



Psychopathy-related personality traits in male juvenile delinquents: An application of a person-oriented approach

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1. Introduction

1.1. Deviant personality traits

Deviations from the normal, including pathological deviations, are frequently regarded as disorders of personality. Measuring personality traits is an important research method when studying deviant populations. Self-report personality inventories are used to measure personality traits. One such inventory is the Karolinska Scales of Personality (KSP), which is intended to measure certain vulnerability factors that underlie aspects of deviancy—in particular, psychopathy (Schalling, 1978).

Some personality characteristics, such as impulsiveness, thrill seeking, and the need for change, are clearly relevant when studying psychopathy. Psychopaths are certainly avid sensation seekers. The most recent definition of sensation seeking is: “a trait defined by the seeking of varied, novel, complex, and intense sensations and experiences, and the willingness to take physical, social, legal, and financial risks for the sake of such experience” (Zuckerman, 1994, p. 27). The KSP Impulsiveness scale, which refers to impulsive behavior, preference for speed rather than accuracy, and carefreeness, is intended to measure the construct of impulsiveness (prompt reactions without thinking). The KSP includes the Monotony Avoidance scale, which measures sensation seeking by mere general items and is highly correlated with the Total sensation-seeking scale from the Zuckerman Sensation-Seeking Scales (SSS-V; Zuckerman, 1994).

The KSP Socialization scale includes abridged and modified (with reversed scoring) items from a psychopathy scale. This scale is the Gough Delinquency scale (Gough, 1960), and it is theoretically linked to the concept of psychopathy (Hare & Cox, 1978). Some empirical results showed, however,

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that the KSP Socialization scale (at least in criminal populations) reflects negative childhood experiences, poor adjustment in school and in the family, social isolation, and current general dissatisfaction, rather than indicating psychopathy. The factors that explain a low score on the Socialization scale may be associated with more fundamental problems, such as unidentified dyslexia and hyperactivity disorder (Dåderman & Jonsson, submitted for publication).

Low anxiety has been consistently associated with a diagnosis of psychopathy (e.g., Cleckley, 1976). Two different types of anxiety scales have been developed, and both are included in the KSP. These two types are known as *somatic anxiety* (autonomic disturbances, concentration difficulties, vague distress, and panic attacks) and *psychic anxiety* (worry, insecurity and social anxiety, and anticipatory anxiety). This distinction is based on a two-factor theory of anxiety (Buss, 1962; Schalling, Cronholm, & Åsberg, 1975). This theory analyzes these anxiety constructs and suggests that they arise from two different biological factors. Some items regarding muscular tension were included in the first version of the KSP Psychic Anxiety scale, but psychometrical analyses showed that muscular tension is a separate construct, and this led to the inclusion in the KSP of the Muscular Tension scale, together with other similar items concerned with trembling, feeling stiff, gnashing jaws, and tenseness in the muscles.

All aggressiveness and hostility scales from the KSP are adapted from the Buss–Durkee Hostility Inventory (Buss, 1961).

1.2. A two-factor model of psychopathy measured by the PCL-R

Psychopathy, as assessed by the Psychopathy Checklist—Revised, PCL-R (Hare, 1991), consists of interpersonal and affective personality traits, and socially deviant behavior. The PCL-R is a 20-item tool. Factor analyses performed in different settings have arrived at a stable two-factor solution (e.g., Harpur, Hakstian, & Hare, 1988; Harpur, Hare, & Hakstian, 1989; Hobson & Shine, 1998; Molto, Poy, & Torrubia, 2000; Reiss, Leese, Meux, & Grubin, 2001). The first factor, denoted “selfish, callous, and remorseless use of others,” comprises eight items that load .40 or above onto it. This factor contains the interpersonal/affective characteristics and is characterized by shallow and superficial emotions, an absence of guilt and empathy, and a callous use of others. The second factor, denoted “chronically unstable, antisocial, and socially deviant lifestyle,” comprises nine items that load above .40 onto it and is characterized by a short temper, irresponsible and impulsive actions, and criminal activities. The correlation coefficient between the two factors is approximately .50, and the occurrence of these psychopathic characteristics in the same person seems to describe a person who is likely to show a severe and chronic pattern of deviant behavior. Based on a forensic psychiatric sample of adult offenders in the Netherlands, Hildebrand, de Ruiter, de Vogel, and van der Wolf (2002) have recently published results that did not confirm the traditional two-factor (Harpur et al., 1989) model nor the three-factor model (Cooke & Michie, 2001) of psychopathy. Future research in this area may clarify different external correlates (e.g., violence) to these factor models.

Although some researchers (e.g., Cooke & Michie, 2001; Darke, Kaye, Finlay, & Hall, 1998) postulated that the PCL-R might consist of more than two factors, the present research applied the presentation of results based on the two-factor solution, proposed by Harpur et al. (1988) and confirmed by others. Factor analyses, for example, in a sample of conduct-disordered children (Frick, O’Brien, Wootton, & McBurnett, 1994), in a sample of adolescent male sexual offenders committed to a U.S. state training school (Hume, 1997), and in a sample of incarcerated adolescent offenders (Brandt, Kennedy,

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