Psychopathy in Psychiatry and Philosophy: An Annotated Bibliography

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# Table of Contents

Using the Bibliography........................................................................................................... 3
Part 1: Psychiatry.......................................................................................................................... 4
  1 General..................................................................................................................................... 4
  2 Diagnostics............................................................................................................................... 4
    2.1 Adults.................................................................................................................................. 4
    2.2 Children and Adolescents................................................................................................. 6
    2.3 Recidivism.......................................................................................................................... 7
  3 Functional Impairments........................................................................................................... 8
    3.1 Lack of Fear/Anxiety.......................................................................................................... 8
    3.2 Emotional Learning........................................................................................................... 9
    3.3 Empathy............................................................................................................................ 10
    3.4 Moral Reasoning.............................................................................................................. 10
    3.5 Attention........................................................................................................................... 11
  4 Information Processing Models............................................................................................... 11
    4.1 Response Modulation Hypothesis.................................................................................... 11
    4.2 Dysfunctional Fear Hypothesis........................................................................................ 12
    4.3 Violence Inhibition Mechanism Model.............................................................................. 12
  5 Neurological Explanations....................................................................................................... 13
    5.1 The Left Hemisphere Activation Hypothesis................................................................. 13
    5.2 The Frontal Lobe Dysfunction Hypothesis..................................................................... 13
    5.3 The Somatic Marker Hypothesis..................................................................................... 13
    5.4 The Amygdala Dysfunction Hypothesis......................................................................... 14
  6 Treatment............................................................................................................................... 14
    6.1 General............................................................................................................................. 14
    6.2 Therapeutic Communities............................................................................................... 15
    6.3 Cognitive Behavioural Therapies.................................................................................... 15
Part 2: Philosophy...................................................................................................................... 16
  1 Moral Philosophy.................................................................................................................... 16
    1.1 Criminal Responsibility/Punishment................................................................................ 16
    1.2 Ethical Implications.......................................................................................................... 16
    1.3 Moral Responsibility........................................................................................................ 17
Glossary........................................................................................................................................ 20
Using the Bibliography

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This bibliography is a work in progress and will be updated monthly. The new entries will be preceded by "(New)".

Comments, corrections and suggestions are more than welcome. Please use this e-mail address: l.malatesti@hull.ac.uk.

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Part 1: Psychiatry

1 General


A comprehensive critical survey of recent research on the cognitive, emotional and neurological correlates to psychopathy. In addition, the book presents the authors' research on the neural abnormalities that might underlie the disorder (see section 6.4).


A classic account of psychopathy that has inspired the work of many researchers in the field.


A important collection of scientific studies on psychopathy.


A popular and readable presentation of the phenomenon of psychopathy by one of the leading researchers in the field.


A state-of-the art survey of classifications, theoretical models, neurological genetic and social explanations, legal and clinical issues. With contributions by leading researchers in the field of psychopathic personality.

2 Diagnostics

2.1 Adults


This manual, known as DSM-IV, describes the antisocial personality disorder (ASPD). The essential feature of the disorder is "a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood". In order to be classifiable as suffering from APD, an adult (ie over 18 years of age) should display three or more of the following: (1) failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest (2) deceitfulness, as indicated by repeating lying, use of aliases, or conning others for personal profit or pleasure (3) impulsivity or failure to plan ahead (4) irritability and aggressiveness, as indicated by repeated physical fights or assaults (5) reckless disregard for safety or self or others (6) consistent irresponsibility, as indicated y repeated failure to sustain consistent work behaviour or honour financial obligations (7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.


The authors criticise the two factors analysis of PCL-R. They argue that a more appropriate account should include three factors. The interpersonal/affective factor is separated in an interpersonal and an


This classic source, that has inspired many current descriptions of psychopathy, suggests 16 criteria for the diagnosis of the disorder: (1) Superficial charm (2) Absence of delusions and other signs of irrational thinking (3) Lack of anxiety (4) Lack of remorse or shame (5) Undependability (6) Dishonesty, untruthfulness insincerity (7) Pathological egocentricity (8) Failure to form lasting intimate relationships (9) Failure to learn from punishment (10) General poverty in major affective relations (11) Lack of insight into the impact of one's behaviour on others (12) Failure to plan ahead (13) Fantastic and uninviting behaviour with drink, and sometimes without. (14) Suicide threats rarely carried out. (15) Sex life impersonal, trivial, and poorly integrated (16) Unresponsiveness in general interpersonal relations.


On the basis of the characteristics delineated in **Cleckley 1941** and independent clinical work, Hare offers his original Psychopathy Checklist (PCL) to assess psychopathy in adults. (See **PCL-R**)


Revised version (PCL-R) of Hare's original Psychopathy Checklist (PCL). The **PCL-R** includes 20 behavioural items and is scored on data collected in an extensive file review and a semi-structured interview. For each behavioural item, an individual can score between 0 and 2 points. Individuals scoring 30 or above in the **PCL-R** are generally considered psychopathic, while those scoring less than 20 are considered non-psychopathic. Hare argues that **PCL-R** is superior to **ASPD** because, by following **Cleckley 1941**, it considers the individual's behaviour and his personality. For criticism see **Moran 1999.**


Shows that the original Psychopathy Checklist (PCL) (**Hare 1980**) is composed of two correlated factors: interpersonal/affective and impulsive/antisocial lifestyles items.


This study carries forward a factor analysis of the Psychopathy Checklist Revised (**PCL-R**). It emerges that **PCL-R** is composed of two correlated factors. Factor I: interpersonal/affective **items:** 1. Glib/superficial charm 2. Grandiose sense of self-worth 4. Pathological Lying 5. Conning/manipulative 6


This paper illustrates and assesses the Psychopathic Personality Inventory (PPP). This inventory consists of 163 items and offers a global index of psychopathy with eight subscales: "Machiavellian egocentricity", "social potency", "fearlessness", "coldheartedness", "impulsive nonconformity", "blame externalization", "carefree nonplanfulness", and "stress immunity".


Study on Spanish inmates that confirms the two factors analysis of PCL-R.


Study on Belgian inmates that confirms the two factors analysis of PCL-R.


Argues that the diagnosis of psychopathy available at the time is circular: mental abnormality is inferred by criminal behaviour that is explained in terms of mental abnormality (p. 250). Wootton's argument is based on dated conceptions of psychopathy, but there were also reasons for scepticism at the time, see Haksar 1965.

2.2 Children and Adolescents


APSD is an assessment tool for psychopathy in childhood and adolescence based on developments of Hare's (PCL-R) (Hare 2003, Hart 1995). The APSD is scored on the basis of parental/teacher reviews. See also Kosson et al. 2002.


2.3 Recidivism


An international study of 278 offenders. While 82 percent of individuals with psychopathy (PCL-R) reoffended, 40 of non-psychopathic individuals were reconvicted.


Show the usefulness of PCL-R in predicting reoffending. Within 3 years, 25 per cent of non-psychopathic individuals had been re-incarcerated. 80 per cent of the individuals with psychopathy had breached the terms of their release.


A comprehensive review of studies on psychopathy and recidivism. The authors conclude that individuals with psychopathy (PCL-R diagnosis) are three time more likely than non-psychopathic offenders to reoffend. For other studies that support this higher correlation, see Hart et al. 1998, Hare et al. 2000, Serin and Amos 1995, Grann et al. 1999. Moreover, this study shows that recidivism is more correlated with the PCL-R diagnosis of psychopathy than with the DSM-IV diagnosis of ASPD.


This study on the correlation of psychopathy (PCL-R) and recidivism considers 299 offenders within a period of 3 years. 65 per cent of individuals with psychopathy and 25 non-psychopaths were convicted of a new offence.

3 Functional Impairments

3.1 Lack of Fear/Anxiety

Cleckley, H. M. 1976. *The mask of sanity an attempt to clarify some issues about the so-called psychopathic personality*. St. Louis (Mo) Mosby.


While comparison individuals show strong physiological reactions to imagined frightening situations ("Taking a shower I hear the sound of someone forcing the door"), psychopaths show reduced reactions to these events.


Psychopathic offenders, in comparison to non-psychopathic subjects, present a reduced startle reflex following negative primes.


This classic study demonstrates how the impaired aversive conditioning of psychopaths results in low fearfulness. Both psychopath and comparison individuals were exposed to repeated successions of the
sound of a buzzer (Conditioned Stimulus or CS) and the infliction of innocuous but painful electroshock (Aversive Unconditioned Stimulus) that induces sweating and electrodermal changes (Unconditioned Responses). While in non-psychopaths the CS would alone induce sweating and, therefore, electrodermal changes, psychopaths would not show this conditioning. For similar results see Hare and Quinn (1971), and Flor et al. (2002).


3.2 Emotional Learning


Shows that psychopaths have difficulties with a response extinction task. In the task subjects have to play a card. While initially playing a card is rewarded with money, as the game progresses the probability of reward decreases. Psychopaths persevere in playing the cards even when this is associated with punishment.


3.3 Empathy


Children with psychopathic tendencies showed emotion recognition impairment relative to the comparison group.


Electrodermal measurement shows that children with psychopathic tendencies (APSD diagnosis) manifest reduced autonomic responses to images representing distressed individuals.


3.4 Moral Reasoning


This study uses Kohlberg's paradigm. It reports that individuals with psychopathy show lower levels of moral reasoning than non-psychopathic offenders. For similar claims, see: Fodor 1973, Jurkovic and Prentice 1977. For contrasting results, see Lee and Prentice 1988, Trevethan and Walker 1989. Moreover, the pertinence of Kohlberg's paradigm has been challenged.


This study uses Kohlberg's paradigm. It reports that while the moral reasoning of psychopathic and non-psychopathic offenders are lower than non-criminal individuals, there is no difference between psychopathic and non-psychopathic offenders. See also, Trevethan and Walker 1989. This contrasts with
the results in Campagna and Harter 1975.


3.5 Attention


Study of the attentional performance of psychopaths and non-psychopaths on an exogenously-cued Posner task.


When psychopaths focus their attention on a certain task, they show reduced physiological (autonomic and electrocortical) responsivity to irrelevant auditory stimuli, while they respond normally during passive listening.


4 Information Processing Models

4.1 Response Modulation Hypothesis


**4.2 Dysfunctional Fear Hypothesis**


**4.3 Violence Inhibition Mechanism Model**


Blackwell.

5 Neurological Explanations

5.1 The Left Hemisphere Activation Hypothesis


Argues that information processing in psychopaths is disrupted when the left hemisphere is activated by processing demands.

5.2 The Frontal Lobe Dysfunction Hypothesis


5.3 The Somatic Marker Hypothesis


This paper reviews some neuropsychological studies, concerning patients with ventromedial prefrontal cortex (VM) damage, that support the somatic marker hypothesis. The central idea of this hypothesis is that certain marker signals, which arise in bioregulation, including those expressed in emotions, influence decision making processes. The authors advance the hypothesis that psychopathic behaviour might also result from abnormal operation of the neural system involving the VM that determine a reduced generation of somatic markers. For a more extensive and semi-popular presentation of the somatic marker hypothesis see Damasio 1994.


Against the prediction of some upholders of somatic marker hypothesis applied to psychopathy, children with psychopathy appear to present somatic marker responses to certain visual stimuli of social situations.


5.4 The Amygdala Dysfunction Hypothesis


6 Treatment

6.1 General


Cleckley maintains that psychopaths neither benefit from treatment nor can form the emotional bonds required for therapy.


A critical review of recent empirical studies.


Maintains that there is no evidence for efficacious treatment of adult psychopaths.


Concluded that, at the time, there was no evidence for efficacious treatment of adult psychopaths.


A meta-analysis study of 42 studies, it states that there is evidence that psychopaths respond to treatment. The methodology and reliability of the study are criticised in Harris and Rice 2005, pp. 557-561.


The authors conclude that there is evidence that psychopaths respond to treatment. This study uses data from the MacArthur Risk Assessment Study (http://macarthur.virginia.edu). Nonforensic potentially psychopathic patients (scored on the PCL-SV) who participated in more than 6 sessions of therapy exhibited less violent behaviour (in the 10 post discharge weeks) than those who attended fewer sessions. For criticisms, see Harris and Rice 2005, pp. 561-562.
6.2 Therapeutic Communities


Study of a therapeutic community at Grendon prison in England. Higher PCL-R scores associated with poor adjustment to the program.


Evaluation of a therapeutic community program. Psychopaths (scored on PCL), compared to non-psychopaths, showed less motivation and improvement and were discharged earlier.


Evaluation of a therapeutic community program operated over a decade at the forensic hospital in Penetanguishene, Ontario. The results showed that psychopaths (scored on PCL-R), compared to no program, manifested higher violent recidivism. Non-psychopaths who took part in the program also had a lower rate of violent recidivism. For similar results, see Ogloff et al. 1990, Hobson et al. 2000.

6.3 Cognitive Behavioural Therapies


A study based on a short-term anger management and social skills training program. While the program had no demonstrable effects on non-psychopaths, offenders with high score in PCL-R had higher rates of recidivism than untreated offenders with similar scoring.


PCL-R score is inversely correlated with therapeutic improvement in a program for mentally disordered offenders.


Study of a treatment based on the principles of good correctional treatment. Offender with high psychopathy scores were more likely to reoffend than other participants.


The authors suggest that a cognitive behavioural programs targeting personal characteristics that are correlated with recidivism might be effective.
Part 2: Philosophy

1 Moral Philosophy

1.1 Criminal Responsibility/Punishment


This paper is empirically well informed and contains forceful arguments. Psychopaths (PCL-classification) are not criminally responsible. In fact, their capacity to draw the moral/conventional distinction is impaired (see section 3.4) and, thus, they do not meet the requirement of moral understanding advanced in the criminal code (for instance, in Australia, USA and UK). Moreover, neither retributive nor utilitarian conceptions of punishment imply that psychopathic offenders should be punished. However, assuming that self-defence provides reasons for punishment and given the data suggesting the PCL-classification as a good predictor of criminal recidivism (see section 2.3), we are justified in detaining psychopaths.


Agreeing with the practice in many jurisdictions, Hare maintains that psychopathy should be considered an aggravating factor for criminal responsibility.


Psychopathy should not excuse criminal behaviour. In fact, classifying psychopathy as a disease would have unacceptable social and political costs (pp. 237-245). Moreover, courts should consider psychopathy as proving the lack of any redeeming characteristics.

1.2 Ethical Implications


A defence, against the Humean stress on the role of empathy in moral agency, of the Kantian emphasis on
the role of rationality. The moral shortcomings of psychopaths cannot be determined by their lack of empathy. High-functioning autistic adults with Asperger's syndrome manifest a similar deficit in empathic understanding. However, they can realise, by reasoning, that other people have reason-giving interests as their own. The moral indifference of psychopaths appears to derive from their incapacity to understand reasons available to them. Kennett, J. 2006. “Do psychopaths really threaten moral rationalism?” Philosophical Explorations, 9, 1: 69-82.


Criticises Nichols 2002. Nichols's experiment about ordinary intuitions concerning the moral understanding of psychopaths fails to address the main tenets of rationalism. Moreover, psychopaths do not constitute a counterexample to rationalism understood as an empirical claim about moral psychology. Psychopaths present impaired practical rationality. These defects in their rationality affect their capacity for self-regulation. Developmental studies show that self-regulation is a requirement for moral understanding and motivation.


Maibom maintains, against Nichols 2002, that rationalists can explain the moral defects of psychopaths. An agent who is capable of moral judgement should satisfy certain requirement of practical rationality (such as forming consistent intentions and willing the means to reach her ends). Recent psychological evidence shows that psychopaths do not satisfy these requirements.


Nichols argues that psychopaths undermine rationalist accounts of morality. Psychopaths, being rational individuals that fail to be motivated by moral reasons, offer a counterexample to those that assume that moral rationalism is a conceptual truth. Moreover, moral rationalism, understood as an empirical account of moral psychology, fails to explain the psychology of psychopaths. Finally, he argues that an account of morality based on moral sentiments explains the case of psychopaths. For criticisms, see Maibom 2005, Kennett 2006.

1.3 Moral Responsibility


Psychopathic offenders are not morally responsible for their crimes. According to Duff, if an agent is mentally disordered then he is not responsible. Moreover, an agent is mentally disordered when fails to satisfy the following requirements for possessing practical rationality: (i) knowledge of his action (ii)
capacity to do what he wants. Duff, against the "empiricist account" of practical rationality, argues for a further criterion: (iii) understanding of values, interests and concerns that inform people’s lives. Psychopaths satisfy (i) and (ii). However, in psychopaths’ life there is no "intelligible dimension of value, emotion or rational concern”, and this logically implies that they lack (iii).


(Chapter 5) Psychopaths (as characterised by Cleckley and DSM-IV (ASPD)) lack "deep engagement with morality". They do not understand why morality is important and they do not care about it. The psychopaths do not “seem to be able to see why the interests of others matter”. However, they understand that others value certain ways of behaving. Moreover, this understanding warrants holding them morally responsible for certain actions that do not involve "the subtleties of moral reasoning or emotional commitments". For a criticism, see Haji 1998, pp. 120-126.


This book offers an account of moral responsibility. An agent is morally responsible for a certain action (omission) A, when (1) he knows about the circumstances in which he performs and (2) he has control over action A. While condition (1) is not explored, the authors argue that (2) is satisfied when the action A is performed by an agent who is (2.1) regularly receptive to reasons and (2.2) acts from a mechanism that belongs to the agent and that is (2.3) reactive to reasons. (2.1) requires that the agent knows that there are certain reasons and moral reason to perform (or not to perform) A. (2.3) means that the mechanism that actually issues in action A would not issue in that action if there were a reason (not necessarily a moral one) to do otherwise. The theory suggests that thinking about the responsibility of the psychopath should be structured by two hypotheses that need to be investigated in the light of empirical evidence (pp. 79-89). If a psychopath is not regularly receptive to moral reasons, he cannot be morally responsible. On the other hand, if he is receptive to moral reasons, but fails to be reactive to moral reasons, then provided he is reactive to other reasons, he can be held morally responsible. This suggestion is adopted in Glannon 1997.


The psychopath lacks the capacity to internalise social norms of behaviour and to identify with them as his own. This lack of "deep moral knowledge" does not derive from an impairment in practical reason as some rationalists (Kantians) have maintained (Deigh 1995, Murphy 1972). Instead, this failure derives from the emotional deficits of psychopaths (for a similar conclusion, see Nichols 2002; for possible objections, see Maibom 2005 and Kennett 2002). However, they have sufficient moral understanding to be partly responsible for their behaviour (for a similar conclusion, see Elliott 1996).

Psychopaths' limitations in feeling moral emotions, such as guilt based on empathy with their victims, undermine their capacity of self-control and thus their free will. However, when psychopaths intend to harm, the manifested bad qualities of their will, should warrant in us reactive attitudes such as hatred, scorn and contempt. Elaborating a Strawsonian account of moral responsibility, Greenspan thus concludes that psychopaths have a degree of moral responsibility.


Relying upon Ckeckley's work, the author objects to Wootton's circularity argument. Moreover, he replies to the three following arguments against the ascription of moral responsibility to psychopaths. Psychopaths are not morally responsible because: (i) their anti-social acts undermine their values and aims (liberty, jobs) (ii) their behaviour is not purposive (iii) they lack control over their immediate desires. Against (i): there is no evidence that proves that psychopaths value liberty, jobs etc. above performing their anti-social acts. Against (ii): psychopaths can execute plans to accomplish their criminal acts. Against (iii): in many occasions they can restrain their desires; there are no reasons to assume that they have less-powers of resisting their desires than other criminals.


Investigates the moral culpability of psychopaths who possess a certain degree of moral understanding (for this possibility see Fisher and Ravizza 1998). Argues that the emotional impairments of these psychopaths do not affect their volitional control, thus, it does not undermine their culpability. However, drawing a comparison with cases of compulsion, the author suggests that the legal response to the psychopathic offender should be attenuated.


The debate generated by the UK Mental Health Bill, which recommend preventive civil commitment for criminals with "Violent Antisocial Personality Disorder", has focused on the tension between personal rights and protection of the public. However, the moral responsibility of these individuals and their capacity to act on a medical decision should be also considered.


Assumes that psychopaths fail to be motivated by the recognition of rights of others. Such a motivation is required for having rights (reciprocity). Therefore, psychopaths cannot have rights and we have no obligations to them. Moreover, we should not hold them morally responsible. Thus, they should be treated as non human animals. However, the adoption of this practical conclusion should be constrained by the following considerations. First, there might be serious difficulties in the clinical diagnosis of psychopathy. Second, there are dangers deriving from political abuse. Third, psychopathy might be the result of collective choices. Fourth, psychopaths might be potential or former persons. For a criticism, see Glannon 1997.


Illustrates and criticises Arrington 1979, Duff 1977, Haksar 1965, and Murphy 1972. These accounts are based on the observation that psychopaths fail to conform to certain idealized values (having empathy, following a life plan, being concerned for other people's interests and rights). However, these authors do
not recognise that psychopaths share values that prevail in many modern societies (manipulation of others, little affect in interpersonal relations, lack of idealized values).
**Glossary**

**Kohlberg's paradigm**
A paradigm used to assess moral reasoning (Kohlberg 1969). The participant is first presented with vignettes where a protagonist faces moral dilemmas and then is asked how the protagonist should act and why. The subject's level of moral reasoning is a function of the complexity of the reasons he/she gives for what the protagonist should or should not do. It has been argued that Kohlberg's assessment of moral judgement measures the complexity of semantic memory, and thus it is more a measure of IQ and socio-economic status, than moral reasoning (Blair et al. 2005, p. 57, Shweder et al. 1987).


**Passive avoidance learning**
A type of instrumental learning that involves learning: (i) to respond to stimuli that give rise to reward (ii) to avoid responding to those stimuli that give rise to punishment. This type of learning requires the formation of a stimulus-reinforcement association, (the association of a stimulus with either reward or punishment).

**Response extinction**
Type of task involving learning to withhold responses to a stimulus previously rewarded but then associated with a punishment.

**Strawson's account of moral responsibility**

**Turiel's paradigm**
Turiel's paradigm is based on the moral/conventional distinction task (Turiel 1983, Nucci and Nucci 1982, Smetana 1993). The participant is presented with vignettes involving moral and conventional transgressions. An action is a moral transgression when it has consequence for the rights and welfare of other individuals such as hurting another individual, damaging his/her property. Conventional transgressions are defined by their consequences for the social order; these are actions such as talking in class, dressing in opposite-sex clothes. The participant has to make judgements about the transgressions.


**Startle reflex**
Automatic jump reaction showed by a subject suddenly exposed to a basic threatening stimulus (loud noise, looming object). The magnitude of the reflex can be reduced or augmented by preceding the threatening stimulus respectively with positive (e.g. erotic images) or negative (e.g. assault scenes) primes.