errors. Furthermore, although the model includes aspects of stimulus–response learning and stimulus–reinforcement learning, aspects of internal and external error processing relevant to trial-and-error learning are not included. This differentiation between learning processes also fits with a more recent model of decision making proposed by Rushworth et al. (2007), in which the orbitofrontal cortex, the ACC and the amygdala are part of a neural network involved in learning, action monitoring and social behaviour. Our data suggest that extending the IES interpretation to include error monitoring and areas involved in error monitoring, in addition to more diverse forms of learning, may lead to a broader understanding of the relationship between learning and PP.

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Declaration of Interest

None.

References


