Rev Esp Sanid Penit 2013; 15: 3-7
L Negredo, F Melis, O Herrero. *Psychopathy and suicidal behaviour in a sample of mentally disordered offenders*

Psychopathy and suicidal behaviour in a sample of mentally disordered offenders

L Negredo*, F Melis**, O Herrero***

* John Jay College of Criminal Justice. New York City University
** Área de Diseño, Evaluación y Seguimiento de Programas. Secretaría General de Instituciones Penitenciarias (Area of Design, Evaluation and Follow-up of Programs, General Secreatariat of Prisons)
*** Centro Penitenciario de Cáceres (Prison of Cáceres, Spain)

ABSTRACT

Empirical literature has yielded a positive association between psychopathy levels and suicide attempts. This association is centred around impulsivity and disinhibitory facets of psychopathy, whereas suicide and emotional poverty remain independent. Evidence about the relation between suicide and psychopathy in mentally disordered offenders is not conclusive. The present work explores the relation between several measures of antisocial personality, suicide attempt and deliberate self mutilation in a sample of inmates from a forensic psychiatric hospital. Results support the association between disinhibitory aspects of personality and suicide in this population.

Key words: Suicide; Antisocial Personality Disorder; Prisons; Prisioners; Spain; Psychiatry; Mental disorders; Self-injurious Behaviour

Text received: 12-07-2012

Text accepted: 18-09-2012

INTRODUCTION

Classic definitions describe a psychopath as a person from whom we cannot expect a self-harming behaviour[1]. Despite the emotional poverty that defines psychopaths and that would exempt them from committing suicide, there are data that relate disinhibitory aspects of personality and self-harming behaviours[2]. Indeed, DSM-IV-TR points that people who have been diagnosed with Antisocial Personality Disorder (ASPD) have higher possibilities than the general population to die violently, for example, committing suicide.

Currently there are different definitions of antisocial and psychopathic personality that are not equivalent.

The most extended modern definition of psychopathy is the one proposed by Hare and his collaborators. It materialises in the 20 criteria of the Psychopathy Checklist Revised (PCL-R)[3]. Psychopathy is a personality disorder that involves a deficit in the affective and interpersonal domains and an antisocial lifestyle.

The ASPD definition, included in the DSM-IV.TR, is widely recognized by the psychiatric community. The successive editions of such Manual have sought to leave behind the ambiguity of classic definitions of terms such as psychopathy or sociopathy. These terms have principally been defined taking into account behavioural aspects (constant violations of social norms). In the current psychiatric nosology, this category has replaced the classical concept of psychopathy, clearly delimiting its defining criteria. This, jointly with the Manual, has contributed to the reliability of the term and the agreement among judges on it[4].

PCL-R and ASDP define concepts that are related but that, however, are not identical. Both definitions agree on the behavioural aspects but PCR-L criteria also pay attention to affective aspects (exaggerated sense of self worthiness, emotional poverty) while ASPD doesn't include them as diagnostic symptoms but as associated ones[3].

Antisocial personality has also been understood as extreme aspects of the personality that normally appear distributed instead of concentrated among the normal population. David Lykken's Theory on Vulnerability[5] proposes that antisocial personalities are an extreme expression of impulsivity, low fearfulness and seek of sensations.

Under the PCL-R criteria psychopathy has been related to suicidal behaviours. A positive relation has been found between psychopathy and suicide in samples comprising imprisoned men and women[6-7], especially in the most impulsive aspects of PCL-R. These same case studies confirmed a relation between a suicidal behaviour and an ASPD diagnosis.

There is also a certain level of co morbidity between psychopathies and other mental disorders, such as drug abuse and schizophrenia[8]. It is important to point that when we speak about co morbidity between antisocial personality and severe mental disorders we are referring to their simultaneous appearance among a group of people. However, this shouldn't drive us to identify their psychopathologic nature or to seek for a common category. In fact, they belong to different diagnosis axes and have a clearly diverse psychopathologic nature.

When exploring the relation between psychopathy and suicide in people with a mental disorder results are contradictory. Both positive and negative results[9] have been found as replicas of the association between the impulsivity aspects of psychopathy and the suicidal behaviour[10].

Collectively, medical literature that explores the relation between psychopathy and suicide points out disinhibition as the responsible factor for the establishment of such relation. Limitations to such case studies are that suicide operates in a purely categorical way. This means that what research papers register is the presence or not of suicide attempts. Moreover, these studies tend not to make a difference between such attempts and deliberate self-inflicted wounds with no lethal intent.

The present work has the objective to go deeper in the relations between the different definitions of antisocial personality (PCL-R, ASDP, disinhibited behavioural aspects), the number of suicide attempts and self-mutilation episodes in a sample of men with mental disorders confined in a forensic psychiatric hospital.

MATERIALS AND METHODOLOGY

The studied sample is formed by 29 male patients of the Forensic Psychiatric Hospital of Foncalent (Alicante, Spain). The average age was 38 (the minimum was 23, the maximum 76, TD 11.66). The male sample included the following diagnoses: schizoaffective disorder (2 cases, 6.9%), histrionic disorder (1 case, 3.4%), schizoid disorder (1 case, 3.4%), antisocial personality disorder (4 cases, 13.8%), mental disorder due to alcohol (2 cases, 6.9%), atypical psychosis (4 cases, 13.8%), delusional disorder (5 cases, 17.2%), schizophrenia (12 cases, 41.4%), bipolar disorder (3 cases, 10.3%) and depression (1 case, 3.4%). The average diagnose of these disorders per person was 1.2 disorders (minimum 1, maximum 2). The average of crimes committed per person was 2.44 (minimum 1, maximum 7) and the crimes for which they had been sentenced were: family violence, murder, homicide, threats, arson and offences against property.

Once the study was authorised by the General Secretary of Prisons, the participants voluntarily signed an informed consent document on their participation in the research work. They did not receive financial compensation for such participation. Participants who didn't reach a minimal reading comprehension to complete the tests were excluded from the study, as were those who at the beginning of the research had a psychopathologic situation that prevented them from understanding and appropriately completing the tests. Equally those legally incompetent, who, thus, could not consciously give their consent to participate, were also excluded.

The tests run for the gathering of data were the following:

— Psychopathy Checklist Screening Version (PCL: SV)[11]. It is a screening tool for the detection of psychopathic aspects. It comprises 12 items. Each of these is scored by an evaluator within a scale of 3 points (0, 1, and 2) in view of the degree in which the examined item is applicable to the subject. The total scores can fluctuate between 0 and 24. In research contexts, the most useful cut-off point for the diagnosis of psychopathology is 18. It is used as a screening method for the detection of psychopathologies among forensic populations or as an individual research tool among other psychiatric patients. By using this tool two factors or parts can be identified in the resulting scores: Part 1 gathers those items related to the emotional poverty of the subject and Part 2 gathers those that reflect an impulsive and antisocial lifestyle. The present study used the original Canadian version of the tool since there isn't a commercial version adaptable to the Spanish population.

— *Escala de Dificultades de Socialización de Cantoblanco (SOC) (*Cantoblanco Scale for the assessment of socialization difficulties)[12]. This tool is a self-report that comprises 45 items which value three aspects of human personality: impulsivity, fearfulness and seek of sensations. David Lykken's theory relates these aspects to the presence of psychopathies. The empirical research using this tool throws good concentration indexes both among the imprisoned population (alpha=0.91) and the general one (alpha=0.87). Equally, the test-retest has also thrown a good reliability index (0.49).
— Million Clinical Multiaxial Inventory II (MCMI-III)[13]. It is also a self report that following the DSM multiaxial structure, evaluates personality disorders and clinical syndromes, including the Antisocial Personality Disorder.
— Semistructured survey on suicide. The survey was structured upon the basis of behavioural concepts. Therefore, inmates were questioned on how many times they had attempted to commit suicide by hanging, exsanguination or jumping from heights. They were also questioned on the number of times they had cut their forearms or their stomach, they had taken spiral springs or razorblades, they had self-burnt with cigarettes or they had self-sewn their eyelids or their lips.

With the gathered data descriptive data of the sample was obtained. Specifically two trends were observed: the average central trend (average) and a dispersion trend (typical deviation). On a following step, the Pearson's correlation coefficients were calculated in order to examine the relation between the different personality measures, the number of self-wounding episodes and the number of suicide attempts. The significance level was of 0.05. All analysis was carried out with the SPSS 20.0 statistical software.

RESULTS

Table 1 gathers PCL: SV, MCMI-III and SOC descriptive factors:

Table 1. Descriptive factors PCL: SV, MCMI-III and SOC

	Average	Typical Deviation
PCL:SV. Part 1	4.8	2.7
PCL:SV. Part 2	6	3.7
PCL:SV. Total	10.8	5.3
MCMI-III Antisocial	55.5	16.1
SOC. Seek	6.3	1.8
SOC. Impulsivity	5.97	1.3
SOC. Fear	7.8	1.3
SOC. Total	20.2	2.5

PCL:SV = Psychopathy Checklist Revised Screening Version.
MCMI-III = Millon Clinical Multiaxial Inventory
SOC = Escala de Dificultades de Socialización de Cantoblanco

As regards to suicidal behaviour, each participant in the case study presented an average of 1.03 attempts (typical deviation 1.64) and 0.3 self-wounding episodes (typical deviation 0.78).

Table 2 shows the matrix of Pearson's correlation coefficients among the obtained results, the number of suicide attempts and the number of self-wounding episodes.

Table 2. Correlations PCL: SV, MCMI (Antisocial), SOC, Self-wounding and Suicide

	PCL:SV. P1	PCL:SV. Total	MCMI. Antisocial	Impulsivity	Fear	Sensations	Self-wounding	Suicide
1. PCL:SV. Part 1	.327	.751*	.065	-.2	.19	.29	-.14	.22
2. PCL:SV. Part 2		.87*	.35	.02	.01	.34	.11	.39*
3. PCL:SV. Total			.28	-.1	.08	.38*	.19	.2
4. MCMI. Antisocial				.42*	.06	.65*	.07	.41*
5. Impulsivity					.48*	.36	.19	.37*
6. Fear						.28	.1	-.07
7. Sensations							.05	.44*
8. Self-wounding								.03

*Significance 0.05

None of the measurements is significantly related to the number of self-wounding episodes. However, we do find significant relations between PCL: SV Part 2, the MSMI personality scale of antisocial behaviour and the scales of impulsivity and seek of sensations. In order to completely confirm this trend, as an additional data, the grade of association between an ASPD diagnosis and the presence or absence of suicide attempts by the subjects participating in the survey —information available from the examined penitentiary documentation— was calculated. For such purpose, we used the Chi-Squared test. It threw significant results (X^2=4.97, Sig=,026).

DISCUSSION

The present work has explored the relation between different conceptions on antisocial personality and suicidal behaviour in a sample of offenders presenting psychiatric pathology. The results show that deliberate self-wounding has an independent trend to all other measurements/results. In fact, it is also independent to the number of suicide attempts. In the case of the results on suicide, we have found significant relations to PCL: SV Part 2, MCMI-II sub-scale referred to ASPD, and SOC Impulsivity and Seek of Sensations scales. PCL: SV Part 1 and SOC Fearfulness subscales show up as independent to the number of suicide attempts.

These results confirm those more usual in the medical literature on psycopathy and suicide. Different research works on prison samples show that aspects related to impulsivity and disinhibition of antisocial personality are linked to suicidal behaviours while those related to emotional poverty are not[6-7]. Different evaluation tools and definitions of antisocial personality confirm it. The data in the present work support that such relation could also be applicable to people who suffer a psychiatric pathology, independently of the suicide risk that might be related to such condition. The contrast of these data to other resulting from other studies[9] could be due to methodological matters as the definition of antisocial personality that has been used, the evaluation tools, the information sources (interviews or surveys rather than documental analysis, for instance) or how the suicidal behaviour operates, as some authors have already pointed out[14].

This work presents diverse limitations, mainly, the reduced size of the analyzed sample (which can increase the probabilities of statistical TypeII mistakes, meaning, sustaining a hypothesis which is indeed false) and the heterogeneity of the included diagnoses. Future works in the area should study larger groups and more homogeneous diagnoses. Another limitation derives from the evaluation form of the history of suicide attempts and self-wounding episodes since information was provided by the own participants and it could be subject to distortion.

The results have practical implications for the prevention of suicide among the examined population. It seems recommendable to include among the data used in the evaluation of suicide risk, the psycopathy level of the patient, the presence of disinhibited aspects of personality and the diagnosis of ASPD. The tools used in the present case study seem to be the appropriate ones for such purpose.

CORRESPONDENCE

Óscar Herrero Mejías (Psychologist)
Centro Penitenciario de Cáceres
C/ Arroyo Valhondo s/n. 10003 Cáceres
email: psicoski@gmail.com

BIBLIOGRAPHIC REFERENCES

1. Cleckley H. The Mask of Sanity. St Louis: Mosby; 1976.
2. Conner KR, Duberstein PR, Conwell Y, Caine ED. Reactive aggression and suicide. Theory and evidence. Aggression and Violent Behavior. 2002; 259: 1-20.
3. Hare RD. Psychopathy Checklist Revised: Manual. Madrid: TEA; 2010.
4. Lykken DT. Psychopathic personality: the scope of the problem. In Patrick CJ, editor. Handbook of Psychopathy. New York: The Guilford Press; 2006. p. 3-14.
5. Lykken DT. Las personalidades antisociales. Barcelona: Herder; 2000.
6. Verona E, Patrick C, Joiner T. Psychopathy, antisocial personality, and suicide risk. Journal of Abnormal Psycholog., 2001; 110: 462-70.
7. Verona E, Hicks BM, Patrick CJ. Psychopathy and suicidality in female offenders: mediating influences of personality and abuse. Journal of Consulting and Clinical Psychology. 2005; 73 (6): 1065-73.
8. Widiger TA. Psychopathy and DSM-IV psychopathology. In Patrick CJ, editor. Handbook of Psychopathy. New York: The Guilford Press; 2006. p. 156-71.

9. Douglas K, Herbozo S, Poythress NG, Belfrage H, Edens JF. Psychopathy and suicide: a multisample investigation. Psychological Services. 2006; *3(2):* 97-116.
10. Swogger MT, Conner KR, Meldrum SC, Caine ED. Dimensions of psychopathy in relation to suicidal and self-injurious behaviour. Journal of Personality Disorders. 2009; 23 (2): 201-10.
11. Hart S, Cox D, Hare RD. Manual for the Psychopathy Checklist: Screening Version (PCL:SV). Toronto: Multi-Health Systems; 1995.
12. Herrero O, Escorial S, Colom R. Escala de Dificultades de Socialización de Cantoblanco: Manual. Madrid: TEA; 2009.
13. Millon T. MCMI-III: Manual. Madrid: TEA; 2007.
14. Lohner J, Konrad N. Risk factors for self-injurious behaviour in custody: problems of definition and prediction. International Journal of Prisoner Health. 2007; 3 (2): 135-61.