Can Criminal Psychopaths Be Identified?

In 1941 psychiatrist Hervey Cleckley published the first edition of his influential book, The Mask of Sanity. The book was one of the first works to describe the psychopath. Four decades later, researchers continue to refer to the "muddy waters" of psychopathy. However, there is general consensus among clinicians regarding the essential characteristics of the psychopath. There is also a growing body of research, particularly in Canada, that highlights the importance of identifying psychopaths in our criminal populations. The evidence suggests that psychopaths represent a subgroup of offenders who may be prone to violent or aggressive acts and exhibit high reconviction rates.

While terms such as antisocial personality, sociopath, and psychopath have been used interchangeably, the term "psychopath" now refers to a more stringent diagnosis. Psychopathy describes individuals who display impulsiveness, callousness, insincerity, pathological lying and deception, egocentricity, poor judgement, an impersonal sex life, and an unstable life plan.

Not all psychopaths are offenders. However a substantial proportion of criminals are psychopaths. Estimates range from 18% to 40% of offenders, depending on the sample.

More specifically, researchers have found that the incidence of psychopathy is higher as the security level of the prison increases; psychopaths fare poorer in treatment; they are poorer risks for conditional release; tend to have longer, more varied and more serious criminal histories; they are more consistently violent than nonpsychopaths; and their use of violence appears to be less situational and more directed towards particular goals than the type of violence displayed by nonpsychopaths. Identifying Psychopaths Procedures used to make a diagnosis of psychopathy have included global impressions of staff, offender responses to self-report personality tests, and rating scales or checklists that are completed by staff. The latter two procedures are probably the most promising methods for diagnosing psychopaths. A good example of this type of tool is the *Psychopathy Checklist.* Developed by University of British Columbia psychologist Dr. Robert Hare, the checklist was first introduced in 1980. Since then a number of improvements have been incorporated in the scoring procedures.

The *Psychopathy Checklist* consists of 22 items (e.g. callousness, impulsivity) which were modelled after the psychopathy criteria originally proposed by Cleckley. In order to complete the checklist, the clinician, usually a psychologist, must conduct a detailed interview and a comprehensive review of the offender's file. Recent analyses of the checklist items have demonstrated that the *Psychopathy Checklist* measures not only the lack of empathy described by Cleckley (1982), but also factors related to their chronic, unstable lifestyle and social deviance.

Psychopathy and Conditional Release

A 1984 study conducted by Dr. Steve Wong in the Prairie Region found that federal offenders who scored high on Hare's checklist had more parole revocations, mandatory supervision revocations and incidents of being "unlawfully at large" than offenders who scored low on the psychopathy scale. As a group, the psychopaths in Wong's study violated parole and mandatory supervision more often and for

more serious reasons (e.g., reoffending). They also applied for parole four times as often as nonpsychopaths. Despite their rather notorious criminal and conditional release records, they were not any less likely to be granted parole than nonpsychopaths.

In 1988, researchers Steve Hart, Randy Kropp and Dr. Hare, extended these findings with another sample of federal offenders. They discovered that psychopaths were four times as likely as nonpsychopaths to fail on parole release. They estimated that after about three years of follow-up, 80% of the psychopaths would fail on release compared to 20% of the nonpsychopaths. The *Psychopathy Checklist* was also demonstrated to be a better predictor of release outcome than other predictor scales which were based primarily on criminal history information.

In collaboration with my colleagues Drs. Ray Peters and Howard Barbaree (1989), I recently reported results which were consistent with these findings. We studied a sample of 87 Joyceville inmates released on Unescorted Temporary Absences. Again, psychopaths were found to be four times more likely to fail than nonpsychopaths. We also noted that not all psychopaths fail on parole, at least during a short follow-up period. For this reason, the scores on the *Psychopathy Checklist* cannot be seen as a sole criterion for denying conditional release. Psychopathy and Violence Psychopaths are more likely to use violent and aggressive behaviour than offenders in general. This statement applies to their criminal convictions, their institutional performance, and their use of weapons. In addition, their use of aggressive behaviour would appear to be more oriented toward specific goals than situational. This is particularly the case when psychopaths are compared to a group of violent nonpsychopaths, many of whom were serving sentences for very violent crimes. It is interesting that when comparing criminal careers, 85% to 97% of the psychopaths in Dr. Hare's studies had at least one conviction for a violent offence, compared to only about 50% of the nonpsychopaths. All of the psychopaths in another study we conducted in the Ontario Region had at least one violent offence.

Recently, psychopathy was measured in a sample of sex offenders serving sentences in a mental institution in Massachusetts. Researchers Dr. R. A. Prentky and Dr. R. A. Knight reported that the incidence of psychopathy was 25% in a pedophile sample and 40% in a rapist sample. The relationship between psychopathy and sex offending therefore has important assessment and treatment implications. This is an important area that has only recently begun to be investigated.

Although not all inmates are psychopaths, with approximately 20-30% meeting stringent criteria such as the *Psychopathy Checklist*, they do represent a significant proportion. The *Psychopathy Checklist* provides information that differentiates between inmates in terms of release outcome and aspects of violence. These findings provide compelling evidence that this is an important area for continued research in corrections.

To date the *Psychopathy Checklist* has only been used in a research context and it is unclear how comparable clinical applications will be (i.e., parole assessments). As well, issues such as labelling, classification errors, ethical concerns and treatment intervention must be addressed before the assessment of psychopathy can be incorporated into correctional policy. Labelling an inmate as psychopathic is open to potential abuse, particularly since some of the defining characteristics are historical and therefore cannot change.

It may prove to be more useful to describe an inmate's needs and, consistent with what is known about psychopaths, present a treatment strategy to address these needs. Such a strategy might suggest ways to modify his behaviour and to manage the inmate upon release. Because not all psychopaths fail when released, using a particular cutoff score on the *Psychopathy Checklist* will introduce decision errors. Also, withholding release because of a particular diagnosis raises certain ethical concerns, particularly for the psychologist who provided the diagnosis. The research suggests that a reasonable approach would be to conditionally release most nonpsychopaths, but to be very selective about releasing psychopaths, and then only with appropriate safeguards.

The assessment of psychopathy requires considerable training, a thorough understanding of what psychopathy is, and the availability of very detailed background information regarding the inmate. The *Psychopathy Checklist* remains inferential despite very good scoring criteria. Once an individual is assessed as being psychopathic, an obligation exists to provide treatment targeted at improving prognosis. Unfortunately, there is little consensus at present regarding the most appropriate treatment intervention.

Future research topics in this area could include more detailed and longer follow-up recidivism studies, early predictors of psychopathy and violence in psychopaths, psychopathy and sexual offenders, application of the *Psychopathy Checklist* to a clinical setting, the relationship between the *Psychopathy Checklist* and less inferential measures, intervention strategies, and whether or not there are different dimensions of psychopathy.

Research on criminal psychopaths has yielded some interesting findings, particularly with respect to recidivism and violence. The *Psychopathy Checklist*, however, is still very much a research instrument. While psychopathy is a promising area for future research, much work remains to be done before it can be rationally incorporated into policy.

Readers who are interested in pursuing this topic further should consult the following references. The list contains some of the key references to the research studies and other scholarly work on psychopathy.

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