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PSYCHOPATHY IN ADOLESCENCE: CAUSES, TRAITS AND RISK BEHAVIOURS

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SUMMARY

Psychopathy is a personality disorder defined by a specific set of behaviours and personality traits evaluated as negative and socially harmful. The modern conception of Psychopathy was introduced by Clerckley in "Mask of Sanity" (1941), and refined by Hare with the construction of the PCL (1980, 1991), a gold standard instrument for the evaluation of the disorder. Manipulation, deception, grandeur, emotional superficiality, lack of empathy and remorse, impulsive and irresponsible lifestyle, persistent violation of social norms and expectations (Cleckley 1976, Hare 2003) are some behavioural aspects that characterize psychopathic subjects. With this work we intend to study in depth the causes, the traits, in particular the so-called callous-unemotional and risk factors that lead a teenager to become a psychopathic subject. The diagnostic tools useful for the assessment and for the possibilities of intervention that can be put into practice will also be described.

Key words: *psychopathy - adolescence - DSM-5 - traits - assessment*

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INTRODUCTION

The word psychopathy literally means "mental illness" (from psyche, "mind" and pathos "suffering"). According to Cleckley (1976) and Hare (1991, 1993), a psychopath is an individual who presents antisocial behaviour, but at an interpersonal level he is at the same time engaging and emotionally detached, centered on himself and looking for new sensations, insensitive but intelligent and talkative, devoid of remorse and empathy but capable of seduction in order to satisfy his narcissistic need for social dominance and omnipotent interpersonal control. Psychopathy is not a behavioural disorder (BD) or an antisocial personality disorder (ASPD). Although psychopaths, like antisocials, lack genuine emotional ties with others and remorse, but behave in emotional coldness, combined with those of a particular seduction and manipulation, with utilitarian purposes; they become predators, sadists and conceal very violent acts. All this constitutes the peculiar outcome of an affective and interpersonal deficit common with the Antisocial Personality Disorder.

Robert D. Hare (2009) distinguishes psychopaths in three categories:

Primary psychopaths

Primary psychopaths, considered by the author to be true psychopaths. Normally they are neither violent nor extremely destructive, but sociable, fascinating and verbally expert. They present themselves as calm individuals and masters of themselves; however, they are in fact cruel, manipulative, selfish and deceitful (Levenson et al. 1995). They are excellent actors and manage to arouse emotions in their interlocutors, without however experiencing any of them in their regard (Bartol 1995).

Secondary psychopaths

Secondary psychopaths, on the other hand, have severe emotional problems; their delinquency is attributed to the social isolation that characterizes them (Bartol 1995). Although the primary psychopath is the true psychopath, it is the secondary psychopaths that are most frequently in contact with the law.

Dissocial psychopaths

Dissocial psychopaths show aggressive and antisocial behaviours that they have learned in the context of their evolutionary environment. In particular they are characterized by a greater tendency to be impulsive and markedly angry.

Adolescence: constitutional and psychosocial factors predisposing to psychopathic disorder

Constitutional factors play an important role in the etiology of dissocial and aggressive behaviours of children and adults (Eley et al. 1999, Slutske et al. 1997). In the developmental age, antisocial and aggressive behaviours have been associated with poor verbal skills (Lahey et al. 1995, Moffit & Silva 1988, White et al. 1994), with high neuroticism and low constriction (Tremblay et al. 1994), to attention deficit hyperactivity disorder (ADHD) and autonomic hypo-activity. Even in adults, multiple psycho physiological correlates to aggressive, antisocial and violent behaviours have been found. The most stable factor is the poor arousal capacity of SNA. Other research has shown a reduced negative emotional reactivity in subjects with ASPD since childhood as also the functioning of mirror neurons seems to be lacking in such subjects. With respect to language, psychopaths do not appear capable of using their profound semantic meaning, resulting in lexically poor and difficulty recognizing shades of meaning.

Table 1. Distinctive factors of the an affective trait in children and the emotional detachment of Psychopathy

An affective tract	Emotional detachment
Disinterest in the feelings of others	Lack of empathy
Absence of feelings of guilt	Lack of guilt or remorse
Disinterest in school duties	Difficulties in accepting the Responsibilities of one's actions
Show little emotion	Superficial affects
They do not keep their promises	
They cannot form a stable group of friends	

Another line of research has highlighted a set of common personality characteristics in the conduct disorders of some groups of children, adolescents and adults. These characteristics (see table 1), considered basic temperament traits and named in the "an affective trait" child and in the adult "emotional detachment", are related to the persistence of aggressive behaviour over time and to psychopathy (Frick 1998, Frick et al. 2000).

PREDICTORS OF PSYCHOPATHY: CALLOUS TRAITS - UNEMOTIONAL

From the late 1990s onwards, literature has identified a constellation of callous-unemotional traits that, if present from school age, associated with conduct disorder, may be able to predict psychopathy in adolescence and in adulthood (Frick & Ellis 1999, Frick & Moffitt 2010). In the DSM-5 the callous- unemotional traits were inserted for the first time as diagnosable traits. In particular, the profile of the callous-unemotional child / adolescent, which emerges from the DSM-5, is that of an individual with conduct disorder who has shown at least three of the following characteristics in one or more of the social relationships over the last 12 months characterizing his life: 1) Lack of remorse and / or guilt; 2) Lack of empathy; 3) Lack of concern about one's performance in the school environment or in other relevant activities (depending on age). 4) Superficial affectivity. The profile of these children is identical to that of adult psychopaths with phenotypic manifestations present in different ways. For example, we will hardly find a child with strong psychopathic traits to deceive an adult by cheating him or inducing an investment that will probably bring him to ruin, but we could observe a child capable of lying with a bewildering shamelessness about violent and often premeditated acts as can be the physical and psychological submission of a peer or an animal. Such children and adolescents are distinguished, in fact, from their other peers with externalizing disorders such as attention deficit with hyperactivity disorder (ADHD), oppositional - provocative disorder or conduct disorder without comorbidity with psychopathic traits, for emotional coldness, rationality and premeditation of their acts, thus connoting their aggressiveness as proactive or premeditated and calculated aggression rather than as an act of impulse and emotional reactivity. Although the prognosis of these children is significantly negative compared to that of peers with other behavioural disorders (Frick & Viding 2009), intervening on these traits as early as possible could be the key to a more effective intervention. The predilection for new and dangerous activities, the scarce sensitivity to punishment, the reduced emotional reactivity in the face of negative stressful stimuli characteristic of subjects with CU traits elevated are consistent with a temperamental style that can be defined as poorly "impressionable and scary" (low fearfulness) and characterized by low avoidance of damage, poor behavioural inhibition and very brave. Many studies aimed at analyzing normal development in children correlate the temperamental style described above with low scores to the evaluation of the development of a moral conscience. This correlation is in line with those theories that suggest that social morality and the internalization of social norms are partly dependent on the arousal negative evoked by the punishments that result from incorrect behaviour. The guilt and anxiety that is generally associated and / or precede the carrying out of an unlawful act can be attenuated if the child has a temperament in which the negative arousal connected to punishment is attenuated. The presence of a weakened negative arousal could also play a critical role in developing empathic responses to the suffering of others. In summary, children with conduct disorder and elevated CU traits tend to have a marked propensity towards new and dangerous situations, are poorly sensitive to punishment and show poor emotional activation in response to potentially stressful negative stimuli. Furthermore, their behavioural problems seem to be poorly correlated to environmental factors, such as the presence of an inadequate parental educational style and a deficit in the provision of services.

ASSESSMENT OF PSYCHOPATHIC TRAITS IN AGE GROUPS

Currently the most used tools in child psychiatry to evaluate psychopathy are represented by Psychopathy Checklist Revised Youth Version (PCL-YV, Forth et al. 2003) and the Antisocial Process Screening Device (APSD, Frick & Hare 2001). The PCL-YV is a semi-structured clinical interview, which requires 60 to 90 minutes for the administration, mainly used in forensic samples of adolescents (12-18 years). The PCL-YV includes 20 items, only 4 of these are related to the CU

sections. The APSD, on the other hand, is a tool aimed at measuring the same behavioural traits evaluated by the Psychopathy Checklist-Revised (PCL-R, Hare 1991) with the exception of some eliminated as deemed inappropriate for children (eg: parasitic lifestyle) or modified to be more adapted to the developmental age. Previously known as PSD, it was initially aimed at evaluating psychopathic traits exclusively through the judgment of parents and teachers (APSD Parent-version and APSD Teacher-version) and only later a self-report version was also used (APSD Youth-version). Frick, himself emphasized the need to develop a self-report version of the APSD, both because the reliability and validity for the evaluation of various psychopathological areas increases in subjects in the developmental age with increasing of age (Kamphaus & Frick 1996), both because children with severe behavioural problems often come from highly "dysfunctional" families with a high psychiatric burden and therefore not always reliable. Moreover the analyzed traits concern not only "overt" behaviours that can be easily caught by external observers but also "covert" behaviours that can be detected above all by the interested subject and escape from others because they poorly grasp the inner aspects of the other or because they are poorly expressed (Loney & Frick 2003). The APSD is a structured clinical interview consisting of 20 items, currently present in three versions (self-report, parents, teachers) and aimed at children over 6 years old. The score for each item ranges from 0 (never true), 1 (sometimes true) to 2 (very often true). The factorial analysis carried out on the data relating to a non-clinical sample of 1136 children / adolescents led to the identification in the APSD of 3 dimensions: Callous-Unemotional Dimension (6 items) Narcissistic Dimension (7 items), Impulsiveness Dimension (5 items). In order to overcome the psychometric limitations of the aforementioned Frick scale, the Inventory of Callous Emotional Traits (ICU, Frick 2003) was developed. The rating scale was based on the developments of the 6 items of the CU subscale of the APSD. The ICU is a rating scale of 24 items, all related to the CU dimension present in the three assessment tools; self-report, parents and teachers. The score for each item ranges from 0 (never true), 1 (sometimes true), 2 (very often true) to 3 (very often true). Each item is formulated within the questionnaire, both in a positive and negative sense. The first test of the psychometric properties of the ICU questionnaire was performed in a large non-clinical sample of 1443 German adolescents, using exclusively the self-report version (Essau et al. 2006). The factorial analysis carried out led to the identification of 3 dimensions: Callosity Dimension (11 items) Indifference Dimension (8 items), Emotional Dimension (5 items). There is currently only one other study in literature in which this questionnaire was used, again in the self-version, in a sample of young prisoners (Kimonis et al. 2008).

CONCLUSIONS

At a very early age it is possible to change the behavioural patterns of psychopaths reducing their aggression and impulsiveness, teaching them strategies to suit their needs adequately. In this perspective, the role of families and schools, which have the responsibility, is fundamental to identify and report suspicious behaviour without experiencing guilt or self-accusation. It is necessary to pursue research in this field to promote a greater understanding of the disorder and identify targeted interventions to be applied in the developmental age.

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