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# Antisocial and psychopathic personalities in a sample of addicted subjects: Differences in psychological resources, symptoms, alexithymia and impulsivity

Alessio Gori[a], Giuseppe Craparo[b,*], Giuseppe Iraci Sareri[c], Vincenzo Caretti[d], Marco Giannini[a], Patrizia Meringolo[a]

[a]*University of Florence, Italy*
[b]*Kore University of Enna, Italy*
[c]*Cooperativa Incontro, Pistoia, Italy*
[d]*University of Palermo, Italy*

**Abstract**

**Objective:** Psychopathy and antisocial personality disorder (ASPD) are two constructs not interchangeable. Compared to the ASPD, psychopathy is characterized by lack of anxiety, low withdrawal, and high levels of attention seeking.
**Method:** The sample of this study included 76 subjects with a substance use disorder. Subjects were aged between 18 and 59 years old (M = 32.87, SD = 9.36). With respect to level of education 3 subjects are elementary school graduates, 49 have a middle school diploma, 21 own a high school diploma, and 3 participants have a bachelor's degree. We administered the following measures: a) Psychopathic Personality Inventory-Revised (PPI-R); b) Psychological Treatment Inventory (PTI); c) 20-Item-Toronto Alexithymia Scale (TAS-20); d) Barratt Impulsiveness Scale (BIS).
**Results:** Most of the significant correlations between the Psychopathic Index (PPI-R total score), and the measures administered are listed below: PPI-R total score and Deviance ($r = .482$, $p < .001$), PPI-R total score and Hypomania ($r = .369$, $p < .001$), PPI-R total score and Unresolved attachment ($r = .293$, $p < .001$), PPI-R total score and Manipulativeness ($r = .550$, $p < .001$), PPI-R total score and the TAS-20 total score ($r = .230$; $p < .001$), PPI-R total score and Difficulty in Identifying Feelings (DIF) factor ($r = .250$, $p < .001$), PPI-R total score and Attentional Impulsiveness ($r = .409$, $p < .001$); PPI-R total score and Motor Impulsiveness ($r = .526$, $p < .001$). Results of MANOVAs between the two groups also revealed significant differences on several variables analyzed.
**Conclusions:** Our study showed that addicted subjects with psychopathic tendencies are more likely to experience negative emotions and have a peculiar cognitive style with respect to antisocial addicts. These results partially confirm those ones of previous studies underlining that psychopathic population is generally characterized for a major need for stimulation, poor behavioral controls, lack of realistic long-term goals, impulsivity, irresponsibility.


## 1. Introduction

In the recent psychiatric literature, psychopathy has been distinguished by antisocial personality disorder (ASPD). Although, for many authors the terms psychopathy and antisocial personality disorder (ASPD) are not interchangeable, this difference is not present in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). According to the DSM-IV, the essential feature of ASPD is "a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood" [1]. Individuals diagnosed with this disorder can exhibit a range of behaviors, including irresponsibility, lack of remorse, pathological lying, lack of empathy, and aggressiveness, to name a few. Rogers et al. [22] had this to say about the situation: "DSM-IV does considerable disservice to diagnostic clarity in its equating of ASPD to psychopathy" (pp. 236–237). Unfortunately, a diagnostic category of psychopathy is absent also in the fifth version of the Diagnostic and Statistical Manual of Mental Disorders, although the psychopathy has been included as a subtype of ASPD [2].

* Corresponding author at: University of Enna Kore, via Cittadella Universitaria, 94100, Enna, Italy. Tel.: +39 0935 536 536.
*E-mail address:* giuseppe.craparo@unikore.it (G. Craparo).

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Psychopathy is characterized by a constellation of affective, interpersonal and behavioral traits including impulsivity, lack of empathy and guilt, manipulativeness, lack of depth of emotion, and a persistent violation of social norms [13]. For Hare, a significant contributor to the literature of psychopathy, the failure "to differentiate between psychopathy and ASPD can have serious consequences for clinicians and for society", in fact, most psychopaths meet the criteria for ASPD….most individuals with ASPD are not psychopaths [14,15].

Compared to the ASPD, psychopathy (or "Primary Psychopathy") is characterized by lack of anxiety, low withdrawal, and high levels of attention seeking. "High attention seeking and low withdrawal capture the social potency (assertive/dominant) component of psychopathy, whereas low anxiousness captures the stress immunity (emotional stability/resilience) component" [2]. However, given the lack of studies that analyze the differences between these two types of personality structures, there is still a need for assessing the differences in terms of psychological resources, attachment styles, defense styles, and other psychopathological features between these two domains. In particular this study wants to examine the differences of these personality characteristics between addicts with antisocial tendencies and addicts with psychopathic tendencies. This study aims to assess if there are psychological differences between two groups of addicts (with psychopathic tendencies and with antisocial tendencies) with regard to alexithymia, impulsiveness, defense mechanisms, attachment styles, and symptoms. Expected hypotheses are: a) higher scores on alexithymia, impulsiveness, deviance, and hypomania in the group of addicts with psychopathic tendencies; b) a greater level of traumatic experiences in psychopathic addicts compared to antisocial addicts.

## 2. Method

### 2.1. Participants and procedure

The sample of this study included 76 subjects with a substance use disorder. Subjects were aged between 18 and 59 years old ($M$ = 32.87, $SD$ = 9.36). With respect to the level of education 3 subjects are elementary school graduates, 49 have a middle school diploma, 21 own a high school diploma, and 3 participants have a bachelor's degree. As regard to the relationship status, 50 participants declared to be single, 4 declared to be engaged, 11 to be married, 10 to be divorced, and 1 declared to be widower. All participants were recruited at the Tuscan territorial unit of the National Health Service.

The study inclusion criteria included a diagnosis of dependence in accordance to DSM-IV criteria. All subjects of the sample have a history of antisocial behaviors and claimed to have a criminal record. Exclusion criteria included a co-morbid psychiatric disorder (eg, schizophrenia) and an organic brain syndrome.

On the basis of the PPI-R total score, indexing global psychopathic traits, participants were divided into two groups: 1) addicted with antisocial tendencies; and 2) addicted with psychopathic tendencies. The group 1 was composed of 51 subjects with a mean age of 34.5 years old (SD = 8.06) and the group 2 was composed of 25 subjects with a mean age of 29.56 years old (SD = 11.01).

The instruments listed below were administrated with a separate form that allows to assess the information about gender and age. The time for administration procedures was about 90–120 minutes for each participant. All participants filled the questionnaires voluntarily and completed an informed consent after the intake assessment. This study was approved and partially financed by the Tuscan Region (Italy).

### 2.2. Measures

*Psychopathic Personality Inventory-Revised* (PPI-R; [19]). The Psychopathic Personality Inventory (PPI) is a self-report to evaluate traits associated with psychopathy in adults developed by Lilienfeld and Andrews [17]. The PPI was revised in 2005 to become the PPI-R and now comprises 154 items organized into eight subscales. This self-report yields a total psychopathy index (PPI-R Total score) as well as scores on eight content scales (i.e. Machiavellian Egocentricity, Rebellious Nonconformity, Blame Externalization, Carefree Nonplanfulness, Social Influence, Fearlessness, Stress Immunity, Coldheartedness), two validity scales (i.e. Virtuous Responding, Deviant Responding) and three factors (i.e. Self-Centered Impulsivity, Fearless Dominance, Coldheartedness). The items are rated on a 4-point Likert scale (1 = false, 2 = mostly false, 3 = mostly true, and 4 = true). The Italian version showed good internal reliability for the content scales ranging from $\alpha$ = .78 (Coldheartedness) to $\alpha$ = .87 (Social Influence, Fearlessness), for the community sample (PPI-R Total score, $\alpha$ =.92), and from $\alpha$ = .71 (Social Influence, Fearlessness) to $\alpha$ = .83 (Machiavellian Egocentricity) for the offender sample (PPI-R Total score, $\alpha$ = .84) [16].

*Psychological Treatment Inventory* (PTI; [11,12]). The Psychological Treatment Inventory is a measure for assessing personality composed of two different questionnaires: a self-report measure (client version) and a clinician scale (clinician version). In this study, we used the PTI client version that is composed of 268 items scored on a 5-point Likert scale (1 = not at all, 2 = somewhat, 3 = moderately, 4 = a good deal, and 5 = very much). The PTI client version is composed of several higher order scales grouped in four areas: (1) validity; (2) resources that includes two clusters: psychological resources and quality of life; (3) clinical, which includes two clusters (symptomatology and psychological types). Symptomatology is articulated into internalized symptoms scales and externalized symptoms scales; (4) psychological treatment that is composed of four clusters: (a) attachment styles; (b) predominant defence styles; (c) negative treatment indicators; and (d) psychological mindedness. The PTI showed good psychometric properties (Giannini, Gori, De Sanctis & Schuldberg, 2010; [12]). Alpha coefficients indicate a good internal reliability for the majority of the PTI scales. Test–retest reliability showed good values ranging from .75 to .95. Each