

PSYCHOPATHY: EXPLORING CANADIAN MASS NEWSPAPER REPRESENTATIONS
THEREOF AND VIOLENT OFFENDER TALK THEREON

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ABSTRACT

This social constructionist program of inquiry begins to explore how psychopathy/the psychopath is constructed beyond the professional domain of forensic psychology. Indeed, while this highly important diagnostic construct is defined and operationalized very precisely by contemporary forensic psychologists, it is believed to be grossly and seriously *misunderstood* by others. Study 1 examines how Canadian mass newspaper (news) discourse represents psychopathy/the psychopath using ethnographic media analysis. This study rests on the central assumption that mass newspaper discourse provides a key window onto the public construction of reality. Study 2 examines how in-treatment, persistently violent male offenders (individuals with close ‘proximity’ to psychopathy) may conceptualize, experience, and approach (or not) the diagnostic construct, as gleaned through their conversational talk during small-size focus group interviews. The various ways in which these distinct (and contextually-bound) discourses align with and diverge from one another are identified. The various ways in which mass newspaper and offender focus group discourses align with and diverge from the contemporary forensic psychological construction of psychopathy/the psychopath are also discussed. Clinical, practical, and ethical implications of the research findings are also presented and discussed briefly.

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1. Chapter 1: Background, Perspective, Overview, and Organization

The purpose of this introductory chapter is four-fold. First, I offer a brief introduction to the contemporary forensic psychological construct of psychopathy. That is, I seek to provide the reader with a basic orientation as to how psychopathy is currently conceptualized, talked about, represented, and generally understood by North American forensic psychologists. From there, I offer a focused discussion of social constructionism, the epistemological perspective that informs this program of inquiry. With this background in place, I next provide a general overview of the current research program. Finally, I leave the reader with a concise organizational outline for the remaining dissertation document.

1.1 The Contemporary Forensic Psychological Construct of Psychopathy

Psychopathy, I would argue, is easily one of the most important, prominent, and frequently considered diagnostic constructs within contemporary forensic psychology. A recent report by Rosenfeld (2006), for example, asserted that psychopathy was the single most commonly cited research topic across a large sample of major forensic psychological journals. Moreover, Harris, Skilling, and Rice (2001) have suggested that the assessment of psychopathy has become a highly common, if not near-routine, aspect of modern forensic psychological practice, due largely to the fact that the presence/absence of psychopathy is currently seen as *highly* relevant to a *wide* array of clinical forensic issues (e.g., level of risk/dangerousness, suitability for treatment, sentencing/placement considerations, suitability for release, etc.) (see also, for example, DeMatteo & Edens, 2006; Edens & Petrila, 2006; Guy, Edens, Anthony, & Douglas, 2005; Hare, 1996, 1998a; Hare, Clark, Grann, & Thornton, 2000; Stover, 2008). Indeed, few forensic psychologists would likely argue that psychopathy is not a major focal point within their field, both in terms of research and applied practice.

As orientation to this important construct, I provide below a general description thereof. With this description, I attempt to summarize the key meanings, emphases, assertions, and expectations that presently define the psychopathy construct among forensic psychologists. Stated more simply, perhaps, I endeavour to capture the ways in which a contemporary forensic psychologist might respond briefly to the question, ‘what is psychopathy?’ This working description is based primarily on my interpretation of the relevant forensic psychological literature. It is also informed, to some degree, by my clinical and research experiences as a training forensic psychologist. The input of my dissertation committee

members, several of whom are forensic psychological experts, has also shaped this description.

Of note, I acknowledge that psychopathy is a dynamic, contextually-bound, and historically-situated social construct (Burr, 2003). As such, I see the following description as applicable within a very specific sub-professional domain (i.e., North American forensic psychology), at a very specific moment in history (i.e., the immediate present). In particular, I would emphasize that the following description necessarily reflects the presently dominant epistemological framework within forensic psychology (i.e., logical post-positivism), as should become readily apparent to the critical reader. Also of note, I further acknowledge that the manner in which forensic psychologists currently construct psychopathy rests upon a complex, shifting, and often-contentious “archaeology of knowledge” (Foucault, 1969/2002, p. 1). Rather than doing so here, I provide a detailed review of this archaeology within the following chapter.

I should also note that many will likely recognize the following description as being influenced considerably by the writings of Canadian psychologist R. D. Hare. My emphasis on Hare, I would argue, reflects his highly significant, perhaps even “unparalleled contribution to the modern construct of psychopathy” (e.g., Arrigo & Shipley, 2001; Hervé, 2007, p. 32; Stover, 2008). Indeed, while various scholars have aptly critiqued Hare’s work, few, if any, would likely deny its “enormous relevance” within the contemporary psychopathy discourse (Salekin, Worley, & Grimes, 2010, p. 239). Thus, any accentuation on Hare should be seen as my attempt to appropriately capture current discourse – I would caution, specifically to logical post-positivist readers, that such accentuation should not be interpreted as my tacit endorsement of Hare’s perspective as necessarily ‘true,’ ‘accurate,’ or ‘complete,’ in the ontological sense.

1.1.1 The Basics of Psychopathy

At present, psychopathy is thought of, talked about, and otherwise represented as a rare, socially-problematic, and “deep-seated” personality disorder defined by a constellation of interconnecting emotional, interpersonal, motivational, and behavioural characteristics (e.g., Cleckley, 1976, p. 471; Hare, 1996). Among these characteristics, individuals with the disorder (i.e., “psychopaths”) are said to be egocentric/narcissistic, grandiose, dominant/forceful, cold-hearted/callous, extremely shallow and labile in their affective

responses, and profoundly lacking in anxiety. They are said to display a marked incapacity for love, empathy, guilt, shame, and genuine remorse; they are often described as being unable to form long-lasting bonds to people, principles, values, and/or goals (Cleckley, 1976; Hare, 1996, 2003; McCord & McCord, 1964). Such individuals are routinely cast as deceitful, dishonest, manipulative/coning, and exploitative in their orientation toward others (Hare, 1996, p. 26). Prototypically, it is said, their behaviour is impulsive, disinhibited, irresponsible, inconsistent/unstable, often sensation-seeking, and persistently self-defeating (Cleckley, 1976; Hare, 1996, 2003).

Following directly from these “essential,” “core,” or “primary” characteristics, it is argued, psychopaths will readily and routinely violate social norms, mores, rules, obligations, and expectations, whether implied or explicit (Cleckley, 1976, pp. 471-472; Hare, 1996, 2003). This secondary pattern of persistent antisociality is thought to involve a broad range of destructive, damaging, unethical, and otherwise problematic behaviour, very often, *though not necessarily*, including criminal conduct (Cleckley, 1976; Hare, 1998b, 2003; Hare & Neumann, 2010; Meloy & Gacono, 1998). Consequently, psychopaths are said to be highly overrepresented within criminal justice and forensic settings (e.g., jails, prisons, forensic psychiatric facilities, etc.), relative to their prevalence within the general population. Of relevance in this respect, contemporary forensic psychological research, theory, and general discourse have focused primarily on the ‘criminal psychopath’ (i.e., those psychopathic individuals whose antisocial behaviour brings them into overt conflict with the criminal justice system). Relatively little attention, it would seem, has been dedicated to the ‘non-criminal psychopath’ (i.e., those psychopathic individuals who behave in antisocial ways, yet manage to avoid formal contact with the criminal justice system).

Like other personality disorders, psychopathy is constructed as a chronic, life-course persistent condition. According to Hare (1991, 2003), for example, the earliest signs of psychopathy are often evident during childhood, with its core features becoming fully-developed by late adolescence/early adulthood and continuing well into late life. Of interest, while the core features of psychopathy are said to persist across the lifespan, associated patterns of criminal behaviour are thought to abate, at least somewhat, during middle-adulthood (e.g., Douglas, Vincent, & Edens, 2006; Hare, 1991; Harpur & Hare, 1994; Porter, Brit, & Boer, 2001; Porter & Woodworth, 2006).

Particularly helpful to understanding the basic ways in which forensic psychologists construct psychopathy, I would argue, is a small-scale survey conducted by Tennent, Tennent, Prins, and Bedford (1990). These authors asked 41 forensic psychologists, via mail-out questionnaire, to identify and rank order the ten features/symptoms that they considered most definitive/important to a diagnosis of psychopathy. Table 1.1 presents the features or symptoms identified by responding psychologists. Overall, the majority of respondents endorsed psychopathy as a meaningful and clinically useful diagnostic entity. Most endorsed the earliest age of possible diagnosis as falling between early adolescence and early adulthood. Respondents were also asked to indicate their opinions regarding the presumed etiology of psychopathy – while specific opinions were highly mixed, psychologists, as a group, were said to “heavily favour an environmental aetiology” as opposed to “an organic/genetic aetiology” (p. 41). Of note, although dated and marked by certain methodological limitations, the work of Tennent and colleagues appears to represent the only published study directly exploring the ways in which forensic psychologists conceptualize the psychopathy construct.

1.1.2 Assessment of Psychopathy

Within contemporary criminal justice and forensic psychiatric settings, diagnostic statements regarding psychopathy are typically made using the *Psychopathy Checklist-Revised* (PCL-R; Hare, 1991, 2003), or one of its derivative measures (Edens, Skeem, Cruise, & Cauffman, 2001; Fulero, 1995; Meloy, 2000; Rice, 1997; Skeem & Cooke, 2010a). Developed by Canadian psychologist R. D. Hare, the earliest version of this instrument, ultimately referred to as the *Psychopathy Checklist* (PCL; Hare, 1985a, 1985b), was intended to serve strictly as a research tool (i.e., a standard means of “operationalizing the construct of psychopathy” for scholarly purposes) (Hare, 1996, p. 30). Subsequently revised and later published formally, the measure is now used widely for both academic and applied purposes. While other measurement approaches have been developed (e.g., Lilienfeld, 1998; Lilienfeld & Fowler, 2006), the PCL-R assessment framework “represents the gold standard and is the basis for most cumulated knowledge about psychopathy” (e.g., Guy et al., 2005, p. 1056).

Relying on a semi-structured interview and a review of relevant file/collateral information, the PCL-R is a 20-item construct rating scale. Each item is said to correspond to a particular “symptom” or characteristic of psychopathy, based upon what Hare refers to “a widely understood,” clinical conception thereof (Hare, 2003, p. 1). The 20 items comprising

Table 1.1

Features or Symptoms Identified by Forensic Psychologists as Most Important to Making a Diagnosis of Psychopathy

| Rank Order | Feature or Symptom |
|------------|---|
| 1 | Pathological egocentricity |
| 2 | Callous unconcern for others |
| 3 | Inability to experience guilt |
| 4 | Lack of remorse or shame |
| 5= | Chronically antisocial |
| 5= | Not profiting from experience |
| 7= | Unable to form meaningful relationships |
| 7= | Lacking control over impulses |
| 9 | Affectively cold |
| 10 | Self-centered |

Note. From “Psychopathic Disorder – A Useful Clinical Concept?,” by G. Tennent, D. Tennent, H. Prins, and A. Bedford, 1990, *Medicine, Science, and the Law*, 30, p. 42. Copyright 1990 by The British Academy of Forensic Sciences. Adapted with permission.

the PCL-R are listed in Table 1.2; for the interested reader, Appendix A describes each item in greater detail. In brief, each item is scored on a 3-point scale; a score of 0 indicates that the item does not apply to the individual being assessed; a score of 1 indicates that the item applies partially or to a limited extent; a score of 2 indicates that the item applies to the individual in most essential respects. Consequently, total scores on the PCL-R can range from 0 to 40 and are said, by Hare (1996), to provide an “*estimate* of the extent to which a given individual matches the prototypical psychopath [emphasis added]” (p. 30). As recommended by Hare (2003), a score of 30 or greater is typically used to make a categorical diagnosis of psychopathy for research purposes (within North American samples). A higher score (e.g., 33 to 34), accounting for the instrument’s standard error of measurement, is often used when making a diagnosis for clinical purposes (once again, within North American samples). The statistical and psychometric properties of the PCL-R have been explored elsewhere in considerable detail (for a comprehensive review, see Hare, 2003).

Of important note, widespread adoption of the PCL-R framework – as a standard, if not near-*de facto* metric for the hypothetical construct of psychopathy – has been described by some, I would argue, as a ‘double-edged sword’ (e.g., Skeem & Cooke, 2010a, 2010b). In one respect, the PCL-R framework provides a shared, workable, and *conventional* means of representing the psychopathy construct. This situation enhances the ease, effectiveness, uniformity, and clarity with which forensic psychologists are able to ‘communicate’ about the psychopathy construct, particularly within the context of providing legal or quasi-judicial testimony/evidence (e.g., Cunningham & Reidy, 1998; DeMatteo & Edens, 2006; Gacono, Loving, Evans, & Jumes, 2002; Walsh & Walsh, 2006). Hare, Clark, Grann, and Thornton (2000), among others, further emphasize that widespread reliance on the PCL-R framework, as a research tool, has facilitated the development of a large, rapidly-growing, and conceptually-cohesive body of scholarly literature (see also Hercz, 2001; Skeem & Cooke, 2010a). With its widespread use, however, comes the danger of potentially equating the PCL-R framework with the hypothetical construct of psychopathy, *per se*. Indeed, Skeem and Cooke (2010a), for example, have recently opined that “the field is in danger of crossing a thin line between using the PCL-R as a ‘common metric *for* psychopathy’ ...and [equalizing] this metric with the theoretical construct *of* psychopathy [emphases added]” (p. 433). These authors stress that PCL-R-based discourse, though extremely prominent, is but one particular

Table 1.2

Items Comprising the Psychopathy Checklist-Revised

-
1. Glibness/Superficial Charm
 2. Grandiose Sense of Self Worth
 3. Need for Stimulation/Proneness to Boredom
 4. Pathological Lying
 5. Conning/Manipulative
 6. Lack of Remorse or Guilt
 7. Shallow Affect
 8. Callous/Lack of Empathy
 9. Parasitic Lifestyle
 10. Poor Behavioral Controls
 11. Promiscuous Sexual Behavior
 12. Early Behavioral Problems
 13. Lack of Realistic, Long-Term Goals
 14. Impulsivity
 15. Irresponsibility
 16. Failure to Accept Responsibility for Own Actions
 17. Many Short-Term Marital Relationships
 18. Juvenile Delinquency
 19. Revocation of Conditional Release
 20. Criminal Versatility
-

Note. From “Hare Psychopathy Checklist-Revised (PCL-R): 2nd Edition: Technical Manual,” by R. D. Hare, 2003. Copyright 2003 by author and Multi-Health Systems Inc. Adapted with permission.

means of representing the broader hypothetical entity of psychopathy.

1.1.3 Prevalence of Psychopathy

Within the forensic psychological literature, psychopathy is represented as a rare, exceptional, and statistically infrequent diagnostic entity. Several widely cited reports, for example, estimate that less than 1% of the general population would likely obtain a PCL-R score of 30 or greater (e.g., Coid, Yang, Ullrich, Roberts, & Hare, 2009; Cunningham & Reidy, 1998; Dolan & Doyle, 2007; Hare 1996, 2003; Neumann & Hare, 2008; Ogloff, 2006). Turning to more specialized populations, commonly reported estimates suggest that between 15% and 25% of male prison inmates would likely obtain a PCL-R score sufficient for a diagnosis of psychopathy (e.g., Hare, 1991, 1996, 2003; Ogloff, 2006; Serin, 1992). It has further been estimated that approximately 10% of male forensic psychiatric patients would be expected to qualify for such a diagnosis (using a widely available screening version of the PCL-R) (e.g., Hare, 2003; Hart, Cox, & Hare, 1995; Ogloff, 2006).

Of brief note, that psychopaths are said to be rare within criminal justice populations, specifically, serves to partially clarify the constructed relationship between psychopathy and crime. Indeed, many scholars caution vehemently against the “simplistic and potentially widespread error” of merely equating criminality with criminal psychopathy (e.g., Hare, 1996; Millon, Simonsen, & Birkket-Smith, 1998; Partridge, 1930, p. 97). More ‘correctly,’ it is often belaboured, the former should be seen as necessary yet insufficient for the latter. As summarized by Millon, Simonsen, and Birket-Smith (1998), a broad, diverse, and heterogeneous array of individuals, driven by a broad, diverse, and heterogeneous array of motivations, may engage in behaviour that is technically criminal. Within this varied group of individuals, they continue, few are expected to possess the essential, core, and deeply-rooted features of psychopathy. Stated more broadly, while many psychopaths will engage in behaviour that brings them into conflict with the law, conversely, only a small subset of those individuals whose behaviour contravenes the law will be psychopaths (see Figure 1.1).

As a final comment regarding prevalence, psychopathy is said to be far more common among men than it is among women. Indeed, in various ways and for various reasons, psychopathy has been constructed as a prototypically masculine affliction (see, for example, Mariani, 1995; Nuckolls, 1998; Rhodes, 2000, 2004). In this respect, the ways in which contemporary forensic psychologists conceptualize, talk about, and study the psychopathy

Figure 1.1

Graphic Representation of the Relationship between Psychopathy and Crime

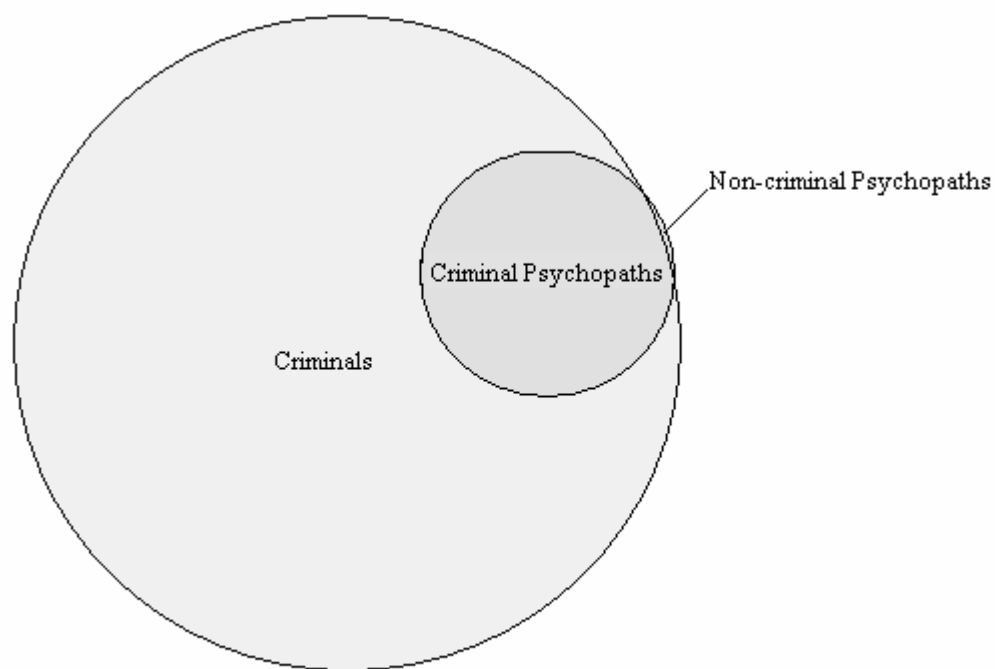


Figure 1.1. This graphic is intended to serve as a simple/heuristic illustration of the generally-accepted relationship between criminality and psychopathy. The large circle represents the broad population of detected male criminals; the smaller circle represents the population of male psychopaths, as would be defined using the PCL-R framework. While all psychopaths are said to engage in antisocial conduct, many, though not all, manifest antisocial behaviours that are technically criminal. A small proportion of psychopaths may thus engage in antisocial and destructive behaviours that are not explicitly criminal in nature; some, perhaps, may even engage in technically criminal conduct that remains undetected. It is acknowledged widely within the forensic psychological literature that very little is known about these non-criminal psychopaths, or so-called “antisocial successes” (Meloy & Gacono, 1998, p. 96). Note also that the large majority of detected male criminals (i.e., approximately 75% to 85%) are not PCL-R-defined psychopaths.

construct must be acknowledged as decidedly androcentric/gynopic in nature.

1.1.4 Associated Features of Psychopathy: ‘Dangerousness’ and ‘Therapeutic Pessimism’

1.1.4.1 Dangerousness. Within the recent forensic psychological literature, criminal psychopathy (as measured by the PCL/PCL-R framework) has come to be associated strongly with expectations of extreme ‘dangerousness’ (e.g., Douglas, Vincent, & Edens, 2006). Indeed, while criminal psychopaths are said to be few in number, they are generally thought of as being disproportionately destructive, particularly violent/aggressive, and highly persistent/prolific in their offending behaviour, relative to criminal non-psychopaths. Several frequently-cited retrospective studies, for example, have asserted that offenders scoring highly on the PCL/PCL-R framework tend to exhibit criminal histories that are earlier in onset, far more extensive in both the number and variety of charges/convictions obtained, more expansive motivationally, and more likely to include serious and violent offenses, as compared to those scoring lower (e.g., Chase, O’Leary, & Heyman, 2001; Cornell, Warren, Hawk, Stafford, Oram, & Pine, 1996; Dempster, Lyon, Sullivan, Hart, Smiley, & Mulloy, 1996; Douglas & Webster, 1999; Hare & McPherson, 1984; Hare, McPherson, & Forth, 1988; Hart & Dempster, 1997; Hemphill, Templeman, Wong, & Hare, 1998; Porter, Brit, & Boer, 2001; Porter, ten Brinke, & Wilson, 2009; Porter & Woodworth, 2006; Williamson, Hare, & Wong, 1987). In certain respects, I would note, such findings are not particularly surprising, and perhaps even somewhat tautological, given the item content of the PCL/PCL-R (refer back to Table 1.2).

Criminal psychopaths are also thought of as being particularly dangerous, challenging, and difficult-to-manage within institutional settings (e.g., Cleckley, 1976; Guy, Edens, Anthony, & Douglas, 2005; Hemphill, Hare, & Wong, 1998; Hare, 1996; Reimann, 2008). A number of studies suggest, for example, that higher scores on the PCL/PCL-R framework are associated with less-desirable institutional outcomes, including poorer levels of overall adjustment, more frequent rule infraction, and greater levels of serious/violent misconduct (e.g., Buffington-Vollum, Edens, Johnson, & Johnson, 2002; Coid, 1998; Doyle, Dolan, & McGovern, 2002; Edens & Campbell, 2007; Gendreau, Goggin, & Law, 1997; Guy, Edens, Anthony, & Douglas, 2005; Hare, Clark, Grann, & Thornton, 2000; Heilbrun, Hart, Hare, Gustafson, Nunez, & White, 1998; Hildebrand, de Ruiter, & Nijman, 2004; Hill, Rogers, & Bickford, 1996; Reiss, Grubin, & Meux, 1999; Salekin, Rogers, & Sewell, 1996; Shine &

Hobson, 2000; Walters 2003a, 2003b). Of note, a meta-analytic review by Guy, Edens, Anthony, and Douglas (2005) affirmed that PCL-R-defined psychopathy was “predictably associated” (p. 1061) with various categories of institutional misconduct, up to and including physically violent forms of misbehaviour.

Criminal psychopaths, relative to criminal non-psychopaths, are also said to be particularly dangerous, problematic, and ‘unsuccessful’ following community re-entry (e.g., Hare 1996, 2003; Douglas, Vincent, & Edens, 2006). Among male prison inmates, for example, those scoring higher on the PCL/PCL-R framework have been shown to perform more poorly across various modes of conditional release (e.g., unescorted temporary absence, parole, mandatory supervision, etc.). Specific findings in this regard suggest that higher scoring individuals are more likely to violate the technical terms/conditions of their release, are less likely to adhere to pre-release plans, are less likely to establish a “stable” lifestyle during periods of community supervision, and are more likely to experience the revocation of their release (i.e., “post-release failure”) (e.g., Hart, Kropp, & Hare, 1988, p. 231; Porter, Brit, & Boer, 2001; Porter, ten Brinke, & Wilson, 2009; Serin, Peters, & Barbaree, 1990; Wilson & Bakker, 2000). Furthermore, among offenders who fail on conditional release, those scoring higher on the PCL/PCL-R framework tend to do so at a much faster rate, effectively spending less time in the community prior to revocation, on average, than those scoring lower (e.g., Hart, Kropp, & Hare, 1988; Hemphill, 1991; Porter, ten Brinke, & Wilson, 2009). Once again, I would note, given the item content of the PCL/PCL-R, such findings should not be regarded as particularly unexpected (refer back to Table 1.2).

The most serious form of post-release failure, whether release is conditional or otherwise, is criminal recidivism (i.e., re-offending). Accordingly, a large body of forensic psychological research, spanning a variety of medico-legal settings, has examined the relationship between PCL/PCL-R-defined psychopathy and various categories of subsequent re-offending (e.g., Douglas, Vincent, & Edens, 2006; Hare, Clark, Grann, & Thornton, 2000; Hare, 2003; Serin, 1996). With relative consistency, this research suggests that individuals scoring higher on the PCL/PCL-R framework tend to exhibit higher and faster rates of both general and violent recidivism, as compared to those scoring lower (obtained effect sizes, while somewhat variable, typically fall within the moderate range). Several authors have also reported a positive correlation between PCL/PCL-R-defined psychopathy and sexually violent

recidivism; this association, however, appears to be relatively less robust and potentially more complicated (i.e., moderated by sexual deviance) (e.g., Hare, 2003; Harris & Hanson, 1998; Quinsey, Rice, & Harris, 1995; Rice & Harris, 1997). In summarizing the overall body of “psychopathy-recidivism” research, Douglas, Vincent, and Edens (2006), for example, arrive at the general conclusion that “psychopathy is an important and meaningful risk factor for subsequent [criminal] behavior of many types, across many contexts, by many different types of people” (p. 548). Other reviews, both narrative and meta-analytic, have typically arrived at similar conclusions (e.g., Dolan & Doyle, 2000; Edens, Campbell, & Weir, 2006; Hare, Clark, Grann, & Thornton, 2000; Hart, 1998; Hemphill, Hare, & Wong, 1998; Hemphill & Hart, 2003; Hemphill, Templeman, Wong, & Hare, 1998; Leistico, Salekin, DeCoster, & Rogers, 2008; Ogloff, 2006; Salekin, Rogers, & Sewell, 1996; Walters 2003a, 2003b).

Not surprisingly, perhaps, because the criminal psychopath has come to be situated as a uniquely ‘dangerous’ and particularly problematic subset of offender, PCL/PCL-R-defined psychopathy has gained considerable prominence within the applied domain of offender risk assessment (e.g., Dematteo & Edens, 2006; Douglas, Ogloff, Nicholls, & Grant, 1999; Hare, 1998a, 1998b; Hemphill, Hare, & Wong, 1998; Ho, Thomson, & Darjee, 2009; Salekin, Rogers, & Sewell, 1996). Indeed, forensic psychologists are often called upon, for various reasons and by various stakeholders (e.g., the courts, parole boards, mental health review bodies, institutional administrators, etc.), to estimate the likelihood that a given *individual* may engage in certain forms of *future* misconduct – for many practitioners, assessments of psychopathy serve to partially inform these complex, weighty, and challenging predictions (e.g., Dematteo, Edens, & Hart, 2010; Douglas, Vincent, & Edens, 2006; Serin & Brown, 2000). According to Hare (2003), for example, “while the PCL-R was not designed to function as a risk assessment instrument per se,” its clinical use in the prediction of “future dangerousness,” nevertheless, has become “generally-accepted practice” (p. 145). Furthermore, the PCL-R has been incorporated formally into a number of widely-used risk assessment schemes, particularly those intended to predict general and violent recidivism (e.g., DVRAG, HCR-20, SORAG, SVR-20, VRAG, etc.). It should also be mentioned, of course, that use of the PCL-R within the context of applied risk assessment, though widespread, is not without caveat, caution, and occasional critique (e.g., Gendreau, Goggin, & Smith, 1999, 2002; Gendreau, Little, & Goggin, 1996).

1.1.4.2 Therapeutic pessimism. Also associated strongly with the contemporary psychopathy construct, I would emphasize, is a multifaceted brand of “therapeutic pessimism” (e.g., Hansen, 1998; Kristiansson, 1995; Salekin, 2002, p. 79). As described by Burke (2002), this pessimism is two-pronged in nature. Firstly, there exists the widespread expectation that the core features of psychopathy are all-but-immodifiable through traditional psychotherapeutic interventions (i.e., psychopathy, *per se*, is thought to be an “untreatable” disorder) (p. 5). Secondly, it is widely maintained that psychopathic offenders, relative to their non-psychopathic counterparts, respond far less favourably to standard forms of correctional treatment aimed at reducing/modifying criminal and antisocial behaviour patterns (i.e., psychopathy is thought to represent a problematic responsivity factor). Paradoxically, although such beliefs are “firmly entrenched,” if not “potentially ingrained,” neither is well-supported empirically (e.g., Blackburn, 1993; Burke, 2002; D’Silva, Duggan, & McCarthy, 2004; Lösel, 1998; Salekin, 2002, p. 79; Salekin, Worely, & Grimes, 2010; Wong & Hare, 2005).

According to Salekin (2002), the belief that psychopathy is an untreatable disorder is based primarily, if not exclusively, on the anecdotes, observations, and unverified speculations of prominent early writers. Highly influential descriptive accounts by Prichard (1835), Cleckley (1941), McCord and McCord (1964), and various others, he asserts, have all claimed emphatically that the psychopath’s core attributes are resistant to available psychotherapeutic technologies (see Chapter 2). This “clinical lore” (p. 79), Salekin continues, despite remaining virtually untested through systematic research, has evidenced considerable traction within the forensic psychological literature. Similarly, Burke (2002) has stated that aside from “longstanding negative opinion...little is known empirically about the treatability of the psychopathy syndrome...In general, there is little to suggest that psychopathy is treatable; on the other hand, there is woefully insufficient evidence to conclude that it is untreatable” (p. 5). Burke (2002) has further suggested, reminiscent of Cleckley (1941), that pessimistic views on the treatability of psychopathy may be partly self-sustaining – that is, constructed firmly as untreatable, meaningful efforts by clinicians and researchers to approach psychopathy from a therapeutic angle are variously undermined, thereby maintaining the absence of available interventions and reinforcing a generally pessimistic outlook.

The view that psychopathy is a problematic treatment responsivity factor has been articulated within the more recent forensic psychological literature (e.g., D'Silva, Duggan, & McCarthy, 2004; Hare, 1991; Harris & Rice, 2006; Lösel, 1998; Salekin, 2002; Salekin, Worley, & Grimes, 2010; Wong & Hare, 2005). With respect to treatment process, specifically, Salekin, Worley, and Grimes (2010) suggest that psychopathic offenders are generally "less compliant" (p. 243) within therapeutic intervention. A small body of research suggests, for example, that those scoring highly on the PCL-R, relative to those scoring lower, may be somewhat more likely to engage in disruptive, problematic, and/or therapy-interfering behaviours, may exhibit lower levels of motivation to change, may present with significantly more criminogenic risk/need factors that are requiring of treatment, and may be more prone to treatment attrition (e.g., Hobson, Shine, & Roberts, 2000; Hughes, Hogue, Hollin, & Champion, 1997; Ogloff, Wong, & Greenwood, 1990; Olver & Wong, 2006, 2009; Rice, Harris & Cormier, 1992; Richards, Casey, & Lucente, 2003; Robinson, 2005; Seto & Barbaree, 1999; Van Stelle, Blumer, & Moberg, 2004). Several authors have further speculated, albeit quite liberally, that psychopathic offenders may be more deceptive, manipulative, and disingenuous when interacting with treatment facilitators and/or co-patients (e.g., Hare, 2003; Rice, Harris, & Cormier, 1992; Seto & Barbaree, 1999).

With respect to post-treatment outcome, it has been asserted that "traditional psychotherapeutic interventions, in general, are [relatively] less effective when applied to psychopathic offenders," at least in terms of lowering criminal recidivism (e.g., Harris & Rice, 2006; Salekin, Worley, & Grimes, 2010, p. 236; Wong & Hare, 2005). Supporting this view, a handful of studies suggest that among offenders receiving various forms of correctional treatment, those scoring higher on the PCL-R, relative to those scoring lower, tend to exhibit higher rates of subsequent recidivism, up to and including violent re-offending (e.g., Hare, Clark, Grann, & Thornton, 2000; Heilbrun, Hart, Hare, Gustafson, Nunez, & White, 1998; Hildebrand, de Ruiter, & de Vogel, 2004; Langton, Barbaree, Harkins, & Peacock, 2006; Looman, Abracen, Serin, & Marquis, 2005; Rice, Harris, & Cormier, 1992; Richards, Casey, & Lucente, 2003; Seto & Barbaree, 1999). Of note, while some authors go as far as to suggest that conventional treatments may be *entirely* ineffective/"inert" with psychopathic offenders, such absolute assertions, I would caution, cannot be supported by the available research data (e.g., Harris & Rice, 2006; Salekin, Worley, & Grimes, 2010, p. 242).

Worthy of mention, there also exists the provocative notion that certain treatments, under certain conditions, “can even make psychopaths worse” (i.e., increase their likelihood of criminal recidivism) (e.g., D’Silva, Duggan, & McCarthy, 2004, p. 163; Harris & Rice, 2006; Salekin, Worley, & Grimes, 2010; Tanasichuck, 2006; Wong & Hare, 2005). According to D’Silva, Duggan, and McCarthy (2004), for example, this view can be traced back to a single, “exceedingly impactful” (p. 163) study conducted by Rice, Harris, and Cormier (1992). In brief, this study employed a retrospective/archival design to evaluate the effectiveness of a now-infamous therapeutic community administered to mentally-disordered offenders. While the therapeutic milieu in question was found to be effective at reducing violent recidivism among “nonpsychopaths” (PCL-R total score < 25), it appeared to have the *opposite* effect among “psychopaths” (PCL-R total score \geq 25). More recently, this particular study, as well as the particular therapeutic community evaluated, have been criticized heavily within the relevant literature (e.g., D’Silva, Duggan, & McCarthy, 2004; Harris, Rice, & Cormier, 1994; Skeem, Monahan, & Mulvey, 2002).

Importantly, several recent reviews, both narrative and meta-analytic, have attempted to synthesize the previous literature on psychopathy and treatment responsivity (e.g., D’Silva, Duggan, & McCarthy, 2004; Harris & Rice, 2006; Lösel, 1998; Salekin, 2002; Salekin, Worely, & Grimes, 2010; Wong, 2000; Wong & Hare, 2005). Though such reviews vary markedly in their approach and methodological rigour, each has typically arrived at a similar conclusion – specifically, that is, while the view that psychopaths respond poorly, perhaps even adversely, to correctional treatment may be strongly-held, supporting evidence for such a position remains quite limited. In general, reviewers have typically emphasized three main points in this respect. Firstly, it is often noted that very few independent studies have actually examined the psychopathy-responsivity relationship in a direct and meaningful way (e.g., Salekin, 2002; Salekin, Worley, & Grimes, 2010). As such, it can be argued that definitive conclusions on this matter, pessimistic or otherwise, are as yet unwarranted. Secondly, of those studies said to demonstrate a poor or deleterious response to treatment among psychopathic offenders, many are marked by egregious design limitations (e.g., non-existent or seriously insufficient controls and/or comparison conditions, lack of statistical power, retrospective design, use of atypical PCL-R cut-off scores, problematic measures of treatment outcome, etc.), often to the extent that their reported findings are “difficult to accept with great

confidence” (Salekin, Worley, & Grimes, 2010, p. 243). Thirdly, reviewers have noted that a small body of research has conversely suggested that psychopathic individuals, under appropriate conditions, may indeed benefit from an adequate “dosage” of correctional treatment, at least with respect to short-term measures of recidivism (e.g., Caldwell, Skeem, Salekin, & Van Rybroek, 2006; Olver, Lewis, & Wong, 2013; Olver & Wong, 2009; Skeem, Monahan, & Mulvey, 2002, p. 599). In this respect, overall empirical findings can be seen as somewhat mixed (and thereby incommensurate with firm conclusions in any one direction) (e.g., D’Silva, Duggan, & McCarthy, 2004; Salekin, 2002; Salekin, Worley, & Grimes, 2010).

According to D’Silva, Duggan, and McCarthy (2004), pessimistic views on the psychopathy-responsivity relationship, despite tenuous empirical support, can be seen to exert significant impact upon correctional policy/practice regarding the provision of treatment. Across numerous jurisdictions, they suggest, “high PCL-R score is not uncommonly cited as an exclusionary criterion for entry into various treatment programs” (p. 164; see also, for example, Edens, Skeem, Cruise, & Cauffman, 2001; Salekin, Worley, & Grimes, 2010). According to Skeem, Monahan, and Mulvey (2002), “psychopaths typically are viewed as noncompliant and incurable cases that should be identified and appropriately controlled, restrained, and otherwise incapacitated...whereas scarce clinical resources are diverted to more treatable individuals” (p. 598). It should be noted, suggest D’Silva and colleagues (2004), that this situation may place certain offenders in a troubling “Catch 22 situation. They are told, on the one hand, that they cannot be considered for release or parole if they do not complete certain treatment programs while, on the other, they are refused entry into these programs on the grounds of their high PCL-R score” (p. 163). It should also be noted that this situation creates a seemingly illogical system in which therapeutic resources are expressly withheld from a subset of offenders thought to be particularly dangerous – according to prominent theory on effective correctional intervention, it is precisely the most dangerous offenders, in fact, who should receive the most intensive forms of available treatment.

In summary to this point, psychopathy is among the most important diagnostic constructs within contemporary forensic psychology. In brief, psychopathy is said to represent a rare, deep-seated personality disorder defined by a constellation of ‘core’ features. These ‘core’ features, in turn, are said to fuel a secondary pattern of persistent antisociality, often including criminal conduct. For both clinical and research purposes, psychopathy is most-routinely

assessed/operationalized using the PCL/PCL-R framework. As presently constructed, psychopathy is associated with strong expectations of dangerousness and therapeutic pessimism.

1.2 Social Constructionism

Having described the forensic psychological construct of psychopathy, I turn next to the epistemological framework that informs this program of inquiry – social constructionism. I provide herein a brief description of this ever-evolving theory of knowledge, as taken up specifically within psychology. To this end, I draw heavily on the important contributions of Vivien Burr (e.g., 1998, 2003). Throughout this description, I comment periodically on the ways in which a social constructionist might approach, consider, and think about the contemporary forensic psychological construct of psychopathy – I do not, however, provide a rigorous deconstruction thereof (due primarily to limitations on space). Also of note, as my intention here is to offer a basic, relatively concise description of social constructionism, I do not provide a detailed historical account of the social constructionist movement, nor do I review the various philosophical/intellectual traditions that have shaped this perspective (readers thus interested are referred directly to Burr, 2003, among others).

Also of note, any brief review of social constructionism will inevitably privilege certain claims, contentions, and emphases over others. Indeed, social constructionism represents a complex and variegated school of thought that is by no means free from internal debate and differing opinion. Moreover, various authors appear to use certain key terms, concepts, and ideas in subtly distinct ways, further compounding the complexity that infuses this theory of knowledge (e.g., Burr, 2003; Lindlof & Taylor, 2002). As such, I regard the following as a heuristic overview of the social constructionist framework, as it can be applied within the discipline of psychology – in a sense, the following should be read as one particular construction of social constructionism.

1.2.1 What is Social Constructionism?

Social constructionism can be situated as a broad, overarching view of knowledge that *may* underpin a number of specific approaches or modes of inquiry within psychology (e.g., discourse analysis, critical psychology, etc.). This epistemological framework, I would argue, centers on the guiding assertion that ‘reality,’ as we are able to know and experience it, is constructed, given meaning, and sustained through language-based social interaction (e.g.,

Berger & Luckmann, 1966, 2007; Burr, 1998, 2003; Gergen, 1985, 1994, 1998, 2001, 2009; Gergen & Gergen, 2003; Potter, 1996). Following from this assertion, our access to the world cannot be seen as derived cleanly from its nature or substance, “as it *really* is” (Burr, 2003, p. 4). Instead, human beings are said to ‘fabricate’ a shared version of the universe between one another, as they interact socially on a daily basis – it is through the “regular goings-on between people,” states Burr (2003, p. 4), that a common understanding of the world is negotiated, elaborated upon, and re-negotiated over time. Our knowledge of the world is thus indirect, symbolic, and representational, mediated within the fluid social spaces between individuals. Moreover, as in any representational scheme, there need be no “essential,” pre-existing, or “intrinsically meaningful” connection between the signifier and the signified (i.e., symbolic associations are conventional and “arbitrary”) (e.g., Bignell, 2002, p. 12; Chandler, 2007; Nöth, 1990). As such, various scholars have elsewhere debated the degree to which our constructed reality may align with, or depart from, that which it purports to represent (Burr, 1998, 2003; Gergen, 2009).

From this perspective, what forensic psychologists understand as psychopathy is to be regarded as a category of meaning that has been created through their social interactions (e.g., research, clinical exchanges, etc.) with those individuals who present and behave (or rather misbehave) in certain ways. This category of meaning is also shaped by the various exchanges and interactions that occur between forensic psychologists, as they communicate with one another ‘on the subject of psychopathy.’ In this respect, psychopathy represents a shared way of understanding a particular sliver of the universe; “it is a product not of objective observation of the world, but of the social processes in which people are constantly engaged with each other” (Burr, 2003, p. 5).

1.2.2 Three Important Tenets of Social Constructionism

Like Burr (2003), I would emphasize that several important tenets can be seen to follow from the notion that ‘reality’ is constructed socially. These tenets, as described below, can be regarded as values, positions, or viewpoints that would likely be endorsed by a social constructionist. Stated alternatively, “we might loosely think of as social constructionist any specific approach which has at its foundation one or more of the following [points]” (p. 2).

1.2.2.1 A critical stance toward ‘received’ knowledge. Social constructionists are inclined to adopt a critical, questioning, and perhaps even skeptical orientation toward our

“taken-for-granted” or “received” (p. 2) ways of understanding the world. When we accept that our knowledge of the universe is representational, constituted socially, and ‘non-essential,’ we are in a unique position to challenge, critique, and potentially reject even our most fundamental assumptions. Social constructionism requires us to accept that there is nothing inherently ‘natural’ about the way in which we apprehend, organize, and categorize our universe (i.e., to challenge the expectation that “what exists is what we perceive to exist”) (p. 3). By extension, social constructionists reject the idea that “unbiased” observations of the world will ultimately “yield its nature to us” (p. 3).

As a relevant example, consider that the various diagnostic categories employed by psychologists, including ‘psychopathy,’ represent *conventional* ways of organizing, dividing, and understanding broader constructions of order and disorder. While we may classify some disordered individuals as ‘psychopathic,’ we should not assume that there is anything inherent or essential to the category itself (i.e., that it reflects a naturally occurring and pre-existing class of human being) (e.g., Burr, 2003; Gergen, 1985, 2009). The social constructionist would likely caution that there are numerous (and equally arbitrary) ways in which we might have otherwise chosen to divide and catalogue disordered individuals. Over time, however, our existing diagnostic categories have become reified – layers of meaning, value, attribution, and expectation have been built upon them, such that it becomes difficult to see them as anything other than corporeal or ‘true’ (e.g., Berger & Luckmann, 1966, 2007). Of course, it is the constructed category, “and never the thing itself” (Burr, 2003, p. 3), that has been elaborated upon over time. In this respect, just because a given diagnostic construct is meaningful, it should not, and need not, be seen as essential. In adopting a social constructionist framework then, one is required to think differently, distinctly, and critically about our ‘received’ diagnostic constructs, including psychopathy.

1.2.2.2 Knowledge as contextually-specific. An additional tenet of social constructionism holds that our collective understanding of the world, including the various “categories and concepts” that we employ, is entirely dependant upon “when and where we live” (pp. 3-4). As stated by Burr (2003):

...all ways of understanding are historically and culturally contingent. Not only are they specific to particular cultures and periods of history, they are seen as products [or

artefacts] of that culture and history which are determined by the particular social and economic arrangements prevailing in that culture at that time. (p. 4)

Importantly, the forms of knowledge that operate within a given cultural system, at any given point in time, are thought of as being uniquely appropriate thereto and reflexive thereof. As such, social constructionists allow for the existence of multiple ‘realities’ and adopt a ‘relativistic’ stance in this respect. In particular, a social constructionist would likely emphasize that our own understanding of the world cannot be judged as necessarily better, more enlightened, or “any nearer the truth” (p. 4) than that of others.

Nested within (and reflexive of) any given cultural and historical milieu, there arise more narrow, limited, and constrained contextual environments. In this respect, for example, I situate the sub-discipline of forensic psychology as a highly-specific ‘organizational’ context within which various forms of knowledge are created and sustained through social processes. Indeed, the individual human beings that comprise this sub-discipline are organized around a particular set of purposes, objectives, imperatives, values, beliefs, and mores. They operate in accordance with certain rules, standards of practice, traditions, rituals, and routine conventions. They interact socially in prescribed ways and under certain political and economic arrangements. These numerous organizational conditions, I would argue, are impressed powerfully upon the knowledge products that they create (see also, for example, Alvesson, 2002; Frost, Moore, Reis Louis, Lundberg, & Martin, 2002).

In the above respect, the way in which contemporary forensic psychologists construct psychopathy, specifically, is reflexive of their organizational context. In particular, for example, the current psychopathy construct reflects the *strong* brand of logical post-positivism that pervades forensic psychology (Burnett, Victor, & Robertson, 2009). Explicitly in this regard, one should note the clear emphasis on measuring psychopathy quantitatively, ‘precisely,’ and ‘reliably,’ by way of frameworks such as the PCL/PCL-R. Similarly, one should recognize an approach to understanding psychopathy that privileges highly controlled study, conducted across aggregated ‘samples,’ and subsequently generalized to larger ‘populations.’ I would also suggest that the current positioning of psychopathy as a ‘deep-seated’ disturbance, tied strongly to contemporary notions of ‘personality,’ reflects the palpable essentialism that infuses forensic psychology (Burnett, Victor, & Robertson, 2009). Furthermore, I would also suggest that the masculine bias associated with the contemporary

psychopathy construct reflects current gender politics within forensic psychology (Burnett, Victor, & Robertson, 2009), not to mention the pervasive androcentricism and gynopia that have long characterized the field of psychology more broadly.

1.2.2.3 Knowledge and social action go together. A third important tenet of social constructionism maintains that knowledge and social action are mutually constitutive. Not only is knowledge fabricated through social action, but our fabricated knowledge of the world subsequently invites (and restricts) a particular range of responses from social actors (e.g., Berger & Luckmann, 1966, 2007; Burr, 2003; Gergen, 2001, 2009). By sustaining some patterns of action, while dissuading others, our shared understanding of the world is enacted and perpetuated – albeit softly, allowing for a certain degree of flexibility, and across multiple iterations. In this respect, knowledge and social action can be seen to define one another in a ‘back-and-forth’ manner. Of note, Burr (2003) emphasizes that “our constructions of the world are thusly bound up with power relations because they have implications for what is permissible for different people to do, and for how they may treat others” (p. 5).

Of relevance, the manner in which forensic psychologists construct psychopathy can be seen to shape and constrain the ways in which so-labeled individuals are (and are not) to be approached and responded to. As a brief example, Rhodes (2002) suggests that psychopathy is associated with “powerful logics for exclusion and exile” (p. 442). Indeed, because the psychopath is constructed as “an extreme danger for which there is little hope of mitigation,” relevant frameworks for social action focus primarily on isolating/separating “them” from “us” (pp. 442-443). Similarly, while “logics for re-inclusion” may be associated with “run-of-the-mill” offenders, they are typically not associated with the psychopath (p. 458). As a further note in this respect, Rhodes also suggests that our exclusionary stance toward the psychopath is partly an extension of the palpable ‘mothering’ that infuses this construct. Specifically, she references highly influential accounts by Cleckley (1941), McCord and McCord (1964), and Hare (1993, 1998b), which situate the psychopath as being somehow “less than fully human” (Rhodes, 2002, p. 451). Rhodes argues that because the psychopath has been positioned as “fundamentally,” essentially, and profoundly distinct from the “rest of us” (pp. 450-451), it becomes somehow ‘natural’ and ‘logical’ to enact their separation. It should also be noted that the “inhuman” (p. 451) connotation ascribed to the psychopath frees us, potentially, to treat so-labeled persons in highly oppressive and aggressive ways.

1.2.3 Comparisons to ‘Traditional Psychology’

When describing social constructionism, it is often customary to juxtapose this perspective with that of “traditional [i.e., logical post-positivist] psychology” (e.g., Burr, 2003, p. 2). Indeed, although many features of social constructionism are foundational to other disciplines (e.g., anthropology, sociology, etc.), they are often regarded as “alternative,” “newer,” and even “radical” within psychology (Burr, 2003, p. 1-2; see also Crib, 1997). In this regard, I indicate below three key ways in which social constructionism can be seen to differ from most of traditional psychology – of critical importance, however, I do so for pedagogical purposes alone. The following discussion should not be seen to imply that social constructionism, nor its legitimacy, need necessarily be defined explicitly in relation to traditional psychology.

1.2.3.1 Anti-essentialism. According to Burr (2003), in what is perhaps its “most radical” aspect, “social constructionism opposes the essentialism of much traditional psychology” (p. 6) – that is, it necessarily rejects the idea that there are pre-given, definable, and fixed “essences inside things *or people* that make them what they are [emphasis added]” (p. 5). Importantly in this respect, stresses Burr (2003), most social constructionists would thus dismiss traditional psychological notions of ‘personality,’ ‘character,’ ‘identity,’ and ‘self,’ all of which presume that human beings necessarily ‘contain’ some form of discoverable substance. Instead, a social constructionist would maintain that people generate and sustain “their own and each other’s identities through their everyday social interactions” (Burr, 1998, 2003, p. 13) – in brief, people define and make sense of others (and vice versa) as they encounter and engage with them socially; they define and make sense of themselves as they reflect upon their various interactions, encounters, and exchanges with others (e.g., Berger & Luckmann, 1966; Gergen, 2001, 2009). Thus, the ‘individual,’ like all things, is neither independent nor pre-existent of society, but is made possible by/contingent upon the social interactions and processes that unfold between people. Of note, discussions of ‘identity,’ ‘self,’ and related matters from a social constructionist perspective tend to be complex, highly involved, and beyond the scope of this document; readers interested in this regard are referred to foundational works by Mead (1934), Blumer (1962, 1969), and various others.

1.2.3.2 A rejection of hard realism. Related to its anti-essentialist stance, social constructionism also departs from the hard brand of realism that defines traditional psychology. Logically, because our ‘reality’ is said to be fabricated socially, rather than perceived directly, it cannot be ascribed an ontological status independent from the human activity through which it is generated (e.g., Berger & Luckmann, 1966, 2007). In similar respect, because we operate entirely at the level of constructed ‘reality,’ there can be “no such thing as objective fact” or “truth,” at least as they would be defined within traditional psychology (Burr, 2003, p. 6). Indeed, by accepting the existence of multiple, contextually-dependent ‘realities,’ social constructionists also accept the existence of multiple, contextually-dependent ‘truths.’ Accordingly, social constructionists consider all knowledge to be “partial” – that is, to reflect but one way of understanding the world, constructed from a certain perspective, and serving some interests over others (Burr, 2003). Of important note, while social constructionists clearly reject the hard realism of traditional psychology, some may adopt a ‘soft’ or ‘critical’ brand of realism as their ontological framework (see Burr 1998, 2003).

1.2.3.3 A unique view on language. Within traditional psychology, language can be thought of as a vehicle for passively describing the ‘observable’ world. Social constructionists, on the other hand, see language as having an *active* role in the fabrication of ‘reality’ (e.g., Berger & Luckmann, 1966, 2007; Burr, 2003; Gergen, 1985, 2001, 2009). In brief, because language makes social interaction possible, its usage can be regarded as the “most basic form of social action by which human beings generate and sustain their reality.” According to Burr (2003), it is “when people talk to each other that the world gets constructed” (p. 8).

Also distinct from much of traditional psychology, social constructionists tend to position language as a necessary “pre-condition for thought” (Burr, 2003, p. 7). As articulated concisely by Burr (2003), proponents of social constructionism maintain that we are each born into a cultural and historical context in which various conceptual frameworks and categories “already exist” (p. 7). These frameworks and categories are “acquired by each person as they develop the use of language and are thus reproduced every day by everyone who shares a culture and a language” (p. 8). As such, “the way a person thinks, the very categories and concepts that provide a framework of meaning for them, are provided by the language that

they use” (p. 8). In this respect, language is not regarded as a mere expression of thought, whether straightforward or otherwise, but rather as a pre-provision thereof.

1.2.4 Broad Methodological Implications

Before concluding this general description of social constructionism, I consider it useful to present briefly some of the broad methodological implications thereof – these implications, in various ways, are reflected in the current program of inquiry. Of relevance here, Lindlof and Taylor (2002), among others, describe eloquently the ways in which one’s particular theory of knowledge (i.e., his or her epistemological framework) clearly informs one’s general/overarching approach to knowledge inquiry (i.e., her or his methodological framework). More specifically, these authors continue, a social constructionist view of ‘reality’ is served most fittingly by an “interpretivist methodological frame” (p. 19). I describe below what I see as the defining, highly interrelated features, commitments, and assertions of an interpretivist mode of inquiry. Of note, I situate interpretivism as a broad methodological banner, under which a vast array of specific research methods, techniques, strategies, styles, procedures, and technologies can potentially be organized, subsumed, and selected from (e.g., ethnography, discourse analysis, etc.) – that is, interpretivism can be said to support a wide variety of specific ways of doing, practicing, or performing research inquiry. Of further note, Lindlof and Taylor provide an excellent discussion regarding the various ways in which interpretivism departs from more “traditional” methodological frameworks (p. 8); rather than reiterating that discussion here, I refer the interested reader to their original work.

1.2.4.1 The participant researcher. Inquiry conducted from an interpretivist perspective typically acknowledges the researcher as an integrated, inseparable, and thoroughly implicated participant within the research process. Indeed, research inquiry is seen to represent a social process within which the researcher is a key actor. The researcher interacts with the individuals and/or artefacts that he or she approaches, having an active role in constructing the knowledge claims that will ultimately be offered. According to Lindlof and Taylor (2002), knowledge claims are generated through the “interdependence of researcher and researched” (p. 11), each influencing the other in a reflexive manner. In one sense, the researcher can be said to function as the “instrument” of inquiry, serving “as an intuitive, spontaneous, [and] fallible learning technology” in his or her own right (p. xiv). It follows then that knowledge claims are not thought of as being ‘discovered,’ ‘revealed,’ or

‘uncovered,’ rather, they are said to be ‘generated’ and ‘negotiated’ in an active fashion. Of note, while always implicated, the precise nature and quality of a researcher’s participation can vary markedly – in some instances, for example, research inquiry may represent a highly involved, uniquely personal undertaking for the researcher, in others, it may be decidedly less so (e.g., Holman Jones, 2005).

Of relevance, Lindlof and Taylor (2002) emphasize explicitly that interpretivist researchers must clearly recognize that their knowledge claims are partial, positioned, and personally reflexive. At minimum, they assert, such researchers must think about, and potentially account for, the various influences upon their knowledge claims. They should consider the ethical, political, and economic dimensions of their research activities, as well as reflect carefully upon their individual role/impact within the research context (and vice versa). Rather than aspiring to somehow ‘remove’ or ‘distance’ themselves from the research process, interpretivist scholars accept, affirm, and attempt to variously manage/incorporate their inseparable connection thereto. That said, of course, the interpretivist scholar may strive, at times, to actively balance his or her participation with at least some degree of temporary detachment, as in the complex process of “bracketing,” for example (e.g., Gearing, 2004, p. 1429).

1.2.4.2 Naturalistic inquiry and contextually-situated interpretation. An interpretivist methodological approach also tends to place strong emphasis on naturalistic inquiry – that is, most basically, the study of phenomena within their customary arenas or “natural” settings (e.g., Atkinson & Hammersley, 2007; Lincoln & Guba, 1985; Lindlof & Taylor, 2002, p. 15). Indeed, interpretivists endeavour to examine meaning, experience, and social action as they are situated within a particular context; the investigator tends to take her or his methods “out into the world,” rather than inviting the world into the “laboratory” (Lindlof & Taylor, 2002, p. 16). Of importance in this respect, interpretivists do not claim a privileged position separate from the naturalistic context into which they enter – rather, as would be expected, they acknowledge a reflexive relationship between setting and researcher. It should also be noted that naturalistic inquiry, in no way whatsoever, precludes the use of contrived or manufactured situations (e.g., interviews, artefact analysis, etc.) – on the contrary, assert Lindlof and Taylor, naturalistic researchers will “routinely employ a wide range of highly structured data-[generating] techniques within their particular setting of interest” (p.15).

Related to their emphasis on naturalistic inquiry, interpretivist scholars typically position their “arrived at” knowledge claims as “contextually-specific” and “ecologically-situated” (e.g., Lindlof & Taylor, 2002, pp. 15-16). That is, knowledge claims are seen to represent the products of a particular setting and of a specific research interaction – the ‘generalizability’ of a given claim, as it would be thought of within ‘traditional’ psychology (e.g., Burr, 2003), is of little emphasis within this methodological framework. The interpretivist researcher, it can be said, seeks primarily to describe and explore one particular situated ‘truth’ among many others, not to discover, identify, or infer statistically the existence of a universal law or rule (e.g., Burr, 1998, 2003; Gergen, 2001, 2009). Though most interpretivist scholars would likely accept that certain knowledge claims may ‘resonate’ more broadly (i.e., beyond the immediate context in which they were generated), such inferences tend to be made ‘softly’ and with a considerable degree of caution (e.g., Stake, 1995, 2005).

1.2.4.3 An emphasis on ‘qualia’ as the object of study/analysis. As emphasized by Shweder (1996), among several others, interpretivist scholars tend to conceptualize their “objects” of study/analysis in a very particular way (p. 175). Following from the anti-realism that infuses social constructionism, such scholars acknowledge explicitly that they are not studying the world as it “really is,” but as it is represented, symbolized, constructed, talked about, and/or experienced by human actors. Interpretivists regard their objects of study as being inseparable from the people who create them and as necessarily referencing particular points of view. In this respect, asserts Shweder (1996), interpretivist researchers see themselves as studying “qualia,” which he places in direct apposition to those who study “quanta” (i.e., those strongly realist scholars who aspire to examine the world and its objects as they “really” are) (p. 177).

Of particular importance, continues Shweder (1996), those who see qualia as their object of inquiry attempt to variously preserve and maintain the “subjective” aspects thereof, as they do not consider ‘reality’ to be independent of “human experience, awareness, and interpretation” (p. 178). Such scholars are inclined to record, analyze, and present knowledge in detailed linguistic forms. At the broadest level, a focus on qualia necessarily supports a particular set of intellectual operations, including “empathizing, imagining, interpreting, narrating, thematizing, contextualizing, and exemplifying” (p. 178). For pedagogical purposes, Shweder (1996) draws comparison to those researchers who regard quanta as their

object of study. Such researchers, he notes, seek to variously remove, or at least minimize, “human subjectivity, individual viewpoint, and personal experience from the things that they study” (p. 178), thereby allowing the world and its ‘nature’ to be revealed more cleanly. Such scholars typically “make abstract” the human phenomena that they investigate, most notably by subjecting them to various forms of mathematical transformation (e.g., Lindlof & Taylor, 2002; Shweder, 1996, p. 178). A focus on quanta thus emphasizes intellectual operations such as “pointing, sampling, counting, measuring, calculating, enumerating, and abstracting” (Shweder, 1996, p. 178).

Of further note in this respect, I regard the distinction between qualia and quanta as foundational to the more frequently cited distinction between research *methods* that are qualitative and those that are quantitative. As such, I generally regard those who practice qualitative research and those who practice quantitative research as pursuing two very distinct versions of the world – I acknowledge, however, that others appear to regard this distinction more superficially. Although individual researchers may certainly choose to combine qualitative and quantitative research techniques, I would suggest that this must be carried out cautiously, thoughtfully, and with due attention to underlying issues of methodology, epistemology, and ontology (see also Shweder, 1996). I would also note briefly that I tend to reject the apparent hostility that has occasionally infused discussions of qualitative ‘versus’ quantitative research. Rather, I consider each to represent a philosophically-distinct, legitimate, valuable, and variously imperfect form of inquiry, capable of co-existing, and each accountable to unique standards of quality/evaluation (e.g., Fossey, Harvey, McDermott, & Davidson, 2002; Lincoln, 1995; Mays & Pope, 2006).

1.2.4.4 An ‘exploratory’ and flexible research process. As a final methodological feature of interest, interpretivist researchers tend to adopt a flexible, accommodating, non-linear, and “exploratory” approach to research inquiry, particularly in contrast to that of ‘traditional’ scholars (e.g., Lincoln & Guba, 1985; Lindlof & Taylor, 2002, p. 19). Of note, for example, interpretivist researchers typically seek to explore reasonably constrained (and appropriately situated) research questions, rather than to test highly precise, *a priori* predictions or hypotheses. Of relevance in this respect, interpretivist researchers are often said to place less emphasis on deductive, relative to inductive, modes of thinking/reasoning (e.g., Lincoln & Guba, 1985; Lindlof & Taylor, 2002; Pope, Ziebland, & Mays, 2006). Moreover,

research questions tend to be reflexive of the inquiry process, potentially being modified, adjusted, refined, or augmented over time – that is, suggest Lindlof and Taylor (2002), “...directions and emphases may shift as interesting and significant findings [are constructed]” (p. 11). The interpretivist researcher may thus “jump back and forth” (p. 12) between literature review, questioning, data generation, analysis, and ‘document’ preparation, not necessarily in that particular order and potentially across multiple iterations. In summary, Lindlof and Taylor state that the process of interpretivist inquiry is seldom “unidirectional...often being as much creative, intuitive, iterative, and improvisational as it is systematic” (p. 19).

1.3 General Overview of the Current Research Program

With sufficient background now in place, I turn next to the broad objectives, general rationale, and existing empirical basis for this research program. In the widest sense, this program of inquiry is intended to *begin* exploring the ways in which psychopathy is constructed outside the professional sphere of forensic psychology. In the first of two interrelated studies, I examine representations of psychopathy within Canadian English-language mass newspaper media (adopting a specific focus on crime news reporting). Underlying this particular study is the premise that such representations provide a key indication as to how psychopathy is constructed, at a particular moment in history, by the general Canadian public (see, for example, Curran & Gurevitch, 2005). In the second of these two studies, I examine the ways in which small focus groups of violent male offenders, currently engaged in correctional treatment, define and discuss psychopathy. With this study, I attempt to explore how those individuals most proximal to/affected by the psychopathy construct may conceptualize, negotiate, and approach (or not) the diagnostic category, all within the defined context of their particular carceral environment (i.e., the Regional Psychiatric Centre – Prairies). Taken together, study one allows me to examine how representations of psychopathy ‘exist’ at the broadest societal level while study two allows me to locate/explore such representations within a particular setting in which offenders (many of whom may be so-diagnosed) actually live. Across these two studies, I attempt to highlight the various ways in which mass newspaper and offender focus group accounts align with/diverge from the contemporary forensic psychological construct of psychopathy, as well as with/from one another – these juxtapositions, of course, will not be framed within a discourse of

‘correctness’/‘incorrectness’. Each of these two studies, and their interrelationship, is described below in greater detail.

From a forensic psychological perspective, I would argue that examining the ways in which psychopathy may be constructed by those outside of the profession represents an important and practically-relevant area of research inquiry. Indeed, because the “consumers” of forensic psychological work – including assessments of psychopathy – come predominantly from outside the profession (e.g., judges, jurors, attorneys, prison workers/administrators, parole/mental health review board members, probation/parole officers, hospital staff, offenders themselves, and so on) (e.g., Edens, Colwell, Deforges, & Fernandez, 2005, p. 604), the broader meanings, expectations, and discourses associated with psychopathy seem to be worthy of significant concern. It may be, according to Furnham, Daoud, and Swami (2009) for example, that members of the broader public conceptualize psychopathy in a manner that differs markedly from the forensic psychological, or “expert,” construction thereof (p. 464). In part, I seek with this research program to highlight some of the meanings that may be activated and the social actions that may be called for (or precluded) when forensic psychologists invoke the psychopathy construct.

Despite the importance of this issue, little empirical research to date has sought to examine public constructions of psychopathy (Edens, Colwell, Deforges, & Fernandez, 2005; Edens, Desforges, Fernandez, & Palac, 2004; Edens, Guy, & Fernandez, 2003; Furnham, Daoud, & Swami, 2009; Guy & Edens, 2003, 2006; Helfgott, 1997; Hughes & Buckle, 2008). Despite this poverty of research, however, strong opinion, theoretical speculation, and frequent anecdote regarding lay constructions of psychopathy abound within the forensic psychological literature. According to Edens and Petrila (2006), for example, many forensic psychologists would likely assert that psychopathy is a construct that is “grossly *misunderstood* [emphasis added]” (p. 582) by those outside of the profession (see also, for example, Arrigo & Shipley, 2001; Cunningham & Reidy, 1998; Edens, Petrila, & Buffington-Vollum, 2001; Furnham, Daoud, & Swami, 2009; Hall & Benning, 2006; Hare, 1993, 1998b; Helfgott, 1997; Lykken, 2006). Many forensic psychologists appear to regard psychopathy as an extremely potent, emotionally-loaded, and “damning” diagnostic label, fraught with derogatory, pejorative, and even “nihilistic” connotations among the “general public” (e.g., Cunningham & Reidy, 1998; Edens, Desforges, Fernandez, & Palac, 2004, p. 396; Edens,

Petrila, Buffington-Vollum, 2001; Edens & Petrila, 2006; Gunn, 1998; Murrie, Cornell, & McCoy, 2005, p. 327; Rhodes, 2002; Toch, 1998; Vincent & Hart, 2002). Following from this presumed “public misperception,” many forensic psychologists position psychopathy as a “highly stigmatizing designation,” predicting that “laypersons will exhibit a profoundly negative response” to so-diagnosed individuals (e.g., DeMatteo & Edens, 2006, p. 232; Edens, Guy, & Fernandez, 2003; Guy & Edens, 2003). Edens, Desforjes, Fernandez, and Palac (2004), for instance, have suggested that psychopathy represents a “uniquely stigmatizing” diagnostic label, one that far exceeds the negative impact associated with any other form of mental health designation (p. 396; see also, Hughes & Buckle, 2008). Again, despite these forceful assertions, scant empirical research has explored the broader meanings that may be constructed around the psychopathy label, nor the ways in which these meanings may be enacted socially by cultural actors.

Of note, a particular area of concern among forensic psychologists appears to be the way in which lay constructions of psychopathy may operate/manifest within the legal/judicial realm, specifically (e.g., Cunningham & Reidy, 1998; Edens, Colwell, Deforges, & Fernandez, 2005; Edens, Guy, & Fernandez, 2003; Edens, Petrila, & Buffington-Vollum, 2001). In a theoretical paper, Cunningham and Reidy (1998), for example, speculated on the potential impact of psychopathy-related expert witness testimony within the judicial arena (adopting a particular focus on criminal sentencing evaluations). These authors noted that PCL/PCL-R-defined psychopathy was becoming a “more frequently encountered and accepted construct within forensic mental health testimony,” a trend that warranted careful consideration as to how this construct “might effect decision-making among various triers of fact” (p. 341).

Cunningham and Reidy opined the following in this respect:

...PCL-R psychopathy is strongly associated with incorrigible criminal behaviour...a [psychopathy] diagnosis may have a profoundly aggravating effect on sentencing considerations, particularly in creating expectations that no rehabilitation is possible and that future criminal violence is inevitable. Additionally, this diagnosis may be viewed by both the testifying expert and the trier of fact as justification that mitigating circumstances are irrelevant...it would not be at all surprising to find that the criminal justice system would be quite receptive to the psychopathy label as a marker for harsher sanctions. (p. 333)

While Cunningham and Reidy acknowledged “good evidence that PCL/PCL-R psychopathy is linked to future violence,” they suggested that the label itself may have “misleading” and biasing effects that go “well beyond [any] underlying scientific support” (p. 334) – that is, they proposed, psychopathy-related testimony may have a prejudicial impact that is disproportionate to its probative value. These authors further proposed the following:

...the danger of undue prejudice following from testimony which includes such a diagnosis may be exceptionally great. In common usage...the diagnosis has a connotation of dangerousness and arguably an emotional flavour that strongly militates against rational evaluation of its objective value. (p. 348)

Cunningham and Reidy concluded their discussion by suggesting that psychopathy represented a “pejoratively loaded diagnostic label,” the use of which should be approached very cautiously by the testifying mental health professional (p. 348).

Forensic psychologists have also expressed concern about the ways in which lay constructions of psychopathy may operate/manifest within the carceral environment, broadly defined (e.g., Furnham, Daoud, & Swami, 2009; Murrie, Cornell, & McCoy, 2005; Rhodes, 2000, 2001, 2002, 2004). Rhodes (2002), for example, speculated that prison workers may “intensify the normal rules, rituals, and practices of institutional management” when dealing with psychopathic individuals, such that so-diagnosed offenders are likely subjected to the most restrictive and “dehumanizing” forms of confinement (p. 348). Rhodes suggested further that prison workers were likely to regulate and surveil the activities of psychopathic offenders far more tightly than they would those of the “typical” (i.e., non-psychopathic) inmate (p. 348). Also of interest, Rhodes suggested that prison workers would be strongly inclined to exclude/divert psychopathic offenders from the therapeutic and rehabilitative activities that would be otherwise available within the carceral environment. Indeed, despite “very little empirical support for the widespread notion that psychopathic offenders are untreatable,” Rhodes proposed, prison workers would likely exhibit a strong brand of therapeutic pessimism in this respect, “automatically ruling out psychological interventions for inmates labeled as psychopathic” (p. 336; see also, for example, Edens, Petrila, & Buffington-Vollum, 2001).

An additional area of concern, I would argue, is how lay constructions of psychopathy may operate/manifest among offenders themselves. Indeed, while professional attention seems to focus near-exclusively on how others (e.g., judges, jurors, lawyers, prison workers,

etc.) may understand and respond to those who carry the psychopathy label, the views and experiences of so-labeled individuals also represent a critical area of concern. As the subjects of forensic psychological examination, offenders are ultimately privy to the findings thereof, including the results of psychopathy assessment (whether through direct feedback from the examining psychologist, through expert testimony in open court/quasi-judicial proceeding, through information provided by their legal representatives, through document review, etc.). As such, the situation arises in which offenders who are diagnosed with psychopathy are likely to become aware of their diagnostic status in this respect. Accordingly, the meanings, values, and expectations that offenders construct and enact around the psychopathy label may potentially impact their legal and carceral experience in numerous and highly significant ways (Rhodes, 2002). Moreover, lay constructions of psychopathy will necessarily serve as key reference points around which so-labeled offenders negotiate and establish their legal and carceral identities.

In this particular respect, Rhodes (2002) has speculated that “receiving a diagnosis of psychopathy may affect how individual offenders expect to be regarded and approached by others within the prison environment” (p. 443). In particular, she noted, so-labeled offenders may see the diagnosis as limiting dramatically their opportunities for parole, treatment, and other forms of accommodation. Rhodes also noted that offenders may view the psychopathy designation as “overshadowing” their efforts to change and as undermining “external recognition of their rehabilitative gains” (p. 443). At a more intrinsic level, Rhodes continued, “whether so-labelled offenders regard psychopathy as a treatable or untreatable condition” may potentially affect their self-perceived amenability to change, thereby impacted whether (and how) such individuals pursue, maintain, and/or comply with the limited treatment opportunities that may be available thereto (p. 443; see also, for example, Furnham, Daoud, & Swami, 2009).

Given the above concerns, psychopathy seems to create a serious dilemma for the practicing forensic psychologist, whether in the courtroom, on the prison ward, or in various other forensic settings. On the one hand, the assessment of PCL/PCL-R-defined psychopathy is often highly relevant to many of the referral questions that are presented to the forensic psychological expert – indeed, such assessment, in many cases, can provide extremely important, if not critical, clinical information. Some scholars, I would note, have gone as far

as to suggest that there may be certain situations in which it would be “unethical” not to engage in PCL/PCL-R-based assessment (e.g., Hare, 1998b; Edens & Petrila, 2006, p. 575; Edens, Petrila, & Buffington-Vollum, 2001). On the other hand, many would argue that communicating a diagnosis of psychopathy may be “ethically and morally inappropriate,” as it presumably triggers “pejorative stereotypes,” stigmatizing connotations, and unduly “punitive reactions” on the part of others (e.g., Edens, Colwell, Desforjes, & Fernandez, 2005, p. 620; Edens, Skeem, Cruise, & Cauffman, 2001; Hughes & Buckle, 2008; Murrie, Cornell, & McCoy, 2005; Petrila & Skeem, 2003). Indeed, potential application of the psychopathy label appears to represent an exceptionally fraught scenario for the contemporary forensic psychologist.

Of interest, some scholars have attempted to resolve this dilemma by suggesting that clinicians should refrain from communicating psychopathy diagnoses altogether and should “instead list the [applicable] traits and behaviors that describe the psychopathic [individual]” (e.g., Edens, Guy, & Fernandez, 2003; Hare, 1993; Murrie, Cornell, & McCoy, 2005, p. 326; Wong & Hare, 2005). This approach, of course, necessarily assumes that such trait-based description would be significantly less stigmatizing than would use of the formal diagnostic label – an assumption, I would note, that is not well supported by the general literature on mental health-related stigma (e.g., Edens, Colwell, Deforges, & Fernandez, 2005; Edens, Guy, & Fernandez, 2003; Edens, Petrila, & Buffington-Vollum, 2001; Murrie, Cornell, & McCoy, 2005). Moreover, this approach itself could raise significant ethical and professional concern, as it would require the practicing forensic psychologist to withhold the full intent and scope of his or her assessment activities (most importantly, I would emphasize, from the individuals whom they examine). In addition, this “secretive” approach to psychopathy assessment would necessarily preclude the complete disclosure and/or feedback of evaluation results (both to those who are examined and to the referral sources who are owed a fiduciary responsibility) (Rhodes, 2002, p. 444).

An alternative approach to this dilemma, some have argued, would see the practicing forensic psychologist provide a high level of accompanying “education and correction” when communicating a psychopathy diagnosis (Cunningham & Reidy, 1998, p. 347; Furnham, Daoud, & Swami, 2009). Cunningham and Reidy (1998), for example, propose that whenever invoking the psychopathy construct, the forensic psychologist should endeavour to articulate

clearly what the construct is, and perhaps more importantly, what it is not, regardless as to how labourious such articulation may be. In particular, the forensic psychologist should assist those who consume such diagnostic information to arrive at reasonable, “realistic” (p. 339), and empirically supported conclusions on the basis thereof, whether those conclusions relate to matters of risk/dangerousness, treatment suitability, and/or other issues. Cunningham and Reidy emphasize explicitly that forensic clinicians should strive to “pre-empt” those common “misconceptions” and “stigmatizing connotations” that surround the psychopathy construct – such pre-emption, of course, would necessarily require a well developed understanding of the ways in which psychopathy is constructed by members of the “general public” (p. 347).

As a final brief note in this respect, and of clear relevance to the current research program, I would emphasize that numerous scholars have asserted that “popular misunderstanding of the psychopathic personality can be largely attributed to sensational and unrealistic media portrayals” thereof (e.g., Furnham, Daoud, & Swami, 2009, p. 466; Helfgott, 1997; Hesse, 2009; Stevens & Forth, 2008). Furnham, Daoud, and Swami (2009), for example, asserted the following in this regard:

...it can be suggested that there is considerable popular misunderstanding surrounding the psychopathic personality, particularly in terms of media portrayals of psychopaths...it is possible that the general public have a skewed understanding of psychopathy *because* of the manner in which the disorder is depicted in popular media. Indeed, psychopaths appear to be over-represented in popular culture, almost always in the guise of serial killers or mass murderers...it may also be postulated that popular media portrayals often present the psychopath as incorrigible and untreatable...media depictions are also inclined to confuse psychopathy and psychotic disorders...media portrayals of psychopathy typically contain as much fiction as fact...thus, it may be the case that lay understanding of psychopathy *stems from* misinformation or confusion, as well as from a lack of *real* information [emphases added]. (p. 470)

Such sentiments, it should be noted, reflect implicitly the strong brand of “media determinism” that infuses much of traditional psychology (i.e., the perspective that mass media content has a powerful and unidirectional influence upon a malleable social body, that the collective mass media, in effect, operate as a force external to society rather than as an organ thereof, and that necessarily positions the mass media as a convenient ‘scapegoat’ for all

manner of social problem) (e.g., Curran & Gurevitch, 2005). As articulated below, however, this deterministic perspective departs sharply from the social constructionist view of mass media that informs the present program of inquiry. I would emphasize further that despite frequent indictment/scapegoating of the mass media in this respect, it appears that only a single empirical study to date (i.e., Stevens & Forth, 2009), beyond the present research program, has actually attempted to explore mass media representations of psychopathy in a systematic fashion.

1.3.1 Review of the Available/Accessible Empirical Literature

As emphasized above, despite strong opinion, frequent anecdote, and significant professional concern, very few empirical studies have attempted to examine public constructions of psychopathy. I review below the available/accessible body of empirical literature in this regard. Of note, I review each of the following studies at a fairly high level of detail – this approach, I believe, will allow the interested reader to gauge adequately the strengths and limitations of each study and to gain a reasonable familiarity with the overall empirical landscape in this respect. I conclude this review with a brief summary/critique.

1.3.1.1 Helfgott (1997). In what appears to be the earliest available study to examine how psychopathy is conceptualized beyond the sphere of forensic psychology, Helfgott (1997) conducted a telephone survey of 353 randomly selected Seattle-area residents – the stated purpose of this quantitative survey was to examine “what the term psychopath means to the general public, and to determine the ways in which popular conceptions of the psychopath shape decisions about criminal justice policy” (p. 2). According to Helfgott, 58.6% of respondents associated the term primarily with “mental disorder” – of these responses, approximately half could be coded under the category “slang/synonymous for crazy” (e.g., “deranged,” “disturbed,” “mentally sick,” “nuts,” etc.) (p. 14). Approximately 35% of respondents associated the psychopathy label primarily with “criminal behaviour” (p. 15). When asked to identify one example of a “typical psychopath,” 77.6% of respondents identified a non-fictional “serial murderer” or other “violent criminal” (e.g., “Ted Bundy,” “Jeffrey Dahmer,” etc.); 8.6% of respondents identified a “fictional killer” (e.g., “Hannibal Lecter,” “Norman Bates,” etc.) (p. 16). Respondents were also read standard a list of 23 individual terms and asked to endorse (yes/no) which they would use when referring to someone whom they believed to be a psychopath – the most highly endorsed items were

“serial murderer” (90.6%), “psycho” (81.5%), “mass murderer” (78.7%), “psychotic” (75.6%), “mentally ill” (69.3%), “sexual predator” (67.4%), “evil” (65.6%), “monster” (64.2%), “insane” (63.4%), “criminal” (63.4%), “lunatic” (59.9%), “sociopath” (57.1%), and “antisocial personality” (55.7%) (p. 16). Also of note, respondents were asked to endorse (yes/no) which of 16 potential sources of information had influenced their understanding of the psychopath – the most highly endorsed information sources were “news media” (78.0%), “conversations with others” (73.0%), “films” (69.0%), “television programs” (67.0%), and “academic education” (61.0%) (p. 17).

In addition, Helfgott (1997) had respondents indicate how psychopathy-related diagnostic information should be used by criminal justice decision-makers. Specifically, respondents were asked to endorse (yes/no) if high scores on the PCL/PCL-R framework should be used to inform 17 specific criminal justice procedures, processes, and decisions. In brief, 78.8% endorsed that high scores should be used “to impose strict restrictions/conditions in community supervision,” 78.7% endorsed that high scores should be used “to sentence the individual to a special prison for psychopaths that provides psychiatric/psychological treatment,” 74.0% endorsed that high scores should be used “to impose community notification/offender registration,” 73.1% endorsed that high scores should be used “to aid police investigations,” 70.4% endorsed that high scores should serve as “criteria for civil commitment to a mental hospital,” and 70.1% endorsed that high scores should be used “to detain [the individual] in a high security prison” (p. 17). Other highly endorsed items were as follows: 68.4% of respondents indicated that high scores should “be used as an indication that the individual should receive mental health treatment rather than a prison sentence,” 64.7% indicated that high scores should be used “to allow the state to take away custody of a child,” 64.4% indicated that high scores should be used “to help police interrogate suspects,” 63.2% indicated that high scores should be used “to justify denying bail,” 58.6% indicated that high scores should be used “to deny plea bargaining,” and 55.5% indicated that high scores should be used “as evidence in court to help jury members make decisions about a defendant’s guilt/innocence” (p. 17).

Based on the findings of this unpublished study, Helfgott (1997) concluded that popular conceptions of the psychopath “reflect someone who is mentally disordered, out of control, out of touch with reality, violent, and dangerous” (p. 17). She emphasized that the majority of

respondents had associated psychopathy with “mental disorder” and with “serial murder” (p. 17). Helfgott argued that popular conceptions departed markedly from “the scientific conception of psychopathy,” as the latter is defined, at least in part, by “adequate reality testing” (p. 17). Helfgott also noted that popular views departed from “prominent legal opinion,” in that many respondents endorsed psychopathy as a potential basis for insanity defence (p. 17). Helfgott emphasized that respondents had associated a “wide spectrum of terms” with the psychopath, making it difficult “to identify any sort of consensus beyond the common thread of ‘crazy’ that seemed to link many of the responses provided” – she argued that further research would be needed to adequately clarify the “public consensus,” if any, on psychopathy (p. 20). Helfgott also emphasized that respondents did not appear to “automatically rule out therapeutic interventions” for psychopathic individuals (p. 20). Finally, Helfgott suggested that “popular media portrayals” likely played an important role in “determining” public conceptions of the psychopath – based presumably on the fact that most respondents had endorsed various forms of mass media as influential to their understanding of the psychopathy construct (p. 19).

1.3.1.2 Rhodes (2000, 2001, 2002, 2004). As part of her extended ethnographic work within U. S. super-maximum/control prisons, Rhodes (2002) sought to “explore how ‘psychopathy’ is used and understood under the conditions of heightened confinement that define such settings and in the conversations among those who experience and manage such confinement” (pp. 443-444). As described by Rhodes, the super-maximum prison represents a particularly “extreme technology of confinement,” housing those inmates considered to be “the worst of the worst” (p. 443). Such institutions operate according to a “permanent lock-down system” – that is, inmates are held in isolation cells under intensive video, audio, and computerized surveillance for approximately 23 hours per day, are afforded roughly one hour of solitary exercise daily, and have virtually no contact with one another, save for shouted conversations within their immediate housing units (p. 443). According to Rhodes, “these environments are produced by and support a confluence of powerful idioms of exclusion and technologies of intensive enforcement” – “the category of psychopathy,” she continues, “seems to represent one element of this confluence, producing permanently exclusionary effects on individuals within a national context in which ‘high-tech’ prisons have come to be viewed as inevitable” (p. 443). Inmates labeled as psychopathic “may be assigned to super-

max on the basis of their diagnosis alone...in such cases, psychiatric classification offers a seemingly scientific way to represent what someone is and to connect his 'character' to his institutional placement" (p. 445). A specific aim of Rhodes' research was to examine the "reinforcing circuit that connects the category of psychopathy with the super-maximum prison" (i.e., to explore the apparent link between psychopathy and intensive confinement) (p. 445).

In brief, Rhodes (2002) generated her data through nearly eight years of observation, participation, and research within a "medium-sized state prison system in the western United States" (p. 445). During that time, she worked as an ethnographer, visited several institutions, interviewed prison workers (and, to a much lesser extent, prison inmates), and "participated in various research projects designed in collaboration with institutional officials" (p. 445). Of note, the prison workers interviewed by Rhodes reflected a broad mix of employment categories, including guards, administrators, parole officers, nurses, social workers, and a small number of mental health professionals. Rhodes emphasized several key points about conducting this particular ethnography within this particular context. Firstly, she noted that "contemporary maximum-security prisons offer ideal environments in which to see how a category like 'psychopathy' is 'made up' or constituted" by those most proximal to the construct (p. 449). "This making up," she continued, "includes effects on the people diagnosed, the effects of these people on others, the diagnostic category as it is culturally shaped and applied, and the institutional and political uses to which it is put" (p. 449). Secondly, Rhodes emphasized that psychopathy is an "extraordinarily stigmatizing" diagnosis, such that "those labeled and in some cases those who do the labeling experience a ratcheting up of the normal hazards of the prison environment" (p. 446). As a result, Rhodes' work did not enter into the specific narratives of prisoners identified as psychopaths, but served instead to highlight, in composite form, the points made to her by several individuals about the "institutional positions" that they shared in common (with respect, that is, to psychopathy) (p. 446). Thirdly, Rhodes noted that exploring the positions of those who are confined, and of those who confine others, pose significant challenges for ethnography. Indeed, for obvious reasons, Rhodes was unable to participate freely in the day-to-day lives of control unit prisoners, nor to trace fully the processes that give rise to their diagnoses and institutional

reputations. Additionally, numerous institutional barriers precluded Rhodes from participating freely in the daily/nightly routines of prison workers.

Based on her research, Rhodes (2002) emphasized that psychopathy and psychosis seemed to function as “polar opposites” within the contemporary prison context – that is, “psychopathy is regarded widely as an untreatable personality disorder” while psychosis is considered to be a “treatable symptom of mental illness...one that is particularly amenable to pharmacotherapy” (p. 446). Psychopathic offenders, she continued, are generally thought of as behaving in ways that are “impervious” to the ordinary, typical, and routine strategies of prison management (p. 445). Relative to psychotic offenders, psychopathic inmates are seen as “highly instrumental”/rational in their destructive behaviours – as such, psychopathic inmates tend to be regarded as wholly responsible for their actions while psychotic prisoners, to a certain extent, are not (pp. 445-446). Moreover, Rhodes continued, “individual prisoners are contrasted with one another in terms of these conditions, and this distinction also differentiates control prisons from separate facilities that house the mentally ill” (p. 446). Of note, while the distinction between psychopathy and psychosis may be particularly clear within the carceral environment, Rhodes suggested that this distinction may be far less pronounced among members of the broader public and within the mass media (see also, for example, Furnham, Daoud, & Swami, 2009; Helfgott, 1997; Stevens & Forth, 2008).

Rhodes (2002) emphasized further that although “psychopathy is diagnosed formally by psychiatrists and psychologists...it is also applied informally by prison workers as a designation for specific inmates regardless of their official diagnosis” (p. 443). The category, she continued, involved a “potent merging of clinical and religious discourse” that was used to identify offenders regarded as “monstrous,” “hyperrational,” exceptionally dangerous, highly bellicose, predatory, and “inhuman” (p. 442). Indeed, Rhodes stated that prison conversations about psychopaths were often grounded in notions of “biblical evil” – specifically, that is, the idea that psychopathic prisoners sought “willingly and intentionally” to harm others (p. 452). Among prison workers, she continued, the psychopath was talked about as an individual for whom hurting others was not merely a “by-product” of criminal behaviour, but an explicit objective in and of itself (p. 452); such individuals were described as if they were “bad seeds” who possessed a decisively evil will (p. 451). Rhodes further stated the following in this respect:

The religious connotations of psychopathy allow the authorship of evil deeds to be stabilized and the psychopathic prisoner to be seen as an unchanging ‘character’ who must fully own who he is... This interpretation draws on a cultural logic of accountability and insures that such an inmate cannot slip into the conceptual and institutional territory reserved for the mentally ill. The same logic tends to stabilize the inmate’s position in solitary confinement: he is a person of whom no further questions need be asked and for whom no further placements need be considered. (pp. 452-453)

Rhodes (2002) also noted that prison workers described the psychopath as highly manipulative, suspect, calculating, and “utilitarian” in his behaviour, particularly in his use of language (p. 455). Indeed, the psychopath was cast routinely as an individual who would manipulate all aspects of his environment for personal/selfish gain, such that his every action (and utterance) was to be met with extreme skepticism. With respect to the psychopath, she continued, language and action were seen as “tyrannical, centering on and promoting only the self” (p. 455). Of interest, Rhodes noted that this expectation created a striking paradox for the psychopathic prisoner – specifically, that is, “good behavior” on the part such an inmate was not regarded favourably by prison workers, but rather, was seen as the obvious extension of a “utilitarian calculus and a purely opportunistic hyperrationality” (p. 455). According to Rhodes, psychopathic inmates who paid close attention to the prison environment and who fit their behaviour “most perfectly” thereto, would not be regarded as “model prisoners,” but as dangerously cunning (p. 455). In this sense, prison workers appeared to regard the psychopath as dangerous not because he failed to learn from his environment, but because he learned from it all too well. Rhodes further asserted the following in this regard:

Thusly, the normal premise of prison management that behavior should drive placement is contradicted in the psychopath. While good behavior may eventually result in the release of most prisoners from solitary confinement, for prisoners considered psychopaths there can be no such thing as true good behavior. No lie detector test, in the view of management, can absolve the prisoner of the assumption that danger lies behind his mask of accommodation to the regime that contains him. (p. 456)

I would suggest further in this respect that the psychopathic prisoner may thus be afforded far less voice/agency than even that the typical offender, as his words and deeds are necessarily situated as suspect, if not wholly illegitimate.

Seemingly related to the view that psychopathic offenders are particularly manipulative, prison workers tended to assert that the expression of empathy toward such individuals was exceptionally “hazardous” (Rhodes, 2002, p. 453). Indeed, Rhodes stated that while prison workers would “routinely articulate that softer feelings and normal social impulses would potentially make oneself vulnerable to exploitation by offenders,” the perceived “liability of this ‘softness’ [was] magnified dramatically with respect to psychopathic inmates” (p. 453). Indeed, the psychopathic prisoner, in this respect, was positioned as uniquely “disarming and dangerous to his keepers” (p. 454). The danger expressed here, according to Rhodes, is that the psychopathic offender would “play skilfully upon” this empathy, “come to seem all too human,” and ultimately victimize the individual (p. 453). Prison workers also described the psychopathic offender as a mere “simulacrum of human emotion and connection,” emphasizing the fact that such offenders, in actuality, experience no true feelings upon which to formulate genuine empathic bonds. Citing this “hazard of empathy,” Rhodes continued, prison workers would routinely describe their various attempts to maintain an extreme emotional distance from the psychopathic offender – according to Rhodes, “just as prison systems ‘harden’ or fortify their facilities against physical damage from inmates, so prison workers harden their hearts against the inmates themselves” (p. 454). In this respect, Rhodes suggested that prison workers approached the psychopath by emulating the emotional deficits that they themselves found so disturbing about such individuals.

Also of interest, Rhodes (2002) noted that for “prison administrators and mental health workers,” in particular, the primary conceptual issue with respect to psychopathy was its role in distinguishing “treatable conditions from untreatable traits” (p. 447). Conversations about psychopathic prisoners, she asserted, positioned such individuals as poor, “unsuitable,” and even “hopeless” candidates for treatment, to the extent that prison workers were “strongly inclined to exclude such inmates from most forms of prison-based mental health intervention” (p. 447). In essence, Rhodes asserted, by positioning psychopathic offenders as “untreatable,” prison workers were able “to reserve their limited time and treatment-related resources for the overwhelming numbers of mentally ill inmates under their charge” (p. 448). For so-labeled offenders themselves, she continued, this meant that they were often precluded from the rituals of change, healing, and rehabilitation in which other offenders were free to participate, thereby

impacting their carceral experience in significant ways (see also, for example, Furnham, Daoud, & Swami, 2009).

Of further note in this respect, Rhodes (2002) suggested that talk of treatment intractability aligned with the more sweeping expectation that psychopathic offenders were “entirely unsalvageable” in a broader sense (p. 448). Rhodes emphasized, for example, that conversations about psychopathic prisoners afforded no space to discussions of “reform,” “re-inclusion,” or “community re-entry” (p. 458). In this regard, Rhodes argued, psychopathy offered a category that was “in direct opposition to 19th century penology, as founded on the notion that prisoners could be made or re-made into subjects for eventual re-inclusion into society” (p. 458). Psychopathy, she continued, affirmed a more recent trend in U.S. penology in which re-integration was no longer a serious objective. The category served also, she asserted, to bolster the central philosophy that informed the super-maximum prison itself – that is, its “profoundly exclusionary logic” (p. 458).

Summarizing her findings, Rhodes (2002) concluded that prison workers used psychopathy to identify inmates regarded as particularly dangerous, manipulative, deceptive/inauthentic, and “unsalvageable” (p. 448). Such offenders were seen as demanding the most strident, uncompromising, emotionally distant, and “restrictive” forms of prison management/discipline (p. 447). She noted further that conversations about psychopathy drew consistently on discourses of biblical evil, giving the construct a unique potency/resonance. She also suggested that such conversations saw matters of character shade subtly into “questions about humanness...suggesting (without quite saying) that such individuals represented some other form of natural species separate from us” (p. 457). As such, a diagnosis of psychopathy, according to Rhodes, affected whether certain prisoners were “perceived to be ‘human’ at all,” or whether they were seen as a “distinct genus that was specifically well-suited to isolation” (p. 458). Rhodes further concluded that psychopathy served to justify the “exclusionary logic” of the control prison, denoting an individual for whom this extreme form of containment was absolutely necessary (p. 443). As articulated by Rhodes:

Underpinning intensive forms of confinement with a theory of psychopathology, the psychopath offers an iconic figure that lends credence to the control prison itself (and to massive prison construction in the United States more generally)...the psychopath

provides an individualized version of the very features that constitute the super-max, reinforcing a logic of exclusion in which isolation comes to seem inevitable for these prisoners...psychopaths under solitary confinement are ‘faces’ in this sense, representing in iconic fashion ‘already existing’ dangers that serve to justify an expansive, costly, and problematic technology of confinement. (pp. 442-445)

1.3.1.3 Edens, Petrila, and Buffington-Vollum (2001). According to Edens, Petrila, and Buffington-Vollum (2001), the use of psychopathy-related expert witness testimony within capital sentencing procedures (specifically, that is, with “high scores on the PCL-R being used to argue that a defendant represents a continuing threat to society, thereby warranting imposition of a death sentence”) was a growing trend across numerous U.S. jurisdictions (p. 434). These authors predicted that “the introduction of psychopathy would likely have a profound bias” on the outcome of such proceedings (p. 435). To illustrate their concerns, Edens and colleagues conducted an in-depth case review of two capital trials in which PCL-R-based testimony had been introduced at the sentencing phase – these cases were selected purposively, of course, to highlight the potentially problematic effects of such testimony.

Based on their case review, Edens and colleagues (2001) affirmed their position that “introduction of the psychopathy construct was likely to have a profound effect on the [sentencing] outcome of death penalty proceedings,” to the extent, they continued, that the “prejudicial impact of PCL-R testimony would all-but-certainly exceed its probative value/empirical relevance to such matters” (p. 458). Indeed, Edens and colleagues asserted the following in this respect:

...a psychopathy diagnosis has negative and stigmatizing connotations that may drive decision making in the legal setting in a punitive direction...triers of fact most likely associate the construct with extreme dangerousness and it is often assumed in the legal system that people labeled as psychopathic are untreatable...there clearly is reason to be concerned that use of this psychological construct by mental health examiners in judicial proceedings will have an effect on the outcome that is disproportionate to its actual relevance, due to the stigma associated with the construct and the potential bias it may foster among jurors or other decision-makers. (pp. 457-458)

Edens and colleagues concluded further that the potency of the psychopathy label was such that its biasing impact appeared to persist “even when rebuttal testimony to the contrary was provided” – that is, psychopathy testimony seemed to overshadow, or “trump,” other relevant mental health evidence that was introduced to suggest that a given defendant did not represent a future danger to society (p. 435; see also DeMatteo & Edens, 2006). Edens and colleagues also emphasized that “the results of PCL-R assessment appeared to strongly influence the legal strategy of both prosecution and defence attorneys” – in particular, they noted, prosecution attorneys seemed to adopt various strategies intended to maximize the impact of the label, thereby enhancing their pro-death arguments (p. 465).

Overall, Edens and colleagues (2001) situated the potentially negative impact of psychopathy testimony as a serious problem within the context of capital sentencing procedures. “It seems impossible,” they asserted, “to reconcile the limited probative value of the PCL-R with the prejudicial impact that the label ‘psychopath’ will almost certainly have on capital jurors” (p. 467). Citing the “extreme seriousness” of death penalty litigation, Edens and colleagues went on to suggest that forensic psychological experts should refrain from using the PCL-R within the context of such proceedings (p. 467).

1.3.1.4 Guy and Edens (2003). A jury simulation study by Guy and Edens (2003) examined the effects of different types of expert psychological risk assessment testimony (i.e., that based on clinical opinion, that based on actuarial appraisal, or that based on “psychopathy as defined by PCL-R assessment”) within the context of a Sexually Violent Predator (SVP) civil commitment proceeding (p. 217). In brief, 172 Texas undergraduates were presented with a fictitious case vignette describing a male offender nearing the end of a 10-year concurrent sentence for two counts of sexual assault against adult women. Additional case information was presented across two sequential phases: the prosecution/“high risk” phase and the defence/“low risk” phase (p. 217). During the prosecution phase, participants reviewed a one-page synopsis of expert psychological testimony that described the defendant’s level of risk for “repeated acts of future sexual violence” as “high” (p. 222). During the defence phase, participants reviewed a one-page synopsis of rebuttal expert psychological testimony that described the defendant’s level of risk for “repeated acts of future sexual violence” as “low” (p. 222). Participants were assigned randomly to one of three experimental conditions – one in which both estimations of risk were based on clinical opinion, one in which they were

based on actuarial assessment, and one in which they were based on “ratings of [PCL-R-defined] psychopathy” (p. 223). Following each phase, participants completed a brief “case evaluation” questionnaire – of particular interest, participants were asked to indicate whether they supported (yes/no) post-sentence civil commitment, to rate the perceived likelihood (0-100%) that the defendant, if not committed, would engage in future violence (both sexual and non-sexual), and to rate the perceived likelihood (0-100%) that the defendant, if committed, would benefit from treatment (p. 223).

Of note, within the prosecution phase, participants assigned to the psychopathy condition were provided with a basic description of the PCL-R and of “the psychopathic personality disorder” (p. 237). Several traits described as characteristic of the disorder – all derived from PCL-R Factor 1 – were provided (i.e., superficial charm, grandiosity, pathological lying, manipulateness, lack of remorse and guilt, shallow emotion, callousness/lack of empathy, and failure to accept responsibility for past behaviour). It was stated explicitly that the defendant had obtained a “high” score on the PCL-R, that the prosecution expert had labeled him “a psychopath,” and that his level of risk for future acts of sexual violence was opined to be “high” (p. 237). Within the defence phase, participants assigned to the psychopathy condition were presented with contradictory PCL-R-based testimony. That is, it was indicated that the defence expert had assigned the defendant a lower rating on the PCL-R, had concluded that he was “not a psychopath,” and had rated his level of risk for future acts of sexual violence as “low” (p. 218).

Given the presumably pejorative nature of the psychopathy label, Guy and Edens (2003) predicted that the defendant would be “judged more severely” when described as a “high risk psychopath,” relative to when described as “high risk” alone (p. 217). Specifically, the authors hypothesized that during the prosecution phase participants in the psychopathy condition would be more likely to vote in favour of civil commitment, would rate the defendant as more likely to engage in future acts of violence, and would rate the defendant as less amenable to treatment, relative to those in the clinical and actuarial conditions. Guy and Edens also predicted that risk assessment testimony based on psychopathy would be relatively less amenable to rebuttal (i.e., that participants in the psychopathy condition would be less likely to re-evaluate the defendant more favourably following the defence phase than would those in the other conditions). Indeed, the authors hyperbolized that psychopathy-related

testimony may be so highly prejudicial as to undermine “any hope of successful rebuttal whatsoever” (p. 218).

In general, none of the authors’ predictions were supported within the present study. Indeed, the results indicated no significant differences between the psychopathy, clinical, and actuarial conditions during the prosecution phase. As summarized by Guy and Edens (2003), participants made no distinction between “a high risk offender who was described as psychopathic and a high risk offender who was not described as psychopathic” (p. 225). “In effect,” the authors continued, “a psychopathy designation did not appear to have an unduly prejudicial impact on mock juror decision making, relative to other forms of risk assessment data” (p. 225). Moreover, across the three experimental conditions, participant ratings did not change significantly between the two trial phases. As such, Guy and Edens concluded that psychopathy-based evidence was no more/less amenable to rebuttal than were other forms of risk assessment testimony.

Of note, Guy and Edens (2003) conducted a series of exploratory *post-hoc* analyses. When comparing men in the psychopathy condition to women in the psychopathy condition, the latter were found to be “substantially more likely to vote in favor of commitment” (at both trial phases) (p. 255). In each of the two remaining experimental conditions, however, there was no significant difference in the proportion of men versus women who endorsed commitment. At both trial phases, women in the psychopathy condition also rated the defendant’s level of risk for future acts of sexual violence significantly higher than did men in the psychopathy condition. Once again, there was no significant difference in perceived level of risk for future sexual violence between men and women in either of the remaining experimental conditions. No between-gender differences regarding perceived level of risk for future non-sexual violence or perceived amenability to treatment were reported for any condition during either phase of trial.

Guy and Edens (2003) also reported a series of within-gender comparisons made between those in the psychopathy condition and those in the clinical/actuarial condition (collapsed). Among women, they noted, those in the psychopathy condition were relatively more likely to vote in favour of civil commitment during the prosecution phase. Among men, however, the authors described a non-significant trend in the opposite direction. Within each gender, neither condition was associated with significant change to commitment decision post-

rebuttal. In addition, Guy and Edens reported that neither gender indicated a significant difference in perceived level of risk for future sexual violence between those in the psychopathy condition and those in the clinical/actuarial condition, at least during the prosecution phase. During the defence phase, however, women in the psychopathy condition rated the defendant as “more sexually dangerous” than did women in the clinical/actuarial condition (p. 227). Once again, a non-significant trend in the opposite direction was reported for men. Also of interest, Guy and Edens reported that ratings of perceived risk for future sexual violence decreased significantly following defence rebuttal among women assigned to the clinical/actuarial condition, but not among women assigned to the psychopathy condition (one of the few findings consistent with their original hypotheses). For men, yet again, a converse pattern was reported, with ratings decreasing significantly for those in the psychopathy condition, but not for those in the clinical/actuarial condition. Also noteworthy, Guy and Edens reported that neither gender saw a significant difference in ratings of perceived risk for future non-sexual violence or ratings of perceived treatment amenability between those in the psychopathy condition and those in the clinical/actuarial condition at either phase of trial. Within each gender, neither the psychopathy nor the clinical/actuarial condition was associated with significant changes to ratings of perceived non-sexual dangerousness or perceived treatment amenability following defence rebuttal.

In summary, Guy and Edens (2003) found very little evidence to support the notion that a psychopathy designation (along with accompanying trait-level description) may be overly prejudicial to mock juror decision-making, at least relative to other forms of risk assessment evidence. At best, they concluded, such a designation may lead to more negative appraisal only among women, and even then, only in very limited respects. That said, however, it is interesting to note that neither men nor women associated psychopathy with enhanced risk for future non-sexual violence or with poor amenability to treatment.

1.3.1.5 Edens, Guy, and Fernandez (2003). Edens and colleagues (2003) examined if the ascription of “psychopathic traits” to a juvenile death row inmate would influence layperson perceptions thereof (p. 807). In brief, 360 Texas undergraduates reviewed a previously published newspaper article describing “a death row murderer who was in the process of appealing his capital sentence (due mainly on the fact that he was only 16 years of age at the time of his offence)” (p. 807). Within the body of this article, the presence/absence

of psychopathic traits was manipulated through the insertion of a brief passage describing the individual's "behavior and personality" (p. 807). Under the "psychopathy" condition, the individual was described "using prototypically psychopathic attributes that were consistent with Factor 1 of the PCL-R (e.g., lacking remorse and guilt, arrogant, deceptive, unwilling to accept responsibility for his actions)" (p. 813). Under the "non-psychopathy" condition, the individual was described using "essentially non-psychopathic traits (e.g., remorseful for and accepting of responsibility for misbehavior, respectful of others, trustworthy)" (p. 813). Of note, in neither condition were the terms "psychopathy," "psychopath," or "psychopathic" used explicitly.

Assigned randomly to one of the two conditions and provided ample time for article review, participants were subsequently asked to complete a brief questionnaire. Of primary interest, participants endorsed the type of sentence (i.e., "death penalty," "life without parole," "life with parole after 40 years," or "other") that they believed the defendant should receive – for analytic purposes, this item was ultimately collapsed into a dichotomous (death/no death) variable (Edens, Guy, & Fernandez, 2003, p. 814). Participants were also asked to indicate whether (yes/no) they believed there was any chance that the defendant could be reformed and whether (yes/no) any attempt should be made to provide treatment for the defendant while incarcerated. In addition, participants across both conditions were asked to "rate the extent to which someone like the defendant would exhibit traits, behaviors, and/or symptoms corresponding to each of the 20 items that comprise the PCL-R" (p. 814). Each PCL-R-based item was rated on a scale ranging from 0 ("not at all") to 2 ("very much"), with cumulative rating said to reflect the degree to which a given participant viewed the defendant as "prototypically psychopathic, independent of the experimental condition to which [he or she had been] assigned" (p. 814).

Citing "widespread belief that the psychopathy label carries profoundly prejudicial and stigmatizing connotations among the public" (p. 811), Edens and colleagues (2003) predicted that the presence of psychopathic traits would "produce more negative reactions" toward the offender in question (p. 822). Note, of course, that this prediction assumes implicitly (and rather tenuously) that members of the public would draw connection between the psychopathy label, *per se*, and the specific traits identified as "psychopathic" within this particular study (p. 809). Consistent with their prediction, Edens and colleagues reported that participants

assigned to the “psychopathy” condition were “more likely to support a death sentence and less likely to believe that the offender should receive any form of treatment while in prison,” relative to those in the “non-psychopathy” condition (p. 807). Edens and colleagues also reported that cumulative ratings of PCL-R-based traits were positively correlated with support for death sentencing, “predicting support for capital penalty beyond the effect of the experimental manipulation itself” (p. 817).

Following from these findings, Edens and colleagues (2003) concluded that “the spectre of psychopathy is highly influential regarding attitudes towards criminal offenders even in the absence of any direct discussion of it” (p. 823). They stated further that the “presence of psychopathic characteristics plays an important role in determining what laypersons believe to be appropriate sanctions and interventions” for juvenile litigants (p. 809). I would note, however, that these results should not be seen as particularly surprising – in effect, Edens and colleagues demonstrated that the ascription of ostensibly negative attributes (e.g., remorselessness, deceptiveness, failure to accept responsibility, etc.) was associated with relatively less favourable/more punitive appraisal, while the ascription of more positive attributes (e.g., remorsefulness, trustworthiness, acceptance of responsibility, etc.) was associated with relatively more favourable/less punitive appraisal. Moreover, while these results are likely relevant to the clinical use of trait-based descriptions of psychopathy, they do nothing to reveal the ways in which laypersons may conceptualize and respond to the psychopathy label, *per se*. In this respect, Edens and colleagues acknowledged (albeit cursorily) that subsequent research may wish to explore how “explicit use of the phrase ‘psychopath’ impacts perceptions of and attitudes toward juvenile offenders” (p. 823).

1.3.1.6 Edens, Desforjes, Fernandez, and Palac (2004). A jury simulation study by Edens, Desforjes, Fernandez, and Palac (2004) (see also Palac, Fernandez, Edens, & Deforges, 2002) sought to examine “how expert testimony regarding psychopathy and violence risk level might impact mock juror perceptions and decisions” within a capital sentencing procedure (p. 397). In brief, 238 Texas undergraduates were presented with written case materials derived from an actual capital murder trial. Penalty phase information consisted of a one-page synopsis of expert psychiatric testimony concerning the defendant’s diagnostic formulation and estimated level of risk for future violence. With respect to diagnostic formulation, participants were assigned randomly to one of three groups: one in

which the defendant was said to be “psychopathic,” one in which he was diagnosed as “psychotic,” and one in which he was described as “being without symptoms of mental disorder” (p. 398). With respect to risk level, participants were assigned randomly to one of two groups: one in which the defendant’s level of risk for future violence was described as “low” and one in which his level of risk for future violence was described as “high” (p. 398).

Within the psychopathic condition, specifically, the defendant was described as having a “psychopathic personality disorder” (Edens, Desforjes, Fernandez, & Palac, 2004, p. 411). He was further said to exhibit the following traits and behaviours characteristic thereof: “being superficially charming,” “having a grandiose sense of self-worth,” “being a pathological liar,” “being conning and manipulative,” “lacking remorse and guilt for his actions,” “having shallow emotions,” “being callous and lacking empathy for others,” and “failing to accept responsibility for his behavior” (p. 411). These trait-level descriptors were derived explicitly from Factor 1 of the PCL-R. Within the psychotic condition, the defendant was described as having a “psychotic disorder (psychosis)” (p. 411). He was said to display the following characteristic symptoms thereof: “having delusions,” “having hallucinations,” “having very disorganized thought and speech,” “engaging in bizarre behaviors and mannerisms,” and “displaying inappropriate affect” (p. 411). Within the disorder-free condition, the defendant was described as “not mentally disordered” (p. 411). He was further said to exhibit the following characteristics: “being in touch with reality,” “having the capacity to communicate effectively with others,” “displaying appropriate and normal emotional reactions to events in his life,” “remorseful for his behavior,” “accepting responsibility for his actions,” and “being forthright and candid in his interactions with others” (p. 411).

After reviewing the materials provided, participants completed a case evaluation questionnaire – of primary interest, participants were asked to indicate whether they believed the defendant to be “a continuing threat to society” (yes/no) and whether they believed there were “any mitigating circumstances that would warrant not imposing the death penalty” (yes/no) (Edens, Desforjes, Fernandez, & Palac, 2004, p. 399). Of note, these questions were modeled on those presented to actual capital juries in the state of Texas (an answer of “yes” to the first item and “no” to the second affirming support for imposition of the death penalty). For analytic purposes, responses to these items were ultimately combined to create a dichotomous “sentencing” variable (yes/no), reflecting “whether a participant’s answers would

have resulted in a death verdict” (p. 399). Participants were also asked to rate the perceived likelihood (0-100%) that the defendant would engage in various forms of future violence, if not put to death. Responses to these items were averaged to create a composite rating of “future dangerousness” (p. 399).

Anticipating that “psychopathy would have a disproportionate effect on perceptions of violence risk,” Edens and colleagues (2004) hypothesized that participants assigned to the psychopathic condition would rate the defendant as “more dangerous and more deserving of death” than would those assigned to the disorder-free condition, even when level of risk for future violence was held constant (i.e., either low or high) (p. 397). The authors further predicted that participants assigned to the psychopathic condition would judge the defendant “more harshly” than would those assigned to the psychotic condition (i.e., that the negative impact associated with psychopathy would exceed that associated with other forms of mental disorder). Also of note, Edens and colleagues predicted that under both the psychotic and disorder-free conditions, participants assigned to the low risk group would rate the defendant as being relatively less dangerous than would those assigned to the high risk group (as would be expected). It was predicted that under the psychopathic condition, however, those assigned to the low risk group would not rate the defendant as relatively less dangerous. Indeed, Edens and colleagues proposed that the “exceedingly” prejudicial impact of a psychopathy diagnosis would serve to undermine “any subsequent information that characterized a defendant as being at low risk” (p. 397).

Overall, the authors’ hypotheses were only partially supported by the results obtained. Surprisingly, neither the diagnostic nor the risk level variable appeared to have a significant impact with respect to sentencing decision (Edens, Desforjes, Fernandez, & Palac, 2004, p. 402). As they had predicted, however, Edens and colleagues reported that composite ratings of future dangerousness among those in the disorder-free group were significantly lower than among those in both the psychopathic and psychotic groups. Contrary to their prediction, ratings of future dangerousness among those in the psychopathic and psychotic groups did not differ significantly. Also as predicted, Edens and colleagues reported a significant main effect for risk level on ratings of future dangerousness within the disorder-free condition, but not within the psychopathic condition. More specifically, that is, “ratings of perceived dangerousness for ‘low risk/no disorder’ defendants were considerably lower than for ‘high

risk/no disorder' defendants, but did not differ appreciably between the 'low risk/psychopathy' and 'high risk/psychopathy' conditions" (p. 401). Unexpectedly, ratings of future dangerousness also did not differ significantly between members of the low risk/psychotic group and members of the high risk/psychotic group.

In brief, Edens and colleagues (2004) concluded that the obtained results provided preliminary support for the notion that a diagnosis of psychopathy (at least when compared to no diagnosis) will have a significant effect on mock juror perceptions of defendant dangerousness, despite having no apparent impact with respect to their sentencing decisions. Edens and colleagues concluded further that a psychopathy diagnosis appeared to overshadow/negate "comparatively positive information" regarding a defendant's low level of risk for future violence (p. 404). Of importance, however, this effect was not specific to a psychopathy designation, as "the same basic pattern was detected when the defendant was identified as psychotic" (p. 405). Consequently, Edens and colleagues proposed that the prejudicial effects associated with psychopathy may simply reflect an overarching "negativity" toward mental disorder, in general, among mock jurors. Indeed, within the realm of mental disorder, they suggested, it may be that psychopathy is no more/less stigmatizing than other diagnostic designations (p. 407).

It should also be noted that while Edens and colleagues (2004) were concerned primarily with the effects of diagnostic label, *per se*, each of their experimental conditions included a constellation of trait-based descriptors – as such, the reported effects may not be attributable entirely, or even primarily, to diagnostic designation alone. Indeed, relative to the psychopathic and psychotic conditions, the defendant was described using ostensibly more positive attributes within the disorder-free condition (e.g., "remorseful for his behavior," "accepting responsibility for his actions," "being forthright and candid in his interactions with others," etc.) – it should not be surprising, therefore, that this defendant was viewed more favourably by mock jurors (p. 411).

1.3.1.7 Edens, Colwell, Desforjes, and Fernandez (2005). Edens, Colwell, Deforges, and Fernandez (2005) attempted to replicate the findings of Edens, Desforjes, Fernandez, and Palac (2004) "in relation to mock juror perceptions of future dangerousness" (Edens, Colwell, Deforges, & Fernandez, 2005, p. 608). These authors also sought "to employ a more methodologically sound means of examining whether a capital defendant described as

psychopathic would be seen as more deserving of a death sentence,” relative to one described as either psychotic or as non-mentally disordered (p. 608). Two hundred three Texas undergraduates were presented with case materials identical to those employed by Edens, Desforjes, Fernandez, and Palac (2004). Once again, penalty phase information consisted of a one-page synopsis of expert psychiatric testimony regarding the defendant’s diagnostic formulation and estimated level of risk for future violence. This information was manipulated to recreate precisely the 3 (psychopathic versus psychotic versus disorder-free) X 2 (low risk for future violence versus high risk for future violence) experimental design employed by Edens and colleagues (2004). Of specific note, each of the three diagnostic conditions replicated verbatim the trait-based descriptions used by Edens and colleagues (2004).

After reviewing the materials provided, participants again completed a case evaluation questionnaire (Edens, Colwell, Deforges, & Fernandez, 2005, p. 611). Similar to the previous study, participants were asked to indicate whether or not they considered the defendant to be “a continuing threat to society” and whether or not there were “any mitigating circumstances present that would warrant imposing a life rather than death sentence” (p. 611). Speculating that “the meaning of these two questions may have been poorly comprehended by participants in the Edens et al. (2004) study” – thereby leading to the null results obtained – the researchers provided additional instruction/clarification around these items within the 2005 case evaluation questionnaire (p. 611). In essence, participants were informed explicitly that “a response of ‘yes’ to the first question combined with a response of ‘no’ to the second question would warrant a death sentence” while “all other response combinations would warrant a life sentence” (p. 611). As in the previous study, responses to these two items were combined to create a dichotomous “sentencing” variable that reflected whether or not a participant’s endorsements would have resulted in a death sentence (p. 614). Following the same procedures employed by Edens and colleagues (2004), participants were also asked to rate the perceived likelihood (0-100%) that the defendant would engage in various forms of future violence, if not put to death. Responses to these items were again averaged to create a composite rating of “future dangerousness” (Edens, Colwell, Deforges, & Fernandez, 2005, p. 612).

Edens and colleagues (2005) also sought to extend upon the work of Edens, Guy, and Fernandez (2003) by examining if the perceived presence of PCL-R-based traits would

influence ratings of defendant dangerousness and/or sentencing decision among mock jurors (independent of the testimony regarding diagnosis and risk level to which they were exposed) (p. 612). To this end, participants across all conditions were asked to “rate the extent to which someone like the defendant would exhibit traits, behaviors, and/or symptoms corresponding to each of the 20 items comprising the PCL-R” (p. 612). Each PCL-R-based item was rated on a scale ranging from 0 (“not present”) to 2 (“likely present”), with cumulative rating said to reflect the degree to which a given participant viewed the defendant as “prototypically psychopathic” (p. 612). In addition, participants across all conditions were asked to rate the perceived presence/absence of five specific psychotic symptoms (i.e., delusions, hallucinations, disorganized thoughts, “bizarre behaviours and mannerism,” and inappropriate affect) using a similar rating procedure (p. 612); cumulative rating in this respect was said to reflect the degree to which a given participant viewed the defendant as “prototypically psychotic” (p. 612).

In brief, Edens and colleagues (2005) predicted that, using their improved design, participants assigned to the psychopathic condition would rate the defendant both as “more dangerous” *and* as “more deserving of a death sentence” than would those assigned to the disorder-free condition (pp. 608-609). Moreover, the authors also predicted that those assigned to the psychopathic condition would be more likely to support a death sentence than would those assigned to the psychotic condition, “even if, as anticipated from the findings of Edens et al. (2004), the two groups did not differ significantly in relation to perceptions of future dangerousness” (p. 609). Not only was psychopathy tied inherently to more negative appraisal, they speculated, but “psychosis itself might be less associated with perceived responsibility for one’s actions” and thereby “less strongly related to support for a death sentence” (p. 609). Citing the results of Edens, Guy, and Fernandez (2003), the authors also predicted that those participants, across all six conditions, who rated the defendant higher with respect to PCL-R-based traits would be more inclined to “endorse support for a death sentence” (Edens, Colwell, Deforges, & Fernandez, 2005, p. 609).

Consistent with their prediction, Edens and colleagues (2005) reported that ratings of perceived dangerousness were significantly higher among participants in the psychopathic condition than among those in the disorder-free condition. Also as expected, ratings of perceived dangerousness did not differ significantly between those assigned to the

psychopathic group and those assigned to the psychotic group. Also as predicted, and distinct from the findings of Edens and colleagues (2004), diagnostic condition was found to be predictive of sentencing determination – that is, participants assigned to the psychopathic condition were found to be “significantly more likely to render a death verdict” than were those assigned to either the disorder-free or psychotic condition (Edens, Colwell, Deforges, & Fernandez, 2005, p. 618). Within the psychopathic condition, Edens and colleagues reported, approximately 60% of participants rendered a death verdict, as compared to 38% within the disorder-free condition and 30% within the psychotic condition. The authors argued that this finding was particularly important “as it indicated that it was psychopathy specifically that was associated with greater support for death sentences – even though testimony regarding the presence of either form of mental disorder increased juror perceptions of dangerousness” (p. 618). “If anything,” they continued, “a diagnosis of psychosis appeared to have a mitigating effect in this respect...in that mock jurors assigned to that condition reported the lowest overall support for the death penalty” (p. 618).

Of note, Edens and colleagues (2005) also conducted a post-hoc analysis to examine whether a psychopathy diagnosis might dissuade mock jurors from considering the presence of mitigating circumstances within the context of their sentencing decisions. In brief, the authors selected only those participants who had deemed the defendant a “continuing threat to society” (i.e., those who had affirmed the first sentencing item) – as such, they constrained their analysis strictly to those participants who would arrive at a death verdict only by denying the presence of any relevant mitigating factors (i.e., those who would fail to affirm the second sentencing item) (p. 618). The authors then compared the “rates of death sentences” across the three diagnostic conditions, reporting that “the contrast between the psychopathy and no disorder condition was not significant” (p. 618). From this, the authors concluded that “the presentation of psychopathy testimony did not cause participants to be significantly less willing to consider mitigating factors in their decision-making process” (p. 618).

Edens and colleagues (2005) further reported that “juror perceptions of how psychopathic a defendant was” – regardless of diagnostic condition – also predicted support for a death verdict (p. 617). Indeed, consistent with previous research, rating the defendant highly on PCL-R-based traits was associated with an increased likelihood of endorsing a capital sentence. The authors also reported that “psychosis ratings did not significantly predict

sentencing decision,” thereby suggesting that the observed effect was “specific to psychopathic traits” (p. 618). Moreover, Edens and colleagues reported that the perceived presence of “psychopathic traits” continued to predict death sentencing even when analysis was restricted only to those participants who had already deemed the defendant a “continuing treat to society” (i.e., those who had affirmed the first sentencing item). As such, the authors concluded that the attribution of PCL-R-based traits appeared to dissuade mock jurors from considering of potential presence of mitigating factors, even though expert diagnosis of psychopathy, *per se*, had not.

Based on their results, Edens, Colwell, Deforges, and Fernandez (2005) concluded that criminal defendants labeled as “psychopaths” are likely to be responded to more negatively by mock jurors (p. 611). Also of note, Edens and colleagues concluded that despite the negative impact of a psychopathy diagnosis, such a designation did not seem to discourage mock jurors from considering the potential presence of mitigating circumstances. Edens and colleagues also concluded that the attribution of PCL-R-based traits is likely to be associated with more negative reactions toward a criminal defendant. The attribution of such traits, they continued, may also disincline jurors from considering the potential presence of mitigating factors, even though a formal diagnosis of psychopathy does not. Such findings, once again, are clearly relevant to the clinical use of trait-based descriptions of psychopathy.

1.3.1.8 Murrie, Cornell, and McCoy (2005). A study by Murrie and colleagues (2005) was designed to investigate the “potentially stigmatizing effects of the psychopathy label on the opinions and recommendations arrived at by juvenile court probation officers” – as described by the authors, juvenile court probation officers are non-mental health professionals “responsible for preparing an offender’s pre-sentence evaluation report; these individuals typically have a critical role in determining the legal disposition arrived at for a young offender” (pp. 327-328). An objective of this study was to distinguish the “specific labeling effects” of a psychopathy diagnosis from the “general labeling effects” associated with any psychological designation (p. 323). A further objective was to distinguish the “labeling effects” of psychopathy from what the authors referred to as its “criterion effects” (i.e., “the impact associated with describing the particular psychological characteristics, features, or traits that are used as criteria for the diagnosis”) (p. 326). Indeed, Murrie and colleagues emphasized that while several studies had examined how the ascription of PCL-R-based traits

to a given defendant may influence responses thereto, little was known about the potential “impact of the psychopathy *label* itself” (p. 326).

Summarized briefly, 260 juvenile court probation officers from the state of Texas were presented with a fictitious case vignette describing a 16-year-old male charged with a single count of aggravated assault. Within this vignette, the authors manipulated the following three variables: the presence of a history of antisocial behaviour by the defendant (i.e., “engaged in physical fights,” “stole merchandise from stores,” “used illegal drugs,” and “vandalized property”) (yes/no), the presence of PCL-R Factor 1 personality traits (i.e., “charming,” “manipulative,” “shallow affect and lack of empathy,” “failure to accept responsibility,” and “lack of remorse”) (yes/no), and the defendant’s formal diagnostic label (psychopathy, conduct disorder, or no diagnosis) (p. 340). Of note, while the above manipulations could have created 12 distinct conditions, four were eliminated by the authors due to their “implausible” nature (i.e., two in which the defendant was diagnosed as psychopathic while failing to exhibit PCL-R-based personality traits and two in which the defendant was diagnosed with conduct disorder while failing to exhibit a history of antisocial behaviour) – participants were assigned randomly to one of the eight remaining conditions (p. 330). After reviewing their respective case vignette, each participant completed a brief questionnaire regarding their hypothetical recommendations to the court. Specifically, they were asked to rate the perceived likelihood that they would recommend each of the following “increasingly punitive” options: psychological services, deferred prosecution, intensive supervision and probation, secure residential treatment, adjudication to the state correctional facility for youth, and transfer to adult court. Ratings were made using a Likert-type scale ranging from 1 (“very unlikely”) to 6 (“very likely”) (p. 329). Participants also completed a second questionnaire containing a number of prognostic items. Specifically, they were asked to rate the perceived likelihood that the defendant would benefit from mental health services, would commit future crime, would commit future violent crime, and would engage in criminal behaviour as an adult. Prognostic ratings were made according to the same 6-point Likert-type scale described above.

Citing widespread professional concern about the potentially stigmatizing effects of a psychopathy label, Murrie and colleagues (2005) predicted that juvenile court probation officers would be more inclined to make “excessively punitive” recommendations (e.g.,

transfer to adult court) when the offender was labeled as psychopathic, relative to when not labeled as psychopathic (i.e., when labeled as either conduct disordered or as disorder-free) (p. 324). The authors further predicted that participants would be “unwilling” to recommend therapeutic and rehabilitative options when the offender was diagnosed as psychopathic, as compared to when not diagnosed as psychopathic (p. 314). Murrie and colleagues also hypothesized that participants would rate the offender as more likely to engage in various forms of future criminal conduct and less likely to benefit from mental health services when diagnosed as psychopathic, relative to when not diagnosed as psychopathic. Consistent with previous research, Murrie and colleagues further hypothesized that participants would render more punitive recommendations and offer more negative prognostications when the defendant was described as exhibiting PCL-R-based personality traits, relative to when not described as exhibiting such traits.

Contrary to their predictions, Murrie and colleagues (2005) found no evidence to suggest that a psychopathy diagnosis was associated with more punitive recommendations by juvenile court probation officers (i.e., there was no evidence of psychopathy specific labeling effects in this regard). Moreover, the authors described a general labeling effect in that participants were significantly *more* likely to recommend psychological services when the defendant was diagnosed as either psychopathic or as conduct disordered, relative to when he was deemed disorder-free. With respect to prognostic ratings, participants did not regard the defendant as more likely to engage in various forms of future criminal conduct, nor as less likely to benefit from mental health services, when diagnosed as psychopathic, relative to when not diagnosed as psychopathic. Turning to psychopathy-related criterion effects, Murrie and colleagues reported that the presence of PCL-R-based features did not “sway participants toward recommending more punitive sanctions” (p. 330). Furthermore, they continued, “despite concern that legal decision makers would be unwilling to make use of therapeutic interventions for youth described as having psychopathic features, participants were significantly more likely to recommend psychological services for such individuals” (p. 334). Also of note, youth described as manifesting PCL-R-based attributes were not rated as significantly less likely to benefit from mental health services, though they were considered slightly more likely to engage in future criminal acts and slightly more likely to become criminal as an adult.

Overall, Murrie and colleagues (2005) concluded that the psychopathy diagnostic label did not appear to “adversely impact the judgements of lay individuals” (p. 336). Specifically, they stated, the obtained results gave no indication that juvenile court probation officers would “pursue more severe sanctions on the basis of a psychopathy diagnosis” (p. 336). Moreover, diagnostic label, in general, appeared to have “the positive effect of increasing recommendations for psychological intervention” (p. 337). Murrie and colleagues further concluded that “the present findings offered much more support for diagnostic *criterion* effects than for diagnostic *labeling* effects,” as the “characteristics underlying the disorder appeared to be far more influential to participant ratings than did the diagnostic label itself” (p. 337). According to Murrie and colleagues:

Researchers should be cautious in making broad assumptions about the ways in which all consumers of psychological reports will interpret diagnostic language...current results suggest it is not the label but the underlying characteristics, even in the absence of the label, which tended to influence the consumers of psychological reports. Indeed, it may be that diagnostic labels have more impact on diagnosticians than on lay consumers. (p. 337)

Of particular relevance to the present program of research, Murrie and colleagues also concluded that while several studies, including their own, have attempted to examine the ways in which laypersons *respond* to the psychopathy label, “few, if any, have tried to explore how non-professionals actually *conceptualize* the syndrome [emphasis added]” (p. 338). Indeed, Murrie and colleagues acknowledged explicitly that very little is known about the ways in which non-mental health professionals construct, understand, and assign meaning to the psychopathy label.

1.3.1.9 DeMatteo and Edens (2006). DeMatteo and Edens (2006) employed a case law survey design to examine the ways in which PCL-R-defined psychopathy was “understood and utilized within the U.S. legal system” (p. 231). Specifically, the authors relied on the Lexis-Nexis legal database to identify “published U.S. court cases from 1991 through 2004 in which the PCL-R had been formally introduced into evidence” (p. 231). The sampling frame consisted of written decisions from nearly all U.S. State, District, and Federal courts, as well as appellate decisions produced by the U.S. Circuit Courts of Appeal and the U.S. Supreme Court. The objectives of this research were to examine how often, and in what ways, the PCL-

R was being introduced into evidence, the types of cases in which it was being used, and “whether claims made in court regarding psychopathy were empirically defensible and/or germane to the case at hand” (p. 214). DeMatteo and Edens also conducted an in-depth review of three individual cases that had relied “heavily” on PCL-R-based testimony – of note, these three cases were selected specifically because they were seen to represent “misuses of the PCL-R” (i.e., situations in which the inferences based thereupon “seemed questionable and/or raised concern about the relevance of the instrument to the legal question at issue”) (p. 217).

Most broadly, DeMatteo and Edens (2006) predicted that their data would ‘reveal’ a steady increase in the regularity with which the PCL-R was being introduced into evidence across the timeframe selected. They further predicted that PCL-R-based evidence would be used to address an increasingly broad array of pre-trial, trial, and dispositional matters in both criminal and civil cases. DeMatteo and Edens also predicted that the prejudicial impact of psychopathy-based evidence was likely to exceed its probative value in the majority of legal proceedings (p. 215). Specifically, that is, the authors suggested that a psychopathy designation had “enormous potential to negatively impact layperson perceptions of a given defendant” (p. 215); among legal personnel/decision-makers, they proposed, the label may produce profoundly stigmatizing/biasing effects that “far outweigh its probative value and its empirical basis” (p. 223).

Based on their results, DeMatteo and Edens (2006) reported that the psychopathy construct, as defined by the PCL-R, was being used by expert witnesses with increasing frequency across virtually all U.S. jurisdictions, primarily in the context of Sexually Violent Predator (SVP) proceedings and/or for the purposes of assessing risk for future violence. The authors indicated that PCL-R evidence was introduced most commonly by prosecution witnesses, primarily as a means of bolstering legal arguments that a given defendant represented a significant danger to others and “should consequently be removed from society” (p. 218). DeMatteo and Edens stated that a psychopathy designation was frequently used as support for extreme forms of legal remedy, including indeterminate civil commitment and capital sentencing. Within individual legal proceedings, they suggested further, psychopathy-based evidence had a strong tendency to “outweigh other mental health testimony that was relatively more favourable to a defendant” (p. 232). The authors concluded that legal

personnel conceptualized psychopathy as a potent marker of extreme dangerousness and “near-certain risk to society” (p. 232). DeMatteo and Edens also concluded that legal arguments made on the basis of PCL-R evidence were not always “empirically defensible” (p. 223). Summarizing their overall results, DeMatteo and Edens stated that “the introduction of psychopathy testimony all-but-invariably leads to negative consequences for a defendant” and “the potentially prejudicial effects of this designation would seem to be very profound” (p. 232).

1.3.1.10 Guy and Edens (2006). Guy and Edens (2006) attempted to “replicate and extend their earlier findings (Guy & Edens, 2003) with respect to gender differences in the impact of expert testimony regarding psychopathy” (p. 65). Five hundred ninety-nine Texas undergraduates were presented with a fictitious case vignette describing a male offender who was eligible for civil commitment under the state’s Sexually Violent Predator (SVP) statute. Vignette material indicated that the offender had been convicted previously on two counts of sexual assault, each count involving a separate victim. As in their previous study, the authors presented additional case information across two sequential phases: the prosecution/“high-risk” phase and the defence/“low risk” phase (p. 71). During the prosecution phase, participants reviewed a one-page synopsis of expert psychological testimony describing the offender’s level of risk for future sexual violence as “high;” during the defence phase, participants reviewed a one-page synopsis of rebuttal expert psychological testimony describing the offender’s level of risk for future sexual violence as “low” (p. 71). Participants were assigned randomly to one of three risk assessment conditions – one in which both estimations of risk were based on clinical opinion, one in which they were based on actuarial assessment, and one in which they were based on the assessment of psychopathy using the PCL-R. Of note, the psychopathy risk assessment condition, as in their previous study, included a trait-based description of the “psychopathic personality disorder” (i.e., superficial charm, grandiosity, pathological lying, manipulateness, lack of remorse and guilt, shallow emotion, callousness/lack of empathy, and failure to accept responsibility for past behaviour) that was derived explicitly from Factor 1 of the PCL-R (p. 85). As the authors wished to investigate whether the gendered effects detected previously for adult victims would be evident for child victims, participants were also divided randomly across two additional conditions: one in which the complainants were described as girls (aged 10 and 8 years) and

one in which they were described as adult women (aged 20 and 27). As a further extension to their previous study, Guy and Edens asked participants to rate the extent to which they believed the offender would exhibit traits, behaviours, and/or symptoms similar to each item comprising Factor 1 the PCL-R – these ratings were made on a scale ranging from 0 (“not at all”) to 2 (“very much”). Cumulative ratings were said to reflect the extent to which a given participant viewed the defendant as “psychopathic” (p. 85).

With respect to dependant measures, participants completed a case evaluation questionnaire identical to that employed by Guy and Edens (2003). Again, participants were asked to indicate (yes/no) whether they believed that the offender should be committed, to rate the perceived likelihood (0-100%) that the offender, if not committed, would engage in future violence (both sexual and non-sexual), and to rate the perceived likelihood (0-100%) that the offender, if committed, would benefit from treatment.

In line with their previous study, the authors predicted that women exposed to psychopathy testimony would be significantly more inclined to support civil commitment than would men exposed to such testimony (both when victims were children and when they were adults). It was further predicted that women exposed to psychopathy testimony would rate the offender as more likely to engage in future acts of sexual violence, relative to men exposed to such testimony, under both victim conditions. The authors also predicted that among female mock jurors, those exposed to psychopathy testimony would be more supportive of civil commitment than would those exposed to other forms of risk assessment testimony, once again, regardless of victim condition. Citing additional research (e.g., Edens, Colwell, Deforges, & Fernandez, 2005; Edens, Guy, & Fernandez, 2003), the authors also predicted that participants who rated the offender highly on PCL-R Factor 1 traits would also rate him as more worthy of civil commitment and as more likely to engage in future acts of violence.

Guy and Edens (2006) were able to replicate several of their previous findings, albeit only under the adult victim condition. Specifically, the authors reported that when dealing with adult victims, men exposed to psychopathy-based risk assessment testimony were significantly less supportive of civil commitment than were women exposed to such testimony. No such between-gender differences were noted under either the clinical opinion or actuarial assessment condition. Inconsistent with their previous findings, however, the authors reported that women assigned to the psychopathy condition did not rate the offender as

more likely to engage in future acts of sexual violence, as compared to men assigned to this condition. Also inconsistent with their previous findings, the authors reported that, among women, those assigned to the psychopathy condition were not significantly more likely to support civil commitment than were those assigned to the remaining conditions (combined) – a similar result was obtained among men, “albeit with a clear trend [as in their previous study] for the psychopathy condition to be least associated with support for civil commitment” (Guy & Edens, 2003, p. 79). Also of note, the authors again reported no between-gender or within-gender differences regarding perceived treatment amenability across the various risk assessment conditions. With respect to PCL-R-based traits, Guy and Edens (2006) reported that cumulative “ratings of Factor 1 psychopathic attributes, as expected, demonstrated a statistically significant association with support for commitment” (p. 77). Specifically, that is, participants who rated the offender highly with regard to Factor 1 traits also rated him as more worthy of civil commitment (regardless of the type of the risk assessment testimony to which they were exposed). Guy and Edens made no mention as to whether such trait-based ratings were also associated with perceived risk for future violence.

Overall, Guy and Edens (2006) concluded that women mock jurors appeared “to respond more negatively to the psychopathy label than did men” (p. 80), at least in certain respects and only when dealing with adult victims. Just as in their previous study, however, Guy and Eden’s psychopathy condition included several trait-level descriptors derived explicitly from the PCL-R – as such, there remains some question as to whether the observed effects were attributable to the psychopathy label itself, the accompanying trait-level description, or some combination thereof.

1.3.1.11 Hughes and Buckle (2008). A short report by Hughes and Buckle (2008) described the results of a study in which lay reactions to the “conceptually-related terms psychopathy and antisocial personality disorder” were compared (p. 176). One hundred forty-eight Canadian undergraduates were presented with a brief written scenario describing a fictitious male defendant accused of an unnamed offence. According to the authors, the defendant was depicted as exhibiting “characteristics similar to psychopathy and antisocial personality disorder” (the precise nature of this depiction, however, was not provided) (p. 176). Participants were assigned randomly to one of three diagnostic conditions: one in which a court-appointed psychologist concluded that the defendant was a “psychopath,” one in which

the psychologist concluded that the defendant had “antisocial personality disorder,” and one in which the psychologist concluded that the defendant had “no mental disorder” (p. 176). After reviewing the scenario, participants were asked to provide Likert-type ratings with regard to “recidivism, prognosis, dangerousness (defined as a personal feeling of safety), and threat to society (defined as a view of public safety)” (p. 176). Participants were also asked to indicate what they considered to be an appropriate length of sentence for the defendant.

Citing extensive research on the stigma associated with mental disorder, in general, Hughes and Buckle (2008) predicted that participants assigned to the no disorder condition would exhibit the “least negative perceptions of the defendant” (p. 176). With respect to the remaining two conditions, the authors hypothesized that “the term psychopath would elicit the most negative perceptions” (p. 176). In essence, Hughes and Buckle predicted that there would be a general effect of mental disorder, as well as a specific effect of psychopathy.

In brief, Hughes and Buckle (2008) reported a significant, albeit very small, effect of diagnostic condition on participant ratings of perceived dangerousness. That is, participants assigned to the psychopathy condition rated the defendant as higher on perceived dangerousness than did those assigned to the no disorder condition; no additional differences between the various diagnostic conditions were reported in this particular respect. On each of the remaining defendant measures, Hughes and Buckle continued, diagnostic condition had no discernable impact – the authors did acknowledge, however, a non-significant “trend” in that participants assigned to the psychopathy condition “tended to endorse the greatest length of sentence, followed by those in the antisocial personality disorder condition, followed by those in the no disorder condition”) (p. 176).

Based on their results, Hughes and Buckle (2008) concluded that their original predictions were only partially supported by the results obtained. With respect to expectations of dangerousness, specifically, the authors argued that “the psychopathy label alone appeared to alter people’s perceptions of a criminal defendant” (p. 176). “The term psychopath,” they continued, “elicited more negative perceptions [i.e., higher ratings of dangerousness] than the no disorder condition while the antisocial personality disorder diagnosis did not, despite identical trait-based description across all three conditions” (p. 176). Of note, the effect size in this regard was extremely small and no other significant differences were reported. I would emphasize further that the brevity of their report makes it somewhat difficult to fully evaluate

the quality/integrity of the authors' work (requests for additional description/clarification remain unanswered).

1.3.1.12 Stevens and Forth (2008). A short report by Stevens and Forth (2008) described the results of a study in which “the portrayal of psychopathy in the media was examined through a content analysis of three major newspapers and the Internet” (p. 182). Of note, while previous scholars have stated routinely that mass media representation of the psychopath is “erroneous,” “sensationalized,” and even “inflammatory” (e.g., Arrigo & Shipley, 2001; Furnham, Daoud, & Swami, 2009, p. 466; Helfgott, 1997; Hesse, 2009; etc.), Stevens and Forth were among the first (second only to myself, it would appear) to explore such representation in a systematic fashion. Specifically, these authors sought to examine “how psychopathy is depicted across various media sources,” “how the portrayal of psychopathy has changed over time in newspapers,” and “how well media depiction of psychopathy matches what is empirically known about the personality disorder” (p. 182). Reflecting a strong brand of media determinism, Stevens and Forth suggested that “media portrayals of the psychopath directly shape popular opinion [thereof]” and “strongly inform the way that lay persons will react to [so-labeled individuals]” (p. 182).

In brief, Stevens and Forth (2008) “analyzed” 281 articles drawn from three distinct newspaper sources (i.e., *The New York Times*, *The Globe and Mail* (Toronto), and *The Times* (Los Angeles)) across three distinct timeframes (i.e., 1980-1986, 1990-1996, and 2000-2006) (p. 182). Unfortunately, the authors did not disclose precisely their rationale/methods for locating, selecting, retrieving, and analyzing these data (requests for clarification remain unanswered). Stevens and Forth also “examined the content of 47 internet websites,” reportedly “by entering the search terms ‘psychopath’, ‘sociopath’ and ‘antisocial personality disorder’ into the Google search engine” (p. 182). Stevens and Forth predicted that “media reports about psychopathy would contain content predominantly belonging to violent behaviour and corporate/financial crime,” that “psychopathy would be confused with other syndromes/disorders (e.g., psychotic disorders),” that “psychopaths would be viewed as untreatable,” and that “the frequency of references to psychopathy in newspapers would show an increase over time” (p. 182). Stevens and Forth did not articulate clearly how/why they had arrived at these particular hypotheses.

With respect to their findings, Stevens and Forth (2008) reported that newspaper accounts of psychopathy indeed focused predominately on crime and violence – “the majority of article themes (43%),” they noted, were crime-related; of these, the majority (76%) focused on “homicides or attempted homicides” (p. 182). Despite their original prediction, the authors made no mention of corporate/financial crime. Stevens and Forth also reported that 37% of newspaper articles associated psychopathy with “insanity” and 25% with “psychosis” (p. 182). In contrast, only 2% of “all Internet content” associated psychopathy with “insanity” and only 11% with “psychosis” (p. 182). With respect to treatment, the authors noted that just 7% of newspaper articles made any mention of treating psychopathy; of these, the majority (58%) reported that “psychopaths were not treatable” (p. 182). In contrast, “45% of websites made reference to treating psychopathy, of which 80% reported that psychopaths were untreatable” (p. 182). Consistent with their prediction, Stevens and Forth also reported a “significant increase (315%) in the frequency of newspaper articles that referenced psychopathy over time” (p. 182). Stevens and Forth also noted that very few newspaper accounts of psychopathy involved the citation of “expert scientific sources” (e.g., psychologists, psychiatrists, academics, etc.) (p. 182). In contrast, 57% of “websites referenced at least one expert source,” all of whom were identified as “academics” (p. 182). Of further interest, Stevens and Forth noted a distinction between newspaper and internet accounts regarding the way in which the “prototypical or composite psychopath” was represented (p. 182). Specifically, while both newspaper and internet content positioned criminality as a “defining” feature of the psychopath, internet accounts were far more likely to associate psychopathy with “shallow affect,” “superficial charm,” “deceptiveness,” “manipulativeness,” and other personality-based attributes (p. 182).

In summary, Stevens and Forth (2008) concluded that mass media sources tended to represent the psychopath in a generally “negative” manner. In particular, they emphasized, the psychopath was associated with crime, violence, and intractability to treatment. While the results obtained by Stevens and Forth are certainly interesting, this particular study was marked by significant theoretical, methodological, and analytical weaknesses, to the extent that the reported findings must be viewed with considerable caution.

1.3.1.13 Furnham, Daoud, and Swami (2009). A study conducted by Furnham, Daoud, and Swami (2009) sought to examine “lay recognition of psychopathy and public

beliefs about the behavioural manifestations, aetiology, and treatments” thereof (p. 464); the authors positioned this research as a “preliminary attempt to understand psychopathy from the point of view of the public” (p. 466) and to identify “the informal, common-sense explanations that individuals apply to this particular disorder” (p. 464). Furnham and colleagues stated that “lay understanding of a given mental disorder will determine, at least in part, whether the public holds sympathetic or stigmatizing attitudes toward so-diagnosed individuals;” they also stated that lay understanding of a given mental disorder may affect “whether and how so-labelled individuals seek help...and whether or not they comply with treatment” (p. 464). Despite “increasing research into lay theories of various mental disorders/psychological constructs,” continued Furnham and colleagues, “no published study [had yet] examined lay understanding of psychopathy, specifically” (p. 464). In general, Furnham and colleagues predicted that the public would have a “skewed understanding of psychopathy,” due primarily to “the manner in which the disorder is portrayed in the popular media” (p. 470). Indeed, reflecting a strong brand of media determinism, Furnham and colleagues stated the following:

There appears to be considerable popular misunderstanding surrounding the psychopathic personality, particularly in terms of media portrayals of psychopaths...psychopaths appear to be over-represented in popular culture, almost always in the guise of serial killers or mass murderers...It may also be postulated that popular beliefs often confuse psychopathy and psychotic disorders, such as symptoms of schizophrenia, and that media depictions of psychopathy typically contain as much fiction as fact. Thus, it may be the case that lay theories of psychopathy stem from misinformation or confusion, as well as a lack of real information. (p. 470)

In the first phase of their study, Furnham and colleagues (2009) assessed “lay recognition of psychopathy” using a community sample of 232 British participants (all of whom were recruited opportunistically) (p. 464). Specifically, participants completed a “vignette-identification task” in which they were asked to provide a mental health diagnosis for the individual described within each of three short case studies (using an open-ended response format) (p. 466). According to the authors, one case vignette “accurately” described an individual with psychopathy, one described an individual with depression, and one described an individual with schizophrenia (p. 466). Participant responses were scored as either “correct” or “incorrect” (p. 466). In the second phase of their study, the authors

examined “lay understanding of psychopathy” by presenting participants with 45 attitudinal statements regarding the behavioural manifestations (16 statements), aetiology (18 statements), and treatments (11 statements) of psychopathy (p. 466). Participants were asked to rate the extent to which they agreed with each statement using a Likert-type scale ranging from 1 (“strongly disagree”) to 7 (“strongly agree”) (p. 466). Attitudinal statements were derived primarily from a review of the psychopathy literature, as well as from previous studies examining lay theories of psychiatric disorder. Participants were also asked to provide selected demographic information (e.g., age, level/type of education, personal psychiatric history, etc.).

In brief, Furnham and colleagues (2009) predicted that participants would “accurately identify” cases of depression and schizophrenia more often than they would cases of psychopathy (p. 466). Implicit in this prediction, the authors proposed that lay understanding of psychopathy, relative to lay understanding of depression and schizophrenia, would be less in keeping with the “academic”/“expert” construction thereof (p. 466). Furnham and colleagues also predicted, understandably, that participants with a relevant educational background (i.e., mental health training) would be more likely to “correctly identify” the psychopathy vignette, relative to participants without such background (p. 466). According to Furnham and colleagues, the attitudinal component of this research was primarily “exploratory” in nature – in essence, they sought simply to “examine whether lay theories concerning the behavioural manifestations, aetiology, and treatments of psychopathy could be reduced [mathematically] to form interpretable factors” (p. 466).

As predicted, chi-squared analysis of the vignette-identification data suggested that participants were significantly less likely to “correctly recognize” a case of psychopathy than they were a case of either depression or schizophrenia (Furnham, Daoud, & Swami, 2009, p. 464). According to the authors, “only 39.1% of participants correctly identified the psychopathy vignette...in contrast, the vignette describing a case of depression was correctly identified by 97.2% of participants and the vignette describing a case of schizophrenia was correctly identified by 61.0% of participants” (p. 467). Based on these results, Furnham and colleagues concluded that “the general public have a rather poor/skewed comprehension of psychopathy” (p. 467) – adopting a social constructionist perspective, however, I would interpret these results somewhat differently, asserting instead that those sampled appeared to

construct psychopathy in a manner that differed from the received academic/professional representation thereof (i.e., I would reject the underlying expectations of correctness/incorrectness implied by Furnham and colleagues). Furnham and colleagues also reported, as expected, that previous mental health education was positively “correlated with mean number of correct responses” – as a result, they speculated that public education programs might offer a potential avenue for “improving lay misunderstanding of psychopathy and other mental disorders” (p. 467).

Attitudinal data were examined using principal components analysis (PCA), “the aim of which was to reveal the internal structure of the data in a manner that best explains the variance there within” (Furnham, Daoud, & Swami, 2009, p. 467). Separate PCA studies were conducted for the behavioural manifestation, aetiology, and treatment items; Tables 1.3, 1.4, and 1.5 present the PCA findings for each respective set of items. Furnham and colleagues reported that most behavioural manifestation items loaded onto one of three factors, one referring to “intelligence and social skills,” one to “demographics,” and one to “criminality and aggression” (p. 464). The authors asserted that participants tended to regard the psychopath as high achieving, intelligent, and socially skilled, as being of “low socio-economic status,” and as having “strong criminal and aggressive tendencies” (p. 468). Most aetiology items, they continued, also loaded onto one of three factors, one referring to “early stress and trauma,” one to “genetic, blood, and vicarious explanations,” and one to “brain abnormalities and chemical imbalances” (p. 468). In general, participants tended “to believe most strongly that psychopathy was caused by variables related to early stress and trauma” (p. 468). Treatment items loaded onto one of two factors, one reflecting the broad belief that psychopathy was “treatable” and one reflecting the belief that it was “non-treatable” (p. 469). Counter to their initial prediction, the authors reported that participants tended “to believe most strongly that psychopathy was a treatable rather than untreatable condition” (p. 469). The authors noted further that participants did not seem to “differentiate between psychosocial and biological forms of treatment, essentially viewing any kind of intervention as similar” (p. 470).

Also of note, Furnham and colleagues (2009) emphasized that “participants’ attitudes about the behavioural manifestations, aetiology, and treatments of psychopathy were all significantly correlated, suggesting the existence of a single, underlying belief structure as the

Table 1.3

Principle Components Analysis Reported by Furnham, Daoud, and Swami (2009): Behavioural Manifestation Statements

Factor 1: Intelligence and social skills (24.6% of variance)

“Psychopaths can be very high achievers” (factor loading: 0.94)

“Psychopaths are often highly intelligent” (factor loading: 0.77)

“Psychopaths are very socially skilled and competent” (factor loading: 0.62)

Factor 2: Demographics (9.8% of variance)

“Psychopaths are likely to have a low socio-economic status” (factor loading: 0.84)

“People with psychopathy are more likely to be men than women” (factor loading: 0.57)

“Psychopaths cannot really live ‘normal’ lives” (factor loading: 0.57)

Factor 3: Criminality and aggression (7.9% of variance)

“Psychopaths normally commit many crimes” (factor loading: 0.84)

“Psychopaths cannot have ‘normal,’ healthy personal relationships” (factor loading: 0.78)

“Psychopaths are usually violent and aggressive” (factor loading: 0.63)

“Criminal behaviour in psychopaths cannot be controlled” (factor loading: 0.54)

Note. The following 6 behavioural manifestation statements failed to load on any factor: “Psychopathy is a display of extreme attention-seeking behaviour,” “Psychopaths tend to have multiple personalities,” “Psychopaths cannot really adequately control their emotions and actions,” “Psychopaths are emotionally impaired,” “Psychopaths are more likely to suffer from other mental illnesses,” “Psychopaths are often more dangerous to others than to themselves.” From “How to Spot a Psychopath: Lay Theories of psychopathy,” by A. Furnham, Y. Daoud, and V. Swami, 2009, *Social Psychiatry and Psychiatric Epidemiology*, 44, p. 468. Copyright 2009 by Springer-Verlag. Adapted with permission.

Table 1.4

Principle Components Analysis Reported by Furnham, Daoud, and Swami (2009): Aetiology Statements

Factor 1: Early trauma and stress (35.1% of variance)

- “Psychopathy is caused by physical/mental abuse as a child” (factor loading: 0.89)
- “Psychopathy is likely to be caused by childhood emotional trauma” (factor loading: 0.86)
- “Psychopathy is caused by neglect and abuse from others” (factor loading: 0.85)
- “Psychopathy is caused by repressed emotions in the subconscious” (factor loading: 0.55)
- “Psychopathy is due to extreme stress experienced by the individual” (factor loading: 0.48)
- “Psychopathy is caused by parents raising their children incorrectly” (factor loading: 0.40)

Factor 2: Genetic, blood, vicarious explanations (10.1% of variance)

- “Relatives of psychopaths are likely to have other mental disorders” (factor loading: 0.77)
- “Psychopaths act the way they do because they want to be different” (factor loading: 0.67)
- “Psychopathy can be caused by genetic abnormalities” (factor loading: 0.66)
- “Psychopathy can be caused by being raised by others with the disorder” (factor loading: 0.54)
- “Psychopathy can be caused by inheriting certain genes” (factor loading: 0.53)

Factor 3: Brain abnormalities and chemical imbalances (7.8% of variance)

- “Psychopathy is mainly due to brain damage” (factor loading: 0.76)
 - “Psychopathy has a purely biological basis” (factor loading: 0.76)
 - “Psychopathy is mainly due to some specific brain dysfunction” (factor loading: 0.70)
 - “Psychopathy can be brought on by taking drugs” (factor loading: 0.63)
 - “Psychopaths have often experienced complications during their birth” (factor loading: 0.47)
-

Note. The following 2 aetiology statements failed to load on any factor: “Psychopathy is little more than a dramatic or flamboyant personality,” “Psychopathy has no physical basis and is purely psychological.” From “How to Spot a Psychopath: Lay Theories of psychopathy,” by A. Furnham, Y. Daoud, and V. Swami, 2009, *Social Psychiatry and Psychiatric Epidemiology*, 44, p. 468. Copyright 2009 by Springer-Verlag. Adapted with permission.

Table 1.5

Principle Components Analysis Reported by Furnham, Daoud, and Swami (2009): Treatments Statements

Factor 1: Treatable (24.6% of variance)

“Community treatment programmes are useful in helping psychopaths” (factor loading: 0.72)

“Psychopath’s behaviour can really be improved by counselling” (factor loading: 0.70)

“Providing a warm/loving environment can usually cure psychopathy” (factor loading: 0.68)

“Psychopathy can be successfully treated by Freudian psychoanalysis” (factor loading: 0.67)

“Psychological treatments can treat psychopathy” (factor loading: 0.67)

“Reducing stress levels will improve psychopathic behaviour” (factor loading: 0.65)

“Psychopathy can be treated with medication (drug treatment)” (factor loading: 0.57)

“Seeing a clinical psychologist is important for treatment” (factor loading: 0.50)

“A belief in God can help someone overcome psychopathy” (factor loading: 0.48)

“Psychopaths can only really be cured by lobotomy (brain surgery)” (factor loading: 0.46)

Factor 2: Non-treatable (15.5% of variance)

“Psychopaths can not really be treated successfully” (factor loading: 0.46)

Note. From “How to Spot a Psychopath: Lay Theories of psychopathy,” by A. Furnham, Y. Daoud, and V. Swami, 2009, *Social Psychiatry and Psychiatric Epidemiology*, 44, p. 469. Copyright 2009 by Springer-Verlag. Adapted with permission.

basis for their attitudinal dispositions” (p. 470). Indeed, contrary to Helfgott (1997), Furnham and colleagues (2009) proposed that the general public may have a “monological” core understanding/construction of psychopathy upon which their attitudes, opinions, and potentially their behaviours are formulated (p. 470). While the authors positioned their results as reflecting a monological belief system, they also acknowledged the possibility that their findings could represent an “artefact of [their] quantitative [deductive] design” (p. 470). Specifically, Furnham and colleagues recognized that “by supplying predetermined attitudinal statements [they] necessarily limited the responses that could be proffered by participants,” thereby inflating the appearance of uniformity (p. 470). “Quantitative study,” they continued, “may not be the most appropriate way to understand lay beliefs about a relatively poorly understood phenomenon...in future, explicitly qualitative [inductive] analyses may prove more satisfactory in uncovering lay beliefs about psychopathy” (p. 470).

1.3.1.14 Summary/critique. Based on the preceding review, I would emphasize briefly the following key points. Firstly, only a small body of empirical research has actually examined public constructions of psychopathy, even despite significant professional concern in this regard. Moreover, much of this research lacks the “independent replication and verification” aspired to within traditional psychology (Burr, 2003, p. 5). Secondly, of the relevant empirical studies, most, I would assert, address this issue ‘indirectly’ – that is, they attempt to examine responses/reactions to the psychopathy construct (most typically among mock jurors), which are presumed, in turn, to “reveal the underlying ‘prototypes,’ stereotypes, and categorical representations that ‘prime’ or ‘drive’ such reactions” (Edens, Colwell, Desforges, & Fernandez, 2005; Edens, Desforges, Fernandez, & Palac, 2004; Edens, Guy, & Fernandez, 2003; Guy & Edens, 2003, 2006, p. 82; Hughes & Buckle, 2008; Murrie, Cornell, & McCoy, 2005; Palac, Fernandez, Edens, & Deforges, 2002). Indeed, only research undertakings by Helfgott (1997), Rhodes (e.g., 2002), and Furnham and colleagues (2009), I would argue, attempt to explore ‘directly’ (more or less) the potential meanings, expectations, and social actions that laypersons may assign to the psychopathy construct. Thirdly, many of the available/accessible research studies are marked by significant theoretical, design, and interpretive limitations, such that their reported conclusions must be viewed with at least some degree of caution. As a prominent example, all but one of the above mock juror studies (i.e., Murrie, Cornell, & McCoy, 2005) confound the “labeling effects” of psychopathy with PCL-

R-based “criterion effects” (p. 326). Fourthly, the preceding body of literature, in general, is defined by grossly inconsistent, at times even contradictory, findings – many of which do not support the widely held presumption that lay individuals construct psychopathy in a decidedly negative fashion. Indeed, while some authors report that psychopathy is associated with expectations of relatively enhanced dangerousness (e.g., Edens, Colwell, Deforges, & Fernandez, 2005), others report that this is not the case (e.g., Guy & Edens, 2003); while certain authors state that psychopathy is constructed as “untreatable” (e.g., Rhodes, 2002, p. 447), others have failed to support this assertion (e.g., Furnham, Daoud, & Swami, 2009); some have found a psychopathy designation to be “uniquely” stigmatizing (e.g., Hughes & Buckle, 2008, p. 176), others have not (e.g., Murrie, Cornell, & McCoy, 2005); some suggest that psychopathy-related expert witness testimony may be so potent as to negate the possibility of successful rebuttal (e.g., DeMatteo & Edens, 2006), while others have failed to support this position (e.g., Edens, Colwell, Deforges, & Fernandez, 2005); and so on. Of interest, what appears to be the most reasonably consistent finding, I would note, is that the ascription of PCL-R-based traits, specifically, tends to be associated with relatively more negative reactions on the part of mock venirepersons (e.g., Edens, Colwell, Deforges, & Fernandez, 2005; Edens, Guy, & Fernandez, 2003; Guy & Edens, 2006; Murrie, Cornell, & McCoy, 2005).

In general, I would conclude that the available/accessible body of empirical literature provides no clear/definitive picture as to how psychopathy may (or may not) be constructed beyond the sphere of forensic psychology. This general conclusion, of course, is incommensurate with the strong opinion and decisive anecdote that abound in this regard. I would emphasize further that well-designed research in this respect is strongly needed, given that psychopathy-related diagnostic information is consumed routinely by those from outside of the profession. Similar to Furnham, Daoud, and Swami (2009), I would also assert that inductive/exploratory research, in particular, may be especially useful in examining this issue. Following from these points, I situate the current program of inquiry, which I next describe in greater detail, as being critically important.

1.3.2 Study 1: Exploring Canadian English-language Mass Newspaper Representations of Psychopathy/the Psychopath through Ethnographic Media Analysis

Having provided sufficient general background to this overall program of inquiry, I now focus my attention specifically on Study 1. I offer below a basic introduction to the purpose

and underlying rationale of this study. I also provide a general introduction to ethnographic media analysis (EMA; Altheide, 1987, 1996), the specific method employed within this study. The following discussion is intended to provide a brief theoretical/conceptual primer to Study 1; Chapter 3 of this document offers a more detailed account of this particular study and its key findings.

1.3.2.1 Purpose and Rationale. The basic purpose of this study was to begin exploring the general public discourse around ‘psychopathy’ as it is reflected within mass newspaper representations thereof. More specifically, I sought to examine how the membership of contemporary English-Canadian society, broadly inclusive, may understand, conceptualize, and construct psychopathy by examining Canadian (English-language) mass newspaper accounts of the disorder and of so-labeled individuals. I focused herein on news reporting – given the nature of the sample generated, however, I would emphasize further that this study reflects a particular emphasis on crime-news reporting, even more specifically. While this study was primarily inductive in nature, I sought explicitly to examine whether (or not) themes of dangerousness and therapeutic pessimism were reflected within mass newspaper accounts of psychopathy. I also approached this study with an eye to comparing and contrasting mass newspaper representations of psychopathy with forensic psychological representations thereof.

As should be apparent, the central assumption of this study was that mass newspaper representations provide a useful window onto the public construction of reality. In this regard, I view mass newspaper organizations as belonging to the “cultural industries” (i.e., those commercial institutions within any given society that create and distribute its key cultural products) (e.g., Adorno, 2001; Caves, 2000; Hesmondhalgh, 2002; Murdock & Golding, 2005, p. 60; Steinert, 2003). These cultural products, and mass newspapers specifically, contain important symbolic content that plays a “pivotal” role in organizing, visualizing, reflecting, and reinforcing the ideological make-up of a particular socio-cultural group (Murdock & Golding, 2005, p. 61), including its collective values, mores, rules, norms, beliefs, expectations, shared meanings, and so on. In this respect, mass newspaper representations allow social actors to ‘experience’ the ideological vocabulary through which they interpret, “make sense of,” and otherwise respond to their social world (p. 80). Of further note, mass newspaper representations “play a prominent role in the construction of identity,” both public and private (p. 80). That is, mass newspaper representations serve the public function of

clarifying normative social roles and of highlighting the attributes, characteristics, and features that are seen as common, typical, defining, or essential to a particular social group (e.g., women, men, offenders, etc.) – as articulated by Murdock and Golding, mass newspaper representations of a given social group “show what that group is like (or supposed to be like) to others” (p. 80). For the individual social actor, I would continue further, mass newspaper representations provide important symbolic reference points around which to conceptualize/organize his or her own lived experiences and to formulate/revise his or her various social identities (see also, for example, Vint, 2002). Accordingly, studying mass newspaper representations of psychopathy/psychopaths stands to provide powerful insights into how members of the ‘general public’ construct and conceptualize the disorder and the so-disordered. Such research may also begin to clarify the important conceptual points of reference around which so-labeled individuals attempt to organize and negotiate their relevant experiences and to construct their various identities.

Of further note in this respect, the symbolic content offered within mass newspapers (and within cultural products more generally) can also be connected to social action and to public forms of behavioural expression – though not in a strongly deterministic fashion (e.g., Murdock & Golding, 2005). The manner in which a given topic, issue, problem, event, or individual is represented will necessarily suggest, invite, prioritize, and/or reinforce certain social actions in response thereto, while simultaneously restricting others. In this respect, mass newspaper representations, in general, can be said to shape/constrain the “range and diversity of public cultural expression” – depending on the particular matter represented, the overall field of potential social action/expression may be either wide/“open” or narrow/“closed” (pp. 61-62). More specifically, mass newspaper representations of psychopathy/psychopaths serve to communicate, reflect, and reinforce the array of social actions that would be appropriate (and inappropriate) thereto. These representations, once again however, do not coerce, determine, or dictate rigidly the actions of those who encounter them.

1.3.2.2 Ethnographic Media Analysis. In conducting this study, I relied specifically on D. L. Altheide’s (1987, 1996) method of ethnographic media analysis (EMA). In brief, EMA is a conceptually-informed, reflexive, and iterative process for “locating, identifying, retrieving, and analyzing mass news documents for their relevance, significance, and

meaning” (p. 2). As described by Altheide (1996), EMA reflects a social constructionist view of the mass media, was developed specifically for the study of print and television mass news content, and is geared toward the analysis of multiple (rather than single) news documents. EMA focuses primarily on how certain events, situations, objects, and/or individuals are represented through the complex process of news production and how such representations “may help to define and clarify meaning for audience members” (p. 12). Unlike other media analytic methods, EMA does not examine explicitly the responses, interpretations, reactions, and/or behaviours of audience members as they interact with specific mass news documents.

According to Altheide (1996), EMA rests on the central tenet that mass news documents are “organizational products,” reflexive of the immediate context, conditions, and social processes under which they are created and distributed (p. 9). Indeed, mass news documents, and their symbolic content, are “put together” through the complex interplay of rituals, practices, principles, values, priorities, routines, interactions, and negotiations that operates between “news workers” – this complex interplay is variously embossed upon the news documents that are produced (p. 9; see also, for example, Curran & Gurevitch, 2005; Machin & Niblock, 2006; Schudson, 2011). In this respect, Altheide (1996) has asserted the following:

Building a general awareness of [news production] greatly informs the work that must be completed before a newspaper or TV newscast can ever be studied by a researcher.

Ideally, any researcher investigating news documents would be familiar with the context and process [of their creation] so as to adequately consider the relevant aspects [thereof], including the ability to rule out erroneous or less sophisticated interpretations of news content. As we understand the processes used in the production of news...we are able to clarify why the news is what it is and [to understand] that news content may be as much influenced by the organization of its production as it is by the events that it claims to be about. (pp. 9-10)

In this regard, an important aspect of EMA involves the researcher developing a basic familiarity with the context and process of mass news production, “primarily by immersing oneself in available ethnographic studies of mass news organizations” (p. 9). Although seldom accessible to most researchers, Altheide further indicates that first-hand observation of mass news production, even if only to a limited extent, may also be beneficial to those who

wish to employ the EMA method. Of note, both immersion in relevant ethnographic studies and limited first-hand observation of mass newspaper production have informed this particular study.

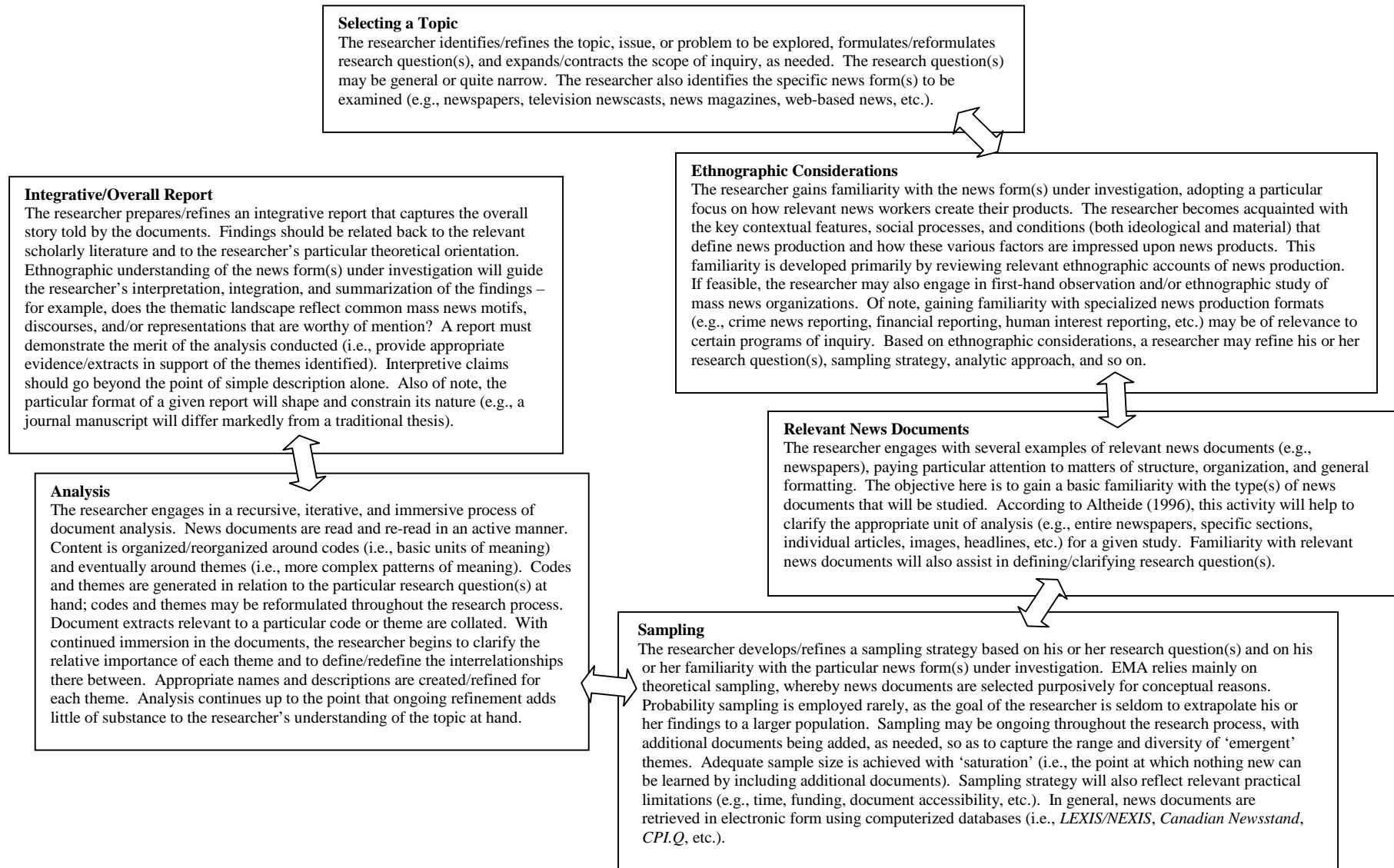
Altheide (1996) describes the process of EMA as involving “recursive, reflexive, and non-linear” movements between several specific research activities (p. 16); Figure 1.2 presents the key activities that comprise the EMA process. In general, a researcher moves forward and backward freely between these different activities, each activity impacting those before and after it. According to Altheide, the aim of EMA is to be “systematic and analytic but not rigid” (p. 16). In theory, he continues, a researcher could begin the process of EMA with any one of its component activities (though certain starting points, I would argue, will seem inherently more logical than others).

For pedagogical purposes, Altheide (1996) has found it useful to juxtapose EMA with more “conventional” approaches to the study of mass news content – approaches that he refers to collectively as “quantitative content analysis” (QCA) (p. 14). In brief, Altheide describes QCA as capturing those methods that reflect post-positivist assumptions about “objectivity” and that “equate ‘true knowledge’ with [enumeration]” (p. 5). Such approaches, he continues, focus on reducing the content of mass news documents to their most basic, finite, and “bulletlike” elements, subsequently measuring the frequency thereof (p. 15). Indeed, with QCA, the significance, importance, and “influence” of mass news content is determined all-but-exclusively by its rate of occurrence – as articulated by Altheide, this reflects, at least in part, the deterministic expectation that “audience members are subject to the bulletlike ‘effects’ of mass media content...more frequently occurring messages are presumed to have a greater degree of impact on audience members” (p. 15). Importantly, by privileging enumeration in this manner, QCA affords little weight, if any, to the considerations of context and social process that are central to EMA.

Of further note in this respect, Altheide (1996) emphasizes that EMA reflects a mode of inquiry that is primarily (though not always exclusively) inductive in nature; QCA, alternatively, is primarily deductive in its orientation. With EMA, the meanings derived from mass news documents are allowed to “emerge” over time and throughout the entire process of inquiry, as the researcher interacts repeatedly and actively with those documents (p. 15).

Figure 1.2

The Recursive, Reflexive, and Non-linear Process of Ethnographic Media Analysis



QCA, by comparison, tends to involve a “top-down” approach to inquiry, whereby mass news documents are coded according to static, “prestructured,” and theoretically-derived categories of meaning (p. 16). In this respect, QCA positions the “coding manual” as the principal tool of research inquiry while EMA positions the researcher – who is constantly interpreting and re-interpreting mass news documents – as such (p. 15). Altheide asserts that EMA focuses mainly on the “exploration” of mass news documents and that QCA focuses primarily on the “verification” of *a priori* assertions and predictions in relation thereto (P. 15).

Altheide (1996) emphasizes further that EMA relies primarily on linguistic data and on “thematic” analysis while QCA, in contrast, relies mainly on numerical data and on statistical forms of analysis (p. 15). Altheide does assert, however, that a limited degree of enumeration and frequency calculation, under certain circumstances, “are by no means antithetical to EMA” (p. 15). Of important note, Altheide’s articulation of thematic analysis, like that of many researchers, tends to be rather vague and limited. Indeed, Altheide describes thematic analysis, quite simply, as a “recursive” process for “identifying general patterns of meaning within a linguistic data set” (p. 30). Given this lack of detail, I have chosen to augment my application of EMA with Braun and Clarke’s (2006) practice-based description of thematic analysis (see Table 1.6). By incorporating Braun and Clarke’s framework, I would argue, Study 1 reflects a particularly systematic and transparent implementation of the EMA method.

An additional distinction between EMA and QCA, Altheide (1996) asserts further, reflects the “level” of content that may be examined by each (p. 15). According to Altheide, QCA is concerned primarily with the manifest content of mass news documents (i.e., that which is stated, denoted, or shown explicitly and thus open to “objective” enumeration) (p. 15). With its focus on linguistic data, alternatively, EMA is concerned with both the manifest and latent content of mass news documents (i.e., that which is communicated implicitly and/or indirectly). Because latent content (e.g., metaphor, connotation, allusion, etc.) represents a critical aspect of mass media communication (e.g., Bignell, 2002), the ability to access such content reflects a key advantage, I would argue, of the EMA method. In effect, EMA allows one to “examine aspects of meaning that are not directly stated, as opposed to strictly counting those that are” (Altheide, 1996, p. 16).

A further distinction between EMA and QCA, as emphasized strongly by Altheide (1996), involves that degree of agency that is ascribed to audience members. With QCA, audience

Table 1.6

Braun and Clarke's (2006) Phases of Thematic Analysis

| Phase | Description of Process |
|---|--|
| 1. <i>Familiarization with the Data</i> | This initial phase of thematic analysis involves concentrated immersion within the data to be analyzed. As described by Braun and Clarke (2006), the analyst will read and re-read the selected text(s) in an “active” manner (i.e., with an eye to generating potential codes, meanings, and patterns) (p. 87). Through this process, the analyst becomes acquainted with the breadth, depth, and key features of the text(s) in question. When conducting thematic analysis within the EMA framework, the analyst relies on his or her familiarity with mass news production to inform this initial familiarization with the data (Altheide, 1996). |
| 2. <i>Generating Initial Codes</i> | Once highly familiar with the text in question, the analyst begins re-reading for the purpose of generating initial “codes” (Braun & Clarke, 2006, p. 88). Codes serve to identify “features of interest” within a particular text – they reflect the “most basic segment, or element, of the raw data that can be assessed in a meaningful way” (Boyatzis, 1998, as cited in Braun & Clarke, 2006, p. 88). Coding can be seen as a way of “organizing” the data into discernable groupings, which might eventually form the bases of repeated patterns (i.e., themes) – codes are thus more narrow/less complex than the themes that will ultimately be developed (p. 89). Coding is to be conducted in a systematic fashion across the entire data set, “giving full and <i>equal</i> attention to each and every data item” (p.89). Braun and Clarke suggest that the analyst should identify as many codes as possible, allowing for the creation of multiple potential themes. All data relevant to a particular code should be “extracted” and collated together – a particular extract can be allocated to more than one code, as required (p. 79). Braun and Clarke emphasize that extracts are to be collated in an “inclusive manner” (i.e., preserving at least some of the surrounding textual data as context) (p. 89). They further note that codes may continue to be developed and refined throughout the entire analytic process. |
| 3. <i>[Creating] Themes</i> | This phase of thematic analysis involves sorting a typically long list of codes into broader candidate themes – it is focused on examining the ways in which individual codes may be combined to form larger patterns of meaning. During this phase, the analyst begins to think about the relationship between various codes, then later about the relationship between various themes, then later still about the relationship between different “levels of theme” (e.g., “main overarching themes” as compared to less-encompassing “sub-themes”) (Braun & Clarke, 2006, pp. 89-90). Indeed, a sense of the relative significance and importance of different themes will begin to be formulated at this stage. At this point, certain initial codes may form main themes in and of themselves, others may be formed into sub-themes under a larger umbrella, and still others may be discarded (or, perhaps, set aside for a different analytic undertaking in the future). At this phase, all data extracts relevant to a particular theme are collated together. Braun and Clarke suggest that preliminary “visual representations” of the data may become useful at this point in the analytic process (p. 90). |
| 4. <i>Reviewing Themes</i> | Essentially, this phase of analysis involves reviewing, refining, and beginning to “inter-relate” the identified candidate themes – by the end of this phase, the analyst should have “a fairly good idea of what the different themes are, how they fit together, and the overall story they tell about the data” (Braun & Clarke, 2006, p. 92). Braun and Clarke assert that this overall process must occur at two different levels. “Level one” involves reviewing each theme with respect to the data that are used to define it – specifically, the collated extracts for each theme are read and re-read with an emphasis towards ‘ensuring’ that they do, in fact, form a coherent pattern and that the constructed theme is ‘grounded’ in the underlying data. This level of review is concerned with “internal homogeneity” (i.e., consideration as to how well the data comprising each theme cohere together in a meaningful way) (p. 91). Braun and Clarke emphasize that all aspects of a given theme must revolve around a relatively contained central idea or concept. “Level two” is said to involve a similar process, only this time each theme is examined with respect to the overall data set and in relation to other candidate |

themes. This level of review is concerned with “external heterogeneity” (i.e., consideration as to whether each candidate theme is distinct from the others) (p. 91). Braun and Clarke assert that each theme should be clearly distinguishable from the next, avoiding the occurrence of excessive overlap there between. This level of review is also concerned with how ‘well’ candidate themes, collectively, capture the entire breadth of meanings that a given analyst has gleaned from the data set. At this stage, the analyst begins to prepare a candidate “thematic map”, one that fits the overall data set and that begins to locate, position, and situate each theme in relation to all others. Braun and Clarke note that the need for “re-coding”, refinement, and/or the creation of new themes are “to be expected” during this stage, “as coding is an ongoing organic process” (p. 91). It may become evident that some candidate themes are not really themes (e.g., the data are too diverse or too sparse to support them), others may need to be collapsed into each other, and still others may need to be further divided. At this stage, the analyst is cautioned against engaging in a practice of endless re-coding – this phase should be suspended once it becomes apparent that continued refinement fails to add anything substantial to the overall analysis.

5. *Defining and Naming Themes*

Having now created a working thematic map, this phase involves refining the details of each theme and of the overall “story” that they tell (Braun & Clarke, 2006, p. 87). During this phase, the analyst generates clear, concise, and informative definitions for each of the themes presented – names that capture the “essence” of each theme are assigned thereto (p. 92). At this stage, it is also important to ensure that each theme is not overly-complex or “made to do too much” (p. 92). Themes are to be considered on their own, as well as in relation to one another. For each theme, and its collated extracts, a reasonably-detailed description/“analytic narrative” is to be prepared (p. 92).

6. *Producing the Draft Report*

Finally, the analyst is to “provide a concise, coherent, logical, non-repetitive, and interesting account of the overall story that the data tell,” both within and across the various themes – this phase is the terminal opportunity for analysis (Braun & Clarke, 2006, p. 92). Any report must attempt to convince the reader as to the merit of the analysis conducted – a report must provide sufficient evidence of the themes that are being identified (i.e., provide appropriate and sufficient extracts to demonstrate a given pattern). Braun and Clarke suggest that selected extracts must be “vivid and compelling,” must effectively “capture the essence” of the points being demonstrated (without unnecessary complexity), and must be embedded within the analytic narrative (p. 94). While the interpretive claims must be grounded in the data, they must also go beyond mere description, ultimately providing some form of argument in relation to the identified research purpose. Emphasizing the importance of moving beyond “surface description,” Braun and Clarke suggest several important questions that should be asked during this phase of analysis, including the following examples: “what does this theme mean?,” “what are the assumptions underpinning it?,” “what are the implications of this theme?,” “what conditions are likely to have given rise to it?,” “why do people talk about this thing in this particular way (as opposed to other ways)?,” and “what is the overall story the different themes reveal about the topic?” (p. 94). Findings should also be related back to the relevant scholarly literature and to the analyst’s theoretical position. Within the EMA framework, for example, findings are often situated in relation to relevant aspects of mass media theory and practice.

Note. Adapted from “Using Thematic Analysis in Psychology,” by V. Braun and V. Clarke, 2006, *Qualitative Research in Psychology*, 3, 77-101. Copyright 2006 by Edward Arnold. Adapted with permission.

members are positioned, whether explicitly or implicitly, as “passive receivers” of mass media content – in this regard, audience members are seen as having little, if any, discretion around the mass media messages to which they are “subjected” (p. 15). EMA, by comparison, positions audience members as “active consumers” of mass media content, exercising a reasonable degree of choice/freedom regarding the mass media products that they approach (or avoid) (p. 15). By extension, Altheide continues, mass media organizations tend to be highly aware of, and responsive to, the potential consumers that they target (see also, for example, Curran & Gurevitch, 2005; Curran & Morley, 2006; Machin & Niblock, 2006; Schudson, 2011). Indeed, he asserts, mass media products (and their symbolic content) can be seen as “commodities,” designed, crafted, and tailored expressly for a given audience (p. 17). By definition, *mass* newspaper organizations target their products toward the largest, widest, and most general audience available – the very survival of such organizations, I would emphasize, is dependant upon their ability to create products that appeal to, and resonate with, the most sizable audience possible. Accordingly then, mass newspaper products can be seen to reflect the tastes, demands, aspirations, values, and so forth of audience members. While proponents of QCA assume tacitly that mass media content exerts a unidirectional impact upon audience members, proponents of EMA see the relationship between mass media content and mass media consumer as far more complex, reciprocal, and “mutually constitutive” (p. 18). Importantly, whether a researcher regards audience members as active or as passive will impact significantly the ways in which he or she thinks about, interprets, and ascribes significance to the mass media content that he or she investigates.

Once again, the preceding discussion was intended to provide a basic primer on the purpose, rationale, and method of Study 1. As noted, Chapter 3 of this document will provide a more detailed account of this particular study and its key findings.

1.3.3 Study 2: Examining How In-treatment Violent Offenders Talk about Psychopathy/the Psychopath within the Context of Small Focus Group Interviews

As I have done with Study 1, I present below a brief conceptual overview of Study 2, including its general purpose, underlying rationale, and method of data generation. A detailed account of this study, its key findings, and the contextual factors that have shaped its design will be provided in Chapter 4.

1.3.3.1 Purpose and Rationale. The broad purpose of this study was to begin examining how in-treatment violent offenders socially construct psychopathy, as gleaned through their conversational talk during focus group interviews. Described briefly, focus group respondents were incarcerated male offenders who were participating in a high-intensity correctional treatment program aimed at reducing their aggressive behaviour and lowering their level of risk for future violence (i.e., the Correctional Service Canada's Aggressive Behaviour Control program). All respondents were residing at, and recruited from, the Regional Psychiatric Centre – Prairies, a high-security treatment facility located in Saskatoon, Saskatchewan. Of note, I provide a detailed description of this carceral environment, and of the Aggressive Behaviour Control program, in Chapter 4. My decision to study these particular offenders, in part, reflects their privileged positioning with respect to the psychopathy construct. Indeed, as seriously violent offenders assigned to a high-intensity treatment program, these men were likely candidates for psychopathy assessment/potential diagnosis. As such, psychopathy seemed to represent a proximal, “high-involvement,” and personally-relevant topic for these men, one on which they would likely have much to say (Puchta & Potter, 2004, p. 23). In one sense, Study 2 can be seen to examine how the most obvious subjects of psychopathy assessment/diagnosis may conceptualize the label. Also of note, despite extensive review of the relevant literature, no prior study examining how offenders construct psychopathy could be located by this author (a previous search by Rhodes, 2001, yielded similar result).

Examining the ways in which selected offenders construct psychopathy, I would argue, can begin to illuminate how these men may (or may not) “experience” this particular diagnostic category (Rhodes, 2001, p. 449). According to Rhodes (2001), the meanings and expectations associated with a diagnostic construct are variously enacted or “constituted” during everyday social interaction, thereby giving “a disorder its experiential reality” (p. 449). According to Furnham, Daoud, and Swami (2009), diagnostic constructs, including psychopathy, communicate how so-labeled persons are “supposed to be,” how they are likely to behave, what is to be expected of them, how others should respond there toward, and so on – these notions, in turn, are “played out” by the social actors who encounter that diagnostic category (p. 470). The experiential reality of a given disorder, they continue, includes “effects on the people who are so-diagnosed (whether that diagnosis is formal or informal), the effects of these people on others, and the institutional and political uses to which the diagnosis is put” (p. 470). In similar vein, the

meanings and expectations associated with psychopathy will likely impact how certain offenders negotiate, formulate, experience, and variously perform their relevant social identities within the carceral environment (Rhodes, 2001).

Of final note in this respect, though Study 2 was primarily inductive in nature, I sought explicitly to examine if/how offenders would speak about psychopathy in relation to issues of treatment and rehabilitation; more precisely, I endeavoured to examine if sampled offenders would associate psychopathy with therapeutic pessimism, as certain authors have presumed to be the case (e.g., Furnham, Daoud, & Swami, 2009; Rhodes, 2001; Salekin, 2002). According to Salekin (2002), for example, “the palpable therapeutic pessimism around psychopathy, in general, may impact the ways in which certain offenders conceptualize their own amenability to treatment and the degree to which they see themselves as capable of change” (p. 82). Such pessimism might also impact the ways in which certain offenders expect to be approached (or avoided) by other social actors within the treatment context, including their attending psychologists, psychiatrists, nurses, social workers, parole officers, security personnel, institutional administrators, legal personnel, quasi-judicial officials, and so on. According to Furnham, Daoud, and Swami (2009), moreover, the “negative treatment connotations linked to psychopathy” are likely to impact the manner in which certain offenders enact their treatment-related experience, including, for example, whether treatment is sought at all, whether treatment is complied with and/or completed, how an offender behaves during treatment, and so forth (p. 471). Because the offenders sampled were actively in-treatment, their views in this respect were deemed to be of particular interest and relevance.

1.3.3.2 Focus group interviewing. In conducting this study, I relied on qualitative focus group interviewing (e.g., Morgan, 2001). As a qualitative research method, asserts Morgan, focus group interviewing can be defined as a technique for generating data “through group interaction around a particular topic that has been pre-selected by the researcher” (p. 142). While focus group interviewing is a flexible method of inquiry, it typically involves the following interrelated features: a trained moderator facilitates a carefully planned group interaction, the primary aim is to examine selected topics from the respondents’ “point of view” and “through their natural vocabulary,” respondents are encouraged to interact with one another (as opposed to engaging in a “back-and-forth” exchange with the moderator), and the style of group interaction is intended to be “conversational” (i.e., to approximate the “kinds of talk that

occur in everyday social settings”) (e.g., Puchta & Potter, 2004, pp. 73-75). Of note, because conversational talk is “intimately bound up in peoples’ lives, their projects, their constructions of the world, their developing identities, and so forth” (p. 69), focus group interviewing offers “a potentially rich means of accessing the individuals who participate” therein (p. 70).

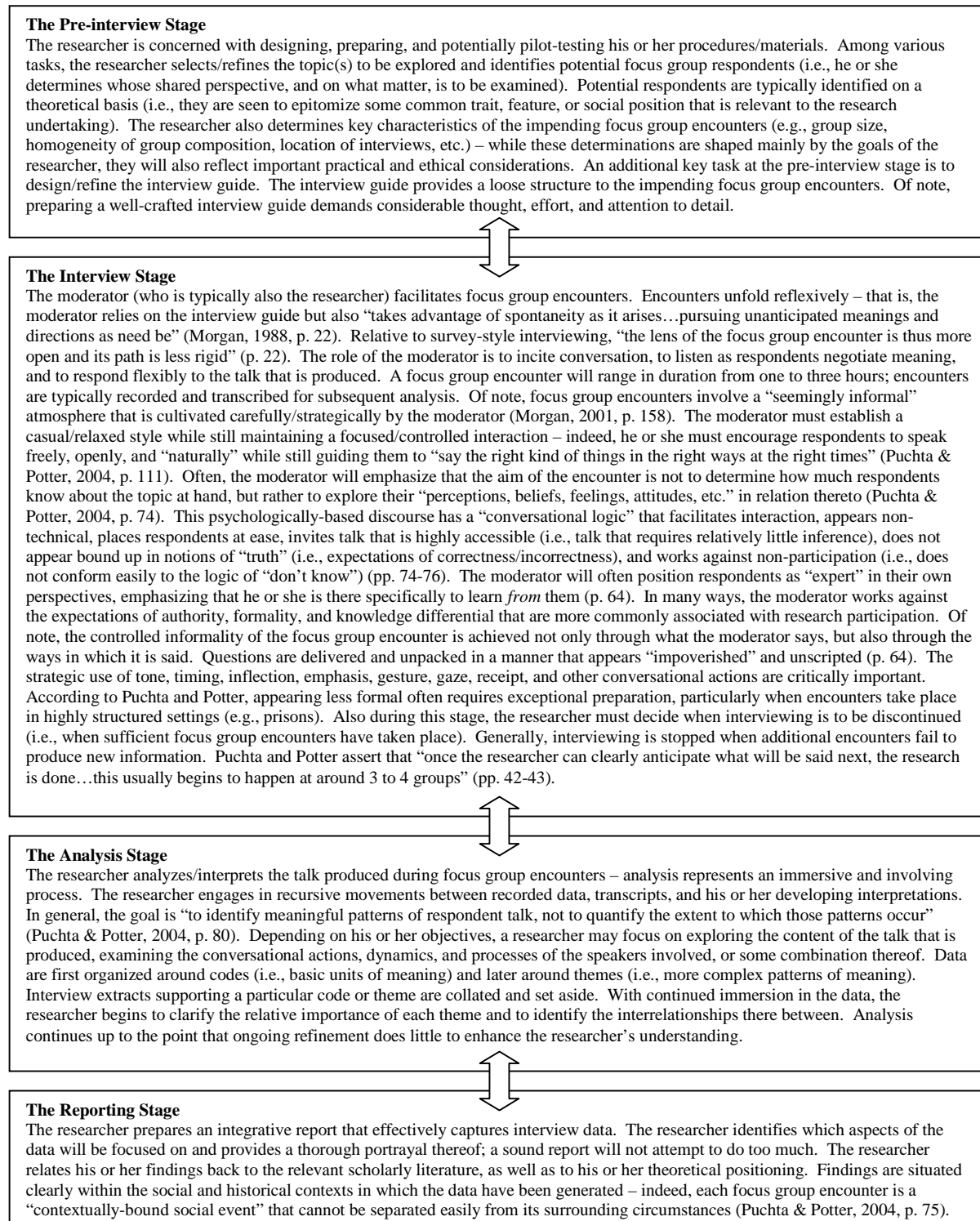
For pedagogical purposes, Morgan (2001) describes focus group research as involving four interconnected “stages” (p. 145): the pre-interview stage, the interview stage, the analysis stage, and the reporting stage. Figure 1.3 describes these stages in greater detail. In general, the researcher moves through these stages in a reflexive manner – previous stages may be returned to/revisited as need be. Moreover, certain stages may be entered near-simultaneously. As such, the process of focus group research should be seen as systematic and organized, though not entirely linear (see also, for example, Puchta & Potter, 2004).

In further describing this method, Morgan (2001) emphasizes that focus group interviewing is a highly engaging, permissive, and “friendly” form of data generation (p. 142). Indeed, respondents participate in a collaborative and “seemingly informal” conversation in which *their* talk around a given issue is of principal interest (p. 158). Morgan notes that the feel of focus group interviewing contrasts sharply with the more directive, interrogative, and researcher-driven format of traditional survey-style interviewing. Morgan asserts further that the non-threatening nature of focus group interviewing makes it uniquely effective for “giving voice to those outside the mainstream of society” (e.g., offenders) (p. 142).

Critical to effective focus group research, Morgan (2001) continues, is a well-designed interview guide. The interview guide, he continues, provides general structure to focus group encounters while still affording the moderator a high level of flexibility. The interview guide is not intended to provide a set of specific, sharply-drawn questions (as in survey-style interviewing), nor is it meant to serve as a precise script for the moderator to follow. An effective interview guide will facilitate conversation, is primarily open-ended, allows the moderator to pursue the full range and diversity of meanings that may “emerge” during interview, allows respondents to express their views at a reasonable level of depth, considers the social context in which respondents generate their talk, and does not attempt to “do too much” (i.e., to explore too many topics) (Puchta & Potter, 2004, p. 63). The interview guide may be modified/adjusted, at least to a certain extent, as focus group interviews move forward.

Figure 1.3

The 'Stages' of Focus Group Interviewing.



Typically, Puchta and Potter (2004) note, the interview guide involves two distinct forms of eliciting participation: “elaborate questions” and “simple questions” (p. 64). Elaborate questions are substantive, broadly-stated queries. These questions are posed to the entire group and serve to open or introduce a particular area of discussion and to frame the subsequent interaction. An interview guide will usually contain two to three elaborate questions. Associated with each elaborate question are a number of simple questions. Simple questions are used (as needed) to further “unpack” responses to elaborate questions and to continue driving forward the overall interaction (p. 65). Simple questions depend on the framing provided by elaborate questions and may be posed to the entire group or to individual respondents. Simple questions usually involve a mix of descriptive and evaluative items. Simple questions may be used to clarify responses, to request additional information, to pursue the implications of a particular response, to solicit personal or vicarious experiences (around which the larger group can then begin to build meaning), and/or to implement commonly used focus group techniques or strategies (e.g., feature collecting).

In general, and like all methods of inquiry, focus group research is intended to generate very specific “products and outcomes” – through well-designed questions and skilled moderation, focus group interviews produce a “large volume of purposive interaction over a relatively short span of time” (Morgan, 2001, p. 145). Focus group interviewing creates a naturalistic opportunity to observe respondents as they interact around a specific topic. An effective moderator will provoke concentrated samples of talk that begin to “reveal not only what [respondents] think about a particular issue but also how they think about it and why they think as they do” (e.g., Puchta & Potter, 2004, p. 74). As should be apparent, focus group interviewing aims to examine group-level consensus – indeed, while a moderator may explore the range and diversity of individual ideas, views, and “subjectivities” within a given group, he or she will be concerned primarily with the consensus that is ultimately formed (p. 120). In effect, the moderator allows for, and observes keenly, the “strong tendency in everyday conversation for agreement to take over” (i.e., the “natural trend” for individual descriptions, accounts, personal narratives, evaluations, etc. to condense into common position, however easy or uneasy it may be) (p. 29). As such, focus group data should be seen to reflect the *shared* meanings, expectations, and understandings that respondents negotiate through their social interaction.

Turning very briefly to matters of analysis, focus group data can potentially be examined using a range of qualitative techniques, strategies, and approaches (e.g., discourse analysis, conversation analysis, thematic analysis, etc.) – the form of analysis employed will reflect the researcher’s goals, theoretical orientation, level of expertise, and so on. With respect to Study 2, I again relied on Braun and Clarke’s (2006) approach to thematic analysis (see Appendix B). Indeed, this particular approach offered a transparent, systematic, and well-suited means of examining how selected offenders, as a group, socially constructed meaning around psychopathy during their focus group encounters.

Once again, the above discussion was intended to provide a brief primer on the purpose, rationale, and method of Study 2. As noted, Chapter 4 of this document will provide a more detailed account of this particular study, of its key findings, and of the political/institutional conditions under which it was conducted.

1.4 Organizational Overview

According to Lindlof and Taylor (2002), among others, how to best present one’s research (including the findings thereof) demands a high level of thought and consideration by the qualitative researcher. Any program of inquiry, they continue, can potentially be presented in numerous distinct/different ways; any “research narrative” (p. 3), in turn, will provide a particular and partial account of the work that has been completed. With this in mind, I conclude this chapter with a brief organizational overview of the remaining dissertation document – importantly, I describe herein my basic reasons for presenting what I have presented, as I have presented it. Once again, the remainder of this document should be regarded as but one selective/partial way of representing this program of inquiry.

With Chapter 2 of this document I provide a stand-alone archaeology of knowledge regarding the forensic psychological construct of psychopathy – that is, I review a selective sampling of historical discourses that define and shape the manner in which contemporary forensic psychologists conceptualize psychopathy. This chapter should provide the less-familiar reader with a more complete understanding of the psychopathy construct; for the more-familiar reader, this chapter should serve as a general review of several prominent discourses that inform our current way of understanding/constructing psychopathy. Importantly, this chapter should also provide a broad foil against which mass newspaper and offender generated accounts of psychopathy can ultimately be juxtaposed and considered; that said, however, I leave such

juxtaposition/consideration primarily to the individual reader's own initiative. Implicitly, I would note further, this chapter acknowledges the critical importance that social constructionists assign to the 'history' of the constructs that they study.

As indicated above, findings generated within this program of inquiry are presented within Chapters 3 and 4 of this document. Chapter 3 provides a general overview of Study 1 and its key findings – that is, I present/explore the major themes, meanings, and expectations derived from the sampled mass newspaper representations of psychopathy/the psychopath. Of note, I interpret these themes, meanings, and expectations in relation to common mass news motifs/discourses and I begin to situate them within their broader socio-cultural context. Similarly, Chapter 4 offers a general overview of Study 2 and its key findings – that is, I present/explore the key themes, meanings, and expectations that define the ways in which sampled offenders talk about psychopathy/the psychopath. In particular, I explore potential themes of dangerousness and therapeutic pessimism and I begin to consider how such themes may (or may not) be reconciled with one's lived experiences/social identities within the carceral treatment environment of the RPC. I see Chapters 3 and 4, together, as a useful way to *begin* presenting the large volume of data that has been generated within this program of research, one that dedicates more-or-less equal attention to Studies 1 and 2.

Finally, Chapter 5 concludes this document with a very brief review and discussion of the overall research program. Within this chapter, I summarize selected key findings derived from Studies 1 and 2. I review the ways in which mass newspaper and offender-generated accounts of psychopathy/the psychopath align with and depart from one another, as well as with/from contemporary forensic psychological discourse. In addition, I discuss certain clinical, ethical, and applied implications of the selected findings. Lastly, I review several potential avenues for future/continued inquiry.

2. Chapter 2: A Selective Archaeology of Knowledge Regarding the Forensic Psychological Construct of Psychopathy

With this chapter, I provide a selective “archaeology of knowledge” (Foucault, 1969/2002, p. 1) regarding the contemporary forensic psychological construct of psychopathy – that is, I review the prominent scholarly discourses that serve to shape and constrain the manner in which North American forensic psychologists presently conceptualize, talk about, and otherwise represent psychopathy. I endeavor to include those accounts that can be seen as ‘foundational’ to the received/taken-for-granted view thereof. While discourses of ‘psychopathy’ can be found across numerous fields of study (e.g., law, theology, literature, etc.), the present review focuses primarily on texts that are medical or psychological in nature. Broadly, this review spans a period of approximately 200 years, beginning with the writings of French psychiatrist Philippe Pinel (1801/1806) and concluding with the contributions of Canadian psychologist R. D. Hare (e.g., 2003).

I have prepared this chapter with two primary objectives in mind. Firstly, and most basically, this archaeology of knowledge is intended to provide the reader with a detailed understanding of the way in which contemporary forensic psychologists construct psychopathy. Indeed, *current* knowledge claims with respect to psychopathy (or any other construct) are inevitably situated in relation/reference to *previous* knowledge claims. As such, an understanding of how psychopathy is presently constructed requires at least some familiarity with the field of previous accounts against which it has been set. Accordingly, this archeology of knowledge should provide the reader with a more thorough understanding of the fundamental meanings, ideas, and expectations that currently define psychopathy within forensic psychology. Moreover, key shifts, changes, and re-directions within this field of accounts can be seen as critical to understanding what psychopathy is *not*. Of critical note, embedded within this review, I attempt to examine explicitly the expectations of ‘therapeutic pessimism’ that have come to be associated with the psychopathy construct. Indeed, because such pessimism represents a particular area of interest, I endeavor to provide the reader with an adequate background in this respect. As such, considerations of treatment and rehabilitation, as nested within the various accounts reviewed herein, are afforded a certain degree of emphasis.

Secondly, this review is intended to provide the reader a foil against which to consider the media analytic and offender focus group data that are described later within this document.

Indeed, this review should position the reader to more adequately consider the various ways in which mass newspaper and offender focus group data converge with, and diverge from, the ways in which forensic psychologists presently construct psychopathy. As such, this review has necessarily been prepared in a manner that is ‘reflexive’ of the data generated within this program of inquiry – for example, certain previous accounts that seem particularly relevant to mass newspaper and/or offender focus group data have been emphasized accordingly within this chapter.

Before proceeding to this review, several brief comments are required. Foremost, this review reflects a social constructionist approach to ‘historiography,’ thereby differing in certain key respects from traditional/logical post-positivist historical reviews. Traditional historical reviews of psychopathy (e.g., Arrigo & Shipley; Hervé, 2007; Millon, Simonsen, & Birket-Smith, 1998) are all-but-invariably framed within a narrative of progress, advancement, and increasing accuracy, precision, and truthfulness – implicit in such accounts is the notion that our state-of-knowledge, as a function of time, has gradually approached a stationary ‘reality’ or ‘truth’ (specifically, that is, in the form of our presently received view). As such, traditional historical reviews focus considerable attention on the ways in which chronologically previous accounts may be ‘seminal,’ ‘incorrect,’ ‘underdeveloped,’ ‘preliminary,’ etc., all in relation to currently taken-for-granted ‘truth.’ According to Fischer (1970), for example, such reviews can be described as “presentist” (p. 135) – that is, they begin with the current discourse and look backward selectively, formulating a ‘historical’ narrative there for. Through a contemporary lens, chronologically previous accounts are identified and *re*-interpreted in a manner that validates and legitimizes current knowledge; as a result, current knowledge is anchored in a re-constructed past, creating powerful expectations of continuity, tangibility, and permanence (Fischer, 1970; Samelson, 1974; Sperling, 1991). In contrast, I do not conceptualize the following review as documenting the successive unfolding of ‘truth,’ but rather as a presentation of the discourses, ideas, and conceptual reference points that shape and clarify the contemporary forensic psychological construct of psychopathy – I make no assertions, implicit or otherwise, with respect to the material ‘accuracy’ of the various accounts reviewed below. Indeed, I provide explicitly herein an archaeology of *knowledge* regarding the forensic psychological construct of psychopathy, not what I presume to be a *history of psychopathy*, per se.

Further in this respect, while traditional historical reviews implicitly position knowledge claims as a-contextual and anachronistic (e.g., Sperling, 1991), as a social constructionist, I do not. Accordingly, I regard each of the accounts reviewed herein as a contextually-bound artifact, shaped by the broad socio-historical and more immediate intellectual conditions under which it was created. Each of the following accounts achieved a measure of ‘truth status’ within its particular contextual milieu. Of note, a detailed discussion of the broad contextual factors that shape each of the following accounts is, unfortunately, not permitted. That said, however, I strive to at least *acknowledge*, albeit cursorily at times, certain key contextual factors/conditions that influence each of the accounts reviewed herein. Again, I am not permitted to provide what would be regarded as a more formal deconstruction of the psychopathy construct within this document.

Also of importance, I acknowledge explicitly that this review, like any other, is inevitably selective and partial. Because I am concerned primarily with how forensic psychologists conceptualize and understand psychopathy, at a fairly general level, I limit this review to accounts that are definitional or broadly descriptive in nature (i.e., those accounts that attempt to articulate ‘what psychopathy is’). Following the approach adopted by Stover (2008), I further limit inclusion to those accounts that are widely considered to represent important “traditions” or “movements” with respect to the psychopathy construct (p. 10). In this regard, I have attempted to include those accounts that are most routinely/frequently represented within contemporary historiographic reviews of psychopathy (as drawn specifically from the forensic psychological literature) (e.g., Arrigo & Shipley, 2001; Coid, 1993; Gunn, 1998; Hervé, 2007; Lykken, 1995; Meloy, 1988; Millon, Simonsen, & Birket-Smith, 1998; Stover, 2008). Also of note, consultation with forensic psychological experts, knowledgeable with respect to the psychopathy construct, has further informed which accounts have been included/excluded within the following review.

As a final brief note, I strive to review the various accounts below at a relatively high level of detail. While this approach certainly adds to the length of this chapter, it allows me to provide a suitably thorough archeology of knowledge, one that I believe can adequately stand on its own. In certain respects, this approach can be seen to reflect the critical importance/significance that social constructionists assign to the discursive history surrounding the particular constructs that they study.

2.1 19th and Early 20th Century Discourses Linked to the Psychopathy Construct

2.1.1 Philippe Pinel: “manie sans délire” (1801)

While logical post-positivist scholars have asserted that “depictions of the features that now characterize [psychopathy]” can be traced back to antiquity (e.g., Cleckley, 1976; Hare, 1996; Hervé, 2007; Millon, Simonsen, & Birket-Smith, 1998, p. 3; Widiger, 1992), it is agreed upon widely that the French psychiatrist Philippe Pinel articulated the earliest conceptual forerunner to the contemporary psychopathy construct. Within his influential text *Traité Médico-philosophique sur L’aliénation Mentale; ou la Manie* (“A Treatise on Insanity”) (1801/1806), Pinel delineated a psychiatric nosology containing five categories of mental derangement, one of which being *manie sans délire* (“insanity/madness without delirium”). In sharp contrast to each of the other categories, as well as to then-accepted notions of insanity/madness, *manie sans délire* did not involve a disturbance to one’s sensory or intellectual functioning and was not associated with overtly impaired rational capacity (Stevens, 1993). With *manie sans délire*, Pinel sought to capture a “puzzling” group of individuals who behaved in seemingly illogical, quixotic, socially unacceptable, and self-defeating ways, “yet evidenced no defects in reasoning ability” (Meloy, 1988, p. 7). Such individuals, Pinel continued, would frequently engage in acts of “atrocious” violence, “typically resulting in negative consequences to self and others,” despite retaining their reality-testing capabilities (1801/1806, p. 150). Pinel emphasized strongly that such individuals grasped the damaging and destructive nature of their “horrid propensity” (p. 14), gave no evidence of delusion, and presented with preserved clarity/connection of thought and understanding.

Pinel (1801/1806) further emphasized the highly impulsive, disinhibited, and unrestrained nature of such individuals. He described *manie sans délire* as a disturbance limited mainly to “passion and affect” (p. 150), capturing a class of “maniacs” who were “under the dominion of instinctive and abstract fury, as if the active faculties alone had sustained injury” (p. 152). Pinel conceptualized such patients as being unable to “reign the affections” (p. 152), thus exhibiting a volatile, capricious, and destructive behavioural pattern. He further described such persons as displaying an “ungovernable fury” (p. 14), stressing their apparent immunity from established social mores, prohibitions, and structures of authority (Stover, 2008, p. 57).

Within his original work, Pinel (1801/1806) illustrated his construct of *manie sans délire* using three brief case studies, each capturing “otherwise rational” men who periodically displayed “paroxysms of rage and violence” (Stover, 2008, p. 25). While these three cases would surely be regarded as diagnostically heterogeneous by contemporary nosological standards (e.g., Hervé, 2007; Stover, 2008; Whitlock, 1982), Pinel’s intent was, in fact, to capture a *broad* class of individuals, unified by a general propensity toward impulsive acts of violence and antisociality, despite intact reasoning (Stover, 2008). With this endeavor, Pinel sought to identify a range of persons that he believed should fall under the purview of medicine/psychiatry, despite failing to fit then-established definitions of insanity/madness. In this regard, *manie sans délire* can be seen as Pinel’s attempt to broaden the concept of insanity – according to Millon, Simonsen, and Birket-Smith (1998), for example, Pinel offered the highly controversial assertions that “madness need not signify the presence of a deficit in reasoning or observable deficiencies to the intellect or sensorium,” “that an individual could be ‘insane’ and yet free from mental confusion and deterioration,” and that individuals could be deemed mad, yet clearly “understand” the moral implications of their destructive actions (p. 4).

In essence, Pinel (1801/1806) articulated a highly challenging, interstitial, and difficult-to-reconcile diagnostic category. *Manie sans délire* seemed to occupy the space between sanity and insanity, effectively blurring the established boundary there between. Pinel was among the earliest scholars to explore the provocative notion that an individual could appear sane, in certain respects, and simultaneously insane, in others (Stover, 2008). Moreover, by situating apparently *rational* acts of antisociality and violence within the domain of medicine, Pinel’s account also posed a challenge to then-prevalent constructions of “evil” and “badness” (Millon, Simonsen, & Birket-Smith, 1998, p. 4). Indeed, *manie sans délire* allowed for the notion that seemingly “evil acts,” in certain cases, need not be the result of vice, ill-virtue, and amorality alone, but that they could result from “disease of the mind” (Pinel, 1801/1806, p. 150). Of interest, this attempt to re-negotiate the limits of madness and to ‘medicalize’ what to-that-point would have been regarded as evil/iniquity offered clear challenge to broader societal and legal notions of responsibility, criminal culpability, appropriate remedy, and related matters (Stover, 2008).

Of further note, Pinel (1801/1806) commented only vaguely on issues of etiology, course, and outcome concerning *manie sans délire*. He speculated that a combination of congenital (i.e., “a mind naturally perverse and unruly”) and specific environmental conditions (i.e., a

“neglected,” over-indulgent, or otherwise “ill directed [social] education”) (p. 151) was related to its emergence – the precise interplay between these various elements was not articulated.

Consistent with his attempt to identify a diverse class of individuals, Pinel noted that the course of *manie sans délire* could be variable, appearing either chronic or intermittent in nature (Stover, 2008). While he noted that a high level of “coercive assistance” (p. 14) was often required to suppress the individual’s destructive nature, Pinel implied that *manie sans délire* was at least potentially amenable to intervention and management (Arrigo & Shipley, 2001; Stover, 2008). Pinel (1801/1806) situated the appropriate locus of treatment as the hospital/asylum, rather than prison settings, and asserted that such individuals would be most responsive to the various tenants of “moral treatment” (p. 14), of which he was then a leading advocate.

Finally in this respect, Pinel’s (1801/1806) concept of *manie sans délire* can be seen to reflect potently the socio-historical context in which it was produced. The concerns with authority, social order, “rebellious fury” (p. 14), and rational acts of violence that infuse *manie sans délire* appear to be informed by the revolutionary context in which Pinel operated. Indeed, against a backdrop of near-total institutional breakdown, violent socio-political revolt, and organized brutality on the part of otherwise reasonable citizens, the roots of Pinel’s thinking seem apparent (Stover, 2008). As summarized by Ordonaux (1873):

...living amid the terrors of the French Revolution and witnessing the undertow of blood which accompanied the age of reason, [Pinel] supposed he had received a new revelation to man’s mental nature as separate from his [social] responsibility...the national efflorescence of [violence and antisociality] proved the possibility of an entire loss of man’s [social] responsibility, while still enjoying undimmed intellect. (as cited in Stover, 2008, p. 57)

2.1.2 Benjamin Rush: “moral derangement” (1812)

Within his text *Medical Inquiries and Observations upon the Diseases of the Mind* (1812), American psychiatrist Benjamin Rush outlined the construct of *moral derangement* – sometimes referred to interchangeably as *ethical derangement*, *anomia*, or *moral alienation of the mind* (Hervé, 2007; Werlinder, 1978). Despite working in virtual independence from one another (Hervé, 2007), the accounts offered by Rush and Pinel (1801/1806) were highly similar in certain key respects. Like Pinel, Rush offered the controversial assertion that an individual could be insane without displaying confusion of the mind. With *moral derangement*, Rush (1812) described a heterogeneous range of individuals who, despite “fully intact intellect, reasoning

abilities, and lucidity of thought,” “engaged in socially disruptive behaviours and deception from an early age without showing remorse, guilt, or preoccupation with the negative consequences of their actions” (p. 112). Rush emphasized strongly that such individuals displayed as “aberrant” lack of shame, hesitation, and contrition with respect to their misconduct (p. 112).

In sharp contrast to the “moral neutrality” (Millon, Simonsen, & Birket-Smith, 1998, p. 4) that defined *manie sans délire*, however, Rush delineated a value-laden, pejorative, and condemnatory construct (Arrigo & Shipley, 2001, Hervé, 2007). According to Millon, Simonsen, and Birket-Smith (1998), Rush situated his construct within a discourse of moral censure and social depravity, plainly “imposing philosophical and ethical values upon his clinical observations” (p. 4). Though similar to Pinel (1801/1806) in his assertion that the individual’s violent and destructive actions were the result of “unrestrained passions” (Rush, 1812, p. 112), Rush attributed this lack of restraint to an underlying “moral poverty” (Millon, Simonsen, & Birket-Smith, 1998, p. 4). Indeed, Rush (1812) cast *moral derangement* as reflecting a “total perversion of the *innate* moral faculties [emphasis added]” or “natural affections” (p. 112). In this respect, his account can be seen to reference the widespread philosophical assertion that each individual possessed an inherent, spontaneous, and intrinsic sense of goodness, rightness, and social responsibility (with which to guide his or her behaviour). More broadly, Rush’s account of *moral derangement* was generally in keeping with the strict moral and religious ideas that characterized his socio-historical context (Arrigo & Shipley, 2001).

Rush (1812) suggested that *moral derangement* reflected a hereditary and congenital condition. Presuming a biological substrate to moral functioning, Rush asserted that “[t]here is probably an original defective organization in those parts of the body which are preoccupied by the moral faculties of the mind” (p. 112). He also suggested, however, that an “unstable and amoral” environment could potentially foster/exacerbate the expression of *moral derangement* (Millon, Simonsen, & Birket-Smith, 1998, p. 4). While Rush (1812) saw *moral derangement* as a lifelong condition, like Pinel (1801/1806), he regarded treatment/rehabilitation as a tenable pursuit, stating that “it is the business of medicine to aid both religion and law in preventing and curing [the] moral alienation of the mind” (1812, p. 113). He further asserted that such individuals were best treated in medical facilities, as opposed to custodial settings, and that punishment, generally, was a less effective means of addressing their antisocial conduct (Arrigo & Shipley, 2001).

It is worth noting that Rush's (1812) concept of *moral derangement*, similar to *manie sans délire*, involves a high degree of tension and ambiguity – the construct is at once morality-based, and yet plainly situated within the domain of psychiatry/medicine. *Moral derangement* is offered simultaneously as both value-judgment and as mental disorder, fusing sentiments of condemnation with notions of insanity/madness (Arrigo & Shipley, 2001). That Rush cast the *morally deranged* individual as reprehensible, and yet not suitable for punishment, further contributed to this palpable ambiguity.

2.1.3 J. C. Prichard: “moral insanity” (1835)

British psychiatrist J. C. Prichard's widely read text, *A Treatise on Insanity and Other Disorders Affecting the Mind* (1835), contained his description of *moral insanity* – also referred to less frequently as *moral imbecility* or *moral defectiveness*. Like Pinel (1801/1806) and Rush (1812), Prichard proposed a bifurcation to the insanity/madness construct, asserting a separation between those who were mad due to deficits in reasoning and those who were mad due to deficits in morality or “natural affection” (Millon, Simonsen, & Birket-Smith, 1998, p. 5). Prichard employed the *moral insanity* moniker to capture this latter group – that is, those who presented with a “morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses without any remarkable disorder or defect of the intellect...and particularly without insane illusion or hallucination” (1835, as cited in Millon, Simonsen, & Birket-Smith, 1998, p. 5). Similar to Rush, Prichard conceptualized *moral insanity* as being defined by “unrestrained passions,” predicated upon an underlying moral deficiency. “[I]n such cases,” Prichard asserted, “the moral and active principles of the mind are strangely perverted or depraved,” such that “the power of self-government is lost or greatly impaired and the individual is found to be incapable, not of talking or reasoning on any subject proposed to him, but of conducting himself with decency and propriety” (1835, p. 84).

Prichard (1835) cast *moral insanity* as a decidedly heterogeneous class of disturbance, noting that its precise presentation could vary markedly from one individual to the next – Prichard asserted, for example, that the “varieties of moral insanity are perhaps as numerous as the modifications of feelings or passions in the human mind” (1835, p. 85; Werlinger, 1978). Indeed, similar to Pinel (1801/1806) and Rush (1812), Prichard (1835) intended to capture a broad category of individuals – that is, those persons variously unable to function in accordance with social and moral norms, prone to impulsive and antisocial actions, and yet marked by

seemingly preserved intellectual function (Millon, Simonsen, & Birket-Smith, 1998). In this respect, contemporary critiques/re-interpretations, as framed through the lens of current diagnostic practice, have frequently cast *moral insanity* as an “unrefined” and “overly-expansive” construct (e.g., Arrigo & Shipley, 2001; Berrios, 1996; McCord & McCord, 1964; Millon, Simonsen, & Birket-Smith, 1998, p. 5). According to Hervé (2007), for example, “even more inclusive than the constructs offered by Pinel and Rush,” *moral insanity* “would today be viewed as a wastebasket category for emotionally disordered but intellectually intact individuals...It consisted of an array of disorders including clinical syndromes...personality disorders...and organic brain syndromes” (p. 34). So varied were “the syndromes encompassed by Prichard’s category,” suggest Millon, Simonsen, and Birket-Smith (1998), “that almost all psychiatric conditions, with the exceptions of schizophrenia and mental retardation, would today be represented” there within (p. 5).

In many respects, Prichard’s (1835) account of *moral insanity* was even further removed from the “moral neutrality” that defined *manie sans délire*, clearly reflecting the strident values/scrupulous mores that defined his socio-historical context (Hervé, 2007; Millon, Simonsen, & Birket-Smith, 1998, p. 4). Indeed, even more blatantly than did Rush, Prichard (1835) espoused a condemnatory and morally-loaded position, asserting that *morally insane* individuals possessed a “reprehensible defect” that precluded an “inclination toward the natural affections,” despite their abstract awareness of “right and wrong” (Arrigo & Shipley, 2001; Millon, Simonsen, & Birket-Smith, 1998, p. 5). According to Prichard (1835), such persons, given their “moral poverty,” were “easily-swayed, despite their capacity to understand the choices before them and the likely consequences thereof, by overpowering affections that would lead them to engage in socially repugnant and deplorable behaviours” (1835, as cited in Hervé, 2007, p. 33). As noted by Stover (2008), Prichard’s moral emphasis was so pronounced that it would frequently serve as a point of critique among his contemporaries (e.g., Tuke, 1892), many of whom would advocate strongly for a return to the morally-inert tradition exemplified by Pinel (1801/1806).

On a related note, while Prichard (1835) asserted that *morally insane* individuals would often engage in various forms of criminal conduct, he emphasized that their condition would serve to undermine volitional control (including the ability to inhibit or resist antisocial urges) (Arrigo & Shipley, 2001; Millon, Simonsen, Birket-Smith, 1998). In this respect, Prichard

(1835) argued explicitly that *moral insanity* could be seen as a mitigating factor with regard to criminal/legal culpability (Arrigo & Shipley, 2001). Once again, a degree of tension, unease, and ambiguity is thus observed – specifically, that is, the *moral insanity* construct can be seen as blatantly condemnatory, while simultaneously offering at least some measure of absolution (i.e., legal defense).

With respect to etiology, Prichard (1835), like Rush, saw *moral insanity* as a hereditary and congenital condition. The disturbance, he speculated, was rooted in a “localized disorganization” to the presumed biological structures that were responsible for “moral operation” (Arrigo & Shipley, 2001, p. 327). Unlike Rush, however, Prichard (1835) made no allowance for even a mild or partial environmental contribution to *moral insanity*.

With respect to prognosis, Prichard (1835) expressed a uniformly negative outlook regarding the management, treatment, and rehabilitation of *morally insane* persons (even despite their marked variability in clinical presentation) (Millon, Simonsen, & Birket-Smith, 1998). Indeed, with Prichard (1835) can be seen the earliest roots of the therapeutic pessimism that has come to be associated strongly with the contemporary forensic psychological construct of psychopathy. As Prichard considered *moral insanity* to reflect a “strong [biological] predisposition,” he maintained that the condition “can scarcely be expected to terminate in recovery” (1835, as cited in Millon, Simonsen, & Birket-Smith, 1998, p. 6). He indicated that then-available therapeutic practices would offer little defense against this long-standing, “endogenous morbidity” (Arrigo & Shipley, 2001, p. 327). Prichard (1835) further stressed that the antisocial tendencies exhibited by such individuals were profoundly immutability to punishment and censure. Thus, Prichard’s account of *moral insanity* can be seen as offering little, if any, hope for intervention, whether psychiatric or penological (Arrigo & Shipley, 2001; Hervé, 2007; Millon, Simonsen, & Birket-Smith, 1998; Stover, 2008).

Of final note in this respect, it must be emphasized that Prichard’s (1835) central ideas concerning *moral insanity* would receive widespread acceptance and would prove highly influential (Stover, 2008). According to Partiridge (1930), for example, Prichard’s core account of *moral insanity* would serve as a guiding reference point for subsequent scholars and clinicians over the next century – his assertions regarding the individual’s “intractability to treatment and punishment,” in particular, would come to be canonized across successive scholarly accounts (p. 65; see also Millon, Simonsen, & Birket-Smith, 1998; Stover, 2008; Toch, 1998).

2.1.4 Henry Maudsley: “moral imbecility” (1874)

The discursive account of *moral imbecility* provided by the influential British psychiatrist Henry Maudsley (1874) is worthy of brief consideration – of note, Maudsley would occasionally use the terms *moral insanity* or *criminal psychosis* interchangeably with *moral imbecility*. In effect, Maudsley’s account was an attempt to extend, clarify, and elaborate upon Prichard’s construct of *moral insanity* (Millon, Simonsen, & Birket-Smith, 1998). In particular, Maudsley (1874) attempted to more clearly articulate the presumed organic underpinnings thereof, aggressively situating *moral imbecility* within the biological determinism that was beginning to dominate British psychiatry (e.g., Kleinman, 1991). Indeed, consistent with growing efforts to associate complex behavioural and psychological processes with highly concrete anatomical structures, Maudsley (1874) adopted the assertion that “natural moral feelings” were governed by a highly specific “neurologic center” (as cited in Millon, Simonsen, & Birket-Smith, 1998, p. 7) – *moral imbecility*, he argued, reflected cerebral underdevelopment localized precisely to this defined physical substrate. The absence of more diffuse neurological involvement, continued Maudsley, caused the individual to present as morally deficient, yet otherwise intact (Stover, 2008). More explicitly than did Prichard (1835), Maudsley (1874) rejected the notion that environmental factors were contributory to the condition, firmly casting *moral imbecility* as a wholly somatogenic disturbance (Stover, 2008).

Consistent with his orientation toward strong biological determinism, Maudsley (1874) emphasized that *moral imbecility* was a “permanent” and “intractable malady,” immutable to both punishment and psychiatric intervention (Millon, Simonsen, & Birket-Smith, 1998, p. 7). Strongly reinforcing/solidifying the therapeutic pessimism initiated by Prichard (1835), Maudsley (1874) asserted that no intervention or experience could potentially avert the individual’s biologically-determined “destiny” or exert “reformatory effect upon him” (as cited in Millon, Simonsen, & Birket-Smith, 1998, p. 7).

Also reflective of Prichard, Maudsley (1874) stressed that the cerebral deficits underlying *moral imbecility* served to undermine the individual’s volitional control, effectively mitigating responsibility for “his destructive actions” (as cited in Millon, Simonsen, & Birket-Smith, 1998, p. 7). Maudsley (1874) asserted that it would be “unjust to punish these individuals...[as they] could not effectively restrain their behaviour” (as cited in Millon, Simonsen, & Birket-Smith,

1998, p. 7). In this respect, *moral imbecility* once again reflected a clear tension/ambiguity between condemnation and absolution.

Of further note, as a subtle but important shift, Maudsley's (1874) account of *moral imbecility* can be seen as distinctly 'criminological' in its focus. Indeed, while Pinel (1801/1806), Rush (1812), Prichard (1835), and others had situated their accounts within general psychiatric/asylum-based populations, Maudsley focused his discussion of *moral imbecility* specifically on criminal offenders (Toch, 1998). In this respect, Maudsley (1874) was less concerned with broadly inclusive forms of antisociality and destructiveness, narrowing his attention primarily to conduct that was explicitly criminal in nature. Though previous scholars had certainly acknowledged criminality as a potential aspect of the individual's more generalized antisocial pattern, Maudsley situated chronic criminality as *the* defining behavioural attribute of the *moral imbecile* (Stover, 2008).

Also of note, Maudsley (1874) proposed a relatively 'direct' relationship between *moral imbecility* and criminal conduct – that is, rather than asserting that criminality reflected a secondary aspect of the individual's morality-based inhibitory deficits/unrestrained passions, Maudsley suggested that an *active* affinity or predilection toward criminal behaviour also characterized the *moral imbecile*. According to Maudsley, such individuals displayed a “precocious brand of criminality...[whereby] we find young children, long before they can possibly know what vice and crime means, addicted to extreme vice, or committing great crimes, with an instinctive facility, and as if from an inherent proneness to criminal actions” (as cited in Millon, Simonsen, & Birket-Smith, 1998, p. 7). This strong and seemingly direct association with criminal conduct would come to be increasingly reflected within subsequent discursive accounts, including, of course, the contemporary forensic psychological construct of psychopathy.

2.1.5 Cesare Lombroso: “delinquente nato” (1876; 1878; 1884; 1889; 1896-97)

Across the five editions of his classic work *L'uomo Delinquente* (“Criminal Man”) (e.g., 1876-1897/2006), the Italian physician Cesare Lombroso described an increasingly complex taxonomy of male offenders. Lombroso's description of the taxon *dilinquente nato* (“born criminal”), specifically, is often seen as relevant to the contemporary forensic psychological construct of psychopathy (Arrigo & Shipley, 2001; Jalava, 2006; Millon, Simonsen, & Birket-Smith, 1998). Situated within the broad tradition of anthropological criminology – an approach

emphasizing the presumed link between criminality and overt morphological characteristics (e.g., Jalava, 2006) – Lombroso suggested that approximately one-third of male offenders could be identified as *born criminals*, a particularly dangerous subset of innately, instinctively, and habitually criminal individuals (Millon, Simonsen, & Birket-Smith, 1998). According to Lombroso (1876-1897/2006), *born criminals* were set apart from other offenders by a host of “atavistic” physical anomalies (i.e., attributes that were said to resemble the characteristics most commonly observed among “primitive”/“uncivilized” populations and/or lower animals) (Millon, Simonsen, & Birket-Smith, 1998, p. 7). Among other morphological attributes, the *born criminal* was said to possess a notably larger and projective lower jaw, outstretched “jug” ears, a retreating forehead, large orbital arches, left-handedness, a robust physique, tactile insensitivity, and muscular agility (Millon, Simonsen, & Birket-Smith, 1998, p. 7) – in essence, Lombroso positioned such features as the physical markers, or stigmata, of an inherently criminal individual (Jalava, 2006). Importantly, Lombroso (1876-1897/2006) identified several psychological and behavioural attributes, beyond chronic criminality, that were said to be characteristic the *born criminal*; in particular, he described such individuals as displaying blunted emotion, the absence of remorse, impulsivity, vanity, sloth, precocious sexual development, a passion for gaming, and so on.

Within later editions of *Criminal Man*, Lombroso would come to emphasize the *born criminal*’s freedom from irrationality and intellectual deficit – in this respect, he linked his construct explicitly to Maudsley’s (1874) account of *moral imbecility*, asserting that “the line between moral imbecile and [*born criminal*] is not conceived of as distinct, they merge into and cross each other” (1889, as cited in Sheffield, 1912, p. 385). Indeed, Lombroso asserted that *born criminals* were “atavistic though not manifestly irrational” – “akin to the moral imbecile,” he continued, such individuals were intellectually intact, possessing an “awareness regarding the standards of right and wrong,” despite a clear indifference to “public opinion” (1889, as cited in Sheffield, 1912, p. 384). Lombroso saw the *born criminal* as possessing the ability to “think rationally on any subject except the very important one of his relation to society” – he described the *born criminal* as displaying a specific absence of conscience (i.e., the ability to “turn the mind toward conduct” and to appropriately judge, reflect upon, and appraise one’s daily actions), “without discrediting his mind more generally” (1889, as cited in Sheffield, 1912, p. 384).

Reflecting his socio-historical context, Lombroso (1876-1897/2006) mapped his account of the *born criminal* on to then-accepted notions of societal evolution – that is, the general view that all human groups “progressed” through a linear series of universal “stages,” moving gradually from primitive, disorganized, and “anti-social” phases (e.g., “savagery”) to those that were “higher,” more orderly, and “pro-social” (e.g., “civilization”) (e.g., Jalava, 2006, p. 418). The tenets of societal evolution maintained that the organizational quality and complexity of a particular social group were predicated upon the underlying “organic sophistication” of its membership (Ellwood, 1912, p. 721) – at the individual level, the “psychical” attributes necessary for participation in a “civilized” society (e.g., morality, conscience, etc.) were thought to be dependent upon a high degree of anatomical, physiological, and cerebral development (Jalava, 2006, p. 418). Referencing this framework, Lombroso (1876-1897/2006) positioned the *born criminal* as a biological “throwback” or “degenerate,” reproducing the physical and associated psychological features of “far-back, uncivilized ancestors,” among whom criminality and aggression were presumed to be ubiquitous (p. 255). Indeed, Lombroso described the *born criminal* as “a savage born into the modern world” (p. 255). As described further by Sheffield (1912), the *born criminal* was limited by “his primal biology,” “adapted only to a very low type of social life” and thus “incapable of adjusting to the demands of civilization” (p. 394, see also Ellwood, 1912). Of further note, Lombroso emphasized that the *born criminal*’s atavistic biology was “heritable and transmittable,” stating that each generation of *born criminal* must “expect to begin just were the one before it had begun” (1889, as cited in Sheffield, 1912, p. 382).

Of final note in this respect, Lombroso’s (1876-1897/2006) account of the *born criminal* reflected a high degree of therapeutic pessimism. Indeed, having situated *born criminals* as the product of a deep-seated biological atavism, Lombroso saw “no hope” for interventions of any kind, whether penological or psychiatric – “for such offenders,” he asserted, “reform is out of the question” (p. 257). Implicitly consistent with the notion that *born criminals* were essentially “out of place” within civilized society, Lombroso maintained that such individuals should be removed/isolated there from, asserting that “segregation for life would be the only effective treatment...[as] no social measures could appreciably lessen” their destructive influence (p. 258).

2.1.6 Richard von Krafft-Ebing: “moral depravity” (1886)

Within his authoritative compendium *Psychopathia Sexualis* (“Sexual Pathology”) (1886/1965), Austro-German psychiatrist Richard von Krafft-Ebing provided his much-cited discussion of *moral depravity* – at times, Krafft-Ebing would also use the interchangeable monikers *moral insanity* and *moral idiocy* within his work. In keeping with previous morality-based accounts – explicitly those of Rush (1812), Prichard (1835), and Maudsley (1874) – Krafft-Ebing summarized *moral depravity* as an “intractable and chronic” form of social and moral deviance, “distinct from psychotic illness or intellectual deficiency,” and squarely rooted in organic pathology (p. 9-10; see also Arrigo & Shipley, 2001; Millon, Simonsen, & Birket-Smith, 1998). Similar to Lombroso, Krafft-Ebing (1879/1905) elsewhere described *moral depravity* as a “return to savagery” and as “the reflection of atavistic anomalies” (p. 629).

What can be seen to distinguish Krafft-Ebing’s (1886/1965) account of *moral depravity* from those of previous scholars, however, is its strong association with sexual deviance, paraphilia, and “perversion” (Arrigo & Shipley, 2001; Millon, Simonsen, & Birket-Smith, 1998, p. 9). Specifically, Krafft-Ebing (1886/1965) strongly emphasized that *morally depraved* individuals were particularly likely to exhibit sadistic sexual tendencies – that is, a reliance on the infliction of pain, humiliation, and other forms of subjugation for the achievement of sexual arousal and gratification (see also Arrigo & Shipley, 2001; Millon, Simonsen, & Birket-Smith, 1998). Related to this sadistic sexual process, Krafft-Ebing (1886/1965) argued that *morally depraved* individuals would often display a more global predilection towards cruelty, aggression, control, subjugation, and domination, deriving significant pleasure from the suffering of others, in all its various forms (Arrigo & Shipley, 2001; Ellard 1988; Millon, Simonsen, & Birket-Smith, 1998, p. 9). Krafft-Ebing (1886/1965) further argued that the violent and aggressive acts perpetrated by *morally depraved* individuals were frequently marked by a “lustful,” wanton, and lascivious quality, clearly signaling their underlying sadistic motivation (Millon, Simonsen, & Birket-Smith, 1998, p. 9). Most broadly in this respect, Krafft-Ebing (1886/1965), like Maudsley (1874), thus asserted that *morally depraved* individuals were likely to display an active/direct affinity towards aggressive and destructive behaviour, over and above morality-based disinhibition alone.

Also of note, Krafft-Ebing endorsed the therapeutic pessimism espoused by various others, stating that *morally depraved* individuals were “entirely intractable to all manner of intervention” and that any such effort would be entirely “without the prospect of success” (1886, as cited in

Millon, Simonsen, & Birket-Smith, 1998, p.9; Toch, 1998). Like Lombroso, he suggested that such individuals, in effect, should be isolated or exiled from society, asserting that “such savages must be kept in asylums indefinitely for both their own [good] and for the safety of society” (1886, as cited in Toch, 1998, p. 148). According to Ellard (1988), Krafft-Ebing’s strong and decisive views in this respect were highly influential, serving to powerfully “amplify” (p. 385) the prevailing expectations of therapeutic pessimism.

2.1.7 Emil Kraepelin: “die psychopathischen persönlichkeiten” (1887; 1889; 1893; 1896; 1899; 1903-1904; 1908-1915; 1927)

Over the multiple editions and volumes of his important treatise *Psychiatrie: Ein Lehrbuch für Studierende und Aerzte* (“Psychiatry: A textbook for Students and Physicians”) (e.g., 1903-1904/1912) the influential German psychiatrist Emil Kraepelin developed and refined his construct of *die psychopathischen persönlichkeiten* (“the psychopathic personalities”). According to Partridge (1930), Kraepelin was among the first to formally acknowledge and catalogue the symptomatological heterogeneity associated with “the moral insanity concept...under all its approximately equivalent terms” (pp. 58-59). Indeed, Kraepelin situated *moral insanity* as a broad, omnibus, and unrefined *category* of mental disturbance, which he subsequently divided into various types and subtypes, ultimately re-labeled under the *psychopathic personalities* moniker (Millon, Simonsen, & Birket-Smith, 1998). Of note, with each successive rendition of his text, Kraepelin’s typology would grow more complex and labyrinthine (Stover, 2008).

Of significance, and as evident from his shift in terminology, Kraepelin was the first to locate his account within the emerging discourse of ‘personality’/‘character’ – indeed, Kraepelin (1903-1904/1912) effectively re-cast *moral insanity* as a collection of variously maladaptive, disturbed, or dysfunctional personality forms (p. 515). He described the *psychopathic personalities* as “pathological deviations” from the normal/typical character “[that did] not belong in the categories of the mature psychoses” (1927, as cited in Partridge, 1930, p. 64). These “lifelong” conditions, he continued, all “shared in common deficiencies in emotion and/or will” that were not attributable to obvious forms of madness/insanity (1927, as cited in Partridge, 1930, p. 64; Arrigo & Shipley, 2001; Hervé, 2007). Similar to Lombroso and others, Kraepelin further described the *psychopathic personalities* as biologically-based “degenerative” patterns of character (1903-1904/1912, p.517), each variation thereof, in essence, said to represent a

“morbid reaction to,” or inability to conform with, the demands, expectations, and “stresses” of civilized existence (Hoff, 1998; Millon, Simonsen, & Birket-Smith, 1998, p. 10).

As noted by Hervé (2007) – in distinctly presentist language – Kraepelin’s account of the *psychopathic personalities* can be viewed as “foundational”/“seminal” (p. 35), not only to the current forensic psychological construct of psychopathy, but to the broader notion of “personality disorder” more generally (see also Millon, Simonsen, & Birket-Smith, 1998). Also noteworthy, while Kraepelin’s account of the *psychopathic personalities* would certainly contain moral elements/overtones (Arrigo & Shipley, 2001), his discursive shift from ‘morality-based disorder’ to ‘personality-based disorder’ can be seen to mark at least some degree of return to the more neutral tradition established by Pinel (1801/1806).

By the final edition of his text, Kraepelin had specifically identified seven major “classes”/varieties of *psychopathic personality*, each of which was itself subdivided to varying degree (Millon, Simonsen, & Birket-Smith, 1998, p. 9). In delineating this complex typology, Kraepelin dedicated particular attention to those *psychopathic personalities* that he regarded as most “destructive,” “devastating,” and socially-damaging (p. 10). Indeed, similar to the criminological emphasis taken by Maudsley (1874), Kraepelin sought to highlight those variations that were most clearly predisposing to criminal action, that encompassed “the most wicked and vicious criminal offenders,” and that were most directly associated with oppositional and antisocial conduct (Arrigo & Shipley, 2001, p. 333; Hervé, 2007; Millon, Simonsen, & Birket-Smith, 1998; Partridge, 1930). Kraepelin’s seven major classes of *psychopathic personality* are summarized briefly below.

2.1.7.1 Erregbaren (“excitable”). The excitable class captured a diverse group of individuals who were described as emotionally labile, erratic, dramatic, and often hysterical. Such individuals were said to display episodes of excitement, despair, anxiety, irritability, and rage, all without discernable reason or provocation (Millon, Simonsen, & Birket-Smith, 1998). According to Kraepelin, members of the excitable class were “given to assaultive behavior,” “apt to be abusive,” typically “jealous and quarrelling,” and frequently prone to disruptive and destructive actions (1927, as cited in Partridge, 1930, p. 87). Kraepelin further emphasized that “suicidal inclinations” were particularly common among such individuals (1927, as cited in Partridge, 1930, p. 87). While excitable persons were said to be generally happy, kind, affable, well-liked, and industrious, Kraepelin noted that some were “conceited,” some “timid and

bashful,” some “restless, over-occupied, full of schemes, and disinclined to regular occupations,” thus emphasizing the apparent diversity within this particular class (1927, as cited in Partridge, 1930, p. 87).

2.1.7.2 Haltlosen (“unstable”). The unstable class was comprised of individuals said to be “chronically irresponsible,” unmotivated, and lacking in drive/persistence (Millon, Simonsen, Birket-Smith, 1998, p. 10). Routinely failing to meet obligations and effectively “wandering through life without ever taking firm root,” such persons were said to be unified by a pervading “weakness of will” (p. 11). Kraepelin noted specifically, for example, that these individuals lacked “the ability to stay in one occupation” for any extended period of time (1903-1904/1912, p. 524). He further indicated that unstable individuals tended to be distractible and inattentive, their efforts uniformly slight and superficial. He further asserted that such persons tended to “learn readily but to forget quickly” (1927, as cited in Partridge, 1930, p. 87). Kraepelin also emphasized that the members of this class displayed generally “poor and immature” judgment, noting, for example, that they were “inclined to go in bad company,” apt to “take senseless journeys, perhaps even becoming vagabonds,” and prone “to be spendthrifts and to speculate unwisely” (p. 87). He also described these individuals as cheerful, conceited, and possessing of lofty, though unrealistic ambitions; he noted that their imaginations tended to be active and that they would routinely “exaggerate, boast, and fabricate” (p.87). Kraepelin asserted that the “sexual habits” of these individuals were often “atypical, irregular and unusual” (p.87). Also of importance, Kraepelin asserted that members of the unstable class displayed at least some propensity for conflict with the law, typically “on account of thefts, assaults, vagrancy, etc.”; he further asserted that such persons were “apt to blame others” for their offences, frequently seeking to avoid responsibility for their actions (1903-1904/1912, p. 524).

2.1.7.3 Triebmenschen (“impulsive”). As described by Kraepelin, the impulsive class of *psychopathic personality* captured a diverse group of individuals who, uniformly, presented as “capricious, unpredictable, compulsive, or hypomanic” in their actions; their conduct was said to be dominated entirely by “emotional impulse” (1927, as cited in Partridge, 1930, p. 87). Such individuals were described as exhibiting “uncontrollable desires to commit offences that were unrelated to monetary gain” (P. 87). Among this class, for example, Kraepelin situated “arsonists, kleptomanics, and other impulsive offenders” (p. 87). Kraepelin suggested that such individuals, as a group, tended to be quite labile in mood – he asserted that while they were

typically “high and confident,” at times, they could present as “sullen, surly, irritable,” depressive, and complaining (p. 87). He further noted that such individuals were prone to periodic outbursts of violent temper. Divided into multiple sub-classes, Kraepelin stated that certain members of the impulsive class were primarily “good-natured, easy-going, and accessible,” while others would present as “conceited,” obstinate, and inconsiderate (p. 87).

2.1.7.4 Verschobenen (“eccentric”). Kraepelin’s eccentric class encompassed those individuals who were described as lacking “uniformity or consistency in their make-up” (Hervé, 2007; Partridge, 1930, p. 88) – more precisely, such persons were said to present with “mental lives” that were, in various respects, unconventional, atypical, and unusual, relative to the general population (Partridge, 1930, p. 88). According to Hervé (2007), such individuals, by contemporary diagnostic standards, would likely be described as displaying marked schizotypal qualities. Kraepelin stated that eccentric individuals displayed “queer notions,” “extravagance in their viewpoints,” impaired judgment, and mildly distorted, though not significantly compromised, reasoning abilities (1927, as cited in Partridge, 1930, p. 88). Kraepelin further noted that eccentric individuals tended to display peculiarities in expression, presenting as bombastic, laboured, and somewhat odd in their communication. As a group, such individuals were described as generally capricious and unpredictable, their “plans and occupations changing frequently,” their conduct often “aimless, contrary, and incomprehensible” (p. 88). A clearly diverse class, Kraepelin indicated that eccentrics were typically cheerful, “emotionally excitable,” opinionated, and boastful, but could also present as primarily depressed, irritable, or sentimental (p. 88). Some members of the class were said to be quarrelsome, argumentative, scolding, complaining, fault-finding, and prone to take “sudden dislike of others” (p. 88). Others were set apart as being highly “artistic and inventive” (p. 88). Still others were said to appear “schrewd, cunning, and highly evasive” in nature (p. 88). Kraepelin also noted that members of the eccentric class may display proneness toward “excess drink” (p. 88).

As indicated above, while Kraepelin’s account of the *psychopathic personalities*, at its most-general level, remained consistent with the core construct first described by Pinel (1801/1806) – that is, identifying a broad group of individuals who were profoundly self-defeating and destructive, despite unimpaired intellect, sensorium, and rational capacity – he noted that certain classes of psychopathic personality, the eccentric in particular, may be related to, or continuous with, more obvious forms of madness/insanity (e.g., Arrigo & Shipley, 2001;

Hervé, 2007; Millon, Simonsen, & Birket-Smith, 1998; Partridge, 1930; Stover, 2008). Indeed, Kraepelin suggested that the eccentric class, in certain cases, “may lie in the foreground of psychosis,” the individual’s distorted and unconventional thinking patterns, under particular conditions, occasionally giving way to delusional ideas and other more “mature” psychotic symptoms (Arrigo & Shipley, 2001; Partridge, 1930, p. 64). In this respect, Kraepelin situated certain variants of the eccentric class as so-called “borderline phenomena,” adding a further layer of complexity, subtlety, and ambiguity to the evolving demarcation between sanity and insanity (p. 60; see also Arrigo & Shipley, 2001, Hervé, 2007; Hoff, 1998; Millon, Simonsen, & Birket-Smith, 1998).

2.1.7.5 Leugner und schwindler (“liar and swindler”). Kraepelin defined the liar and swindler class as “those individuals who practiced deception and dishonesty for the intrinsic joy that it brought to them” (Millon, Simonsen, & Birket-Smith, 1998, p. 10). Described as “naturally cheats and occasionally thieves,” such individuals were said to lack an inner sense of morality and responsibility to others (Arrigo & Shipley, 2001; Kraepelin, 1903-1904/1912, p. 527); they were further described as engaging in frequent schemes, fabrications, and fraudulent acts, inclined to make use of aliases, and prone to accumulate substantial debts that would invariably remain unpaid. Kraepelin also stated that sexual deviance and related offences were particularly common among the membership of this class. He further noted that such individuals were particularly “likely to claim amnesia if arrested” or discovered in a scheme (1927, as cited in Partridge, 1930, p. 88). An early history of lying, “hyperactivity of imagination,” and “inaccuracy of recollection” were also said to be common among the membership of this class (Kraepelin, 1903-1904/1912, p. 526). These individuals were also noted to be glib, charming, manipulative, and superficial (Arrigo & Shipley, 2001; Millon, Simonsen, & Birket-Smith, 1998) – according to Kraepelin, they would appear “well-mannered and socially-appropriate, yet were inwardly calculating, self-serving, and cold”; they would “make good appearance, at first seeming gifted, appearing to be well-informed, but their knowledge [would inevitably prove shallow]” (1927, as cited in Partridge, 1930, p. 88). As a rule, continued Kraepelin (1903-1904/1912), the members of this class were “uncertain in will power,” lacking in perseverance, and highly capricious in their aims; he noted that such individuals “learn readily, but are not orderly or consistent in mind...they do not stick to things and accomplish nothing” (pp. 526-527). Of final note in this respect, Kraepelin indicated that such individuals generally presented

as good-natured, optimistic, and elated; he noted that certain members of this class could appear highly “theatrical and affected” in nature (1927, as cited in Partridge, 1930, p. 88).

2.1.7.6 Streitsuechtige (“quarrelsome/pseudo-quarrelsome”). Members of the quarrelsome/pseudo-quarrelsome class were cast as morbidly self-centered, grandiose, easily-slighted, litigious, and “constantly at conflict” with others (Millon, Simonsen, & Birket-Smith, 1998, p. 10). These individuals were said to display sub-clinical levels of paranoia, suspiciousness, skepticism, and distrust, often inclined to believe, for example, that others were organized against them. Such persons were described as passionate and highly sensitive, tending to exaggerate the importance of all things and to become “excited over even trivial matters” (Arrigo & Shipley, 2001; Partridge, 1930, p. 89). According to Kraepelin, they could be rigid and pedantic in their beliefs as well as “warped and unreliable” in their judgment; their recollections were often distorted by “emotional coloring” (1927, as cited in Partridge, 1930, p. 89). Cast as profoundly contentious, the members of this class were prone to dispute and altercation with others. They were described as highly persistent, unrelenting, grudging, and intractable in their approach to such conflicts. As noted by Hervé (2007), such individuals would likely be identified as highly schizoid in their personality orientation, according to current diagnostic standards.

2.1.7.7 Gesellschaftsfeinde (“antisocial”). Finally, and based explicitly on Lombroso’s *born criminal* construct (Hoff, 1998; Millon, Simonsen, & Birket-Smith, 1998; Partridge, 1930), Kraepelin’s antisocial class was said to capture a group of “destructive and threatening” individuals who were described as “morally-blind,” lacking in social feelings, “oppositional to organized society,” criminally versatile, and entirely remorseless with respect to their persistently violent, antisocial, and aggressive conduct (1927, as cited in Partridge, 1930, p. 88; see also Arrigo & Shipley, 2001, Hervé, 2007). As summarized by Partridge (1930), this class was said to represent “the enemies of society,” uniformly characterized by a profound “blunting of the moral elements” and a reckless “incapacity to delay gratification of the self-serving desires” (p. 88, see also Millon, Simonsen, & Birket-Smith, 1998). Such individuals were noted to be “quick and verbose in expression,” to exhibit “[c]hildish vanity and conceit,” to dislike and avoid “regular occupations,” to present with “no ambition or far-reaching interests,” to “lack judgment, foresight, and discrimination,” and to routinely “lie and blame others” for their misconduct (Partridge, 1930, pp. 88-89). Kraepelin, further described these apparently-labile

individuals as “generally cheerful and confident, sometimes arrogant, surly, irritable, sulky and occasionally depressed or anxious”; they were noted to “change from one mood to another unexpectedly,” with outbursts of anger being particularly common among them (1927, as cited in Partridge, 1930, p. 89). While emotionally uneven and shifting, the overall amplitude, intensity, and range of their affective responses were said to be restricted – indeed, Kraepelin asserted that among such individuals there was a clear “lack of deep emotional reaction; and of sympathy and affection they have little” (1903-1904/1912, p. 518). Kraepelin also emphasized that members of the antisocial class were apt to present with a history of early behavioural problems, including, for example, school maladjustment, truancy, precocious thievery, and running away. “[S]ooner or later,” Kraepelin continued, these individuals would inevitably develop a proneness to “hysterical attacks, hypochondriacal concerns, fainting spells or convulsions” (1927, as cited in Partridge, 1930, p. 89). Of note, Millon, Simonsen, and Birket-Smith (1998) emphasize that the antisocial class (along with certain subtypes of the impulsive and the liar and swindler classes) would likely be interpreted as most consistent with, or relevant to, the contemporary forensic psychological construct of psychopathy (see also Hervé, 2007; Stover 2008).

As mentioned briefly above, Kraepelin’s *psychopathic personalities*, by present diagnostic standards, would be seen as representing a broad, extremely inclusive, and highly diverse array of personality pathology (Arrigo & Shipley, 2001; Hervé, 2007; Millon, Simonsen, & Birket-Smith, 1998). According to Schneider (1923-1950/1958), for example, Kraepelin’s numerous and varied subclasses could be organized along a “vastly wide continuum [original emphasis],” ranging from primarily “passive” forms of maladaptive character (i.e., those in which “reactions were typically focused inward” and suffering was experienced mainly by the “individual alone”) to those that were clearly more “active” in nature (i.e., those in which “reactions were generally focused outward” and in which it was primarily “others, the community, and society at large that were made to suffer”) (p. 11; see also Millon, Simonsen, & Birket-Smith, 1998; Partridge, 1930). Passive subtypes, continued Schneider (1923-1950/1958), tended to exhibit anxious/neurotic, depressive, self-destructive, eccentric, and more *asocial* qualities; active subtypes were socially antagonistic, interpersonally destructive, often overtly aggressive and violent, bellicose, prone to conflict with the law, and decidedly more *antisocial* in their behavioural presentation.

Also of note, despite their varied symptomatological presentations, Kraepelin cast the *psychopathic personalities*, collectively and uniformly, as being decidedly unresponsive to

intervention (1903-1904/1912). Indeed, similar to Prichard (1835), Maudsley (1874), and others, Kraepelin espoused a high degree of therapeutic pessimism, at one point summarily describing the *psychopathic personalities* as “enduring, long-standing, biologically-based afflictions that offered little hope for intervention and recovery” (Millon, Simonsen, & Birket-Smith, 1998, p. 10).

As a final point with respect to Kraepelin, it should be noted that his typological approach was readily adopted by a host of his immediate contemporaries, prompting the development of numerous, albeit fundamentally similar, descriptive typologies of personality disturbance (see, for example, Kahn, 1928-1930/1931; Koch, 1891-1893; Schneider, 1923-1950/1958, and so on). Often subsumed collectively as the “German school” of personality taxonomy (Hervé, 2007; Millon, Simonsen, & Birket-Smith, 1998, p. 8; Stover, 2008), these various typologies were often exceedingly complex, elaborate, fine-grained, and unwieldy. Consistent with their Kraepelinean roots, representatives of the German school typically described their various categories of personality deviation as reflecting biologically-based/heritable forms of “degeneration,” which typically lacked amenability to intervention (Millon, Simonsen, & Birket-Smith, 1998, p. 10). Of note, rather than reviewing the work of numerous German taxonomists, I include herein only that of Kraepelin, which I see as representing the earliest, most influential, and widely cited exemplar of this broad tradition (for a more involved review of the German tradition and its various figures, the interested reader is referred to Partridge, 1930).

2.1.8 Karl Birnbaum: “the sociopathic” (1917)

The German-American psychiatrist Karl Birnbaum (1917), a contemporary of Kraepelin and other members of the German school, was the earliest scholar to suggest that the term *sociopathic*, rather than psychopathic, may represent a more fitting overall moniker for the personality deviations described by his various peers (see also Millon, Simonsen, & Birket-Smith, 1998). While Birnbaum would use the two labels interchangeably, he asserted that the *sociopathic* designation more aptly and explicitly captured what he saw as the external, environmental, and “sociological” determinants of the character deviations in question (Birnbaum, 1930, p. 70; Millon, Simonsen, & Birket-Smith, 1998; Stover, 2008). In a sharp contrast to other scholars, Birnbaum (1917) asserted that the vast majority of such deviations did not reflect the presence of an underlying “degenerative” biology, organic disorganization, or inborn predisposal to crime, antisocialist, and destructiveness (p. 544). Birnbaum (1930)

maintained that the individual's problematic character traits and frequent behavioural misconduct were the products of deficiencies in early social learning, shaped by exposure to "asocial" (p. 73) and dysfunctional formative environments that "rendered acceptable modes of conduct difficult to acquire and practice" (Millon, Simonsen, & Birket-Smith, 1998, p. 12). Birnbaum (1930) he situated the *sociopathic* deviations as "acquired peculiarities of personality" (p. 64), socially-conditioned through one's interaction with "the stimuli of life...and called forth through definite experiences and through reaction to the environment" (p. 70). Birnbaum (1930) further noted that certain "constellations" (p. 70) of early environmental factors/conditions would result in particular variations of the *sociopathic* character – that is, the various distinct types and subtypes of *sociopathic* personality, he asserted, reflected the broad range of problematic early environments that one could potentially be exposed to (see also Millon, Simonsen, & Birket-Smith, 1998; Stover, 2008).

Of note, Birnbaum's (1917) account of the *sociopathic* can be seen to reflect a larger intellectual context in which the earliest roots of social psychiatric theory were beginning to take hold (e.g., Opler, 1967). Indeed, while bio-psychiatric models would remain highly influential, greater acknowledgement, consideration, and debate regarding the potential role of external, contextual, relational, and social interactional factors in the causation, maintenance, and exacerbation of mental disturbance were then-beginning to infuse the broader psychiatric discourse (e.g., Opler, 1967).

More specifically, I would argue, Birnbaum's (1917) account also reflected the growing influence of psychoanalytic thought within mainstream psychiatry. Indeed, drawing directly on the early works of Freud, Adler, and others, Birnbaum's (1930) description of the *sociopathic* was rooted in the assumption that 'healthy' character developed through certain normative interactions within the early environment. Offered an "appropriate" and adequately-nurturing early context, he asserted, individuals would progress through a linear series of personality stages, moving from those that were "infantile," "immature," and "non-social," to those that were "mature," developed, and "socialized" (p. 70). In the case of the *sociopathic*, he continued, exposure to "inappropriate" or deficient formative experiences, particularly within the domain of child-parent interaction, had impeded personality development, "preserving character in asocial directions" and causing the individual to become "arrested" at a relatively early developmental stage (p. 70-73). These "socio-psychically underdeveloped" individuals, continued Birnbaum,

would exhibit a variety of accordingly juvenile character traits (e.g., “defiance, hate, aggressive bearing toward others”) along with “inferior” forms of behaviour (e.g., “vagabondage, prostitution, sexual perversion, crime, suicide, excessive drink, and various other antisocial acts”) (p. 72). Of note, Birnbaum’s account would serve as a key reference for many subsequent scholars who would conceptualize the “psychopathy,” under whatever particular moniker, from a psychoanalytic/psychodynamic perspective (e.g., Abraham, 1925/1955; Aichorn, 1925; Alexander, 1924-25/1935; Allen, 1950; Arieti, 1963; Bartemeier, 1930; Corait, 1927; Friedlander, 1945; Karpman, 1941; Kernberg, 1975, 1984; Levy, 1951; Meloy, 1988; Partridge, 1930; Wittels, 1937).

Consistent with his “sociological” (p. 70) formulation – and in sharp contrast to the majority of previous accounts – Birnbaum (1930) suggested that *sociopathic* character deviations were associated with at least some degree of plasticity. Specifically, Birnbaum observed that *sociopathic* individuals would occasionally exhibit what he referred to as a “late maturity” or “secondary balancing of the personality” (i.e., an attenuation of their problematic character traits and antisocial behaviours) later in life, usually occurring “at about age thirty” (p. 75; see also Kahn, 1928-1930/1931). In general, Birnbaum (1930) attributed this belated maturation to the influence of corrective social conditioning that would sometimes occur, naturalistically, during early-to-middle adulthood. Furthermore, Birnbaum suggested that this apparent plasticity and potential for re-conditioning might be manipulated more directly (i.e., therapeutically), forming the basis for effective intervention and treatment. Indeed, according to Birnbaum, it was “not permissible to see in [the *sociopathic*] something that is fixed and unchangeable...we must recognize in them, in general, a capacity for change, a certain flexibility” (p. 77). “Were we to place such individuals in an effective milieu,” he continued, “one emphasizing appropriate social hygiene,” along with “moral education, mentoring, and guardianship,” there may be cause for “noticeable improvement” (p. 77-79). Birnbaum speculated that any such treatment would need to be intensive, yet foster independence and individual responsibility. He suggested that attempts at intervention should emphasize both remediation of the individual and the protection of society through supervision and monitoring. Despite this relatively optimistic outlook on treatment, however, Birnbaum acknowledged that there may exist a small subset of *sociopathic* individual for whom treatment “may be largely unavailing” – for this minority, he continued,

more restrictive forms of intervention may be required (e.g., extended “safe confinement”) (p. 79).

Overall, Birnbaum’s (1917) account of the *sociopathic* offered a sharp and provocative departure from what was then general zeitgeist – he effectively rejected both the biological determinism and general therapeutic pessimism that had otherwise achieved canonical status (Millon, Simonsen, & Birket-Smith, 1998). Of particular interest, Birnbaum’s (1917) assertions can be seen to provide alternative avenues for blame, accountability, and condemnation (at least to some extent). Indeed, by positioning the *sociopathic* individual as the product of “his early social conditions,” society itself (i.e., ‘us’) was subtly implicated/indicted (Partridge, 1930, p. 83). By Birnbaum’s (1917) account, *sociopathic* individuals were not born into society innately, naturally, or *a priori* ‘defective,’ but were rendered such by the deleterious conditions, factors, and circumstances permitted there within – these individuals, I would argue, were not regarded as atavistic throwbacks who failed to meet the standards of society, but as individuals who, early on, were failed *by* society.

Of final note in this respect, while numerous scholars subsequent to Birnbaum (1930) would endorse and build upon his “sociological approach” (p. 70), many others would continue to assert that biological/organic factors were etiologically paramount to the personality deviations in question. At best, I would argue, this broad-based etiological debate remains generally unresolved within the contemporary forensic psychological literature.

2.1.9 G. E. Partridge: “essential sociopath” (1930)

In response to a proliferation of increasingly “expansive,” highly variegated, and non-overlapping typologies of the psychopathic/sociopathic personality deviations, a number of scholars, particularly in North America, began to call for a narrowing, pruning, and refinement of the construct – one of the earliest among them being American psychologist G. E. Partridge (1927, 1930; Hervé, 2007, p. 36; Millon, Simonsen, & Birket-Smith, 1998). According to Partridge (1930), the psychopathic/sociopathic personality construct had become so lacking in diagnostic specificity as to be devoid of all clinical and academic utility. Partridge cast the psychopathic/sociopathic moniker as capturing a “bewildering array of conditions,” encompassing virtually any form of “deep and chronic mal-adjustment,” and “categorizing any person who displayed a marked deviation in character, of whatever kind” (p. 81). Reminiscent of Maudsley (1874), Partridge argued that clinical/academic attention should focus exclusively

on those psychopathic/sociopathic variants that were most “chronically and persistently” antisocial in their behaviour *and* among whom such behaviour was driven explicitly by socially deviant “inner motivation” (Partridge, 1930, p. 97) – Partridge referred to this distinct subset as *essential sociopaths*.

According to Partridge (1930), this narrowed focus would limit attention to those psychopathic/sociopathic manifestations that were “of greatest importance from the standpoint of society at large” (i.e., those variants that were most inclined to be “outwardly destructive,” disruptive, and damaging to others) (p. 81). Partridge further stated that such focus properly reflected the “large place that violence and [antisocial behaviour] had historically maintained in the identification and conception of the psychopathic types” (p. 75), citing the accounts of Pinel (1801/1806), Prichard (1835), and various others in this respect. Of particular importance, Partridge’s (1930) attempt to narrow the psychopathic/sociopathic construct necessarily (and intentionally) “pruned away” those variants that were “self-suffering,” anxious/neurotic, and “passive” in nature – a move that would come to be emulated by numerous scholars as they continued to refine and restrict the construct (Hervé, 2007, p. 36; Millon, Simonsen, & Birket-Smith, 1998). Eventually, the absence of self-suffering and anxious/neurotic attributes would come to be regarded as a key/explicit defining feature of the contemporary forensic psychological construct of psychopathy.

Worthy of explicit attention, while Partridge (1930) situated persistent antisocial behaviour, up to and including criminal conduct, as a necessary feature of the *essential sociopath*, he clearly emphasized that such behaviour was not sufficient thereto. Indeed, Partridge limited the *essential sociopath* to those individuals whose chronic misbehavior “existed in direct and causal relation to anti-social drives, interests, urges, and motivations” (p. 55) – that is, those individuals for whom “long-standing and perpetual anti-social conduct” represented the “visible extensions, so to speak, of deep ledges” (p. 75). In this respect, Partridge cast the *essential sociopath* as a “unique subset” within the broader, more omnibus class of behaviourally antisocial persons – specifically, those who were willfully, purposively, and motivationally so. According to Partridge, the *essential sociopath* was guided by a “socially deviant inner orientation,” possessing as a “core trait deep and persistent sets in some direction which produce[d] consistent anti-social behavior” (p. 97). Partridge’s assertion that the *essential sociopath* possessed a

distinct propensity toward antisocial conduct, I would argue, can be seen to reference previous accounts by Maudsley (1874), Krafft-Ebing (1886/1965), and others.

With respect to etiology, Partridge (1930) espoused a position that was highly similar to that of Birnbaum (1917), proposing that early social conditioning played a principle role in formation of the *essential sociopath*. Summarized briefly, Partridge (1930) asserted that defective child-parent interaction had resulted in “fixation” at an immature stage of personality development – specifically, that is, at the “oral” stage (p. 57). As with Birnbaum (1917), Partridge’s (1930) etiological account thus reflected the strong, if not near-hegemonic, influence of psychoanalytic thought within his immediate intellectual context.

Turning to the subject of treatment, Partridge (1930) acknowledged that the psychopathic/sociopathic personalities, as a general class, had come to be regarded as “virtually synonymous with therapeutic hopelessness” (p. 57). According to Partridge, the vast majority of scholars, and particularly those adopting a “biologically-reductive” etiological perspective (p. 96), associated the psychopathic/sociopathic deviations with incorrigibility and with non-responsiveness to “traditional, established, and ‘usual’ modes of intervention, remediation, and re-education” (p. 57). This widespread therapeutic pessimism, he continued, had significant practical implications – specifically, that is, presumed to be “fixed and incurable,” psychopathic/sociopathic individuals were “typically passed along with scant attempt at true therapy” (p. 94). Moreover, Partridge positioned this strong brand of therapeutic pessimism as largely self-sustaining – indeed, because “the psychopathic mal-adjustments were seldom considered from the therapeutic angle,” he asserted, relevant advances, knowledge development, and “discovery” were unlikely to occur (pp. 94-95).

Further in this respect, Partridge (1930) was among the first to assert that expectations of therapeutic pessimism were rooted primarily, if not entirely, in clinical anecdote, remaining virtually unsupported by more “systematic” forms of observation (p. 95). Indeed, despite “entrenched” pessimism, he opined, “the final analysis on treatment [should be seen as] far from complete” and “therapeutic intractability” need not be considered “necessary” to the psychopathic/sociopathic deviations (pp. 96-97). Moreover, Partridge went as far as to speculate that treatment approaches emphasizing immersion within a corrective/reformative social milieu might offer a particularly promising avenue for intervention – this assertion, of course, was clearly consistent with his etiological formulation. Though he certainly acknowledged that the

essential sociopath would likely pose significant challenges with respect to intervention, he asserted that “appropriately-tailored” sociological treatments offered the “strong prospect of positive result” (p. 97).

Lastly regarding Partridge (1930), it is worth noting that he dedicated ample attention to the issue of legal culpability, as it related to the *essential sociopath*. Departing from Prichard (1835), and various others, Partridge (1930) argued that *essential sociopathy* should not provide a basis for legal arguments of diminished responsibility. Again reflecting a certain ambiguity, Partridge stated that although such individuals were clearly to be regarded as the “victims” of mental disorder/illness, they “should not be acquitted, as a rule, on the grounds of abated responsibility” (p. 98). Moreover, despite implicating sociological factors/conditions in the development of *essential sociopathy*, Partridge assigned full criminal responsibility/culpability strictly to the “afflicted” individual (p. 98). He argued strongly that any debt to society incurred by the *essential sociopath* was not to be mitigated, attenuated, or in any way dismissed. Of note, Partridge’s firm stance in this respect, at least partly, seemed to reflect the strong brand of “social pragmatism” that had come to infuse his particular socio-historical context (see, for example, Brendel, 2003, p. 571; Stover, 2008) – indeed, Partridge (1930) asserted that “any allowance for the assertion of diminished accountability with respect to [the *essential sociopath*] would serve to greatly undermine the legal process, having decidedly adverse effects for society” and for the maintenance of collective order (p. 98).

2.2 Hervey Cleckley: The Psychopath

Within this archeology of knowledge, few accounts would likely be regarded as more significant or influential than that provided by the American psychiatrist Hervey Cleckley. Indeed, Cleckley’s treatment of the *psychopath*, articulated and slightly-refined across multiple editions of his text *The Mask of Sanity* (e.g., 1941, 1950, 1955, 1964, 1976, 1982), has come to be positioned as one of the most prominent, pivotal, and “unifying” (i.e., widely accepted) “descriptive traditions to have emerged over the last 200 years” (Arrigo & Shipley, 2001; Hervé, 2007; Stover, 2008, pp. 62-64). Logical post-positivist scholars routinely situate Cleckley’s work as a “turning point” or major “advancement in our understanding of the psychopath” (e.g., Hare, 1996; Hart & Hare, 1997; Hervé, 2007, p. 42) – Arrigo and Shipley (2001), for example, assert that the initial “publication of Cleckley’s text...is widely considered to have marked the beginning of the modern clinical construct of psychopathy” (p. 334). Given the ascribed

importance of the “Cleckleyan tradition” (Stover, 2008, p. 61), I provide below a relatively detailed review of the manner in which Cleckley constructed his *psychopath*.

In general, and highly reminiscent of Partridge (1927, 1930), Cleckley (1976) framed *The Mask of Sanity* primarily as a response to what he saw as the absence of a clear, well established, universal, and appropriately narrow definition of the “psychopathic abnormality” (p. 6). According to Cleckley, scholars, up to that point, had been “locked in a perpetual cycle of definition, followed by dissatisfaction, followed by re-definition...[an] on-going pattern of diagnostic formulation and re-formulation” (pp. 21-22; see also Partridge, 1930). Cleckley asserted that prior use of the psychopathic nomenclature, “or its so-called terminological equivalents,” had been generally vague, “imperfect,” shifting, and “lacking in consensus”; he suggested that the only consistent “commonality” among these previous accounts had been a general emphasis on immoral and socially-problematic conduct (particularly crime) (p. 7). Cleckley (1976) also stressed that prior accounts, as a rule, had been woefully non-specific, superfluous, and overly-inclusive diagnostically – in this respect, he took particular issue with members of the “German tradition” (e.g., Kraepelin) (p. 454). Cleckley further stated that these typically imprecise, “poorly-defined,” clinically non-useful, and often “widely differing opinions as to what constitute[d] psychopathic deviation” had resulted in frequent “diagnostic confusion and misapplication” (p. 454). *The Mask of Sanity*, asserted Cleckley, was his attempt to establish a “mature,” workable (i.e., specific), and “authoritative consensus” as to what the *psychopath* was and was not (p. 455; see also Stover, 2008).

Specifically, Cleckley (1976) constructed the “psychopath’s condition [as] a single, distinct, and restricted form of personality disorder” defined by a set of 16 “core features” (p. 337; Hervé, 2007; McCord & McCord, 1964; Stover, 2008); Cleckley’s account of the *psychopath* was based primarily on his extensive clinical experience – his discussion of each core feature anchored in richly-descriptive case material. According to Hervé (2007), Cleckley’s core features were highly interconnected and variously overlapping, forming a complex constellation of affective, interpersonal, and behavioural attributes. Of significance, and in “sharp” contrast to the majority of previous scholars (Arrigo & Shipley, 2001, p. 335), Cleckley placed a strong emphasis on “inner experience” (p. 334) when describing his *psychopath* – his constellation of core features, according to Stover (2008), included a large number of inferred “intrapersonal” attributes, where prior descriptive accounts had been rooted firmly, and often

near-exclusively, in “external” behaviour (or more precisely, *misbehaviour*) (p. 61). Within his descriptive framework, Cleckley further privileged the *psychopath*’s “inner life,” or “internal psychological world” (Millon, Simonsen, & Birket-Smith, 1998, p. 18), by asserting that the characteristic behavioural features exhibited by such individuals (e.g., antisocial conduct, unreliability, etc.) were ultimately the products thereof, secondary thereto, and following therefrom (e.g., Hare, 1991; Hervé, 2007; Stover, 2008, p. 62). Of brief note, Cleckley’s strong focus on the intrapersonal, I would argue, can be seen as an extension of his immediate intellectual context, implicitly reflecting American psychiatry’s firm anchoring in psychoanalytic thought (Meloy, 1988; Millon, Simonsen, & Birket-Smith, 1998; Stover, 2008).

Summarized immediately below are the 16 interrelated core features that define the Cleckley *psychopath* – for a more involved treatment of any one particular core feature, the interested reader is referred directly to recent editions of *The Mask of Sanity* (e.g. 1976):

2.2.1 *Superficial charm and good “intelligence”*

According to Cleckley (1976), the *psychopath* will generally make a positive first impression, typically presenting as sociable, agreeable, inviting, likeable, charismatic, fascinating, and possessing of many genuine interests across a wide range of topics. Such individuals, he continued, were “seemingly free from the minor distortions, oddities, and flaws that define the average person” (p. 338). Cleckley further indicated that “psychometric tests frequently show [the *psychopath*] to possess superior intelligence” (p. 338). Outwardly then, the *psychopath* was said to impress as the “very model” of normality, good intellect, and robust psychological health; everything about the individual suggesting “desirable, enviable, and superior qualities” (p. 338). Cleckley emphasized that in time, however, this presentation would all-but-invariably prove “too good to be true” (p. 338).

2.2.2 *Absence of delusions and other signs of irrational thinking*

Consistent with the core, essential, and most-fundamental aspect of previous accounts, Cleckley (1976) emphasized that the *psychopath* did not present with signs or symptoms of psychotic illness, especially hallucinations or delusions. He stressed that the *psychopath* was able to adequately recognize and test perceptual reality, exhibited excellent logical processing, and was entirely capable of understanding the consequences of antisocial conduct.

2.2.3 *Absence of “nervousness” or [clinically significant] psychoneurotic manifestations*

Building on Partridge (1927, 1930), Cleckley (1976) asserted that the *psychopath* was defined, in part, by the absence of “major psychoneurotic manifestation” – as would be observed within the context of anxiety disorder – and as being “nearly always free from the minor reactions properly regarded as ‘neurotic’ or as constituting nervousness” (p. 339). He described the *psychopath* as having “a relative immunity from the anxiety and worry as might be judged normal or appropriate in disturbing situations” (p. 367). Cleckley did acknowledge, however, that such individuals may experience periodic episodes of “egocentric tension and unease,” primarily in response to external circumstances or situations that impeded the gratification of their immediate, selfish needs (e.g., involuntary detention); he emphasized that such reactions were not deep-seated, internalized, or “self-induced,” as would be the case with genuine anxiety, but were instead predicated entirely upon immediate frustration (p. 367). Cleckley suggested that the “agitated tensions” displayed by the *psychopath* tended to be present-focused and short-lived – such individuals, he maintained, did not exhibit the future-oriented worry or fear that were conventionally associated with authentic anxiety (p. 367). Cleckley also emphasized that the *psychopath* was incapable of experiencing levels of anxiety, worry, or concern that were sufficient to support feelings of genuine remorse, shame, or guilt.

2.2.4 Unreliability

Despite projecting the “façade of being a wholly reliable individual,” asserted Cleckley (1976), the *psychopath* tended to exhibit “severe irresponsibility” across numerous contexts (e.g., employment, financial, parental, social, etc.) (p. 341). According to Cleckley, “the psychopath’s unreliability and disregard for obligations and for consequences are manifested in both trivial and serious matters, are masked by [brief] demonstrations of conforming behavior,” and cannot be accounted for by motives, incentives, mood states, or stress (p. 341). He thus noted that a certain degree of capriciousness, unexpectedness, and unpredictability defined the *psychopath’s* lack of responsibility; he described such individuals as “inconsistently inconsistent” (Stover, 2008, p. 67). Cleckley further indicated that confronting *psychopaths* with their failed responsibilities typically offered little hope of influencing their attitudes and subsequent behaviour. He suggested that the consequences of being unreliable, to both self and others, appeared to have very little relevance to the *psychopath* (Stover, 2008).

2.2.5 Untruthfulness and insincerity.

Cleckley (1976) stated that the *psychopath* displayed “a remarkable disregard for the truth and is to be trusted no more in his accounts of the past than in his promises for the future or his statements of present intention” (p. 341). Moreover, he emphasized, the *psychopath* “will lie about any matter, under any circumstances, and often for no good reason” (p.341). Cleckley described such individuals as being remarkably smooth, calm, collected, and outwardly convincing during acts of deception, regardless of their seriousness and even when faced with “easily foreseen detection” (p. 370). Also of interest, Cleckley described the *psychopath* as being “wholly unmoved” by discovery – that is, even under those circumstances in which such individuals were detected in obvious, “shameful,” and “gross falsehoods,” he asserted, they would, in most cases, ritualistically and impassively admit to their dishonesty, seldom displaying any apparent discomfort, embarrassment, or unease (p. 371). He noted that even repeated detection did little to reduce the likelihood of future dishonesty.

2.2.6 Lack of remorse or shame

Cleckley’s (1976) account of the *psychopath* also described such individuals as exhibiting a generalized failure to adopt responsibility for their misdeeds. Such persons, he noted, were characteristically unable to accept “substantial” accountability for the “various misfortunes” that they brought upon themselves and others (p. 372). He noted that blame was typically misdirected toward other individuals or placed upon external circumstances. While the *psychopath* might occasionally “go through the idle ritual” of accepting accountability, Cleckley continued, such acceptance was often devoid of sincerity, unmotivated by truly regretful insights, and more often an attempt at manipulation and deception, as opposed to the expression of genuine contrition (p. 372). Cleckley stressed that although the *psychopath’s* remorseful assertions might, at first, appear quite convincing, “with detailed questioning one will quickly discover that [the individual] is not truly penitent;” moreover, he continued, the *psychopath’s* subsequent behaviour – “which will all-but-inevitably persist in the antisocial direction” – will further reveal the absence of authentic remorse (p. 372). Worthy of note, the *psychopath’s* apparent “guiltlessness” and lack of genuine remorse would be emphasized strongly within numerous subsequent accounts, including, for example, recent editions of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (1980, 1987, 1994, 2000; see also McCord & McCord, 1964, p. 12).

2.2.7 Inadequately motivated antisocial behavior

Consistent with previous accounts, Cleckley (1976) associated the typical *psychopath* with a general pattern of antisocial conduct – including, but not limited to, criminal behaviour. He specifically emphasized that such individuals were propelled to antisocial action with very little incentive or provocation. He asserted that objective stimuli (e.g., economic gain, conscious need, etc.) were often woefully insufficient to account for the *psychopath*'s socially-destructive actions – “at times,” he continued, such persons would seemingly behave in an antisocial manner “without any apparent motivation *whatsoever* [emphasis added]” (p. 374). Compared to “others who lie, steal, fight, and so on,” continued Cleckley, the *psychopath* would commit antisocial acts for remarkably little gain, and moreover, “often in the face of great risk for detection” (p. 374). Cleckley stated that “the grossly inadequate motivation underlying the psychopath’s antisocial conduct was the primary factor that distinguished [such individuals] from the more typical criminal” (p. 374).

2.2.8 Poor judgement and failure to learn by experience

Despite “excellent” abstract rational powers, asserted Cleckley (1976), *psychopaths* displayed “the most execrable judgement about attaining what one might presume to be their ends,” their aims and objectives frequently “averted by self-defeating actions or ineffective means” (p. 345). Moreover, he continued, this poor judgement was seemingly unaltered by experience, no matter how severe the consequences. Accordingly, he described the *psychopath* as “highly insensitive to punishment and defeat,” asserting that no form of penalty was likely to provoke meaningful change among such individuals (p. 345). Reminiscent of Prichard (1835), Lombroso (1876-1897/2006), and others, Cleckley cast the *psychopath* as “relatively immune” to traditional penological interventions and as “remarkably free from the ordinary [legal] restraints that would prevent others from repeatedly carrying out antisocial activity” (p. 460).

2.2.9 Pathologic egocentricity and incapacity for love

Cleckley (1976) stated that pronounced, “immodifiable,” and “all-but-complete” self-centeredness was a major distinguishing feature of the *psychopath*; he further asserted that this profound egocentricity fueled a characteristic inability to experience object love (p. 347). Indeed, concerned wholly and exclusively with their own interests, he maintained, such individuals were unable to form deep, powerful, motivating, and enduring emotional connections to others (see also McCord & McCord, 1964). While the *psychopath* was said to be capable of “casual fondness,” of “likes and dislikes,” and of shallow reactions that, in a restricted sense,

caused “others to matter,” such responses were of limited intensity and durability (p. 374). Cleckley elsewhere stated that the *psychopath* did not experience affective reactions toward others that were “strong and meaningful enough to be called love, that is, anything that prevails in sufficient degree and over sufficient periods to exert a major influence on behavior” (p. 347). Cleckley further suggested that the limited “positive sensations” experienced through interpersonal interaction were predicated primarily upon narcissistic processes (e.g., self-aggrandizement through others, etc.) (p. 347). Also of note, Cleckley emphasized specifically the *psychopath*’s remarkable capacity to “simulate” object love, stating that such individuals were highly skilled, for example, “in pretending to love romantic partners or their own children,” despite the fact that they were largely indifferent to these “so-called loved ones” (p.348).

2.2.10 General poverty in major affective reactions

Reminiscent of Pinel (1801/1806), Cleckley (1976) emphasized strongly that a poverty of affect – specifically, of the major/“mature,” developed, “evolved,” enduring, and “deeply-felt” emotional reactions – was a key defining feature of the *psychopath* (p. 371). Cleckley stressed that this core disturbance of affect represented the *psychopath*’s most central, foundational, and fundamental attribute, asserting that “if we grant the existence of this far-reaching and persistent blocking, absence, deficit, or dissociation of [affect], we have all that is needed, at the present level of our inquiry, to account for the psychopath” (p. 371). Note here, of course, that Cleckley did not cast the psychopath as entirely devoid of *all* affective experience, as has often been erroneously concluded, but rather, he described the emotional states experienced by such individuals as being qualitatively different in “kind, depth, duration, degree, and the manner in which they [were] elicited” (p. 371). Cleckley observed that the *psychopath* exhibited a grossly-restricted range of affect, which was limited exclusively to “simple,” “immature,” “primitive,” and “quickly-dissipating” emotional reactions (pp. 371-372) – according to Cleckley:

Vexation, spite, quick and labile flashes of quasi-affection, peevish resentment, shallow moods of self-pity, puerile attitudes of vanity, and absurd and showy poses of indignation are all within [the psychopath’s] emotional scale and are freely sounded as the circumstances of life play upon [them]. But mature, whole-hearted anger, true or consistent indignation, honest, solid grief, sustaining pride, deep joy, and genuine despair are reactions not likely to be found within this scale. (p. 348)

Cleckley (1976) further described the *psychopath's* affective responses as being “opportunistic” and closely-tied to the external situation at hand. Such individuals would oscillate quickly, he asserted, between “pleasure and displeasure” in relation to moment-by-moment changes in the environment (p. 371). Cleckley argued that short-lived positive emotional states (e.g., elation, excitement, etc.) were linked to the immediate gratification of external needs, “instincts,” and drives (i.e., the momentary attainment of status, power, sex, etc.). Similarly, negative emotional reactions (e.g., impatience, agitation, discomfort, frustration, etc.) were said to be prompted by situational impediments to transient impulses (p. 372). Cleckley further stressed that the *psychopath* lacked the ability to effectively tolerate even the slightest degree of negatively-valenced “emotional build-up (or tension),” asserting that such affective states could be endured for only a brief period of time before being acted upon behaviourally – in this respect, he cast the *psychopath* as being largely “unable to postpone the gratification of [his or her] immediate and infantile needs” (p. 348).

Also of note, Cleckley (1976) emphasized specifically that the *psychopath's* affective range did not include the experience of “complex social emotion” – that is, those sophisticated affective states “having significant social, interpersonal, and future implication” (e.g., love, empathy, compassion, loyalty, etc.) (p. 410). Cleckley noted that such emotions provided the fundamental bases for the fidelities, commitments, obligations, and shared sense of purpose/experience that allowed society to function cohesively. He noted that complex social emotions, at least for the non-psychopath, served to convey important social messages that facilitated the control, suppression, and modulation of basic human impulses in favour of the larger group. Thus, maintained Cleckley, not only was the *psychopath* quickly and powerfully moved by fleeting and shallow emotional reactions, but he or she was simultaneously “uninhibited by deeper ones” (p. 410). As summarized elsewhere by Hervé (2007):

...lacking in complex social emotion...[psychopaths] are guided only by their short-circuited, behaviorally-motivating affective reactions...left with no alternatives other than to uninhibitedly act upon their immediate needs...in whatever manner they see fit...and doing so irrespective of whether or not [their] behavior is socially sanctioned...Unable to postpone gratification and devoid of [social] emotional safe-guards, [the psychopath is] prone to engage in an impulsive, irresponsible, and socially-damaging lifestyle. (pp. 38-39)

On account of the *psychopath's* profound emotional shallowness, Cleckley (1976) described such individuals as lacking the capacity to experience and navigate life in a manner comparable to that of “non-psychopaths” – specifically, that is, in a “genuine and truly meaningful fashion” (p. 432). According to Cleckley, the *psychopath* lacked the affective “ingredients” (p. 422) that lent meaning to those experiences that would ordinarily and “otherwise represent significant and moving life events” and that underlay the “ability to pursue seriously the primary aims and chief goals of human existence” (p. 432). Moreover, he continued, the *psychopath* did not possess the emotional capacity to recognize, understand, or appreciate the importance that such events, experiences, aims, and goals would typically hold for others. As summarized by Cleckley:

Without suffering or enjoying in significant degree the integrated emotional consequences of experience, the psychopath will not learn from it to modify and direct his activities as other men...modify and direct theirs. He will lack the real driving impulses which sustain and impel others toward their widely differing but at least subjectively important goals. He will naturally lack insight into how he differs from other men, for of course he does not differ from other men as he sees them. It is entirely impossible for him to see another person from the aspect of major affect experience, since he is blind to this order of things...His subjective experience is so bleached of deep emotion that he is invincibly ignorant of what life means to others...However intelligent, he only assumes that other persons are moved by and experience the ghostly facsimiles of emotion or pseudoemotion known to him. (pp. 406-422)

As a subtle but important point, Cleckley (1976) emphasized that affective profundity was the ultimate foundation of “morality and conscience” (p. 470). Indeed, he asserted that “moral sentiment was a learned phenomenon, the development of which required, and was reinforced by,” an appropriate degree of emotional awareness and a sensitivity to the affective experience of others (p. 471). Lacking emotional depth, he continued, *psychopaths* failed to develop a “well-functioning conscience,” facilitating their typical pattern of amoral and socially-problematic behaviour.

Of final comment in this respect, Cleckley (1976) again noted the *psychopath's* remarkable ability to “simulate” certain reactions; he indicated that such individuals would “mimic” convincingly the mature emotional expressions of which they were said to have only

“superficial, intellectual, or theoretical understanding” (p. 348). The *psychopath*, he maintained, can use “eloquently and vividly” the words that signify emotional sensation and “can learn to reproduce appropriately all the pantomime of feeling, but...the feeling itself does not come to pass” (p. 410). Inevitably, he continued, the *psychopath* remains wholly “unable to grasp emotionally the major components of meaning or feeling implicit in the thoughts that [he or she] expresses and the experiences [that he or she] appears to go through”. The apparently “heartfelt” evocations of the *psychopath*, asserted Cleckley, were, invariably, mere “mechanical” imitations of the “real thing” (p. 406).

2.2.11 *Specific loss of insight*

Cleckley (1976) also described the *psychopath* as displaying a marked failure to recognize, or “to size up normally,” the atypical, problematic, and highly destructive nature of his or her behavioural misconduct, specifically (p. 351). Cleckley emphasized that this “astonishing defect in realization” was entirely genuine, rather than representing a conscious, willful, or calculated attempt to avoid responsibility. Indeed, entirely “oblivious to the subjective experience of others,” he argued, *psychopaths* had no inkling of the damage that they inflicted thereupon and were thus “incapable of realistic, genuine, and moving self-appraisal concerning [their] socially and interpersonally destructive actions” (p. 351). Having “absolutely no capacity” to see themselves as others do or to “know how others feel” (p. 350), continued Cleckley, *psychopaths* would often find it difficult to “understand why [others] continually criticize, reproach, quarrel with, and interfere with [them]” (p. 427); similarly, such individuals would often fail, genuinely, to appreciate the legitimacy of the legal punishments that they would incur, typically regarding such penalties as “malevolent and unjust” (p. 386).

2.2.12 *Unresponsiveness in general interpersonal relations*

According to Cleckley (1976), the *psychopath* was also defined by a characteristic insensitivity and unresponsiveness to expressions of kindness, trust, warmth, and compassion from others. He stated that regardless of the “good will, charity, patience, and accommodation that may be extended toward the psychopath, whether from family, the courts, hospital staff, etc., such an individual would experience no meaningful and enduring reaction of appreciation as a result” (p. 388). While the *psychopath*, asserted Cleckley, may sometimes offer “self-serving” declarations of appreciation and gratitude, primarily as a means of achieving personal aims, such gestures were entirely insincere and superficial (p. 388). Similarly, Cleckley noted that the

psychopath would fail completely to extend any sense of kindness, warmth, and general consideration to others, thereby situating such individuals as remarkably cold, callous, and interpersonally immovable.

2.2.13 *Fantastic and uninviting behavior with drink and sometimes without*

In line with certain previous accounts (e.g., Kraepelin, 1903-1904/1912), Cleckley (1976) described an association between the *psychopath* and ‘problematic’ alcohol use. Indeed, not only did he suggest that “considerable overindulgence” was a common occurrence for such individuals, he further emphasized that the disinhibiting effects of alcohol, in even minimal amounts, often prompted the *psychopath* to exhibit extreme and disproportionately “shocking, fantastic, uninviting or relatively inexplicable behavior” (p. 388). In this respect, Cleckley distinguished “between psychopaths and others who drink, moderately or excessively,” stating that “good criteria for differentiation...can be found in what tendencies emerge after similar amounts have been consumed” (p. 390). Cleckley stated that while “ordinary alcoholics” might occasionally exhibit “spectacular, outlandish and inanelly coarse” behaviours, similar to those routinely displayed by the imbibing *psychopath*, such an occurrence would invariably require the “benefit of extreme inebriation” (p. 390). For the *psychopath*, he noted, “shockingly [antisocial], unacceptable and self-defeating behaviors” were readily and consistently elicited by even sparing amounts of drink (p. 390). Cleckley further indicated that exceedingly “vulgar” and “buffoonish” (p. 392) behaviour, on occasion, would even occur in the absence of alcohol consumption. Also of importance, Cleckley was careful to stress that the *psychopath*’s more generalized pattern of antisocial conduct, even if relatively less “spectacular,” would necessarily “persist when sober” (p. 391) – he emphasized strongly that this pattern of destructive behaviour was not exclusively the result of alcohol misuse alone.

2.2.14 *Suicide rarely carried out.*

Cleckley (1976) remarked that the *psychopath* displayed a “specific and characteristic immunity” from completed suicide (p. 359). Indeed, consistent with earlier accounts (e.g., Partridge, 1930), he emphasized that such individuals, although clearly self-defeating in various respects, tended not to be “inwardly-focused” in their destructiveness (Stover, 2008, p. 76). Cleckley noted that while the *psychopath* would “frequently proclaim suicidal intentions,” such threats were rarely sincere and seldom acted upon (P. 359). He further described these suicidal assertions as primarily manipulative and dramatic gestures, aimed at achieving some manner of

personal gain, and often made with “remarkable cleverness, premeditation, and histrionics” (p. 359).

2.2.15 Sex life impersonal, trivial and poorly integrated

Related directly to the *psychopath*’s incapacity for object love, asserted Cleckley (1976), the sexual interactions engaged in by such individuals were said to be largely impersonal, superficial, lacking in intimacy, and free from emotional involvement. For the *psychopath*, he maintained, the sexual act was typically devoid of deep personal significance, associated only with “localized and quickly-dissipating physical pleasure” (p. 390). Finding very little meaning in the sexual experiences that were “so deeply exhilarating for the ordinary man,” he continued, the *psychopath* tended to exhibit a decidedly “trivial,” casual, nonchalant, promiscuous, emotionally uncomplicated, and perfunctory approach to sexual activity (p. 397).

In further describing the *psychopath*’s sexual functioning, Cleckley (1976) stated that such persons could be relied upon to engage, *occasionally*, in deviant, atypical, and “unacceptable sex practices” (p. 397). In support of this assertion, Cleckley provided case examples in which the *psychopath* would attempt to initiate intercourse with an “in-law” or “best friend’s wife,” to enter into “love triangles,” to engage in acts of prostitution, or to capriciously initiate other forms of “indecent” sexual conduct (p. 363). He noted that the *psychopath*, at times, appeared “to strive at mocking basic decency and conventional sexual relationships...[his or her] sexual exploits chosen almost purposively to put the subject, as well as others, in positions of sharp indignity and distastefulness” (p. 363).

While Cleckley (1976) thus described a general association between the *psychopath* and deviant sexual behaviour – echoing several of his predecessors in this respect (e.g., Krafft-Ebing, 1886/1965) – he was clear to qualify what he saw as the mediated nature of this relationship. Cleckley emphasized that the *psychopath*’s occasionally “immature” sexual conduct, in most cases, did not reflect a “consistent, strong and well-formulated pattern” of deviant ideation, predilection, or interest (p. 394). Instead, he continued, the *psychopath*’s intermittent forays into “abnormal” sexual activity, in large part, were best regarded as but one aspect of a more generally impulsive, disinhibited, and unrestrained nature (pp. 395-397). According to Cleckley:

...periodic sexual misconduct was not surprising in view of [the *psychopath*’s] notable tendencies to hit upon unsatisfactory behavior in all fields and [his or her] inability to take seriously what would to others be repugnant and regrettable...In contrast to others, the

psychopath requires impulses of scarcely more than whimlike intensity to bring about unacceptable behavior in the sexual field or in any other. (p. 397)

2.2.16 Failure to follow any discernable life plan

Cleckley (1976) further described the *psychopath* as displaying a marked incapacity to follow any *consistent* life trajectory, antisocial or otherwise. He argued that such individuals seemed almost purposive in “mak[ing] a failure of life,” often cutting short successful activities in a “bizarre and incomprehensible fashion” and routinely “giving in to trivial impulses that lead to trouble” (p. 364). The *psychopath*, he continued, did “not maintain an effort toward any far goal at all,” seeming instead to “actively embrace obvious pathways to failure” (p. 364). Once again, Cleckley emphasized that this profoundly self-defeating pattern existed in striking juxtaposition to the *psychopath*’s intact rational and intellectual capabilities.

Having identified these 16 interconnected core features, Cleckley (1976) summarized the *psychopath*’s overarching presentation as involving a persistent “disconnect” between expression and behavior – that is, a unifying tendency to “say one thing and do another” (p. 419). In the *psychopath*, suggested Stover (2008), Cleckley described an individual who would verbalize convincingly love, fidelity, and other mature affections, where none existed; one who could communicate the principles of good judgement, sound reason, and goal-directedness, despite the inevitable display of woefully self-defeating behaviour; one who would express apparently “heartfelt” remorse, shame, and guilt, only to promptly reoffend; one who would describe insight regarding prior misdeeds, and yet demonstrate none (p. 82) (see also Millon, Simonsen, & Birket-Smith, 1998). In similar respect, Cleckley emphasized that the typical *psychopath* would often present “appropriately” under theoretical or abstract conditions (e.g., during psychiatric/psychological examination) but would consistently function differently under the practical conditions of everyday life:

The surface of the psychopath...that is, [all that] can be reached by verbal exploration and direct examination, shows up as equal to or better than normal and gives no hint at all of the disorder within. Nothing about [the individual] suggests oddness, inadequacy or moral frailty...A brilliant mimicry of sound social reactions will occur in every test except the test of life itself. (pp. 419-422)

Further in this respect, Cleckley (1976) described the *psychopath* as maintaining an outer “mask of sanity” (p. 408) – that is, “a façade of mechanically correct peripheral functioning” (p.

418) that provided the veneer of normalcy/robust mental health and concealed the underlying “inability to be authentically human in all imaginable regards” (p. 408). The *psychopath*, he continued, thus offered a puzzling clinical presentation in which the outer “instrumentalities” needed for the production of “appropriate human behavior” were intact and functional, yet seemed to operate in a manner independent of any meaningful “inner direction” (p. 415).

According to Cleckley:

...we are dealing here then not with a complete man at all but with something that suggests a subtly constructed reflex machine which can mimic the human personality perfectly.

This smoothly operating psychic apparatus reproduces consistently not only the specimens of good human reasoning but also appropriate simulations of normal human emotion in response to nearly all the varied stimuli of life. So perfect is this reproduction of the whole and normal man that no one who examines him in a clinical setting can point out in scientific or objective terms why or how he is not real. And yet we eventually come to know or feel we know that reality, in the sense of full, healthy experiencing of life, is not here. (p. 370)

Also of importance, and highly similar to Partridge (1930), Cleckley (1976) emphasized strongly that only a small subset of the behaviourally antisocial individuals confined to prisons, jails, forensic institutions, and hospital wards would exhibit the “underlying psychopathic personality features” that he had described (Hervé, 2007, p. 42). According to Hervé (2007), Cleckley cautioned against using the *psychopath* moniker in an overly inclusive manner – that is, to capture a “broad array of clinically enigmatic persons with antisocial features, only some of whom were in fact psychopaths” (p. 42). The “true psychopath,” continued Cleckley (1976), “would differ fundamentally from the ordinary criminal or rascal” (p. 458).

In addition to his assertion that not all criminals, rascals, or “antisocial failures” were *psychopaths*, Cleckley also stipulated that not all *psychopaths* were necessarily criminals, rascals, or “antisocial failures” (Hare, 1998; Meloy & Gacono, 1998, p. 96; Millon, Simonsen, & Birket-Smith, 1998). According to Millon, Simonsen, and Birket-Smith (1998), Cleckley maintained that while all *psychopaths* shared similar core features and were invariably antisocial (in the broadest sense), the precise manner in which they would live out their lives, the extent to which their transgressions would be detected, and the degree to which they would experience antisocial success, as opposed to antisocial failure, would vary “across persons and even across

distinct vocational and social strata” (p. 19). Cleckley went as far as to suggest that some *psychopaths* could even be found in “society’s most respected roles and venerable settings,” having not merely avoided contact with the criminal justice and mental health systems, but having achieved “high levels of political and material success,” among them, unscrupulous lawyers, “predatory businessmen,” immoral physicians, and corrupt politicians (e.g., Hare, 1998, 2003; Meloy & Gacono, 1998; Millon, Simonsen, & Birket-Smith, 1998, p. 19). These so-called “successful” *psychopaths*, Cleckley (1976) speculated, would pursue their personal objectives in a ruthless and callous manner, would engage in frequent unethical and near-criminal conduct, would use their power, prestige, and status to exploit others, and would generally ignore society’s rules, mores, and expectations, albeit without consistent detection (p. 191). Cleckley further asserted the following in this respect:

The true difference between [successful psychopaths] and the psychopaths who continually go to jails or psychiatric hospitals is that they keep up a far better and more consistent outward appearance of being normal...The chief difference...lies perhaps in whether the mask or façade of psychobiologic health [can be] extended into superficial material success. (pp. 198-199)

Before concluding this discussion of Cleckley (1976), several comments regarding his assertions on treatment and rehabilitation are in order. Having already emphasized the *psychopath’s* relative “immunity” from conventional modes of penological intervention (p. 460), Cleckley offered a similarly pessimistic appraisal regarding the *psychopath’s* responsivity to then-available psychiatric interventions. The “psychopath’s abnormality,” he argued, “[showed] strong tendency to persist despite all efforts toward correction and treatment” (p. 478) – he further suggested that the treatment of such individuals represented “what is perhaps the most difficult therapeutic task in psychiatry” (p. 455). Commenting at length on the “difficulties and disappointments” that arose from all manner of available therapies, Cleckley offered the following anecdote:

Over a period of many years I have remained discouraged about the effect of treatment on the psychopath. Having regularly failed in my own efforts to help such patients alter their fundamental pattern of inadequacy and antisocial activity, I hoped for a while that treatment by others would be more successful. I have had the opportunity to see patients of this sort who were treated by psychoanalysis, by psychoanalytically oriented

psychotherapy, by group and by milieu therapy, and by other variations of dynamic method. I have seen some patients who were treated for years. I have also known cases in which not only the patient but various members of his family were given prolonged psychotherapy. None of these measures impressed me as achieving successful results. The psychopaths continued to behave as they had in the past...I am no longer hopeful that any methods accessible today would be successful with typical [psychopaths]...the therapeutic failure in all such patients observed leads me to feel that we do not at present have any kind of psychotherapy that can be relied upon to change the psychopath fundamentally. (pp. 477-478)

In attempting to explain the *psychopath's* poor response to treatment, Cleckley (1976) suggested that motivational issues were at least partly to blame. Indeed, presumably related to the *psychopath's* specific loss of insight, Cleckley asserted that such individuals, as a rule, could not “be counted on to seek treatment voluntarily,” nor to cooperate willingly therewith over “any considerable period of time” (p. 456). Cleckley also suggested that the *psychopath's* incapacity for object love and profoundly narcissistic style rendered “adequate transference” and the development of emotional rapport – necessary to any *effective* therapeutic relationship – nearly “impossible” to achieve (p. 347).

Further in this respect, and highly similar to Partridge (1930), Cleckley (1976) suggested that broad systemic issues also supported this generalized rehabilitative failure (see also, for example, Stover, 2008). According to Cleckley, because the *psychopath* did not conform neatly to prevailing societal constructions of sanity and insanity, of badness and madness, the institutions/systems developed in accordance with those constructions (e.g., the legal apparatus, psychiatric hospitals, prison facilities, etc.) could not be expected to deal easily nor appropriately therewith. Cleckley stated the following in this regard:

Our medical, legal and social concepts are so formulated and our institutions so devised that it is usually impossible to bring the psychopath into the range of treatment...A man who is sane by the standards of psychiatry, aware of all the facts which we ourselves recognize, and free from delusions but who conducts himself in a way quite as absurd as many of the psychotic becomes another problem altogether. The observer is confronted with a paradox within the already baffling domain of mental disorder. (pp. 403-455)

Cleckley went on to suggest that the *psychopath's* paradoxical/interstitial nature fueled a “widespread pattern of evasion and avoidance” on the part of surrounding social actors:

The administrative officers of penal institutions, for example, attempt to have such individuals transferred to mental hospitals because they believe them to be mentally ill. Knowing how little they can do for them and what difficult problems they are, the superintendents of mental hospitals attempt to get rid of them as soon as possible or to transfer them back to prison as ‘not psychotic’ ...or as technically not eligible for care...Pushed from prison to hospital and back again, wanted by neither, the psychopathic delinquent is essentially an orphan of both penology and psychiatry. (pp. 456-473)

Following from these assertions, Cleckley (1976) called for a conceptual re-positioning of the *psychopath* construct – specifically, that is, as it related to notions of sanity and insanity. According to Cleckley, the *psychopath's* abnormality “must come to be thought of as a legitimate and severe form of mental disorder or disease,” as a “novel” and “under-recognized form of *insanity* [emphasis added]” falling squarely within the purview of psychiatry and demanding the full attention thereof (p. 470). With such “reappraisal and reformulation” (p. 475), he continued, the *psychopath* could “less easily” be “ignored and avoided by the therapeutic factors operating within society” (Stover, 2008, p. 64). Indeed, if thought of as “legitimately insane,” Cleckley (1976) speculated, *psychopaths* could potentially be “committed” (“preemptively” and “involuntarily”) to “indefinite” periods of care within “properly set-up hospital units,” wherein they would necessarily become the focus of “sustained therapeutic attention” (pp. 480-481). Over the very long-term, he reasoned, this sustained therapeutic attention might lead to certain rehabilitative gains, insights, and innovations, however “slight,” “modest,” and “unlikely” he expected those to be (pp. 470-480). Cleckley stated the following:

Even if another hundred years should pass before we discover a truly effective method of treatment for psychopaths, we must make a beginning by reappraising them...and revising methods for their care. Such a step in understanding [these] patients must be made before we can hope to progress far toward the solution to their problem. Let us without delay recognize them for what they are and begin more realistically to plan medical and social facilities through which they can be intelligently treated or, at the very least, through which they will not be mistreated or left without control to endanger the community...Even if no really adequate therapeutic measure should become available in the foreseeable future, it

seems reasonable to hope that [within psychiatric facilities] the [psychopathic] group might be maintained at a better level of adjustment despite the continued need for support and restriction. Even if we cannot count on curing their disorder, the goal of bringing about improvement in adjustment is not to be despised. (pp. 481-482)

As a final point of interest, note above that Cleckley's (1976) proposed "reformulation" would see the *psychopath* as open to highly restrictive medico-legal "instrumentalities"—specifically, that is, those processes of certification and "commitment" that were applicable to "other psychiatric patients" (p. 475). In this respect, Cleckley stated the following:

I believe that there is also need for some means of committing psychopaths...If such patients could be evaluated in terms of their behavior and committed, as are other patients, not to limited terms of confinement but for indeterminate periods, the community would obviously obtain far better protection. (p. 475)

This assertion (i.e., that explicitly rational persons, posing no threat to themselves, only to society at large, could potentially be deemed insane and detained preemptively for long periods of time) was highly provocative. Once again, Cleckley's construction of the *psychopath* thus offered serious challenge to the perceived boundary between sanity and insanity. Moreover, Cleckley's account of the *psychopath* can be seen to privilege ideals of social order, control, and stability over those related to individual freedom and autonomy, presumably reflecting the socio-historical zeitgeist then in effect.

In summary, Cleckley (1976) sought to provide a specific and unifying descriptive account of the *psychopath*, delineating what he saw as the 16 core features thereof. Cleckley emphasized the *psychopath's* "masked" nature and the ability of such persons to "simulate" genuine human experience (where none existed) (p. 408). Cleckley noted that while all *psychopaths* were behaviourally antisocial, not all were "antisocial failures," and vice versa (Meloy & Gacono, 1998, p. 96). Cleckley (1976) also espoused a strong brand of therapeutic pessimism, maintaining "little hope that the psychopathic personality structure could be changed radically" by way of available interventions (p. 480). Like most previous accounts, Cleckley's construction of the *psychopath* posed certain challenges to existing expectations of sanity and insanity.

2.3 The Diagnostic and Statistical Manual of Mental Disorders: From Sociopathic Personality Disturbance to Antisocial Personality Disorder

Having reviewed Cleckley's (1976) account of the *psychopath*, I turn next to the conceptually-related descriptive tradition developed across successive editions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the *American Psychiatric Association's* principal treatise on psychodiagnosis (1952, 1968, 1980, 1987, 1994, 2000). According to Gurley (2009), each edition of the DSM has identified some form of personality disturbance/disorder defined chiefly by its strong association with antisociality, beginning with *sociopathic personality disturbance* in the original DSM (American Psychiatric Association, 1952), through to *Antisocial Personality Disorder*, as described within the current DSM-IV-TR (American Psychiatric Association, 2000). Given the importance and influence of the DSM tradition, I review each of these successive "antisocial classifications" below (Arrigo & Shipley, 2001, p. 337).

As a broad introductory note, the earliest roots of the DSM tradition were anchored in attempts to develop a consistent, uniform, and widely shared psychiatric nosological system within North America (e.g., Gurley, 2009). Prior to such attempts, major psychiatric institutions typically developed and utilized their own diagnostic frameworks, systems, and practices, most of which shared less-than-perfect overlap, at best (e.g., Gurley, 2009). With the dramatic growth of psychiatry following World War II, the need for a universal diagnostic system became more and more apparent. According to Gurley (2009), for example, many argued that such a system would facilitate much-needed epidemiological work, would enhance communication between professionals, and would bring greater "credibility" and "perceived legitimacy" to psychiatric practice, in general (p. 285).

Also by way of introduction, it should be noted that each edition of the DSM has been crafted primarily through a process of "expert consensus" (e.g., Frances, Widiger, & Pincus, 1989, p. 373; Gurley, 2009). Indeed, the diagnostic constructs included (or not) within the DSM framework, and the ways in which those constructs are defined and delimited, have always been the purview of a relatively small, highly selective group of elite mental health professionals and academics. Accordingly, each successive antisocial classification reviewed below should be thought of as reflecting the social processes that unfolded within a small matrix of extremely powerful individuals. Each classification is a product of the immediate context in which it was negotiated, embodying the "political, economic, intellectual, ideological and moral

commitments” prevalent among the experts involved in its formulation, as well as the broader socio-historical conditions that encompassed those experts (e.g., Grob, 1985, 1991, p. 421).

2.3.1 DSM: “sociopathic personality disturbance” (1952)

As described within the original DSM (American Psychiatric Association, 1952), *sociopathic personality disturbance* captured those individuals that were said to be “ill primarily in terms of society and of conformity with the prevailing cultural milieu” (p. 34). This diagnostic item was situated under the more-general DSM category of “personality disorder” (p. 23) – a broad class of condition defined by “pathological trends in the personality structure...manifested by a lifelong pattern of action and behaviour...typically involving minimal subjective anxiety,” “little or no sense of distress,” and the “virtual absence of personal discomfort, despite the fact that [such] individuals would fail routinely in their ability to relate themselves effectively to other people or to their own work” (p. 24). Distinguished clearly from the “major psychoses” and from “various forms of organic brain injury or disease,” it was emphasized strongly that the personality disorders involved no “failure to test and evaluate correctly the external reality in [all its] various spheres” (p. 25).

Clearly a broad and inclusive diagnostic construct, *sociopathic personality disturbance* was further divided into four crude subtypes or “reactions” (American Psychiatric Association, 1952, p. 34) – each distinct reaction was said to follow from a particular type of deleterious early social context/“relational milieu” (p. 24), plainly reflecting the psychodynamic influences that had shaped this particular edition of the DSM (e.g., Grob, 1991). According to Arrigo and Shipley (2001), the *antisocial reaction* was the most “well-developed of the sociopathic subtypes” (p. 336). This reaction was said to capture “those sociopathic personalities that [were] chronically antisocial and always in trouble, profiting neither from experience nor punishment, and maintaining no real loyalties to any person, group, or code” (American Psychiatric Association, 1952, p. 38). Individuals conforming to this subtype were further described as “showing marked emotional immaturity,” being “frequently callous and hedonistic,” lacking a sense of responsibility and good judgment, and displaying the “ability to rationalize their behavior so that it appear[ed] warranted, reasonable, and justified” (p. 38). According to Gurley (2009), the *antisocial reaction* was broadly comparable to Cleckley’s (1941) account of the *psychopath*, emphasizing a similar constellation of intrapersonal and behavioural features (see also, for example, Arrigo & Shipley, 2001; Ogloff, 2006).

The remaining, albeit relatively “less-developed,” sociopathic reactions included the *dyssocial reaction* subtype, the *sexual deviation* subtype, and the *addiction* subtype (Arrigo & Shipley, 2001, p. 336). Briefly, the *dyssocial reaction* distinguished “those sociopathic individuals who manifest[ed] disregard for the usual social codes, and often come into conflict with them, as a result of having lived all their lives in an abnormal moral environment” (American Psychiatric Association, 1952, p. 38). In contrast to those exhibiting the *antisocial reaction*, these individuals were said to be “capable of strong loyalties,” typically in the form of extreme “adherence to the values or code of their own predatory, criminal, or other social group” (p. 38). Arrigo and Shipley (2001) have suggested that the *dyssocial reaction* was intended primarily to capture “organized or professional criminals” who displayed a high degree of allegiance to their antisocial comrades, systems, and/or enterprises (e.g., gang members, racketeers, etc.) (p. 336). The *sexual deviation* subtype included those individuals “whose sociopathic reaction was manifest primarily in the sexual field” (American Psychiatric Association, 1952, p. 38) – this heterogeneous subtype captured a wide spectrum of statistically infrequent forms of sexual expression, including “homosexuality, transvestism, pedophilia, fetishism, and sexual sadism” (p. 39). Finally, the *addiction* subtype was intended to capture those individuals who, quite simply, demonstrated “a well established addiction to either alcohol or other drugs” (p. 39).

2.3.2 DSM-II: “antisocial personality” (1968)

Within the DSM-II (American Psychiatric Association, 1968), the *antisocial reaction* was re-cast as a stand-alone form of personality disorder, under the adjusted moniker *antisocial personality*. The *dyssocial reaction* was eliminated entirely, while the *sexual deviation* and *addiction* subtypes were redistributed across other DSM-II diagnostic categories (Arrigo & Shipley, 2001; Gurley, 2009). The *antisocial personality* classification continued to reflect a deeply ingrained, life-course persistent constellation of intrapersonal and behavioural features that were highly reminiscent of the Cleckley (1941) *psychopath* (Arrigo & Shipley, 2001, p. 337). The *antisocial personality* construct was described as follows:

This term is reserved for individuals who are basically unsocialized and whose behavior pattern brings them repeatedly into conflict with society. They are incapable of significant loyalty to individuals, groups, or social values. They are grossly selfish, callous, irresponsible, impulsive, and unable to feel guilt or to learn from experience and

punishment. Frustration tolerance is low. They tend to blame others or offer plausible rationalizations for their behavior. (American Psychiatric Association, 1968, p. 43)

Similar to Partridge (1930), Cleckley (1941), and others, the DSM-II (American Psychiatric Association, 1968) further stated that a “mere history of repeated legal or social offenses [was] not sufficient to justify” the diagnosis of *antisocial personality* (p. 43). Indeed, the *antisocial personality* construct, according to Arrigo and Shipley (2001), explicitly reflected a pattern of “deviated inner experience, *in combination* with social maladjustment” (pp. 336-337).

2.3.3 DSM-III/DSM-III-R: “Antisocial Personality Disorder” (1980, 1987)

With publication of the DSM-III (American Psychiatric Association, 1980), the *antisocial personality* construct was reformulated under the revised moniker *Antisocial Personality Disorder*. Of brief note, the DSM-III underwent minor revision following its initial publication (DSM-III-R, American Psychiatric Association, 1987) – because descriptions of *Antisocial Personality Disorder* do not vary substantively between the DSM-III and the DSM-III-R (e.g., Arrigo & Shipley, 2001; Gurley, 2009), I treat these two texts more-or-less as simultaneously herein.

Within the DSM-III/DSM-III-R (American Psychiatric Association, 1980, 1987), *Antisocial Personality Disorder* was said to represent a long-standing pattern of inflexible and maladaptive traits, leading to significant impairment in social and/or occupational functioning. The “essential feature” of the disorder was defined as a history of “continuous and chronic” antisocial and irresponsible behaviour in which the rights of others were violated routinely (e.g., American Psychiatric Association, 1987, pp. 342-343). Such individuals were said to be ‘irritable and aggressive,’ “impulsive,” “disregarding of the truth,” and prone to engage in “reckless behavior without regard to personal safety” (p. 342). It was noted that such persons typically exhibited “no remorse about the effects of their behavior on others” (p. 342). This overall pattern was said to begin in childhood or early adolescence (i.e., before age 15) and to persist well into adulthood. It was further emphasized that the individual’s pattern of problematic behaviour must not be better accounted for by another form of psychiatric disturbance (e.g., “Schizophrenia or Manic Episodes”) (p. 346). *Antisocial Personality Disorder* was also distinguished, clearly and explicitly, from “simple” social maladjustment and from

more general forms of “criminal or other aggressive or antisocial” conduct, which were “not fully in keeping with an identifiable personality disorder” (p. 344).

As a critical change from previous editions, the DSM-III (American Psychiatric Association, 1980) was the first to include an explicit set of diagnostic criteria and sub-criteria for *Antisocial Personality Disorder* – similar inclusions were made across all DSM-III diagnostic categories at that time, reflecting a widespread effort to improve “diagnostic consistency” across clinicians (e.g., Gurley, 2009, p. 298). In general, the various criteria and sub-criteria were to be assessed as present or absent, providing a framework for diagnostic decision-making. Of note, the authors of the DSM-III/DSM-III-R emphasized strongly that criteria sets were to serve as “guidelines informed by clinical judgment,” they were not to be used in an overly “mechanical” or “cookbook”-like fashion (e.g., American Psychiatric Association, 1980, p. 11). Also of note, because certain criteria and sub-criteria could potentially be present or absent in slightly differing combination, the diagnosis of *Antisocial Personality Disorder* could be seen as somewhat “polythetic” in nature (Hervé, 2007, p. 48; Rogers, Duncan, Lynett, & Sewell, 1994). For the interested reader, Table 2.1 presents the DSM-III diagnostic criteria for *Antisocial Personality Disorder*; Table 2.2 presents the slightly-modified DSM-III-R diagnostic criteria for *Antisocial Personality Disorder*.

Also noteworthy in this respect, the DSM-III and DSM-III-R diagnostic criteria sets for *Antisocial Personality Disorder* included primarily (albeit not exclusively) highly concrete, behaviourally-based characteristics and features – relatively little weight, according to Hervé (2007), was afforded to the inferred personality traits that were central to accounts by Cleckley (1976) and others. This strong emphasis on overt, non-inferred characteristics further reflected those efforts to enhance diagnostic “consistency” and “reliability” among clinicians (e.g., Arrigo & Shipley, 2001, p. 337; Gurley, 2009; Hare, 1996; Hervé, 2007; Millon, Simonsen, & Birket-Smith, 1998; Ogloff, 2006; Patrick, 2007). More broadly, I would argue, the palpable focus on concepts such as “consistency,” “reliability,” and so on, emerging with the DSM-III and continuing into its revision, clearly referenced the “dominant epistemological practice” that had come to define American psychiatry – that is, logical post-positivism (Stover, 2008, p. 140). Outside of explicit diagnostic criteria, the DSM-III (American Psychiatric Association, 1980), and its revision, also identified a number of “associated features” that were said to be common among individuals with *Antisocial Personality Disorder* (p. 317). Specifically, it was stated that

Table 2.1

DSM-III Diagnostic Criteria for Antisocial Personality Disorder

A. Current age at least 18.

B. Onset before age 15 as indicated by a history of three or more of the following before that age:

- (1) truancy (positive if it amounted to at least five days per year for at least two years, not including the last year of school)
- (2) expulsion or suspension from school for misbehavior
- (3) delinquency (arrested or referred to juvenile court because of behavior)
- (4) running away from home overnight at least twice while living in parental or parental surrogate home
- (5) persistent lying
- (6) repeated sexual intercourse in a casual relationship
- (7) repeated drunkenness or substance abuse
- (8) thefts
- (9) vandalism
- (10) school grades markedly below expectations in relation to estimated or known IQ (may have resulted in repeating a year)
- (11) chronic violations of rules at home and/or at school (other than truancy)
- (12) initiation of fights

C. At least four of the following manifestations of the disorder since age 18:

- (1) inability to sustain consistent work behavior, as indicated by any of the following:
 - (a) too frequent job changes (e.g., three or more jobs in five years not accounted for by nature of job or economic or seasonal fluctuation),
 - (b) significant unemployment (e.g., six months or more in five years when expected to work),
 - (c) serious absenteeism from work (e.g., average three days or more of lateness or absence per month,
 - (d) walking off several jobs without other job in sight (Note: similar behavior in academic setting during the last few years of school may substitute for this criterion in individuals who by reason of their age or circumstances have not had an opportunity to demonstrate occupational adjustment)

- (2) lack of ability to function as a responsible parent as evidenced by one or more of the following: (a) child's malnutrition, (b) child's illness resulting from lack of minimal hygiene standards, (c) failure to obtain medical care for a seriously ill child, (d) child's dependence on neighbors or non-resident relatives for food or shelter, (e) failure to arrange for a caretaker for a child under six when parent is away from home, (f) repeated squandering, on personal items, of money required for household necessities
- (3) failure to accept social norms with respect to lawful behavior, as indicated by any of the following: repeated thefts, illegal occupation (pimping, prostitution, fencing, selling drugs), multiple arrests, a felony conviction
- (4) inability to maintain enduring attachment to a sexual partner as indicated by two or more divorces and/or separations (whether legally married or not), desertion of spouse, promiscuity (ten or more sexual partners within one year)
- (5) irritability or aggressiveness as indicated by repeated physical fights or assault (not required by one's job or to defend someone or oneself), including spouse or child beating
- (6) failure to honor financial obligations, as indicated by repeated defaulting on debts, failure to provide child support, failure to support other dependents on a regular basis
- (7) failure to plan ahead, or impulsivity, as indicated by traveling from place to place without a prearranged job or clear goal for the period of travel or clear idea about when the travel would terminate, or lack of a fixed address for a month or more
- (8) disregard for the truth as indicated by repeated lying, use of aliases, "conning" others for personal profit
- (9) recklessness, as indicated by driving while intoxicated or recurrent speeding.

D. A pattern of continuous antisocial behavior in which the rights of others are violated, with no intervening period of at least five years without antisocial behavior between age 15 and the present time (except when bedridden or confined in a hospital or penal institution).

E. Antisocial behavior is not due to either Severe Mental Retardation, Schizophrenia or manic episodes.

Note. From *Diagnostic and statistical manual of mental disorders* (3rd ed.), by the American Psychiatric Association, 1980, pp. 320-321. Copyright 1980 by the American Psychiatric Association. Reprinted with permission.

Table 2.2

DSM-III-R Diagnostic Criteria for Antisocial Personality Disorder

A. Current age at least 18.

B. Evidence of Conduct Disorder with onset before age 15, as indicated by a history of *three* or more of the following:

- (1) was often truant
- (2) ran away from home overnight at least twice while living in parental or parental surrogate home (or once without returning)
- (3) often initiated physical fights
- (4) used a weapon in more than one fight
- (5) forced someone into sexual activity with him or her
- (6) was physically cruel to animals
- (7) was physically cruel to other people
- (8) deliberately destroyed others' property (other than by fire-setting)
- (9) deliberately engaged in fire-setting
- (10) often lied (other than to avoid physical or sexual abuse)
- (11) has stolen without confrontation of a victim on more than one occasion (including forgery)
- (12) has stolen with confrontation of a victim (e.g., mugging, purse-snatching, extortion, armed robbery)

C. A pattern of irresponsible and antisocial behavior since the age of 15, as indicated by at least *four* of the following:

- (1) is unable to sustain consistent work behavior, as indicated by any of the following (including similar behavior in academic settings if the person is a student):
 - (a) significant unemployment for six months or more within five years when expected to work and work was available
 - (b) repeated absences from work unexplained by illness in self or family
 - (c) abandonment of several jobs without realistic plans for others
- (2) fails to conform to social norms with respect to lawful behavior, as indicated by repeatedly performing antisocial acts that are grounds for arrest (whether arrested or

not), e.g., destroying property, harassing others, stealing, pursuing an illegal occupation
(3) is irritable and aggressive, as indicated by repeated physical fights or assaults (not required by one's job or to defend someone or oneself), including spouse- or child-beating

(4) repeatedly fails to honor financial obligations, as indicated by defaulting on debts or failing to provide child support or support for other dependents on a regular basis

(5) fails to plan ahead, or is impulsive, as indicated by one or both of the following:

(a) traveling from place to place without a prearranged job or clear goal for the period of travel or clear idea about when the travel will terminate

(b) lack of fixed address for a month or more

(6) has no regard for the truth, as indicated by repeated lying, use of aliases, or "conning" others for personal profit or pleasure

(7) is reckless regarding his or her own or others' personal safety, as indicated by driving while intoxicated, or recurrent speeding

(8) if a parent or guardian, lacks ability to function as a responsible parent, as indicated by one or more of the following:

(a) malnutrition of a child

(b) child's illness resulting from lack of minimal hygiene

(c) failure to obtain medical care for a seriously ill child

(d) child's dependence on neighbors or non-resident relatives for food or shelter

(e) failure to arrange for a caretaker for a young child when parent is away from home

(f) repeated squandering, on personal items, of money required for household necessities

(9) has never maintained a totally monogamous relationship for more than one year

(10) lacks remorse (feels justified in having hurt, mistreated, or stolen from another)

D. Occurrence of antisocial behavior not exclusively during the course of Schizophrenia or Manic Episodes.

Note. From *Diagnostic and statistical manual of mental disorders* (3rd ed., revised), by the American Psychiatric Association, 1987, pp. 344-346. Copyright 1987 by the American Psychiatric Association. Reprinted with permission.

such persons would often display a marked “inability to tolerate boredom,” would frequently complain of “tension,” would typically exhibit serious “interpersonal difficulties,” would routinely adopt a “hostile” stance toward others, and were highly prone to “illiteracy” and “Substance Use Disorders” (p. 318). Reminiscent of Cleckley (1976), it was further stated that such individuals, all-but-invariably, would display “impaired capacity to sustain lasting, close, warm, and responsible relationships with family, friends, or sexual partners” (American Psychiatric Association, 1980, p. 318). It was also noted explicitly that *Antisocial Personality Disorder* was “much more common in males than in females” (p. 319).

Both the DSM-III and the DSM-III-R noted further that *Antisocial Personality Disorder* was “often extremely incapacitating” (e.g., American Psychiatric Association, 1980, p. 318). It was stated, for example, that the disorder would typically result “in failure to become an independent, self-supporting adult and in many years of institutionalization, more commonly penal than medical” (p. 318). Perhaps in reference to Cleckley (1976), the DSM-III (American Psychiatric Association, 1980) allowed for the possibility that individuals who exhibited some of the features of *Antisocial Personality Disorder*, under certain conditions, may “achieve political and economic success” – these successful individuals, however, were said to “virtually never present the full picture of the disorder, lacking in particular the early onset in childhood that usually interfere[d] with educational achievement and prohibit[ed] most public careers” (p. 318).

Also of interest, while the creators of the DSM-III (American Psychiatric Association, 1980), and of its revision, emphasized strongly the “life-course persistent” nature of *Antisocial Personality Disorder*, they noted explicitly that its behavioural expression/manifestation would vary across differing developmental stages (p. 318). In this regard, the DSM-III stated the following:

Lying, stealing, fighting, truancy, and resisting authority are typical early childhood signs. In adolescence, unusually early or aggressive sexual behavior, excessive drinking, and use of illicit drugs are frequent. In adulthood, these kinds of behaviour continue, with the addition of inability to sustain consistent work performance or to function as a responsible parent and failure to accept social norms with respect to lawful behaviour. (p. 318)

Similar to the “late maturity” described by Birnbaum (1930, p. 75), the DSM-III (American Psychiatric Association, 1980) also stipulated that “[a]fter age 30 the more flagrant aspects [of

Antisocial Personality Disorder] may diminish somewhat, particularly sexual promiscuity, fighting, criminality, and vagrancy” (p. 318).

Turning briefly and finally to matters of etiology, the DSM-III and the DSM-III-R described *Antisocial Personality Disorder* as resulting from a combination of molecular genetic and early environmental conditions (e.g., “extreme poverty,” “abuse as a child,” “absent parental discipline,” etc.) (e.g., American Psychiatric Association, 1980, pp. 318-319). Indeed, the authors of DSM-III/DSM-III-R situated *Antisocial Personality Disorder* within a discourse of behaviour genetics, describing its “familial pattern” as follows:

Antisocial Personality Disorder is particularly common in the fathers of both males and females with the disorder. Studies attempting to separate genetic from environmental influences within the family suggest that both are important, since there seems to be inheritance from biological fathers separated from their offspring early in life and a social influence from adoptive fathers. Because of a tendency toward assortative mating, the children of women with Antisocial Personality Disorder who have the disorder themselves are likely to have both a mother and a father with the disorder. (p. 319)

Of note, this shift in etiological formulation from previous editions of the DSM, I would argue, reflected the growing emphasis, if not looming hegemony, of the “biogenetic model” within psychiatry more broadly (along with a corresponding de-emphasis, necessarily, on psychoanalytic/psychodynamic perspectives) (e.g., Grob, 1991; Hodkin, 2000; Small, 2006).

2.3.4 DSM-IV/DSM-IV-TR: “Antisocial Personality Disorder” (1994, 2000)

Despite minor modifications and the inclusion of additional “associated features,” the fourth and most current edition of the DSM (American Psychiatric Association, 1994, p. 647) described *Antisocial Personality Disorder* in a manner that is highly similar to that of the DSM-III/DSM-III-R. Once again, because the DSM-IV and its subsequent text revision, the DSM-IV-TR (American Psychiatric Association, 2000), provided near-verbatim accounts of *Antisocial Personality Disorder*, I treat the two texts simultaneously below.

The DSM-IV/DSM-IV-TR defined *Antisocial Personality Disorder* as a pervasive, enduring, and inflexible “pattern of inner experience and behavior,” marked essentially by a disregard for, and violation of, the rights, wishes, and feelings of others (American Psychiatric Association, 1994, p. 629). The disorder was said to begin in childhood or early adolescence (i.e., prior to age 15) and to continue well into adulthood, albeit with potential attenuation of its

more “flagrant aspects” in later life (p. 646). Deception and manipulation were offered as “central” features of the disorder, as were “consistent and extreme irresponsibility,” “impulsiveness,” “irritability and aggression,” and a “reckless disregard” for the safety of oneself and others (pp. 645-646). Individuals with the disorder were also said to fail, variously, at conforming “to social norms with respect to lawful behavior” and to “show little remorse for the consequences of their acts” (p. 646). Similar to the DSM-III and the DSM-III-R, it was emphasized that the individual’s pattern of antisocial and irresponsible behaviour did not occur exclusively in the context of another psychiatric disturbance (i.e. “Schizophrenia or a Manic Episode”). The DSM-IV/DSM-IV-TR further emphasized that *Antisocial Personality Disorder* must be distinguished from more general forms of “criminal behavior undertaken for gain but not accompanied by the [intrapersonal] features characteristic of this disorder” (p. 649). Table 2.3 presents the concrete, behaviourally-based DSM-IV/DSM-IV-TR diagnostic criteria set for *Antisocial Personality Disorder*.

The DSM-IV/DSM-IV-TR continued the practice of identifying a number of “associated features” that were seen as common to *Antisocial Personality Disorder* (e.g., American Psychiatric Association, 1994, p. 647). Similar to the DSM-III and the DSM-III-R, individuals with *Antisocial Personality Disorder* were said to complain frequently of “tension” and to exhibit an “inability to tolerate boredom” (p. 647). It was again noted that the disorder was “much more common in males than in females” (p. 647). The DSM-IV/DSM-IV-TR also introduced a number of additional “associated features” as follows:

Individuals with Antisocial Personality Disorder frequently lack empathy and tend to be callous, cynical, and contemptuous of the feelings, rights, and sufferings of others. They may have an inflated and arrogant self-appraisal (e.g., feel that ordinary work is beneath them or lack a realistic concern about their current problems or their future) and may be excessively opinionated, self-assured, or cocky. They may display a glib, superficial charm and can be quite voluble and verbally facile (e.g., using technical terms or jargon that might impress someone who is unfamiliar with the topic). Lack of empathy, inflated self-appraisal, and superficial charm are features that...may be particularly distinguishing of Antisocial Personality Disorder in prison or forensic settings where criminal, delinquent, or aggressive acts are likely to be nonspecific. These individuals may also be irresponsible

Table 2.3

DSM-IV/DSM-IV-TR Diagnostic Criteria for Antisocial Personality Disorder

- A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:
- (1) failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
 - (2) deceitfulness, as indicated by repeated 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 of self or others
 - (6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
 - (7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another
- B. The individual is at least age 18 years.
- C. There is evidence of Conduct Disorder...with onset before age 15 years.
- D. The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode.
-

Note. From *Diagnostic and statistical manual of mental disorders* (4th ed.), by the American Psychiatric Association, 1994, pp. 649-650. Copyright 1994 by the American Psychiatric Association. Reprinted with permission.

and exploitative in their sexual relationships. They may have a history of many sexual partners and may never have sustained a monogamous relationship. (p. 647)

According to Gurley (2009), certain of these new inclusions were intended to reference Cleckley's (1976) account of the *psychopath*, others, she continued, clearly referenced R. D. Hare's (e.g., 1980, 1985a, 1991, 1996) description of *psychopathy*, which was by then receiving widespread attention. Note that Hare's membership on the DSM-IV Personality Disorders Working Group likely influenced to the inclusion of these additional "associated features" (p. 647). With respect to etiology, the DSM-IV/DSM-IV-TR continued to describe *Antisocial Personality Disorder* as the product of "both genetic and environmental factors" (e.g., American Psychiatric Association, 1994, p. 648). The "familial pattern" of the disorder was described as follows:

Antisocial Personality Disorder is more common among the first-degree biological relatives of those with the disorder than among the general population...Adoption studies indicate that both genetic and environmental factors contribute...Both adopted and biological children of parents with Antisocial Personality Disorder have an increased risk of themselves developing [the disorder]...Adopted-away children resemble their biological parents more than their adoptive parents, but the adoptive family environment influences the risk of developing a Personality Disorder and related psychopathology. (p. 648)

Before concluding this discussion of the DSM tradition, I am required to mention that numerous scholars have argued vehemently that the *Antisocial Personality Disorder* construct has gradually departed from Cleckley's (1976) account of the *psychopath* (e.g., Blackburn, 1998; Hare 1996, 2003, p. 5, 2007; Hare & Hart, 1995; Ogloff, 2006; Toch, 1998, etc.). Specifically, these critics assert that the current *Antisocial Personality Disorder* construct focuses primarily on overt antisocial behaviour and places relatively little emphasis on the intrapersonal attributes that were central to Cleckley's (1976) description. In this respect, several of these critics, operating from a logical post-positivist perspective, have even suggested that efforts to enhance the diagnostic "reliability" of the DSM, by way of adopting a more behaviour-based approach, have come at the expense of "validity" (as defined implicitly in relation to a presumably objective 'truth') (e.g., Hare, 2003, pp. 5-6). At best, certain of these critics continue, the "core personality features of psychopathy have been relegated to mere 'associated' features" within the DSM (Gurley, 2009, p. 286). For their part, the authors of the DSM-IV/DSM-IV-TR assert that a

diagnosis of *Antisocial Personality Disorder* is intended to *mark* a constellation of both inner experience and behavioural attributes, sharing a clear conceptual lineage/alignment with notions of “psychopathy, sociopathy, and dyssocial personality disorder” (e.g., American Psychiatric Association, 1994, pp. 645).

To summarize, each edition of the DSM has identified a class of personality disorder marked primarily by persistent antisociality, up to and including the current diagnostic construct of *Antisocial Personality Disorder*. Each successive “antisocial classification” (Arrigo & Shipley, 2001, p. 337) has reflected the intellectual context within which it was produced, recent accounts of *Antisocial Personality Disorder* being no exception. Of note, numerous scholars have critiqued the strong emphasis on behavioural criteria that presently defines the *Antisocial Personality Disorder* construct – in general, these scholars call for greater focus on the inferred personality traits described by Cleckley (1976) and others. Also of note, it should be emphasized that the DSM tradition makes no substantive assertions with respect to intervention and treatment, contrasting sharply with many of the accounts reviewed previously.

2.4 William McCord and Joan McCord: The Psychopath

Across their series of texts, *Psychopathy and Delinquency* (1956) and *The Psychopath: An Essay on the Criminal Mind* (1964), William and Joan McCord developed their highly influential descriptive account of the *psychopath*. Within these works, the McCords sought to review, integrate, and carefully synthesize “the large and often inconsistent” body of previous literature, both theoretical and empirical, so as to “establish a clear and parsimonious definition of the psychopathic personality” (1964, p. 2). The McCords also presented a number of case examples in order to illustrate their key descriptive points. Most broadly, the McCords positioned the *psychopath* as an “unsocialized trouble maker” – a uniquely destructive and dangerously maladjusted “moral and emotional misfit...who commits a wide gambit of aggressive acts without anxiety, without guilt, and without attachment to any other human being” (p. 52). Similar to Cleckley (1941), the McCords (1964) described the *psychopath's* condition as a single and specific disorder of character, marked by a particular set, or “fundamental profile” (p. 8), of highly interrelated features. The six key features of the McCord *psychopath* are summarized below.

2.4.1 The psychopath is asocial

The McCords (1964) emphasized that the *psychopath's* behaviour, in general, was extremely disruptive, destructive, and threatening to society and its good order. Such individuals, they asserted, displayed a seemingly “purposeless” disregard for social rules and mores, frequently bringing them into conflict with others – “[n]o rule, however important, stops him. Since the bizarre, erratic behavior of the psychopath antagonizes society, he is often found in the social waste baskets: the prisons or the mental hospitals” (p. 8). Of note, and consistent with several previous accounts, the McCords stressed that this asocial pattern of behaviour, although necessary, was not alone sufficient for diagnosing the *psychopath*. The McCords stated the following in this respect:

Much of psychology's confusion over the psychopath can be traced to a basic mistake: equating deviant behavior [alone] with the psychopathic personality...The actions of the psychopath are only outward symptoms of a sick mind. Many other deviants – the professional criminal, the gang criminal, the sexual aberrant – exhibit dangerous behavior, but they do not share the [additional features] of the psychopathic personality...Deviant behavior, then, is an inadequate criterion of psychopathy. At most, it may indicate the existence of a psychopathic character structure...Consequently, any adequate study of the psychopath must look beyond asociality. (p. 8)

2.4.2 The *psychopath* is driven by uncontrolled desires

The McCords (1964) also noted that the *psychopath* tends to express “his desires in ways different from other men” – specifically, that is, the *psychopath* was said to lack the ability to restrain, control, and/or delay “his immediate need for gratification, pleasure, and fulfillment” (p. 9). According to the McCords:

The psychopath is like an infant, absorbed in his own needs, vehemently demanding satiation. The average child, by the age of two, compromises with the restrictions of his environment. He learns to postpone his pleasure and to consider his mother's needs as well as his own. The psychopath never learns this lesson; he does not modify his desires, and he ignores the needs of others. In most respects, the psychopath is Narcissus, completely absorbed in himself, craving only his own pleasure. (p. 9)

Of interest in this regard, the McCords suggested that the *psychopath* can thus be thought of as “unsocial,” as opposed to “anti-social” (p. 9). The *psychopath* does not seek directly to “attack society,” they argued, but rather “society too often blocks the fulfillment of his needs” (p.

9). In various ways, the socially destructive actions of the *psychopath* were positioned as secondary to “his unrestrained, self-centered pursuit for instantaneous gratification” (p. 9).

Also relevant in this respect, the McCords (1964) described the *psychopath* as displaying an exaggerated need for “excitement in variety” (p. 9). Specifically, they asserted, the psychopath “often seems willing to sacrifice everything for excitement. His satisfactions have always been fleeting and highly changeable...he seems to know no greater pleasure than constant change, and the search for excitement at any cost becomes an important motive” (p. 9). According to the McCords, the *psychopath* appeared to lack the strong motivations for security, stability, and productivity that allow most human beings to effectively offset/manage their cravings for excitement, change, and novelty.

2.4.3 The *psychopath* is highly impulsive

The McCords (1964) further described the *psychopath* as being highly impulsive, noting that his or her behaviour was often capricious, unplanned, and generally lacking in goal-directedness. For the psychopath, they asserted, life seems “an erratic series of unconnected acts, first leading one way, then another...The psychopath has no stable goals. His life is dominated by fleeting desires which leave no space for far-sighted planning” (p. 10). The McCords further described this “diffusely unpatterned impulsive behaviour” as follows:

Unlike the normal person, or even the average criminal, the psychopath’s adventures often seem purposeless. Even his crimes are rarely planned. He robs a store in a whim of the moment, not after careful consideration. He flits from woman to woman with volatile passion, never feeling prolonged attraction. (p. 10)

Owing to this impulsiveness, the McCords (1964) continued, the *psychopath* would repeatedly ignore his or her responsibilities, restrictions, and/or duties, including, for example, “various [occupational] and financial obligations” (p. 10). Also of note, the McCords asserted that the *psychopath*’s impulsiveness may be further expressed through occasional forays into “deviant” (p. 48) sexual behaviour. Similar to Cleckley (1941), they stated the following:

The psychopath is often sexually deviant on apparent whim, but he seldom becomes fixated on a particular object. He is sometimes homosexual, sometimes heterosexual. He is willing to try anything, but no compulsion drives him to do so. Unlike the typical sex offender, he does not concentrate on one bizarre form of gratification. (McCord & McCord, 1964, p. 48)

2.4.4 *The psychopath is aggressive*

The McCords (1964) also emphasized that the *psychopath's* asociality was often expressed in the form of “brutal aggression” (p. 10). They noted that the *psychopath's* “uninhibited search for pleasure often clashes with the restrictions of society; this conflict frequently [resulting] in aggressive action” (p. 11). For the *psychopath*, they argued, any form of frustration or delay of gratification would prompt extreme aggression. The *psychopath's* aggressive response was described as “quick-triggered” and characteristically “inordinate” to the situation at hand (p. 11). The McCords further stated that the *psychopath* tended to display “an intensity of aggression that would often far exceed that shown by the average criminal” (p. 51).

2.4.5 *The psychopath feels little guilt*

For the McCords (1964), a marked “deficiency of guilt” was said to represent one of the most conspicuous and defining attributes of the *psychopath* (p. 12). They asserted the following in this respect:

When the normal man violates the moral strictures of his culture, a gnawing uneasiness grips him: his conscience hurts. But the psychopath – and this is a crucial trait – has few internalized feelings of guilt. In the usual sense, the psychopath has no conscience. He can commit any act with hardly a twinge of remorse...It is this heartlessness of the psychopath which most strikingly sets him apart from the normal human being. The psychopath has the same desires as others; he dresses and talks in the same way. Yet a most important human element is missing: the sense of guilt. (p. 12)

The McCords (1964) emphasized that the *psychopath* could commit even the most appalling acts of violence with “conscienceless abandon” (p. 13). In later reflecting upon such acts, the *psychopath* would typically display little, if any, indication of genuine remorse. Reminiscent of Cleckley (1941), the McCords (1964) noted that the psychopath, at times, would attempt to feign remorsefulness, stating that “[s]ome psychopaths exhibit a deceptive shell of remorse, but the shell is empty. They talk of morality, but inside they feel none, and their words do not hinder their actions” (p. 13). Also in this respect, the McCords suggested that the *psychopath's* profound guiltlessness likely reflected a more generalized lack of anxiety/absence “psychoneurotic inner conflict” (p. 47).

Of importance, the McCords (1964) stated that a poverty of guilt not only “set the psychopath apart from the normal man,” but also differentiated “him from other asocial individuals and cultural deviants” (pp. 12-13). In this regard, they suggested the following:

Non-psychopathic criminals, for example, internalize an ‘underworld code of morality.’ For them, there can be ‘honor among thieves.’ If he breaches this code, the ‘normal’ criminal feels remorse. The psychopath, however, has few values – either those of society or those of a gang. (p. 13)

Thus, and in no uncertain terms, the McCords situated abiding guiltlessness as one of the most “central,” unique, and distinguishing features of the psychopathic personality (p. 13).

2.4.6 *The psychopath has a warped capacity for love*

As their remaining feature of the *psychopath*, the McCords (1964) emphasized that such individuals displayed a drastically limited capacity to form “lasting bonds of affection,” to “affiliate with others in a meaningful way,” and to form close, enduring “personal attachments” (p. 15). The McCords described the *psychopath* as “cold and compassionless,” treating people “as he does objects: as means for his own pleasure. Though he may form fleeting attachments, these lack emotional depth and tenderness, and frequently end abruptly in aggressive explosions” (p. 15). Consequently, they continued, the *psychopath* presented as a “uniquely isolated individual,” or “lone wolf” (p. 15).

Along with guiltlessness, I would emphasize, the McCords (1964) privileged lovelessness as a particularly distinctive, central, and rudimentary feature of the psychopathic personality. They noted, for example, that the severely under-developed capacity for love was “so obvious that most social scientists [saw] it as the core of the psychopathic syndrome” (p. 15). They stated that the incapacity for “mature affection” was so conspicuous as to clearly distinguish the *psychopath* from “both the ordinary man and from the commonplace criminal” (p. 15).

Of interest, the McCords (1964) suggested that this diminished capacity for affection and affiliation likely contributed to the *psychopath*’s particularly “brutal” (p. 10) pattern of interpersonal aggression. Indeed, unfettered/uninhibited by compassion, empathy, and “love identifications with other human beings,” the *psychopath* could presumably hurt “or even kill others casually,” readily, and with very little emotional discomfort (p. 15).

Of further interest, the McCords (1964) also noted that the *psychopath*’s limited capacity for meaningful attachment was relevant to the psychotherapeutic process. Specifically, they

stated that the establishment of therapeutic rapport/alliance was greatly complicated by the *psychopath's* reduced ability to "identify with the therapist" and by his or her generally cold, "unapproachable," and under-responsive interpersonal style (pp. 15-16). The McCords were careful to note, however, that while therapeutic rapport/alliance with the *psychopath* was exceptionally difficult to establish, it was not necessarily impossible to achieve.

Having described the *psychopath's* "fundamental profile" (p. 8), the McCords (1964) turned next to matters of etiology/causation. Upon reviewing the available literature, the McCords proposed a "neurosocial" (p. 82) model of the psychopathic personality, combining what they saw as "key research findings" to arrive at "a plausible, if not definitive, explanation of the disorder" (p. 84). In brief, the McCords asserted that "the psychopathic syndrome can be traced to early deficiency in affectional relations" (i.e., "loveless," rejecting, and "emotionally impoverished" interaction with parental objects) (p. 87). They argued that severe deficiency in this respect, in and of itself, would result in the psychopathic personality. In other cases, the McCords continued, mild to moderate affectional deficiency, combined with specific environmental conditions (i.e., "a psychopathic parental model, erratically punitive discipline, and the absence of adult supervision") *or* with neural damage to those brain regions that ordinarily "inhibit behavior," would also produce the disorder (p. 87). According to the McCords, while their etiological model "clearly require[d] the confirmation of empirical research, the theory reconcile[d] two major discoveries: that all psychopaths are, in some degree, rejected, and that many psychopaths have a neural disorder" (p. 87).

In effect, the McCords (1964) positioned early emotional deprivation/rejection as a necessary (though not always sufficient) "prerequisite" to the development of the psychopathic personality (p. 84). Elaborating on this position, the McCords articulated how the *psychopath's* most central features could be seen to follow from this early deficiency. Regarding the *psychopath's* profound guiltlessness, for example, the McCords stated the following:

...the internalization of moral controls takes place primarily through the child's acceptance of his parents. The child and the parents strike an unconscious bargain: in return for the child's conformity to social restrictions, the parents give the child love. If the child fails to perform, disapproval follows. In time, the child looks ahead to the consequences of his acts. If he is about to misbehave, a gnawing fear warns that his parents might stop loving him. Thus, the inner anxiety eventually results in internalization of the parent's morality.

The child has developed a rudimentary conscience...not only does the child fear withdrawal of love, he also identifies with his parents. He loves them, and he wishes to emulate them...In a rejectant environment, love, the central element, is missing. Because the rejected child does not love his parents and they do not love him, no identification takes place. Nor does the rejected child fear the loss of love – a love which he never had – when he violates moral restrictions. Without love, the socializing agent, the psychopath remains *asocial*. (pp. 85-86)

Similarly, the McCords (1964) connected the *psychopath's* warped capacity for love to his or her defective early relations:

The psychopath's *inability to maintain close relations* seems due to his inexperience with affectional bonds. As a child, the psychopath was consistently rebuffed. He did not experience the satisfactions which accompany emotional attachment. Since he never developed ties of affection, he never acquired the ability to 'empathize.' Because he early learned that the world offered him no love, the psychopath reacts to other human beings with suspicious indifference. He doubts the sincerity of those who may seek to establish close relations. Though the psychopath might wish, at some level, to develop an emotional attachment, he lacks the necessary techniques. (p. 85)

Of brief note, the McCords' (1964) causal model of the *psychopath* placed strong emphasis on the notion, then-prominent within psychology, that one's adult personality was a reflection, if not a recapitulation, of his or her earliest interactions with parental objects (see, for example, Bowlby, 1951; Klein, Heimann, & Money-Kyrle, 1955; Sullivan, 1953). In this respect, the McCords (1964) work was clearly shaped by its immediate intellectual context. More broadly, I would note further, the McCords causal model also referenced prevailing sociocultural values, mores, and expectations with respect to parenting, family, and related matters. Thus, and like all previous accounts, the McCords' depiction of the *psychopath* was a thoroughly contextualized discourse, variously (and inseparably) linked to the milieu in which it was produced.

Moving on from etiology, the McCords (1964) turned to matters of intervention. In this respect, they asserted that the *psychopath's* socially destructive behaviour, up to and including criminal action, was uniquely difficult to manage, control, and curtail. They described the *psychopath* as being highly insensitive to punishment, noting that "even serious sanction [would] not deter his misdeeds" (p. 98). The McCords stated that incarceration, whether in prison or in

hospital, would “fail routinely” to prevent the *psychopath* from engaging in subsequent misconduct (p. 98). Moreover, these authors were among the first to suggest that psychopathic offenders, relative to the “ordinary criminal,” would typically prove more difficult to manage within correctional settings – the McCords stated the following in this regard:

In prison, psychopaths [could] be expected to lead most of the riots, pass most of the drugs, and indoctrinate most of the young newcomers. The psychopaths [would] commit the greatest number of prison offences and spend the most time in solitary confinement. (p. 98)

Similar to Cleckley (1941), the McCords (1964) also indicated that attempts to modify the *psychopath*’s underlying personality structure, using a wide range of then-available psychotherapeutic technologies, would typically prove “grossly disappointing” (p. 98). They noted, for example, that “experiments” using various forms of individual psychotherapy – including psychoanalysis, hypnotherapy, “prison-based counseling,” etc. – had typically failed to bring about lasting change to the psychopathic character, even when such treatments were “intensive and prolonged” (p. 117). In attempting to explain the *psychopath*’s poor response to individual psychotherapy, the McCords stated the following:

[the psychopath] lacks the desire for change and the anxiety over his condition which most therapists believe is the prerequisite for treatment. Most psychopaths see nothing wrong with themselves and, therefore, no reason to change...Also [and as noted previously], since rapport is basic to all psychotherapy, the psychopath’s deficiencies in this area represent a serious handicap. Without experience in emotional relationships, the psychopath resists the complex patient-therapist bond...Finally, the psychopath has little guilt. He feels no compunction about breaking appointments, about attacking the therapist (usually verbally, sometimes physically), or about stopping treatment altogether. These three traits – lack of anxiety, lack of “identifying ability,” and lack of guilt – make the psychopath a poor prospect for individual therapy. (p. 118)

The McCords (1964) also noted that “attempts at curing the psychopath” through various modes of “group therapy” – such as discussion groups, “demonstro-therapy,” and psychodrama – had likewise proven “unsuccessful” (p. 116). According to the McCords, while such approaches, at least in very sporadic cases, had reportedly “made the psychopath better able to maintain affectional relations in the short term,” they had not been shown to produce long-lasting alteration to the psychopathic personality structure (p. 116).

The McCords (1964) also described poor outcomes with respect to biologically-based treatments. They stated, for instance, that reported attempts to alter the psychopathic personality structure using various forms of “narcotherapy” had proven ineffective (p. 100). While they acknowledged that certain drugs were potentially useful for “easing the problems of individual counseling” (i.e., making the psychopathic individual more “amenable” to such therapy), they emphasized that drug treatment, in and of itself, had not been found to produce any “lasting improvements in psychopaths” (p. 117). The McCords also indicated that experiments using “electroshock therapy” and “psychosurgical intervention” had not been shown to alter significantly the psychopathic personality (p. 117).

On a more optimistic note, the McCords (1964) speculated that where traditional interventions had failed, so-called “milieu”/“total push” therapies might offer some degree of promise, particularly if delivered at an early age (p. 128). As summarized by the McCords, milieu therapy focused on immersing the individual within a “therapeutic community,” often for extended periods of time (p. 128). Within the therapeutic community, “the total environment was structured toward treatment...every aspect of the [individual’s] life, from breakfast to bedtime, geared toward therapeutic purposes” (p. 128). These highly intensive programs were typically “patient-governed” (p. 117), with residents encouraged to take responsibility for both their own behaviour and for regulating the larger community (e.g., helping to establish/enforce social controls within the group). The McCords theorized that by placing the *psychopath* within this “radically” therapeutic context, “a personality transformation of the necessary magnitude might be achieved” (p. 128). Indeed, these authors suggested that it was only by “mobilizing the entire environment against the [psychopath’s] disorder” that meaningful change could be realized (p. 128).

Of note, the McCords’ (1964) position on milieu therapy related coherently to their etiological framework. The McCords argued that the therapeutic community could provide a corrective social context for the *psychopath*, one that was antithetical to “the rejectant and loveless early environment” (p. 161). With sustained immersion in the therapeutic community, they continued, the *psychopath’s* long-frustrated affectional/affiliative needs might ultimately be satisfied. Moreover, they argued, the stable and consistent social controls that governed the therapeutic community might “provide the basic prerequisites needed for the establishment of a

rudimentary conscience” (p. 161). In effect, the McCords described milieu therapy as a potential means of “re-socializing” the *psychopath* (p. 162).

As “preliminary” support for this position, the McCords (1964) described their evaluation of a therapeutic community for delinquent boys, a subset of whom they categorized as “child psychopaths” (p. 142). Briefly, the therapeutic community in question was described as a “loving,” “warm,” and “permissive” residential environment that simultaneously placed strong emphasis on “social responsibility” (p. 138). This program was highly intensive, having an “almost one-to-one boy-staff ratio” (p. 138). Across program participants, the McCords distinguished “psychopathic children” ($n = 15$) in the following way:

Aggressive, asocial, highly impulsive children, they exhibited dangerous delinquent tendencies, extreme maladjustment in school, and severe temper tantrums...among the psychopathic children there was a pronounced lack of guilt feelings. In every important respect, they presaged the behavior of the ultimate social enemy, the adult psychopath. (p. 145)

Based on a battery of pre- and post-treatment measures, the McCords concluded that extended placement within the therapeutic community had produced “desirable changes in the character of child psychopaths” (p. 164). Specifically, they reported that these children had shown a dramatic increase in their level of internalized guilt, had come to exhibit greater control over their impulsivity, reported more realistic self-perception, and endorsed more “positive ego-ideals” (p. 158). The McCords further reported that these children began to show a less hostile view of authority, a decrease in the intensity of their aggressive fantasies, and a reduction in the frequency of their aggressive behaviours. While the McCords described these results as “encouraging,” they acknowledged that far more empirical evidence would be needed before “confirming” milieu therapies as a viable treatment avenue for the *psychopath* (p. 165).

As a final note, the McCords’ (1964) account of the *psychopath* also touched briefly on matters of criminal/legal responsibility. Specifically, the McCords lamented the fact that *psychopaths* would invariably be found “sane”/“responsible” on all available legal tests thereof (which were typically based on the ability to reason) (p. 176). In brief, they advocated for a shift in thinking that would allow the *psychopath* to be declared “legally irresponsible for his transgressions” (p. 176). Deemed irresponsible, they continued, the *psychopath* could then be committed to “permanent custody” within a properly appointed psychiatric facility, one that

emphasized rehabilitation as opposed to punishment alone (p. 188). According to the McCords, “the psychopath does not choose to be a wicked man,” his neurosocial background “compels” him to be so (p. 177). They reasoned that indefinite psychiatric confinement would best serve the *psychopath*, while simultaneously protecting society from “his dangerous inclinations” (p. 177). Once again, the McCords account of the *psychopath* posed a clear challenge to existing notions of ‘sanity’ and ‘insanity.’

In summary, the McCords (1964) described the *psychopath* as an asocial, unrestrained, highly impulsive, and aggressive “misfit,” distinguished most critically by a striking poverty of social emotion (i.e., “guiltlessness and lovelessness”) (p. 52). The McCords maintained that the *psychopath*’s disorder resulted from a rejectant, “love-deprived” early environment, “sometimes severe and sometimes complemented by neural or environmental defects” (p. 85). Like previous scholars, the McCords emphasized that the typical *psychopath* would respond poorly to a broad range of available therapeutic interventions – this therapeutic pessimism, however, was tempered by their assertion that intensive milieu therapy, delivered at the earliest age possible, might offer at least some promise of “curing” the psychopathic personality (p. 100).

2.5 R. D. Hare and Colleagues: PCL/PCL-R-defined Psychopathy

At present, the manner in which forensic psychologists conceptualize the psychopathy construct is perhaps most strongly influenced by the work of Canadian psychologist R. D. Hare, his students, and his immediate collaborators (e.g., Arrigo & Shipley, 2001; Hervé, 2007; Stover, 2008). Indeed, through efforts to develop, validate, and elaborate upon the PCL/PCL-R assessment framework, Hare and his associates have significantly shaped the ways in which psychopathy is thought of, spoken about, written on, and otherwise represented within contemporary forensic psychology (Stover, 2008, p. 137). As noted previously, the PCL/PCL-R framework is currently the most widely accepted means of defining/diagnosing the hypothetical construct of psychopathy, for both research and clinical purposes (e.g., Skeem & Cooke, 2010a, 2010b). As such, exploring Hare’s account of *PCL/PCL-R-defined psychopathy* is critically relevant to this archeology of knowledge.¹

¹ I am required to mention briefly that several scholars have critiqued Hare and his colleagues, quite vehemently, for what they see as a notable departure from Cleckley’s (1976) formulation of the *psychopath*. Indeed, despite Hare’s (2003) explicit assertions that *PCL/PCL-R-defined psychopathy* aligns conceptually with the work of Cleckley, several commentators have emphasized various differences between the two – in particular, many note that *PCL/PCL-R-defined psychopathy* does not capture directly the absence of anxiety that was central to the Cleckley *psychopath*. Implicitly, these commentators tend to equate the ‘drift’ from Cleckley with a ‘drift’ from ontological

The earliest history of the PCL/PCL-R framework can be traced to the late-1970's, when Hare and his associates turned their attention on creating a "reliable, valid, and generally acceptable research scale for the assessment of psychopathy in prison populations" (Hare, 1980, 1985a, 1991, 2003; Hare & Cox, 1978; Hare & Frazelle, 1980, p. 1). An established researcher in the area, Hare (1980) argued that "one of the major impediments to systematic theory and research on psychopathy" was the absence of a common, "consistent," and "reasonably objective" means for assessing the disorder (p. 111). Hare stated the following in this respect:

Various subject selection procedures have been used – clinical diagnosis, behavior rating scales, self-report inventories – but there is little evidence that they are conceptually and empirically related to one another...with the result that it is difficult to compare research findings reported by different investigators. (p. 111)

In seeking to address this problem, Hare (1980) attempted to "operationalize" the participant selection procedures that he had established within his own program of research (p. 111). Specifically, Hare and his colleagues had developed a "reliable and valid" system by which they would "order [white male prison inmates] along a 7-point scale of psychopathy – the conceptual framework for these ratings," according to Hare, "being typified best by Cleckley's (1976) *The Mask of Sanity*" (p. 111; see also Hare & Cox, 1978; Hare & Frazelle, 1980). These "global clinical assessments" were made on the basis of "interviews and extensive case-history data," "required a great deal of time to make," and were typically arrived at by well-trained, "highly experienced raters" familiar with the psychopathy literature (Hare, 1980, pp. 111-112). Hare reasoned that by making explicit the nature of these assessment procedures he could provide a clear, easily communicated, and readily accessible method for identifying the criminal psychopath – a method that could then be adopted/duplicated by other researchers in the area (Hare, 1980, 1985a; Hare & Frazelle, 1980).

As described by Hare (1980), the "first step" in clarifying his global assessment procedure was to "list all of the traits, behaviors, indicants and counterindicants of psychopathy" that he and his associates felt were "explicitly or implicitly used" in making their ratings – a process that

'truth'/'accuracy.' From a social constructionist perspective, I see the various distinctions between the Cleckley *psychopath* and *PCL/PCL-R-defined psychopathy* as contextually-mediated. Hare's valorization of 'reliability,' for instance, partly informed his decision to exclude the absence of anxiety and psychoneurotic manifestation from his original checklist, believing, as he did, that this feature would not lend itself well to "consistency in rating" (p. 12). Once again, the various accounts reviewed within this archeology of knowledge are seen to reflect socially and historically situated products, each of which will differ accordingly from one another in myriad key ways.

reportedly generated “over 100” items (p. 114). After eliminating those items deemed “too difficult” to score “reliably,” Hare carried out a “series of statistical analyses” to determine which remaining items “best discriminated between inmates with low and high global ratings of psychopathy” (p. 114). Based on these analyses, Hare concluded that global ratings “could be represented effectively by 22 items or pieces of information” (p. 114). These 22 items were compiled to form the earliest version of Hare’s checklist. Each item was scored on a 3-point scale, “0 indicating that the item did not apply to the inmate, 1 indicating some uncertainty about whether or not it applied, and 2 indicating that it did apply” (p. 114) – accordingly, total scores could range from 0 to 44. A manual containing a “complete description of each item” (including concrete scoring instructions) was prepared – scoring instructions were crafted in such a way as to maximize the “reliability” with which each item could be rated (p. 114; Hare & Frazelle, 1980). The 22 items comprising Hare’s original checklist are presented in Table 2.4.

Of note, Hare (1980) focused considerable attention on exploring the psychometric properties of his checklist. Based on a sample 143 male prison inmates, Hare concluded that most checklist items were associated with “reasonable interrater agreement” (p. 114). Further, Hare reported “very high” levels of agreement between independent raters with respect to total checklist scores (p. 114). Hare also reported that “less experienced” raters were able to use the checklist “reliably,” arriving at total scores that were comparable to those obtained by “more experienced” users (p. 114). Hare also suggested that the checklist showed a “high” degree of internal consistency, as calculated using coefficient alpha (p. 115). Turning to estimates of “validity,” Hare noted that total checklist scores, in various ways, were strongly and predictably correlated with global ratings of psychopathy (as should not be surprising) (p. 115). Emphasizing that any “valid” procedure for the assessment of psychopathy should “be explicitly tied to the clinical conception [thereof]” (P. 111), Hare (1980) also sought to examine the relationship between his checklist and the diagnostic criteria articulated by Cleckley (1976). To this end, the same 143 inmates were rated on each of Cleckley’s 16 criteria. Criterion ratings were made in accordance with the same 3-point scaling system used within the checklist – as such, an inmate’s total score could range from 0 to 32. Separate principal components analyses were conducted for total checklist score and for total “Cleckley criteria” score (p. 112), both of which resulted in a five factor solution (Hare, 1980). Citing the results of a canonical correlation

Table 2.4

Items Comprising Hare's Original Checklist

-
1. Glibness/superficial charm
 2. Previous diagnosis as psychopath (or similar)
 3. Egocentricity/grandiose sense of self-worth
 4. Proneness to boredom/low frustration tolerance
 5. Pathological lying and deception
 6. Conning/lack of sincerity
 7. Lack of remorse or guilt
 8. Lack of affect and emotional depth
 9. Callous/lack of empathy
 10. Parasitic life-style
 11. Short-tempered/poor behavioral controls
 12. Promiscuous sexual relations
 13. Early behavioral problems
 14. Lack of realistic, long-term plans
 15. Impulsivity
 16. Irresponsible behavior as parent
 17. Frequent marital relationships
 18. Juvenile delinquency
 19. Poor probation or parole risk
 20. Failure to accept responsibility for own actions
 21. Many types of offense
 22. Drug or alcohol abuse not direct cause of antisocial behavior
-

Note. From "A Research Scale for the Assessment of Psychopathy in Criminal Populations," by R. D. Hare, 1980, *Personality & Individual Differences*, 1, p. 115. Copyright 1980 by Pergamon Press Ltd. Adapted with permission.

analysis, Hare indicated that the “*overall* fit between the two sets of factors was extremely good [emphasis added]” (p. 117). Indeed, Hare concluded the following in this respect:

...there is a high degree of agreement between the factors derived from analysis of the 16 Cleckley criteria and those derived from analysis of the 22-item checklist. All of the clinically important information contained in the Cleckley criteria appears to be covered by the checklist. (p. 118)

Hare (1980) concluded cautiously that his preliminary checklist offered “some promise of becoming a useful instrument for the reliable assessment of psychopathy in criminal populations” – he noted explicitly, however, that it may prove less useful in “noncriminal” settings (p. 118). Hare argued that the instrument was “closely tied to the clinical notion of psychopathy” and suggested that it might “provide a reasonable alternative to the difficult and subjective diagnostic procedures that [were] sometimes used” (p. 118). Many others, it would seem, appeared to agree, and the checklist was soon adopted by a number of prominent researchers in the area (Hare, 1991, 2003; Stover 2008).

Several years later, due to its “increasing popularity among researchers” (and to a growing extent among clinicians), Hare (1991) reported the need to “refine” and “update” his scale, now referred to as the *Psychopathy Checklist* (PCL) (p. 1). Primarily with the aim of enhancing the measure’s psychometric “reliability,” item scoring criteria were made more explicit, several item descriptors were altered, and two items were deleted altogether, resulting in a draft version of the *Psychopathy Checklist-Revised* (PCL-R) (Hare, 1985b). This draft version was circulated among selected researchers, with feedback therefrom resulting in “minor” changes to item descriptions and scoring criteria (Hare, 1991, p. 1). The PCL-R was then formally published in 1991 (the 20 items comprising the PCL-R were presented previously in Table 1.2). As with the original checklist, Hare focused considerable attention on “documenting” the PCL-R’s various psychometric and mathematical properties (p. 1) – interested readers are referred directly to Hare (1991) in this respect.

Over the next several years, Hare (2003) asserted, “a body of consistent and replicable research findings using the PCL-R began to emerge...In a sense, the scale had provided a common metric for psychopathy that greatly reduced the method variance among studies conducted by different researchers and at different institutions” (p. 3). In 2003, Hare released the second and most-current edition of the PCL-R. While this edition saw no “substantive changes”

to checklist items or scoring criteria (p. 1), it incorporated “a great deal of new information on the use, generalizability, and applicability of the PCL-R, based on the large number of articles, reports, presentations, and dissertations produced since 1991” (p. 2). As might be expected, Hare also presented a wealth of updated information regarding the “psychometric soundness” and statistical properties of the instrument (p. 1).

As should be apparent, Hare’s (1980, 1991, 2003) efforts to develop and refine the PCL/PCL-R framework reflected the “dominant epistemological practice” that had come to define psychology – that is, logical post-positivism (Stover, 2008, p. 140). Indeed, Hare’s impetus for initially creating his checklist was based on the underlying assumption that “until a construct of psychopathy could be established and verified by scientific methods...the evidence supporting [it] was of a murky, unstable, and unacceptable quality” (Stover, 2008, p. 141). According to Stover (2008), Hare sought to create a “reliable and objective” means of identifying “bona fide” psychopaths – a method that was “less subjective (i.e., closer the truth)” than other assessment techniques (e.g., clinical judgment, self-report, etc.) (p. 141). Hare constructed his checklist to include only those items that withstood a particular degree of mathematical scrutiny, others were discarded. In revising his checklist, Hare focused on increasing the instrument’s “reliability” and on eliminating those items that accounted for smaller amounts of the “statistical variance between psychopaths and non-psychopaths” (p. 142). As summarized by Stover, Hare thus attempted to “provide a view of psychopathy that included only those attributes that could be empirically validated in the post-positivist sense” (p. 141).

According to Stover (2008), Hare’s work also appealed to logical post-positivism’s central/guiding “narrative of scientific progress” (i.e., the valorized notion that our understanding of the world “should progress incrementally ever closer to [objective] truth, one rigorous, systematically-derived research finding being built upon another” (pp. 141-142). Specifically, Hare situated the absence of a “reliable,” “valid,” and widely shared system for the assessment of psychopathy as a troubling barrier to “scientific advancement” – he then offered a solution to this problem in the form of his checklist (p. 143). Thus, argued Stover, “Hare worked within the dominant epistemological forces of psychology to create a compelling and uniquely persuasive argument,” one that would receive “general acceptance” within his particular context (p. 142). Stover further stated the following:

Hare has achieved widespread acceptance of his concept of psychopathy by [presenting] his model within the language and assumptions widely venerated by the psychological community...Hare has not done particularly original work, but has astutely woven together the most accepted ideas about psychopathy...worked tirelessly to produce findings that meet the generally agreed upon level of rigor, and communicated these findings in an especially persuasive fashion. (p. 143)

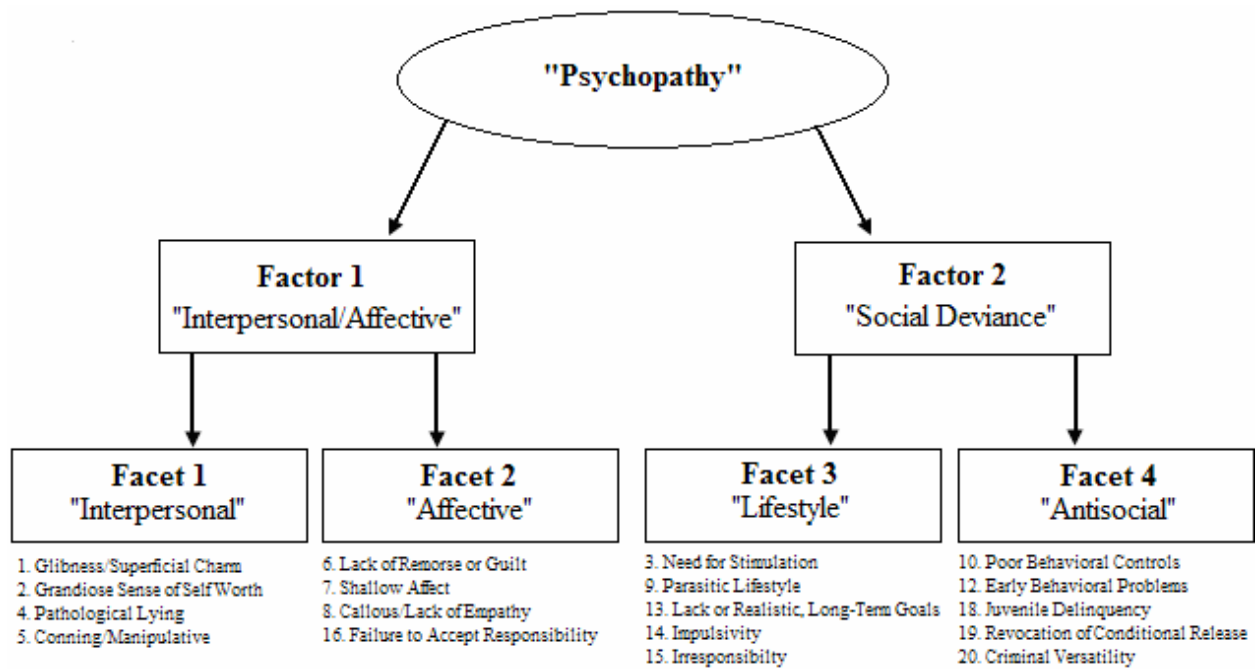
Also reflecting a logical post-positivist worldview, Hare and others (e.g., Cooke, 1995; Cooke & Michie, 1997, 2001; Hare, 1991, 2003; Hare & Neumann, 2006; Hare et al., 1990; Harpur, Hakstian, & Hare, 1988; Hobson & Shine, 1998; McDermott et al., 2000; Parker, Sitarenios, & Hare, 2003; Templeman & Wong, 1994) have dedicated considerable attention to examining the factor structure of the PCL/PCL-R framework. The most recent edition of the PCL-R manual, for example, endorses a “two-factor, four-facet model” (Hare, 2003, p. 3), in which a superordinate factor (i.e., “psychopathy”) is underpinned by two correlated factors, each of which can be further divided into two facets (p. 77). This model is presented graphically in Figure 2.1. Of brief note, discussions of the PCL-R’s factor structure are often framed in a discourse that serves to reify the psychopathy construct – in particular, I would note, statistical factors/facets are often spoken of, or written about, as if they somehow embody an actual, discoverable, and ontologically ‘real’ substrate.

In summarizing the “two-factor, four-facet model,” Hare (2003) has asserted that “Factor 1 captures the psychopath’s selfish, callous, and remorseless use of others...that characteristic pattern of interpersonal and affective traits commonly considered fundamental to psychopathy” (p. 77). Factor 1 can be separated into two facets, said to reflect the psychopath’s “interpersonal” and “affective” functioning, respectively (p. 79-83; see also Parker, Sitarenios, & Hare, 2003). “Factor 2,” continues Hare, “measures the psychopath’s chronically unstable, antisocial, and socially deviant lifestyle” (p. 79). This factor can also be separated into two facets, one said to “reflect” the psychopath’s “aimless, impulsive, irresponsible, and parasitic” lifestyle, the other “his persistent pattern of antisocial conduct” (pp. 79-83; see also Parker, Sitarenios, & Hare, 2003). Table 2.5 lists the individual PCL-R items that traditionally comprise each factor – note, of course, that certain items have been “orphaned” within this solution (p. 3).

In keeping with the factor analytic research, Hare (e.g., 2003) has asserted strongly that the

Figure 2.1

'Two-factor, Four-facet' Structure of the Psychopathy Checklist-Revised



Note. From "Hare Psychopathy Checklist-Revised (PCL-R): 2nd Edition: Technical Manual," by R. D. Hare, 2003. Copyright 2003 by author and Multi-Health Systems Inc. Adapted with permission.

PCL/PCL-R framework measures both the “inferred personality traits” and “overt behavioral features” related to “a widely understood, traditional conception of psychopathy” (p. 1) – that is, he specifies, a conception broadly in keeping with that of Cleckley (1976).¹ As a means of emphasizing this point, Hare and his associates have frequently juxtaposed the constructs of *PCL/PCL-R-defined psychopathy* and DSM-defined *Antisocial Personality Disorder* (e.g., Hare, 1991, 1996, 1998, 2003; Hare & Hart, 1995; Hare, Hart, & Harpur, 1991). As described by Hare (2003), the formal diagnostic criteria for *Antisocial Personality Disorder* “place more emphasis on socially deviant and criminal behaviors, and less emphasis on personality traits, than do traditional conceptions of psychopathy and the PCL-R” (p. 5). In effect, Hare continues, the current DSM-IV-TR diagnostic criteria for *Antisocial Personality Disorder* measure primarily those attributes “associated with PCL-R Factor 2,” while dedicating very little attention to those attributes “associated with PCL-R Factor 1” (p. 92; see also Cooke & Michie, 2001).

Of note, so frequently (and vehemently) have Hare (e.g., 2003) and his associates juxtaposed the constructs of *PCL/PCL-R-defined psychopathy* and *Antisocial Personality Disorder*, that each has come to partially define the other within the contemporary forensic psychological literature. Indeed, *PCL/PCL-R-defined psychopathy* is described routinely in terms of its distinctiveness from *Antisocial Personality Disorder*, and vice versa – each construct, I would argue, thus serves to partially represent what the other is not. Also of note, through a kind of rhetorical ‘slight-of-hand,’ Hare’s writings tend to create the implicit expectation that by departing from a so-called “traditional view of psychopathy,” the DSM framework departs simultaneously from ‘objective truth’ (i.e., from measuring ‘psychopathy,’ as it really is) (p. 6). By extension, Hare’s writings imply strongly (albeit fallaciously) that because the PCL/PCL-R framework more closely aligns with “traditional” thinking (p. 5), it therefore more closely aligns with an ‘objective reality’. As would be expected, Hare and his associates have challenged explicitly those assertions within the current DSM that “attempt to equate” *Antisocial Personality Disorder* with “traditional conceptualizations of psychopathy, sociopathy, or dissocial personality disorder” (p. 6; see also Rogers, Salekin, Sewell, & Cruise, 2000).

On a more practical/applied note, Hare (e.g., 2003) and his associates have often critiqued the DSM-defined construct of *Antisocial Personality Disorder* on the basis of its diagnostic utility (or lack thereof) within correctional and forensic psychiatric populations, *specifically*.

Table 2.5

Items Traditionally Comprising Factors 1 and 2 of the Psychopathy Checklist-Revised

Factor 1: Selfish, callous, and remorseless use of others

1. Glibness/superficial charm
2. Grandiose Sense of Self Worth
4. Pathological Lying
5. Conning/Manipulative
6. Lack of Remorse or Guilt
7. Shallow Affect
8. Callous/Lack of Empathy
16. Failure to Accept Responsibility for Own Actions

Factor 2: Chronically unstable, antisocial, and socially deviant lifestyle

3. Need for Stimulation/Proneness to Boredom
9. Parasitic Lifestyle
10. Poor Behavioral Controls
12. Early Behavioral Problems
13. Lack of Realistic, Long-Term Goals
14. Impulsivity
15. Irresponsibility
18. Juvenile Delinquency
19. Revocation of Conditional Release

Note. From “Hare Psychopathy Checklist-Revised (PCL-R): 2nd Edition: Technical Manual,” by R. D. Hare, 2003. Copyright 2003 by author and Multi-Health Systems Inc. Adapted with permission.

Reminiscent of previous accounts (e.g., Partridge, 1930), Hare (2003) has argued that diagnoses of *Antisocial Personality Disorder* capture a broad, omnibus, and highly inclusive array of behaviourally antisocial individuals and are thus “nonspecific” within offender populations (p. 92). The PCL/PCL-R framework, he continues, identifies a more narrow, specific, and “clinically useful” subset of offenders (p. 92). Hare has elaborated on this point as follows:

The association between PCL-R (and PCL) diagnoses of psychopathy and diagnoses of [*Antisocial Personality Disorder*] is an asymmetric one, at least in correctional and forensic populations: A PCL-R diagnosis of psychopathy is more predictive of [*Antisocial Personality Disorder*] than [*Antisocial Personality Disorder*] is of psychopathy. Most criminal psychopaths meet the criteria for [*Antisocial Personality Disorder*], whereas most offenders with [*Antisocial Personality Disorder*] do not meet the PCL-R criteria for psychopathy...Part of the reason for this asymmetric relation is that the base rate for PCL-R-defined psychopathy in correctional and forensic populations (15-25%) generally is much lower than is the base rate for [*Antisocial Personality Disorder*] (50-80%). An additional reason for this relation involves the factor structure of the PCL-R. Thus, the PCL-R predicts [*Antisocial Personality Disorder*] well because most criminal psychopaths engage in the sort of antisocial behavior (high scores on Factor 2) that also defines [*Antisocial Personality Disorder*], whereas [*Antisocial Personality Disorder*] does not predict psychopathy very well because the majority of prisoners and forensic patients with [*Antisocial Personality Disorder*] do not show evidence of the personality characteristics defined by Factor 1. Research that uses a DSM diagnosis of [*Antisocial Personality Disorder*] taps the social deviance component of psychopathy but misses much of the personality component, whereas each component is measured by the PCL-R. (p. 92)

I would also re-assert briefly that the PCL/PCL-R framework was constructed specifically for use within offender populations, while the DSM framework was not – consequently, it should not be seen as particularly surprising that the two instruments perform differently within correctional and forensic psychiatric settings.

It should also be mentioned that Hare and his colleagues, I would argue, have contributed greatly to the strong expectations of ‘dangerousness’ that have come to be associated with the contemporary forensic psychological construct of psychopathy. For example, Hare and his associates (e.g., Hare & McPherson, 1984; Harpur & Hare, 1994) were among the earliest to

report that offenders scoring higher on the PCL/PCL-R framework would typically present with criminal histories marked by a greater “density and variety of offending,” relative to those scoring lower (Hare, 2003, p. 133). In this respect, Hare (e.g., 1996) has described the *PCL/PCL-R-defined psychopath* as representing a “small subset of the offender population” that engages in a “disproportionately” large amount of criminal activity (p. 26). Hare (e.g., 1991, 1996, 1998, 2003) has further emphasized that offenders who score higher on the PCL/PCL-R framework, relative to those who score lower, are much more likely exhibit criminal histories marked by violent offences/serious forms of aggression, in particular. Hare (e.g., 1996) has gone as far as to conclude, quite hyperbolically I would add, that the *PCL/PCL-R-defined psychopath* can be seen as a kind of “intraspecies predator,” displaying a “distinct predilection” for violence and aggression toward others (p. 26).

Hare and colleagues have also described the *PCL/PCL-R-defined psychopath* as being uniquely aggressive, violent, and ‘dangerous’ within institutional settings (e.g., Hare, 1991, 1996, 2003; Hare, Clark, Grann, & Thornton, 2000; Wong & Hare, 2005). In a ‘seminal’ study by Hare and McPherson (1984), for example, it was reported that male prison inmates with “high” (i.e., at least 30) PCL total scores were significantly more likely to be “reported” for violent/aggressive institutional misconduct than were those with either “medium” (i.e., at least 22 but less than 30) or “low” (i.e., less than 22) PCL total scores (pp. 40-42). These authors also reported that inmates assigned to the “high” PCL group were most likely to use a weapon during episodes of institutional misconduct and had received the highest overall “global ratings of prison violence” (as assigned by institutional staff members on the basis of a 5-point ordinal scale) (p. 42). According to Hare (2003), similar findings have subsequently been reported across a small yet ever-growing body of literature, to the extent that most scholars would now acknowledge a “clear, albeit modest, association between the PCL-R and institutional misconduct, particularly violence” (p. 140).

Further related to contemporary expectations of ‘dangerousness,’ Hare and his collaborators were among “the earliest researchers to demonstrate an association between psychopathy [as measured using the PCL/PCL-R framework] and criminal recidivism” (Douglas, Vincent, & Edens, 2006, p. 533). A foundational study by Hart, Kropp, and Hare (1988), for example, reported that male offenders with “high” (i.e., at least 34) PCL total scores were nearly three times more likely to violate the terms of their conditional release and nearly four times

more likely recidivate violently than were those with “low” (i.e., less than 25) PCL total scores (p. 227). In the years following this particular study, asserts Hare (2003), a “large and robust body of literature” examining the association between *PCL/PCL-R-defined psychopathy* and various types of criminal recidivism has been generated (p. 148; see also, for example, Dolan & Doyle, 2000; Douglas, Vincent, & Edens, 2006; Edens, Campbell, & Weir, 2006; Hart, 1998; Hemphill, Hare, & Wong, 1998; Hemphill & Hart, 2003; Leistico, Salekin, DeCoster, & Rogers, 2008; Salekin, Rogers & Sewell, 1996; Walters 2003a, 2003b). As summarized by Hare (2003), this research has “affirmed” *PCL/PCL-R-defined psychopathy* as a relatively potent predictor of both general and violent recidivism, the latter in particular (p. 145). While *PCL/PCL-R-defined psychopathy* appears to have utility in the prediction of sexual recidivism, he continues, this relationship appears to be somewhat less “robust” (p. 145). Hare has also emphasized that it is the “Factor 2” behavioural component of the PCL/PCL-R framework, specifically, that appears to be “most strongly predictive” (mathematically) of criminal recidivism (p. 145).

Turning briefly to matters of treatment and rehabilitation, Hare and colleagues have situated *PCL/PCL-R-defined psychopathy* as a highly problematic responsivity factor within the context of correctional treatment delivery (e.g., Hare, 1996, 1998, 2003; Wong & Hare, 2005). Within the most recent edition of the PCL-R manual, for example, Hare (2003) has asserted that “[PCL/PCL-R-defined] psychopaths can be expected to glean relatively little benefit” (as measured primarily in terms of post-treatment recidivism) from those forms of correctional treatment that are known “to be otherwise effective for most offenders” (p. 158). Note here that Hare’s assertions regarding intervention have focused primarily on the role of *PCL/PCL-R-defined psychopathy* in modulating correctional treatment outcome (rather than on the amelioration of psychopathy, per se). Further with respect to the “psychopathy-responsivity relationship,” Hare has stated the following:

Unlike most other offenders, psychopaths suffer little personal distress, see little wrong with their attitudes and behavior, and seek (and remain in) treatment only when it is in their best interests to do so, such as when applying for probation or parole. It is therefore not surprising that they derive little benefit from traditional treatment programs...Many psychopaths take part in all sorts of prison treatment programs, put on a good show, make

‘remarkable progress,’ convince the therapists and parole board of their reformed character, are released, and pick up where they left off before they entered prison (p.158)

Of note, Hare’s (e.g., 2003) various discussions of the “psychopathy-responsivity relationship” (p. 158) have often placed considerable emphasis/privilege on the work of Rice, Harris, and Cormier (1992), as reviewed within the previous chapter. Citing this particular work, Hare (e.g., 1996) has stated routinely that certain forms of milieu therapy may be “especially inappropriate for psychopaths,” actually making such individuals “worse [i.e., more dangerous] than they were before” (p. 42; see also D’Silva, Duggan, & McCarthy, 2004; Wong & Hare, 2005). Such programs, Hare (1996) has speculated, “likely help psychopaths to develop better ways of manipulating, deceiving, and using people but do little to help them understand themselves” (p. 42). Note, of course, that Hare’s indictment of milieu therapy contrasts sharply with the accounts of Birnbaum (1917), Partridge (1930), McCord and McCord (1964), and others, all of whom have suggested that such therapy might be particularly beneficial for ‘psychopathic’ individuals. It should also be noted that Hare and his colleagues, for whatever reasons, seem to attribute very little attention/weight to those studies showing a “positive treatment response among psychopathic offenders” (see, for example, D’Silva, Duggan, & McCarthy, 2004; Salekin, 2002; Salekin, Worley, & Grimes, 2010, p. 236).

Finally with respect to treatment, it should be mentioned that Wong and Hare (2005) have produced what they refer to as *Guidelines for a Psychopathy Treatment Program*. Despite its title, however, this text offers very little with respect to practical treatment recommendations geared *specifically* towards ‘psychopathic’ offenders. At best, I would suggest, Wong and Hare merely re-assert that *PCL/PCL-R-defined psychopathy* should be viewed as an important consideration within a “risk-need-responsivity” framework of correctional intervention (p. 5). Fundamentally, Wong and Hare maintain that *PCL/PCL-R-defined psychopaths* can be expected to respond less favorably to those forms of correctional treatment that are otherwise effective with most offenders.

In summary, the construct of *PCL/PCL-R-defined psychopathy* is rooted in Hare’s attempts to develop, refine, and “validate” a psychometric research instrument for “the assessment of psychopathy in prison populations” (Hare & Frazelle, 1980, p. 1). Over the past three decades, the PCL/PCL-R framework has come to be used widely for both research and clinical purposes – according to Guy, Edens, Anthony, and Douglas (2005), for example, the PCL/PCL-R

framework has come to represent the “gold standard [for assessment] and is the basis for most cumulated knowledge about psychopathy” (p. 1056). Hare (2003) suggests that *PCL/PCL-R-defined psychopathy* captures an array of intrapersonal and behavioural features that are broadly in keeping with the “traditional” accounts offered by Cleckley (1976) and others. Hare (2003) describes *PCL/PCL-R-defined psychopathy* as capturing a small, uniquely ‘dangerous,’ and particularly violent subset of the offender population. Hare also associates *PCL/PCL-R-defined psychopathy* with a strong brand of therapeutic pessimism. Finally, *PCL/PCL-R-defined psychopathy* reflects an emphasis on “quantification,” a focus on concepts such as “reliability,” a valorization of the “scientific method,” and so on – all of which defined the epistemological conditions under which Hare and his colleagues worked (Stover, 2008, pp. 141-142).

2.6 Chapter Summary

This chapter provides the reader with an archeology of knowledge regarding the contemporary forensic psychological construct of psychopathy. Presented herein are several key discourses/points of reference that inform, shape, and constrain the ways in which forensic psychologists presently conceptualize, talk about, and otherwise represent psychopathy – as with all historiographic reviews, the preceding is to be regarded as selective, partial, and ‘presentist’ in nature. Each of the accounts reviewed herein represents a socio-historically bound product, reflecting the various conditions and circumstances under which it was created; each account was ascribed at least some degree of legitimacy within its particular context. The preceding review is not constructed as a linear progression towards objective ‘truth,’ but as a field of discourses against which our current ‘reality’ has been set, positioned, and given meaning – indeed, it is partly in relation to these various accounts that contemporary forensic psychologists negotiate what psychopathy is and is not.

Most broadly, I would argue, the preceding archeology of knowledge captures a series of accounts that have sought to position variously disruptive, destructive, and antisocial individuals within a medical or psychological discourse. Pinel’s (1801/1806) construct of *manie sans délire*, for example, was an attempt to conceptualize a group of highly problematic, exceedingly violent, yet entirely *rational* individuals as a ‘psychiatric problem’ – that is, to redefine as ‘mad,’ what would have previously been regarded as ‘bad’ or ‘evil’ (Stover, 2008). In this respect, *manie sans délire* occupied an interstitial space between dichotomous notions of ‘sanity’ and ‘insanity.’ Thus in-between, *manie sans délire*, at the time, was a controversial, “puzzling,” and difficult-to-

reconcile proposition – it fueled strong, passionate, and fraught response among Pinel’s peers (Stover, 2008, p. 57). In various ways, themes of interstitiality, paradox, and ambiguity have marked many of the subsequent accounts reviewed herein (Stover, 2008). As noted previously, such themes continue to subtly infuse the contemporary forensic psychological construct of psychopathy.

Also of note, the various accounts reviewed herein typically offer a conundrum with respect to social action – recalling, of course, that knowledge and social action are regarded as mutually constitutive within a social constructionist framework (e.g., Berger & Luckmann, 1966, 2007; Burr, 2003; Gergen, 2001, 2009). ‘Problems’ constructed as medical, psychiatric, or psychological in nature tend to demand certain responses/‘solutions’ while restricting others – specifically, such problems typically call for “benevolent” forms of restriction, control, and prescription, for the protection and caring of afflicted individuals, and for the application of “healing”/therapeutic socio-cultural practices (e.g., Kleinman, 1988, p. 18). In contrast, ‘problems’ constructed as ‘evil’ tend to demand punitive forms of control, the protection of society, and the application of culturally-prescribed punishment practices. Many of the accounts above, given their interstitial nature, do not conform neatly or cleanly to either course of action. Indeed, the various accounts reviewed herein, I would argue, present ‘problems’ that are not ‘solved’ easily, readily, or with total certainty.

As first suggested by Partridge (1930), and later emphasized by Cleckley (1976), themes of therapeutic pessimism may also contribute to (and partly sustain) this conundrum of social action. Indeed, by expressly positioning a psychiatric construct as “untreatable” (p. 473), the typical forms of social action that would otherwise be called for are no longer fully tenable. As such, social actors will struggle in their attempts to solve, approach, or “deal” therewith – or perhaps, as Cleckley has suggested, they may simply “avoid” the problem altogether (p. 456).

It should also be noted that this archeology of knowledge contains a number of interesting (and often interrelated) ‘tensions.’ Indeed, across this field of discourses, certain scholars have endorsed etiological positions that can be defined (most broadly) as “biological,” while others have adopted etiological frameworks that are “sociological”/environmental in nature (e.g., Arrigo & Shipley, 2001; Millon, Simonsen, & Birket-Smith, 1998; Stover, 2008, p. 174). Some accounts have been highly condemnatory and pejorative, while others have been relatively more “inert” and “neutral” (Arrigo & Shipley, 2001, p. 327). Some accounts have placed strong

emphasis on criminal and even violent behaviour, others have focused on more general forms of antisociality. Some have described individuals who are primarily impulsive, self-defeating, and “unsocial,” while others have depicted individuals who are actively, willfully, and motivationally “antisocial” (McCord & McCord, 1964, p. 9). Some accounts have emphasized assessment approaches that are weighted heavily toward overt behavioural attributes, while others have placed greater emphasis on inferred intrapersonal features. Some of these ‘tensions,’ I would argue, have yet to be fully resolved among contemporary forensic psychologists.

In conclusion, this selective archeology of knowledge is intended to provide the unfamiliar reader with a more comprehensive understanding of the contemporary forensic psychological construct of psychopathy – specifically, that is, by presenting the various ‘historical’ accounts that lend meaning thereto. For the expert reader, this chapter should offer a somewhat familiar review, albeit from a social constructionist perspective. As noted previously, I have dedicated specific attention to exploring themes of therapeutic pessimism (or, in certain cases, relative optimism) that infuse these various accounts. Finally, this archeology of knowledge, in various ways, is intended to provide a foil against which to consider the mass newspaper and offender focus group data that will be subsequently presented.

3. Chapter 3: Exploring Canadian English-language Mass Newspaper Representations of Psychopathy/the Psychopath through Ethnographic Media Analysis

As a brief review, psychopathy is among the most prominent and frequently-considered diagnostic constructs within contemporary forensic psychological discourse (e.g., Harris, Skilling, & Rice, 2001; Rosenfeld, 2006). Therein, psychopathy is positioned as a rare, deep-seated, and socially problematic personality disorder defined by a constellation of emotional, interpersonal, behavioural, and motivational attributes. Within the contemporary forensic psychological discourse, psychopathy has come to be associated strongly with expectations of dangerousness and therapeutic pessimism. While a reasonable body of empirical research supports the link between PCL-R-defined psychopathy and various forms of dangerousness (e.g., Coid, 1998; Dolan & Doyle, 2000; Douglas, Vincent, & Edens, 2006; Doyle, Dolan, & McGovern, 2002; Edens & Campbell, 2007; Edens, Campbell, & Weir, 2006; Hare 1996, 2003; Hare, Clark, Grann, & Thornton, 2000; Hart, 1998; Hart, Kropp, & Hare, 1988; Serin, 1996; Serin, Peters, & Barbaree, 1990; Walters 2003a, 2003b; Wilson & Bakker, 2000), there exists very little support for the widely-held belief that that psychopaths respond poorly, and perhaps even adversely, to various forms of clinical intervention (e.g., Blackburn, 1993; Burke, 2002; D'Silva, Duggan, & McCarthy, 2004; Hansen, 1998; Kristiansson, 1995; Salekin, 2002; Salekin, Worley, & Grimes, 2010; Wong & Hare, 2005).

While psychopathy is conceptualized/operationalized very specifically by forensic psychologists, many suggest that the construct is grossly misunderstood by those outside the profession. Indeed, several scholars have asserted that psychopathy is a potent, emotionally-loaded, and damning diagnostic label, fraught with derogatory, even nihilistic, connotations among the general public. Many position psychopathy as a highly stigmatizing designation and predict that laypersons will exhibit a profoundly negative response to so-diagnosed individuals (e.g., Cunningham & Reidy, 1998; DeMatteo & Edens, 2006; Edens, Desforjes, Fernandez, & Palac, 2004; Edens, Guy, & Fernandez, 2003; Edens & Petrila, 2006; Edens, Petrila, & Buffington-Vollum, 2001; Furnham, Daoud, & Swami, 2009; Gunn, 1998; Guy & Edens, 2003; Hall & Benning, 2006; Hare, 1993, 1998; Helfgott, 1997; Murrie, Cornell, & McCoy, 2005; Rhodes, 2002; Toch, 1998; Vincent & Hart, 2002). Reflecting a strong brand of 'media determinism,' numerous scholars have speculated that "popular misunderstanding of the psychopathic personality can be attributed largely to sensational and unrealistic media

portrayals” thereof (e.g., Furnham, Daoud, & Swami, 2009, p. 466; Helfgott, 1997; Hesse, 2009; Stevens & Forth, 2008).

From an applied perspective, the presumed public stigma associated with psychopathy can be seen to create a serious professional dilemma for the practicing forensic psychologist, as the “consumers” of their work product – including assessments of psychopathy – come primarily from outside the profession (e.g., judges, jurors, attorneys, prison workers, parole/mental health review board members, probation/parole officers, hospital workers, offenders themselves, and so on) (e.g., Edens, Colwell, Deforges, & Fernandez, 2005, p. 604). On the one hand, the assessment of PCL-R-defined psychopathy is considered highly relevant to many of the referral questions presented routinely to the forensic psychological expert (e.g., queries regarding risk/dangerousness, institutional placement, treatment suitability, etc.) (e.g., Hare, 1998b; Edens & Petrila, 2006, p. 575; Edens, Petrila, & Buffington-Vollum, 2001). On the other hand, many would suggest that communicating a diagnosis of psychopathy may be “ethically and morally inappropriate,” as it presumably triggers pejorative stereotypes and unduly punitive reactions (e.g., Edens, Colwell, Desforges, & Fernandez, 2005, p. 620; Edens, Skeem, Cruise, & Cauffman, 2001; Hughes & Buckle, 2008; Murrie, Cornell, & McCoy, 2005; Petrila & Skeem, 2003). At present, how best to approach this particular dilemma remains open to debate (e.g., Cunningham & Reidy, 1998; Hare, 1993).

Of critical importance, while it may be accepted widely among forensic psychologists that psychopathy is a “grossly misunderstood” and “uniquely stigmatizing” designation within the broader public sphere (Edens & Petrila, 2006, p. 582), public constructions of psychopathy, and the ways in which those constructions may be enacted socially, have seldom been the focus of direct, systematic, and well-designed empirical inquiry (Edens, Colwell, Deforges, & Fernandez, 2005; Edens, Desforges, Fernandez, & Palac, 2004; Edens, Guy, & Fernandez, 2003; Furnham, Daoud, & Swami, 2009; Guy & Edens, 2003, 2006; Helfgott, 1997; Hughes & Buckle, 2008). Based on a review of the relevant scholarly literature, the following key points are worthy of emphasis:

Firstly, it would appear that only research undertakings by Helfgott (1997), Rhodes (e.g., 2002), and Furnham and colleagues (2009) attempt to explore public constructions of psychopathy in a direct (more or less) fashion.

Secondly, of the available research studies, most are marked by significant design, theoretical, and/or interpretive limitations, such that their reported conclusions must be regarded with a high degree of caution.

Thirdly, the limited body of relevant research, in general, is marked by grossly inconsistent (at times even contradictory) findings, many of which do not support the widely held presumption that lay individuals construct psychopathy in a decidedly negative/"damning" manner (Edens, Desforjes, Fernandez, & Palac, 2004, p. 396).

Fourthly, despite frequent indictment of the mass media, and of particular relevance to this research, only one empirical study to date (i.e., Stevens & Forth, 2008) has addressed mass media representations of psychopathy. Based on their "content analysis" of mass newspaper and "Internet" documents, Stevens and Forth reported that mass newspaper accounts of psychopathy (and related terms) focused predominately on crime and violence (p. 182). The "majority of article themes (43%)," they noted, were crime-related; of these, the majority (76%) focused on "homicides or attempted homicides" (p. 182). Stevens and Forth also reported that 37% of mass newspaper articles associated psychopathy with "insanity" and 25% with "psychosis," specifically (p. 182). In contrast, only 2% of internet content associated psychopathy with "insanity" and only 11% with "psychosis" (p. 182). With respect to treatment, the authors noted that a mere 7% of mass newspaper articles made any mention of treating psychopathy; of these, the majority (58%) reported that "psychopaths were not treatable" (p. 182). In contrast, "45% of websites made reference to treating psychopathy, of which 80% reported that psychopaths were untreatable" (p. 182). Stevens and Forth also reported a "significant increase (315%) in the frequency of mass newspaper articles that referenced psychopathy over time" (p. 182). Of further interest, the authors noted a distinction between mass newspaper and internet content regarding the way in which the "prototypical" psychopath was represented (p. 182). Specifically, while both mass newspaper and internet content positioned criminality as a "defining" feature of the psychopath, internet accounts were far more likely to associate psychopathy with "shallow affect," "superficial charm," "deceptiveness," "manipulativeness," and other personality-based attributes (p. 182). While the results reported by Stevens and Forth are certainly interesting, this particular study was marked by numerous (and egregious) theoretical, methodological, and analytical weaknesses, to the extent that its reported findings must be viewed with extreme caution.

In general, it can be concluded that the limited body of available research provides no clear and reliable picture as to how psychopathy may (or may not) be constructed by members of the general public – indeed, despite the strong assertions and frequent anecdotes of forensic psychologists, lay constructions of psychopathy/the psychopath remain poorly understood.

3.1 Purpose and Rationale

The broad purpose of this study was to begin exploring the general public discourse around psychopathy in a systematic and rigorous fashion – in so doing, the various meanings and expectations that may be activated and the social actions that may be called for (or precluded) when forensic psychologists invoke the psychopathy construct are potentially highlighted. More specifically, I sought to examine how the membership of contemporary English-Canadian society, broadly inclusive, may understand, conceptualize, and construct psychopathy by examining relevant mass newspaper representations of the disorder and of so-labeled individuals. Because the representational content of differing mass media forms, formats, genres, types, and so on will often diverge markedly (e.g., Altheide, 1996; Curran & Gurevitch, 2005; Murdock & Golding, 2005), I focused explicitly herein on news reporting. While this study was primarily inductive in nature, whether (or not) themes of dangerousness and therapeutic pessimism were apparent within mass newspaper accounts of psychopathy/the psychopath was of particular interest.

3.2 Method

As indicated, this study relied on D. L. Altheide's (1987, 1996) method of ethnographic media analysis (EMA), a conceptually-informed, reflexive, and iterative process for "locating, identifying, retrieving, and analyzing mass news documents for their relevance, significance, and meaning" (p. 2). EMA reflects a social constructionist view of the mass media, was developed specifically for the study of print and television mass news content, and is geared toward the analysis of multiple (rather than single) news documents. EMA focuses primarily on how certain events, situations, objects, and/or individuals are represented through the complex process of news production and how such representations "may help to define and clarify meaning for audience members" (p. 12). EMA rests on the central tenet that mass news documents are "organizational products," reflexive of the immediate context, conditions, and social processes under which they are created and distributed (Altheide, 1996, p. 9). In this

respect, an important aspect of EMA involves the researcher developing a working familiarity with mass news production.

Altheide (1996) describes the process of EMA as “recursive, reflexive, and non-linear” (p. 16). In general, a researcher moves forward and backward between several distinct research activities, resulting in a process that is “systematic and analytic but not rigid” (p. 16). The specific research activities that define the EMA process, and their application with the present study, are described below.

3.2.1 Selecting the topic: The researcher is concerned here with identifying and refining the topic, issue, or problem to be explored, with formulating and revising the research question(s), and with expanding or contracting the scope of inquiry, as needed. The researcher also identifies the specific mass media form(s), format(s), genre(s), and/or type(s) to be examined. In general, I sought to explore the following research question – how is psychopathy/the psychopath represented within Canadian English-language mass newspaper documents (i.e., what are the key meanings, understandings, expectations, etc. that define these representational accounts)? As noted, I also sought to examine how, if at all, mass newspaper representations of psychopathy/the psychopathy approach issues of dangerousness and treatability. I focused explicitly herein on news reporting within major Canadian English-language dailies.

3.2.2 Ethnographic considerations: The researcher gains familiarity with the news form(s), format(s), genre(s), and type(s) under investigation, adopting a particular focus on how relevant news workers create their products. The researcher becomes acquainted with the key contextual features, social processes, and conditions (both ideological and material) that define news production and how these various factors are impressed upon news products. Based on ethnographic considerations, a researcher may refine his or her research question(s), sampling strategy, analytic approach, and so on. With respect to the present study, numerous ethnographic accounts of mass news organizations were consulted (e.g., Becker & Vlad, 2009; Bell, 1991; Ericson, Baranek, & Chan, 1987, 1989; Gans, 2005; Gitlin, 2003; Machin & Niblock, 2006; Tuchman, 1978). Further in this regard, I conducted a small scale ethnographic field study of a local mass newspaper organization – this study involved mainly the observation of and consultation with various news workers as they engaged in their professional activities.

3.2.3 Engaging with relevant news documents: The objective here is to gain a basic acquaintance with the particular news documents that will be under investigation. According to Altheide (1996), this activity will help to clarify the appropriate unit of analysis for a given study (e.g., entire newspapers, specific sections thereof, individual articles, images, headlines, etc.). Familiarity with relevant news documents may also assist in further clarifying/refining the research question(s). For the present study, I engaged actively with numerous Canadian mass newspaper documents. In particular, 10 then-recent mass newspaper articles (in electronic form), each containing a representational account of psychopathy/the psychopath, were selected purposively from the *Canadian Newsstand* electronic database. These articles were read and re-read repeatedly, with particular attention to matters of structure, organization, and general formatting. Based on this process, I concluded that discrete newspaper articles/reports would represent an appropriate and workable unit of analysis in relation to the stated research objectives. I also determined that news reporting, as opposed to other mass newspaper formats (e.g., human interest, entertainment, opinion/editorial, etc.) would be of specific focus.

3.2.4 Sampling: The researcher develops/refines a sampling strategy based on his or her research question(s) and on his or her familiarity with the particular news documents under investigation. EMA relies mainly on theoretical sampling, whereby news documents are selected purposively/for conceptual reasons. Sampling may be ongoing throughout the research process, with additional documents being added, as needed, so as to capture the range and diversity of ‘emergent’ themes. Adequate sample size is achieved with ‘saturation’ (i.e., the point at which nothing new can be learned by including additional documents). The sampling strategy will also reflect relevant practical limitations (e.g., time, funding, document accessibility, etc.). In general, news documents are retrieved in electronic form using computerized databases (e.g., *LEXIS/NEXIS*). As the present study sought to examine the broad public discourse around psychopathy/the psychopath, all “major” Canadian English-language daily newspapers (i.e., those with an average weekly distribution at or above 300 000 units) were first identified (Canadian Newspaper Association, 2007, p. 3). This list included 2 national and 18 widely-consumed municipal/regional newspapers. To ensure broad geographical representation, 4 additional daily newspapers from the Atlantic and Northern Canadian regions were also included. Table 3.1 presents the specific mass newspaper dailies (along with their relevant ownership, geographical, and circulation-related data) that were identified. A complete electronic

Table 3.1

Specific Mass Newspapers (Along with Relevant Ownership, Geographical, and Circulation-related Data) Included within the Present Sample

| Newspaper | Owner | Province of Publication | Average Weekly Circulation |
|---|---------------------------------|-------------------------|----------------------------|
| <i>The Globe and Mail</i> | CTVGlobemedia Inc. | Ontario | 1,891,629 |
| <i>National Post</i> | Canwest Mediaworks Publications | Ontario | 939,874 |
| <i>Calgary Herald</i> | Canwest Mediaworks Publications | Alberta | 872,247 |
| <i>The Calgary Sun</i> | Quebecor/Sun Media | Alberta | 307,126 |
| <i>The Chronicle-Herald (Halifax)</i> | Halifax Herald | Nova Scotia | 751,474 |
| <i>Edmonton Journal</i> | Canwest Mediaworks Publications | Alberta | 830,343 |
| <i>The Edmonton Sun</i> | Quebecor/Sun Media | Alberta | 352,503 |
| <i>The Gazette (Montreal)</i> | Canwest Mediaworks Publications | Quebec | 1,144,505 |
| <i>The London Free Press</i> | Quebecor/Sun Media | Ontario | 453,034 |
| <i>Ottawa Citizen</i> | Canwest Mediaworks Publications | Ontario | 866,989 |
| <i>The Province (Vancouver)</i> | Canwest Mediaworks Publications | British Columbia | 976,588 |
| <i>The Spectator (Hamilton)</i> | Torstar | Ontario | 575,822 |
| <i>The StarPhoenix (Saskatoon)</i> | Canwest Mediaworks Publications | Saskatchewan | 324,840 |
| <i>Times Colonist (Victoria)</i> | Canwest Mediaworks Publications | British Columbia | 454,408 |
| <i>Toronto Star</i> | Torstar | Ontario | 2,199,214 |
| <i>The Toronto Sun</i> | Quebecor/Sun Media | Ontario | 1,004,327 |
| <i>The Vancouver Sun</i> | Canwest Mediaworks Publications | British Columbia | 1,053,434 |
| <i>Waterloo Region Record</i> | Torstar | Ontario | 334,741 |
| <i>The Windsor Star</i> | Canwest Mediaworks Publications | Ontario | 383,219 |
| <i>Winnipeg Free Press</i> | F.P. Cdn. Np Ltd. | Manitoba | 895,323 |
| <i>The Guardian (Charlottetown)</i> | Transcontinental Inc. | Prince Edward Island | 110,453 |
| <i>The Telegram (St. John's)</i> | Transcontinental Inc. | Newfoundland & Labrador | 152,651 |
| <i>Times & Transcript (Moncton)</i> | Brunswick News | New Brunswick | 221,712 |
| <i>The Whitehorse Star</i> | Independent | Yukon Territory | 10,260 |

Note. Derived from "Circulation Data Report: 2007," by Canadian Newspaper Association. Copyright 2008 by Canadian Newspaper Association.

copy of each daily edition of each identified newspaper was selected for a specified one-year period (March 2005 – March 2006). All mass newspaper materials were retrieved using a combination of the *LEXIS/NEXIS*, *Canadian Newsstand*, and *CPI.Q* databases – in the event of gap in coverage, electronic back-files were purchased from appropriate newspaper repositories. From this initial sampling frame, all articles containing the terms “psychopath,” “psychopathy,” and/or “psychopathic” were selected and collated using an electronic search function. The selected articles were limited primarily to news reports (i.e., approximately 92%) but also included a range of other reporting formats (e.g., human interest, entertainment, lifestyle, sports, opinion/editorial, etc.). Given that differing newspaper formats vary extensively and in numerous ways (e.g., Altheide, 1996), the initial sample was refined to include only news reporting. Of this refined sample, virtually all articles (i.e., approximately 98%) conformed to the crime-news format; of these, a small minority (i.e., approximately 8%) focused on financial crime, while the remainder focused on non-financial crime, typically of a violent or sexually-violent nature. As such, the final sample consisted of 324 individual news articles (primarily crime-news reports) drawn from a wide geographical distribution of Canadian English-language mass newspapers (all published within a one-year period); each article contained direct reference to psychopathy/the psychopath.

3.2.5 Analysis: The researcher engages in a recursive, immersive, and highly-involved process of document analysis. News documents are read and re-read in an active manner. Content is organized/reorganized around codes (i.e., basic units of meaning) and eventually around themes (i.e., more complex patterns of meaning). Codes and themes are generated in relation to the particular research question(s) at hand; codes and themes may be reformulated and refined throughout the research process. Document extracts relevant to a particular code or theme are collated. With continued immersion in the documents, the researcher begins to clarify the relative importance of each theme and to define/redefine the interrelationships there between. The researcher’s understanding of common mass media motifs, discourses, etc. will partially inform the process of thematic analysis. Appropriate names and descriptions are created/refined for each theme. Analysis continues up to the point that ongoing refinement adds little of substance to the researcher’s understanding of the topic at hand. For the present study I applied Braun and Clarke’s (2006) method of thematic analysis to each newspaper article, the aim of which being to identify the key meanings and expectations that defined representational accounts

of psychopathy/the psychopath (refer back to Table 1.6 for a review of Braun and Clarke's approach to thematic analysis). Of note, despite being drawn from distinct newspaper sources, all articles were analyzed together, a decision that reflects the highly "integrated" nature of Canadian mass newspaper organizations (e.g., Vipond, 2000, p. 88) and the generally "collaborative" approach that defines contemporary crime-news reporting (e.g., Ericson, Baranek, & Chan, 1987, 1989, p. 23).

3.2.6 Integrative/overall report: The researcher prepares/refines an integrative report that captures the overall story told by the documents. Findings should be related back to the relevant scholarly literature and to the researcher's particular theoretical orientation. Ethnographic understanding of the news documents examined will guide the researcher's interpretation, integration, and summarization of the findings – for example, does the thematic landscape reflect common mass news motifs, discourses, and/or representations that are worthy of mention? A sound report must demonstrate the merit of the analysis conducted (e.g., provide appropriate evidence/extracts in support of the themes identified) and interpretive claims should go beyond the point of simple description alone. The following section provides a general report/overview of the data generated within this particular study.

3.3 Results and Discussion

Based on the data produced, three main/overarching themes can be seen to define mass newspaper representations of psychopathy/the psychopath; each of these complex and multi-faceted themes is summarized only briefly herein. Figure 3.1 provides a simplified thematic map with respect to the data generated.

3.3.1 Theme 1: *Explaining extreme, gratuitous, and highly exaggerated violence.*

Across the selected articles, psychopathy/the psychopath is consistently associated with extreme, gratuitous, exaggerated, and highly disturbing acts of violence (including sexual violence). Indeed, while depictions of violence are a staple of mass news reporting (e.g., Altheide, 1996), those associated with psychopathy/the psychopath tend to be exceptionally dramatic, gruesome, graphic, and unsettling in nature. Moreover, these acts of violence are often described using a high degree of detail/involvement (relative, at least, to that which is otherwise typical of crime news reporting). A relatively large amount of valuable "news space" (i.e., words) is dedicated to providing these conspicuously vivid descriptions (e.g., Altheide, 1996, p. 26). The psychopath, it would seem, is represented/defined as one who engages in the most

Figure 3.1

Simplified Thematic Map

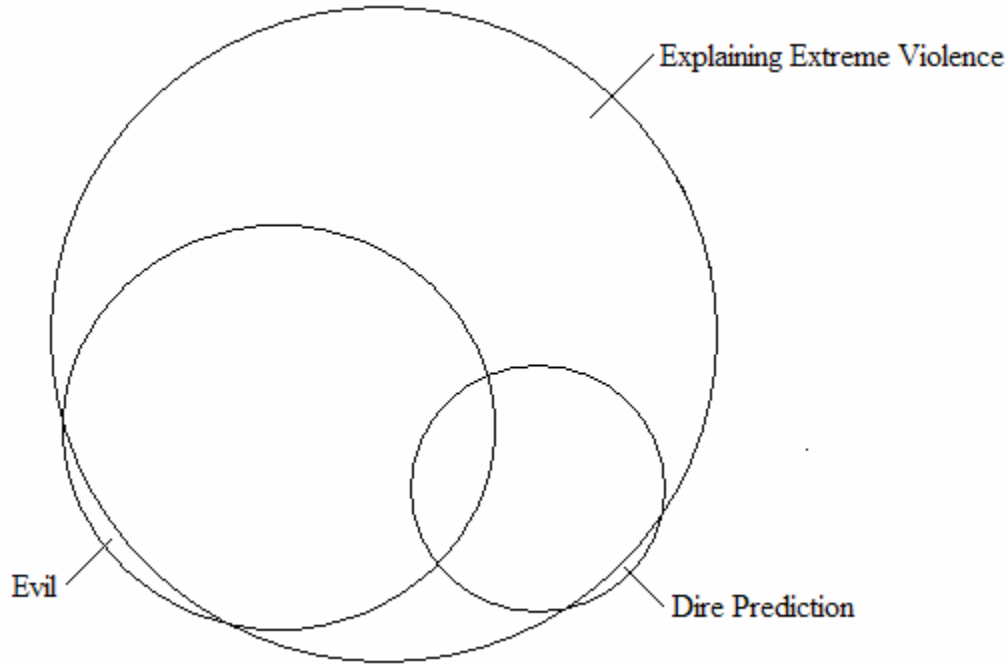


Figure 3.1. This graphic presents a simplified thematic map of the main themes generated within the current study; sub-themes and smaller units of meaning are not included herein. Thematic maps are intended to provide a straightforward visual representation of the thematic landscape produced, including, for example, the degree of “overlap”/co-occurrence among the various themes (Braun & Clarke, 2006, p. 82). While simple in appearance, thematic maps are developed carefully and over multiple iterations.

horrific, threatening, and excessive forms of aggression – in certain cases, it would appear, the psychopath even comes to symbolize the extent to which violence can potentially be taken.

This theme can be illustrated across the large majority of selected articles. One article, for example, discussed a “brutally violent” home invasion committed by Michael Troy Pelletier (Mulgrew, 2004). This article appeared in the *Times Colonist (Victoria)* but was also presented, with varying degree of modification, in several other Western Canadian mass newspapers (e.g., *The Vancouver Sun*, *The Province (Vancouver)*, *Calgary Herald*, etc.). Within this article, Pelletier is said to have “smashed down the back door” to an “elderly” couples’ home. After “bursting” into the residence, the article continues, Pelletier “knocked down 81-year-old Anna Lippucci” and proceeded to “savagely beat and stomp the women to death.” The article states that Pelletier “jumped and stomped repeatedly on the victim’s skull...perhaps dozens of times,” using “unimaginable force.” The article goes on to state that the victim’s “face was virtually obliterated to a pulp as it was stomped into the floor” and that “she died choking on her own blood.” As represented within the article, Pelletier next proceeded to “viciously attack 83-year-old Vittorio Lippucci,” stabbing and beating him repeatedly with a screwdriver, to the point that “one of his eyeballs ruptured;” “when the old man said there was no cash in the house he was thrown to the floor, and Pelletier put the boots to him too.” The article asserts that Pelletier would have “surely crushed in his skull too had police sirens not scared him off...Pelletier was arrested two nights after the slaying. Mrs. Lippucci’s blood, skin, and skull fragments were still on his shoes.” This article concluded with several statements attributed to a police spokesperson; “these are the actions of a psychopath, plain and simple, there’s no other way to put it...this was not about drugs or money, it was strictly about hurting others...Pelletier is a sadist and a psychopath and that’s all you need to know.”

An additional mass newspaper article illustrating the association between psychopathy/the psychopath and extreme/shocking forms of violence focused on the dangerous offender action brought against “violent psychopath” Leo Teskey (Purdy, 2004). This article appeared in *The Windsor Star*, but was ‘picked-up’ widely by additional mass newspapers across the country (e.g., *Edmonton Journal*, *The Whitehorse Star*, *Calgary Herald*, *The Guardian (Charlottetown)*, *The Gazette (Montreal)*, *The Vancouver Sun*, *National Post*, etc.). Within this article, Teskey is introduced explicitly as an “intractable psychopath. An offender who will never control his violent actions” (Teskey is identified as a “psychopath” at three separate points within this

article). The article dedicates considerable space to describing Teskey's index offence, a "savage attack" on "65-year-old apartment caretaker Dougald Miller." As presented within the article, "Miller found [Teskey] sleeping in a hallway and asked him to leave. Teskey knocked Miller down and kicked him repeatedly, fracturing his skull, nose, cheekbones, and jaw. Teskey also tore off one of Miller's ears. He then left Miller bleeding, lying at the bottom of the stairs in his bathrobe, as he ransacked his suite and drove off in his car." Emphasizing the "shear brutality of the attack," the article notes that "Miller was left with permanent brain damage and in a virtual vegetative state...Miller is now paralyzed from the neck down...he can no longer speak or move and must be fed through a tube and changed like a baby. His wife was forced to place him in a long-term care home and doctors don't expect him to recover." The article also notes Teskey's "long record of other violent crimes," emphasizing explicitly his previous convictions for "shooting city police const. Mike Lakusta in the head (the bullet glanced off Lakusta's skull and he recovered)" and for "tearing the penis off the two-year-old son of a girlfriend." The article notes further that the presiding provincial court judge described Teskey's assault on Miller as "the epitome of brutality. The calling card of a true psychopath."

As an additional illustration of this theme, an article appearing in the *Toronto Star* (Mitchell, 2004) addressed the release (and surrounding outrage with respect thereto) of "violent rapist and arsonist" Martin Robert Ferrier; versions of this article were also 'picked-up' by several other mass newspapers (e.g., *National Post*, *The StarPhoenix* (Saskatoon), *The Whitehorse Star*, etc.). Within this article, it was noted that "Ferrier, a diagnosed psychopath, has a long history of heinous violence." The article notes specifically that "Mr. Ferrier's first major crimes as an adult occurred in 1994, when he was about 21. He was convicted of brutally sexually assaulting his common-law wife, whom he forcibly confined, gagged with a shirt, and tortured. Ferrier threatened to kill her children unless she performed various sex acts. Ferrier would return afterward with gasoline and try to burn the woman and her two children to death." The article later cites a local police official who states that "Ferrier's history of heinous violence reflects his psychopathic personality."

As should be noted from the preceding extracts, not only is psychopathy/the psychopath associated with extreme and shocking acts of violence, but it appears to represent an explanatory account therefore. Indeed, across the articles sampled, a psychopathy designation is often used to 'make sense' of what would otherwise represent an incomprehensible, inexplicable, or

irreconcilable act of aggression (i.e., to somehow explain, albeit tacitly/implicitly, why a particular act of extreme violence has occurred). In this regard, the psychopathy construct serves an exegetical function, creating some means of understanding, or at least positioning, particularly problematic forms of violence and aggression – the psychopathy label, it would seem, appears to capture some degree of shared explanatory power *vis-à-vis* extreme acts of violence – indeed, it would seem to offer a simple, sufficient, taken-for-granted, and readily-acceptable explanation for such acts. Moreover, it accounts for such violence in a manner that fails to implicate, if not absolve tacitly, the larger collective/social group – that is, it attributes highly unsettling acts of violence squarely to aberrant individuals or subtypes within the group (‘them’), rather than to conditions, institutions, inequities, circumstances, etc. that define the group (‘us’).

3.3.2 Theme 2: *Evil*.

Across the articles sampled, the psychopath is associated strongly with notions of *biblical* evil, both explicitly and less directly (e.g., through metaphor, reference, allusion, etc.). Indeed, despite the squarely secular/a-religious nature of contemporary crime news reporting (e.g., Vipond, 2000), psychopathy/the psychopath is tied conspicuously to supernatural/religiously-based motifs, concepts, stereotypes, and images of evil (specifically, of a Judeo-Christian form). In several articles, I would note, the terms ‘evil’ and ‘psychopath,’ in fact, are used all-but-interchangeably (e.g., Laurence, 2005). A particularly interesting illustration of this theme comes from an article appearing in the *Calgary Herald* and addressing the “Meyerthorpe RCMP Massacre” (“Nation Mourns Mounties,” 2005). This article was ‘picked-up’ widely, running in numerous mass newspapers across the country (e.g., *National Post*, *Edmonton Journal*, *The Gazette (Montreal)*, *Ottawa Citizen*, *The Province (Vancouver)*, *The Whitehorse Star*, etc.). Within this article, a member of the Meyerthorpe Town Council offers her comments on the shooting deaths of four RCMP officers:

This act has nothing to do with gun control, nothing to do with grow ops, nothing to do with mistakes by these young officers. It is about the actions of an evil, godless psychopath – a monster whose name I will not even repeat...this psychopath has controlled and terrorized our community for years...for years he has been the serpent in our beautiful garden. Even in death his evil actions continue to test us.

Elsewhere in this article, the shooter (James Roszko) is again identified to as a “psychopath;” shortly thereafter, he is described as “the devil himself.”

Another interesting illustration of this theme comes from a *Toronto Star* article that discussed the repeal of Christopher's Law, which would presumably lead to the "dismantling of Ontario's sex-offender registry" (Young, 2004). Within this article, it is asserted that "[w]e need a registry for serious offenders...we need to provide dangerous psychopaths with the mark of Cain they require. We need some way to identify and track those among us who are truly evil." Of note, at various points within this article, the need to protect society from "psychopathic predators," it would seem, is positioned as justification for the constitutional issues that are inherent to sex offender registration.

An additional illustration of this theme comes from an article that appeared in *The Spectator (Hamilton)*, discussing the dangerous offender designation applied to Jefferey Michael Campbell (Mitchell, 2005). Within the article, a victim's rights advocate offers several comments: "Listening to the things he's done, he's simply a monster...he's a psychopath...people like him make you believe that evil, true evil, actually exists...counseling won't work, try an exorcism."

In general then, representations of psychopathy/the psychopath can be seen to reference a highly formalized and exceptionally blatant, if not hyperbolic, model of 'badness' or 'wickedness' – the association between psychopathy and evil, as such, reads as plainly obvious, clear, concrete, and palpable. Tied as they are to archetypal notions of biblical evil, the criminal transgressions of the psychopath come to be read, perhaps, as darker, more troubling, more sinister, and as less forgivable. Of note, because mass newspaper accounts of psychopathy also tend to position the construct as 'mental disorder,' such accounts involve a complex, uneasy, and intriguing tension between biblical and medical/psychological discourses – in this manner, representations of psychopathy/the psychopath appear to involve at least some degree of ambiguity.

Also of interest, the strong association between psychopathy and evil is further reflected in the physical descriptions of the psychopath that are offered within the selected mass newspaper documents. While typical crime news reports all-but-never allocate 'space' to the physical description of offenders, accounts of psychopathy/the psychopath do so routinely – as such, these physical descriptions are particularly conspicuous. Specifically, physical descriptions of the psychopath tend to describe so-labeled individuals as monstrous, imposing, menacing, and even ghoulish figures. Physical accounts of the psychopath often present such individuals as variously

distorted, deformed, or disfigured; these descriptions are generally threatening, unsettling, and even disturbing in nature. These cringe-worthy descriptions, it would seem, form the basis of a caricature or literary grotesque, effectively using outer attributes to communicate the existence of deep-rooted inner deficiencies and evil qualities – the grotesque, in essence, allows for a representation of evil that is iconic, visible, and extremely potent (e.g., Clark, 1991). This emphasis on physicality serves to imply an evil/wickedness that is fundamental, essential, core, and seated deeply within the *individual*. In keeping with grotesque literary forms, these descriptions, at times, will also take on a somewhat ambiguous or chimera-like nature, blending fear/disgust with very subtle shades of empathy/pity (e.g., Clark, 1991). Indeed, physical accounts of psychopathy/the psychopathy form a particularly rich and complex sub-theme within the data set (one that is worthy of expanded treatment in the future). Of note, this intriguing link between psychopathy and physicality, I would emphasize, harkens back to certain ‘historical’ accounts that inform the contemporary diagnostic construct (e.g., Lombroso, 1896-97/2006).

As an example, an article appearing in the *Toronto Star* discussed the conviction of “serial killer” Marc Dutroux (“Belgian Guilty,” 2005). Dutroux is described as “Belgium’s most reviled man...a psychopath responsible for numerous child-sex-slayings.” At one point, Dutroux’s physical appearance is described as “frightening” and “Frankenstein-like [sic]...his skin pale, his eyes dark and sunken.” He is later noted to be an “extremely tall and imposing figure.” A further example comes from the *Nation Post*, this article recounting the failed release of “diagnosed psychopath” Martin Ferrier (Woods, 2004). Within this article, Ferrier is described as a “hulking 6-foot-5 ogre of a man with a shaved head and goatee;” the article later describes Ferrier’s eyes as “cold and unblinking.” A final brief example comes from the *Edmonton Journal*, in an article recounting the dangerous offender proceedings brought against “psychopath” Leo Teskey (Purdy, 2004). At one point, this article describes Teskey as “wearing a permanent angry scowl,” having “beady eyes,” and as sitting “twisted,” “slumped,” and “contorted” within the prisoner’s box. It is further noted that “the lower portion of [Teskey’s] head was shaved and the top covered with long hair tied into a ponytail...an appearance that seemed designed to intimidate.”

3.3.3 Theme 3: *Dire prediction*.

A third major theme relates to the broad idea of prediction. Specifically, a vast majority of selected articles position the psychopath as exhibiting an extremely high, if not *certain*,

likelihood of future misconduct. Indeed, the psychopath is typically cast as persistently criminal, unstoppably violent, and unrelentingly dangerous. Many articles portray the psychopath as a constant threat to society (i.e., to “us”) – these articles, despite rigorous limitations on ‘space,’ often emphasize the psychopath’s exceptionally dangerous nature by providing a litany of his previous offences and/or failed attempts at community integration/reintegration. As a key facet of this theme, many of the selected articles position psychopathy/the psychopath as “incurable,” “untreatable,” and wholly “intractable” to various forms of intervention, thereby compounding expectations of extreme dangerousness. Indeed, of those articles that approach the issue of treatment/rehabilitation, none present an optimistic view with respect thereto.

As an illustrative example of this particular theme, an article appearing in the *Globe and Mail* (“Releasing Killers,” 2004) discussed the unsuccessful release of “convicted killer” Conrad Brossard. This article noted the following:

Mr. Brossard dedicated his life to demonstrating the futility of parole for psychopaths. In 1970, on the very first day he was sent to a halfway house, he escaped and committed murder and armed robbery, and received a life sentence. In 1980, while with an unescorted group of prisoners on a pass, he committed several more crimes, including kidnapping, forcible confinement, and attempted murder. Unbelievably, in 1986, he was granted day parole. Less than a year later, he committed attempted murder and robbery. For that, he received a second life sentence.

Paraphrasing a “scientific report by clinical psychologist Sheilah Hodgins,” the article goes on to state that “psychopaths do not change, that treatment may only make them worse and that there is no knowledge about how to treat or rehabilitate psychopaths.”²

Also illustrative of this theme, an article appearing in the *Toronto Star* recounted the dangerous offender proceedings brought against “violent killer” Jefferey Michael Campbell (Sacheli, 2005). This article was ‘picked up’ widely by other mass newspapers (e.g., *The Windsor Star*, *National Post*, *The Telegram (St. John’s)*, *The Gazette (Montreal)*, *Ottawa Citizen*, *Calgary Herald*, etc.). The article introduces Campbell as an “incurable, untreatable psychopath” who “doctors describe as a highly dangerous individual at virtually certain risk to

² As a brief note, I would emphasize that the statements attributed to any given “source” within a particular news document are themselves representational in nature (Altheide, 1996, p. 9). That is, such statements reflect both what a given source may assert and the various ways by which news workers routinely organize, sanitize, modify, decontextualize, and re-present those statements.

continue causing harm through violence.” The article also cites the presiding judge, who is said to have “described Campbell as a ‘pure psychopath’ who is likely to continue committing crimes simply for the ‘thrill’ of it...future violent acts can quite confidently be expected in the future.” The article goes on to assert that “Dr. Stephen Hucker, a forensic psychiatrist, concluded that there was a 100 per cent probability Campbell would violently reoffend.” The article also cites the prosecuting attorney (Jeanes) as follows:

Jeanes said testing has concluded there is no treatment that would make Campbell safe for release. ‘He is not capable of being supervised,’ Jeanes said. ‘He is inherently dangerous, there is no pill for psychopathy, he poses a continuing risk to society.’ Campbell scored higher (38) on his psychopathy test than serial killers Clifford Olsen (37) and Paul Bernardo (36). He approached the ‘theoretical pure psychopath’ classification, for which there is no available treatment.³

A third illustrative example of this theme comes from an article appearing in *The Ottawa Citizen* (“Can Society,” 2005); this article discussed several recent dangerous offender proceedings, including that of Keith Belleau, Edward Hartling, and Francois Gagnon. With respect to Belleau, the article notes that “[a]ccording to Dr. Scott Woodside, a psychiatrist with the Centre for Addiction and Mental Health in Toronto, he is a psychopath and is thereby a high risk to reoffend...psychopaths typically do not respond well to attempts at rehabilitation and treatment, Woodside said.” With respect to Hartling, the following is noted: “[a]ccording to the psychiatrist’s report, Mr. Hartling is a prototypical psychopath, who are known to have higher rates of recidivism and to be unresponsive to treatment.” In the case of Gagnon, the article asserts that “[t]he Crown’s expert, Dr. Louis Berard of the Pinel Institute, identified Gagnon as a psychopath who is certain to reoffend. Treatment in this case is unlikely to help, Berard said. If treatment fails, he’ll be worse than before.”

Of note, across the relevant articles, dire predictions with respect to dangerousness and therapeutic unresponsiveness are attributed most typically to medical and/or psychological experts. Legal and judicial sources (e.g., police officials, attorneys, judges, etc.) are also cited frequently in this respect. With some regularity, a family source may also be used to offer up

³ For the unfamiliar reader, the references here are to two of Canada’s most notorious serial murderers. Clifford Olson murdered at least 11 child/adolescent victims during a short span of time in the early 1980’s. Paul Bernardo is a serial rapist and murderer with an extensive history of sadistic violence. Among Bernardo’s various crimes, he committed three sexual murders with his then-wife, Karla Homolka.

some form of dire prediction. In an article appearing in the *National Post*, for example, “[t]he mother of a Brampton psychopath” is presented as warning the community about her son’s impending release from prison (Woods, 2004). This article states the following:

‘He’s going to kill. He’s going to do something horrendous,’ Judy Perry, mother of Martin Ferrier, said last night... ‘Every time he does something, it gets a little bit more serious,’ Ms. Perry said in a telephone interview from her Northern Ontario home. ‘Even if he doesn’t come up here and kill me, he’s going to kill somebody, some innocent Joe Blow in Brampton’... ‘He wants to be as notorious as Paul Bernardo. He thinks it’s the greatest thing’... The reality, Ms. Perry said, is that the entire city will be in danger.

Also of interest, at times it is the psychopath himself who is seen to offer the dire prediction. An article appearing in the *Toronto Star*, for example, recounted the dangerous offender application brought against Frank Edward Dorsey (Yanagisawa, 2005) – within the article, Dorsey is described as a “brutally violent pimp who has been diagnosed a psychopath.” The article goes on to cite a psychiatric expert, who is said to report that “just being a psychopath raises the likelihood that Dorsey will reoffend, because psychopaths are resistant to treatment.” This prediction is seemingly affirmed by Dorsey himself during a reported “courtroom outburst” in which “[h]e ranted to a guard that when he got out: ‘I’ll just pimp and pimp and pimp. I’ll pimp the white girls; I’ll pimp the black girls; I’ll pimp the little girls. I’ll drive a Mercedes-Benz and if some slut rats this time, I’ll slit her throat and dump her in the river.’” The article described Dorsey’s “outburst as “a horrible, frightening statement from a psychopath.”

In essence then, the psychopath is presented as an exceptionally dangerous entity, one for which there is virtually no hope of correction, amelioration, salvage, or rehabilitation. Given such dire prediction, psychopathy/the psychopath can be seen to represent a source of significant anxiety, concern, and/or agitation for the reader. Across the selected articles, I would note, indefinite confinement/exile is the only suggested means of dealing with the psychopath. Indeed, many articles appear to invoke the psychopathy construct as an ‘argument,’ of sorts, for extreme acts of confinement/immobilization (e.g., application of dangerous offender status/indefinite sentencing, abolition of parole, etc.). At the very least, psychopathy is offered routinely as a grounds for denying the release of so-labeled individuals.

Taken together, these themes of ‘explaining extreme, gratuitous, and highly exaggerated violence,’ ‘evil,’ and ‘dire prediction’ combine to form a recognizable and enduring mass media motif – that is, the “folk devil” (Cohen, 1980). According to Cohen, the folk devil is a symbolic form constructed around a particular “moral panic” (i.e., a problem, condition, episode, or event that is seen to represent a clear threat to societal values, interests, and good order) (p. 9). In brief, folk devils establish a discernable social role, type of person, or subgroup that accounts for, “albeit magically,” the given moral panic at hand (p. 9). Cohen asserts that the folk devil motif is defined by three core aspects: the folk devil engages in extreme, dramatic, and highly exaggerated forms of misbehaviour, the folk devil motif relies on formal, stylized, and iconic representations of evil (often with a supernatural component), and, finally, the folk devil motif involves at least some degree of prediction/prognostication. *Indeed, Canadian mass newspaper representations of psychopathy/the psychopath, it would seem, appear to represent a contemporary rendition of the folk devil motif.*

Cohen’s articulation of the folk devil/moral panic comes primarily from his study of the “Mods and Rockers” – British youth “gangs” that received widespread mass newspaper attention during the Summers of 1964 and 1965 (p. 9). Summarized very briefly, Cohen argued that the Mods and Rockers mass newspaper discourse, ultimately, was rooted in a broad sociological trend – specifically, the growing political and economic marginalization of working class British youth/young adults. Faced with unemployment and little opportunity in the cities, these disengaging youth began to migrate to surrounding seaside vacation communities (e.g., Brighton, Clacton, etc.). This trend, he continued, countered sharply (and in various ways “threatened”) the existing social, political, and demographic conditions within these affluent communities (p. 43). As this “youth problem” became visible, the young people were constructed as folk devils – cast as exceptionally violent, bellicose, intimidating, riotous, and destructive in their behaviour, as evil by their nature and in their intentions, and as likely to grow in number and to entrench the communities into which they had “invaded” (p. 43). Of note, “violent clashes” involving Mods and Rockers were presented as dramatic, frightening, and highly theatrical in nature (p. 43). Also of note, the prototypical appearance of Mods and of Rockers was routinely afforded considerable mass newspaper ‘space’ (description of Rockers, for example, emphasized their characteristic pompadour hairstyles, use of dark eye make-up, safety pin piercings, black leather apparel, and motorcycle boots) – indeed, both Mods and Rockers, according to Cohen, came to

represent evil in a “truly iconic” manner (p. 46). Of additional note, much newspaper discourse was dedicated to predicting an escalation of the “youth problem” (e.g., forecasting a growth in the number of migrant youth, emphasizing that youth “ringleaders” were planning future day-trips, suggesting that the “youth problem” would all-but-certainly spread to additional communities, etc.) (p. 44-46).

Summarizing Cohen, the creation of folk devils can be seen to serve a particular function in a particular way. In essence, a folk devil provides a discernable category of ‘other,’ one that serves to account for a given social problem/threat. The social problem in question is typically one of significant concern, one that creates a great deal of collective anxiety, and one that must be somehow explained. In creating a folk devil, the problem at hand is positioned or localized squarely within a defined set of aberrant individuals. Not only does this render the problem more approachable, understandable, and potentially manageable, but it provides a kind of absolution for the larger social group – the problem, it would seem, is ‘them,’ not ‘us.’ The creation of folk devils, more practically, also provides a seemingly workable locus of intervention (i.e., a clearly identifiable set of persons who can be intervened upon, or at least contained). In the case of the Mods and Rockers, Cohen asserts, the visible presence of working class youth within several affluent communities created a clear social threat and a surge in class-related anxiety (centered mainly on the perceived loss of exclusivity). In response to this threat, the youth themselves were positioned as a dangerous problem – ignored, according to Cohen, were the social and economic inequities that had fuelled their marginalization and subsequent migration out of the cities. Rather than being viewed as the victims of systemic “social and economic exclusion,” the youth themselves were positioned as a dangerous problem (p. 62). Moreover, Cohen continues, the folk devil allows for, if not demands, a decidedly restrictive/aggressive set of social actions/responses there toward. In brief, the extreme nature of the folk devil frees ‘us,’ in a sense, to take extreme actions against ‘them,’ primarily under the guise of public safety/order. Most commonly, Cohen notes, some form of total/radical exclusion or containment will represent the called for social action. Given the limitations of this document, the interested reader is referred directly to Cohen (1980) for a more detailed account of the folk devil and its function.

3.4 Summary and Future Directions

Based on the data generated, Canadian mass newspaper discourse (crime news reporting specifically) appears to represent the psychopath as a contemporary folk devil. Psychopathy/the psychopath serves to account for particularly extreme and unsettling acts of violence and aggression, acts that would otherwise be wholly inexplicable/irreconcilable. Indeed, invoking the psychopathy construct appears to make sense, albeit magically, of acts that would otherwise remain entirely senseless. In effect, psychopathy offers a response to the contemporary moral panic of extremely violent crime. Consistent with the folk devil motif, psychopathy/the psychopath is clearly associated with formalized, stylized, and iconic forms of evil/wickedness. More specifically, psychopathy is linked consistently to biblical/supernatural notions of evil – this, of course, creates an intriguing tension, as mass newspaper accounts also position psychopathy as a mental disorder. Of interest, this association with biblical, supernatural, and religious discourse departs sharply from the typically secular/non-mystical nature of contemporary Canadian mass newspaper reporting as well as from the squarely clinical/highly medicalized construction of psychopathy reflected within the current forensic psychological discourse. Also consistent with the folk devil motif, psychopathy/the psychopath is associated strongly with dire prediction – specifically, the psychopath is represented as posing an exceptionally high, if not certain, risk of future dangerousness. Moreover, the psychopath is represented consistently as untreatable and as impervious to psychological/medical forms of intervention and rehabilitation, similar to the findings reported by Stevens and Forth (2008). Of interest in this respect, while constructing the psychopath as untreatable aligns with long-standing “clinical lore,” it departs sharply from currently-developing forensic psychological views on the psychopathy-treatment relationship (Salekin, 2002, p. 79). Overall, I would note further, these findings appear to support the widely-held expectation that members of the general public may hold distinctly negative and potentially stigmatizing views with respect to the psychopathy construct.

Given the general function of the folk devil motif, mass newspaper representations of psychopathy/the psychopath can be argued to provide readers with an anxiety-reducing explanation for exceptionally violent crime. This explanation, of course, does not require the reader to consider the myriad social, political, and economic factors that contribute to/allow for the occurrence of such crimes, nor to accept some share of the collective responsibility therefore. In essence, society and its membership are freed from any culpability. The psychopath as folk

devil also provides a clear locus for intervention/social action – that is, the individual psychopath. Indeed, by positioning the psychopath as the problem, a clear, concrete, tangible, and seemingly workable target for action is made available.

While the folk devil motif provides a clear target for intervention/action, the nature, form, or type of any such intervention/action is restricted severely. Indeed, the folk devil is defined, at least in part, by its intractability to change – at best, it would seem, the only available interventions/actions are extreme forms of confinement and/or exile. With respect to the psychopath specifically, medical/psychological forms of treatment are explicitly ruled out. Moreover, across the selected mass newspaper documents, the only suggested form of response to the psychopath is indefinite confinement/immobilization. In this respect, it can be suggested that psychopathy may serve as a “face” for/in support of highly restrictive forms of confinement, as consistent with previous findings by Rhodes (e.g., 2002, p. 465). Exploring directly the way in which mass newspaper representations of psychopathy/the psychopath connect with surrounding sociocultural technologies, practices, and conventions of confinement represents an intriguing area for future research.

As a brief note, I would also emphasize that the selected mass newspaper representations of psychopathy/the psychopath can be seen, in various ways, to align with certain ‘historical’ discourses related thereto, while diverging sharply from others (see Chapter 2). Indeed, selected mass newspaper accounts converge most clearly with those discourses that position the psychopath as willfully/actively ‘antisocial’ (e.g., McCord & McCord, 1964), as opposed to those that cast the psychopath as impulsively ‘unsocial’ and/or primarily self-defeating (e.g., Prichard, 1835). Similar to accounts by Rush (1812), Prichard (1835), and others, selected mass newspaper representations tend to adopt a moral emphasis and to reflect a clearly pejorative tone, departing sharply from the morally “inert” discourses generated by Pinel (1801/1806) and others (Arrigo & Shipley, 2001, p. 327). Mass newspaper accounts of psychopathy/the psychopath, similar to those produced by Hare (e.g., 2003) and others, place a decidedly strong emphasis on antisocial behaviour (including criminal conduct); virtually no attention, it would seem, is paid to the intra- and interpersonal attributes that certain historical discourses have positioned as central, core, or primary to the psychopathy construct (e.g., Cleckley, 1976). Also of note, the strong therapeutic pessimism reflected within the selected mass newspaper representations of

psychopathy/the psychopath aligns with some ‘historical’ accounts (e.g., Cleckley, 1976; Prichard, 1835), yet departs clearly from others (e.g. Birnbaum, 1930).

As noted above, mass newspaper representations of psychopathy/the psychopathy are presumed to reflect and reinforce the surrounding sociocultural constructions thereof. These shared sociocultural constructions, in turn, help to define and clarify social roles/responsibilities. These shared constructions also play a key role with respect to identity formation. The present study represents one of very few that have attempted to examine empirically the shared sociocultural constructions of psychopathy/the psychopath. The present findings, I would argue, begin to illuminate how so-diagnosed individuals *may* come to understand themselves and how they might begin to formulate their relevant social identities. These findings also begin to shed light on how other social actors may approach (or not) so-labeled individuals. Future research, using a variety of methods, should continue to explore how various members of the general public construct and enact psychopathy – in this vein, Study 2 of this research program begins to examine how in-treatment, persistently violent male offenders talk about and potentially experience the psychopathy construct.

I would emphasize once again that the present document is intended to provide a general overview of the data generated – as such, the complexity and multifaceted nature of each identified main themes cannot be explored in full detail. Additional documents exploring several of these separate themes in greater depth are available elsewhere (e.g., Burnett & Pressé, 2006).

Also of note, as with any comprehensive application of thematic analysis, deviant themes/cases have been generated from the selected documents. In this context, deviant themes/cases refer to units of meaning that are somehow contradictory to/distinct from the general thematic structure. Examining these deviant themes/cases can potentially contribute valuable information to one’s understanding of a given research topic (e.g., Guest, MacQueen, & Namey, 2011). For the interested reader, research reports that begin to explore these deviant themes are available elsewhere (e.g., Burnett, McDougall, & Pressé, 2006).

As an additional avenue for future research, examining the ways in which psychopathy/the psychopath is represented within other genres, types, and formats of mass newspaper reporting – and within other mass media forms more broadly (e.g., television, film, magazines, internet, etc.) – would be of considerable value. Indeed, the present study is limited strictly to crime news reporting within major Canadian English-language mass newspaper dailies across a specific

historical timeframe. Of note, based on the early stages of sample refinement described above, psychopathy/the psychopath appears to be represented in subtly different ways within other formats of mass newspaper reporting (e.g., entertainment reporting, human interest reporting, lifestyle reporting, etc.). Beginning to explore how psychopathy/the psychopath is represented across a broader range of document types will be necessary to providing a truly comprehensive/adequately complex understanding as to how the general public constructs this critically important diagnostic category.

In conclusion, I would emphasize that examining public constructions of psychopathy/the psychopath represents an important area of inquiry within contemporary forensic psychology. Despite widespread theoretical speculation/anecdote, the present study represents one of very few attempts to explore this topic in a systematic and empirical fashion. Findings suggest that crime news reports present the psychopath as a contemporary folk devil – themes of extreme violence, biblical evil, and intractability to intervention underlie this presentation. Constructing the psychopath as a folk devil is likely to have significant impact on those who receive, apply, and otherwise encounter this diagnosis.

4. Chapter 4: Examining How In-treatment Violent Offenders Talk about Psychopathy/the Psychopath within the Context of Small Focus Group Interviews

As described previously, contemporary forensic psychological discourse positions psychopathy as a rare, deep-seated, and socially problematic personality disorder. Within this discourse, psychopathy has come to be associated strongly with expectations of dangerousness and therapeutic pessimism. While a reasonable body of empirical research supports the link between psychopathy and various forms of dangerousness (e.g., Coid, 1998; Dolan & Doyle, 2000; Douglas, Vincent, & Edens, 2006; Doyle, Dolan, & McGovern, 2002; Edens & Campbell, 2007; Edens, Campbell, & Weir, 2006; Hare 1996, 2003; Hare, Clark, Grann, & Thornton, 2000; Hart, 1998; Hart, Kropp, & Hare, 1988; Serin, 1996; Serin, Peters, & Barbaree, 1990; Walters 2003a, 2003b; Wilson & Bakker, 2000), there exists very little support for the widely-held belief that psychopaths respond poorly, and perhaps even adversely, to various forms of clinical intervention (Blackburn, 1993; Burke, 2002; D'Silva, Duggan, & McCarthy, 2004; Hansen, 1998; Kristiansson, 1995; Salekin, 2002; Salekin, Worley, & Grimes, 2010; Wong & Hare, 2005). At present, for both clinical and research purposes, psychopathy is most commonly assessed/measured using R. D. Hare's *Psychopathy Checklist-Revised* (PCL-R) (PCL-R; Hare, 1991, 2003), or one of its derivative measures (Edens, Skeem, Cruise, & Cauffman, 2001; Fulero, 1995; Meloy, 2000; Rice, 1997; Skeem & Cooke, 2010).

Though psychopathy is conceptualized/operationalized very specifically by forensic psychologists, many suggest that the construct is grossly 'misunderstood' by those outside the profession. Indeed, numerous scholars have asserted strongly that psychopathy is a potent, emotionally-loaded, and damning diagnostic label, fraught with pejorative, damning, and even nihilistic connotations among members of the general public (e.g., Edens, Colwell, Desforges, & Fernandez, 2005, p. 620; Edens, Skeem, Cruise, & Cauffman, 2001; Hughes & Buckle, 2008; Murrie, Cornell, & McCoy, 2005; Petrila & Skeem, 2003). This position, it would seem, has received at least some degree of empirical support (e.g., Furnham, Daoud, & Swami, 2009; Helfgott, 1997; Rhodes, 2002). Most recently, for example, Study 1 of this research program suggested that Canadian mass newspaper documents represent the psychopath as a contemporary "folk devil" (Cohen, 1980) – that is, psychopathy/the psychopath was positioned as an explanatory account for extreme forms of violence, was linked to biblical

notions of evil/wickedness, and was associated strongly with dire forms of prediction (including assured recidivism and intractability to treatment).

As noted, public discourses around psychopathy/the psychopath can be assumed to play a critical role in communicating how so-labeled individuals are “supposed to be,” how they are likely to behave, what is to be expected of them, how others should respond there toward, and so on – these notions, in turn, are “played out” by the social actors who encounter and experience the diagnostic construct (e.g., Furnham, Daoud, & Swami, 2009, p. 470). In this respect, public constructions of psychopathy/the psychopath help to provide the diagnosis an “experiential reality” (p. 470; see also, for example, Rhodes 2002). Moreover, public constructions of psychopathy/the psychopath can be expected to play a critical role in how so-diagnosed individuals negotiate, enact, and variously perform their social identities, particularly within their legal and carceral contexts. Indeed, public constructions of psychopathy/the psychopath, it can be argued, provide key reference points around which so-labeled individuals organize their lived experiences and negotiate their identities, both public and private (e.g., Vint, 2002).

That Canadian public discourses around psychopathy/the psychopath appear to position the construct as a contemporary folk devil should raise significant concern regarding how those so-labeled (or potentially so-labeled) conceptualize, enact, and experience their diagnostic status. Of particular concern, I would argue, are the ways in which notions of intractability to treatment may be approached – or, more likely, resisted – by such persons (see, for example, Furnham, Daoud, & Swami, 2009; Salekin, 2002). While the ways in which so-diagnosed (or potentially so-diagnosed) individuals construct psychopathy should be of keen interest to forensic psychologists (i.e., those who apply the label, engage in the treatment of persons who may be so-diagnosed, etc.), not one empirical study to date has addressed this issue directly (e.g., Rhodes, 2001).

4.1 Purpose and Rationale

In one sense, the broad purpose of this study was to begin exploring how the most obvious subjects of psychopathy assessment/diagnosis may conceptualize/constitute the label, as reflected within their conversational talk there around. Specifically, this research examined how incarcerated, in-treatment, ‘persistently violent’ male offenders talked about psychopathy/the psychopath within the context of small focus group interactions. All

participants were recruited from the Correctional Service Canada's Regional Psychiatric Centre (RPC) – Prairies; all were then-active participants in the institution's Aggressive Behavior Control (ABC) Program. As selection criteria for the ABC Program, all participants were deemed to be of high criminogenic risk/need, to have extensive histories of criminal violence and/or significant institutional management problems, and, in certain cases, to have demonstrated poor responsiveness to previous rehabilitative efforts (e.g., Di Placido, Simon, Witte, Gu, & Wong, 2006). Within the RPC, and the Correctional Service Canada more generally, ABC Program participants were seen to represent a highly dangerous, uniquely disruptive, and particularly problematic subset of offender. My decision to study these particular offenders, in part, reflects their privileged positioning with respect to the psychopathy construct – as seriously and persistently violent male offenders assigned to the ABC Program, these men were likely candidates to undergo/have undergone psychopathy assessment/potential diagnosis. As such, psychopathy seemed to represent a proximal, “high-involvement,” and personally-relevant topic for these men, one on which they would likely have a great deal to say (Puchta & Potter, 2004, p. 23). Of note, and for various reasons, potential participants were not screened with respect to their formal psychopathy diagnostic status (i.e., it was unclear at the recruitment stage as to whether or not a potential participant carried a formal psychopathy designation) – indeed, potential inclusion in this study was based strictly on ‘proximity’ to the diagnostic construct.

That potential participants were enrolled in treatment also represented a critical aspect of this research. Indeed, although this study was primarily inductive in nature, I sought explicitly to examine if/how participants would speak about psychopathy in relation to issues of treatment, rehabilitation, and change. In particular, would participants associate psychopathy with therapeutic pessimism and, if so, how would they reconcile their ‘in-treatment’ status with their close proximity to the diagnostic construct.

4.2 The Research Context

As with any research informed by a social constructionist perspective, the contextual conditions under which this study took place are worthy of consideration. As noted, virtually all aspects of this research (including recruitment, focus group interviews, member checks, etc.) took place at the RPC. Described very briefly, the RPC is a custodial psychiatric facility operated by the Correctional Service Canada. At any one time, this facility will house

approximately 170 federal offenders who have been referred for specialized mental health-related services, including various forms of assessment and/or treatment. Upon completion (or termination) of services, offenders are typically returned back to their referring/parent institutions. Within the RPC, different types of offender (e.g., violent offenders, sexual offenders, women offenders, those receiving psychiatric rehabilitation, and so on) reside on separate ‘treatment units’ and are seldom permitted to intermingle – in certain respects, I would argue, these formalized divisions form the basis for a crude/rudimentary class structure within the institution. In general, the RPC conforms closely to Goffman’s (1961) concept of the “total institution,” as nearly all aspects of an offender’s daily life are monitored, restricted, coerced, and controlled by his or her ‘keepers.’ Also of note, while offenders are permitted certain personal comforts, are afforded access to a number of vocational and educational programs, and are provided with limited social, recreational, and entertainment opportunities (including liberal access to several forms of mass media content), the RPC remains an austere, exceptionally restrictive, and grossly under-stimulating environment.

The RPC, like any carceral milieu, represents a richly complex and highly developed sociocultural system. Daily life within the institution reflects an intricate pattern of rituals, practices, symbols, rules, mores, norms, values, and beliefs, all of which are enacted by the various social actors who inhabit the space. Combining aspects of both prison and hospital, I would note, the RPC is a particularly unique carceral environment. In various ways, the institution embodies a difficult tension between the extreme strictures of a maximum-security correctional facility and the freedoms/openness required for effective psychological intervention – those within the institution, particularly offenders, must navigate this challenging ambiguity on a daily basis. At times, offenders must perform as ‘inmate,’ at others, they must behave as ‘patient.’ As such, the social roles and identities negotiated within this context are likely to be exceedingly complex, shifting, dynamic, and uneasy.

At the time of this research, RPC residents enrolled in the ABC Program were housed on one of two treatment units (i.e., the Mackenzie Unit or the Assiniboine Unit). Structurally, each unit was organized around a central nursing/security station – this station, in effect, functioned as a type of panopticon (e.g., Foucault, 1975/1995). Each unit contained 2 large dayrooms, shared kitchen, laundry, and shower facilities, several group treatment rooms, and a small number of staff offices. Adjacent to each dayroom were several small cells (or ‘houses’)

to which individual offenders would be assigned for the duration of their stay. Characteristic of correctional design, the physical structure of each unit contained numerous features that were intended to minimize the privacy/freedom of offenders and to facilitate the surveillance/control thereof.

Described in brief, the ABC Program was designed as a high-intensity cognitive behavioural therapy (CBT) treatment program for chronically aggressive male offenders. As their primary presenting diagnostic issue, ABC Program participants typically exhibited significant signs and symptoms of Axis II psychopathology (of note in this respect, the ABC Program did not exclude potential participants on the basis of a high PCL-R score; such exclusion, in fact, would have been antithetical to the program's logic model). In general, the aim of the ABC Program was "to assist participants in better understanding and managing their violent/aggressive tendencies," ultimately as a means of reducing their likelihood to reoffend (e.g., Schafer, Middleton, & Nachtegaele, 2000, p. 8). The program was delivered using an interdisciplinary team format, involved a combination of frequent group therapy sessions along with individual counselling, placed a strong emphasis on relapse prevention, and typically spanned a period of 6 to 8 months. Consistent with a CBT framework, much of the change process was expected to take place between formal treatment sessions, as offenders completed 'homework' assignments, practiced new skills, and reflected on program content.

Reflecting an interpretivist approach to inquiry (e.g., Lindlof & Taylor, 2002), my personal familiarity with the RPC context has informed, shaped, and constrained this research. In brief, I have participated within the RPC milieu first as a training-clinician, then as a researcher, and ultimately as an employee. The majority of these experiences have focused on the ABC Program and its participants. Rather than attempting to "bracket" out this familiarity (e.g., Gearing, 2004, p. 1429), I have, in various ways, drawn there upon for the purposes of this research.

Also of note, the RPC is an extremely restrictive institution, both generally and with respect to the conduct of research. Indeed, the present study underwent a lengthy review process and was subjected to numerous conditions, constraints, and limitations. As such, while this study reflects the goals, objectives, and interests of the researcher, it also reflects the contextually-defined restrictions imposed there upon.

4.3 Method

I relied on D. L. Morgan's (2001) approach to qualitative focus group interviewing in conducting this research. As described by Morgan, qualitative focus group interviewing involves four interrelated features: a trained moderator facilitates a carefully planned group interaction around a pre-selected topic(s) of interest, the primary aim is to examine the selected topic(s) from the respondents' "shared point of view" and "through their natural vocabulary," respondents are encouraged to interact with one another (as opposed to engaging in a "back-and-forth" exchange with the moderator), and the style of group interaction is intended to be "conversational" (i.e., to approximate the "kinds of talk that occur in everyday social settings") (e.g., Puchta & Potter, 2004, pp. 73-75). In further describing this method, Morgan emphasizes that focus group interviewing is a highly engaging, permissive, "seemingly informal," and "friendly" form of data generation (p. 142-158), one that contrasts sharply with the highly directive, interrogative, and researcher-driven format of traditional survey-style interviewing.

For pedagogical purposes, Morgan (2001) describes qualitative focus group research as involving four interconnected "stages" (p. 145): these stages, and their application to the present research undertaking, are summarized below.

4.3.1 The pre-interview stage: The researcher is concerned here with designing, preparing, and potentially pilot-testing his or her procedures/materials. Among various tasks, the researcher selects/refines the topic(s) to be explored and identifies potential focus group respondents (i.e., he or she determines whose shared perspective, and on what matter, is to be examined). Potential respondents are typically identified on a theoretical basis (i.e., they are seen to epitomize some common trait, feature, or social position that is relevant to the research undertaking). Broadly, I sought with this study to begin exploring how offenders proximal to the psychopathy construct would speak there about – specifically, I aimed to examine how such offenders, as a group, would define this construct, to explore the shared meanings, values, and general expectations negotiated there around, and to examine how such offenders may position themselves in relation to the construct. I also sought to explore how these offenders would speak about the psychopathy-treatment relationship – in particular, would these individuals associate psychopathy with therapeutic pessimism and, if so, how would they approach, navigate, and potentially resist these expectations (e.g., how would respondents reconcile their 'in-treatment' status with the knowledge that they were potentially regarded as

‘untreatable’). To these ends, active participants in the ABC Program were identified as potential focus group respondents. Respondent recruitment was carried out through group information sessions conducted on the Mackenzie and Assiniboine treatment units.

Information sessions were delivered by the researcher, occurred at the conclusion of a regularly scheduled group treatment session, included a brief description of the research, outlined the activities, risks, and benefits associated with participation, allowed for a short question-and-answer period, and invited those interested to sign-up, privately and confidentially, for participation. Information sessions emphasized that decisions regarding participation were voluntary and would not affect the way in which an individual would be treated within the institution. Sufficient information sessions were conducted such that all ABC Program participants were ultimately invited to take part in this research.

Also at this stage, the researcher determines key characteristics of the impending focus group encounters (e.g., group size, homogeneity of group composition, location of interviews, etc.) – while these determinations are shaped mainly by the goals of the researcher, they will also reflect important practical and ethical considerations. For this study, I elected to conduct focus group interviews that were small in size (i.e., 1 moderator, 2 respondents). Relative to larger groups, smaller focus group encounters typically allow a topic to be explored at greater depth and breadth (within similar timeframes), tend to facilitate more involved/complex interaction between respondents, and often place greater demands on each individual respondent (e.g., Puchta & Potter, 2004). In particular, it was anticipated that smaller groups would allow offenders to present their individual experiences, personal narratives, and social positioning with respect to the psychopathy construct (as one component of the larger consensus-building process). Also of note, smaller group encounters were deemed to align more appropriately with the operational and structural limitations inherent to the RPC. It was determined that focus group encounters would take place in available group treatment rooms on the Mackenzie and Assiniboine units, would be approximately 2 to 2.5 hours in duration, and would include respondents who were at roughly the same stage of the ABC Program.

A key task during the pre-interview stage is to design/refine the interview guide – according to Morgan (2001), a well-designed interview guide is critical to effective focus group inquiry. An effective interview guide, he continues, will facilitate conversation, is primarily open-ended, allows the moderator to pursue the full range and diversity of meanings

that may “emerge” during interview, allows respondents to express their views at a reasonable level of depth, considers the social context in which respondents generate their talk, and does not attempt to “do too much” (i.e., to explore too many topics) (Puchta & Potter, 2004, p. 63). Typically, Puchta and Potter assert, the interview guide involves a mix of “elaborate” and “simple” questions (p. 64). Appendix B presents the interview guide used in this study; this guide was pilot-tested, and refined, across two focus group encounters conducted during the pre-interview stage.

4.3.2 The interview stage: During the interview stage, the moderator facilitates the focus group encounters. Encounters should unfold reflexively – that is, the moderator relies on the interview guide but also “takes advantage of spontaneity as it arises...pursuing unanticipated meanings and directions as need be” (Morgan, 1988, p. 22). Focus group encounters, including those conducted for this research, involve a “seemingly informal” atmosphere that is cultivated strategically by the moderator (Morgan, 1988, p. 158). The controlled informality of the focus group encounter is achieved not only through what the moderator says, but also through the ways in which it is said. Questions are delivered and unpacked in a manner that appears “impoverished” and unscripted (p. 64). The strategic use of tone, timing, inflection, emphasis, gesture, gaze, receipt, and other conversational actions are critically important.

Also during this stage, the researcher must decide when interviewing is to be discontinued (i.e., when sufficient focus group encounters have taken place). Generally, interviewing is to be discontinued when additional encounters fail to produce new information. According to Puchta and Potter (2004), “once the researcher can clearly anticipate what will be said next, the research is done...this usually begins to happen at around 3 to 4 groups” (pp. 42-43). For the present study, 9 focus group encounters were conducted, resulting in a large volume of data and ensuring a high level of saturation. All interviews were recorded digitally and transcribed subsequently (by the researcher) for later analysis. All participants were given the opportunity to review their respective interview transcript and, thereafter, to re-affirm their willingness to participate in the research. Of note, the transcript review process also included a preliminary member check procedure. Specifically, respondents were provided with a working interpretive summary of their interview data and asked to comment on its general “authenticity” (p. 80) – in particular, respondents were

encouraged to discuss how appropriately (or not) these early interpretative impressions fit with their statements during interview.

4.3.3 The analysis stage: At this point, the researcher is concerned with analyzing/interpreting the talk produced during focus group encounters – analysis represents an immersive and highly involving process. While the analytic process focuses mainly on interview transcripts, the researcher will often engage in recursive movements between transcripts, recorded data, and his or her developing interpretations. In general, the goal of analysis is “to identify meaningful patterns of respondent talk, not to quantify the extent to which those patterns occur” (Puchta & Potter, 2004, p. 80). Depending on his or her objectives, a researcher may focus on exploring the content of the talk that is produced, examining the conversational actions, dynamics, and processes of the speakers involved, or some combination thereof. With this research, I focused primarily on exploring the meanings, values, expectations, etc. that respondents negotiated around psychopathy/the psychopath. Beyond issues of content, however, I sought also to examine the ways in which respondents positioned themselves (and their social identities) in relation to psychopathy. Following Braun and Clarke’s (2006) well-articulated approach to thematic analysis, transcribed data were organized first around codes (i.e., basic units of meaning) and later around themes (i.e., more complex patterns of meaning) (refer back to Table 1.6 for a summary of Braun and Clarke’s approach to thematic analysis). With continued immersion in the data, the interrelationships between each theme were clarified and developed. Interview extracts supporting a particular code or theme were collated, organized, and set aside for later reporting. Analysis was continued up to the point that on-going immersion did little to enhance my understanding of the data generated.

4.3.4 The reporting stage: Here, the researcher prepares an integrative report that captures the interview data generated. The researcher identifies which aspects of the data will be focused on and provides a well-crafted portrayal thereof; importantly, a sound report will not attempt to do too much (i.e., to cover an excessive amount of ground). Findings are related back to the relevant scholarly literature as well as to the researcher’s theoretical positioning. Findings are to be situated clearly within their social and historical contexts – indeed, each focus group encounter is a “contextually-bound social event” that cannot be separated easily from its surrounding circumstances (Puchta & Potter, 2004, p. 75). The

following section provides a general report/overview of the data generated within this particular study.

4.4 Results and Discussion

The following are selected findings from this research. My intent is to provide a broad overview of the key ways in which offender respondents talked about psychopathy/the psychopath – what follows, of course, is necessarily a “partial” and particular account of the data that were generated (e.g., Burr, 2003). Respondents spoke about psychopathy/the psychopath in a manner that was highly complex, rich, uneasy, and emotionally fraught – resistance, in both subtle and blatant forms, provided the primary social action around which all facets of offender talk were organized. In general, respondents sought both to negotiate their shared understanding of psychopathy/the psychopath as well as to work against what they saw as the public ‘misunderstanding’ thereof. In particular, respondents devoted aspects of their talk to challenging, controverting, and variously opposing the negative connotations that they presumed others (including correctional personnel) would attribute to psychopathy and to those so-labeled – at certain times, respondents seemed to position the moderator as a conduit through which to address, inform, and confront correctional personnel in this respect. Indeed, respondents spoke not only in the presence of the moderator, but also, on occasion, would attempt to speak through the moderator.

When talking about psychopathy/the psychopath, I would note, respondents tended to position themselves very specifically in relation thereto. All-but-without-exception, respondents would preface their talk by asserting explicitly that they themselves, in no way, were psychopathic. Consistently, respondents would speak as ‘observers on the psychopath,’ situating themselves as those who live in close proximity thereto and who must contend routinely there with. Importantly, respondents would also position themselves as those who were at high-risk of being falsely diagnosed as psychopathic, due primarily, it would seem, to their status as incarcerated violent offenders. In this respect, respondents seemed to recognize clearly their close proximity to the psychopathy construct.

The major themes generated around respondent talk are summarized below.

4.4.1 Theme 1: *Defining the psychopath in primarily interpersonal terms.*

For the offenders sampled in this study, psychopathy/the psychopath was described in mainly interpersonal terms. Key features of psychopathy/the psychopath, according to

respondents, included the following: a duplicitous, highly manipulative, Machiavellian, disloyal, and covertly aggressive interpersonal style, an absence of remorse, a highly (and falsely) overblown sense of self-worth, and a general callousness/lack of empathy. Across the large majority of focus groups, the psychopath was positioned as a highly skilled (yet contemptible) social manipulator, one who shunned loyalty, one who would play ‘both sides’ of any given situation, one who was inclined to be treacherous, one who was anything but ‘solid,’ and one who would seek dominance, status, power, and control through various forms of indirect, exploitive, underhanded, and clandestine forms of social aggression/maneuvering. Consistently, respondents cast the psychopath as one who was exceptionally two-faced, double-dealing, and highly deceptive. The psychopath was described as one who would “pull strings,” work behind the scenes, have others do his “dirty work,” and consistently maintain a safe distance from the potential repercussions of his actions. Within several groups, the psychopath’s covert style of aggression was juxtaposed with more direct forms of aggression, the latter being cast as far more typical, expected, and acceptable within everyday institutional life. Covert aggression was positioned as highly distasteful; more overt forms of aggression, in contrast, were often situated as respectable, understandable, and more masculine.

In general, it would seem, respondents appeared to construct psychopathy/the psychopath in line with the interpersonal and affective attributes that most forensic psychologists would recognize as comprising Facets 1 and 2 of the PCL-R (e.g., Hare, 2003) (refer back to Figure 2.1); those attributes said to comprise the Lifestyle and Antisocial facets of the PCL-R did not appear to feature prominently in respondent talk. Also of note, unlike Canadian mass newspaper representations, respondents did not associate psychopathy/the psychopath with exceptionally violent behaviour and/or extreme dangerousness. Indeed, within their particular social context, I would argue, any pattern of violence/aggression would likely be regarded as non-specific (i.e., as failing to distinguish one ABC program participant from the next). Moreover, given their status as seriously violent offenders, respondents may have resisted (in various ways) any explicit association between psychopathy and violence/aggression – indeed, such association, I would suggest, would have likely positioned themselves as potentially closer to the psychopathy construct. Thus, interpersonal/affective features, it would seem, came to represent the key basis for distinguishing psychopathic from non-psychopathic offenders among the respondents sampled.

Several extracts illustrating this first major theme (and its various facets/components) are presented below. In the first, respondents have been asked to articulate their general understanding of psychopathy/the psychopath – that is, they are responding to elaborate question 1 (refer to Appendix A):

JL: To me a psychopath is someone who can fake, you know, and is a natural at it. They're manipulators, like good manipulators. When you start to watch, you see them do it and you're like, wow, this guy is good, working every angle, and nobody seems to catch on. You know those people that are just real good at it, that's what a psychopath is, to me. Also too, to me, they don't feel bad about anything, lying, nothing to it, even killing isn't a big deal, any kind of pain really, nothing to it, pain on others.

Mod: That's really interesting. Tell me more about the psychopath.

JL: Well, I guess that's basically it. Those two main things: one, that they're good actors, and two, I guess, that they don't have very much remorse, not remorseful.

Mod: What do you think about that? What do you think a psychopath is?

DM: Yeah, very similar. In all my years of studying they say that a psychopath has no remorse feelings, that he will never feel bad about anything, murder, stealing, lying. They say that a psychopath never had a conscience, like he can't tell right and wrong. But I don't believe that. I believe in commonality. All people have a conscience, they have a way of hiding it, or, I guess, ignoring it. Psychopaths are living in their own little world where their ways make sense to them, not to somebody else...[inaudible]...it makes it easier to do things and not feel bad about them.

Mod: So, just let me make sure I understand, 'cause you're making a really important distinction. It's not that psychopaths lack a conscience, they have one, they understand right and wrong, it's that they are good at ignoring it? That's a big difference. Is that what you got [JL]?

JL: Yeah, I never thought about it that way but it makes sense, yeah.

DM: Yeah, like most people, normal people I guess, you can't shut it off like that, maybe once in a while, but not really. These guys are actually able to do it.

DM: Back to what you [i.e., JL] said, I think they're actors. You think they're alright but they're not. It's all fake. Later on you, like, it clicks in you're being played all the

time. Like he said, you look around and they're going from one guy to the next, they tell this guy one thing and that guy another. Then you're like, they're doing the same thing to me. It pisses you off 'cause they keep playing you. You think maybe this guy is fine but then he cons you again. What's the saying, it's...[inaudible]...it's like fool me once it's okay, fool me twice, like, you start feeling like a sucker. Master manipulators, that's what I'd call them...

JL: They're playing everybody, totally two-faced. You can't trust them.

DM: Yeah, but they're good at it too. It takes a while for everybody else to catch on.

JL: Yeah, true. Like I knew this one guy, back East, I was in the Max. and this guy seemed okay at first. He was all friendly and shit, but then it was, like, he had to talk about other people all the time, and always negative. He was always pointing out this guy's a rat and this guy's a piece of crap, and on and on and on...

DM: Playing both sides, all sides...

JL: Yeah, yeah, 'cause one minute he'd be hanging out with the piece of crap and then he'd be with the rat. One minute he'd be with this group and then he'd be with that group and these two groups don't get along, you know what I'm saying. Group A and Group B, and you know one day he's with Group A and he's talking to them in the gym then Group B in the yard and meanwhile...[inaudible]...sitting on the fence. I thought he was like a prison queer, maybe that's even what he was, bouncing around from group to group like that. After a while you start to notice.

DM: The psychopath, you see, don't know about being loyal, you, they don't get that. They say I got your back but then they stab you, and they do it to everybody. Good actors. They're not what they call solid...[inaudible]...they're not decent guys, they're not getting your back, they're not gonna stand up for the weak or whatever the case, and sure as hell they'll take advantage of you, every chance they get...it's the old con code, the con code, it's about ethics and that, psychopaths don't go there.

Mod: So, they don't follow the code? They don't have the ethics?

DM: They know ethics, they go against it. They, we, we have rules in hear, they don't care...

JL: They follow their own rules...

DM: Yeah, they make their own, like this is my rule, this is how its gonna be. Can't trust somebody like that...there's a social contract, even in here, most guys follow it, psychopaths don't.

Mod: But, so, then what does all this get them you think? Like, the acting, the fakeness, the manipulating, why do you guys think they do it?

JL: Control. That's what I think anyway. They get off on controlling a unit. Pulling this string and that string, thinking they're some kind of puppet master. Psychopaths are the ones that get off on that shit.

DM: Yeah, I can see that, it's like, when a unit's going it's running like a well oiled machine, everybody knows each other, and their business, and buddy comes in. Within a month everybody's fighting, everything's all twisted up, in disarray. And somehow he's smelling like a rose, nobody puts it together, not a first anyway, it takes a while. I guess I can see how somebody could get off on that, like, for a psychopath, I guess.

Mod: Okay, wow, you guys have said a lot of really interesting stuff. Let me just make sure I'm getting it right, that I'm catching everything. So, the psychopath then, basically a good actor, a fake, a really good manipulator. And, and, I guess what I would call duplicitous, like they deceive on purpose, they're double-dealing, like they tell one guy this and the next guy that, all part of the manipulateness. And also remorseless you guys said, like they have a conscience but they can, they ignore it or suppress it and that way they don't feel remorse. And then I think too, that they are egotistical, right? Does that all sound right to you guys, feel free to correct me if I got anything wrong or if I'm missing something, I just really wanna make sure I'm getting what you guys tell me right.

DM: I think that's right, yeah, duplicitous, I like that word. Those are the main things for me, what I think. [JL], yeah?

JL: Yeah, like I said, for me, they're good actors and then the remorse, not having remorse. That's what I would say, so yeah, yeah.

In this second extract, respondents have identified manipulateness as a key feature of psychopathy/the psychopath; within this extract, respondents note that the psychopath is

particularly skilled in this regard. Respondents also provide an example of the covert style of aggression that comes to be associated frequently with the psychopath (i.e., the attempt to have one of the speakers carry out an attack on his behalf). Also here, disloyalty is positioned as a key feature of psychopathy/the psychopath; disloyalty seems to be positioned as a necessary aspect of the psychopath's highly manipulative and treacherous interpersonal style:

SS: ...the manipulative thing is big, that's the major part of it. They're the guy who doesn't ever get his hands dirty, does it the easy way by getting somebody else to do it, always trying to get somebody else to do it for him. Like this guy I knew from the Max., older guy, in his fifties. He was from my same hometown, that's why we started talking...then he's trying to get me to, well, he wanted me to, he wanted me to take care of a problem for him. Like all the sudden I'm, now I'm part of the equation, even though we just talked to each other when we'd be in the Lifer's Group, or in the dome, or in the workplace, now he's, now it's gone from casual hello, how you doing, to, you know, now tonight we're going down to the gym and I'm gonna bring this prick, and we're gonna stab the guy. Weird hey, he was trying to pull me into doing his shit...his plan was that him and I were gonna do this, we were going to the SHU, we were gonna be, live together, right beside each other in the SHU...I mean, it was, it was strange, strange situation, strange person...I definitely think that guy was a psychopath...

KV: Yeah man, they want it the easy way, they get someone else to do it. They play the part, like, I've already done this, you just go in there and do it. And that works on some guys, not you, but you know what I mean, the weak guys, maybe the young guys. That's who these guys target. You see it, you see them trying to pick out the weak ones, they're good at it...

Mod: Like, oh, oh sorry, but that's kinda what you guys were maybe saying before. Like, that psychopaths are good manipulators because they're good at reading people?

KV: Yeah, Yeah I think they are, I think they are good at reading peoples' personalities, and like I said, they can, they can see the same traits over and over again and they can pick them up in different people and they remember this trait from another person, and it's like okay, so I know exactly what's up...

SS: Well and they probably use it too as a safeguard, and, so they don't get caught in a situation where they're vulnerable so the read every, read somebody they'll have the edge.

KV: Know how to manipulate the other person and use it to their, might use you this way or that way, or I won't bother with you, I'll go over here.

KV: Maybe, maybe it's part of it [i.e., manipulativeness], but I see these guys as totally disloyal. Like, what I mean, they will totally backstab you, shit-talk you, fuck you over, rat. That's a psychopath. Like, you know what I mean, I never understood that, that way, you cannot trust these guys for a second, but they fool you.

SS: Yeah man, that's it, backstabbers. They got no, no allegiance I guess you would call it like that.

KV: Yeah, look, I don't have [SS]'s experience in the system, that's for sure, but I think about Homolka, okay. From what I've seen, from what I've seen from her she's a psychopath, it goes to women too. As *soon* as she got caught and what does she do, make a deal, make a big deal 'cause she knew she would have got big time, and she put it all on her husband Paul. Now Paul's sitting in his...[inaudible]...range cell block in Kingston Penitentiary, and Paul, Paul's sitting there, he's, he's, he'll never get out of the hole, he'll never get out 'cause he'll get popped. And there she is, she's scot-free, and she, and I think, the psychopath that she was, she was a natural. Then what do we learn, she played everybody, everybody, even tossed he own husband under the bus, nice...she was talking right away. No loyalty, no loyalty on her part. *No*, she knew there was twenty-five years to life to look at, hey, twelve years to twenty-five, hey.

SS: Boy, she got that deal quick, the timing with the raccoon-eyes, she looked like the victim. She's perfect, she's a perfect psychopath, eh...couldn't have gotten any better. And she also had no remorse for any of it. Yeah, she's a psychopath for sure.⁴

In the next extract, we see again how duplicity, inauthenticity, deceptiveness, and a conning/manipulative interpersonal style are positioned as key to psychopathy/the psychopath.

⁴ The reference here is to Karla Homolka's now-infamous plea bargain agreement with Crown prosecutors. Under this agreement, Homolka accepted a 12-year sentence for manslaughter in exchange for testifying against her then-husband Paul Bernardo. During Bernardo's trial, however, additional evidence came to light indicating that Homolka's involvement in the couple's offending was far more extensive than originally thought.

The notion that the psychopath exhibits a highly (and falsely) overblown sense of self worth is also touched on here; indeed, within this extract the psychopath is described as self-aggrandizing, as an incessant braggart:

Mod: That's really interesting guys, thank you so much for sharing all this stuff with me, I really appreciate it. Can we just go back maybe, to something [FR] said a while back? You said, I think you said that psychopaths are fake, right? And I'm really interested in that because it's something that a lot of other guys have said. Tell me more about what you meant by that.

FR: Well, like, they're just fake. Like they're always lying and making shit up about themselves, they're never real. They're phonies, con-men. It's hard to, like nothing they say or do is legit, you know. They're always conning and scamming and they're just never real. It's like they say about the mask, they wear a mask, right? I think that's what it is. Everybody else is just like, I'm real, whatever, deal with it, these guys, phonies

ES: We knew a guy like that, eh, the French guy. Real psychopath, and he'd always be bullshitting about how tough he is. He made this reputation, like that he'd killed a man on the street, then six men inside the prison, he'd spent all this time in the SHU, and on and on. And we're all like, whoa, okay, this guy means business, don't mess with him sort of thing. And he was always talking about stabbing this guy and hurting that guy...but the one time I seen somebody actually call him to a fight he didn't respond, kind of strange, here he is, he's got seven murders under his belt and all day long all he does is tries to dress up like he's trying to make himself look like he's Hulk Hogan, he's got the bandana, sun glasses, the build, the rough talk, he's all tough, but meanwhile somebody, some guy about his size calls him to a fight and he acts like he doesn't understand what the guy's talking about, total phony.

FR: Oh, and, yeah, it's that way in life outside too, like, I mean about being fake. You always hear that right? This guy was a saint, twenty, thirty years he's the next door neighbor, all quite and meek, going to church, then you find out neighbor's got a dozen bodies under the house. It's like Gary Ridgway⁵ or BTK⁶. The BTK guy was a scout leader, president of a church, he had everybody fooled...

⁵ Gary Ridgway (a.k.a., the Green River Killer) was convicted on 49 counts of murder in 2001.

ES: Ted Bundy⁷...

FR: Yeah, like Ted Bundy, he's the kind of guy where he wouldn't be seen with his hair out of place, very important to him to have appearances, the image thing, the tall, handsome man doing the politics and the law school and all that...they come in the nicest way, Homolka and Bernardo, they called them Ken and Barbie, now to meet them you'd say, hey, nice looking couple, blah-blah-blah, but what they do in their home at night, that's a different story, and how many times have we seen that? Like every movie is like that.

Mod: Okay, yeah, I hear you. The faking thing, on the inside they're acting as if they're all badass and tough. On the outside it's the opposite, they're acting like saints, right? It's like two sides of the same coin, it that what you guys are saying?

ES: Yeah...

FR: Yeah, different masks, but it's the same.

FR: ...they're also, and it's kind of close to that I guess, they are always talking about how great they are, how they did this and that, always one-upping, you know. It's always like, here we go again listening to this guy, and yeah, most of it seems like bullshit...

ES: Totally high on themselves...[inaudible]...what's the word...oh yeah, megalomaniac, that's what they are.

Mod: So let me just make sure I've got what you guys are saying, just wanna make sure I've got it right. The psychopath is fake, like, inauthentic, like they're not genuine or real. They try to fool everybody, like you guys said the try to scam or con. Sounds like they do a lot of posturing, like bravado. They're manipulative and they lie a lot, like a lot a lot. And also they're braggarts, too, and very egocentric. Does that all sound right?

In this final illustrative extract, we see an example of the psychopath being positioned as highly callous/lacking in empathy:

⁶ The BTK killer (ultimately identified as Dennis Rader, a Wichita-area Cub Scout leader) was responsible for the torture-murders of at least 10 victims. BTK stands for "bind, torture, kill," describing Rader's general offence signature.

⁷ Ted Bundy is a notorious serial rapist and sexual murderer. Bundy is believed to be responsible for at least 36 sexual murders in the United States.

Mod: So, if I'm hearing you guys alright, a psychopath is a con artist and very manipulative, they lie, backstab, and you can't really trust them. And it also sounds like maybe you guys, maybe, maybe you're saying that they're callous, like they are insensitive to the way others feel, they're maybe unfeeling, they're emotionally cold? But I don't know, is that right?

RR: Bingo. That's exactly how I'd put. They're callous, they're not affected by the same things that affect you, or me, or [MS]. Dead inside, that's why they can do the things they do so easy.

MS: Look at Homolka again, she had no problem hurting her own family, she had no problem doing what she did to her sister, the other two girls are bad enough, but your own baby sister, wow. That broad was a psychopath.

Of note, as an extension of his manipulative, duplicitous, and Machiavellian interpersonal style, it would seem, the psychopath was described by several groups as politically active, even, perhaps, as power-politicking. Indeed, several groups cast the psychopath as one who would insinuate himself (at times aggressively) into nearly all political happenings within the institution, primarily as a means of securing or extending his own status, power, influence, control, and/or position. It was also suggested/implied, in several of these groups, that the psychopath would often involve himself in the various unsanctioned activities/enterprises that defined the carceral environment (respondents, however, were understandably hesitant to discuss these particular activities/enterprises in great detail):

KV: ...the psychopath is the guy that has his hands in everything, you know. He's on this committee and that committee, he's got this business and that business, he's got the line on this, he's got the line on that. He knows everybody's business and tries to get all tied up in it. He wants it so that everything goes through him, so it's all under his control, you know what I'm saying. He's the guy who's sticking his nose into everything. And he's real hyper about it, intense about it.

Also of interest, several groups suggested that the psychopath's manipulative interpersonal style was also reflected by his highly seductive, ingratiating, and unctuous approach towards institutional personnel. Indeed, several of these groups suggested that the psychopath could be "spotted" by his generally smarmy, fawning, and sycophantic interactions with correctional staff, officials, and decision-makers. According to most of these

groups, however, the psychopath's attempts to disarm, "play," and manipulate institutional workers tended to meet with only limited success:

Mod: Okay, wow, that's really interesting guys, thank you, I'm learning a lot about how you guys see things, it's really great. I just wanted to go back to something that you said [BM]. Like, you guys were talking about the whole manipulation thing, like, like, on how the psychopath interacts with others, how he's, like, a manipulator. And you, [BM], you said something about staff, the way they are with staff, I think? Tell me more about that, like, the way a psychopath is with staff.

BM: Oh yeah, well, to me, what I see is, is that it's always the same. They're always trying to work somebody, to get something out of them. With staff they totally brownnose. They are so far up there, you know. Like, I see these guys chatting up a guard, sitting there chatting up the nurses, it's all yes sir, no sir, yes doctor, how's your morning, trying it be, be that way, you know. And it's, like, every chance they get, it's sick, makes me wanna puke. And mostly I think they're just looking for a mark, And then they're all like, I fucking hate this staff, that staff, behind their backs that's what it's like. But man do they kiss ass, they try to be the pet...

AK: Most see through it, you can tell, lot of them anyway. I think they get. The psychopath guy though, he thinks he's right in there, like he's fooling everybody, like he's so far ahead of everyone. He just doesn't get it man, not even close.

4.4.2 Theme 2: Working against the presumed public 'misperception' of psychopathy.

As predicted by Rhodes (e.g., 2002), respondents appeared to define their views on psychopathy/the psychopath, at least in part, through juxtaposition with the presumed public 'misunderstanding' thereof. All-but-invariably, respondents asserted that members of the general public (and correctional staff/decision-makers, in particular) had an exceptionally distorted and damning view of psychopathy. Respondents suggested that receiving a psychopathy diagnosis would have a profoundly and unduly detrimental impact on any offender's carceral experience. So-labeled individuals, it was suggested, would likely be seen as hyper-dangerous, as all-but-certain to reoffend, and as wholly intractable to rehabilitation. Across several groups, in fact, it was noted that so-labeled individuals would likely be 'written off' entirely by correctional authorities. In various ways, respondents would attempt to resist the negative expectations associated with psychopathy – many, for example, would challenge

(albeit delicately) the accuracy of these expectations, would offer subtle indictment of those who endorsed them, would attempt to reframe how psychopathy *should* be seen by others, and so on.

In the following illustrative extract, respondents discuss what they see as the likely effects of receiving a psychopathy diagnosis/misdiagnosis:

LH: Well, you're basically done, right. They think you're the worst of the worst. Once they peg you as one [i.e., a psychopath] it doesn't matter, right or wrong, you're done. Parole, done, lowering you're security rating, no way. You might as well just settle in and wait till your warrant's up...if you try to do good, you're conning them, see, he's a psychopath, if you get pissed off, oh, see, told you, he's a psychopath, if you give up and wait out your time, oh, see, he doesn't care, he's a psychopath, you'll never win. You're just done...and they stop listening to you, you can tell, you can tell they think it's all a scam, you're just totally done...

Mod: [DA], what do you think about that, about what [LH] is saying?

DA: Sounds right to me, I guess, I'm not a psychopath but I can see it. Especially the parole thing, I've heard that, like, that the NBP will deny you 'cause they think you'll reoffend, like, for psychopaths I mean, they think they'll reoffend. And I guess, yeah, they'd probably keep your rating high, you'd get no privileges, they'd keep you boxed in...

LH: ...yeah, and they give you special attention, like always watching, waiting for you to screw up, any little thing, look at them sideways, boom, you're in admin. seg., no leeway. They think you're gonna go off the first chance you get or something.

In the following extract, respondents discuss how psychopathy diagnosis/misdiagnosis may lead to various forms of isolation within the carceral environment:

JL: After that guy read my report [the speaker is referring here to an event in which he had a co-inmate read and interpret his psychological report; the co-inmate indicated that the report identified the speaker as a psychopath], I realized over the next few months that I lived with him he was kind of, he was polite to me, but he wasn't, you know, coming around. Before he would come over, we'd, I'd borrow CDs off him, back and forth, and then after that it kind of just stopped, like after he read it.

Mod: So, are you saying, you think it was that word in your report that did it? Like, him reading that you were a psychopath in the report changed things?

JL: I think so, yeah, 'cause after that he was different. Like, he was still, I don't know, he just didn't come around anymore, after he read that.

DM: Same kind of thing with guards, they'll get their back up too. If they think somebody's a psychopath you can bet they're gonna be all business, you can count on it. With some inmates, and not all guards are like this mind you, they'll chat, they'll be decent to you, treat you like a person. But they think you're a psychopath, they'd sooner lay the boots to you. They're gonna keep their distance, they're gonna be all business, won't talk to you, no messing around, they're gonna be as hard-ass as possible, hold that guy to every rule. But I guess I can see it, they think the guy is dangerous, right, they're gonna keep their distance, they're gonna keep him in line, you know.

DM: Even the nurses would stop talking to you, they'd avoid you in their own way, always be in a hurry, no chatting at the med. window, keeping their distance. I guess in their case they'd be scared, like, they think this guy is gonna get to them somehow, like he's gonna do something to them, he's the worst of the worst. No one-on-one's that sort of thing, which is hard, 'cause how's this guy supposed to get treatment, right. Like he's got this label and so he's not gonna get treated that same as I would or [JL] would, you know?

JL: Pushed aside, not getting the same attention as other guys, ain't right. Like, scared or not you gotta do your job, right? That's what you get paid for, isn't it?

JL: ...just like he said, they'll, they'll, the nurse won't spend no time with you trying to help you, the guards will end up locking you up, eventually, soon as they get the chance. In a further illustrative extract, respondents have been discussing the presumably stigmatizing effects of the psychopathy label within the carceral environment. At one point, they focus their discussion specifically on the issue of correction treatment:

KV: And it goes for treatment too. They say a psychopathic person doesn't do good in programs, that's what they say anyhow, and I think the public believes it. That's what I

understand anyhow, that, that they say that you can't change them, that they don't learn anything, they go through the motions but don't really change...and it's like they say, perception is reality, right, even if that perception is dead wrong, why give a bed to somebody you can't treat, they're not gonna give that guy a chance, no way, he's a psychopath, let him rot...

SS: ...makes it even worse too when you need a program for your correctional plan, like back to the whole parole thing. If they're not gonna give you a program, but it's on your plan that you have to do it, what are you supposed to do? You can't do that to somebody. Like again, I'm not a psychopath, I'm here getting treatment, right, but it's still not fair, CSC bullshit...Plus, I always thought everybody can change, that's what I was taught, we're here changing, other guys doing the same thing. I believe that, I believe everybody, psychopath or not, can change, but that's just me.

Of note, when asked specifically, respondents suggested that mass media content presented the psychopath in a highly dramatic, "sensational," and exaggerated manner, thereby fuelling, at least in their opinion, the public misperceptions there around. Also of note, respondents referenced various mass media forms when talking about psychopathy/the psychopath (e.g., movies, entertainment television, television news, music, etc.). Indeed, it appeared that mass media representations, as would be expected (e.g., Murdock & Golding, 2005), provided reference points around which respondents would organize certain aspects of their talk. Also in this regard, across the focus group encounters, several relevant, then-high-profile mass news 'happenings' appeared to feature prominently in respondent talk (e.g., the release of Karla Homolka, the investigation into Robert Pickton, the apprehension of 'BTK,' etc.); this, once again, illustrating that mass media content seemed to provide powerful reference points for the offenders sampled.

In the following illustrative extract, respondents are asked about mass media representations of psychopathy/the psychopath:

Mod: ...Moving on a bit, I wanted to ask you guys about, and I guess it's kind of come up already, but, about the mass media. You guys have mentioned movies and TV a couple times, stuff like that, and I'm really interested in what you guys think about it. So, I guess I wanna ask how you guys think the mass media represents psychopathy, tell me about that.

RJ: [inaudible]...I don't, I don't really know, like, to me the media's about the spread of propaganda, like the most sensational stuff, news is about that. So, yeah, it's that way about psychopaths too, like, it's about making everything sensational...

TS: ...Yeah, they sell pain and suffering...

RJ: ...Like, the most gruesome, like, like that's what news, most news is always about. They make this guy, who *they* say is a psychopath, *they* tag him that, make him look like a monster, tell all these gruesome things he's done. But I doubt it, I'm always asking, like, how do they know that, you know. They have their own little spin of trying to make things big, bigger than they really are. It's all exaggeration.

TS: Movies, they exaggerate the violence, make it sensational...but it's totally unrealistic...They wanna show the psychopath as some fucking guy whose killing people and saving their organs and shit like that, like the most screwed up kinds of violence they can come up with, like I say, make it sensational. The Silence of the Lambs movies, that's mainstream cinema...and it's pretty bizarre when you think about it because, 'cause most people don't have any real experience with violence anyway, so it's not even real to them, But I mean, I always thought that was kind of fucked up, I mean, it's just so, like, gratuitous, so over the top...

RJ: ...yeah, gratuitous. And then that's what people think, the psychopath is that guy chopping people up and eating them, that's their image of it. That he's gonna chop you to pieces the first chance he gets. And people are buying it, like, what is this morbid fascination with that kind of thing, and these are normal people too.

4.4.3 Theme 3: *Psychopaths as not untreatable.*

The issue of treatment, in particular, provided a major focal point for resistance as offenders talked about psychopathy/the psychopath. Indeed, while virtually all respondents asserted that members of the general public (and correctional staff/decision-makers, in particular) regarded the psychopath as 'untreatable,' they themselves worked actively against this notion. As men who were currently in treatment, it would seem, the idea that anyone could be labeled as untreatable appeared to create significant angst and frustration. Across all groups, respondents emphasized that psychopaths – and all offenders for that matter – were

fully capable of responding to correctional intervention (to the extent that they invested sufficient effort therein) and should be afforded reasonable opportunities therefore.

Mod: So, what about treatment? You guys said earlier that people tend to look at the psychopath as untreatable, right? Tell more about that, I'm really interested in that.

LH: That's something you *always* hear, that psychopaths are untreatable, that they'll always be violent, or that they'll always use aggression. It's a major thing that you always hear...The idea is that they go to treatment, pretend that they've got it, come out and go right back to their old ways...I don't think that. I would never call anybody untreatable. Even if you learn one thing, one little thing, that's a something. You've gotta understand that it might take some people longer, what works for him might not work for him, sure it may take longer with the psychopath, maybe, maybe they need more guidance than somebody else, but they're still gonna get there, anybody who really works at it is gonna get there, they just need help...Being in treatment myself, and, and really working at it, doing all the stuff you need to do, I don't want anybody saying its not real, saying I haven't changed, no way...what do you think?

DA: Yeah, I agree, I don't want anybody saying I'm untreatable. I think I've made lots of changes, come a long way, even already. Nobody should just say somebody's not, not helpable.

An additional illustrative extract is as follows:

KV: Yeah, and I don't understand that, like, 'cause it comes from treatment people too. They write these guys off as untreatable, then what? But really, it's like he said [referring to co-respondent] everybody can change, you'd think they'd understand that...I think psychopaths are treatable, yeah, they put the effort in, be open, be honest, they'll change, it's the same with everybody.

Of interest, several groups suggested, reminiscent of 'historical' discourses by Partridge (1930), Cleckley (e.g., 1976), and others, that by labeling an offender as psychopathic, and as thereby 'untreatable,' correctional treatment personnel could variously avoid, abandon, and otherwise reject that individual with impunity. Application of the label, according to some respondents, allowed treatment personnel to tacitly "give up"/"cop out" on certain offenders (e.g., to invest relatively little effort into their rehabilitation, to assume *a priori* that their treatment would fail, to limit the treatment-related resources to which that offender would

have access, and so on). Moreover, these respondents asserted, application of the psychopathy label placed any and all responsibility for potential treatment ‘failure’ on the offender alone. In effect, these respondents concluded, by casting an individual as inherently intractable to change, correctional treatment personnel could engage in sub-optimal forms of treatment delivery and yet simultaneously assume little (if any) responsibility for the poor treatment outcomes that would likely result. In a sense, offenders asserted that labeling an individual as untreatable could easily become a self-fulfilling prophecy.

KV: Okay, they think a guy’s not treatable, not treatment ready, however you wanna put it, so they phone it in, like, why make the effort, they’ve already written him off, they give up on the guy before they even start. And surprise-surprise, treatment fails, see, told you, the guys a psychopath, no treating him. it’s a cop out...they’re the ones going through the motions, not really trying to help the guy, its not him that’s going through the motions, its them, think about that.

Also of interest, while on the general topic of treatment, several groups discussed how the conditions of everyday institutional life could contribute to the false impression that some offenders were untreatable and psychopathic. Specifically, respondents described how treatment-related change was often difficult, if not dangerous, to display openly within the carceral environment (i.e., the skills, strategies, and non-aggressive behaviours that were developed during treatment could not be practiced safely within the highly aggressive context of the RPC). Several respondents described a palpable ‘catch-22’ situation, one in which a given offender would work diligently towards making meaningful therapeutic change, and yet, as demanded by his social environment, would be required to engage in aggressive and antisocial actions on a regular basis. Several respondents noted that the non-aggressive behaviours advanced during treatment were simply not conducive to life ‘on the inside,’ that such behaviours could not be implemented fully until an offender had left the carceral milieu, and that offenders must perform one way for their treatment facilitators and another way entirely for their co-residents. Respondents expressed concern that the need to exhibit prosocial behaviours, attitudes, and values within the treatment room and to then behave aggressively during everyday life could potentially be misread (i.e., by treatment personnel) as a failure to profit from intervention. This necessary duplicity, they continued, might also be interpreted erroneously as a sign/marker of psychopathy. In various ways, respondents

worked actively against these potential misreadings. A brief illustrative extract is presented below:

ES: What people, what people need to understand is that, like, we can't walk out there [i.e., onto the open unit] and start talking about our emotions and shit, right. Like I can't go out there and be all, hey man you feeling aggressive today, let's talk about that, or hey man, you're cognitive distortions are really messed up...[laughter]...like no way, right. And sure thing, somebody comes onto you, you gotta deal with that, you can't actually be prosocial in here, like, I just gotta say that...we don't get to go home at five o'clock, we gotta live in here...the stuff we learn in group, we gotta hold onto it, we learn it, we use it, but we still gotta survive in here. That's what people gotta understand...I talked about this with the psychologist once, about this exact thing, she got it, but not everybody does, they just say, that guy, he didn't learn anything, he's not internalizing, he's untreatable, even though on the inside, that same guy has learned a lot.

4.4.4 Theme 4: *Psychopathy as a source of personal taxonomic anxiety.*

Much of respondent talk was set against a backdrop of palpable “taxonomic anxiety” (Rhodes, 2000) – specifically, that is, respondents positioned themselves as highly vulnerable to psychopathy misdiagnosis. Indeed, respondents asserted that the threat of being falsely-labeled as a psychopath, whether formally or informally, was a very real concern within the carceral milieu. Respondents asserted that the consequences of such misdiagnosis were serious and highly unfair (e.g., undermining opportunities for treatment, ruling out the possibility of parole, etc.). In various ways, respondents spoke about psychopathy/the psychopath in a manner that would allow them to resist, undermine, or negate their own potential misdiagnosis. Also of note, respondents tended to emphasize the apparent potency, finality, and all-encompassing nature of psychopathy misdiagnosis. According to many respondents, psychopathy diagnosis would overshadow virtually all aspects of an offender's identity within the carceral environment, essentially forcing them into single, narrow, highly restrictive, and rigid social category from which they could not escape. In certain ways, respondents described psychopathy diagnosis itself as a kind of prison.

RJ: Well, here's, I keeping thinking of the word psychopath over and over in my head and I'm thinking it's one of those words that it's easy to tag someone, like, a word that's

overly used and abused kind of stuff, like, especially in here. Like, if somebody does something out of the ordinary, oh, that guys a psychopath. Like, I think staff, and specially guys like you, psychologists, like throw it around a lot maybe. Like, its so, so, so easy to get it stuck to you, even if your not one, like, not a psychopath...Well, it's, I gotta get this word in before losing starts, its detrimental, like, it keeps following you, that it will resurface for a person from time to time, like, these things follow you, so these are tags that you try not to get...

Mod: So, so then it sounds to me, if I'm getting what you're saying, that you guys, like because your offenders, are vulnerable to getting tagged with the psychopath label, like, like even though it might be false?

RJ: Yeah, yeah, and like, like, you gotta watch out for it too, 'cause it sticks. Even though its wrong, and you're not one, it sticks.

Once again, several groups described how the nature and dynamics of everyday institutional life could potentially contribute to a psychopathy misdiagnosis. Indeed, these respondents asserted that daily life at the RPC demanded a normative level of callousness, emotional detachment, and defiance, all of which could be misread by others (i.e., institutional personnel) as indicative of psychopathy. Many respondents worked actively against this particular misreading, cautioning the moderator that many offenders were fully capable of deep emotion, empathy, conscience, and remorsefulness, despite the fact that they could not safely demonstrate such qualities 'on the unit.' Several noted that the inability to display these attributes should not be misinterpreted as the absence thereof.

Also of note, several groups discussed their shared perception that correctional psychologists and psychiatrists would often attempt to engage in psychopathy assessment/diagnosis secretly, clandestinely, and covertly (i.e., that offenders were vulnerable of being assessed and potentially 'misabeled' as psychopathic without their knowledge, awareness, or consent); this perception, I would note, seemed to exacerbate their taxonomic anxiety around the psychopathy construct. In this respect, it appeared that respondents were variously 'experiencing' the type of secretive assessment advocated by Hare (1993) and others (e.g., Edens, Guy, & Fernandez, 2003; Murrie, Cornell, & McCoy, 2005, p. 326; Wong & Hare, 2005). Several respondents shared personal and/or vicarious stories of clandestine psychopathy assessment. Respondents discussed the need to remain

guarded/vigilant in this respect and to approach *all* assessment interactions with extreme caution (as psychopathy evaluation may be a hidden component thereof). According to several respondents, the possibility of being secretly assessed/labeled as psychopathic caused them to be suspicious, trepidatious, and hesitant in their interactions with clinicians.

Respondents also noted the clear irony of this situation: while their clinicians encouraged them to be assertive, honest, trustworthy, and forthright in their dealings with others, these same clinicians, apparently, would do just the opposite in their dealings with them. This notion of clandestine assessment, I would emphasize, seemed to inspire a strong sense of anger, distrust, and even betrayal among respondents.

Within the following illustrative extract, one group member shares his personal experience of being unknowingly assessed and identified as psychopathic; his disclosure then leads to a more general discussion around secretive psychopathy assessment/diagnosis:

JL: When I was charged with murder in '99 I went for a psychiatric assessment at Penetanguishene in Ontario, maximum security mental hospital, and of course it was a big report, a write up for the courts, and, and that doctor, Dr. [doctor's name]'s level of dangerousness, you know, where they evaluate a person's level of remorse, I think, for the crimes they've committed. I don't know really, they never really told be what it was about, just that I had to have it done for court, you know...

Mod: ...you had just been charged right? Maybe they were seeing if you were okay to go to trial? Maybe, like, something like that? They didn't tell you?

JL: Not really, just that I had to do it for the courts, just to show if I had any, what I had to do with the murder, I guess, was it first degree or what not, or yeah, if I was sane to stand trial. And I let a guy, when I got to the Penitentiary, read this because I didn't understand it, a lot of the words were big, and guy turned around and said to me, he said, well, what they're calling you in a nutshell is a psychopath. And he said, he said that it would be a lot harder for you to get out because of it...he showed me the stuff, he said they were calling me a psychopath...

Mod: ...sorry, so, so the doctor never gave you the feedback?

JL: No...I was confused, I thought, you think, you see psychopaths in Hollywood movies or whatever and you're thinking no way, am I that...generally they're these monsters, and I refused to believe it.

DM: But you hear about that *all* the time. You sit down with the doctor, just to talk so they say, a check-up, next thing they've stuck you with some label, psychopath, didn't see that coming. All the sudden you're at your NPB hearing and they're saying doctor says you're a psychopath, what? Like, they just put it in your file and you get blindsided, just like [JL] had done to him. Happens all the time...

Mod: ...sorry, sorry again guys, I know I keep interrupting, I'm trying not to, but this is a surprise to me. Like, 'cause I'm learning to be a psychologist right, and we're told that, that when you do an assessment the person should know why you're doing it, and what to expect, what the implications are, also that they should get feedback on the results, its their right to have that, so I'm really concerned about this, you're saying this happens a lot?

DM: From what I know. Like, I know you guys have a checklist, I saw that show about it. You come in, check some boxes, call the guy a psychopath, and gone, have a nice life. He's blindsided. And how can you give somebody a label like that in an hour, no way, doesn't seem right.

A second illustrative extract is presented below. Note here how respondents position the practice of secretive psychopathy assessment/diagnosis as antithetical to the prosocial behaviours they are advocated within the ABC Program:

Mod: ...I just wanted to jump back to one of the things you guys touched on a while ago, it was about, I guess, about assessment, the assessment of psychopathy, like, how people get the label. I think [AK] you said "sneaky," something like it can be "sneaky," and [BM] you looked like you agreed. And I think I've hear this before from other guys, can you tell me what you guys meant, like, explain to me what you meant.

AK: It's that they do it on the DL. They're always looking to put that label on you, it's a bias they have, the doctors and psychologists, they're always poking around seeing if you fit their idea of a psychopath...but they try to be sneaky about it, they don't want to show their cards...Happened to me a while back, I was going for parole, day parole and full parole, you have to have a psych. assessment right. And I get [psychologist's name], you know him right...so he sits with me, he's all, I'm gonna be fair, I wanna tell your side, I'm gonna give you a fair shake, I'm you're best friend bullshit. And I start to think, okay, this guy seems decent, I can work this guy, you start opening up, you work

with the guy 'cause you think he's alright, you get into it. Anyway, I meet with him a bunch of times, he asks me questions, he asks the same questions over and over, just a bit differently, to see if you're lying, then he's like okay we're done, I'll write this up, I'll review it with you, and you'll be all good. So then the guy never talks to me again and my PO gets all sketchy, and before she supported me, she was in favor of parole, now she's all maybe you should postpone, I don't know if you're ready, blah blah blah. So I push her, turns out the psych. report was bad, no wonder the guy never came back...Anyway, later I find out, when I see the report 'cause of information sharing,' I find out he called me a psychopath...and now I'm stuck with it, I disagree with it, but I'm stuck with it...

AK: ...and so you feel kind of cheated, screwed over. You're doing what you're supposed to, playing their game, doing your part, being honest, but they're not up-front with you, they're being sneaky. And you're supposed to trust them, to not get defensive, they're always calling out guys on being defensive, but you have to be, they prove it. No way I'm letting my guard down, you gotta watch out, or you get stuck with labels...

BM: ...[inaudible]...telling us to be assertive and honest and prosocial, but then they call you a psychopath behind your back and totally mess up your chances. It's like, just be straight up with me, tell me what you're coming on to me for and if you wanna say I'm this or that, say it to my face. Yeah, it's like they're do the opposite of what they teach, who's the psychopath now, right?

An additional brief extract illustrating this point is presented below. Within this extract, the respondent makes a distinction between a patient's "blue book" (i.e., their RPC active medical file) and the "black book" (i.e., a given treatment unit's security observation log):

RJ: Like, as I say, I talk about the blue book and the black book. The blue book, as patients you're able to see what's in your blue binder, but I know for a fact there's a black book, you know, there's an observation black book that you would never see, you know. So your every movement, you don't really get to see, so what that stuff is, okay, like, [TS] is a little bit on the crazy side, or so on, [RJ]'s a gang member, or this guy's a psychopath, that's the stuff that's in there. So, actually, they still use labels for you everyday, they might not come directly and say that to you at, at every given time, but I

believe there's labels under the counter, they don't come and tell you you're a psychopath, or at least as they think it, but they tag it to you under the counter...so, like, they have their own little tags that they won't tell you, like psychopath, because, but that wouldn't be politically correct to say to you. And the tags stick, how can you ever challenge what they won't even tell you, it just follows you and you don't even know.

4.5 Summary and Future Directions

The in-treatment, persistently violent male offenders sampled in this study spoke about psychopathy/the psychopath in complex and intricate ways; clearly, offender talk reflected the particular social and historical milieu in which it was produced. In general, offender respondents positioned themselves as observers on the psychopath but also as individuals who were at high risk to be so-misdiagnosed. As such, offenders spoke from a space of perceived vulnerability/taxonomic anxiety – in various ways, respondents worked to resist the negative connotations and perceived public misperceptions associated with psychopathy/the psychopath and to define their carceral identities in opposition thereto.

In summary, respondents constructed the psychopath in primarily interpersonal terms (i.e., as an individual who exhibits a duplicitous, Machiavellian, and covertly aggressive interpersonal style, along with a grossly (and falsely) overblown sense of self-worth). In this respect, respondents seemed to construct psychopathy/the psychopath in line with the interpersonal and affective features that are said to comprise Facets 1 and 2 of the PCL-R (e.g., Hare, 2003). Offender respondents did not, however, seem to associate psychopathy strongly with the lifestyle and antisocial facets that further comprise PCL-R-based discourse. In this respect, offender-generated accounts of psychopathy/the psychopath seemed to align most closely with those 'historical' discourses that position intra- and interpersonal attributes as core, central, or primary to the psychopathy construct (e.g., Cleckley, 1976; McCord & McCord, 1964, etc.). Also of note, offender respondents did not associate psychopathy with the expectations of enhanced dangerousness and therapeutic pessimism that infuse contemporary forensic psychological thinking. While respondents defined psychopathy as they did, they also asserted that the construct was severely misunderstood by members of the general public and that receiving such a diagnosis would have profoundly negative, if not damning, consequences for any offender.

As noted, offender respondents (perceiving themselves as vulnerable to psychopathy misdiagnosis) directed much of their talk to variously resisting and working against the presumed public misperceptions that surrounded the diagnostic construct – in particular, for example, respondents opposed vehemently/zealously the notion that psychopaths were intractable to correctional treatment/rehabilitation. As in-treatment, persistently violent offenders, it would seem, the psychopathy construct offered a significant threat to respondents' carceral identities. As such, respondents would variously attempt to reformulate/reframe the psychopathy label into something far less problematic, distressing, and anxiety-provoking. These acts of resistance, I would argue, offered a means of controlling how others might see and respond to them (i.e., their public identities), and also, perhaps, a way of managing how they saw themselves and their place within the carceral-treatment environment (i.e., their private identities).

As a point of interest, respondents suggested that the risk of psychopathy misdiagnosis stemmed in part from the social demands, conditions, and processes of everyday institutional life. Indeed, respondents asserted that daily life within the carceral milieu required a certain degree of callousness, emotional detachment, and ruthlessness, all of which could potentially be misinterpreted as signs/symptoms of psychopathy. Respondents also noted that treatment-related change was difficult, if not dangerous, to exhibit openly within the carceral milieu, thereby creating the false impression, perhaps, that a given offender had failed to profit from intervention. Respondents suggested that correctional personnel should better recognize, appreciate, and attend to these contextual factors when attempting to 'read,' interpret, and understand offender behaviour (i.e., that the actions necessary to surviving the carceral-treatment milieu should not be mistaken for evidence of a psychopathic personality). In this particular respect, it would seem, respondents used the moderator as a conduit through which to address a more general audience of correctional personnel/decision-makers.

Also of interest, respondents expressed the shared expectation that forensic clinicians would frequently adopt a secretive or clandestine approach to psychopathy assessment – an expectation, I would note, that seemed to further enhance their anxiety around potential psychopathy misdiagnosis. This expectation, moreover, appeared to foster an air of generalized distrust among respondents *vis-à-vis* the forensic clinicians with whom they interacted. Of clinical relevance, I would suggest, this air of generalized distrust is likely to

have at least some impact, potentially, on the therapeutic relationship/working alliance that is formed between offenders and their clinicians. As emphasized by numerous authors (e.g., Horvath & Greenberg, 1994), the therapeutic relationship/working alliance is among the most significant predictors of effective correctional assessment and intervention. As such, I would further suggest, the practice of secretive/clandestine assessment, and/or the mere perception thereof, may have a discernable impact on the process and outcome of forensic psychological assessment and intervention, more generally.

In general then, the present study begins to illuminate how those most proximal to the psychopathy construct may conceptualize, experience, and approach (or not) the diagnostic construct. The present findings have clear implication with respect forensic psychological practice. For example, by beginning to clarify the “experiential reality” of psychopathy diagnosis (Rhodes, 2001, p. 449), I would argue, the present findings may allow forensic clinicians to more readily anticipate, effectively manage, and appropriately respond to the expectations, reactions, and identity-related concerns that are potentially activated among the offenders whom they assess and evaluate.

Once again, offenders talked about psychopathy/the psychopath in highly complex, intricate, and nuanced ways; future reports could begin to explore each of the major themes presented above in greater detail. Moreover, future research might also explore how psychopathy/the psychopath is constructed and experienced specifically by those who carry the formal diagnostic label. In general, more involved ethnographic study around psychopathy/the psychopath, across various carceral contexts, and involving various social actors (e.g., prison guards, treatment personnel, etc.) would represent an interesting avenue for future inquiry. Given the complexities and ambiguities of the carceral-treatment environment that were illuminated within the present study, more involved ethnography within such contexts, specifically, would be of particular interest. Indeed, while useful in and of itself, the present study can also be seen to provide a jumping off point for various avenues of future inquiry.

5. Chapter 5: Review and Discussion

5.1 Review

The broad purpose of this research program was to begin examining how psychopathy/the psychopath may be constructed beyond the contemporary professional domain of forensic psychology – this research is among the first to explore this issue directly, systematically, and empirically. Because psychopathy is a critically important and frequently invoked diagnostic construct within contemporary forensic psychology, this research, I would argue, can be seen to represent a valuable area of inquiry, one with significant clinical, practical, and ethical implication. As with any program of inquiry, this research represents a socially and historically bound event – findings and interpretations, therefore, must be read accordingly.

With Study 1, I examined how Canadian English-language mass newspaper documents represented psychopathy/the psychopath – a central assumption of this study was that mass media documents provide a key window onto the general public discourses around a given topic. While it has been suggested routinely that the mass media provide “sensational” and “unrealistic” portrayals of psychopathy (e.g., Furnham, Daoud, & Swami, 2009, p. 466; Helfgott, 1997; Hesse, 2009; Stevens & Forth, 2008), this study was the first to address this issue systematically and empirically. In general, the selected mass newspaper documents represented the psychopath as a contemporary “folk devil” (Cohen, 1980). Specifically, that is, psychopathy/the psychopath was positioned as an explanatory account for exceptionally graphic, extreme, dramatic, and otherwise inexplicable acts of violence, was associated with notions of biblical/supernatural evil, and was linked to dire forms of prediction (including, for example, assured recidivism and intractability to treatment). In this respect, Study 1 can be seen to support the widely held assumption that members of the general public construct psychopathy/the psychopath in a highly negative, pejorative, damning, and even nihilistic fashion (e.g., Cunningham & Reidy, 1998; Edens, Desforjes, Fernandez, & Palac, 2004; Edens, Petrila, Buffington-Vollum, 2001; Edens & Petrila, 2006; Gunn, 1998; Murrie, Cornell, & McCoy, 2005, p. 327; Rhodes, 2002; Toch, 1998; Vincent & Hart, 2002).

Of interest, mass newspaper representations of psychopathy/the psychopath appeared to depart sharply from the contemporary forensic psychological discourse thereon. Mass newspaper representations, for example, place relatively little emphasis on the various

personality features that forensic psychologists position as “core” or “essential” to the psychopathy construct (e.g., Cleckley, 1976, p. 471). Moreover, the biblical/supernatural notions of evil that infuse mass newspaper representations of psychopathy/the psychopath clearly diverge from the clinical, medicalized, and coolly ‘scientific’ discourse that defines contemporary forensic psychology. In addition, while contemporary forensic psychological discourse associates psychopathy/the psychopath with enhanced forms of dangerousness, mass newspaper representations, I would emphasize, seemed to take this association to an extreme, exaggerated, and undue degree (e.g., assigning the psychopath an all-but-certain likelihood of reoffending). Also of importance, mass newspaper representations associated psychopathy/the psychopath with a high degree of therapeutic pessimism. While such pessimism is consistent with longstanding “clinical lore” (Salekin, 2002), it departs from emerging forensic psychological discourse that positions the psychopath as potentially responsive to certain forms of intervention (e.g., Burke, 2002; D’Silva, Duggan, & McCarthy, 2004; Wong, Gordon, Lewis, Gu, & Olver, 2012; Wong & Hare, 2005).

With Study 2, I began to explore how a sample of in-treatment, persistently violent male offenders constructed psychopathy/the psychopath, as reflected within their conversational talk during focus group interviews. In essence, I attempted to examine how those individuals most ‘proximal’ to the psychopathy construct would speak there about. Broadly, the respondents sampled constructed psychopathy/the psychopath in primarily interpersonal terms. According to these men, the psychopath was defined primarily by a manipulative, Machiavellian, and covertly aggressive interpersonal style, along with a highly (and falsely) overblown sense of self-worth. In this respect, respondents appeared to construct psychopathy/the psychopath in line with the interpersonal and affective features that most forensic psychologists would recognize as comprising Facets 1 and 2 of the PCL-R (e.g., Hare, 2003). Unlike mass newspaper representations, respondents did not position exceptionally violent behaviour or extreme forms dangerousness as central to the psychopathy construct.

Importantly, respondents asserted strongly that members of the general public (including correctional staff/decision-makers) maintained a highly negative, distorted, and damning view of psychopathy/the psychopath. Respondents suggested that members of the general public positioned the psychopath as hyper-dangerous, as certain to reoffend, and as intractable to rehabilitation – of interest, I would emphasize, it would appear that respondents’ shared view

on the public perception of psychopathy aligned fairly well with the findings of Study 1. As expected, perceived public views on psychopathy/the psychopath provided a powerful reference point around which offenders would organize much of their talk.

As predicted by Rhodes (2002), respondents maintained that receiving a psychopathy diagnosis would impact profoundly (and adversely) one's carceral experience. While offenders located themselves as squarely non-psychopathic, they also positioned themselves as highly susceptible to psychopathy misdiagnosis and to the unduly negative consequences that would result there from. In this regard, the psychopathy construct was associated with a high degree of "taxonomic anxiety" (Rhodes, 2000). Fuelled in part by this taxonomic anxiety, I would argue, variously resisting/working against the presumed public misperception of psychopathy formed the primary social action within offender talk.

When talking on psychopathy/the psychopath, a key focal point for resistance was the topic of treatment/rehabilitation. Indeed, having articulated their expectation that members of the general public regarded the psychopath as untreatable, respondents worked vehemently against this notion. Respondents asserted that psychopaths, and all offenders for that matter, were amenable to treatment and were fully capable of change (with sufficient effort). Offender talk, in this respect, thus departed from mass newspaper representations of psychopathy/the psychopath. As individuals who were currently in-treatment, it would seem, respondents were opposed strongly to the notion that anyone (including themselves, perhaps) might be identified as 'unchangeable'/'untreatable.'

Of interest, respondents described how the conditions, demands, and dynamics of everyday carceral life might contribute to the false impression that a given offender was unresponsive to treatment and/or was psychopathic. Indeed, respondents asserted that the non-aggressive skills, strategies, and approaches developed during treatment could not be implemented safely within the highly aggressive social milieu of the RPC. Respondents described how a given offender could work diligently towards making meaningful therapeutic change within the treatment room, and yet, as demanded by his social environment, be required to engage in aggressive, antisocial actions on a regular basis (thereby creating the false impression that he was unresponsive to treatment). Respondents also suggested that the necessary duplicity of displaying pro-social values, attitudes, and actions within the treatment room, and yet behaving aggressively and violently during daily life might be misread by

others (i.e., correctional personnel) as indicative of psychopathy. The potential for psychopath misdiagnosis (whether formal or informal), respondents continued, was also fostered by the fact that everyday life within the RPC demanded a normative level of callousness, emotional detachment, and defiance, all of which, once again, could be easily mistaken as signs/symptoms of psychopathy. In essence then, I would argue that respondents positioned the complexity and ambiguity of the correctional-treatment environment as fuelling, enhancing, and intensifying much of their taxonomic anxiety.

Also of interest, respondents described their shared expectation that forensic clinicians engaged routinely in secretive, clandestine, and covert forms of psychopathy assessment/diagnosis. This expectation, I would emphasize, seemed to fuel a general sense of unease, trepidation, and mistrust among respondents *vis-à-vis* the forensic clinicians with whom they interacted. Indeed, respondents cited the possibility of secretive psychopathy assessment as a reason to be hesitant, shrewd, circumspect, and highly guarded in their encounters, both formal and informal, with forensic clinicians.

5.2 Clinical, Practical, and Ethical Implications

The findings generated through this program of inquiry have several important implications, four of which, in particular, are worthy of explicit discussion. Firstly, this research suggests that members of the general public, including those who are/may be the ‘consumers’ of forensic psychological work product, do indeed hold negative and potentially stigmatizing views with respect to psychopathy/the psychopath. Beyond providing empirical validation for this longstanding expectation, the present research begins to clarify specifically/precisely what these views may look like. As such, the findings generated support the notion that forensic psychologists should use extreme caution when communicating a psychopathy diagnosis; these findings also illuminate the specific lay/public expectations that may be activated (and potentially addressed, reframed, and worked against by the clinician) in response to such communication. Indeed, by better understanding the lay/public discourses around psychopathy, forensic clinicians are better positioned to effectively manage and control how relevant diagnostic communications may be received, understood, and utilized by others.

Secondly, the findings produced begin to illuminate how those who undergo psychopathy assessment may experience and navigate this process and how those who are so-labeled might conceptualize and approach (or not) their diagnostic status. By beginning to

clarify the “experiential reality” of psychopathy diagnosis (Rhodes, 2001, p. 449), I would argue, the present findings may allow forensic clinicians to more readily anticipate, effectively manage, and appropriately respond to the expectations, reactions, and identity-related concerns that are potentially activated among the offenders whom they assess/evaluate.

Thirdly, findings from the present research are relevant to the so-called ‘secretive’ approach to psychopathy assessment/diagnosis that various scholars have come to advocate (e.g., Hare, 1993). Of note, it would appear that the secretive approach to psychopathy assessment/diagnosis is not, in fact, at all secret, as offender respondents seemed to be well aware of this practice. Moreover, knowledge of this approach seemed to promote a sense of generalized distrust and trepidation among respondents *vis-à-vis* the forensic clinicians with whom they may interact. It can be speculated, perhaps, that such distrust and trepidation might have a negative impact, at least to some degree, on the critically important therapeutic relationship/working alliance that is formed between offender and clinician. In my opinion, the present findings thus provide further reason (beyond the obvious ethical limitations) to reject the secretive approach to psychopathy assessment/diagnosis.

Fourthly, by clarifying the specific meanings, values, and expectations by which others define the psychopathy construct, the present findings may assist the practicing forensic psychologist in providing the high level of targeted “education and correction” that should accompany non-secretive approaches to psychopathy assessment/diagnosis (Cunningham & Reidy, 1998, p. 347; Furnham, Daoud, & Swami, 2009). Indeed, with a more developed understanding of the negative expectations constructed around psychopathy/the psychopath, I would argue, the practicing forensic psychologist is better equipped to “pre-empt”, head off, and work against the potentially problematic/unduly stigmatizing effects that are likely associated there with (Cunningham & Reidy, 1998, p. 347).

5.3 Future Directions

This program of inquiry, like all such programs, is necessarily a beginning. As noted in Chapters 3 and 4, several avenues for continued/future study can be identified. In particular, future researchers may wish to explore and articulate each of the main/overarching themes identified in Study 1 in greater depth and detail. Moreover, applying certain variations/extensions of the EMA method (e.g., Altheide’s technique of “tracking discourse”) (2000, p. 287) to the data generated may also prove beneficial/interesting. In addition, future

researchers may wish to examine how psychopathy/the psychopath is represented across other mass media forms and formats. Indeed, the findings of Study 1 focus specifically on mass newspaper documents that conform primarily to the crime-news format. How, for example, is psychopathy/the psychopath represented in non-crime-news newspaper formats (e.g., arts and entertainment reporting, human interest reporting, opinion/editorial reporting, etc.)? Moreover, how is psychopathy/the psychopath represented across non-newspaper mass media forms (e.g., magazines, television, film, internet, etc.)? It may be that different mass media forms and formats represent psychopathy/the psychopath in unique and differing ways. As such, studying a broader/more varied range of mass media documents may facilitate more complete and complex understanding of the general public discourses around psychopathy/the psychopath.

Also of note, future researchers may wish to continue exploring the general public discourses around psychopathy/the psychopath by accessing members of the general public more directly. Indeed, examining how sampled members of the general public speak about psychopathy/the psychopath, perhaps through methods such as qualitative focus group interviewing, would likely generate important and interesting findings.

With respect to Study 2, once again, each of the identified main/overarching themes could be explored and articulated in greater depth and detail by future researchers. In addition, more involved/comprehensive ethnographic study around psychopathy/the psychopath within the RPC context (and within other carceral environments for that matter) would likely offer a rich and promising avenue for future inquiry. Such study, I would note, could involve a wide range of ethnographic methods and techniques (e.g., observation, individual interviewing, institutional document analysis, etc.). Moreover, examining how other social actors within the carceral environment (e.g., guards, treatment personnel, administrators, etc.) construct psychopath/the psychopath, and how these constructions are constituted and experienced during everyday social interaction, would seem to represent an important and intriguing area for continued research. Indeed, expanded ethnographic study would likely facilitate a broader, richer, and more involved understanding of psychopathy/the psychopath as a social construct.

Finally in this respect, and as noted in Chapter 4, future researchers may wish to explore how psychopathy/the psychopath is constructed by those who carry the formal diagnostic

label, specifically. Indeed, examining how such individuals experience and navigate their diagnostic status, particularly in relation to matters of treatment and rehabilitation, would seem to offer an interesting and potentially fruitful area of inquiry.

5.4 Concluding Comment

In brief conclusion, I would emphasize that this program of inquiry represents a socially and historically specific research undertaking; this document offers a partial and particular account thereof. Importantly, this program of inquiry is one of very few research endeavors to investigate, empirically and systematically, how psychopathy/the psychopath may be constructed beyond the professional domain of contemporary forensic psychology. As such, the findings presented herein should be of high interest to forensic psychologists and can be seen to hold significant clinical, ethical, and practical implications. While this research provides important and useful information, it also highlights several avenues for continued/future investigation.

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APPENDIX A

Detailed Summary of Items/‘Symptoms’ Comprising the Psychopathy Checklist-Revised

- Item 1: Glibness/Superficial Charm.* According to Hare (2003), a high rating on this item reflects an individual who is voluble, verbally facile, and “smooth-talking,” generally exuding an “insincere and superficial sort of charm” (p. 35). Such an individual, he continued, may present as “an amusing and entertaining conversationalist” and is often able to tell “unlikely but convincing stories that place him in a good light” (p. 35). During social interaction, such individuals will usually impress as comfortable, at-ease, and free from anxiety.
- Item 2: Grandiose Sense of Self Worth.* High rating on this item applies to an individual who exhibits a “grossly inflated view of his abilities and self-worth,” displaying a clear “attitude of superiority” (p. 36). Such persons tend to present as “cocky,” “opinionated,” boastful, and overly confident (p. 36).
- Item 3: Need for Stimulation/Proneness to Boredom.* Hare described this item as “reflecting a chronic and excessive need for novel and exciting stimulation,” along with an unusually low threshold for boredom (p. 36). High rated individuals, he continued, will usually endorse a fondness for activities that are “exciting, risky, or challenging” (p. 36). A pattern of “constantly starting and stopping new activities” may also be observed (p. 36).
- Item 4: Pathological Lying.* Illustrating his frequently pejorative tone, Hare described this item as capturing an individual for whom dishonesty, deceit, and skillful deception were characteristic behaviours. He noted that such individuals would typically display a “readiness to lie,” would exhibit an “ease with which deception [was] carried off,” and would seldom appear perplexed, embarrassed, or ashamed when “discovered in a lie” (p. 37). Hare went as far as to speculate that such individuals might receive some form of intrinsic reward, enjoyment, or pleasure through the act of deception.
- Item 5: Conning/Manipulative.* This item described an individual who would use deception and deceitfulness specifically to “cheat, bilk, defraud, or manipulate

others” for personal gain (p. 37). Hare noted that this conning/manipulative pattern could include activities that were both criminal (e.g., embezzlement, impersonation) and non-criminal (e.g., using family members for money). With respect to therapeutic intervention, specifically, Hare noted that the typical psychopath was often inclined to “feign rehabilitation” as a means of manipulating treatment providers (p. 38).

Item 6: Lack of Remorse or Guilt. Those rated high on this item fail to appreciate the seriousness and consequences of their actions, both criminal and non-criminal. Despite the fact that such an individual may attempt to “falsely verbalize remorse,” Hare asserted, “he experiences little concern for the suffering of his victims or for the damage he inflicts on society” (p. 38).

Item 7: Shallow Affect. Making direct reference to the work of his predecessor, psychiatrist Hervey Cleckley (1941), Hare (2003) cast the “prototypical psychopath” as an individual who is “unable to experience the normal range and depth of emotional experience” (p. 39). Individuals rated highly on this item, he noted, may at times appear “cold and unemotional,” at others, they may exhibit “showy, dramatic, peevish, and short-lived emotional reactions” (p. 39). Although such individuals may feign or mimic affective responses, he continued, “little of real significance is actually going on below the surface” (p. 39).

Item 8: Callous/Lack of Empathy. This item applied to an individual who was “cynical and selfish,” displaying a profound disregard for the “feelings, rights, and welfare of others” (p. 39). Concerned only with their personal needs and self-interests, Hare continued, such individuals were “wholly indifferent” to the discomfort, anguish, and suffering of others (p. 39). Hare further noted that such individuals may display a significant history of “cruel and sadistic” treatment toward others, including criminal offences that were marked by gratuitous and unduly excessive violence (p. 39).

Item 9: Parasitic Lifestyle. According to Hare, this item applied to those individuals who exhibited a lifestyle pattern marked by “persistent financial dependence on others” (p. 40). Hare emphasized that such persons would “intentionally” avoid

gainful employment, relying instead on family, friends, romantic partners, social assistance, and/or other forms of external support (p. 40). Hare noted that such individuals would often obtain support through the use of deception, threat, coercion, and/or exploitation.

Item 10: Poor Behavioral Controls. Individuals rated highly on this item were said to be “short-tempered or hot-headed,” typically responding to “frustration, failure, discipline, and criticism with violent behaviour, threats, and verbal abuse” (p. 40). Such individuals, Hare continued, may become disproportionately offended, irritated, annoyed, impatient, and/or aggressive over seemingly trivial matters. Hare noted that the individual’s “already limited” behavioural controls were often weakened significantly by even moderate amounts of alcohol (p. 40).

Item 11: Promiscuous Sexual Behavior. Again referencing Hervey Cleckley (1941), Hare (2003) suggested that the “prototypical psychopath” would engage in sexual activities that were generally impersonal, casual, trivial, and “poorly integrated” (p. 41). This item, he continued, captured those individuals who displayed a sexual history marked by “frequent casual liaisons,” the indiscriminant selection of partners, frequent infidelities, prostitution, and/or the “willingness to participate in a wide variety of sexual activities” (p. 41).

Item 12: Early Behavioral Problems. To be rated highly on this item, an individual would exhibit a history of serious and “unmanageable” behaviour problems during childhood (p. 41). Such problems, Hare continued, may include “persistent lying, cheating, theft, robbery, fire-setting, truancy, disruption of classroom activities, substance abuse...vandalism, violence, bullying, running away from home, and precocious sexual activities” (p. 41).

Item 13: Lack of Realistic, Long-Term Goals. This item was said to describe those individuals who were generally unable to formulate “specific, workable, and realistic long-term objectives” and who seldom gave “serious thought to the future” (p. 42). High rated individuals would often show little interest in acquiring or maintaining steady employment, typically living “day-to-day” and

placing virtually no emphasis on long-term planning (p. 42).

Item 14: Impulsivity. According to Hare, this item captured an individual whose behaviour was consistently lacking in forethought, premeditation, reflection, and contemplation. Hare described such individuals as being characteristically capricious, opportunistic, and somewhat “disorganized” in their overall conduct/misconduct (p. 43).

Item 15: Irresponsibility. This item applied to those persons “who habitually fail to meet obligations and commitments to others” and who exhibit “little or no sense of duty or loyalty to family, friends, employers, society, ideas, or causes” (p. 43). Hare emphasized that this profound irresponsibility would show itself across multiple domains of functioning (e.g., financial dealings, occupational behaviour, family relationships, etc.). Hare further noted that despite a long history of failing to meet obligations, such individuals would “often freely make new promises” and “enter into new agreements with others” (p. 43).

Item 16: Failure to Accept Responsibility for Own Actions. To be rated high on this item, an individual would display a persistent inability or unwillingness “to accept responsibility for his actions (both criminal and non-criminal) or for the consequences” thereof (p. 44). According to Hare, such individuals would often rationalize their actions, externalize blame, deny flatly the accusations/charges against them, or merely verbalize responsibility in a superficial and insincere manner.

Item 17: Many Short-Term Marital Relationships. This item applied to persons presenting with a history of numerous short-lived marital relationships, relative to his or her age. In this context, a “marital” relationship included “any live-in union involving some degree of commitment from one or both partners” (p. 44).

Item 18: Juvenile Delinquency. A high rating on this item reflected “a history of serious antisocial behavior as an adolescent,” typically evidenced by a record of criminal and/or statutory offences (p. 45).

Item 19: Revocation of Conditional Release. Illustrating his explicit focus on the “antisocial failure” (Meloy & Gacono, 1998, p. 96), Hare (2003) described this item as reflecting an individual who was prone to escape from custody and/or to violate conditional release. Hare emphasized that high rated individuals would exhibit a history of “major” infractions (as opposed to relatively “minor” or technical violations) while under supervised release (p. 45).

Item 20: Criminal Versatility. Again illustrating his focus on the antisocial failure, Hare intended this item to capture those individuals who engaged in a “wide and diverse array of criminal activities” (p. 46). Hare noted specifically that high rated individuals would present with a record of charges and/or convictions for many distinct categories of offences and/or inchoate crimes.

Note. Derived primarily from “Hare Psychopathy Checklist-Revised (PCL-R): 2nd Edition: Technical Manual,” by R. D. Hare, 2003. Copyright 2003 by author and Multi-Health Systems Inc. Used with permission.

APPENDIX B

Focus Group Interview Guide

Orientation

- Review of the research (e.g., purpose, requirements, risks, benefits, etc.)
- Informed consent
- Group confidentiality expectations
- Establish the appearance of informality, position respondents as ‘experts’/moderator as ‘interested learner,’ work against expectations of ‘truth,’ employ psychologically-based language (see, for example, Puchta & Potter, 2004)

Psychopathy/psychopaths

- Elaborate question 1:

So basically, here at the RPC...and in the ‘Pens’...there’s a lot of talk about psychopathy and psychopaths, right? It’s something that comes up a fair bit. For me, I guess, I know what the treatment people say, what they think...that’s my perspective. What’s really important to me, though...what I’m interested in...is what you guys have to say about the topic. I think that nobody ever really asks you guys what you think, what your views are... but that’s important...I mean you guys live here, this is your place, I want to know what you think. So maybe, I guess, we should just start right there...like, when I say psychopathy or psychopath, what does that mean to you, how do you understand it, how do you think about it?

- Possible simple questions/prompts:

So, if I asked you, how would you define psychopathy?

Here on the unit, how would you guys spot a psychopath? What do they look like? How do they behave?

In your opinion, what are the implications of being diagnosed a psychopath? What would happen to that guy?

So, you guys know about risk and dangerousness, right? Are psychopaths of lower risk? Higher risk?

So, this might be a bit hard to answer, but what do you think that treatment people think about psychopathy? Like based on your observations, your sense of things?

How does the mass media represent psychopathy/the psychopath?

- Pursue/unpack personal or vicarious psychopathy assessment/diagnostic experiences (if offered by respondent)
- Feature collection: *Tell me some features of the psychopath? What are their main traits, attributes, behaviours?*

Psychopathy-treatment relationship

- Elaborate question 2:

So, we’re in a treatment centre, you guys are in treatment...you have a really important perspective in that way – I was hoping that we could talk a little about psychopathy and treatment. Tell me what comes to mind in this respect?

- Possible simple questions/prompts:

Some have said that psychopathy can’t be cured. Tell me your thoughts on that.

It’s also been said that psychopaths can’t be treated...that they don’t ‘respond’ well to correctional programs...programs like ABC.

Basically, I guess, some think that psychopaths don’t change. What are your views on that?

Some have even said that treatment makes psychopaths worse...like more dangerous and more likely to re-offend. What about that?

What are the implications of having a psychopathy diagnosis in a treatment centre...like, here at the RPC?

Based on your observations and experiences, how do psychopaths behave in treatment...like, in group? What would you see from them?

Conclusion

So, we’re getting closer to the end now. Before we finish though, I just want to make sure that you guys have had a chance to say everything that you want to about this...about psychopathy. Is there any thing else important that you want to bring up, anything else that you want to share or discuss?

How would you guys sum up what we’ve talked about today?

What are the key points about psychopathy...about the psychopath...that we can take away from this discussion?

- Acknowledge and thank respondents
- Review group confidentiality expectations
- Discuss next steps and timeframe (e.g., transcript review, member checking, debriefing, re-affirmation of consent, etc.)