

# Traumatic Developments and Psychopathic Personality: Example Through an Individual Case

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**Abstract:** In this work the authors want to offer a reading perspective that clarifies the dimensions underlying the development of a disturbed psychopathic personality. A relationship of dismissing/avoiding representation of attachment, together with emotional and physical abuse experiences and neglect, predispose to a dysfunctional answer to trauma and negative life experiences, reducing the individual resilience and encouraging the development of empathic inability and impulsivity. These aspects represent the expression of difficulty in modulating one's internal emotional states in a congruous manner to life contexts and social situations. Theoretical constructs of reference used in this work are illustrated, regarding a psychopathy case, observed through the use of psychological tests. Through the TEC (Traumatic Experiences Checklist of Nijnhuis, Van der Hart and Vanderlinden) potentially traumatic events are investigated. Psychological functioning is observed through the PCL - R (Psychopathy Check List - Revised by Hare) interview, the outcome of which is compared to the scores of the MMPI - 2 (Minnesota Multiphasic Personality Inventory) by Hathaway and McKinley and DES (Dissociative Experience Scale by Eve, Carlson & Putnam). The global assessment of the personality profile also takes into account the mental state with respect to attachment with AAI (Adult Attachment Interview by George, Kaplan & Main; Main, Goldwyn & Hesse, to qualitatively investigate early relationships with the primary caregivers.

**Keywords:** Attachment, Trauma, Psychopathy, Test, Psychopathology, Risk

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## 1. Introduction

John Bowlby [9], at the beginning of his studies, had come to the conclusion that young people who had committed crimes had been victims of experiences of loss or abandonment by caregivers from early childhood. As a result, according to these findings, a pervasive disorder of the attachment system can lead to a subsequent psychopathological and / or antisocial development.

Experiences that make family and emotional environment hostile predispose to the development of a deficit of empathic attunement with their caregiver. This condition predisposes to the development of various forms of psychopathy associated with an antisocial lifestyle.

## 2. Some Theoretical Clarifications

### 2.1. Memory, Trauma and Dissociation

Exposure to dysfunctional care relationships associated with abuse and cumulative trauma, or repeated micro-traumas Khan [51] produce a negative influence on the mental development of the infantile personality, so much so as to predispose it to a condition of vulnerability towards the evolution of a wide range of mental disorders. By trauma it is meant what is subjectively experienced by the child, determining effects on the development of his mind and on his personality structure, even regardless of the objective extent, frequency, and intensity of the event [12]. Freud [40], defining trauma, while still describing it as a phenomenon in exclusively intrapsychic terms, emphasized it not so much on objectively traumatizing events, but on painful affects, "of

terror, shame, anguish, psychic pain”, found in the repressed internal representation of the injured person. Ferenczi [35] was the first to put forward the idea that trauma constituted the irruption of unprocessed emotions into a world of relationships and meanings with consequent disorganization, placing it in the relationship between a child and a meaningful adult. He also proposed to broaden the concept of trauma, reading as pathogens the misrecognitions, attributions, misunderstandings and parental expectations, as well as maltreatment behaviors.

Charcot, but above all Janet [49] at the Salpêtrière clinic, following the work with hysterics, highlighted the loss of integration in the various somatoform components of the experience, emphasizing the alteration of the perceptive function in the case of early trauma in the patients' events. Where traumatic events tend to recur in childhood, the resulting "traumatic development" takes the form of a syndrome consisting of damage to the integrative functions of memory and consciousness [58]. Memory carries a particular state of the Self, which consequently creates a dissociative distance with other states of the Self, generating an impairment of psychic integrity and of the Self-Other relationship [13]. Putnam [80] speaks of the lack of integration of the different behavioral states of the child following pervasive traumatic experiences. The continuity of consciousness and its memories therefore corresponds to a coherence and integrity of the Self.

Regarding memory, on the basis of neuroscientific studies, two types of memory are distinguished: the explicit or declarative one and the implicit or procedural one. In particular, the first allows you to recall experiences, to orient yourself in the intention towards new actions and is the object of the defensive mechanism of repression, which allows the elimination of "bulky" memories and in some cases allows the necessary oblivion to bear the burden of unpleasant and / or conflicting experiences. We recall that for Freud [36] repression determined the repressed unconscious. As for the psychobiological correlate, explicit memory necessarily requires the maturation of the neural circuits of the hippocampus, which occurs from two-three years of life onwards. However, even in later periods of life, the traumatic situation, by activating adrenaline, induces the massive production of cortisol, which is able to inactivate, if not to damage, the neurons of the hippocampus, definitively inhibiting the memory of the experience undergone. Another thing is implicit or procedural memory, not accessible to the consciousness of somatic and emotional states, which is active from birth and according to some hypotheses also in the intrauterine period. Some authors conclude that this memory, together with the basic genetic heritage, constitutes an implicit or procedural unconscious, a non-repressed unconscious, capable of orienting the style of relationship with oneself and with the external environment, as well as self-regulation systems [16, 87-88, 94]. Implicit memory comes from the functioning of the amygdala circuits, responsible for processing key survival emotions such as fear and anger. Amygdala and hippocampus are in a bidirectional relationship in connection to the coding of emotional events. In

physiological conditions, the hippocampus processes and filters the impulses of the amygdala circuits and when this is not possible, the signals go directly to the cortex, activating affective-behavioral patterns as a result of trauma and extreme adaptive responses to the traumatic situation, but dissociated from the rest of the Self [96]. It is also useful to remember the difference between episodic memory, that is the memory of events as they have been experienced and semantic memory, that is the memory as a result of meanings within the network of family relationships, which in situations of relational trauma often enter into conflict, leading to a "suppression" of episodic memory in favor of semantic memory [8]. This condition determines in the child the fear of mental life, if not the anguish of being annihilated by painful, incomprehensible, and inaccessible contents [82]. The relational developmental trauma, which launches an attack on trust in attachment subjects and in any case on primary relationships, determines non-thinkable mental states of somatic and emotional nature, capable of producing fragmentation and disintegration in the Self. Such condition acquires a traumatogenic function on the development of the child's personality and on his general mental functioning, conditioning his capacity for resilience [16, 17]. Pathological dissociation is therefore the prevailing defense mechanism in response to psychic disintegration.

In this regard, a "primary dissociation" is distinguished [97], which activates itself early, even before the child's two years of age. It consists of a response of profound detachment from reality, in primary relationships facing stressful and frustrating experiences, on a somatic-psychic register starting from fragments of the sensory components of the event [16]. This type of dissociation poses a barrier to non-symbolized emotional contents in the caregiver-infant relationship, preventing their passage from implicit memory to explicit memory [21]. In the case of secure attachment and therefore of "good enough" caring [100] the unprocessed emotions will flow into somatopsychic areas, favoring experiences of mental withdrawal or self-induced trance; this is the case of children's sleep facing what bores them, tires them, excites them excessively. In cases of emotional neglect, carelessness, mistreatment, emotional and physical or sexual abuse, dissociation would acquire a pathological nature [12]. The fluid configuration of the Self multiple states would give way to a rigid adaptive response, outcome of a dissociated mental structure, which in extreme forms would give rise to "multiple personality" or "dissociative identity disorder". Nijenhuis et al. [75] propose that dissociative symptoms, such as emotional numbness, analgesia, block, etc., are the residue of phylogenetic learning facing a predatory threat, analogously to the reaction of the animal defense systems. This is determined by the role of the dorsal parasympathetic branch of the vagus nerve, which activates itself as a last "reserve" defensive line if the previous two fail: it drastically reduces arousal until fainting or "fake death" and allows immobilization for the purpose of survival [79]. Intolerable mental states and unprocessable emotions constitute a core of painful emotions deriving from dissociation also from the significant adult's disavowal of the traumatic event for the

child [22]. From this situation derives a predisposing condition to the loss of basic trust, the impossibility of authenticity and the consequent distrust in the world.

## 2.2. Trauma, Risk Factors and Psychopathic Personality

The origin of the definition for the construct of psychopathy is due to Cleckley [24] although Pinel [78] had already spoken of it in terms of a *manie sans délire*. Cleckley emphasized the difficulty of psychopaths in establishing valid bonds of attachment.

Meloy [70, 72], referring to developmental psychopathology, argues that the psychopathic process in adulthood is the result of an actual failure of the internalization process. It appears as an insufficiency of profound and unconscious identifications with the primary caregiver and ultimately of guideline identifications with society, culture, and humanity in general. Such condition implies a compromise in the ability to regulate affective states, to mentalize the emotional experience and an ineffective modulation of impulses with ease of acting out, namely passage to the act. In this regard, we propose here the definition of psychopathic personality based on empirical studies [45]. However, wishing to provide further references in the literature on the debated and controversial construct of the psychopathic personality, we recall that, in the context of classical psychoanalytic studies, Fenichel [32] has identified three factors determining the organization of personality with a tendency to acting out: an alloplastic disposition, perhaps of a constitutional nature; an oral fixation with a narcissistic need and intolerance to frustration; the presence of early traumas. By alloplastic disposition we mean a form of adaptation in which the subject modifies the external environment to himself, rather than his internal world (autoplastic disposition), when he is faced with adverse or difficult situations [33, 40].

By acting out we mean an extended range of acts, from impulsive albeit rationalizing ones, to actualizations in the relationship. Freud [38] considered *agieren* as an unconscious repetition of fantasies and memories not in the form of recollection, but of actions, therefore essentially, as a defensive mode of the subject in order to avoid remembering. Following a probable early organization of the tendency to act out in the second year of life, according to Freud, there would be an inhibition of language development, with consequent influence on the verbalization and thinking capacity, regardless of the subsequent intellectual level of the patient [42].

Regarding the difference in the alloplastic drive between the psychopathic personality and that of the psychotic type, Klein [53] affirmed that "certain factors operate in the criminal which generate in him a stronger tendency to repress unconscious fantasies and to implement them in real life, but both the psychotic and the criminal situations have the phantasies of persecution as their common element; the criminal destroys others precisely because he feels persecuted" (p. 94-95). The psychopathic personality lives its own fantasies and inevitable persecutory anxieties in the relationship with others, on which he projects emotions,

feelings and aspects of the Self split into "bad" and threatening or, conversely, "good", magnificent and reassuring. In this way he escapes the true relationship, as he did towards his own original objects, either by idealizing or denigrating and / or attacking others and in general, aggressively placing only parts of himself in them.

Kernberg [52] traces developmental damage in psychopathic individuals to a very early stage of development, resulting in immaturity and affective superficiality with lack of consciousness, recourse to primary processes and primitive object relations.

Other authors, taking up the thought of Ferenczi [34] and combining it with the theory of attachment, as well as with the literature of the Infant Research, have taken up the theme of the *unwelcomed child*, underlining the results in implicit memory, deriving from painful experiences and traumatic and inadequate modulation of bodily, mental, affective and behavioral states, with consequent phenomena of dissociation [18], affective dysregulation and behavioral problems [7, 15, 82, 84].

In the background of psychopathic personalities, we find the presence of early loss of parental figures or of inadequate and / or emotional and educational incoherence, of single-parent parenthood not supported by an adequate social and emotional network, when it is not the surrounding reference environment itself that is profoundly inadequate, disturbed and disturbing and characterized by violent subcultures, conflictuality and psychosocial disadvantage [86].

Bifulco and Moran [4] identified neglect and abuse among the traumatic conditions that make the family environment more hostile. Consequently, the development of styles of disorganized and distancing attachment, of dual attachment [86] with a poor attunement between caregiver and child, as well as an "evolutionary trauma" [21] deriving from stressing conditions or from casual events, if not adequately supported, predispose to the probable development of a psychopathology in adulthood.

From intergenerational studies it has been possible to observe how child maltreatment constitutes an important risk factor for the development of abusive behavior in adulthood [3, 14, 59] to the extent that the hypothesis of the "cycle of maltreatment" [98, 101] can be advanced, even if not allowing to define the degree of influence of early experiences of maltreatment on the subsequent emotional and affective skills of individuals [43].

Today, neurobiological studies confirm that the traumatic conditions of neglect and abuse alter the psychobiological and neurophysiological state of the central nervous system. The neurobiological components involved are the amygdala and the hippocampus or the limbic system and their connections with the prefrontal cortex, while for what concerns the neurophysiological state, compromised activities appear in the noradrenergic system and the consequent state of hyperactivation or on the contrary of inhibition, deriving from the constant sensation of being always under threat; all this can cause the alteration of the sleep-wake rhythm and the

modulation of aggression, concentration, attention and extra-family relationships [5, 6, 89].

However, it was found that the quality of a secure attachment relationship, in association with a family environment that does not prevent childhood relational traumas, such as a consequence of neglect, physical and emotional abuse, bereavement and the emotional and physical absence of a parent, etc., represents an effective factor of protection against the development of a psychological disorder in general and specifically of a psychopathic type [86].

In other words, if the parent is able to recognize the emotional value of a pathogenic event, the child will be favored in response to the trauma. This condition guarantees the sense of a coherent Self over time [50] which allows mentalization of personal experiences, both internal and external, the integration of painful and intolerable mental states and the possibility of attributing meaning to them, allowing the processing of traumatic stress, increasing its resilience, and decreasing potential conditions of vulnerability.

On the other hand, according to the construct of *complex trauma* [96], chronic exposure during childhood to experiences of negative interaction, a dyssynchrony or break in the early emotional dialogue between caregiver and child, without consequent attempts at reparation by the reference adult [48, 60, 90, 95], in association with disadvantageous life events, determine dysregulated response patterns at multiple levels (affective, somatic, behavioral, cognitive and relational) and a pervasive alteration of the representations of oneself and others [82, 86], resolving in different forms of psychopathology, including personality disorders, antisocial personality disorders and "Post-Traumatic Stress Disorder" [30, 57, 58, 93, 99].

### 2.3. Attachment Style, Crime and Psychopathy

The contexts of life and the relational / interpersonal environment have a determining function on social development and psychological functioning throughout life, determining specific attachment patterns [81] with regard to the modulation of the child's aggression in response to frustrating and stressful events. This is not intended to reduce the role of innate aggression in the child, but rather to highlight, in line with the theory of attachment, the importance of the parental response in the development of a criminal and/or psychopathic personality. Bowlby [10] stated that the basis of a dysfunctional attachment resides in the relationship with unresponsive, mistreating and/or abusive parenting figures:

"For some, even the existence of the figures who care for and help is even unknown; for others the place where such figures could be found was constantly uncertain. For many more, the likelihood that a caregiver would react by helping them was uncertain at best, and nothing at worst. It is not surprising that these individuals, once they have become adults, do not believe in the possibility that there can ever be a truly helpful and trustworthy figure who cares about them. To them, the world appears disconsolate and unpredictable; and

they react by avoiding it and fighting against it". Research in this area [30, 64] argues that the primary figures of these children are in turn dominated by traumatic experiences such as mistreatment, affective deprivation, sexual and emotional abuse, as well as bereavement. Such experiences are often associated with the presence in life contexts of pathological addictions, personality disorders of caregivers or very disadvantaged socio-economic conditions. In many cases, caregivers replicate what they suffered in childhood or adolescence in reprisal to their children [4].

As a consequence of the internalization and representation of attachment relationships, early experiences with caregivers constitute the "place" in which "inner working models" are then shaped [10]. In other words, it is a question of cognitive structures (or internal mental models) both of the affective figures and of the bond with them, and of the figure of the child itself, which guide the infant and the adult who will be, in the interpretation of information that comes from the external world, guiding his behavior in new situations.

Children, subjected to levels of confused and hostile care, end up internalizing dysfunctional "internal operating models", mirroring the caregiver, which they subsequently fail to integrate into a representation, at a psychodynamic level, "sufficiently good" and, at a cognitive level, coherent in terms of a "secure base" [1, 11]. In other words, it is a question of attributing to oneself aspects, desires, ambitions and behaviors absorbed by the significant other. Furthermore, the dysfunctional relationship implies a contemporary interpretation of the child's self as the victim of a "persecutory" attachment figure which induces fear [56, 66, 67].

Infantile insecure attachments (worried, ambivalent and disorganized) [62-64] develop adaptively in situations where the child is forced to use psychic defenses to protect himself by a caregiver with insufficient understanding of his "cognitive state". By psychic defenses we mean the unconscious psychological mechanisms (dissociation, devaluation, projective identification, withdrawal of affects, idealization, etc.) put in place, in this case, by a child when faced with a painful and difficult to manage situation.

In particular, the adult style of insecure / disorganized attachment is the result of a serious failure in the construction of the caregiver-child bond and constitutes a dysfunctional basis and a risk factor in the formation of the psychic apparatus, and the structuring of the personality and associates therefore to the activation of psychopathological behaviors.

As already mentioned above, regarding the development of criminal and violent behaviors, Bowlby already hypothesized that an attachment disorder in early childhood could result in an absence of empathy in relationships in adulthood.

Marshall, [68] proposed the intimacy deficit theory for the etiopathogenesis of sexual violence. According to this theory, sex offenders develop an insecure attachment, with negative consequences in the sphere of interpersonal skills and self-knowledge, which compromises ab initio the ability to experience intimacy in other relationships. This involves a marked sense of frustration, loneliness, a sense of helplessness, which the individual tries to cope with by seeking emotional

satisfaction and human warmth absent in primary relationships in the forced and violent sexual act.

In a study of non-offenders, participants who exhibited an anxious and fearful attachment style scored higher on the evaluation of psychopathic traits [54].

In a further qualitative-quantitative study on the relationship between attachment and psychopathy on a sample of subjects who committed even heinous crimes, it emerged that the dimension of the devaluation of attachment bonds was able to predict PCL - R scores and that, moreover, most of the subjects with the highest PCL - R scores reported severe abuse during early childhood, highlighting indicators of disorganized attachment [85].

Results in literature [29] support the theory that the deprivation of emotional bonds and distancing defenses constitute a risk factor for criminal conduct [70]. In this sense it has been hypothesized that these behaviors can be considered adaptive, but dysfunctional, modalities, aimed at re-editing, through the expression of anger, traumatic relational experiences and suffered early abuse. These behaviors suggest that the child used dissociative defenses, mainly during his psychic development, to regulate affects and subsequent responses. This evolutionary process does not allow the child to fully develop and, subsequently, in the adult he will become, the ability to "reflect on their own and other people's mental states" [30, 31]. In fact, many psychic defenses properly reflect "strategies" to avoid the mentalization (or reflexive function) of their affects, since these are experienced as humiliating and destructive.

Regarding the reflexive function, Fonagy described it as the ability to see oneself and others in terms of mental states (feelings, intentions, desires, etc.) and to reason about own and others' behaviors, always in terms of mental states, through a process of reflection. Briefly, it is understood as the capacity for mentalization and is also the basis of the empathic capacity of the human being.

The mirroring of positive emotions and the experience of a peaceful and harmonious family environment constitute a protective factor on the emotional development and on the formation of non-pathological Self. [102, 104].

The etiopathogenesis of the affective regulation disorder (or affective dysregulation), consequent to the mentalization deficit, is correlated to a type of insecure attachment, and, specifically, in the literature it has been hypothesized as a dimension to be considered to explain the development of a psychopathic personality disorder.

The most dysfunctional level of affective dysregulation is alexithymia, alexithymic subjects cannot express words or phrases to describe the emotions they feel, moreover, they can feel nervousness, sadness, anger, boredom, irritability, but they are unable to attribute any meaning [19, 94].

In the case of psychopathy, like in dissociative disorders and personality disorders, the traumatic memories generating psychic suffering recollect experiences that took many years before the onset of the first symptoms was ever diagnosed and classified in nosographic categories in that case available as Acute Stress Disorder (DAS) or Post Traumatic Stress

Disorder (PTSD).

In other words, some authors, always on the basis of ethological studies, have argued that during development the prevalence of some motivational systems "incongruous" with the situation of nurturing and care, such as the attack-escape system activated by the alert condition consequent to the trauma, interferes with the motivational system of attachment, determining an insecure attachment style [58, 55]. This condition does not make it possible to use repression as a defensive mechanism and therefore determines the use of more archaic and rigid defenses, including the pathological dissociation of the experience and of a part of the Self, which, as already mentioned, progressively weakens with therefore impairment of the reflexive function [30, 31].

Therefore, a child with traumatic development will be an adult who will place himself in the affective relationships and in particular in the subsequent profound ones, always attacking or running away or both. In particular in the psychopathic personality, the absence of a sense of trust, a consequence of the impotence experienced during repeated traumas, affects the vision of the world and is associated with an instrumental attitude towards others, of use for one's own ends, as well as in the case of narcissistic personality disorder. Likewise, the anempathic attitude towards others reaches the point of irresponsibility or lack of guilt for the effects of one's actions on others, that is to say a regressed condition of relationship with the other of the predator-preyed type. This sign could properly be the expression not only or not so much of an insecure / disorganized style of attachment, but also of an insecure / distancing one. It is however certain that the study of the attachment style in relation to the presence of psychopathic traits is still necessary and useful, in order to obtain more evidence with respect to the understanding of the development of a psychopathic personality.

### 3. Aim of the Study

Starting from the considerations presented so far, we intend to offer an in-depth study on the relationship between the distancing attachment style, any trauma and risk factors in the psychopathic personality. To this purpose we will describe a case of psychopathy observed with the aid of the PCL - R (Psychopathy Check List - Revised; Hare, [44]), of the MMPI - 2 (Minnesota Multiphasic Personality Inventory - 2; [47], TEC (Traumatic Experiences Checklist; [73], DES (Dissociative Experience Scale by Bernstein & Putnam [2] and AAI (Adult Attachment Interview; [41], relating the personality profile, any dissociative symptoms and attachment style with the experience and presence of traumas in a psychopathic subject.

### 4. Methodology and Tools

#### 4.1. Potentially Traumatic Events

The TEC (Traumatic Experiences Checklist - TEC) by Nijenhuis, Van der Hart and Vanderlinden, [73] is a checklist.

This is a valid and reliable self-report tool, useful in clinical practice and research and has the function of systematically detecting 29 types of potentially traumatic events (bereavement, loss, parental divorce, having witnessed the trauma of another person, having suffered emotional neglect and abuse by various figures, having suffered physical mistreatment and abuse, having suffered harassment and sexual abuse by various figures), which had an impact on life, in relation to age. The test requires full cooperation on the part of the subject and involves the calculation of different scores, a cumulative score and scores for emotional neglect, emotional abuse, physical abuse and sexual abuse.

The checklist allows you to obtain both a total score and some specific scores to measure emotional neglect, emotional abuse, physical abuse, sexual harassment, sexual abuse, and the physical threat of a person. A dichotomous (yes / no) score is calculated for all types of interpersonal trauma. The total score ranges from 0 to 29. For each item it is evaluated whether the event happened or not, the age at which it occurred, and the impact of the event on a scale from 1=not at all to 5=much. In our study, the tool was used in order to detect the total number of traumatic experiences lived by the subject examined.

The TEC, validated in Italian, showed a good convergent validity, associated with further reports and official records of traumatic experiences [22, 26, 27].

#### **4.2. Psychological Functioning**

The PCL - R [46] is a 20-item measure, assessed through a semi-structured interview and the verification of secondary or archival information collected on the subject under consideration. A score of 2 can correspond to each item if the subject presents a certain trait in an evident and unequivocal way; 1 if the trait is present only partially or sometimes; 0 if it is non-existent. The global score ranges from 0 to 40. The construct is empirically based on Cleckley's studies relating to psychopathy. In 1985 it was called Psychopathic Check-List (PCL) and was later published as Hare Psychopathic Check-List Revised (PCL-R).

In the validation on the original population the cut-off is 30, the PCL-R demonstrated good internal coherence, test-retest and inter-rater reliability on various populations.

Validation on Italian population developed ROC curves, which showed an optimal cut-off with a score of 27 [20].

The factorial analysis of each version of the instrument (PCL; PCL-R; PCL: SV, PCL-YV) for adolescents and adults consistently reveal a stable two-factor structure, each of which contains two different sub-dimensions, that form a four-dimensional model of Psychopathy: factor 1 - formed by items that have to do with the interpersonal and affective traits (1<sup>st</sup> and 2<sup>nd</sup> dimension) of psychopathy including egocentrism, manipulation, coldness, lack of remorse and empathy, etc.; factor 2 - formed by items associated with a style of irresponsible and impulsive and at times antisocial life (3<sup>rd</sup> and 4<sup>th</sup> dimension). Factor 1 items are more discriminating and provide more information about the construct of psychopathy than factor 2 items do.

The inability of psychopaths to form attachment bonds is reflected in the two items of the tool: 11 "Sexual behavior promiscuous" and "Short and frequent marital relations" and 17. The two items are not included in the four-factor dimensional structure; therefore, they do not overload on any of these dimensions. This finding is in line with previous research on the factorial structure of the tool. Many studies showed that these items charged differently across the samples, resulting in inconsistent association patterns with respect to the size of the PCL -R [25, 44]. Nevertheless, the analysis of the response theory to the item showed that these items were discriminating and provided information for the construct of psychopathy [44, 46]. Therefore, they could have been considered typical indicators of devaluation of attachment bonds (DAB) [85].

Again, from Hare's research, most criminals and psychopathic patients meet the criteria for antisocial personality disorder (ASPD), but not necessarily for psychopathy. This is because ASPD is mostly defined by antisocial behaviors and consequently intercepts the deviant components of psychopathy (factor 2) much better than it does with the affective and interpersonal components of psychopathy (factor 1). The ASPD, in other words, does not allow a differential diagnosis between antisocial criminals and psychopaths.

Today the PCL-R is at the center of a debate on the related diagnostic process, due to the deterministic risk of false positives, induced by the description of crime or social deviance of a subject, even if it is not so easy to make mistakes. In fact, on the basis of the research of Hare and collaborators, the PCL-R can provide a detailed image of the disturbed personality of antisocial subjects, psychopaths and their degree of danger, consequently offering possible predictions on recurrence and identifying those psychological aspects on which a possible clinical treatment could focus on.

The PCL - R aims to obtain reliable information on the history of the subject, to facilitate the attribution of the score to the items; to provide representative examples of the subject's style of interpersonal interaction; to allow those who evaluate to compare and evaluate the consistency of the statements and responses, both in relation to the interview and between the interview and the information in the personal and secondary documentation; to provide those who evaluate an opportunity to seek additional information and test the subject for any inconsistencies in one's statements. The interview investigates the current condition of the subject (if detained, in semi-freedom, etc.), school history, up to twelve years, past work experience, future work goals, finances, or economic situation, if there is a parasitic lifestyle, health, meaning physical and psychological aspects, his family history from childhood to adulthood, therefore the relationship with parents, with siblings, any conflicts, punishments, the sphere of friendship, intimate and romantic relationships, drug abuse and impulsive behaviors, control of anger and emotions, antisocial behaviors from 6 to 17 years, any problems of conduct, of an oppositional - defiant type and from 18 years onwards, any aggressive behavior.

The interview typically lasts between 90 and 120 minutes and can be divided into several sessions, in particular with patients in the legal-forensic psychiatric field.

The Minnesota Multiphasic Personality Inventory (MMPI) is built to assess the most important structural characteristics of personality and emotional disturbances [47] but requires full cooperation from the test subjects. The questionnaire was developed at the University of Minnesota hospital following extensive work initiated by Hathaway and McKinley since the 1930s. Each item, in sentence form, is about personal experiences (e.g., I used to keep a diary), attitudes (e.g., I have never done something for the fun of it), beliefs (e.g., I think I am being stalked) or worries (e.g., I am often worried about something). The scoring is still carried out by calculating the score of a series of scales for different psychopathological aspects.

The protocol consisted of very simple questions to eliminate the influence of the subject's level of education as much as possible, allowing to complete the task in one or two hours in any case. The test was constructed by comparing the responses of normal subjects with those of groups of patients already diagnosed, in order to establish which item could have been inserted in a particular scale. After forty years, in 1982, evaluating the need for a revision of the test, Kaemmer, head of the MMPI at the University of Minnesota, formed a committee for its revision, from which was born the version for adolescents published only in 1992 under the name of MMPI-A (Minnesota Multiphasic Personality Inventory - Adolescent version), as well as the second version of the MMPI (MMPI-2). In 2011 the updated version of the adaptation on the Italian population was developed by Sirigatti and Stefanile.

The MMPI-2 possesses various strength points that made it an essential tool in clinical psychodiagnostics investigation and in research contexts. Some of the advantages of the test are: self-administration, simplicity of scoring, objectivity and the presence of scales that provide the assessment of the test subject's attitude towards the test. This tool offers the clinician and researcher the possibility of predicting future behaviors and responses to different treatments.

To prevent the test results from being falsified by self-administration, some validity scales (F, L, K) have been created that provide the examiner with fundamental information about the subject's cooperation, to evaluate his tendency to distort the answers and to understand for what purpose it was done.

Here it is important to specify that the scale for psychopathic deviation (Pd) is not a measure of psychopathy according to the Hare construct, but rather a measurement of anger and impulsiveness. This conclusion is reached by various researches, including that for the validation of the PCL - R on the Italian sample [20] which highlighted the low level of correlation between scale 4 (Pd) of the MMPI and the PCL-R.

The Dissociative Experience Scale (DES) was developed by Eve, Carlson & Putnam. It is a quick-to-fill self-report tool that allows you to evaluate the presence, quantity and type of

dissociative experiences, intended as the lack of integration of thoughts, feelings and experiences in the stream of consciousness and memory, in the absence of alcohol or drugs influence. It is made up of 28 items, which describe different dissociative experiences (such as feelings of depersonalization and derealization, memory and attention disorders) many of which are not considered pathological and the subject must indicate how often such experiences happen to him.

In the original version, the DES uses an analog evaluation, on a line of 100 mm, the subject puts a cross on the point that indicates the frequency with which he had that experience. There is also a second version, DES-II [23], which uses an 11-point percentage scale (from 0% to 100%) on which the subject indicates the percentage score that best corresponds to his experience and with the latter was evaluated the case set out below.

The score of the scale is given by the sum of the scores of the individual items divided by the number of items (28) and can therefore range from 0 to 100: scores below 20 are frequently found in healthy controls and also in psychiatric patients in general; scores above 30 are generally associated with a diagnosis of DD according to the DSM-IV. A DES item might be this: "Some people have experience of finding new items among things they own that they don't remember buying. Mark on the line the percentage that best indicates the times that this experience happens to you".

DES is not a diagnostic tool, but it is a screening tool, however "the higher the DES score, the more likely the subject is to suffer from Dyssociative Identity Disorder" [81]. The Italian version of the DES was adapted by Schimmenti to a sample of Italian adolescents in the A-DES version [83].

#### **4.3. State of Mind with Respect to Attachment**

The Adult Attachment Interview (AAI) [41, 66] is a semi-structured interview lasting about an hour, which allows to investigate the early relationships with the primary figures of care and which allows to carry out a qualitative analysis of the narratives concerning the experiences lived in childhood, in order to arrive at a classification of the state of mind of an individual in relation to attachment [28, 91].

The AAI protocol requires the interviewee to recall through twenty questions the experiences lived with the role model during childhood: for this purpose, they are asked to provide five adjectives that describe the quality of the relationship with each parent; the interviewee is then asked to support the chosen adjectives with specific memories and experiences that led to the selection of a certain adjective; the experiences of separation from caregivers, bereavement and traumas experienced in the course of life are then explored. The final part of the interview investigates the interviewee's current relationship with their children. The childhood experiences described are explored in detail with respect to the following aspects:

- 1) the narrative style of the subject,
- 2) his reactions to the events described,
- 3) the change over time of feelings and representations relating to the events recounted,

- 4) the effects of caring experiences and any traumas experienced with respect to the development of the adulthood [29].

The administration of the AI is audio-recorded and transcribed in full in order to allow the analysis of the interviewer according to the criteria established by the authors [65].

Scoring is carried out through the use of two sets of nine-point scales: the first set of scales, defined as the scales of experience, explores the experiences lived by the interviewee in the relationship with primary caregivers during childhood; the second series of scales, called scales of the mind, assesses the subject's current state of mind with respect to attachment. The states of mind relating to attachment identified by means of the AAI in adults are classified into four categories, defined by as many acronyms: Safe (F, free), Distancing (Ds, dismissing), Entangled (E, entangled), Unresolved (U, unresolved). To these four main categories, we add a fifth defined as Cannot Classify (CC), in which we observe the co-presence of mental states related to multiple and competitive attachment, such as those Ds and E [56, 65].

Below are the scores attributed to BI (Table 1) in the scales of experience and in the scales of the mind and the related AAI classification<sup>1</sup>.

*Table 1. BI's protocol AAI score sheet.*

Experience Rating Scale	Mother	Father	Other People
Rejection	1.0	7.0	/
Involvement / Role Reversal	1.0	1.0	
Pressure to success	3.0	1.0	
Neglect	3.0	8.0	
Care	5.0	3.0	
Presence/Absence Experiences	Mother	Father	Other People
Sexual Abuse	NO	/	
Physical Abuse	YES	/	
Other abuse/ extreme events	Aunt's disease		/
Does the examinee have children? (YES/NO)	YES		

Scale for state of mind vs parents	Mother	Father	Other People
Idealization	7.0	3.0	
Anger Involvement	2.0	4.0	/
Devaluation	4.0	7.0	/

Scale for total State of Mind			
Devaluation of Attachment Total			7.0
Insistence on Lack of Memories			3.0
Metacognitive processes			N. A.
Passivity of Thought processes			1.0
Fear of Loss			2.0
Unresolved loss maximum score			3.0
Unresolved trauma maximum score			/
"U" Total score			/
Highest Estimated Score for "Other" Trauma			/
Consistency of the Transcript			2.0
Consistency of Mind			2.0
AAI classification			Ds2

<sup>1</sup> Dr. Alessandra Stringi carried out the analysis of the AAI protocol.

## 5. A Brief History of BI's Case

BI is serving a prison sentence of 3 years and 2 months for robbery. In particular, he is accused of having committed 12 robberies in just one month. In this regard, during the PCL - R interview, he states: *"This is my one and only crime. Just because I missed a month... I pay for life. I didn't do anything else. I swear"*.

BI grew up in childhood exclusively with his mother. His father, initially a carpenter, was always out of town for work. Subsequently, he took on a job as caretaker at a school.

BI describes his family by offering a positive and ideal image as can be seen from an extract from the PCL-R interview:

"BI: ...I grew up with my mother. My father was often away on business. He was a carpenter. Then he came in as a janitor and settled down. I have two brothers and a sister. I am the oldest. I have always had a beautiful, beautiful relationship with my family. We are all one thing. Love for family never fails. We are one. Love is our family. My mother and I are the same. We don't look for others. We are reserved and we stay at our house. My parents didn't teach us anything... we adapted to their ways. My mother was not very loving. But she was always present and very attentive. My father has always been out of town... now in recent years he is more present. We are a very close family. Relationships with my brothers? I love them and they love me. We are all one. Can we have different thoughts? We try to stay each in our place. I have a very special relationship with my sister. She is my point of reference, she has the most open mentality, my parents have an old one".

Upon closer examination, an ambivalent relational and affective history emerges towards parental figures. In fact, he says, proposing elements inconsistent with those previously provided, that as a child he did not receive any attention from his parents and emphasizes that they did not care if he went to school or not. He claims:

"BI: My teachers said I was problematic... because as soon as someone told me something I didn't like, I immediately attacked them".

BI's school career is discontinuous and characterized by continuous fights with classmates and teachers:

"BI: I had difficulty in learning... I did not understand... my memory was not good... so I ran away and worked in bars... from the age of nine and I try to learn immediately and screw those better than me. I did the things that all the kids did. On the other hand, my 12-year-old son is already in eighth grade. He's very good. But I haven't seen him for 8 years... I've broken up with my ex-wife and he won't let me see him".

In fact, BI marries before being arrested, but after eight years he separates from his wife, is arrested and will never see his son again. With respect to himself he states:

BI: "I'm very proud and I don't like it when people make fun of me. I get angry and I no longer understand anything and I react with my hands... other times I react with my mind... I'm good at using dialogue... to understand where that person went wrong... or to convince them in my own way... when that



person doesn't understand, I become indifferent and proud or I react badly. "

BI started working at the age of 9 and says:

"My father wanted me to understand that you have to work... to become a man and he sent me since I was 9... not because we needed it, but because he had that mentality. It was right".

In 2005 BI does the *"fujtina"* (in Sicily it is the love escape with a girl to compromise her sexually and emotionally regardless of the wishes of her parents) and, after a few months, the young woman becomes pregnant with twins. They face several quarrels due to a character clash and enormous economic difficulties that lead them to end their relationship after six months. After a few weeks, his ex-partner tells him she had an abortion, losing their twins, BI reports that from that moment on he lost control of his life. He starts seeing disreputable people and returns to cocaine use after many years. Nobody at that time helped or supported him. Charged with anger, he loses any kind of friendship and participates together with a group of bad guys in various armed robberies. Regarding that period, he remembers:

"... I felt like I was emotionless, with a melted mind, with the sole aim of hurting and scaring... even though I changed a lot of jobs... I was leaving because I fought, I didn't want to be submissive. The owners went wrong to talk to me. But I can do my job (as a waiter) very well".

However, BI sometimes used alcohol and cocaine:

"... above all, when I had a bar under management".

At that time, at the age of about 22, he falls in love with a woman he becomes extremely possessive and jealous of:

BI: "It was from there that I started using cocaine... when she left me and things were bad at the bar. This even before the love story with my partner. Then I also started again while I was married and working... in various bars I consumed cocaine... "

From the BI narrative it appears as if the use of the drug does not constitute any problem for his work or psychological performance:

BI: "But I was always efficient at work, when I was using it. If you came to a bar, I would know how to serve you. I would perfectly memorize your tastes and I'd serve you what you want even without you asking for it. But if you come with someone, I do not make the other understand that I am confident with you. I wouldn't dare. I immediately understand the person, I x-ray him. I am very good at doing what the other expects... I know who to do to and who not to do".

Finally BI frequently keeps weaving short romantic relationships until his arrest.

## 6. Evaluation of Observations

BI presents a state of mind towards attachment of a distancing type (*Dismissing*, DS, see table 1), as it shows throughout the interview a limited attention to thoughts and feelings related to attachment experiences. BI partially idealizes his father (father idealization score=3), but above all his mother (mother idealization score=7), not adequately supporting the constellation of positive adjectives proposed

to describe them with the story of coherent episodes (mother: present, caring, working; father: very caring, hardworking). He often encounters blocks of memory, not remembering conclusive details, the state of mind is also characterized by devaluation with regard to the relationship with the father (father devaluation score=7), who lives as an absent, negligent, disconfirming and refusing attachment figure (father refusal score=7).

To this end, we report some excerpts from the interviewer-interviewee interaction, which highlight a distancing devaluation (dismissing derogation) even in the final attempt to normalize:

Interviewer: Now I would like to ask you about the relationship with your parents.

BI: yes, yes with my parents. Especially at the age of four, when we went to live in via X, my father, who worked as a carpenter, before entering school as a janitor and... he went to Y for work, the railway that exists, the subway that is in Y... he was also the one who worked there. And he was there for almost twenty years and he went and came back, there and back. There has never been that type of relationship..."

Interviewer: At Y?

BI: Y, exactly. Then he went further on to work in Vercelli, there was no relationship between father and children. That is... he was that kind of husband, who is out for work and there is not that kind of father and children relationship.

Interviewer: Um, um.

BI: That time he came it seemed like a party, but then there is nothing. Even today, I understand what daddy means, because he worked for us. And I lived with my father and mother from morning to night... "

BI emphasizes the normality of relationships in his family, minimizing the numerous absences of these from home for work, even when he refers to the slaps received or his refusal during early childhood events.

BI stresses his own personal strength on several occasions, describing his Self as strong, independent, normal.

He shows signs of cunning, materialism, disloyalty or manipulation towards relationships, in fact he does not report what it is then possible to acquire from other sources about the permanence of the father in prison. Furthermore, the absence of a convincing evaluation of attachment experiences emerges.

BI expresses fear of loss towards her child under nine, without being convincing in telling of the influence on him of the experience of the disease and the loss of her very young maternal aunt suffering from cancer during her childhood.

BI expresses a reduced articulation of feelings or need for dependence on the father figure, even if finally, it brings out a certain resentment and small amounts of anger towards the father.

I: So, is there an episode that you remember, which fully explains the fear you felt as a child for your father? A punishment?

BI: No. No, no. I will explain it to you now, in certain things,... I will always blame my father until his death, but not to make him...

I: Which things?

BI: Like now that I could be here. I took a seat; I took a seat (Um). You say, you don't know how to use this pen. I will do everything to use it. (Um). Do you understand? If you say to me, "you can't steal!" because I'm ignorant. Today I can tell you, I was ignorant, because I won't do these things anymore. I had to challenge people who told me the right thing. Do you understand me? (Um). And I was like that with my father, anything.

I: that... (you challenged him?).

BI: Exactly. Because he saw me as his weakest son. Instead, today he realized that this is not the case. I... I had to do these things to make you understand that I don't lack the ability to do anything? Do you understand me?

I: So, you felt diminished by your father?

BI: Diminished, yes, very good. (I: Devalued?)

BI: Devalued. Exactly. I will always accuse him of this.

BI is an individual who, for the F1 of the PCL-R5: affective, interpersonal and lifestyle aspect, highlights relational and expressive modalities of a psychopathic type, fully exceeding the cut-off of 30 and reporting a high overall score (total score=34). It also presents traits of the antisocial personality disorder, in fact it possesses impulsiveness and irresponsibility (Factor 1=15), albeit well verbally hidden and intellectualized by its manipulative-affective skills uninhibited by the lack of scruples (Factor 2=13).

The analysis of the PCL-R items (scoresheet), the inferred behavioral analysis, the attribution of the PCL-R score (scoring) therefore support a profile, according to which it is possible to affirm that BI, placed in front of situations that escape to his control/domination, reacts with psychopathic violence. It can also be inferred that such violence is expressed in an antisocial way (assaults, robberies, scams) and certainly does not opt for the path of dialogue, unlike what he declares, especially when confronted with female figures such as his partners. In this regard, it is crucial to note how BI scores 2 on items 11 and 17 (DAB dimension) due to its promiscuity in lifestyle and its behavior in romantic relationships.

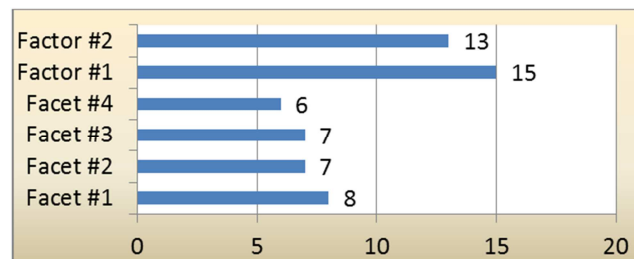
During the analysis of the PCL-R interview (*Figure 1*) BI often reveals her aggressive and manipulative character aspect, especially when he contradicts himself by letting his lies emerge:

BI: "When you speak, it seems that you already know everything! What do you want to get? Yes, I have also committed scams... yes it's true, I have not committed other crimes... my head works! But still there isn't nothing yet... no conviction. I signed checks... So I don't say anything. Five years ago... but I don't talk about it. In some ways my brain works. I can do business well. You give me one hundred euros and I can quadruple them. My brain works and I learn immediately".

Therefore BI's way of acting is elaborate, manipulative, coercive and well thought out, even though it is, in other respects, very simple and determined by its low level of education. In any case, he carries out his business in a cold, self-confident manner and aware of the consequences of his actions. He also demonstrates a great ability to simulate

human emotions and use them for his own gain:

"BI: A person who takes drugs is not a healthy person, he is unreliable, without dignity and can do anything... I tell you this wearing my heart on my sleeve. He does not notice how others look at him... I suffer and I have problems, I know, now I have changed. I learned a lot here. I am no longer the same person".



*Figure 1. PCL - R dimension and factor scores chart in BI's protocol.*

At the MMPI, as can be seen on the following page (*table 2*), BI reports the following results on validity and clinical scales.

*Table 2. MMPI - 2 scales scores of BI's protocol.*

Validity scales									
L			F				K		
52			72				45		
Basic Clinical Scales									
Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si
68	64	47	59	53	67	63	77	66	66

In determining the validity of the protocol, in examining the Basic Clinical Scales, Content and Supplementary Scales, the scores obtained by BI were compared with those of the normative sample, using the distribution of T points ( $M=50$ ;  $ds=10$ ).

The configuration of the Validity Scales (L-F-K; VRIN and TRIN; Fb) shows the presence of a response pattern called "exaggerated symptom picture". This pattern of validity is highlighted by an elevation of the Scale F (Frequency,  $T=72$ ), however admitted, given that the subject in question lives in prison. From the observation of this configuration, emerges an attitude willing to recognize the existence of stress and problems of emotional nature. This trend could signal an indirect request for help on the part of the examinee (Butcher & Williams, 1992).

A more attentive analysis of the Validity Scales (Scale F,  $T=72$ ; Scala VRIN - Variable Response Inconsistency,  $T=59$ ; TRIN Scale (True Response Inconsistency,  $T=78V$ ) allows to:

- exclude the tendency on the part of the subject to counterfeit negative responses (F-K dissimulation index  $<15$ ) (Gough, 1974) or to exaggerate his difficulties in attention, concentration and adaptation (Scale L, Lie,  $T=52$ ; Scale K, Correction,  $T=45$ );
- admit the tendency of the subject to answer affirmatively to an excessive number of items that investigate the presence of psychological problems, with consequent invalidation of the profile itself (TRIN,  $T=78V$ ).

BI's profile is therefore evaluable, however, due to the elevation of the Fb Scale (Back Frequency,  $T=93$ ), attributable

to the history of drug addiction present in the medical history, it is not possible to interpret neither the Content nor the Supplementary Scales.

The examination of the Basic Clinical Scales reveals a profile characterized by a higher position in the Sc Scale (Schizophrenia,  $T=77$ ) which, together with the analysis of the Configuration 6-7-8 (Scale Pa, Paranoia,  $T=67$ ; Scale Pt, Psycasthenia,  $T=63$ ; Scale Sc,  $T=77$ ) highlights the personality characteristics of an emotionally withdrawn, socially isolated, hostile and lacking insight into his behavior subject.

The inclination of the profile, observable through the analysis of the trend of the neurotic triad (Hs, Hypochondria,  $T=68$ , D, Depression,  $T=64$ , Hy, Hysteria,  $T=47$ ) and of the psychotic tetrad (Pa,  $T=67$ ; Pt=63; Sc,  $T=77$ ; Ma, Maniacality,  $T=66$ ), shows the presence of chronic disorders, poor impulse control, with possible sudden outbursts of anger (Pd, Psychopathic Deviation,  $T=59$ ; Hy,  $T=47$ : Pd > Hy of 10 T). The subject appears suspicious, hostile, exaggeratedly sensitive and susceptible to criticism, touchy and vindictive (Pa,  $T=67$ ).

The patient's mind is characterized by rigidity and obstinacy, supported by an ideation process compromised by the possible presence of delirium (Thought Disorder: Scale 2 and 0 > 60 (Scale D, Depression,  $T=64$ , Scale Yes, Social Introversion,  $T=66$ ).

The poor contact with reality explains the exaggerated reaction to every problem, the extreme self-centeredness and selfishness and the excessive concern for physical problems (Hs, Hypochondria,  $T=68$ ).

The deflection of the mood ( $D=64$ ) makes the subject irritable, unhappy, dissatisfied with himself and the world, pessimistic and worried. The aforementioned deflection, combined with the perception that the responsibility for his own problems is to be attributed to others ( $Pa=67$ ), make the patient impulsive, unreliable and impatient, excessively self-confident and in this sense assertive ( $Pd=59$ ).

From the relational point of view, there are difficulties caused by the subject's tendency to avoid contacts even with significant reference figures. The tendency to rumination and the reduced inclination of BI to action make the subject rigid, pedantic and hyper-controlled.

The analysis of some indices supports the findings discussed so far:

- 1) Goldberg index -  $L + Pa + Sc - Hy - Pt$ : intercepts the presence of a psychotic profile ( $L + Pa + Sc - Hy - Pt = 84$ );
- 2) PAI index (Passive-aggressive) -  $(Hy + 100) - (Pd + 2XPa)$  in T points: highlights an aggressive personality trait ( $T=-46$ ).

At TEC, BI obtains an exposure score to trauma of 3, but the results from the PCL- R and AAI interviews actually highlight the disturbed relationship with the father, which involves exposure to a traumatic relational condition in a continuous and cumulative sense (see frequent and prolonged absences of the father and then his provocative presence in a rejecting and devaluing sense). In a direct investigation, such as that through the TEC, BI tries to conceal the condition of

suffering experienced in childhood, in favor of the presentation of an image that is too strong and unrealistic of himself.

At DES II, BI obtained the score=46.3, cut off <30 - which denotes the presence of dissociative mechanisms, which, by comparing the data with the MMPI-II profile, assume a defensive or adaptive function. This means that dissociation serves BI to remove from consciousness traumatic events that would otherwise be a source of unsustainable anguish, in recognizing the data of reality, such as the failure of his expectations, drugs abuse, divorce, the loss of his son, crimes and imprisonment. BI literally dissociates himself from a situation or experience that is too traumatic to be integrated into his own conscious Self.

It is impossible to determine, precisely the reason why DES is not a diagnostic tool and it is not the purpose of this work to identify it, when, finally, the sense of one's own reality is altered, if the subject replaces it with feelings of unreality, that is to say with Depersonalization.

The symptomatic procession of DD, beyond the specific symptoms that identify the four dissociative syndromes (amnesia, fugue, awareness of one's identity and derealization), also includes others, such as: presence of recurrent depression, anxiety, panic, phobias, anger, wrath, reduced self-esteem, feelings of unworthiness, shame, somatoform pain, self-destructive thoughts and/or behaviors, abuse of substances, abnormalities of eating habits, difficulties in interpersonal and sexual relationships, sexual dysfunctions, loss of the notion of time, memory lapses, feelings of unreality, flashbacks, intrusive thoughts or images, state of hypervigilance, alarm, sleep, nightmares, sleepwalking, insomnia, fluctuating or alternating states of consciousness.

It is evident that this symptomatological richness makes its identification difficult, since it places DD straddling multiple disorders from depressive and anxious to personality disorders, from somatoform to psychotic disorders. These symptomatological pictures can be assumed coherently in accordance with the data also provided by the MMPI profile of BI (figure 2).

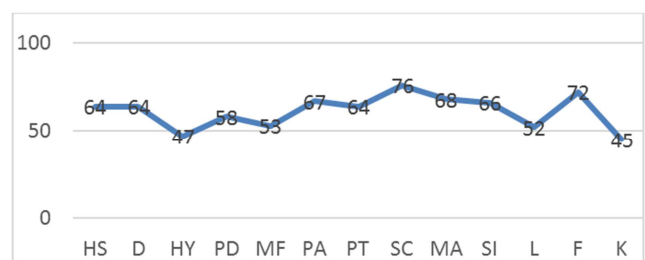


Figure 2. Graphic of MMPI-2 profile of BI's protocol.

## 7. Discussion

In the case of BI, the psychopathic personality is associated with a dismissing style of attachment and a negligent and neglectful affective environment from early childhood. BI has a non-existent and dysfunctional relationship with the attachment figures experienced as neglectful, negligent both

from a material and an affective-emotional point of view, with a dissociative shift responsible for an alteration of the emotional contents of lived experiences (PCL - R interview and DES interview=43.07). This fits perfectly with the presence of the DAB dimension of the PCL - R relating to the attitude of devaluation towards sentimental bonds of attachment.

The case of BI highlights how the traits of the APD do not correspond to the PPD disorder, and how psychopathic relational modalities can still be present in a person with an antisocial lifestyle. APD, as well as other personality disorders or psychiatric disorders, can be an expressive or comorbid form of PPD, but still distinct.

Therefore, returning to BI, his violent behavior is driven by intense narcissistic, dysregulated and pathological thoughts and emotions. Psychopaths such as BI, enact these emotions in the presence of their victims, not to relate to them, in an empathic and interested sense, but to exploit them, manipulate them or attract them to themselves, in a subtle and malevolent way. Their actions are distinguished from any other crime or murder for their components of criminal violence and sadistic perversion, especially in front of subjects he perceives as fragile, vulnerable or in the face of relationships with the other sex.

A psychopath's worldview is personally distorted rather than interpersonal. In social and cognitive terms, he cannot take another's point of view into consideration in the same way as his own (deficit of mentalization or reflexive function; [31] therefore he cannot put himself in the shoes of the other. He thinks linearly, anticipating the reactions of others after having satisfied his own desires, and his actions are not based on choices in a social sense, due to cognitive limitations. Moreover, the poor ability in behavioral control, in some cases of psychopathy comorbid with APD as in BI (see MMPI), outlines a profile of impulsiveness that is the complement to the emotional-cognitive egocentrism of the antisocial subject who commits crimes.

It should not be forgotten that not all antisocial behaviors are committed by antisocial and / or psychopathic personalities and that not all antisocial personalities are comorbid to psychopathic personality disorder.

## 8. Conclusions

In conclusion, some references have been reported in the literature in order to help to evolutionarily explain how insecure/disorganized attachment, insecure/dismissing attachment and the theoretical construct of psychopathy, according to the definition of Hare [46], can respectively be related between them.

It has been examined what the nature and dimension of early traumatic experience in psychopathic personalities may be. Besides the psychopathic personality has been distinguished from the antisocial personality disorder through an empirical analysis. A contribution has been offered, through the analysis of BI's case, to better define and clarify the extremely aggressive nature of the motivation that drives a

criminal psychopath to create victims by highlighting his childhood origin, in particular attributing it to a pathological caregiver-child relationship, with a distancing, careless and negligent father figure, through the results of the instruments and tests administered.

Here, in accordance with the theoretical premises set out above and with the distinction [69, 71] between two types of violence:

- 1) the impulsive, reactive, hostile affective one, with the presence of emotional flood,
- 2) predatory, proactive, cognitively planned with the absence of emotions.

We have also shown a method of investigation to study why the dismissing attachment style in psychopathic personalities can be coexistent with the psychopathic trait and therefore with the second type of violence.

Finally, we believe it is still necessary and fruitful to verify the results of this contribution through the study on more subjects, investigating the relationship between psychopathy, insecure/dismissing attachment and dysregulation.

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