

## **TEXTO 2. PSICOLOGÍA**



### **PSYCHOPATHY AND CLASSIFICATION SYSTEMS**

The American Psychiatric Association (APA 1952) describes antisocial psychopaths as chronically antisocial individuals who are always in trouble, who do not benefit either from experience or from punishment, are disloyal to everybody, and do not respect social norms. They are often disagreeable, of hedonistic behavior, show strong emotional immaturity without the sense of responsibility, and rationalize their behavior to justify it. In the second edition of the classification (APA 1968), the locution psychopathy is replaced by the term asocial personality, reserved for non socialized persons whose pattern of behavior brings them into conflict with society, who are unfair, selfish, displeasing in communication, irresponsible, impulsive, do not feel shame and do not learn from experience. Their level of frustration tolerance is very low, and they blame others for their own behavior. In the third edition of the manual (APA 1980), the disorder is described as continuous and chronic antisocial behavior that begins at the age of 15, characterized by the inability to continuously function in activities. Among childhood behavioral precursors important for the development of disorder are cited: lying, theft, fights and resistance to authority. The disorder includes signs of personal anxiety, tension, intolerance, boredom, depression and reduced capacity for harmonious relationships in the family and with friends. The prevalence of the disorder is three percent for men and one percent in women and is more common in people of lower socio-economic status. At the same time, the concept of psychopathic personality is abandoned and replaced by the term “personality disorders”. Current classification systems DSM-IV (APA 1994) and ICD X (WHO 1992) under the concept of personality disorders comprehend deeply ingrained and permanent patterns of behavior manifested as an inflexible response to a variety of personal and social situations. They constitute either extreme or significant deviations from what the average person in a particular culture perceives, thinks, feels and, particularly, how he/she relates to others. Such behavioral patterns tend towards stability and include many areas of behavioral and psychological functioning. They are often, but not always, associated with various levels of subjective discomfort and with problems in social functioning and work. Personality disorders are developmental conditions that occur in childhood or adolescence and continue into adulthood. They are not caused by another mental disorder or brain disease, although other disorders may precede or be associated with them. The most relevant to criminal behavior are dissocial or antisocial personality disorders. According to the currently valid classifications of mental disorders, psychopathy does not exist as a single diagnosis (APA 1994, WHO 1992). The new classification system, DSM V, which is expected soon, prepares a series of changes in the classification of personality disorders and is likely to solve the dilemma, which the current classification systems have failed to do (Hesse 2010, Svrakic & Cloninger 2010).

### **THE PSYCHOPATHY CHECKLISTREVISED (PCL-R) - AN INSTRUMENT FOR MEASURING PSYCHOPATHY**

Since 1980, a valid instrument, the Psychopathy Checklist-Revised (PCL-R), has been in use. It was developed by Robert Hare (Hare 1991). The author himself (Hare 1991, 1999, 2003, 2006) or together with colleagues (Hare & Neumann 2005, 2008, 2009, 2010) used it in the investigation of psychopathy. PCL-R has been repeatedly tested in clinical and forensic practice (Grann et al. 1998, Hare 2006, Hare et al. 2006, Neumann et al. 2007, Hare et al. 2005, Bolt et al. 2004, Guay et al. 2007, Hare & Neumann 2008), and the results indicate that PCL-R has very good psychometric properties and is recommended for assessing psychopathic traits. The questionnaire can be used by experts specially trained for this purpose, who have professional experience in working with forensic populations. The assessment of psychopathic traits can be performed in two ways. The first is based on interviews (125 questions) and data from documents, and the other is based on the

forensic psychiatric records. The PCL-R questionnaire contains 20 items while results are labeled with numbers 0-2 (0-no features, 1- maybe/in some aspects, 2-yes). Each feature is estimated separately, and the result is recorded in the questionnaire allowing automatic copying on the next page for easy addition of points in individual facets and factors, and finally enabling simple calculation of the total score. If a particular item does not have enough data, it is omitted, but in this case, the score is adapted according to special attached table. Only five items can be left out in the questionnaire, otherwise the evaluation is invalid. The maximum score on the questionnaire is 40, for factor 1 it is 16, for factor 2 - 20, in facets 1 and 2 - 8, and facets 3 and 4 - 10. The questionnaire contains four scales that comprise the following aspects: interpersonal aspects (facet 1) - items 1, 2, 4 and 5; affective aspects (facet 2) – items 6, 7, 8 and 16; lifestyle (facet 3) – items 3, 9, 13, 14 and 15, and antisocial aspects (facet 4) - items 10, 12, 18, 19 and 20. Items 11 (sexual promiscuity) and 17 (many shortterm marital relationships) were excluded from the assessment aspects (facets) upon the instruction of the author of the scale. Facet 1 and 2 form factor 1, while facets 3 and 4 constitute factor 2. This applies to the two-factor model (Hare, 2008).

Construct of psychopathy is very popular among professionals because of the rich research tradition, and the fact that the diagnosis of psychopathy is the best single predictor of criminal behavior in children and adults, particularly domestic violence and recidivism after serving a prison sentence (Edens et al. 2007, Gretton et al. 2004, Porter & Woodworth 2007, Salekin 2008, Žarković Palijan 2010, Jakšić et al. 2012). For example, Hare et al. (2000) in a sample of offenders showed that those with a high score on the PCL-R, are twice as likely to commit a general violation and nine times greater risk of violent offenses. Likewise, similar findings are obtained on samples of psychiatric patients, where a study has confirmed the ability of the questionnaire that predicts violent criminal behavior for a period of 2 years after discharge from psychiatric departments (Douglas et al. 2003). Indeed, Leistico et al. (2008) in a recent meta-analysis confirmed a significant predictive power of the overall results, and both factors on the PCL-R in predicting deviant behavior. Parallel studies of antisocial disorders are not consistent, although some studies have shown the ability of anti-social disorder to predict crime (Bovasso et al. 2002, Wormith et al. 2007), though it often fails (Ogloff 2006).

