

Psychopathy: A Clinical and Forensic Overview

Robert D. Hare, PhD^{a,b,*}

^aDepartment of Psychology, University of British Columbia, 2136 West Mall, Vancouver, British Columbia V6T 1Z4, Canada

^bDarkstone Research Group, Vancouver, British Columbia, Canada

The modern conception of psychopathy is the result of several hundred years of clinical investigation and speculation by European and North American psychiatrists and psychologists [1–4]. As Millon and colleagues [4] put it, “Psychopathy was the first personality disorder to be recognized in psychiatry. The concept has a long historical and clinical tradition, and in the last decade a growing body of research has supported its validity.” Psychopathy also been described as the single most important clinical construct in the criminal justice system and as “what may be the most important forensic concept of the early 21st century” [5,6].

Although the etiology, dynamics, and conceptual boundaries of this personality disorder remain the subject of debate and research, there is a consistent clinical and empirical tradition concerning its core affective, interpersonal, and behavioral attributes. On the interpersonal level, psychopaths are grandiose, arrogant, callous, dominant, superficial, and manipulative. Affectively, they are short-tempered, unable to form strong emotional bonds with others, and lack empathy, guilt, or remorse. These interpersonal and affective features are associated with a socially deviant (not necessarily criminal) lifestyle that includes irresponsible and impulsive behavior and a tendency to ignore or violate social conventions and mores. Psychopathy cannot be understood solely, or even primarily, in terms of social and environmental forces and influences. It is likely that genetic factors contribute significantly to the formation of the personality traits and temperament considered essential to the disorder [7–10], although its lifelong expression is a product of complex interactions between biologic/temperamental predispositions and social forces [11]. Certainly, the traits

This article draws on several more extensive discussions of the topics contained in references [26,30,35,63,111,112].

*Department of Psychology, University of British Columbia, 2136 West Mall, Vancouver, British Columbia V6T 1Z4, Canada. E-mail address: rhare@interchange.ubc.ca

and behaviors that define adult psychopathy begin to manifest themselves early in childhood [12,13]. Blair and his colleagues [14,15] have provided an extensive discussion of current models of psychopathy based on cognitive/affective neuroscience. Kiehl [16] has described a model in which “the relevant functional neuroanatomy of psychopathy includes limbic and paralimbic structures, which may be collectively termed the paralimbic system.”

Whether viewed as a mental disorder, an unusual pattern of psychobiologic/neurologic processes, an evolved “cheater” strategy for passing on one’s gene pool, or as a pathologic variant of normal personality, psychopathy clearly presents society with a serious problem [17,18]. Although not all psychopaths come into formal contact with the criminal justice system, their defining features clearly place them at high risk for crime and violence [19,20]. As Silver, Mulvey, and Monahan [21] put it, “Psychopathy’s defining characteristics, such as impulsivity, criminal versatility, callousness, and lack of empathy or remorse make the conceptual link between violence and psychopathy straightforward.” The problem is to assess psychopathy as accurately as possible, particularly in situations where such an assessment has serious implications both for individuals and society.

Extensive accounts of the recent research and theory on psychopathy and its clinical and forensic applications are available in edited volumes by Patrick [22], Hervé and Yuille [23], and Gacono [24].

ASSESSMENT

Because of space limitations, this article focuses on the most widely accepted measure of psychopathy, the *Psychopathy Checklist—Revised* (PCL-R) [25,26]. Occasional references also are made to its direct derivatives, the *Psychopathy Checklist: Screening Version* (PCL: SV), the *Psychopathy Checklist: Youth Version* (PCL: YV), and the *Antisocial Process Screening Device* (APSD), each supported by extensive evidence for their reliability and validity [27–29].

Psychopathy Checklist—Revised (PCL-R)

In the 1970s, the author and his colleagues began work on what was hoped would be a reliable and valid research tool for the assessment of the traditional clinical construct of psychopathy. These efforts, which resulted in the PCL-R [25,26], are described in detail elsewhere [30]. The *Buros 12th Mental Measurements Yearbook* described the PCL-R as “state of the art...both clinically and in research use” [31]. Following publication of the second edition of the PCL-R, the *16th Mental Measurements Yearbook* referred to it as “the gold standard for the assessment of psychopathy” [32].

The PCL-R was designed to measure the clinical construct of psychopathy, not to assess risk for recidivism or violence. However, because of its demonstrated ability to predict recidivism, violence, and treatment outcome, the PCL-R routinely is used in forensic assessments, either on its own or, more appropriately, as part of a battery of variables and factors relevant to forensic psychology and psychiatry.

Download English Version:

<https://daneshyari.com/en/article/4189623>

Download Persian Version:

<https://daneshyari.com/article/4189623>

[Daneshyari.com](https://daneshyari.com)