Apples and Oranges: An Argument for Psychopathy as a Formal Diagnosis

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Abstract
When one thinks of the psychopath, an image of one of the notorious serial killers of the 1980s generally pops in their head: Ted Bundy, Jeffrey Dahmer, or the Green River Killer. While still rare, psychopaths encompass much more than just serial killers, and they have a unique presentation that lies outside the confines of any current diagnosis. Characteristics such as lack of empathy, impulsivity, grandiosity, and poor behavioral controls are included in various personality disorders. The Narcissist will show lack of empathy and grandiosity while the Borderline will have poor behavioral controls and impulsivity, for example. However, the construct of psychopathy is more complex, including the above traits but also callousness, manipulativeness, superficial charm, and lack of guilt. These unique characteristics, when appropriately identified, are detrimental to society, resulting in extreme financial loss, overwhelming hurt, and even death, which is why labeling as such is important.

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APPLES AND ORANGES: AN ARGUMENT FOR PSYCHOPATHY AS A FORMAL DIAGNOSIS

When one thinks of the psychopath, an image of one of the notorious serial killers of the 1980s generally pops in their head—Ted Bundy, Jeffrey Dahmer, or the Green River Killer. While still rare, psychopaths encompass much more than just serial killers, and they have a unique presentation that lies outside the confines of any current diagnosis. Characteristics such as lack of empathy, impulsivity, grandiosity, and poor behavioral controls are included in various personality disorders. The Narcissist will show lack of empathy and grandiosity while the Borderline will have poor behavioral controls and impulsivity, for example. However, the construct of psychopathy is more complex, including the above traits but also callousness, manipulativeness, superficial charm, and lack of guilt. These unique characteristics, when appropriately identified, are detrimental to society, resulting in extreme financial loss, overwhelming hurt, and even death, which is why labeling as such is important.

The construct of psychopathy has been studied since the 1970s, when Harvey Cleckley authored *The Mask of Sanity* (1988). Since then, psychopathy has been thoroughly researched and instruments measuring the construct have been created (Hare, 1991). Robert Hare has been at the forefront of such research, and he defines it as "a personality disorder that includes a cluster of interpersonal, affective, lifestyle and antisocial traits and behaviors, including deception,"
manipulation, irresponsibility, impulsivity, stimulation-seeking, poor behavioral controls, shallow affect, a lack of empathy, guilt or remorse, promiscuity, and a range of unethical and antisocial behaviors, not necessarily criminal. Among the most devastating features of criminal psychopathy are a callous disregard for the rights of others and high risk for a variety of predatory or aggressive behaviors” (Hare, 1993 p.ix). The concept of psychopathy is not limited to any gender, socioeconomic status, or criminal activity (Sheridan, 2011). It is estimated that between 0.5 to one percent of the population can be classified as “psychopathic,” while almost 20-25 percent of prison inmates meet the criteria (Hare, 2006; Neumann, Hare, & Newman, 2007). Despite this well-recognized construct among mental health professionals, especially those working within the correctional systems, it seems odd that the American Psychiatric Association has not classified psychopathy as a formal diagnosis. Antisocial Personality Disorder was intended to capture the construct of psychopathy in early forms of the Diagnostic and Statistical Manual, but was eventually removed due to criticism (Cleckly, 1941). Many personality disorders, specifically Antisocial, Borderline, Narcissistic, and Histrionic, contain overlapping symptoms consistent with psychopathy, but none of these diagnoses captures the true presentation, behaviors, and cognitions of the psychopath. In this paper, the personality disorders most similar to psychopathy will be described, with case studies utilized to paint a picture of their presentation. Psychopathy will also be discussed in relation to the similarities and differences with these personality disorders. Case studies of psychopaths will highlight the
complexity of this proposed diagnosis and demonstrate how the presentation expands beyond the traits in the personality disorders.

**Personality Disorders**

To understand the overlap and intertwining of psychopathy and personality disorders, it is important to first have a good grasp on the presentation of four major personality disorders: Antisocial, Borderline, Narcissistic, and Histrionic, as classified by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association, 2013). An understanding of the foundation of these four disorders will assist in parsing out the similar symptomology between them and psychopathy, as well as the major differences in presentation.

*Antisocial Personality Disorder*

The DSM-5 (American Psychiatric Association, 2013) criteria for Antisocial Personality Disorder (ASPD) include: “Significant impairments in personality functioning,” manifested by both impairments in self-functioning by way of either identity of self-direction, meaning there is ego-centrism, self-esteem derived by personal gain or power, or goals are set based on personal gratification. There are also impairments in interpersonal functioning through lack of empathy or problems in intimacy. Specifically, there is no capacity for mutually intimate relationships, and
relationships usually include exploitation, deceit, coercion, or dominance or intimidation to control others. There also must be pathological personality traits in the following two domains: antagonism (by manipulativeness, deceitfulness, callousness, or hostility), and disinhibition (by irresponsibility, impulsivity, or risk-taking). Case examples from individuals with whom I have previously worked or encountered illustrate the presentation of some of the personality disorders and psychopathy. These case studies show both the similarities and differences between four personality disorders and psychopathy, illustrating how psychopathy presents itself beyond the presentation of any current personality disorder, therefore deserving it's own diagnosis.

Take, for example, the case of Luke (pseudonym), a white male parolee in his mid-thirties, who I saw on a court-ordered outpatient basis. He was bony, likely from years of methamphetamine use, and covered in tattoos of swastikas and other Aryan notations. He had been working at a moving and storage company for years, despite being in and out of prison for various parole violations. He lived with his mother and father, as he was divorced from his wife, who had custody of their two children, and who had a restraining order against him that he routinely violated. I vividly remember our first session, to which he brought his mother, as he refused to say anything. I listened as she told me about his ex-wife and the restraining order, his substance use, job, and life at home, which was apparently quite frustrating for herself and her husband. In the next two sessions, which were only with Luke, he continued to remain taciturn, only saying things like “I just have to attend, I don’t
have to talk.” Finally, he showed up to a session with a soda for each of us (which I
did not accept) and his goals for treatment. “I want you to get my kids back,” he said.
After weeks of withholding information and wasting time, he had now arrived with
a gift, both physical and psychological (“I will let you help me”). As I got to know
him, I began to see the resentment and hostility toward his ex-wife. He would
constantly show up at her house, scream at her while the children watched, with no
regard for how the children might experience this. While living with his parents, he
would constantly complain about his mother’s cooking and refuse to clean up after
himself, saying that they are “lucky” he has chosen to live with them. Even at work,
he had convinced management that he was a good worker and to overlook his
“prison stints.” When working with new or temporary employees on the moving
truck, he would berate them, then become angry at management for placing them
with him. If the new workers performed well, he would take credit for teaching
them so well. All throughout our sessions, he would continue to deny any substance
use, although he said on many occasions how excited he was to be off parole and
smoke marijuana legally. He finally was arrested and went back to prison. As it
turned out, he was constantly smoking methamphetamine, and was even high
during our sessions.

Luke embodied ASPD. He had a history dating back to his adolescence with
not conforming to laws. He consistently disregarded rules when it suited him, and
only engaged in relationships that were beneficial to him. He was malicious,
deceitful, and impulsive.
Borderline Personality Disorder

The DSM-5 (American Psychiatric Association, 2013) criteria for Borderline Personality Disorder (BPD) include impairments in self-functioning, manifested by impoverished, poorly developed identity or unstable self-image, which can sometimes be associated with being overly self-critical or experiencing dissociative states when under stress, and impairments in self-direction, which can include instability in goals, aspirations, values, or career goals. There are also difficulties in interpersonal functioning, either with empathy or intimacy. Those with BPD may have difficulty recognizing the feelings and needs of others and may be prone to feeling slighted or insulted. They may incorrectly perceive others as being negatively biased toward them. Additionally, they may have intense and unstable close relationships, often marked with conflict, mistrust, neediness, or anxiousness. One of the most notable features of BPD is the tendency to view relationships in extremes. This is often referred to as the “love-hate” nature of relationships and alternates between idealization and devaluation or between over-involvement and withdrawal. Some personality traits associated with BPD include emotional lability, separation insecurity, and depressive features. Lastly, those with BPD have disinhibition, characterized by impulsivity or risk-taking, and antagonism, characterized by hostility.
Angela (pseudonym) was a white female in her mid-forties, who I assessed at an all-female prison. She was in a peer-run substance abuse program and felt her psychological issues were too “severe” to be able to participate effectively. During the clinical interview, she complained excessively about how “mean” and “brutal” the other women in the program were; the reality was that they were challenging her on some of her cognitive distortions, but she perceived this as berating. She cried about how “no one” was nice to her and that she was “so happy that [I was] there to help [her].” To demonstrate the distress she was in, she flipped her head upside down to show me the patch of hair she had pulled out, then cried about how the other women made fun of her. She explained that she was also pulling out hairs near her genitals. She also reported forcing herself to purge food, although this was not an attempt to lose weight. Instead, this appeared to be her form of self-harm. After testing, she sent numerous kites, asking to meet with me and receive results, despite being told it would be about one week. The testing results indicated that she was malingering psychological symptoms. I met with her to tell her this, and she casually placed her hands under the table between us as she told me that she had “cut herself” earlier this morning. This was either an act of defiance and anger for me not being on her side anymore, or an additional attempt to prove that she was unfit for her treatment program. I asked to see her wrists, which she showed to me. As I had been talking to her, she had run her fingernail lightly over her wrist in an attempt to make a mark. The mark was superficial—a thin white line; there had been no broken skin and no blood. I told her I wanted to follow up with her in a week and when that time came, she refused to meet with me. Angela exemplified the
love-hate that those with BPD often display, along with the emotional lability and troubles with relationships as a whole.

*Narcissistic Personality Disorder*

The hallmarks of the DSM-5’s (American Psychiatric Association, 2013) Narcissistic Personality Disorder include the reliance and reference to others for self-definition, self-esteem regulation, and goal-setting based on gaining approval from others. Someone with Narcissistic Personality Disorder may have unreasonably high or low standards as a way to see themselves as exceptional. They often have difficulty with empathy and relating to others, and their relationships are generally superficial and exist mainly for self-esteem regulation. They are often grandiose and attention-seeking as well.

Tyler (pseudonym) was a white male in his sixties who I saw for an initial mental health screening as he was entering the prison system. He was jovial and talkative. Generally, these screenings take three to ten minutes; I sat with him for over 30 minutes. He had received a lengthy sentence for assisting his son in assaulting his son’s ex-wife and subsequently kidnapping his son’s child before fleeing the state. When someone is sentenced to over ten years, I would ask about their feelings on their sentence and plans to make the time meaningful, as well as cope. Instead of complaining about the length of his sentence, Tyler went on to talk about how he was a pastor, and planned on preaching and witnessing to other
inmates. Despite my questions, I could not get an answer about what denomination or church with whom he worked. He spoke at length about all the “good [he could] do with all these poor souls.” When I asked him about how his grandchild must have felt after being taken from his mother, he could not relate to any fear or confusion that likely existed. Then, he saw my wedding ring before his next tangent, in which he asked if I was a woman of faith and then proceeded to provide me with much unsolicited marriage advice. What was normally a short screening turned into something almost the length of a psychotherapy session, and after I told him I had to “kick [him] out,” I walked him back to the sitting area, where he then began preaching to the other new arrivals.

Tyler truly believed that he was God’s gift to anyone who would listen, one of the key characteristics of NPD. He craved whatever validation and attention others would give him. He held his son’s ex-wife at a high standard, which she could never live up to, leading him to be accepting of the crime that brought him to prison.

*Histrionic Personality Disorder*

The DSM-5’s (American Psychiatric Association, 2013) Histrionic Personality Disorder slightly overlaps with the traits present in psychopathy. Those with Histrionic Personality Disorder enjoy being the center of attention and engage in behaviors to do so, such as dressing provocatively or in a manner to draw attention.
They may be overly flirtatious or dramatic and over-emotional. They are also followers, as they tend to be highly suggestible.

Tanya (pseudonym) was a black female in her late twenties, whom I saw in both individual and group therapy at a county jail. She was loud and vivacious—the life of the party in her unit. She always had something to say in group, and would often stand up, sometimes on top of her chair—she commanded attention. I observed her doing the same other times of the day—telling others about her boyfriend back home or commenting on how a man on TV was “so hot.” During our individual sessions, she would make comments about how “cute” my outfit or hair looked, in an almost flirtatious manner. It was difficult to redirect her to talk about substantive issues, or even be logical about what might happen upon her release, especially with her boyfriend. Conversation was superficial and always focused on her; it was nearly impossible to get her to talk about other people with whom she was in a relationship.

Tanya is an ideal representation of Histrionic Personality Disorder. She did whatever was necessary to get attention, and all attention, whether positive or negative, would suffice. Any emotion she would experience would be exacerbated, and she often treated situations as if they were life or death.
Psychopathy

Psychopathy, a well-recognized construct among forensic and correctional psychologists, is not a formal diagnosis, despite a measurable cluster of symptoms. Hare (1991) developed a theory of psychopathy and identified three factors that capture the construct. Factor 1 has two Facets: Interpersonal and Affective. In the Interpersonal Facet, traits include glibness and superficial charm, grandiose sense of self-worth, pathological lying, and cunning/manipulativeness. The Affective Facet includes lack of remorse or guilt, emotional shallowness, callous/lack of empathy, and failure to accept responsibility of one’s own actions. Factor 2 also has two Facets: Lifestyle and Antisocial. The Lifestyle Facet includes a need for stimulation/proneness to boredom, parasitic lifestyle, lack of realistic or long-term goals, impulsivity, and irresponsibility. The Antisocial Facet includes poor behavioral controls, early behavioral problems, juvenile delinquency, revocation of conditional release, and criminal versatility. The third and last Factor includes other items: many short-term marital relationships and promiscuous sexual behavior.

Hare based his theory off Cleckley’s (1976) criteria for psychopathy. Cleckley defined psychopathy as “a serious personality disorder marked by affective and interpersonal deficiencies, as well as behavioral problems and antisocial tendencies.” Cleckley generated 16 criteria to diagnose psychopathy, which were then divided into three facets: Positive Adjustment, Chronic Behavioral Deviance, and Emotional Interpersonal Deficits (Cleckley 1988).
Assessment tools to diagnose or label psychopathy were created. The Psychopathy Checklist- Revised (PCL-R), developed by Hare (1993) is intended for trained clinicians to label psychopaths, and utilizes a rating scale for clinician use. Each item is rated 0 (not present) to 2 (definitely present). A person is considered psychopathic if their score is 30 or higher. There has been some controversy surrounding the PCL-R in relation to its use with women. Hare (1991) noted that females tend to score four to six points lower than men on the test, as the criteria of revocation of conditional release and juvenile delinquency are not highly relevant in female offenders (Strachan, Williamson, & Hare, 1990).

Widespread use of the PCL-R suggests that psychopathy is it’s own construct. Additionally, there are some theories that psychopathy also has a neurological component, which further separates itself from other personality disorders. Kiehl (2008) collected data from prison inmates including history, anatomical brain scans, and functional Magnetic Resonance Imaging (fMRI) during moral reasoning tasks. He also used a battery of tests including the PCL-R. Kiehl argued that the brain of the psychopath is fundamentally different. In fact, he testified for the defense in the trial of Brian Dugan, who was accused of kidnapping, raping, and murdering at least three girls. Dugan scored a 37 (out of 40) on the PCL-R. He compared brain abnormalities in Dugan’s scan to abnormalities in scans of other psychopaths he had previously tested, noting that there were brain abnormalities that were present among this group.
Overlaps and Differences

While there tends to be many overlaps between psychopathy and various personality disorders, psychopathy, as highlighted in some of the case examples provided below, stands alone when it comes to overall presentation. Psychopathy encompasses traits of the various personality disorders, making the presentation of the psychopathy difficult to discern and diagnose separately from personality disorders.

Some studies show that Borderline Personality Disorder (BPD) may be associated with elevated levels of psychopathy, as seen on the PCL-R (Hare & Neumann, 2008). Herpertz, Werth, Lukas, et al. (2001) noted similarities in forensic patients with BPD and psychopathy. Specifically, they saw marked impulsivity and proneness to antisocial behavior. Raine (1993) noted an overlap between BPD and involvement in extreme forms of violence, such as murder. Raine noted that “because Borderline Personality Disorder includes features such as unstable and intense interpersonal relationships, impulsivity, intense anger, and affective instability, it could be argued that this personality constellation may make an individual susceptible to interpersonal violence” (page 277). These traits are congruent with a psychopathic profile. Additionally, Hildebrand and Ruiter (2004) found a positive and significant correlation between high PCL-R scores and a diagnosis of BPD (r=0.33).
Histrionic Personality has also been found to be significantly and positively correlated with PCL-R scores (r=0.32; Hildebrand & Ruiter, 2004). Some similarities between the two include shallow affect and manipulativeness. Furthermore, in Histrionic Personality Disorder, there are propensities toward impulsivity, superficiality, excitement seeking, and seductiveness, all encompassed in psychopathy (APA, 2013; Hare, 1991). A study by Cale and Lilienfeld (2002) found that psychopathic females tended to exhibit histrionic features, whereas males tended to exhibit antisocial features.

The following case demonstrates how psychopathy is similar to BPD. However, while reading this case example, it will be clear how psychopathy exists beyond the traits present in this personality disorder, making the presentation more complex and challenging.

Joanne (pseudonym) was a female in her mid-seventies who I initially saw in a female prison for neuropsychological screening. Due to her age and reports of her perseverating on “getting out,” staff was concerned about dementia. While there were no significant findings in her neuropsychological testing, her persona was what intrigued me. Joanne enjoyed being “fashionably late” to the clinic for testing, and when she would arrive, she was loud and boisterous. When she saw me, she would exclaim “I couldn’t wait to see you, doc!” There would be times during our meetings where she would want to lift up her shirt to show me her newest tattoo or asked if I noticed her new eyeshadow color. These traits alone would have led me to
think that Joanne was histrionic. However, the offense that landed in her in prison and her manner of talking about it made me realize there was much more. Joanne’s daughter had given birth a few years prior to the incident, and Joanne was infatuated with her. When her daughter stopped allowing Joanne to have contact with her granddaughter, Joanne was enraged. She convinced her husband that, if only her daughter would die or go missing, surely they would be given custody of their granddaughter. Joanne devised a plan to place a homemade bomb under her daughter’s car, which would then be remotely detonated by a cell phone. When the bomb did not explode, she told her husband to crash their car into their daughter’s car, then attempt to shoot her with their handgun. The daughter was wounded as Joanne and her husband attempted to flee the state, eventually being caught.

Joanne exhibited many characteristics of BPD. There was a love-hate relationship, in this case between Joanne and her daughter. If Joanne had BPD, it would be expected that following the “hate” phase, she would attempt to make up and get close to her daughter. However, when I spoke with Joanne, there was a glimmer in her eye and a smirk on her face as she talked about this incident, referring to her daughter as “that bitch,” showing her lack of remorse and empathy, which showed me that I was not encountering someone with BPD but rather, a psychopath.

Similar to BPD, Hildebrand and Ruiter (2004) also found a positive and significant correlation between high PCL-R scores and a diagnosis of Antisocial
Personality Disorder (r=0.64; ASPD), as well as Narcissistic Personality Disorder (r=0.47). As previously noted, ASPD was initially included in early forms of the Diagnostic and Statistical Manual of Mental Disorders to capture the construct of psychopathy as described by Cleckley (1941). However, this was criticized for not including some main facets of psychopathy, including the interpersonal and affective features considered to be most essential (Hare, 1983; Lilienfeld, 1994; Hare & Hart, 1995). The ASPD diagnosis included in the DSM-5 consists of observable traits rather than unobservable, such as lack of empathy.

Those with Narcissistic Personality Disorder and psychopathy lack empathy and disregard societal norms. However, someone with psychopathy carries their dislike for societal norms to the extreme and is scheming, manipulating, and callous. They take pride in their deviousness (Vaknin, 2013). The following two cases demonstrate this.

James (pseudonym), a Hispanic male in his early thirties, was an offender I saw in milieu, individual, and group therapy at a jail. He was awaiting trial for the murder of his new wife’s one-year-old son. James was my first encounter with psychopathy and I knew it before I even spoke to him. It was in the way he carried himself: confident, intelligent, and charming. He, along with a few other high-profile offenders, were housed in a special mental health unit of the jail because there were single cells that provided them protection from others who may have seen them on the news. He appeared helpful to others—offering himself for the jobs in the unit
that involved passing out food trays and cleaning the floors. In group therapy sessions, he was an active participant. Despite these redeeming qualities, something felt off about him, making the hairs on the back of my neck stand up, signaling to me that I may be in danger. One time during a group therapy session, when I allowed the men to veer off topic in light of the upcoming holidays, James took this opportunity to corral the group into asking questions about me. First, he framed these questions to make me believe we were talking about healthy relationships before manipulating them into “your boyfriend must not love you because you don’t have a ring on your finger.” The manner of this transition of topics was so smooth that it caught me off guard. In an individual session a few weeks later, he told me, “When I’m not in jail I date girls just like you.” In another one of our individual sessions, he was talking about a plea bargain. To him, it was a game; his goal was to receive under 25 years in prison. He talked about his wife, to whom he was still married even though they never spoke. He wanted to divorce her, but stated he was waiting until after sentencing because he believed that being married looked favorable to a judge. Weeks later, officers discovered that he had been manipulating other offenders, many of whom were severely mentally ill, into doing his cleaning by withholding their food trays from him. He had apparently been doing this for the past year. Years after seeing James, I was working in the prison system to which he were sentenced. I was curious, as this man had burned himself in my brain. He had won his game, receiving a sentence of 15 to 24 years, and had convinced administration that he needed protective custody.
James exhibited many symptoms of ASPD and NPD. There was a lack of empathy for his victim, a superficial relationship with his wife, and he was manipulative. He had a high opinion of himself, truly believing that his charm would have any girl falling for him. The characteristics he displayed brought him into the realm of psychopathy because his charm and gaminess were what allowed him to so successfully manipulate others; he did so with no empathy or remorse. The above characteristics are also present in the case example below.

In a recent conversation with a correctional psychologist about psychopathy, I learned about George (pseudonym). This psychologist had encountered him during a brief mental health intake that all inmates entering the prison system go through. George is a white male in his mid-thirties. This psychologist relayed her experience of being in the room with him, describing it as feeling as though she needed to shower immediately after. Even though he denied any mental health problems, he piqued her interest, similar to how James piqued mine. As she went through his electronic records, she learned about why he had intrigued her so. He had sexually assaulted three family members before killing two of them along with one male family member. He told her that he believed that, since he avoided the death penalty, he can help the victim's family. His “goal” while in prison was to help other inmates not reoffend. She also learned that there was a chance he had killed another male in a different state, and had attempted to sexually assault and strangle his pregnant girlfriend. He told his girlfriend that he would let her go, but only if she promised to call police. This speaks to his game-playing and wanting of a challenge.
He then went to a local fast food restaurant, ordered a burger and shake, and waited for police to arrest him. This demonstrated his nonchalance about going to jail and lack of remorse. He told the psychologist that he “accepts responsibility” for his crime, but blamed the district attorney and sheriff because they had let him out of prison after completion for a previous crime, which allowed him to commit this offense. She described him as being very charming with “superficial affect.” He talked about being surprised at how “sadistic” he had been and gloated about how much he had gotten away with. He stated that he believed the world is safer with him in prison.

Psychopathy as a Formal Construct

As seen in the differences between the case studies described above, psychopathy has some overlapping traits with many personality disorders, but has a much different presentation and feeling. The construct of psychopathy has been studied thoroughly, as evidenced by neurological research and research on the PCL-R. These findings have not been ignored and have been put to use. For example, Texas passed legislation over ten years ago requiring an assessment of psychopathy as part of the evaluation process for sex offenders who are being assessed for possible civic commitment following completion of a prison sentence (Civil Commitment of Sexually Violent Predators Act, 1999). This suggests that states are acknowledging how different psychopathy is from other personality disorders, and that a certain level of psychopathy can lead to risk and danger.
One key reason that psychopathy and personality disorders are like apples and oranges is because treatment is different. Research on treatment has been conducted since the early 1990s, suggesting that researchers are also acknowledging the difference between treating someone with psychopathy, as opposed to another personality disorder. If we go by the notion that diagnosis and conceptualization inform the treatment plan, this is of the utmost importance. There are empirically based treatment methods for each personality disorder. Most notably, Dialectical Behavior Therapy (DBT; Linehan, 1993) is used for treatment of BPD. However, research on the treatment of psychopathy has been conflicting. Rice, Harris, and Cormier (1992) studied the impact of a therapeutic community on psychopaths and non-psychopaths. They found that psychopaths were more likely than non-psychopaths to recidivate violently, suggesting that treatment did not have an effect on the psychopaths. Richards, Casey, and Lucente (2003) did a study in which they rated over 400 incarcerated female participants in a substance abuse treatment facility using the PCL-R. Participants were randomly assigned among three treatment conditions: modified therapeutic community, heuristic system with dedicated housing, or heuristic system within general population. Regardless of treatment condition, psychopathy scores were associated with poor treatment response, meaning they were more likely to drop out or be removed for either noncompliance or rule violations. Psychopathy scores also better predicted new charges in the community.
Why is a diagnosis of psychopathy so important? Specifically in corrections, this label carries many implications. First, it alerts correctional officers and staff as to who the potential predators are. Being able to predict those who are more likely to manipulate other offenders, as well as staff, to their advantage, means that these behaviors can then be prevented and further victimization of others can be reduced. Furthermore, this label assists housing staff when it comes to housing assignments. They may be more likely to avoid placing someone who is a psychopath with someone who is vulnerable and has a history of victimization. Lastly, this label helps in job assignments. A psychopath should not have a job assignment that requires special privileges or access to areas of a facility that other inmates may not. Offender Care Aides (OCAs) are inmates specially trained to accompany inmates with medical problems or need special accommodations. Having a psychopath as an OCA puts them in an ideal position to manipulate while under the radar. This is also evident in the previous case of James, who was put in a position of power within his housing unit as a porter. He used his power, where he was in charge of distributing meals, to manipulate others.

There are some potential problems that also arise when labeling someone as a psychopath. Given some of the research that states that psychopaths cannot be cured, some systems may use this as a reason to deny or refuse treatment, even when someone is asking for help. The label also places a red flag over the person, making it important to make sure the diagnosis is accurate. Richman, Mercer, and Mason (1999) conducted a study in which nurses were presented with a series of
vignettes. They learned that nurses viewed crimes committed by those who were diagnosed as bipolar or schizophrenic as having psychological abnormalities, while those labeled as a psychopath were attributed to evil. This demonstrates a bias that can occur when someone is labeled a psychopath, leading to assumptions about their actions, as well as probable harsher penalties.

**Summary/Conclusion**

There is a clear, strong argument for psychopathy to be included as a formal diagnosis. There are many similarities between psychopathy and other personality disorders, but also key differences. Psychopathy appears to present itself as a complex personality disorder, encompassing many traits of other personality disorders while also including additional traits which set it apart. While psychopaths make up a miniscule portion of the population, the harm of which they are capable can be severe. Psychopaths are responsible for death, injuries, and incredible financial destruction. Understanding the traits can help with early detection and diagnosis. The labeling of psychopaths can prevent both crime and manipulation within correctional environments. Labeling a psychopathic can place a 'red flag' on an individual, increasing surveillance and observation of them, therefore preventing possible crimes. Labeling them can also prevent manipulation of more vulnerable inmates by using the diagnosis to inform treatment planning, job placement, and housing. Disadvantages of a separate psychopathy diagnosis include mislabeling, which can sometimes lead to denial of treatment or services. The label
of psychopathy also appears to carry a heavy weight, meaning that it would be unlikely, or take quite a bit convincing, to reverse the diagnosis. However, given the overall problematic nature of psychopaths, specifically the destruction, loss, and hurt they can cause, having a separate diagnosis is more advantages than not.
References


