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Psychopathy – a specific personality disorder – diagnostic criteria and theoretical approach

Introduction

Abstract: Individuals with psychopathic personality represent very complex cases due to the difficulty of the very concept that is psychopathy, as well as the problems associated with their diagnostics and social rehabilitation. Psychopathy constitutes a specific subcategory of personality disorders, a severe disorder of the structure of character and manner of behavior. Therapy of individuals exhibiting psychopathic personality traits is not an easy task. The literature on the subject is predominantly pessimistic with regard to the effectiveness of therapy in this group of patients. Psychopathy constitutes this kind of personality disorder that demonstrates very limited susceptibility to therapeutic change.

The article explains the concepts associated with dissocial personality disorders in the context of the international classification of diseases and health problems. The issues regarding the diagnosis of personality disorders and the concept of psychopathy along with possible causes of its occurrence are also presented. Finally, forms of therapy applied for people with psychopathic personality traits, its effectiveness and the most important factors inhibiting the therapy process are discussed.

Key words: personality disorders, dissocial personality disorders, psychopathy, behavior, therapy.

For many years, both in the public space and within the framework of scientific research in various fields, there has been a discussion on the possibilities and effectiveness of conducting educational activities with respect to individuals exhibiting psychopathic personality traits. This issue is particularly interesting also due to the fact that it concerns the human psyche, which itself presents meanders that fascinate many.

Mental illnesses and disorders have been described by many academics, who have tackled them in a variety of ways. Publications, however, tended to focus on aspects such as depression or schizophrenia. This is because these seemed to be the areas in which there was a basic public need for information. However, the issue of psychopathy continues to be alien to a large part of society. A deeper analysis of the problem of psychopathy allows us to conclude that it has become the focus of attention of such world-renowned researchers as Hervey M. Cleckley, A. Kiehl, or K. Dutton. They have successively published more and more new findings of their research, and consequently, their own beliefs regarding the traits of psychopathic personality. All works related to this topic are of great importance, as sensitizing to all aspects of this disorder is very important for effective social rehabilitation. For this reason, the paper addresses the following areas:

Firstly, dissocial personality disorders are explained in the context of the international classification of diseases and health problems. Then the issue of diagnosis of personality disorders is presented. The following section describes the concept of psychopathy and possible causes of its occurrence. Finally, forms of therapy used for people with the traits of psychopathic personality and its effectiveness are outlined.

Dissocial personality disorders

At this point, it is worth emphasizing the opinion of some researchers that, when dealing with the subject of psychopathic personality, not only in the context of social rehabilitation, but also in more general terms, one should separate personality disorders of an anti-social nature from those of a dissocial one. For, unlike the anti-social personality, the dissocial personality presupposes an inability to understand the consequences of a given behavior, i.e. such a person is unable to draw conclusions from serving a given sentence. Such a division is mentioned by Denise Fischer, whose work, addressing working with psychopaths and the treatment of their disorders, adopts this division as crucial. (Fischer 2017, p. 1) This paper adopts the concept of dissocial personality disorder based on this systematization.

Man builds his life based on past experiences. It is often the source of his adaptation problems. Decisive here are biological, psychological, or socio-cultural factors. It is the subsequent diagnosis that establishes which of these were

dominant in the case of a given person. The key plane of perception of people who are the subjects of educational measures is precisely the past experiences. They constitute a specific turning point in the course of the process of social labelling. It is then that a given person becomes regarded as a problem child or a difficult student. It often means stigmatization, which shapes their functioning. This entanglement can be very debilitating for later social rehabilitation efforts. (Sawicki et al. 2015, p. 5).

In the case of psychopathic personality, the above-mentioned factors should be taken into account not only during the process of social rehabilitation, but also when making a diagnosis. In this context, Denise Fischer argues that the concept of psychopathy has not yet been included in any classification system, mainly due to the lack of reliable research on the subject. Thus, the phenomenon is considered only in clinical terms that have assigned it to personality disorders. (Fischer 2017, p. 2)

At this point, it should be emphasized that in Poland, since 1997, adult personality and behavior disorders are defined by the International Classification of Diseases and Health Problems ICD-10. Based on this typology, a mental disorder occurs when four related phenomena, namely psychopathological symptoms, disturbed behavior, impaired functioning, and pathological stress, are present simultaneously. (Heltzman et al. 2011, pp. 942–946)

The current classification defines specific personality disorders as severe abnormalities occurring within a person's personality and behavioral tendencies that do not directly result from illness, brain injury or trauma, or other mental disorder. They usually involve several dimensions of personality, almost always associated with experiencing great personal distress and broken social ties. Such disorders can occur as early as in childhood or puberty and, characteristically, they do not cease in adulthood. (International Classification... 2017, p. 245) According to the classification mentioned above, this group of anomalies includes paranoid, schizoid, borderline, histrionic, anankastic, avoidant and dependent personality disorders. Also included in this group is dissocial personality disorder, which refers to the previously used concept of psychopathy. The dissocial personality described here is characterized by contempt for social obligations, disregard for the feelings of others, and dissonance between behavior and generally accepted social norms. It is worth stressing here that various kinds of negative experiences, including punishments, also do not have any positive effects on the possible change of this type of behavior. This supports the aforementioned opinion presented by Denise Fischer regarding the inability to understand the consequences of given actions. Additionally, the dissocial personality is also characterized by low tolerance for frustration. The threshold for aggressive behavior, including violent acts, is also shifted well below the norm. A person with dissocial personality disorder often shows a tendency to blame others or to pretend to rationalize their own behavior, which often causes conflicts with the environment. The above characterization

refers to behaviors that are easy to observe. The classification also states, however, that the dissocial personality amoral also encompasses amoral, antisocial, asocial, sociopathic, and psychopathic personality disorders. Thus, in this typology, it is a very broad term. When analyzing all the aspects described above, it is worth referring to Irena Mudrecka, who claims that the approach presented in the International Classification of Diseases and Health Problems was shaped in such a way as not to create grounds for stigmatization. However, taking such an approach into consideration, in the opinion of I. Mudrecka, it appears unreasonable to abandon the notion of psychopathy and to use the phenomena discussed here interchangeably. She further justifies her position by the fact that social pedagogy and criminology have long used the term *dissociality*. In Mudrecka's view, in such areas dissocial individuals are those characterized by deviant reactions, included in groups and social systems that are dysfunctional with respect to society and simultaneously characterized by a hostile attitude towards it. Such description may refer for example to criminal or mafia groups. As further stated by I. Mudrecka, dissocial individuals in this sense are able to conform to the norms imposed by these groups because they consider these norms to be their own, or at least not in conflict with their code of conduct. (Sawicki et al. 2015, p. 11).

In the view of criminology, pedagogy and social rehabilitation, it is also possible to state that dissocial individuals do not reject all social ties, as is the case with asocial individuals. Within their groups, considered on the outside as dissocial, such individuals are able to function, in their own way, properly, i.e., to make friends, enter into emotional relationships, display friendliness, loyalty, honesty, and kindness. However, being a member of antagonistic-destructive groups, which is what dissocial environments are, causes their members to attack the generally accepted social order, breaking all social and legal norms. (Czapów, Jedlewski 1979, pp. 87–92)

The literature, therefore, sees the term dissociality as having two distinct meanings, with the former being treated as a synonym for psychopathy and the latter referring to behaviors of individuals integrated into subcultural groups. Therefore, limiting oneself to one term only can result in misunderstandings between theorists, practitioners and researchers. It also has a destabilizing effect on the didactic process in which those preparing for the profession of a social rehabilitation pedagogue participate. It should also be emphasized that although dissocial personality disorder is defined in the current diagnostic classification, it is not a term that appears frequently in the Polish literature. (Sawicki et al. 2015, p. 11).

Diagnosis of personality disorders

The diagnostics of personality disorders is of great importance in social rehabilitation, as the person undergoing this process must first be properly

diagnosed. There are, of course, numerous diagnostic models allowing us to determine which disorder one is dealing with in a given case. This is the context in which psychopathic disorders will be discussed.

Terminology is a key issue. The differences here relate to the different emphasis on either the external aspects of behavior or its internal manifestations. One classification (DSM) narrows, simplifies, and limits the diagnostic criteria. Another one (DSM-V) groups them according to the following aspects: deterioration of functioning of such a personality in terms of identity and self-direction, as well as interpersonal functioning, i.e., empathy and intimacy. Pathological traits of personality, on the other hand, are reflected by antagonism, tendency to manipulation, lying, callousness, hostility, lack of sense of responsibility, impulsiveness, tendency to take risks. It is also underlined that the deterioration of functioning of a personality or its specific traits is most often associated with the manifestation of behaviors that are stable over time and situations. The ICD-10 classification, on the other hand, refers with its diagnostic criteria to abnormal, antisocial, social, psychopathic, and sociopathic disorders. The co-occurring trait here is hypersensitivity. Moreover, also mentioned in this context is the possibility of the disorders occurring in childhood or adolescence. (Pastwa-Wojciechowska 2017, pp. 215–216)

The notion of psychopathy

However, proper diagnosis is only possible if the notion of psychopathy is understood correctly.

The foundations for the current concept of psychopathy were laid by Hervey Cleckley, who in 1941 published *The Mask of Sanity*, where he gave a detailed description of a psychopathic person. His understanding of psychopathy focused on its affective and interpersonal aspects. Cleckley argued that traits relating to these aspects belong to the key traits of psychopathic personality. He compiled a list of 16 characteristics that describe a person with psychopathic personality disorder: inability to learn from past experiences, consistent repetition of behavior even when one is punished for it, inability to make life plans, rare feelings of fear, usually no sense of guilt, such a person cannot be relied upon, inadequacy of motivation for behaviors leading to antisocial manifestations, failure to follow rules of discipline, inability to give up pursuit of immediate pleasures, emotional poverty in emotional contacts with others, poor and superficial sexual life with little emotional integration with a partner, inability to interact socially, impulsivity in reactions to various situations, failure to take into account the consequences of one's actions despite knowing the rules of proper behavior, ability to make a good impression on those around them, to inspire confidence in others and to manipulate them, even a small amount of alcohol can trigger an impulsive

reaction, excessive fantasy and irresponsibility, lack of remorse, rare suicides. (Hare 2006).

L. Johnstone and D.J. Cooke, in an article published in *Behavioral Sciences and the Law* in 2004, described psychopathy as a specific type of personality disorder characterized by three broadly defined dimensions: an arrogant and deceitful style of interpersonal functioning; severe deficits in understanding, experiencing, and expressing emotions; as well as severe impulsivity in behavior. (Johnstone, Cooke 2004, pp. 103–125)

The ICD-10 classification defines psychopathy as a dissocial personality disorder. One can speak of it when at least three of the following six aspects exist together: disregard for the feelings of others, permanent and clear attitude of irresponsibility and disregard for social norms, rules and obligations, inability to maintain lasting relationships despite the lack of objective reasons, poor tolerance for frustration and low threshold of aggression, lack of sense of guilt and inability to draw conclusions even from negative experiences, tendency to blame others and rationalize own attitudes. (Fischer 2017, p. 2)

In addition to the ICD-10 classification, the American Psychiatric Association has developed two systems that define the phenomenon in question and provide further criteria to aid diagnosis. In this case, more attention was paid to mental disorders. Three main groups of personality disorders were distinguished. The first group included disorders characterized by peculiar and eccentric behavior. The second one consisted of behavioral anomalies characterized by dramatic, emotional, and unpredictable behavior. Group three, on the other hand, includes anxious and fearful behaviors. (Barnow 2008, p. 28) Given the above, psychopathy should be classified as an antisocial disorder and as such a phenomenon it belongs to the second of the above mentioned groups, which includes impulsive personality (Dutton 2013, p. 73).

The typologies presented above have made it possible to develop specific diagnostic criteria for antisocial disorders. The first group lists traits that indicate a profound disregard for the law and its notorious violations, and it is assumed that such personality abnormalities appear around the age of fifteen. Psychopathy is diagnosed when three of the following criteria are observed: inability to conform to social norms, which usually means that the person keeps repeating the same criminal offenses; excessive irritability and aggression, which is often expressed through brawls or assaults; impulsivity, inability to anticipate and plan; hypocrisy, which is often expressed through lying for one's own benefit; absolute disregard for the safety of self and others; lack of a sense of responsibility; lack of a sense of regret and remorse. The second group of disorders refers to individuals at the age of eighteen. The third one, on the other hand, concerns disorders of a social nature that are diagnosed even before the age of 15. Under such a view, it has also been found that antisocial behavior is not solely caused by such conditions as schizophrenia or manic and depressive episodes (Barnow 2008, p. 34).

However, the criteria outlined here have proven to be highly debatable for researchers working strictly in the area of psychopathy. They have approached such definitions with a great deal of skepticism. Nevertheless, it is worth emphasizing that these phenomena overlap with each other. At the same time, significant discrepancies have been found in this respect. Hence, it seems necessary to cite other opinions of persons dealing with the phenomenon of psychopathy. Kevin Dutton claims that every psychopath suffers from antisocial personality disorder, but not everyone who exhibits antisocial personality traits is a psychopath (Dutton 2013, p. 75).

Psychopathy is thus a specific subcategory of personality disorders (Fischer 2017, p. 4). As such, it represents a severe disturbance in a person's character structure and behavior. Specific personality disorders usually refer to several dimensions of personality, and are linked to noticeable anomalies of individual and social functioning, which are expressed, for example, by traits such as inflexibility and maladaptability (Gałecki, Szulc 2018, p. 328).

The traditional concept distinguishes between four types of disturbed personalities: psychopathy, i.e., innate character deviation; sociopathy, which is understood as a phenomenon resulting from a pathological influence on a given person (Wąsowicz 1973, p. 80); homilopathy resulting from permanent disability, acquired over time, or alienation from a particular environment. Also named here is characteropathy, which is the result of damage to the central nervous system. (Bilikiewicz et al. 2008, p. 204).

As shown above, the concept of psychopathy was not recognized as a clear-cut case. As the research and analysis of this disorder developed, however, new definitions began to emerge, which were perhaps not as unambiguous, but which allowed for a general view of the issue.

Currently, the most popular concept of psychopathy is attributed to the work of Robert D. Hare and his team. This definition has satisfied both the claims of clinical researchers as well as scientists specializing in the field. This is because R. Hare based the concept on commonly recognized aspects constituting the quintessence of the psychopathic personality. Building on the concept proposed by Cleckley, he redefined the concept of psychopathy, expanding its scope to a specific personality disorder. The method developed by R. Hare made it possible to design precise diagnostic criteria taking into account different cultural conditions and different groups of examined people. Taking all this into account, R. Hare concluded that a psychopath is an impulsive, irresponsible person characterized by a hedonistic approach to life, who lacks the ability to experience normal emotional components of interpersonal behavior, which means that such a person is unable to cope with such feelings as remorse, guilt, empathy, and concern for the welfare of others (Pastwa-Wojciechowska 2017, p. 217).

Apart from the diagnostic classifications currently in effect, the scientific literature dealing with personality disorders in relation to people who continually violate social and legal norms, are not characterized by empathy, have no remorse,

and show unscrupulousness when causing the suffering of others, usually uses the concept of psychopathy (Sawicki et al. 2015, p. 14).

R. Hare reformulated the notion of psychopathy by creating the so-called operational doctrine of this phenomenon, as well as the most commonly used tool for its measurement, namely the PCL-R test – Psychopathy Checklist Revised (Hare, Neuman 2006, pp. 58–88). This tool became a gateway to further research, allowed for the compilation of findings, enriched clinical practice, and contributed to the development of further theoretical models. R. Hare believed that one cannot equate the concept of antisocial personality disorder with psychopathy or sociopathy, because they involve different diagnostic criteria. In his opinion antisocial personality disorder is defined by the description of deviant behaviors that can be easily registered by observing a person's behavior. Psychopathy, on the other hand, refers to personality traits such as empathy, egocentrism, or sense of guilt, which are not so easy to capture for a psychologist. R. Hare notes that most offenders sentenced to imprisonment can be considered to have antisocial personality disorder, but at the same time it is difficult diagnose them with psychopathic personality traits, as not every psychopath fulfils the characteristics of an offender (Hare 2006, pp. 41–42).

Therefore, R. Hare thus defines psychopathy as a mixture of interpersonal and affective traits of functioning of an individual along with their antisocial lifestyle (Hare 1999, 181–197). It is based on the premise that there are two basic factors that fulfill the concept of psychopathy. The first factor, which is of interpersonal and affective nature, includes such features as smooth talking, superficial charm, egocentrism and excessive self-esteem, lack of remorse and sense of guilt or empathy, tendency to lie and manipulate, shallowness of feelings, and the like. The second factor, on the other hand, which is the antisocial lifestyle, is characterized by the following symptoms associated with social anomalies: impulsivity, insufficient control of one's own behavior, need for stimulation, lack of a sense of responsibility, displaying disturbing behavior at an early age, as well as antisocial behavior in adulthood (Hare 2006, p. 53). This factor is associated with a long-standing unstable, antisocial, and therefore often generally unacceptable lifestyle. Establishing it also means that a person has a high need for stimulation, which is mainly due to the fact that they quickly become bored. Moreover, they often lead a freeloading lifestyle, are unable to fully control their own behavior, to think and function realistically or to make long-term plans. They are also impulsive, irresponsible and reckless (Hare 2006, p. 55).

The concept of psychopathy created by Robert Hare is narrower than the term used to describe antisocial personality disorder, which supports the previously discussed opinion of Denise Fischer. The key problem that is usually found in psychopaths, which negatively affects the proper course of the socialization process, is the lack of a properly developed conscience. People with psychopathic personality traits are aware of social norms, but they only conform to those that

suit them and only when they believe it is profitable for them to do so under the circumstances. The consequences of their behavior faced by other people are irrelevant to them. Their lack of remorse allows them to satisfy their own needs and desires without holding back from committing wrongdoing of any kind. They are convinced that they can get away with any wicked or unlawful act. These people are self-centered, do not doubt their intelligence, and are even convinced of their superiority over others, hence their belief in impunity. The threat of punishment does not deter them from committing crimes (Hare 2006, p. 102).

Furthermore, R. Hare argues that there is a reason as to why psychopaths exhibit a poorly developed conscience. This is particularly due to aspects such as: inability to react emotionally (fear or anxiety); their emotional sphere is underdeveloped, which means that they are unable to distinguish between the emotional charge of words such as "death" and "paper". In their view, both words carry the same emotional load. Just as words have no meaning for psychopaths, so do specific feelings. Of course, one cannot say that they do not know the meaning of words, it is usually quite the opposite. However, they also have their own associations with them, which are hardly consistent with those functioning in society. For this reason, the statements of psychopaths often appear illogical, contradictory, and completely inconsistent with the acts committed by these individuals (Hare 2006, p. 115).

Research on the two-factor model of psychopathy provided a starting point for further analysis. The model developed by R.D. Hare was further expanded and improved by other researchers. D.J. Cook and Ch. Michie put psychopathy in a 3 – factor model. It consisted of the following: 1. Interpersonal factor: personal charm, charisma, sense of greatness, pathological lying, manipulation; 2. Affective factor: shallow emotions, lack of empathy, lack of guilt and remorse, lack of a sense of responsibility for one's actions; 3. Behavioral factor: need for stimulation and susceptibility to boredom, irresponsibility, impulsivity, freeloading lifestyle, lack of realistic long-term goals (Cook, Michie, pp. 3–13).

Currently, the most commonly used and considered the most adequate is the 4 – factor model of psychopathy, which was presented by a team of researchers led by J. Edens. In this aspect, the structure of psychopathy includes: 1. Interpersonal Factor: charisma and personal charm, smooth talking, exaggerated self-esteem, pathological lying, tendency to deceive and manipulate; 2. Affective factor: lack of guilt and remorse, shallow emotions, lack of empathy and sensitivity, lack of a sense of responsibility for one's actions; 3. Behavioral (lifestyle) factor: need for stimulation, increased susceptibility to boredom, freeloading lifestyle, lack of long-term and realistic goals, impulsivity, recklessness; 4. Antisocial factor: poor behavioral and anger control, early behavioral difficulties, serious criminal behavior (even as a minor), parole violations, criminal versatility (Edens 2006, p. 1).

This model proved to be the most adequate in the case of application of the PCL – R tool, as well as its derivatives, and became a very clear indication of

the risk of, i. a. aggressive, criminal, sadistic, deviant behaviors and resistance to therapeutic measures. In both the 2-factor and 4-factor models, the components of "social pathology" are not only a manifestation of certain personality traits, but also represent features specific to psychopathy in comparison to other similar disorders.

The definition of the concept of psychopathy is therefore a complex phenomenon, and so is the diagnostics of this disease entity. Therefore, it is worth to take a closer look at the sources of psychopathic behavior here, for these facilitate the selection of an appropriate method of social rehabilitation.

Psychopathic behavior is a perfect example proving the thesis that lack of knowledge of the causes of a given disorder and its mechanisms prevents effective therapy. For many years, psychiatrists believed in biological origins of psychopathic behavior, although it was not possible to clearly identify the biological factors responsible for this disorder. The progress in the field of brain imaging techniques that occurred in the last two decades has enabled a dynamic development of neurological research that has provided a basis for expanding the knowledge of the causes and mechanisms of the development of psychopathic personality.

Thanks to the advancement of imaging technologies, researchers were able to confirm that the brain is a social organ, as it is oriented towards cooperation with brains of other individuals (Kaczmarek 2009, p. 37).

Research based on modern brain imaging has also resulted in a hypothesis about the neurological foundations of morality (Churchland 2013, pp. 51–55). It has been proven that the brain is modeled by the interactions of environmental and genetic factors, and that it is specialized in the perception of social values, because they are decisive for the survival of an individual.

The need for belonging (caring for relatives, attachment to friends) is determined biologically, as it is the responsibility of neurotransmitters, e.g. vasopressin, oxytocin, serotonin, dopamine, which enable activation of neuronal connections. Oxytocin in particular is considered to be a hormone of concern for others, care, and socialization, since it is responsible, for example, for the formation of feelings of friendship, maternity, as well as for experiencing a sense of pleasure during contact with another person. Its levels regulate the desire for contact with people who are important to us and the pain we feel when we part with them (Churchland 2013, pp. 69–70).

According to Patricia S. Churchland, the selfish, innate concern for one's own well-being has, over the course of evolution, been expanded to include a concern for property, and therefore for others with whom the person has an emotional bond or is connected through other common interests. Consequently, a person experiences biological pain when committing an act of violence against another human being, feels remorse or a sense of remorse (Churchland 2013, pp. 71–74).

In her paper, the researcher cited evidence supporting the idea that the brains of individuals with psychopathic disorders function differently than those of a

healthy person, in particular the structures responsible for regulation of emotions, impulses, and social action.

The differences between the brains of healthy individuals and those who exhibit psychopathic behavior are in both anatomical and functional terms (Churchland 2013, pp. 74–76):

— in terms of brain anatomy, researchers discovered that psychopaths have a smaller limbic system;
— functionally, the brains of psychopaths show reduced levels of activity during decision-making and emotional learning.

According to the researchers, the above differences may contribute to the lack of tendency to attach to others, form relationships, as well as the lack of empathy and conscience in psychopathic individuals. Experiencing fear of social rejection (social pain), receiving negative evaluation from people who are important for an individual is essential in the process of learning correct social behavior, as well as in extinguishing antisocial behavior (Sawicki et al. 2015, pp. 18–19).

Among the researchers of the causes of psychopathic disorders there is also a hypothesis according to which psychopathy, similarly to Asperger's syndrome and autism, is caused by disorders of face recognition within the fields of the right temporal lobe. This area in a normally functioning brain is responsible for processing of information, which, according to researchers, explains the problems in interpersonal relations (Cozolino 2004, p. 143).

The hypothesis cited above resonates with evidence that confirms that people with psychopathic disorders have difficulty recognizing and properly interpreting emotions of others. This is of considerable importance because these abilities have a fundamental role in modeling the social behavior of an individual (Sawicki et al. 2015, p. 19).

According to R. Hare, in the case of all individuals with psychopathic disorders, one can speak of the absence of a secure pattern of attachment, except that the current state of knowledge in the discussed area makes it impossible to determine unambiguously whether the acquired pattern of attachment can be the cause of psychopathic disorders or whether it is a result of this disorder (Hare 2006, pp. 168–169).

The literature on the subject suggests the existence of neural-level dysfunctions that prevent children from establishing an emotional bond with their parents, resulting in their inability to acquire key social skills. Evidence supporting this hypothesis is the fact that some individuals with diagnosed psychopathic disorders grew up in families where no dysfunctions were found and parents exhibited mature, healthy emotional responses toward their children (Sawicki et al. 2015, p. 19).

In the course of his research into the causes of psychopathic disorders, R. Hare stated that the presence of environmental and biological factors should be assumed, except that, in his view, biological factors are much more important. To support his thesis, the author refers to neurological research on semantic

emptiness in people with psychopathic disorders. These studies have shown that the semantic emptiness in psychopaths is caused by a disorder where speech is controlled by both cerebral hemispheres. The lack of superiority of the left hemisphere, which is characteristic of healthy individuals, negatively affects the integrity of speech, as well as the ability to monitor it. With this disorder, each cerebral hemisphere attempts to take control of language processes, which negatively affects their effectiveness (Hare 2006, p. 1703).

Drawing on the above-mentioned research results, R. Hare put forward a thesis that a similar disruption of the control function between the hemispheres may also occur in the case of emotion-related processes. To confirm his thesis, Hare cites the results of the research by S. Wrong and R. Day, according to which in people with psychopathic disorders none of the cerebral hemispheres controls emotional processes. In the case of psychopaths, the processes controlling emotions are blurred and divided, resulting in a shallow and colorless emotional life (Hare 2006, pp. 171–172). Nevertheless, it should be stressed that the causes of the above disorders have not been established so far.

The analysis of neurological correlates of psychopathic disorders conducted by Kazimierz Pospiszyl showed that many psychophysiological tests reveal atypical (not found in healthy people) recording of brain waves. Such recording shows reduced activity of these waves, which indicates reduced overall cortical arousal, which translates into impaired (low) reactivity in individuals with psychopathic disorders. A manifestation of low reactivity is the need for much stronger stimuli for optimal functioning than is necessary for healthy people Additionally, studies have shown that psychopaths have significantly lower skin conductance, abnormal changes in electrodermal activity, and changes in skin reactivity to external stimuli (Pospiszyl 2000, pp. 85–92).

Forms of therapy and their effectiveness

The above presented causes of psychopathic behavior are a guideline for social rehabilitation pedagogues, as the knowledge of them enables the proper selection of methods. The fact that the functioning of the reward system in psychopaths differs significantly from that of healthy people, in particular their orientation towards obtaining pleasure resulting from a four times higher dopamine levels, indicates the reasons for the ineffectiveness of punishments and the necessity to base pedagogical methods on rewards.

As has already been mentioned above, the social rehabilitation of people displaying psychopathic personality traits is not an easy task. It is worth noting here that the literature on the subject is dominated by pessimism, or alternatively skepticism, regarding the effectiveness of therapy for this group of people. It is often pointed out that psychopathy is this kind of personality disorder that

shows very limited susceptibility to therapeutic change. The difficulties in social rehabilitation of people with psychopathic personality disorder boil down to two main factors. The first stems from general limitations, which in turn are the result of problems present in the treatment of personality disorders as such. One of them is the aspect of co-occurrence of disorders. In the case of psychopathy, in most cases the personalities that function together are narcissistic, histrionic, and borderline-type personality. (Cooke et al. 1998, pp. 257–260) The second reason for the ineffectiveness of therapy in psychopaths is of a more specific nature and results from the very construction of the psychopathic personality. Moreover, these limitations seem not to depend on the approach adopted, the techniques, methods, or strategies of therapeutic measures undertaken. Among the most significant factors inhibiting the therapeutic process in individuals with psychopathic disorders are: 1) personality structure characterized by stability, uniformity, and a strong biological foundation. These features are expressed through reduced emotional reactivity, or in deficiencies in the area of behavioral inhibition. All this results in low susceptibility to therapeutic change; 2) fixed, deeply rooted cognitive schemas concerning the so-called self-concept, i.e. the opinion about oneself, as well as about the relationship between oneself and others. This is mainly about building relationships with others in such a way that one can derive the greatest possible benefit for oneself. Other people are therefore perceived as useful or not useful; 3) high self-esteem and lack of negative attitude towards one's own lifestyle. This often follows from the aforementioned inability to learn from one's own mistakes and to correctly assess the consequences of one's actions; 4) externalization of responsibility, that is, assigning blame for one's failures to other factors or persons; 5) lack of inner will to change. Individuals exhibiting the traits of psychopathic personality come to therapy most often upon referral from the court, or for other external reasons, but most often not voluntarily. This is because they are convinced that they do not have to change their behavior, they do not see the need to adapt to the prevailing social norms; 6) pretending to be committed to the therapeutic process, as well as simulating its positive effects. A person with psychopathic personality knows very well what is expected of them and behaves in such a way so as to make the therapist conclude that the treatment is effective. Mostly, however, the aim is to gain some sort of benefit for oneself, such as early release from an isolation facility. The actual changes in personality, however, do not occur; 7) a tendency to dominate and manipulate interpersonal relationships, which makes it difficult for the therapist to establish proper contact with the psychopathic individual. They most often use therapy sessions to gain as much knowledge as possible about the subject, which is then used to exert influence on others, or to impose their own opinions and interpretations. This is because a psychopath is an excellent observer and can quickly spot the weaknesses of others (Nowakowski 2016, p. 8).

The difficulties in social rehabilitation of people with psychopathic traits are more profound, because the disorder is additionally characterized by a high degree of criminogenicity. Psychopathy is considered a personality factor that increases the risk of committing criminal acts. The criminal specificity of psychopathy, therefore, results in people with such traits often being incarcerated in prisons or jails, or other places that serve to isolate them from the rest of society (Nowakowski 2016, p. 8).

However, the specialist literature points to the fact that penitentiary institutions do not provide adequate conditions for social rehabilitation as such, making it even more difficult to conduct therapeutic work with individuals with psychopathic personalities (Pastwa-Wojciechowska 2004, pp. 23–26). The court-ordered protective measures bring slightly better results, yet very important here are the assessments of the prevalence of psychopathic traits among the persons against whom they have been applied (Gierowski, Paprzycki 2013, pp. 56–59). An important aspect here is also that therapeutic activities should generally not be aimed at causing a permanent change in the psychopath's behavior. The work of a therapist with a psychopathic person involves extensive efforts including, but not limited to, talking to their closest relatives, learning as much as possible about them, and balancing their activities so that help is not perceived as control. The therapist must try to weave a thread of trust between themselves and the patient. They can support such a person, advise them, provide a sense of security, and offer perspectives on their future functioning. These are the main therapeutic tasks when dealing with people exhibiting the traits of psychopathic behavior (Otto, Thiersch 2015, p. 520).

Conclusion

As has been presented in this article, individuals with psychopathic personality represent very complex cases, not only due to the difficulty of the very concept that is psychopathy, but also due to the problems associated with their diagnostics, and finally with their social rehabilitation. Various attempts at therapeutic measures have been made so far in respect of psychopathic individuals, but in most cases they have not been successful. Hence the emergence of ideas to isolate these people from society. Specialist institutions have been established to separate the psychopathically disturbed from others and thus provide a certain degree of security for the community This, however, has nothing to do with social rehabilitation. Furthermore, as with other disorders, there is much evidence that the best effects of interventions may come from starting treatment as early as possible in the development of psychopathy. In spite of the pessimism that prevails in this area, however, there is still need for further research and forms of support aimed at socializing such individuals.

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