



# Clarifying the heterogeneity in psychopathic samples: Towards a new continuum of primary and secondary psychopathy☆



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## ARTICLE INFO

### Article history:

Received 22 May 2014  
 Received in revised form 5 May 2015  
 Accepted 5 May 2015  
 Available online 11 May 2015

### Keywords:

History  
 Assessment  
 Subtypes  
 Etiology  
 Neurobiology  
 Endocrinology

## ABSTRACT

Psychopathic individuals identified through contemporary instruments vary considerably in personality and etiological background, which creates confusion in practice and inconsistency in data. The goal of this paper is to clarify this heterogeneity and introduce a new typology to narrow down psychopathic subcategories. Towards this end, we will discuss the conceptual history of psychopathy, compare the construct-validity of different psychopathy measures (DSM, PCL-R, PPI-R, and TriPM), and review cluster-analytic studies to identify more homogeneous categories. In line with the existing literature, the psychopathic population is broadly divided into a primary and secondary category which diverge crucially in personality (reward/punishment sensitivity, neuroticism, impulsivity, hostility) and etiology (genetic contributions, fronto-limbic circuitry, serotonergic functioning, and testosterone/cortisol endocrinology). Secondary psychopathy may be situated on a continuum with the antisocial or borderline personality disorder because it represents a more severe but not qualitatively different form of environment-contingent *emotional disturbance* (e.g., prefrontal cortex malfunctioning, serotonin deficiency, impaired predictive allostasis), whereas primary psychopathy is a unique condition that is strongly rooted in a constitutionally defined *emotional deficiency* (e.g., limbic hypo-responsivity, serotonin hyperstability, dampened reactive allostasis). However, both primary and secondary psychopathic samples show high levels of within-group heterogeneity and may be placed on their own continuum of, respectively, self-control and affect instability. Concluding, we will introduce a new continuum of primary psychopathy (controlled to disinhibited) and secondary psychopathy (detached to unstable) and discuss how these subtypes may differ on a number of psychopathy measures, personality profiles, and endophenotypic pathways. Finally, future directions for resolving conceptual issues are discussed.

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☆ We declare no conflict of interest. No grant was received for this work and there are no third funding parties.

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## 1. Introduction

Antisocial personality traits, such as callousness, selfishness, manipulateness, and irresponsibility, have presumably been present since the ascent of man (Cleckley, 1941; Kiehl & Hoffman, 2011; Lykken, 1995; Mealey, 1995). Indeed, the existence of psychopathic individuals in pre-industrialized cultures and indigenous tribes validates that psychopathy is not an artifact of modern civilization (Lykken, 1995; Murphy, 1976). Around 0.6–1.2% of the community and 15–30% of the prison population in the Western world can be diagnosed as psychopathic according to current standards. However, this group commits a disproportionate amount of crimes, commits a greater variety of crimes, begins committing crimes at younger ages, and is more violent during the act (Coid, Freestone, & Ullrich, 2012; Coid, Yang, Ullrich, Robert, & Hare, 2009; Hare, 1993, 2003; McCuish, Corrado, Lussier, & Hart, 2014; Porter, Birt, & Boer, 2001; Porter, Woodworth, Earle, Drugge, & Boer, 2003; Sullivan & Kosson, 2006; Vaughn, Howard, & DeLisi, 2008). In fact, psychopaths commit more than 50% of all serious felonies in Western society, and, after release from incarceration, are three to four times more likely to recidivate violently compared to non-psychopathic criminals (Douglas, Epstein, & Poythress, 2008; Douglas, Vincent, & Edens, 2006; Hare, 1993; Hemphill, Hare, & Wong, 1998; Porter et al., 2001). In response to such convincing statistics, some scholars have advanced that psychopathy is the purest and best explanation for antisocial behavior and have even argued that “psychopathy is the unified theory of crime” (italics added, DeLisi, 2009). Paradoxically, despite their heightened risk for criminality, violence, and recidivism, psychopaths are highly skilled at impression management, and able to convince professionals of their treatment progress or persuade parole boards to receive early release from incarceration (Porter, ten Brinke, & Wilson, 2009; Seto & Barbaree, 1999). All in all, psychopathy is a serious problem for societal harmony.

However, despite its profound effect on society, there is still much confusion and disagreement on how psychopathy should be operationalized. Although Hervey Cleckley sought to delimitate the psychopathy construct back in the 1940’s, and was quite successful in his endeavor (Cleckley, 1941), in the decades thereafter, the construct has again been convoluted and a number of divergent definitions have gained ground. Indeed, psychopathy as identified through currently available instruments represents a highly heterogeneous group of personalities with divergent etiological backgrounds (Brinkley, Newman, Widiger, & Lynam, 2004). Also, the relationship of psychopathy to external constructs or its differentiation into separate subtypes is a source of ongoing debate and research (e.g., Skeem, Polaschek, Patrick, & Lilienfeld, 2011). Since several divergent definitions have received empirical support,

some scholars have suggested that the psychopathy construct should be recognized as being multidimensional in nature, possibly including multiple subtypes that differ substantially regarding personality and etiology (e.g., Blackburn, Logan, Donnelly, & Renwick, 2008; Skeem, Johansson, Andershed, Kerr, & Loudon, 2007; Skeem, Poythress, Edens, Lilienfeld, & Cale, 2003).

Furthermore, this widespread inconsistency and disagreement on what should be regarded as psychopathic has naturally compromised research that aims to uncover its etiological underpinnings and thereby also hindered the development of specialized treatments. For example, some reviews argue that primary psychopathy is associated with a *highly stable* serotonergic functioning which engenders socio-emotional deficiency, while secondary psychopathy (previously termed “sociopathy” by the authors) is associated with *reduced* serotonergic functioning which engenders neuroticism, detachment, and reactive aggression (Yildirim & Derksen, 2013). In sharp contrast, others argue that it is primary psychopathy which is associated with reduced serotonergic functioning and reactive aggression while secondary psychopathy is not (Fanning, Berman, Guillot, Marsic, & McCloskey, 2014). Indeed, when one inspects these papers more closely, it becomes clear that both use widely divergent operationalizations of primary psychopathy (fearlessness/socio-emotional deficiency versus Machiavellian egocentricity).

Therefore, before specific psychological and pharmacological treatments can be designed or pre-emptive measures taken to reduce the impact of psychopathy on society, it is paramount that we first reach consensus on what psychopathy is, which personality styles comprise this heterogeneous group, how these subtypes associate with external correlates, and which etiological mechanisms play an important role in their development. In this review and theoretical contribution, we will try to provide a more coherent understanding of the heterogeneous population generally identified as “psychopathic”. To this end, the paper is started in Section 2 with a discussion of the different psychopathy conceptualizations that have arisen throughout history, beginning in the early 19th century and ending with a comparison of the influential operationalizations as set out by Cleckley and the McCords. Continuing in Section 3, we will compare various psychopathy measures that have emerged in the last decades, critically discuss their construct validity, and examine how these instruments may contribute to the heterogeneity observed in the literature (i.e., DSM-IV-TR, DSM-5, PCL-R, -SV, -YV, PPI, and TriPM). Then, in Section 4, an attempt is made to disentangle the heterogeneous population identified through these instruments into more homogeneous categories. It is discussed that the psychopathic population may be broadly divided into a primary and secondary category. To determine the external correlates of primary and secondary psychopathy, we

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