

# Conceptualizing Psychopathy: An overview

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## Abstract

Psychopathy is the most controversial and elusive construct of our times. Although the concept has been around for over 100 years, our understanding of psychopathy remains relatively opaque as there appears to be little consensus in relation to the definition and clinical characteristics of the disorder. The etiology of psychopathy remains largely unknown, whereas psychological treatments for psychopathic patients are marked by therapeutic pessimism, as these patients appear immune to any therapeutic intervention. Given the confusion and heterogeneity of psychopathy, this aim of this paper is to provide an overview of the conceptualisations of psychopathy, starting from the early historical forerunners to the most recent formulations of the disorder

**Key- words:** psychopathy, personality disorder, antisocial personality, review.

## Introduction

Psychopathy is a deviant developmental disorder characterized by severe emotional deficits [3, 78]“ISBN”:"1958-5969 (Electronic, an inordinate amount of instrumental aggression [4,1, 6, 38] and has been associated with violence, crime and antisocial behavior [8]. Psychopaths are characterized by impulsivity, poor behavioural controls, self-aggrandizement and superficial charm [3]. The most significant hallmark of psychopathy is the lack of empathy accompanied by the absence of remorse and guilt as psychopathic individuals show very little concern for the suffering of the others [11, 12].

Since psychopathy first appeared in psychiatric literature over 100 years ago, there appears to be a perennial debate on how psychopathy is best defined and a lack of clarity on how psychopathy is developed [6]. Broadly speaking, psychopathy is conceptualized as either homogenous [12], or heterogeneous personality disorder [7]. Psychopathy represents a category and a continuum, as it refers to a constellation of traits [100] and not to a single diagnostic entity [8, 2, 10].

In recent decades, research interest in psychopathy has been considerably increased and psychopathy has become one of the most popular research constructs in forensic psychology. Hare [11] was rather right suggesting that psychopathy is a “clinical construct whose time has come” (p.25). Throughout its history, psychopathy has journeyed beyond poorly understood definitions and historical misconceptions into an empirically measured construct. Our understanding of the psychopathic personality, however, remains relatively opaque. Indeed, there appears to be little consensus in relation to characteristics, and most significantly, the etiology of the disorder [11].

Central to this review is the argument that monolithic conceptualisations and poor definitions of psychopathy that fail to consider all the necessary components of the construct have contributed to the widely held belief that psychopathic patients are not treatable. Considering that a potential treatment of psychopathy will derive from a definite understanding of what psychopathy is and what is not [12], the first step of this thesis is to present a clearly articulated operationali-

zation of the psychopathic personality that delineates all the significant components of the disorder.

Given the confusion and heterogeneity of psychopathy, this paper aims to provide an overview of the conceptualisations of psychopathy, starting from the early historical forerunners to the most recent formulations of the disorder. The psychopath, like each one of us, is a product of his history. To understand the psychopath, we need to understand his history; his enigmatic behaviour [8], his complex neurobiology [3] and his psychodynamics [81]. As Brittain [18] rightly said few decades ago: “We cannot treat, except empirically, what we do not understand and we cannot prevent, except fortuitously, what we do not comprehend” (p.206).

## Early Antecedents

Psychopathy was the first personality disorder to be introduced in clinical psychopathology [1]. Historically, the first clinical description of the psychopathic personality is traced back to the beginning of the 19<sup>th</sup> century, and was proposed by the humanitarian psychiatrist Philippe Pinel [18]. Pinel initiated the term *manie sans delire* (insanity without delirium) to describe a group of impulsive and self-destructive patients, who, did not, paradoxically, present any impairment in their reasoning abilities. In short, he referred to patients presenting psychological disturbance without though-disorder, or mania without delusions [13]. Pinel described those patients as excessively furious and emotionally deprived [14].

Throughout 19<sup>th</sup> century, the widely held belief was that madness was equated with impairments in reasoning abilities. Pinel, however, proposed a new type of madness; a madness relating to emotional and affective deficit [21]. Furthermore, Pinel emphasised on the impulsive character of the psychopath; a finding that was clinically supported a century later by Cleckley [15] and Hare [16]. Indeed, Pinel’s concept of *manie sans delire* shares a common ground with contemporary definitions of psychopathy.

Few decades later, Prichard [17], a British physician, espoused Pinel’s syndrome of *manie sans delire*, and attempted to broaden it. He initiated the term ‘moral insanity’ to refer

to a group of patients who presented severe affective disturbances associated with socially deranged behaviours. He understood psychopathy as a disorder that affects only the feelings and affections, or what he considered as the moral powers of the mind [13]. Pritchard, therefore, aimed to emphasize on the affective basis of psychopathy versus the intellectual one. The unfortunate choice of the word “moral”, however, added a moralistic approach to the study of psychopathy, changing the psychiatric focus from the emotional deficiency to social depravity of the psychopath [1,8].

In the end of 19<sup>th</sup> century, Koch [18] launched the term *psychopathic inferiority* to shift the psychiatric focus from Pritchard’s moral inferiority to the ‘inferiority of brain constitution’ [19, p.162]. Koch’s [18] notion of psychopathy did not refer to anything offensive or antisocial. He introduced the term ‘psychopathic’ to denote that the mental disturbance in these patients has an organic basis; however, the term was mistakenly used as a label for all mental irregularities for many decades [18].

In the beginning of 20<sup>th</sup> century, Kraepelin [24] introduced a more generic conceptualization of psychopathy and proposed seven different types of the construct. Kraepelin’s conceptualization of psychopathy was an amalgam of biology and morality [20] psychiatrists and psychologists have struggled to conceptualise a group of behaviourally disturbed subjects who repeatedly engage in exploitative and violent acts. In 1941, Cleckley first operationalised the construct of psychopathy in *The Mask of Sanity*. In 1980, Hare produced a checklist for a more formalised, categorical definition of psychopathy. The subsequent 20 item Psychopathy Checklist-Revised (PCL-R). Although, he did not entirely differentiate himself from the rhetoric of moral inferiority perpetuated by his predecessors, Kraepelin’s [24] definition depicted the glib, impulsive, antisocial, charming and superficial character of the psychopath; traits which are included in the current definition of psychopathy as described by Robert Hare (2003).

Nevertheless, definitions of psychopathy such as Pinel’s *manie sans delire*, Prichard’s *moral insanity* and Koch’s *psychopathic inferiority*, reduced the construct almost exclusively to antisocial and felonious behaviour. Although Prichard used

the diagnostic label *moral* as referring to the affective aspects of the psychopathic personality, the concept was mistakenly misinterpreted as a synonym to antisocial [21]. Throughout the 19<sup>th</sup> century, the psychiatric nomenclature had associated psychopathy with moral repugnancy, wickedness and evil; a stigma that is still present today.

## Psychoanalytic Conceptualizations

From a psychoanalytic point of view, psychopaths are characterized by sadism and pathological narcissism [22] and they function at a borderline level of personality organization [23, 24]. These patients are unable to form affectional attachments towards the others [25]. They are individuals with defective and pathological object relations, who experience the others as need-satisfying objects (part-objects) and they display primitive emotions such as projection, splitting, anxiety, savage aggression and primitive psychological defenses [9].

Freud understood the psychopath but his reference to his personality was merely anecdotal. Like Pinel, he defined the psychopath in terms of destructiveness, as well as absence of love and empathy towards the others. In his book *Dostoevsky and Parricide* [1928, as cited in 26] he quotes: “two traits are essential in a criminal: boundless egoism and a strong destructive urge. Common to both of these, a necessary condition for their expression is absence of love, lack of an emotional appreciation of (human) objects” [26, p.1]

Freud, however, did not believe that the psychopath was a prototypical criminal. As he states in his book ‘Some Character Types Met within Psychoanalytic Work’ (1916, as cited in [8, p.8]: ‘Among adult criminals we must no doubt except those who commit crimes without any sense of guilt, who have either developed no moral inhibitions or who, in their conflict with society, consider themselves justified in their actions’. For the sake of clarity, it is important to mention here that, in contrast to the cotemporary conceptualization of psychopathy, Freud did not believe that the psychopath cannot experience feelings of guilt and remorse. On the contrary, he understood his criminal and antisocial behaviour as deriving from unconscious feelings of guilt; he believed that psychopath’s antiso-

cial behaviour was an unconscious effort to ameliorate intolerable feelings of guilt [26]

Three decades later Cleckley, in his seminal monograph *The Mask of Sanity*, [15], defined the psychopath in a very similar way: a full of rage, affectionless individual who is constantly in conflict with the society. Cleckley was profoundly influenced by the psychoanalytic theory and most of his diagnostic criteria for psychopathy reflect psychodynamic implications [8].

Freud's view of the psychopath influenced a number of other clinicians to investigate the psychopathic personality. Among the most notorious of them are Aichorn [1925, as cited in 1] Alexander [27, 28] Karpman [29, 30] and Levy [31]. Since the theory of object relations started to expand in Britain, eminent psychoanalysts, such as Reich [32], Winnicott [33] and Bowlby [34] contributed to our understanding of the nature and dynamics of antisocial behaviour. More recently, Otto Kernberg [35], [36] (1975, 1980), Reid Meloy [8, 37, 38] and Samuel Juni [9, 39] based on their research and clinical experience with psychopathic patients, expanded Freud's conceptualization and formulated a psychodynamic model of psychopathy.

Kernberg [35, 40, 41] considered psychopathy as a severe and dangerous variant of narcissistic personality disorder (NSPD). Kernberg's [40] classification of psychopathy is incongruent with Alexander's [28] and Karpman's view [29] who depicted the psychopath as a neurotic patient. For Kernberg [40], the psychopath functions at a borderline level of personality organization, and he is neither neurotic, as Alexander and Karpman suggested, nor a 'concealed psychotic' as Cleckley [15] proposed. Drawing on Kernberg's work, Reid Meloy [8] highlighted psychopath's object relations and defence mechanisms and proposed a psychobiological model of psychopathy based on object relations theory and recent neurobiological findings. More recently, Samuel Juni [9] espoused Meloy's [8] definition of psychopathy and proposed three distinct types of the disorder: superego deficit, sadism and hostile psychopathy.

## Cleckley and the 'Mask of Sanity'

As was mentioned and briefly elaborated earlier, the medical nomenclature during the 19<sup>th</sup> century had associated psychopathy with moral depravity and biological inferiority. In the beginning of 20<sup>th</sup> century, Birnbaum [42] introduced the term *sociopathic* and attempted to alter the psychiatric focus from the biogenic to the psychogenic nature of psychopathy, emphasizing on the early social and environmental factors related to the genesis of the disorder. It was not until Hervey Cleckley introduced his seminal work '*The Mask of Sanity*' [15] that the diagnostic label of 'moral inferiority', which derived from the aforementioned narrow interpretations of psychopathy, started to faint.

What made Cleckley's contribution unique to the understanding of psychopathic personality was the shift from the misleading concept of moral insanity to a more comprehensive conceptualization of psychopathy. What also differentiates Cleckley's psychopath from the older anachronistic conceptualizations of the 19<sup>th</sup> century was that he described a multidimensional and heterogeneous entity rather than one-dimensional construct. This, however, remains an ongoing debate [43].

Today, our understanding of psychopathy is rooted to Cleckley's writings and clinical work with psychopathic patients [13, 44]. In the "*The Mask of Sanity*" [15] he proposed sixteen diagnostic criteria of psychopathy. In contrast to the established criteria for antisocial personality disorder postulated in Diagnostic and Statistical Manual of Mental Disorders (which predominately focus on a spectrum of noticeable symptoms and behavioral patterns), Cleckley's conceptualization of psychopathy was based on a synthesis of behavioral, interpersonal and affective characteristics. Some hallmark characteristics include: "superficial charm; absence of nervousness and psychosis; unreliable; untruthful and insincere; lack of remorse and shame; inadequately motivated antisocial behavior; poor judgment and failure to learn from experience; pathologic egocentricity; general poverty in major affective reactions; fantastic and uninviting behavior" [44 p.119].

Cleckley argued that the biogenesis of psychopathy lies in

childhood [45] and starts from the idea that such focus on the threat emanating from individuals with a psychopathic style might blind us from the logic inherent to their way of relating with the world. By means of a qualitative analysis (thematic analysis). He emphasized that deep emotional deficits are the etiological factors of the behavioural deviance in psychopathy [15].

He brought a psychoanalytic perspective to the understanding of psychopathy that included both the personality structure and behavioural traits [46]. Cleckley [15] suggested that the psychopath is someone whose behaviour is grossly disturbed and cannot cope with the demands of society. According to him the foundations of psychopathy are built on affective deficiencies; antisocial behaviour; poor impulse control and low frustration tolerance; extreme self-preoccupation; and superficial charm towards the needs of the others. The psychopath is a pathologically egocentric and manipulative individual, who lacks the ability to learn from his mistakes and cannot experience remorse and guilt [15].

Although Cleckley's psychopath is an antisocial individual, who has little concern for the rights of other people, he is not a virulent criminal. For Cleckley, psychopathy and criminality cannot be equated [13]. Interestingly, he theorized that the punishment that follows the crime does not mean anything for the psychopath who commits crimes even when the risk to get caught is very high [15]. Psychopath's antisocial and criminal actions are inadequately motivated and mostly related to material gain. Despite the absence of remorse and guilt, Cleckley's psychopath does not get involved in cruel and sexual sadistic crimes. On the contrary, he postulated that sexual psychopaths lack of fundamental phantasy and their sexual life is 'impersonal, trivial and poorly integrated' [21, p.242].

Summarizing the aforementioned, Cleckley's revolutionary work was a landmark for our modern understanding psychopathy. He offered one of the most significant conceptualizations of psychopathy, which has influenced cotemporary researchers and psychiatrists in North America [47], including Robert Hare, who developed the most widely used instrument to measure psychopathy, namely the Psychopathy Checklist Revised (PCL-R).

## Robert Hare and the PCL-R

Following Cleckley's approach, Robert Hare operationalized psychopathy in the 1980's [48]. Hare's work has been one of the most significant contributions to the forensic research, and most importantly to the measurement of psychopathy. His classification of psychopathy was a synthesis of interpersonal, affective and lifestyle characteristics [49]. Hare was based on Cleckley's [15] sixteen diagnostic criteria for psychopathy to develop, what is often referred as the gold-standard assessment measure of psychopathy, the Psychopathy Checklist – Revised [16]

Hare proposed a broader and more clinically complex model of psychopathy than his precursors. Therefore, it would be incorrect to consider Hare's contribution simply as an extension to Cleckley's work [13]. In addition, Hare's PCL-R was not only based on Cleckley's work; it was also influenced by other researchers, such as McCord and McCord [50] Karpman (1961), Craft (1965) and Buss (1966) work as cited in [51].

The Psychopathy Checklist Revised (PCL-R) is a reliable, well validated and vigorous rating scale developed for the assessment of psychopathy in forensic settings [16]. The PCL:R is the most influential operationalisation of psychopathy and it was originally conceptualised by Hare as measuring psychopathy as a homogenous and unitary construct [5, 52, 54]. It consists of 20 items, which reflect most of Cleckley's descriptive characteristics [54]. These 20 items are classified into two factors: the interpersonal/affective and the impulsive/antisocial factor [54].

In addition to the original two factor model, however, contemporary researchers have proposed a three [55] four [10] or five factor model (Costa & McCrae, 1992; Costa & Widiger, 2002, as cited in [44]; however, the traditional two factor model is still widely used [44]. More recently, a triarchic model of psychopathy has also been proposed by Patrick, Fowles, and Krueger [56].

In the traditional two – factor model of psychopathy, Factor 1 consists of eight interpersonal and affective characteristics that reflect callous and unemotional traits [10, 16, 49, 52] factor 2, the 'impulsive and antisocial factor', is made up by nine

impulsive and socially deviant behaviors [10, 16, 49, 52]. All the twenty items of the PCL-R can be scored as 0, 1 or 2 for each item. When the score is 'zero', the psychopathic feature is absent; 'two' signifies present psychopathic feature, while 'one' means that the psychopathic feature somewhat applies or it is only in a limited sense [10, 16]. The checklist is administered by trained clinicians in accompany with semi-structured interviews and reviews of collateral information. According to the PCL-R rating scale, an individual who has a score equal to or greater than 30 is diagnosed with psychopathy [10, 16]. PCL-R illustrates the following impulsive and socially deviant behaviors: Need for stimulation, Parasitic lifestyle; Poor behavioral controls; Early behavioral problems; Lack of realistic goals; Impulsivity; Irresponsibility; Juvenile delinquency; Revocation of conditional release [44, p. 122]. The items 11 (Promiscuous sexual behavior), 17 (many sort term relationships) and 20 (criminal versatility) exist on both factors [37, p. 199]

Although the original two-factor model [54] was based on Cleckley's [15] (description of psychopathic personality and it reflects most of his diagnostic criteria for psychopathy, Hare completely abandoned Cleckley's neo-Freudian approach and avoided any psychodynamic theorizing [13]. Hare's formulation of psychopathy, as it is reflected in the PCL-R two-factor model, is primarily a description of personality traits and socially deviant behaviors.

The PCL-R's two factor model has been widely and frequently utilized in forensic settings to assess the relationship between psychopathy and violence [54]. Research indicates that Factor 1 (Interpersonal-Affective) is often associated with the emergence of violent behavior, and Factor 2 (Impulsivity- Antisocial behavior) with the prediction of violence [57].

Previous studies [46, 55], however, demonstrated failure of the PCL-R two-factor model to comply with confirmatory factor analysis (CFA). These results led researchers to develop different versions of PCL-R. Emphasizing on personality traits, Cooke and Michie [55] proposed a three-factor model, which reflects significant etiological implications of psychopathy [46]. There is some controversy whether a three or a four factor model reflects more accurately and adequately the characteristics of psychopathy. The four factor model [5,

10] subdivides Factor 1 into interpersonal and affective factors (four items each), and factor 2 into antisocial and lifestyle factors (five items each), [5]. Recent research indicates that the four-factor model [10], which is consistent with the four facets of the traditional PCL-R two factor model, 'may be uniquely related to specific types of violent behaviour' [57, p. 2].

It is beyond of the scope of this section to provide an extensive comparison between the different models of the PCL-R. Given the aim of this research, the focus will be on facets one (Interpersonal) and two (Affective) of the PCL-R. It is argued that an in depth understanding of the psychopathic personality should not be restricted to the depiction of antisocial and impulsive behaviour [39]. There are many psychopaths, often described as 'successful psychopaths' [58], [59] who are not antisocial and do not violate the social norms. Equally, there are many patients who have antisocial personality but are not psychopathic [10, 39]. The relationship of psychopathy with antisocial personality disorder will be further elaborated in the relevant section.

### **PCL-R Validity and Criticism**

Abundant research indicates that PCL-R is the internationally accepted gold standard instrument for the assessment of psychopathy due to the consistency, reliability and validity that displays [5]. Evidence demonstrates that PCL-R items' reliability across six samples found to be at 0.88; and internal consistency across 11 samples at 0.87 [53]. According to Hare [1991, as cited in 53] PCL-R has good content, concurrent, predictive validity as well as 'convergent and discriminative abilities' [53 p. 548].

Furthermore, the PCL-R has played a key role in forensic research and criminal justice systems as it provides significant outcome variables, such as violent or non-violent recidivism and risk assessment [60]. PCL-R scores have also been associated with treatment responsiveness among forensic populations [61] whereas the administration of the instrument can facilitate the clinician's screening and treatment planning [62]. Although the PCL-R is not initially constructed as a risk-assessment tool, research suggests that it can be a robust pre-

dictor of antisocial behaviour [54] and a significant factor in the assessment of risk of violence and recidivism [5].

The PCL-R has also been a significant component of other psychometric instruments that assess violent behaviour within forensic populations, such as the HCR-20 [107] and VRAG [106]. PCL-R scores have also been positively correlated with other personality assessment tools, including Rorschach [63], MMPI – 2 [64] and MCMI – III [60]. Moreover, psychopathy scores in PCL-R present validity and are strongly correlated with DSM IV diagnoses of Antisocial Personality Disorder (ASPD) and Narcissistic Personality Disorder (NPD), [65].

Although the PCL-R is the most validated and widely utilized psychometric instrument of psychopathy, it has been subjected to intense criticism [43]. As was aforementioned, the PCL-R has designed to assess psychopathy among incarcerated offenders and forensic mental health populations. Accordingly, the utility of the PCL-R in non- forensic settings has been considered as limited [51]. To address this limited use of PCL-R outside of the forensic settings, a number of self-assessment assessment scales have developed, including Levenson's self-report psychopathy scale [LSRP;66]; Hare's self-report psychopathy scale [SRP-II; 67] and the Psychopathic Personality Inventory-Revised [108].

Another criticism to the PCL-R is related to the perception that the application of the former can lead to psychopathy over- diagnosis. Gunn and Robertson [1976, as cited in 13] postulate that people diagnosed as psychopaths very frequently and too vaguely, and this is something that has to be considered. There have been incidents of misapplication of the PCL-R in forensic settings, and similar to the application of any diagnostic instrument, the increased usage of the PCL-R can also increase the probability of misuse by unethical clinicians [61]. Further criticism is concerned with the homogeneity of psychopathy as it is illustrated in the PCL-R [13]. Criticism of PCL-R has also been related to its appropriate clinical use, where it has to be exclusively reduced to the assessment of psychopathy and not as a predictive instrument in the courts. Another criticism that has been put forward questions the validity of PCL-R across gender and culture [69, 73]. The PCL-R has also been criticized for overemphasizing on the antisocial

and criminal behaviour, which will be further elaborated in the following section.

## Psychopathy and Antisocial behavior

The association between psychopathy and antisocial behavior has long been a matter of dispute between researchers and clinicians. Throughout its development, the construct of psychopathy has frequently but mistakenly been subsumed by the diagnosis of antisocial personality disorder. Nevertheless, psychopathy is a much more clinically complex construct and cannot be reduced to antisocial and felonious behavior [37] A clear distinction, therefore, between psychopathy and antisocial personality disorder (ASPD) is necessary [10].

In the DSM III and IV [109, 110] the diagnosis of antisocial personality disorder primarily focused on social deviance and criminal behavior without considering any underlying dynamics or personality traits. Research indicates that antisocial personality disorder is a considerably weak counterpart of psychopathy, which omits the central affective and interpersonal characteristics of the construct [74], [75]. Although the diagnosis of APSD in DSM- 5 [111] follows the one in DSM-IV, it shifts from the traditional diagnostic 'social deviant' framework to a more character-based approach that reflects some traits of psychopathy that were not captured in DSM IV [74].

Both Cleckley [15] and Hare [10,16, 48, 52] depicted the impulsive and antisocial character of the psychopath. Hare was criticized by Cooke and his colleagues [76]2003 that he considered antisocial behavior and criminality as central components of psychopathy. Cooke et al. [76]2003 argued that antisocial behavior is not a central trait of the psychopathic personality. They suggested that PCL-R's operationalization of psychopathy has moved away from the early conceptualizations of psychopathy, which predominately focused on the affective and interpersonal core of psychopathy [76]2003.

Further evidence for this assumption comes from studies on the so-called 'successful psychopaths'. In contrast to incarcerated psychopaths, successful psychopaths are not in conflict with the society [77,78]. Stone [79] [79] pointed out that successful psychopaths present most of the interpersonal and

affective traits described in Factors 1 and 2 of the PCL-R, however, it is unlikely to be diagnosed as psychopathic because they hardly present any trait of the impulsive and antisocial factor (factors 3 and 4). Despite their severe emotional deficits, these people have accomplished to present themselves 'as if' they have empathy and compassion [9].

Hare [16], however, attempted to bridge this gap between the antisocial personality disorder and psychopathy. He postulated that antisocial personality disorder is not synonymous to psychopathy [5]. Statistically speaking, three fourths of offenders in maximum security prisons meet the criteria for antisocial personality disorder, but only one third meets the criteria for psychopathy [10, 38, 80]. Further, only 11% of forensic psychiatric patients meet the criteria for psychopathy, whereas it is estimated that the condition exists in 1% of the general population [81].

From a psychoanalytic viewpoint, it is incorrect to consider antisocial behavior as a personality disorder [9]. A patient who is characterologically and dynamically psychopathic is not necessarily antisocial and, of course, vice versa. The antisocial behavior is not a diagnosis as it can be found in any individual whether they are severely disordered or not [33]. Of course, there are early developmental dynamics that lead to antisocial behavior, which will be presented in the following chapters. Additionally, Juni [9] stated that antisocial behavior is the result of poor impulse control and low social intelligence and should not be a part of character pathology.

## Psychopathy and Criminality

Despite the fact that antisocial behavior is one of the most obvious consequences of psychopathy, Hare argues that psychopath's antisocial behavior does not necessarily lead to offending, thus psychopathy is not synonymous to criminality [49]. By the same token, an accumulating volume of research suggests that psychopathy is strongly associated with criminality. The question that now arises is whether criminal behaviour is a distinct manifestation of psychopathy.

Pinel [14] was the first psychiatrist who suggested that antisocial and criminal patients present an underlying form of

mental disturbance. His contemporaries illustrated the psychopath as an evil, morally inferior and insane criminal; a picture that is propagated by media even today. However, the study of the psychopathic personality, in Nietzschean terms, goes 'beyond good and evil' and Reid Meloy [80] is rather right suggesting that wickedness and evil should remain outside of the paradigm of psychology. According to this rhetoric, criminality, as well as antisocial behavior are epiphenomena of the disorder; they do not constitute either a trait or a diagnostic of psychopathy [8,9,35].

As a response to Skeem & Cooke's [76] 2003 criticism, Hare and Neumann [84] clarified that 'an integral part of psychopathy is the emergence of an early and persistent pattern of *problematic behaviors*' [84 p. 447] and argued that the word *problematic* cannot be replaced by the word 'criminal'. By the same token, PCL-R was constructed to measure psychopathy in forensic settings due to the high prevalence of the disorder in the forensic population [84]. The prevalence of psychopathic traits as measured by the PCL-R in violent populations may predict antisocial behaviour, as well as criminal versatility [85] and recidivism [4, 65, 86].

Mounting evidence, however, indicates that psychopathic personality traits have been associated with various manifestations of criminal behaviour, ranged from partner aggression [87] and stalking [88] to sexual sadism and sexual homicides [89, 90, 93] DSM-III-R diagnoses, and select behavioral indices between hospitalized insanity acquittees (N = 18. In the USA, approximately 93% of male psychopaths are in prison [95, 96].

Research has shown that one year after their release of the prison, psychopaths are four to six times more likely to commit another crime comparing to non-psychopaths; ten years after their release seven out of 10 psychopaths tend to reoffend; a percentage that goes up to 90% twenty years after their release [96]. Psychopathy is also a strong predictor of criminal recidivism [97, 100]. Furthermore, empirical studies in youths have indicated that psychopathic traits act as predictors of future criminality and aggression [101].

Apropos of the etiology of psychopaths' criminal behaviour, which will be discussed later on, there appears to be some

controversy within the research literature. Neurobiological models of psychopathy suggest that abnormalities in the limbic system predispose psychopaths to a more instrumental mode of violence [96, 97, 102, 105] and this places a substantial economic and emotional burden on society. Elucidation of the neural correlates of psychopathy may lead to improved management and treatment of the condition. Although some methodological issues remain, the neuroimaging literature is generally converging on a set of brain regions and circuits that are consistently implicated in the condition: the orbitofrontal cortex, amygdala, and the anterior and posterior cingulate and adjacent (para. Further to the neurobiological predisposition to criminal behaviour, psychoanalytically oriented researchers emphasized on the role of early traumatic experiences to the genesis of psychopathic violence [39, 79, 102]. Seymour Halleck [1966, as cited in 37] associates psychopath's criminal behaviour with underlying feelings of helplessness. Similar to Freud's notion of unconscious guilt, Halleck believed that the criminal praxis is the psychopath's pathetic cry; it is his effort to protest against the world; to shout 'I don't really need you people, I don't really need anybody' (166).

## Conclusion

Psychopathy was the first disorder of personality to be introduced in psychiatric literature. Throughout its history, the concept went through various historical misconceptions and clinical lores. Despite voluminous research, the biogenesis of psychopathy remains enigmatic, whereas psychological interventions for psychopathic patients appear to be non-effective as these patients are immune to any therapeutic amelioration. Considering that our understanding of psychopathy remains relatively opaque and controversial, this review aimed to present the conceptualization and definitions of psychopathy from a historical and clinical perspective.

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