



Dr. Robert Hare has spent more than three decades engaged in research on the nature and implications of psychopathy. He developed the Psychopathy Checklist (PCL) and its revision, the Psychopathy Checklist-Revised (PCL-R), for the reliable and valid assessment of psychopathy. However, as it turns out, the PCL-R and its derivatives have also been hailed as among the most accurate instruments available for risk for violence. Since the American diagnostic system relies primarily on criteria for Antisocial Personality Disorder, which overlaps but does not define the same population as that measured by the PCL-R, Dr. Hare plays an important role in the history of an evolving concept—one which has an impact on society's welfare.

Dr. Robert Hare

He is professor emeritus at University of British Columbia in Canada, and sits on the Research Board of the FBI's Child Abduction and Serial Murder Investigative Resources Center (CASMIRC). CASMIRC was established in 1998 by an act of Congress, and its ten-member advisory board initiates research and consults in the mysterious disappearances of children, child homicide, cases of kidnapping, and serial murder investigations.

For many years, Dr. Hare also sat on the advisory panel for the Home Office in England, set up by Her Majesty's Prison Service to develop treatment programs for psychopathic offenders, and he still frequently consults with the English prison service as well as with other prison services and law enforcement organizations in North America and England.

In addition, he belongs to the International Fellowship for Criminal Investigative Analysis, and has received several honors, such as FBI citations, the Silver Medal of the Queen Sophia Center in Spain, the Canadian Psychological Association's award for distinguished applications of psychology, the American Academy of Forensic Psychology's award for "Distinguished Contributions to Psychology and Law," And the American Psychiatric Association's Isaac Ray Award for "Outstanding Contributions to Forensic Psychiatry and Psychiatric Jurisprudence."

One of Hare's most ardent supporters is his wife, Averil, who works in the area of child abuse and child welfare. Hare relies on her as a sounding board for his ideas, and insists that she often sees issues more clearly than he does. They're a team.

Dr. Hare has published numerous articles and book chapters on psychopathy, as well as two books: *Psychopathy: Theory and Research* (1970) and *Without Conscience: The Disturbing World of the Psychopaths Among Us* (1993, reissued 1999). He addresses international audiences on every facet of psychopathy, from personality assessment to risk factors to psychopaths among us. While they may appear to be normal members of society, they're anything but. In fact, Hare believes, they are society's most destructive and dangerous type of person. If it's true that psychopaths make up one percent of the population, as he estimates, then we need to pay attention.

Early Experience

Hare received his master's degree in psychology in the early 1960s, and before he could continue with his Ph.D., he needed to work for a while. Thus, he became the sole psychologist for the British Columbia Penitentiary, a maximum-security prison near Vancouver. He had no particular training in this area, or any keen interest in criminology, and to his chagrin, the prison gave him no introduction to his duties. "I started work completely cold," he writes in *Without Conscience*. He had to feel his way and hope he made the best of it.

Some of the prisoners soon spotted Hare's naiveté, and they took subtle advantage of it by doing things like making him a prison uniform that did not quite fit and asking for unauthorized favors. The first prisoner to visit him was a man he calls "Ray." This inmate, who possessed an intense and direct manner, came into Hare's office with an issue that he needed to discuss. He then pulled out a knife, startling Hare, but said he was going to use it on another inmate.

This declaration immediately placed Hare in a bind: if he ratted, the word would get around that he couldn't be trusted. If he didn't, he'd be violating the prison rules. In other words, in that moment, he had lost his standing in one of those arenas. When he did not report the incident, he realized that he had been caught in Ray's clever trap. Ray knew that the new psychologist was a "soft touch," and his manipulations continued.

Hare remained at the prison for eight months, and during that time, Ray plagued him with requests for favors, offering reasons that generally turned out to be lies. "He lied endlessly, lazily, about everything, and it disturbed him not a whit whenever I pointed out something in his file that contradicted one of his lies." Whenever Hare resisted him, Ray turned nasty. It wasn't easy to know what to do with this man.

This was Hare's first extended encounter with what he would later realize was a psychopath. And it didn't stop there. Leaving the prison to return to the university to work on his doctoral degree, he eventually began to do research for his dissertation. That's when he came across publications that described the kind of person that Ray clearly was: a psychopath.

Still, Hare did not make the connection. At least, not then.

After finishing his degree and getting a teaching position at the University of British Columbia, Hare was seated at the pre-registration desk for classes when he heard a familiar voice. It was Ray.

This former inmate, now standing there in line with the other students, was bragging about how he'd been Hare's assistant and confidante at the prison, especially on difficult cases. Hare was astonished, so he confronted the imposter. To his further amazement, Ray never broke his stride. He greeted Hare and smoothly steered the conversation in a new direction.

Hare later wondered just what it was in this man's psychological makeup that allowed him to so effortlessly engage in manipulation and deception, without any apparent pangs of conscience or embarrassment.

It wasn't long before he was fully engaged in studying that very personality type, and it was to become his lifelong occupation. There were many more people like Ray, both in prison and outside.

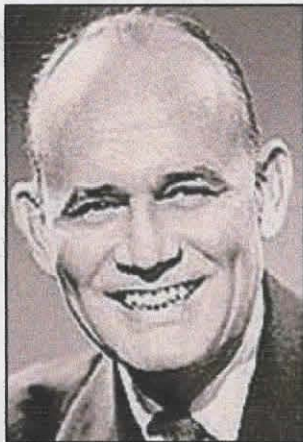
What is a Psychopath?

"Psychopathy is a personality disorder," Hare writes in *Without Conscience*, "defined by a distinctive cluster of behaviors and inferred personality traits, most of which society views as pejorative."

NEOSETTENDGE BETYANING

In other publications, he points out that among the most devastating features of psychopathy are a callous disregard for the rights of others and a propensity for predatory and violent behaviors. Without remorse, psychopaths charm and exploit others for their own gain. They lack empathy and a sense of responsibility, and they manipulate, lie and con others with no regard for anyone's feelings.

That description sounds plain enough, but over the decades the concept and definition of psychopathy have gone through many changes. Unfortunately, some of these shifts have been the product of evolving fashion in the professional community rather than an attempt to better identify the members of a specific population. While psychopathy was the first personality disorder that psychiatry formally recognized, it wasn't easy to crystallize a workable concept for behavioral analysis. Hare has been at the forefront of those researchers who have identified just what a psychopath is.



Dr. Hervey Cleckley

Yet before his time, another professional was doing something similar, for similar reasons. In 1941, Dr. Hervey Cleckley published *The Mask of Sanity*, a groundbreaking approach to psychopathy. Up until that time, psychopathy had been referred to by such labels as "insanity without delirium," "moral insanity," and "psychopathic inferiority." Having encountered this distinct personality type during the course of his work, Cleckley came up with sixteen traits that, in constellation, formed a specific pattern of perspective and behavior. Among them were manipulateness, irresponsibility, self-centeredness, shallowness, and lacking in empathy or anxiety. As later research indicated, they also were likely to commit more types of crimes, and be more violent, more likely to recidivate, and less likely to respond to treatment than were other offenders.

Cleckley wrote introductions to successive editions of his book, commenting on the psychiatric community's hesitation to address this population. Where clinical assessment and treatment were concerned, psychopaths appeared to be on a back burner

"This group," he wrote, "plainly marked off from the psychotic by current psychiatric standards does not find a categorical haven among the psychoneurotic. They are also distinguished practically by their ability to adjust without major difficulties in the social group." Cleckley perceived that, because the syndrome was difficult to spot from outward symptoms, the psychiatric terminology simply failed to offer a way to understand and address such people.

To put the situation in perspective, in the fifth edition of *The Mask of Sanity*, published in 1976, Cleckley used the metaphor of electricity conductors. A pair of copper wires carrying 2,000 volts of electricity, kept apart, offers nothing to indicate what the wires may do. "When we look at them, smell them, listen to them, or even touch them separately, [they] may give no evidence of being in any respect different from other strands of copper." However, connect these seemingly innocuous wires to a motor to

make the circuit, and the unmistakable evidence of electricity appears. "So, too, the features that are most important in the behavior of the psychopath do not adequately emerge when this behavior is relatively isolated." To see the "symptoms" of psychopathy, they need to be "connected into the circuits of a full social life." In short, we see the psychopath best, not in the clinic or prison, but in situations in which he can best operate as a manipulative con man.

NB

Hare's work was influenced by Cleckley's writings but, in turn, Cleckley was influenced by Hare's research. In their correspondence Cleckley described himself as a "voice crying in the wilderness," and his work as having little impact on psychiatric thinking. In a signed copy of *The Mask of Sanity*, Cleckley inscribed: "For Robert Hare, whose impressive studies of the psychopath have encouraged and stimulated me over the years and have played an important part in enabling me, after long frustration, to complete this fifth edition. With profound gratitude."

Cleckley's book made a valuable contribution, but as the concept of psychopathy continued to evolve, the emphasis in assessment practices for most American clinicians moved away from a focus on personality traits and toward specific behavioral manifestations.

In 1952, the word "psychopath" was officially replaced in psychiatric nomenclatures with "sociopathic personality," and these labels eventually came to be used interchangeably under the heading of "personality disorder." Then with the second edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-II)* in 1968, "sociopathic personality" yielded to "personality disorder, antisocial type."

Yet there were no diagnostic criteria for the disorder, so researchers looked for ways to come up with some. Hare and his colleagues emerged with the single best method, but not without a lot of work.

The PCL-R

"When I was working on my Ph.D.," Hare recalls, "I was interested in the effects of punishment on human behavior. My dissertation looked at the frequency, intensity, duration, and delay effects of punishment. Of course, I needed to start thinking about people who were resistant to the effects of punishment, so I started reading up on the psychopath. Hardly any empirical research on psychopathy was going on, so I started to publish some of my own results in 1965."

That led to an opportunity. At John Wiley & Sons, Inc., Brendan Maher was putting together a series of books on behavior pathology. He was impressed with Hare's work and asked him to write one of the books, so in 1970, Hare published *Psychopathy: Theory and Research*, which set forth some ideas that would guide much of the research on psychopaths over the next two decades. Just the year before, he had received a large grant from the Canadian Mental Health Association, and this provided funds to increase his research efforts.

He noticed throughout the early 1970s that other researchers in the same area were using different classification systems to address psychopathy, such as categories based on the *Minnesota Multiphasic Personality Inventory* and the *California Psychological Inventory*. That was a problem, however, because these were self-report inventories, and it's not difficult for clever psychopaths to figure out the test structures and to lie. Aside from that, researchers were going in too many different directions.

"Nothing was consistent," Hare says. "The results were all over the place. I began to realize that if you can't measure the concept, you can't study it."

He decided to experiment with different systems of assessment and measurement, using ratings based on clinical accounts, such as the detailed case descriptions of psychopaths that he had read in *The Mask of Sanity*. "Cleckley was the one who put it all together for me," Hare affirmed.

He and his assistant went through numerous files and did many interviews, trying to determine what makes one person a psychopath and another person not. He came up with a three-point rating system, and then a seven-point one. Yet neither satisfied him, and journal editors did not understand what he was actually measuring. Then, as with most discoveries, perseverance and the constant grind of trying different things finally paid off.

"One day," Hare remembers, "a research assistant who had been with me for a dozen years and I decided to quantify what we thought went into our assessments. First, we listed all the characteristics we thought are important. We had about a hundred different features and characteristics. Then we started to score these on people on whom we already had done the seven-point assessment. We were able to cut the list down to twenty-two items that we thought were useful for discriminating a psychopathic criminal from a non-psychopathic criminal."

Hare's first published work on this 22-item research scale for the assessment of psychopathy appeared in 1980.

That was the same year that the *DSM-III* came out.

Then the field began to divide.

Hare was acquainted with people who were on the *DSM-III* work committees and had some input into their discussions about the criteria they were devising for what they were calling antisocial personality disorder. However, he diverged significantly from American ideas about the disorder

Dr. Lee Robins, an eminent sociologist whom Hare knew, was working to focus the antisocial diagnosis strictly on behavior. Hare recalls that it was her contention that clinicians cannot reliably measure personality traits such as empathy, so it was best just to drop them from the list of criteria and include only overt behaviors.

Hare saw a draft of what the committee was proposing and he spotted real problems. Of the list of 10 items, which consisted primarily of violations of social norms, a person needed to manifest only a few to be diagnosed with antisocial personality disorder. To his mind, that would encompass the entire prison population. Not only that, it would not be congruent with his understanding of a psychopath. He made suggestions for changes to bring antisocial personality disorder a little closer to psychopathy, but for the most part the committee members went forward with their own ideas.

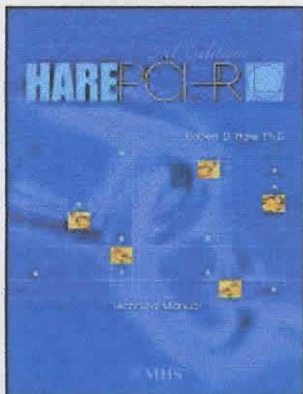
With some adjustments, these criteria were continued over the next two decades in the *DSM-III-R* and the *DSM-IV*. Accordingly, clinicians who use these manuals look for symptoms in people over 18 and not otherwise psychotic who since age 15 have shown a pervasive pattern of disregard for, and violation of, the rights of others. Among these behaviors, the person has done at least three of the following:

- failure to conform to lawful social norms

- deceitfulness
- impulsivity or failure to plan ahead
- irritability and aggressiveness, as indicated by repeated physical fights or assaults
- reckless disregard for safety of self or others
- consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
- lack of remorse, as indicated by being indifferent about having hurt, mistreated, or stolen from another

So while there was now a list of explicit criteria for clinicians to use, APD (Antisocial Personality Disorder) proved to be unworkable for those who were researching psychopathy. Hare points out, "In forensic populations, diagnoses of APD have far less utility with respect to treatment outcome, institutional adjustment, and predictions of post-release behavior than do careful assessments of psychopathy based on the traditional use of both behaviors and inferred personality traits." While most psychopaths may fit the criteria for APD, the majority of people with APD are not psychopaths. In other words, there were now two different diagnostic instruments to assess two different populations that shared some but not all traits in common.

MS



The PCL-R Manual, Second Edition

Hare had continued his work with the assessment scale, eventually called the Psychopathy Checklist, and in 1985, he revised it to include only twenty items. It was now known as the Psychopathy Checklist-Revised (PCL-R), and was completed on the basis of a semi-structured interview with the people being assessed, along with information from files. Person by person, each trait on the scale was rated on a scale from 0, meaning the person did not manifest it, to 2, meaning he or she definitely did. The total score was 40, and a person was diagnosed as a psychopath if his or her score fell between 30 and 40. (In some places, a cut-off score of 25 is useful.)

To help others with scoring, Hare put together a brief informal manual consisting of about twenty pages, and this was passed around. As more people used the scale and sent Hare their ideas and results, the manual grew in thickness. Finally in 1991, Hare formally published it with Multi Health Systems, which currently distributes it to qualified professionals. Throughout the rest of the decade, more researchers affirmed the PCL-R's reliability and validity with male forensic populations, and some branched off into work with adolescents and with females. Cross-cultural studies showed that the concept of psychopathy, as measured by the PCL-R, was generalizable.

According to Hare in an article published in 1998, "Psychopathy is one of the best validated constructs in the realm of psychopathology." The PCL-R generated a dramatic increase in basic research on the nature of psychopathy and on the implications of the disorder for the mental health and criminal justice systems.

Once it was clear that the PCL-R yielded such solid results, it was time to reach a larger audience than professional diagnosticians—people who might be the victims.

The Psychopath Defined

The work of Hare and his associates clarified a set of diagnostic criteria that offers a practical approach to both the assessment and treatment of psychopathy. The PCL-R items are grouped around two basic factors, affective/interpersonal features and socially deviant lifestyle (both of which have been divided further into four facets, two each for the two factors). Refocusing the idea of antisocial personality disorder, psychopathy is characterized by such traits as

- lack of remorse or empathy
- shallow emotions
- manipulateness
- lying
- egocentricity
- glibness *GLAT, SLEIP*
- low frustration tolerance
- episodic relationships
- parasitic lifestyle
- persistent violation of social norms

It remained to translate the academic and professional work into a form that ordinary people could understand, so in 1993, Hare published *Without Conscience*. His purpose was to warn people about those predators who walked among them, and to provide a way for those with shattered lives as the result of an encounter with a psychopath to deal with it. He believes that, for their own protection, it's crucial that people learn to identify a psychopath who may be very close to them.

Too many people hold the idea that psychopaths are essentially killers or convicts. The general public hasn't been educated to see beyond the social stereotypes to understand that psychopaths can be entrepreneurs, politicians, CEOs and other successful individuals who may never see the inside of a prison and who don't commit violent crimes. However, they do often commit violations of another sort: They exploit people and leave them depleted and much the worse for the encounter. They prove to be treacherous employees, conniving businessmen, or immoral officials who use their position to victimize people and enrich themselves.

Hare says that we know little about these individuals in terms of systematic study about how the disorder manifests in the public at large. Nevertheless, there are indications that the personality structure and propensity for unethical treatment of others is common to both criminal and noncriminal psychopaths.

What's missing in psychopaths are the qualities that people depend on for living in social harmony. In this book, Hare estimated (conservatively) that there were more than two million psychopaths in North America. "Psychopathy," he insisted, "touches virtually every one of us."

Yet while not all killers are psychopaths, and not all psychopaths are killers, Hare does describe cases of conscienceless killers who appeared to show no human feeling for their victims. Among them, Hare listed:



John Wayne Gacy, who murdered at least 33 young men and buried most of them in the crawl space beneath his house

John Wayne Gacy, mugshot

Ted Bundy, who murdered more than two dozen young women in the 1970s, going into several different states to claim his victims

Joe Hunt, who conned a gang of young men into a bogus money-making scheme that escalated into murder



Joe Hunt, mugshot

Clifford Olson, who manipulated the Canadian government to pay him a substantial amount to show officials where he had buried his murder victims

Diane Downs, who shot her two children to attract a man who didn't want them, and then claimed that she was the victim

The type of violence in which they engage is qualitatively different from that of non-psychopathic offenders in that it is likely to be more predatory, motivated by identifiable goals, and carried out in a calculated manner without an emotional context. They tend not to commit crimes of passion, such as during a domestic dispute or extreme arousal. Some theorists believe that psychopaths may be motivated by weak emotions breaking through weaker restraints. They may simply be reacting, showing off or exerting control as a means of proving themselves. For the most part, their crimes are cold-blooded, and they felt excited by them rather than guilty. In those who are serial killers, there appears to be a strong tendency toward sadism.

The point is, these offenders find victims easily because they were glib, charming, manipulative, and predatory, while their victims are generally naïve. Psychopaths would realize less success if their targeted victims were savvier

But what can people really do? Can this objectionable behavior be eradicated, or is there something biologically amiss with psychopaths that may give them an enduring place among us?

Psychopathy and the Brain

In a segment of "The Mind," a PBS documentary that looked at many aspects of behavior and the brain, Hare assessed "Al," a middle-aged man with 46 convictions for criminal acts from drugs to bank robbery. Using a neurological diagnostic test to eliminate obvious brain damage, Hare's team then gave Al tests that measure the processing of language. The question under investigation was whether or not there is something measurably different about the brain of a person who has been so socially deviant.

In a clinical interview, Al admitted to being extraordinarily good at lying; said he was never diagnosed as hyperactive; grew up in a violent area of Vancouver, BC, in Canada; and recalled incidents in which he had acted out in anger or in irrational ways, just to prove something about his macho self-image. He felt no concern for his victims, he says, or any remorse.

By the time he was 15, he was in prison, where he mingled with hardcore prisoners. He became more sensitive to how others treated him, and more reactive. He ended up stabbing someone.

Hare first tested AI on a dichotic listening device, through which words came to him via alternating ears. The results appeared to be consistent with the evidence that psychopaths may not process words primarily by left hemisphere activity, but instead involve both hemispheres equally.

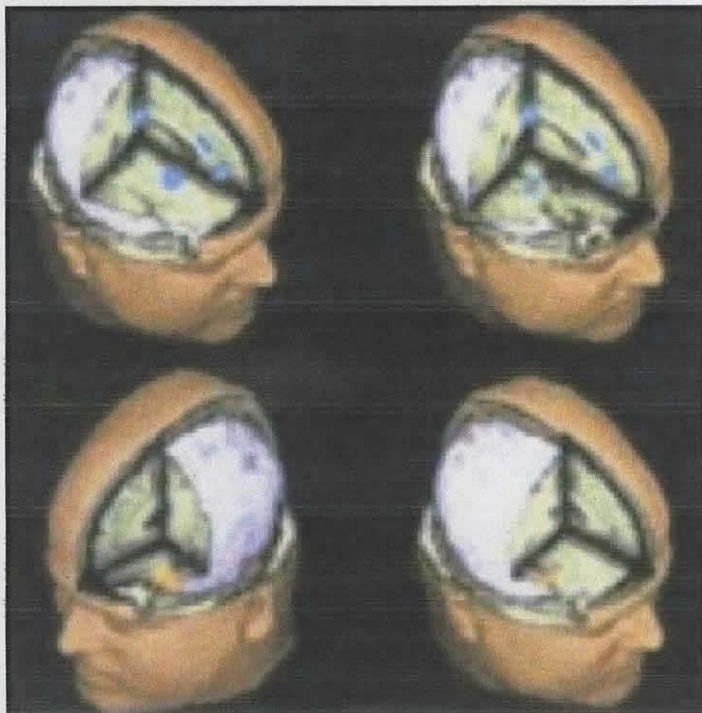
The next test was even more revealing. AI watched different words come onto a monitor screen. Some of the words were generally considered to have emotional associations and others were considered neutral. Whereas most people respond more quickly to emotional words, AI's response time was the same to both emotional and neutral words.

"The impetus for this research," Hare says for the documentary, "is the clinical observation that psychopaths can say one thing and do something else. This has perplexed a lot of people. Is it simply lying, dissimulation, or hypocrisy? Probably not. There's more than that involved in it."

Hare points out that some people have described psychopaths as somewhat robotic, two-dimensional, emotionally shallow, and lacking in conscience. They may know intellectually they should not do something, but without the feeling component there could be less motivation to respond to the moral imperative. Their inhibitions for antisocial or violent behavior are much weaker than in normal individuals, and they readily learn and adopt behavior patterns that involve manipulation, deception, and violence to attain their own ends.

Because they don't understand the feelings of others and don't feel remorseful for harming them, psychopaths can easily rationalize their violence or deception as acceptable behavior.

Hare and his colleagues continued this research to learn more about the brain's involvement in psychopathic behaviors. They used whole brain functional magnetic resonance imaging (fMRI) to see if there were neurological manifestations of the way psychopaths process different types of words. When non-psychopaths processed negative emotional words (e.g., rape, death, cancer), activity in the limbic regions of the brain increased. For psychopaths there was little or no increased activity in these regions. Curiously, however, there was increased activity in other areas. In short, the emotional word does not have the same limbic implication for psychopaths that it does for normal people.



"They seemed to be like Spock or Data on *Star Trek*," Hare explains, "What I thought was most interesting was that for the first time ever, as far as I know, we found that there was no activation of the appropriate areas for emotional arousal, but there was over-activation in other parts of the brain, including parts of the brain that are ordinarily devoted to language. Those parts were active, as if they were saying, 'Hey, isn't that interesting.' So they seem to be analyzing emotional material in terms of its linguistic or dictionary meaning."

Yet Hare does not think that psychopathy is caused by brain damage. Instead, he says, "there are anomalies in the way psychopaths process information. It may be more general than just emotional information. In another functional MRI study, we looked at the parts of the brain that are used to process concrete and abstract words. Non-psychopathic individuals showed increased activation of the right anterior/superior temporal cortex. For the psychopaths, that didn't happen."

Hare and his colleagues then conducted an fMRI study using pictures of neutral scenes and unpleasant homicide scenes. "Non-psychopathic offenders show lots of activation in the amygdala [to unpleasant scenes], compared with neutral pictures," he points out. "In the psychopath, there was nothing. No difference. But there was overactivation in the same regions of the brain that were overactive during the presentation of emotional words. It's like they're analyzing emotional material in extra-limbic regions."

Does this mean they're trapped in a certain way of being? Is treatment even possible?

Can Psychopaths Change?

Before addressing the treatment issue, let's look at what the PCL-R indicates about risk factors for the tendency among psychopaths to continue to commit crimes and other social violations. While Hare was writing *Without Conscience*, he was also developing an instrument to apply in another context.

During the early 1990s, the Research Network on Mental Health and the Law of the John D. and Catherine T. MacArthur Foundation examined the relationship between mental disorder and violent behavior directed against others. In this Violence Risk Assessment Study, they devised a comprehensive list of 134 risk factors across four domains (dispositional, historical, contextual, and clinical) that had been associated with violence in prior research, were believed by experienced clinicians to be associated with violence, and were hypothesized to be associated with violence by existing theories of violence. This list included factors not previously studied, such as social support, impulsiveness, anger control, and delusions. Experts in these fields developed risk assessment instruments, and Hare was asked to develop a tool, based on the PCL-R, that would take less time and manpower to administer.

He came up with the PCL:SV, or Screening Version, which included 12 items that provided the same factor structure as the PCL-R. The total possible score was 24, with the cut-off score for psychopathy at 18.

The items were field tested and then submitted to a full-scale study involving 939 patients over 20 weeks after discharge from a civil psychiatric institute. Researchers measured the criterion variables by using official arrest and hospital records, regular self-reports over a one-year period, and collateral reports from knowledgeable informants. By the end of the study, the PCL:SV proved to be the most reliable instrument for predicting the future risk of violence. Those with a score of 13 and higher were about three times more likely to have an episode of violence than were patients with lower scores.

Furthermore, in a study in England of 268 prisoners, those with high PCL-R scores were found to be twice as likely to commit another crime as those with low scores, and the crime was 14 times more likely to be violent. In prison, those with a high score were three times more likely to assault staff or other prisoners.

If the PCL-R and PCL:SV are such good predictors, can they also offer hope of making a change in the violence rate?

Hare believes that developing a good treatment plan is a new frontier of studying the psychopath. Based on the fact that psychopaths do change their behaviors somewhat as they get older, there could be a way to devise an intervention to enact these changes at an earlier stage.

To this point, the received wisdom on the subject is that psychopaths not only do not improve with treatment, but they may actually get worse. In treatment, they learn better ways to manipulate the system to their advantage and to play "head games" with the clinicians.

"Administrators actually took it to mean that not only are they not treatable," Hare comments, "but if they're going to be worse, let's do everybody the service of not treating them."

He interprets these results in another way. "The problem is that the traditional programs are not designed for the psychopath. They're designed for the average offender. If you go to your doctor, and no matter what your illness or complaints, he gives you the same pill, you change doctors or you may die. The criminal justice system takes the approach that one therapy will work for all offenders, but we take the position that one treatment doesn't fit all."

While he has no outcome data yet from programs specifically designed for psychopaths, this is a new arena for researchers. Hare and his colleague, Dr. Steven Wong, Correctional Service of Canada, believe there's hope.

"We take the view that under the right circumstances, it's possible to modify the antisocial behaviors of anybody, although for psychopaths the task will be more difficult than for other offenders. Our philosophy, based on a lot of data, is that we are not going to target some of the core psychopathic features, such as lack of capacity for empathy, grandiosity, egocentricity, or shallow emotions. We think these features are fairly stable. But we're going to target features of psychopathy that may be modifiable or changeable. We have a clue to what these might be."

In fact, the research has already begun in England. "They have adapted some of our treatment ideas and they have a number of programs ready to start in England. One of the things we're looking for is some treatment-related change in attitudes and behavior. But how do we measure this? The PCL-R is a static instrument based on lifetime

functioning so you can't use it as a pre/post measure of treatment. So what can you do?"

One idea is to get a consensus from professionals about what they believe can be modified in a psychopath.

"We look at the twenty items in the PCL-R and their scores as a function of the age at which offenders were assessed. And what we find, quite dramatically, is that across the age span from adolescence to 50 or 55 there are no appreciable changes in the interpersonal and affective characteristics of psychopathy, like egocentricity and lack of empathy. We also find that socially deviant behaviors, such as impulsivity, the need for stimulation, and irresponsibility, actually do decrease with age. So we have about seven or eight PCL-R features of psychopathy that are capable of changing with age. There may be biological bases for these changes. For example, as testosterone levels go down with age, aggressiveness may also decrease. We can take features that change with age and use interventions to speed up the process. We know we're not going to instill in psychopaths a sense of empathy or a strengthened conscience, but we can probably work with characteristics related to their antisocial behavior, such as impulsivity, stimulation-seeking, and irresponsibility."

In addition, Hare believes, intervention can appeal to their self-interest and make use of the best available cognitive-behavior programs. Yet this requires their active participation. "You say to them, 'Most people think with their hearts, not with their heads and your problem is you think too much with your head. So let's change the problem into an asset.' They understand that. They say, 'Oh, yeah. I'm too rational. Like Spock on *Star Trek*.'"

In any event, Hare and his colleagues are not about to give up just because nothing has worked thus far

"If they seem to be untreatable, I say we haven't yet found and tried the appropriate treatment. When I was growing up polio was untreatable. Because nothing worked, we said it was untreatable. But suddenly somebody found something that worked. We think that with psychopaths, we should at least be able to reduce their propensity for grossly antisocial behavior."

To this end, he and Stephen Wong have developed soon-to-be-published guidelines for the institutional treatment of violent psychopathic offenders.

Trainings

Lest anyone think that diagnosing psychopathy is just a matter of going down the list and checking items off, then adding them up, Hare notes that the process is quite involved. It can take two hours to get through the list, because the diagnosis is based on interviews and file data. One doesn't diagnose a psychopath lightly. That means that professionals have to be trained in how to administer the assessment instrument correctly.

"We're concerned that if people are going to use the PCL-R," Hare says, "they should do it properly, with good training and professional standards. I've been trying to set up international standards for its use, and we now have a training program through my forensic consulting company, Darkstone."

He and several of his colleagues offer a three-day training program to government or professional agencies for using the PCL-R. "We realized a number of years ago that this idea of psychopathy was becoming so important to the criminal justice system, typically for sex offenders, that the potential for misuse and abuse was great. We wanted to make sure people were well-trained, so we developed the three-day program. Now we have a post-workshop training program, where they have access to eight videotaped case histories, for which we have well-developed criteria for evaluating them."

He also does training in England with Dr. Adelle Forth, a former student of his, now an Associate Professor at Carleton University in Ottawa. "Three or four years ago when the Prison Service in England started to adopt the PCL-R in a major way, they wanted to ensure that their psychologists were qualified to use the instrument. Adelle and I put on a series of workshops, and I think we trained about 500 people. We then made arrangements to take some of their best people and train them as trainers. They now run their own system and have developed formal system-wide guidelines for use of the PCL-R in the English Prison Service. Their protocol for forensic use of the PCL-R sets a standard for the rest of the world."

Hare points out that training by his group is by no means the only route for researchers and clinicians to take if they wish to become qualified and competent in the use of the PCL-R. His web site describes the qualifications for use of the PCL-R and its derivatives, as well as ways in which users can ensure that they are doing a good job.

His own manual, first published in 1991, is now in its second edition, and from that original 77-page document, it has grown to 222 pages. "The scoring criteria remain exactly the same as they have been since 1985," he says, "and that's consistent with the APA guidelines, which say that if you are going to change an instrument you have to be sure you have enough data to support the changes. So many people have used the PCL-R in its current form that I couldn't change the scoring criteria without extensive field-testing. The original manual was based on 1100 offenders from a variety of samples, plus another 400 from forensic populations. The current manual is based on 10,500 offenders plus almost 2000 Europeans. In addition, some 75 pages of the 2nd edition are devoted to discussions of the extensive basic and applied research generated by the PCL-R."

Given the success of the PCL-R for diagnosis, risk assessment, and suitability for treatment evaluation, it was important to take it to other populations, and many researchers are now engaged in those areas.

Other Applications

At first, most of the research was done on the most obvious population: male prisoners, because it was clear that while not all men who engaged in criminal acts were psychopaths, it seemed probable that psychopaths would make up a good percentage of imprisoned criminals. The first task was to develop an instrument that proved to be a reliable way to distinguish a psychopath from a non-psychopath, and that took some time. Once it was clear that the PCL-R was reliable and valid, the focus could be turned on imprisoned females, children at risk for developing into psychopaths, and then on the population at large.

As of this writing, Hare says, "There's been quite a bit of research on female psychopaths. I have data in the new manual, including percentile tables, for 1200 female offenders in North America, many of whom are African-American. The scores are a few points lower than for male offenders, but otherwise the distributions of scores are

very similar. The correlates and the predictive power of the PCL-R are much the same for female and male offenders. For example, female psychopathic offenders re-offend at a high rate compared to other female offenders."

Then there are the children: can we spot budding psychopaths and intervene before they become dangerous adults? A version of the PCL-R used for adolescents is the Psychopathy Checklist: Youth Version (PVL:YV), developed with Dr. Adelle Forth and Dr. David Kosson. It has proven to be as reliable and valid as its adult counterpart. For younger children, the Antisocial Process Screening Device (APSD), developed with Dr Paul Frick, appears to be useful for distinguishing children who show risk factors for the development of psychopathy, such as lying easily and acting without awareness of the consequences, from those who merely have social and emotional problems.

"Identification of these risk factors," says Hare, "is necessary if we are ever to develop early interventions for what might become adult psychopathy."

In addition to developing a scale for younger populations, Hare was also asked by British probation officers to provide something for their use.

"Four years ago," he explains, "a senior probation officer in the UK organized a conference in Sheffield to convince me that probation and parole officers needed a tool to help them assess psychopathic features. They couldn't use the PCL-R or the 12-item PCL:SV, because these are controlled instruments that require professional qualifications.

"So this group showed me the front page of the *London Times*, which said that most murders committed in the UK are committed by people out on probation or parole. The response of the government was that the probation service was in need of close monitoring. The probation people said that it was the job of the prison service to evaluate risk for violence before release of an offender, and that probation officers didn't have the means to assess their clients for psychopathy, a known risk factor. To do this, they wanted a tool."

Hare came up with the P-Scan. It is a non-clinical tool for developing general impressions into a hypothesis about whether a particular person might be a psychopath, which would have implications for managing risk for violent or antisocial behavior. It's a rough guide for law enforcement and parole officers, used to bring the person to the attention of someone who might then give a more formal assessment.



P-Scan (courtesy Dr. Robert Hare)

"It consists of 120 characteristics, 30 for impressions about interpersonal traits, like grandiosity and lying, 30 for impressions about affective traits, such as lack of remorse and shallow emotions, 30 for impressions about lifestyle features, such as impulsivity and stimulation-seeking, and 30 for impressions about antisocial behaviors. So we have four components that match the new factor structure of the PCL-R. The P-Scan involves scoring items that are simple descriptive statements, like 'His presence makes me feel uncomfortable,' or low-level inferences, such as 'Seems unable to understand the feelings of others.' You don't have to be a clinician, you just have to have some experience with the individual. We've developed a

computer program so qualified professionals can access it on the Web, through Multi Health Systems. The P-Scan report provides a hypothesis about the extent to which a person of interest might have the interpersonal, affective, lifestyle, and antisocial features of psychopathy. The information may be helpful in dealing with the individual,

but in some cases it will be an impetus for getting a clinical opinion from someone trained on the PCL-R."

In some cases the information can be used to guide law enforcement officers in their dealings with suspects. For example, to get cooperation from psychopaths it would be pointless to appeal to their conscience, or to try to make them feel something for their victims or to feel badly about what they did. It may be more productive to offer them something that appeals to their self-interest. Many a psychopath involved in a "deadly duet" has turned on a partner to save his or her own skin. Education about psychopaths should be a routine part of the training of police officers.

Not everyone has access to these instruments or has the professional qualifications to use them, so *Without Conscience*, based on the PCL:SV, offers some rules of thumb for spotting and dealing with the psychopaths whom any of us might encounter.

When They Get Close

In the final chapter of *Without Conscience*, Hare offers a survival guide. He also allows those who run discussion groups about their experiences to link to his Web site (www.hare.org).

Cognizant of the fact that there are few formal survivor groups for victims of psychopaths—although there are several chat groups online—he believes that people need to know what to do to protect themselves even if they find themselves involved or associated with a psychopath. Among his steps are the following:

- Try not to be influenced by "props" the winning smile, the promises, the fast talk, and the gifts to deflect you from the manipulation and exploitation that may be occurring. "Any of these characteristics," he writes, "can have enormous sleight-of-hand value, serving to distract you from an individual's real message." Close your eyes, look away and concentrate on what's really going on.
- Don't wear blinkers. Anyone who seems too perfect, is likely far from it. Psychopaths hide their sides until they get their target person deeply involved. Too much flattery, feigned kindness, and cracks in grandiose stories should provide clues and put you on your guard. Make reasonable inquiries.
- Know yourself or you might be vulnerable at your blind spots. Psychopaths know how to find a person's triggers, so the more you realize what you tend to fall for, the more closely you can guard against manipulation.
- Set firm ground rules, and thus avoid some power struggles that you can't win. Psychopaths like control, so if the rules are unclear or weak, they'll take advantage. Be clear, and establish and maintain firm boundaries.
- If necessary, get professional advice. Too often people wonder if they're just seeing something that's not real, or they dismiss the lies because they don't know what else to do. Listening to an expert not only supports their suspicions but provides a way out.

Hare admits that even he, with all his experience, can still be duped—at least temporarily—by a psychopath. "In short interactions," he says, "anyone can be duped."

In a related publication, Hare notes, "We must find ways of studying psychopaths in the community if we ever to provide some relief for their victims—which is to say, all of us."

The best way to protect yourself is to know what you're dealing with.

Bibliography

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. (4th ed.). Washington, D C, American Psychiatric Association, 1994.
- Babiak, P. "When psychopaths go to work: A case study of an industrial psychopath," *Applied Psychology: An International Review*, 44, 171-178, 1995.
- Babiak, P. "Psychopathic Manipulation at Work. In C. B. Gacono (Ed.), *The Clinical and Forensic Assessment of Psychopathy: A Practitioner's Guide* (pp. 287-312). Mahwah, NJ: Lawrence Erlbaum Associates, 2000.
- Belmore, M. F. & Quinsey, V. L. "Correlates of Psychopathy in a Non-institutional Sample," *Journal of Interpersonal Violence*, 23, 42-58, 1992.
- Cleckley, H. *The Mask of Sanity*, 5th edition. St. Louis, MO: Mosby, 1976.
- Dolan, M., & Doyle, M. "Violence Risk Prediction: Clinical and Actuarial Measures and the Role of the Psychopathy Checklist," *British Journal of Psychiatry*, 177, 303-311, 2000.
- Forth, A. E., Kosson, D., & Hare, R. D. (in press). *The Hare PCL: Youth Version*. Toronto, ON: Multi-Health Systems.
- Gretton, H., McBride, M., Hare, R. D., O'Shaughnessy, R., & Kumka, G. "Psychopathy and Recidivism in Adolescent Sex Offenders," *Criminal Justice and Behavior*, 28, 427-449, 2001.
- Hare, R. D. *The Psychopathy Checklist-Revised*. Toronto, Ontario, Canada: Multi-Health Systems, 1991.
- Hare, R. D. *The Psychopathy Checklist-Revised*. 2nd Edition. Toronto, Ontario, Canada: Multi-Health Systems, 2003.
- Hare, R. *Psychopathy: Theory and Practice*. New York, Wiley & Sons, 1970.
- Hare, R. D. "Psychopaths and their nature: Implications for the Mental Health and Criminal Justice Systems," in T. Millon, E. Simonsen, M. Biket-Smith, R. D. Davis (Eds.) *Psychopathy: Antisocial, Criminal and Violent Behavior*. (188-212), New York: Guilford Press, 1998.
- Hare, R.D. "Psychopathy and Risk for Recidivism and Violence," in *Criminal Justice, Mental Health, and the Politics of Risk*. Edited by N. Gray, J. Laing & L. Noaks. London: Cavendish, 27-47, 2002.
- Hare, R. D., Clark, D., Grann, M., & Thornton, D. "Psychopathy and the Predictive Validity of the PCL-R: An International Perspective," *Behavioral Sciences and the Law*, 18, 623-645, 2000.
- Hare, R. D., Hart, S. D., & Harpur, T. J. "Psychopathy and the DSM-IV criteria for Antisocial Personality Disorder," *Journal of Abnormal Psychology*, 100, 391-398, 1991.

Hare, R. D., & Hervé, H. *The Hare P-Scan: Research Version*. Toronto, ON: Multi-Health Systems, 1999.

Harris, G. T., Skilling, T. A., & Rice, M. E. "The Construct of Psychopathy," In M. Tonry & N. Morris (Eds.), *Crime and Justice: An Annual Review of Research* (197-264). Chicago: University of Chicago Press, 2001.

Hart, S. D., Cox, D. N., & Hare, R. D. *Manual for the Psychopathy Checklist: Screening Version (PCL:SV)*. Toronto, ON: Multi-Health Systems, 1995.

Kiehl, K. A., Hare, R. D., McDonald, J. J. & Brink, J. "Semantic and Affective Processing in Psychopaths: An Event-related Potential (ERP) Study," *Psychophysiology*, 36, 765-774, 1999.

Kiehl, Kent A. Andra M. Smith, Robert D. Hare, et al, "Limbic Abnormalities in Affective Processing by Criminal Psychopaths as Revealed by Functional Magnetic Resonance Imaging," *Biological Psychiatry*, 50, 677-684, 2001.

Kosson, D. S., Cyterski, T. D., Steuerwald, B. L., Neumann, C. S., & Walker-Matthews, S. "The Reliability and Validity of the Psychopathy Checklist Youth Version (PCL: YV) in Nonincarcerated Adolescent Males," *Psychological Assessment*, 14, 97-109, 2002

Newman, J. P. "Conceptual Models of the Nervous System: Implications for Antisocial Behavior," In D. M. Stoff, J. Breiling, & J. D. Maser (Eds.). *Handbook of Antisocial Behavior* (324-335). New York: John Wiley & Sons, Inc., 1997

Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. (1998). *Violent Offenders: Appraising and Managing Risk*. Washington, DC: American Psychological Association.

Salekin, R., Rogers, R., & Sewell, K. "A review and Meta-analysis of the Psychopathy Checklist and Psychopathy Checklist-Revised: Predictive Validity of Dangerousness," *Clinical Psychology: Science and Practice*, 3, 203-215, 1996.

Salekin, R., Rogers, R., & Sewell, K. "Construct Validity of Psychopathy in a Female Offender Sample: A Multitrait-multimethod Evaluation," *Journal of Abnormal Psychology*, 106, 576-585, 1997.

Salekin, R., Rogers, R., Ustad, K. L., & Sewell, K. W. "Psychopathy and Recidivism in Female Inmates," *Law and Human Behavior*, 22, 109-128, 1998.

Steadman, H. J., Silver, E., Monahan, J. Appelbaum, P. S., Robbins, P. C., Mulvey, E. P., Grisso, T., Roth, L. H., & Banks, S. "A Classification Tree Approach to the Development of Actuarial Violence Risk Assessment Tools," *Law and Human Behavior*, 24, 83-100, 2000.

Vitale, J. E., & Newman, J. P. "Using the Psychopathy Checklist-Revised with Female Samples: Reliability, Validity, and Implications for Clinical Utility," *Clinical Psychology: Science, & Practice*, 8, 117-132, 2001.

"The Violent Mind," PBS series, *The Mind*, 1988.

Williamson, S. E., Harpur, T. J., & Hare, R. D. "Abnormal Processing of Affective Words by Psychopaths," *Psychophysiology*, 28, 260-273, 1991.

Wong, S., & Hare, R. D. (in press). *Program Guidelines for the Institutional Treatment of Violent Psychopathic Offenders*. Toronto, ON: Multi-Health Systems.

Hare.org

MHS.com

Hare, R.D. *Without Conscience: The Disturbing World of the Psychopaths Among us*. New York: Guilford Press (first published in 1993 by Simon & Schuster). 1999.

About the book:

Most people are both repelled and intrigued by the images of cold-blooded, conscienceless murderers that increasingly populate our movies, television programs, and newspaper headlines. With their flagrant criminal violation of society's rules, serial killers like Ted Bundy and John Wayne Gacy are among the most dramatic examples of the psychopath. Individuals with this personality disorder are fully aware of the consequences of their actions and know the difference between right and wrong, yet they are terrifyingly self-centered, remorseless, and unable to care about the feelings of others. Perhaps most frightening, they often seem completely normal to unsuspecting targets--and they do not always ply their trade by killing.

Presenting a compelling portrait of these dangerous men and women based on 25 years of distinguished scientific research, Dr. Robert D. Hare vividly describes a world of con artists, hustlers, rapists, and other predators who charm, lie, and manipulate their way through life. Are psychopaths mad, or simply bad? How can they be recognized? And how can we protect ourselves? This book provides solid information and surprising insights for anyone seeking to understand this devastating condition.

"A fascinating, if terrifying, look at psychopaths....Hare makes a strong case for the view that psychopaths are born, not made....A chilling, eye-opening report--and a call to action."

-Kirkus Reviews

"A brilliant, in-depth handling of a most complex subject."

-Hugh Aynesworth, author of *Ted Bundy: Conversations with a Killer*

"Fascinating, chilling, and accurate....The world's most renowned psychopathy researcher has leavened sharp scientific insights with page-churning case descriptions in a rare publishing feat: a book that is both highly readable and highly reputable."

-John Monahan, PhD

Katherine Ramsland

Katherine Ramsland, Ph.D. has published twenty-five books. She holds graduate degrees in forensic psychology, clinical psychology, and philosophy. Currently she teaches forensic psychology at DeSales University in Pennsylvania. After publishing two books in psychology, *Engaging the Immediate* and *The Art of Learning*, she wrote *Prism of the Night: A Biography of Anne Rice*. At that time, she had a cover story in *Psychology Today* on our culture's fascination with vampires. Then she wrote guidebooks to Anne Rice's fictional worlds: *The Vampire Companion: The Official Guide to Anne Rice's Vampire Chronicles*, *The Witches' Companion: The Official Guide to Anne Rice's Lives of the*

Mayfair Witches, *The Roquelaure Reader: A Companion to Anne Rice's Erotica*, and *The Anne Rice Reader*. Her next book was *Dean Koontz: A Writer's Biography*, and then she ventured into journalism with a two-year investigation of the vampire subculture, to write *Piercing the Darkness: Undercover with Vampires in America Today*. Following that was *Ghost*, *Cemetery Stories*, and *The Science of Vampires*. She has also written for *The New York Times Book Review*, *The Writer*, *The Newark Star Ledger*, *Publishers Weekly*, and *The Trenton Times*.

Her background in forensic studies positioned her to assist former FBI profiler John Douglas on his book, *The Cases that Haunt Us*, and to co-write a book with former FBI profiler, Gregg McCrary, *The Unknown Darkness*. She has also written *The Forensic Science of CSI*, *The Criminal Mind: A Writer's Guide to Forensic Psychology*, *The Science of Cold Case Files*, and *Inside the Minds of Mass Murderers* and she pens editorials on breaking forensic cases for *The Philadelphia Inquirer*. Recently, she co-wrote *A Voice for the Dead* with James E. Starrs on his exhumation projects, and became part of the team. She also contributes regularly to Court TV's Crime Library and has written nearly three hundred articles about serial killers, forensic psychology, and forensic science. Her latest book is *The Human Predator: A Historical Chronicle of Serial Murder and Forensic Investigation*.

www.katherineramsland.com