RISK BEHAVIOR AND PSYCHOPATHY OF ADOLESCENTS IN THE SYSTEM OF HIGHER SECONDARY EDUCATION IN SLOVAKIA

[a]MICHAL ČEREŠNÍK

[a]*Constantine the Philosopher University, Faculty of Education, Department of Pedagogical and School Psychology, Dražovská 4, Post code: 949 74, Nitra, Slovakia*
email: mceresnik@ukf.sk

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Abstract: In the paper we presented the psychopathy as an important concept of the psychology. In this contribution we concerned on Hare`s concept of psychopathy. We were interested in the relation between the psychopathy and risk behavior production. Our sample consists of 175 students from higher secondary education. We used two methods: Questionnaire of Risk Behaviour (QRB) and Questionnaire of Interpersonal Patterns of Behavior (QIPB), which is method modified on the base of PCL-R (Psychopathy Check List – Revised) developed by Hare. We compared three research groups: (1) with high risk behavior, (2) with moderate risk behavior, (3) with low risk behavior. The results showed the relation between the risk behavior production and psychopathy, especially in female subgroup.

Keywords: adolescence, psychopathy, risk behavior, screening.

1 Introduction

The psychopathy is a psychological concept which is important for the psychology from the start of its modern history.
Koch is considered for the first author who focused the clinical attention on the psychopathy. In 1891-1893 he published three volumes of the Psychopathic Inferiorities (Die Psychopathischen Minderwertigkeiten). In these publications he presented the psychopathy as the insufficiency, not as a mental illness (Gutmann, 2008).
Cleckley was also very important personality on the field of psychopathy (Hare, 2014). Analogous to Koch, Cleckley mentioned that psychopathic people are relatively normal, especially in social situations. They are charmers and they try to take the advantage from the situation. But they also miss the empathy, interest in others feeling, life goals and plans, emotions. In 1988 Cleckley published the 5th edition of the book Mask of Sanity (Cleckley, 1988) (1st edition was published in 1941) in which he summarised his knowledge about the psychopathy
Hare continued in the work of Cleckley. He was his student. He responded to the needs of the clinical praxis which reposed on the reliable diagnostics. In the present Hare is the most cited author in the context of the psychopathy.
Hare is well known by the PCL (Psychopathy Checklist) (Hare, 2014). It is method developed from 80`s years of 20th century. At the beginning of the 21st century he published PCL-R (Psychopathy Checklist-Revised). It consists of 20 dimensions which are divided into 4 factors (Hare, Neumann, 2008).
Interpersonal factor consists of these dimensions: glib/superficial, grandiose self-worth, pathological lying, conning/manipulative behavior.
Affective factor consists of these dimensions: lack of remorse or guilt, shallow affect, callous/lack of empathy, fail to accept responsibility.
Lifestyle factor consists of these dimensions: stimulation seeking, impulsivity, irresponsible, parasitic orientation, lack of realistic goals.
Antisocial factor consists of these dimensions: poor behavior controls, early behavior problems, juvenile delinquency, revocation of condition release, criminal versatility.
Two dimensions don`t belong to the present structure: promiscuous sexual behavior, many short-term partner relations. It seems they don`t have the discriminant value.
The view on the psychopathy is not unique. Some authors intended to drop out the concept of psychopathy from the psychology, e.g. Karpman, Humbert, Schneider (Horvai, 1968). The meaning of the concept is shuffled with other psychological concepts, e.g. antisocial personality in DSM-5 (Raboch, et al., 2015), dissocial personality in ICD-10 (WHO, 2016), moral insanity in Prichard theory (Whitlock, 1967) or offensive deprivants in theory of Koulík & Drtilová (2006).
According to estimations there is 1 % of the psychopathic people in the population. But in some profession, e.g. top managers, the fraction of the psychopathic personalities is higher and it is near to 5-7%.
Koulík & Drtilová (2006) defined two types of psychopaths. The first types are the mass murderers and non-mass murderers which finish their lives in the penitentiary or death penalty. The second types are "successful psychopaths" who live the relatively normal life. They are the majority of the psychopaths and we can meet them in everyday life. They have some symptomatic characteristics. They don`t know what is the real love, the altruism, the personal value of the things, the understanding of tragedy. They love the freedom, but freedom without the creativity and responsibility. The meaning of their life is the power.
Charny (1997) defined 11 attributes of the people with the excessive power-seeking:

1. Intense and extensive power strivings,
2. Lack of empathy,
3. "Street smart" alertness,
4. Ruthlessness,
5. Scapegoating and projection of blame,
6. Corruption by power and addiction to power,
7. Demands of other people to be dependent on one's powerful personality,
8. Emphasis on contradictory symbols,
9. A basic disrespect for the lives of others,
10. An absence of conscience,
11. A homicide/suicide orientation.

All these attributes express the egoistic orientation which is the opposite of the healthy interpersonal style. We can say these people are not prosocial. And it is the basic problem of the social interaction focused on the bilateral personal growth. Cited attributions are good conditions for the risk behavior production in the whole spectrum from truancy, delinquency or psychoactive substances abuse to squatting, xenophobia, extremism or subcultures (Nielsen Sobotková et al., 2014).
The risk behavior is the actual problem approximately from the age of 12 years. According to Smart et al. (2004), 50 % of the adolescents behave in a way that can be considered as risky. It means that a lot of adolescents confront themselves with the authorities, the socio-cultural expectations and the contents of the social roles. They try to find their place in the world and to define own personality. But the other people often interpret their efforts as problematic because of the form of their behavior. In many cases the form of the adolescent risky behavior can be determined by the psychopathic features. So we ask if there exists the relation between the psychopathy and risk behavior production.
Based on the cited findings we assumed that the individuals with high tendency to produce the risk behavior will have the higher level of the psychopathy.

2 Research sample

The research data were acquired from 175 higher secondary education students in Slovakia, 79 men and 96 women in the age from 17 to 20. They study at three types of the schools: the grammar school, the pedagogical and social academy and the secondary vocational school.

2.1 Methods

In our research we used two methods.
Questionnaire of Risk Behaviour (QRB) is the method developed by Čerešník (2016). It consists of 40 items which are derived from the clinical indicators of the risk behaviour. They are divided into seven subscales: (1) family relations and rituals, (2) school and friendship, (3) addictive behaviour, (4) delinquent behaviour, (5) bullying, (6) eating habits and activities, (7)

sexual behaviour. Participants evaluate the items through "yes" or "no" answers. In this research we used only the total score of the questionnaire.

Questionnaire of Interpersonal Patterns of Behavior (QIPB) is method modified on the base of PCL-R (Psychopathy Check List – Revised) developed by Hare (2014). QIPB was formulated as self-evaluating method which consists of 83 items. They are divided into 14 subscales: glib, grandiose self-worth, stimulation seeking, pathological lying, conning, lack of guilt, shallow affect, lack of empathy, parasitic orientation, poor behavior control, early behavior problems, lack of realistic goals, impulsivity, irresponsibility. Participants evaluate the items through 4-point Likert scale, where "1" means complete disagreement and "4" means complete agreement. The goal of the method transformation was the possibility of the psychopathy diagnostics in the population which is not the clientele of penitentiary.

We formulated following statistical hypotheses:

H1: We assume that the adolescents with higher level of risk behavior will have the higher tendency to glib.

H2: We assume that the adolescents with higher level of risk behavior will have the higher tendency to grandiose self-worth.

H3: We assume that the adolescents with higher level of risk behavior will have the higher tendency to stimulation seeking.

H4: We assume that the adolescents with higher level of risk behavior will have the higher tendency to pathological lying.

H5: We assume that the adolescents with higher level of risk behavior will have the higher tendency to conning.

H6: We assume that the adolescents with higher level of risk behavior will have the higher tendency to have the lack guilt.

H7: We assume that the adolescents with higher level of risk behavior will have the higher tendency to shallow affect.

H8: We assume that the adolescents with higher level of risk behavior will have the higher tendency to have the lack of empathy.

H9: We assume that the adolescents with higher level of risk behavior will have the higher tendency to parasitic orientation.

H10: We assume that the adolescents with higher level of risk behavior will have the higher tendency to have the poor behavior control.

H11: We assume that the adolescents with higher level of risk behavior will have the higher tendency to have the early behavior problems.

H12: We assume that the adolescents with higher level of risk behavior will have the higher tendency to have the lack of realistic goals.

H13: We assume that the adolescents with higher level of risk behavior will have the higher tendency for impulsivity.

H14: We assume that the adolescents with higher level of risk behavior will have the higher tendency for irresponsibility.

3 Results

The obtained data were analysed in the SPSS 20.0 programme. We used the t-test for two independent samples and the Kruskal-Wallis test. The standard level of significance ($\alpha \leq 0.05$) was used.

We compared three research groups: (1) group with low level of risk behavior, (2) group with moderate level of the risk behavior, (3) group with high level of the risk behavior. These three groups were created on the base of the descriptive values of the risk behavior score obtained by QRB. We used the average mean and standard deviation to create these groups. We used the following formula: AM ± SD. The first group score below the value AM – SD. The second group scored between the value AM – SD and AM + SD. The third group score over the value AM + SD.

The results of the analysis are presented in the tables 1 – 4. The differences between the men and women (tab. 1) were significant in all measured variables. The men always scores higher than the women. This is the reason why we present the results of the men and women separately (tab. 3, 4)

In the whole sample we identified the statistically significant differences among the compared groups in 11 from 14 measured variables (tab. 2). The differences were not identified in glib, parasitic orientation and lack of realistic goals. The values of the Kruskal-Wallis test were in the range from 7.905 to 19.246. The values of the significance were in the range from 0.019 to <0.001.

In the subgroup of the men (tab. 3) we don`t identified the significant difference among the compared groups.

In the subgroup of the women (tab. 4) we identified the significant difference in these variables: grandiose self-worth, stimulation seeking, pathological lying, conning, poor behavioral control, early behavior problems, irresponsibility. The values of the Kruskal-Wallis test were in the range from 6.423 to 13.184. The values of the significance were in the range from 0.040 to 0.001.

Table 1 Comparison of men and women in the subscales of psychopathy (QIPB)

gender		GLI	GRA	SS	PL	CON	LOG	SA	LOA	PO	PBC	EBP	LRG	IMP	IRR
men	N	79	79	79	79	79	79	79	79	79	79	79	79	79	79
	M	12.81	11.25	17.91	10.04	18.94	12.91	12.47	18.63	5.33	16.99	12.42	8.28	13.49	7.56
	SEM	.250	.305	.346	.301	.467	.412	.312	.493	.195	.480	.339	.280	.307	.227
	SD	2.225	2.715	3.077	2.677	4.155	3.666	2.773	4.383	1.737	4.268	3.015	2.486	2.731	2.018
women	N	96	96	96	96	96	96	96	96	96	96	96	96	96	96
	M	11.83	8.43	16.24	8.02	15.61	9.63	9.78	14.94	4.66	14.76	11.19	7.47	11.98	6.63
	SEM	.212	.232	.321	.223	.334	.216	.229	.331	.126	.393	.238	.194	.264	.206
	SD	2.076	2.270	3.145	2.186	3.275	2.114	2.244	3.244	1.230	3.846	2.327	1.897	2.591	2.022
t		2.999	7.500	3.534	5.488	5.914	7.415	7.086	6.402	2.992	3.627	3.045	2.443	3.755	3.037
p		.003	.000	.001	.000	.000	.000	.000	.000	.003	.000	.003	.016	.000	.003

Legend: N = frequency, M = mean, SD = standard deviation, SEM = standard error of the mean, t = value of t- test, p = significance; GLI = glib, GRA = grandiose self-worth, SS = stimulation seeking, PL = pathological lying, CON = conning, LOG = lack of guilt, SA = shallow affect, LOA = lack of empathy, PO = parasitic orientation, PBC = poor behavior control, EBP = early behavior problems, LRG = lack of realistic goals, IMP = impulsivity, IRR = irresponsibility

Table 2 Comparison of psychopathy subscales (QIPB) according to level of risk behavior production (whole sample)

whole sample		GLI	GRA	SS	PL	CON	LOG	SA	LOA	PO	PBC	EBP	LRG	IMP	IRR
high risk behavior	N	25	25	25	25	25	25	25	25	25	25	25	25	25	25
	M	12.44	11.12	18.44	10.28	18.60	12.76	12.16	19.00	5.56	18.32	13.48	8.16	13.32	7.76
	SEM	.444	.527	.462	.344	.978	.758	.650	.983	.332	.932	.659	.489	.585	.445
	SD	2.219	2.635	2.311	1.720	4.890	3.789	3.249	4.916	1.660	4.661	3.293	2.444	2.926	2.223
moderate risk behavior	N	125	125	125	125	125	125	125	125	125	125	125	125	125	125
	M	12.37	9.74	17.13	8.98	17.38	10.98	11.03	16.62	4.87	15.79	11.72	7.77	12.82	7.20
	SEM	.199	.256	.292	.244	.330	.301	.249	.361	.134	.359	.217	.204	.247	.181
	SD	2.224	2.862	3.270	2.731	3.687	3.366	2.788	4.036	1.497	4.015	2.428	2.276	2.766	2.020
low risk behavior	N	25	25	25	25	25	25	25	25	25	25	25	25	25	25
	M	11.64	8.08	14.88	7.36	14.32	10.12	9.64	14.16	4.80	13.08	10.12	7.84	11.24	5.56
	SEM	.395	.432	.546	.378	.736	.401	.395	.574	.271	.544	.511	.325	.409	.283
	SD	1.977	2.159	2.728	1.890	3.682	2.007	1.977	2.868	1.354	2.722	2.555	1.625	2.047	1.417
H		3.184	15.091	17.451	18.931	19.246	7.905	9.857	18.726	4.297	19.173	17.494	1.400	8.322	17.865
p		.204	.001	.000	.000	.000	.019	.007	.000	.117	.000	.000	.496	.016	.000

Legend: N = frequency, M = mean, SD = standard deviation, SEM = standard error of the mean, H = value of Kruskal-Wallis test, p = significance, GLI = glib, GRA = grandiose self-worth, SS = stimulation seeking, PL = pathological lying, CON = conning, LOG = lack of guilt, SA = shallow affect, LOA = lack of empathy, PO = parasitic orientation, PBC = poor behavior control, EBP = early behavior problems, LRG = lack of realistic goals, IMP = impulsivity, IRR = irresponsibility

Table 3 Comparison of psychopathy subscales (QIPB) according to level of risk behavior production (men)

men		GLI	GRA	SS	PL	CON	LOG	SA	LOA	PO	PBC	EBP	LRG	IMP	IRR
high risk behavior	N	17	17	17	17	17	17	17	17	17	17	17	17	17	17
	M	12.41	11.47	18.65	10.29	20.29	13.88	12.94	19.82	5.71	19.18	13.65	8.59	13.35	8.12
	SEM	.549	.648	.549	.460	1.121	.882	.552	1.243	.435	1.075	.776	.665	.696	.535
	SD	2.265	2.672	2.262	1.896	4.620	3.638	2.277	5.126	1.795	4.433	3.200	2.740	2.871	2.205
moderate risk behavior	N	59	59	59	59	59	59	59	59	59	59	59	59	59	59
	M	12.93	11.34	17.75	10.02	18.64	12.71	12.44	18.39	5.27	16.47	12.17	8.20	13.59	7.42
	SEM	.290	.342	.432	.374	.483	.474	.375	.534	.221	.530	.357	.316	.350	.253
	SD	2.227	2.624	3.315	2.874	3.713	3.644	2.878	4.098	1.700	4.070	2.743	2.427	2.692	1.941
low risk behavior	N	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	M	12.67	8.33	17.00	9.00	17.00	11.33	10.33	16.67	4.33	14.67	10.33	8.00	12.33	7.00
	SEM	1.453	2.404	1.000	1.732	5.132	2.603	1.764	3.283	1.333	2.333	3.333	1.732	2.028	1.528
	SD	2.517	4.163	1.732	3.000	8.888	4.509	3.055	5.686	2.309	4.041	5.774	3.000	3.512	2.646
H		0.629	2.163	2.000	0.574	2.092	1.960	2.625	1.638	2.203	5.465	4.721	0.925	0.737	1.611
p		.730	.339	.368	.750	.351	.375	.269	.441	.332	.065	.094	.630	.692	.447

Legend: N = frequency, M = mean, SD = standard deviation, SEM = standard error of the mean, H = value of Kruskal-Wallis test, p = significance, GLI = glib, GRA = grandiose self-worth, SS = stimulation seeking, PL = pathological lying, CON = conning, LOG = lack of guilt, SA = shallow affect, LOA = lack of empathy, PO = parasitic orientation, PBC = poor behavior control, EBP = early behavior problems, LRG = lack of realistic goals, IMP = impulsivity, IRR = irresponsibility

Table 4 Comparison of psychopathy subscales (QIPB) according to level of risk behavior production (women)

women		GLI	GRA	SS	PL	CON	LOG	SA	LOA	PO	PBC	EBP	LRG	IMP	IRR
high risk behavior	N	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	M	12.50	10.38	18.00	10.25	15.00	10.38	10.50	17.25	5.25	16.50	13.13	7.25	13.25	7.00
	SEM	.802	.905	.886	.491	1.195	1.085	1.570	1.485	.491	1.732	1.302	.491	1.146	.779
	SD	2.268	2.560	2.507	1.389	3.381	3.068	4.440	4.200	1.389	4.899	3.682	1.389	3.240	2.204
moderate risk behavior	N	66	66	66	66	66	66	66	66	66	66	66	66	66	66
	M	11.86	8.32	16.58	8.05	16.24	9.42	9.77	15.03	4.52	15.18	11.32	7.38	12.12	7.00
	SEM	.260	.278	.388	.275	.406	.264	.247	.402	.147	.479	.252	.255	.328	.256
	SD	2.111	2.261	3.153	2.236	3.296	2.142	2.006	3.267	1.193	3.894	2.047	2.074	2.663	2.083
low risk behavior	N	22	22	22	22	22	22	22	22	22	22	22	22	22	22
	M	11.50	8.05	14.59	7.14	13.95	9.95	9.55	13.82	4.86	12.86	10.09	7.82	11.09	5.36
	SEM	.410	.408	.584	.356	.556	.332	.399	.491	.266	.544	.441	.313	.394	.242
	SD	1.921	1.914	2.737	1.670	2.609	1.558	1.870	2.302	1.246	2.550	2.068	1.468	1.849	1.136
H		2.079	6.423	9.687	13.184	9.407	1.895	0.332	5.634	3.086	7.129	8.385	2.099	4.250	11.958
p		.354	.040	.008	.001	.009	.388	.847	.060	.214	.028	.015	.350	.119	.003

Legend: N = frequency, M = mean, SD = standard deviation, SEM = standard error of the mean, H = value of Kruskal-Wallis test, p = significance, GLI = glib, GRA = grandiose self-worth, SS = stimulation seeking, PL = pathological lying, CON = conning, LOG = lack of guilt, SA = shallow affect, LOA = lack of empathy, PO = parasitic orientation, PBC = poor behavior control, EBP = early behavior problems, LRG = lack of realistic goals, IMP = impulsivity, IRR = irresponsibility

4 Discussion and conclusion

As the results showed, in the whole sample we can support all formulated statistical hypotheses except the hypothesis 1, 9 and 12.

In the subgroup of the men we can support none of the hypotheses.

In the subgroup of the women we can support the hypothesis 2, 3, 4, 5, 10, 11, 14.

We can mention that our transformation of the PCL-R was useful and can be used in the population of the adolescents. In the non-differentiated population it discriminated the value of the psychopathy in the relation to the risk behavior.

The subgroup of the men seems to be homogenous. It has the relatively high level of the psychopathy and this level is higher than in the subgroup of the women. But the psychopathy doesn`t have the relation with the risk behavior.

In the subgroup of the women we identified the relation between the risk behavior and the psychopathy, especially grandiose self-worth, stimulation seeking, pathological lying, conning, poor behavioral control, early behavior problems, irresponsibility. It means that the strong effect has the interpersonal dimension of the psychopathy (3 identified subscales), lifestyle dimension (2 subscales) and antisocial dimension (2 subscales). The affective dimension was not represented in the psychopathy of the women.

The result about the higher psychopathy of the males is in accord with the researches, e.g. Forth et al. (1996), Hillege, Das, & de Ruiter (2010). But the connection between the risk behavior and psychopathy was not explored. On the other hand Guay et al. (2018) suggested that the psychopathy of females enlarges in last decade. This finding can support our non-standard result about the relation between the risk behavior and psychopathy of females.

Résumé: The research results showed that the psychopathy diagnostics in the adolescent population is the screening marker of the risk behavior, especially in women.

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