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Psychopathy: A comprehensive review of its assessment and intervention ☆

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ABSTRACT

Psychopathy is one of the most studied personality disorders, in terms of the negative impact that the behaviors associated with this disorder — particularly, the criminal behavior — have in the community where the individual lives. The aim of this article is to present a comprehensive literature review on psychopathy, focusing some difficulties related to its concept, assessment, and intervention. Here, psychopathy is presented as a construct resulting from decades of clinical and empirical research, and whose dimensional nature justifies the possibility of assessing the general population. Studies indicate that psychopathy is manifested in a number of behaviors resulting from biological and personality factors related to a series of family history and environmental factors. We emphasize the need for more empirical research on psychopathy in the general population in Portugal, regarding the development and adaptation of measures of the construct.

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1. Introduction

Experts have been encountering individuals who, although evidencing "behavioral of mental insanity", did not evidence any delusional, hallucinatory, nor deficient symptomatology, since the early days of Psychology and Psychiatry.

In 1801, Pinel named "manie sans délire" (manic without delirium) those individuals who had no hallucinations or understanding disorder, but who did evidence a behavior with signs of mental insanity (Murray, 1997).

Later in 1822, Prichard introduced the concept of "moral insanity" for those individuals with behavior characterized by morbid perversity (Berrios, 1996).

Lombroso, in the second half of the 19th century, related elements of body morphology that could prognosticate propensity for crime (Bollone, 1992).

In 1904, Kraepelin employed the term "psychopathic personalities" to refer to a type of people who are neither neurotic nor psychotic (Schneider, 1943).

More than 80 years later, Cleckley (1988) considered psychopathic personality disorders as insanity without symptoms peculiar to psychosis.

The number of authors who have studied the issue of abnormal personalities is countless. For decades, researchers have found better or differentiated ways to define, describe, and categorize these personalities.

It was only in DSM-III (1980), with the creation of Axis II, that the diagnosis of abnormal personalities stood out in psychological/psychiatric nosography.

There is not — and there will never be discovered — a single gene or biological cause for antisocial behavior. However, that does not mean that the hereditary characteristics, such as intelligence and temperament,

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are of no interest and cannot influence the probability of the individual to manifest a pattern of criminal behavior (Almeida, 1999).

The concept of psychopathy has been studied over many decades, during clinical and empirical investigations. The psychopathy construct results from a set of personality disruptive traits, and antisocial behavior. However, there is no consensus among researchers regarding its definition. This is a psychological concept which is very useful — particularly in the judicial environment — to characterize certain behavioral and emotional patterns in particular.

Along with the development of the study of the personal mind, associated with several personality characteristics, it was observed that certain criminals, who had shown high levels of aggression and cruelty, did not present any sings of insanity. Thus, the contemporary term psychopathy was born, mainly from the forensic medicine world.

In 1857, Esquirol named *Monomania* to this type of disorder (Nunes, 2009).

Around 1801, the French doctor Philip Pinel was the first to provide scientific characterizations of these particular behavioral and affective patterns close to the current ones. He called this type of patterns *mania without delirium*, because these individuals held a perfect understanding of the irrational aspect of their behavior, showing no delusional character when practicing behaviors of extreme violence towards others or even themselves (Filho, Teixeira, & Dias, 2009). Nevertheless, the term psychopathy was implemented by Koch, from the German School of Psychiatry (Nunes, 2009).

Over the 19th and 20th centuries many studies have been conducted. However, controversy and the lack of specificity have remained up to the 40s of the last century. The term psychopathy became commonly used and better defined only in 1941, thanks to Hervey Cleckley's (1988) work. In *The Mask of Sanity* (1988), Cleckley describes the clinical picture of a psychopath, by identifying 16 characteristics observed in individuals who suffer from this personality disorder. However, Cleckley argued that the 16 characteristics did not have to be all mandatorily observed in some psychopaths. Therefore, the characteristics which may be patent in a psychopath are: superficial charm and high IQ; absence of delusions and other signs of irrational thinking; absence of nervousness and psychoneurotic manifestations; unreliability; tendency to lie and falsehood; lack of remorse or shame; inadequately motivated antisocial behavior; depleted judgment and failure to learn from experience; pathological egocentricity and incapacity to love; widespread poverty in terms of affective reactions; specific loss of insight; lack of reciprocity in interpersonal relationships; unrealistic and adversive behavior under the influence of alcohol and sometimes without such influence; suicide threats rarely carried out; impersonal, trivial, and poorly integrated sex life; and failure to follow a life plan.

However, there are other biological, cognitive, affective, and behavioral characteristics of the antisocial personalities associated to psychopathy.

For example:

1. Biological dimension: hypo-reactivity of ANS (SMA) (individuals have greater ease not responding to aversive stimuli, and show deficits in processing sensory stimuli); sub cortical activation.
2. Cognitive dimension: real vs. abstract thinking; deficit alternative thinking, deficient alternative thinking; deficient locus of control (personality factor defined as the belief that our actions influence the results that we experience in life); cognitive distortions (total or partial denial, deny, minimize, etc.).
3. Emotional and affective dimension: insensitivity/affective shallowness (general lack of concern for the negative consequences of their actions and inexistence of remorse or guilt, inability to experience emotions or affections, low anxiety); egocentricity; impersonal relationships, low self-esteem.
4. Behavioral dimension: aggressiveness, impulsivity, falsehood/manipulation.

According to Hare (1996), (primary) psychopathy is a severe mental disorder marked by a character deviation, absence of genuine feelings, coldness, insensitivity to other's feelings, manipulation, egocentricity, lack of remorse and guilt for cruel acts, and inflexibility with punishments. Although psychopathy is more frequent in males, it also affects women, in diverse levels, though with different and less specific characteristics than psychopathy affecting men.

Psychopathy seems to be related with important brain dysfunctions. Thus, it is important to consider that one single factor cannot be totally enlightening about the cause of the disorder. There seems to be a junction of components. Although some individuals with slight psychopathy have not experienced traumatic situations, the disorder, especially in severe cases such as sadists and serial killers, seems to be linked to three main factors: brain/biological dysfunctions or neurological trauma, genetic predisposition and sociopsychological traumas in childhood (e.g., emotional, sexual, physical abuse; neglect; violence; conflicts and parents' divorce). As a rule, violent antisocial individuals evidence a history of one of these components in their background, including those who reveal genetic predisposal. However, not every individual who has suffered some kind of abuse or loss in childhood will become a psychopath. Particularly when some genetic influence or some brain dysfunction that predisposes to antisocial behavior does not exist. Likewise, one cannot say that every psychopath is born with characteristics that will determine their criminal behavior. Therefore, the junction of the three factors is essential. We must take into account: genetics, psychosocial conditions, and dysfunctions in the brain (especially in the prefrontal lobe and limbic system).

Blackburn and Coid (1998) developed an interesting typology for psychopathy subtypes. Initially, they created a distinction between two types of psychopaths, both sharing a high degree of impulsivity: a *primary type*, characterized by a proper socialization and a total lack of emotional disturbances, and a *secondary type*, characterized by social isolation and neurotic traits. Despite all the typological variations from different authors, all seem to agree on the nuclear characteristics of the concept: impulsivity and lack of feelings of guilt or regret.

The *primary psychopaths* are characterized by impulsive, aggressive, hostile, extrovert traits. They are also confident about themselves, and have low levels of anxiety. In this group predominate narcissistic, histrionic, and antisocial people, but not necessarily criminal. Personalities from the political world, security forces, extreme sports, etc. may be considered in this group. *Primary psychopaths* evidence greater forethought and firmest convictions to commit crimes than *secondary psychopaths*, particularly the ones of the instrumental type. These also show more autonomic and cortical arousal, and greater tendency to sensation-seeking.

Secondary psychopaths are usually hostile, irresponsible, impulsive, aggressive, socially anxious, isolated, avoidant, dependent, distrustful, moody, and have low self-esteem. They are individuals whose antisocial behaviors are more reactive than instrumental. They might be identified with eccentric leaders of sects, cults, and associations. Their crimes tend to be unplanned and they think little of the consequences. *Secondary psychopaths* tend more to commit minor crimes, such as robbery. They are moody and aggressive, and have trouble tolerating boredom, which is why they keep looking for new sensations. These psychopaths show more fury before a threat, either physical or verbal, than primary psychopaths.

2. Assessment of psychopathy

Hare published several articles, book chapters, and books on the theme. We may find among them the classics *Psychopathy: theory and research* (Hare, 1970), and *Without conscience: the disturbing world of the psychopaths among us* (Hare, 1993, reissue Hare, 1999). Hare speaks to international audiences about every aspect of psychopathy, from personality and vulnerability assessment to risk factors of psychopaths in the community. He believes that psychopaths are the most destructive members of society and the most dangerous type of person. According to Hare (1996), since psychopaths represent more than 1% of the