

DOES SECONDARY PSYCHOPATHY EXIST? EXPLORING CONCEPTUALISATIONS OF PSYCHOPATHY AND EVIDENCE FOR THE EXISTENCE OF A SECONDARY VARIANT OF PSYCHOPATHY.

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Abstract

A growing body of theory and related research has proposed the idea that psychopathy may no longer consist of a homogenous population of individuals who share common etiological and phenotypic features. Rather, it is now proposed that psychopathy may be further segregated into primary and secondary variants that score similarly on measures of psychopathy (e.g. Psychopathy Checklist – Revised (PCL-R; Hare, 1991, 2003)) and yet differ in elements of their personality, behaviour and the etiological factors implicated in their development. Utilising secondary research in order to conduct a critical review of the related literature, this study set out with the primary aim to critically evaluate evidence for the existence of a secondary variant of psychopathy. Further to this, a secondary aim was to investigate historical and contemporary conceptualisations of psychopathy and its operationalisation through its measures.

Through a detailed analysis of seminal theories in this area (e.g. Cleckley, 1976; Karpman, 1941) and an extensive body of empirical research, several key findings emerged. In particular, in relation to the primary aim of this study, evidence appeared to lend support to the existence of a secondary variant of psychopathy. Interestingly, the second finding noted the possibility that secondary psychopathy may not be a form of psychopathy at all; however, at present this argument only has a theoretical basis and so further research is required. The third finding of this study highlighted the lack of a general consensus over the psychopathic construct and the inherent difficulties in both conceptualising and operationalising the construct through its measures. Implications for future research and related policy and treatment decisions are discussed.

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List of Acronyms:

APD – Antisocial Personality Disorder

DSM-IV – Diagnostic and Statistical Manual – 4th Edition

FFM – Four Factor Model (PCL-R)

PCL-(R) - Psychopathy Checklist - (Revised)

PPI-(R) - Psychopathic Personality Inventory – (Revised)

TFM – Two Factor Model (PCL-R)

Introduction

Psychopathy is a deeply complex and illusive construct. Very much like the character of a psychopath themselves, the concept of psychopathy is shrouded in mystery regarded by some as a 'mythical entity' and 'a moral judgement masquerading as a clinical diagnosis' (Blackburn, 1988, P.511). The vast and ever increasing amount of research into psychopathy would suggest it far from being a 'mythical entity', however, therein potentially lies one of the biggest challenges to the formation of the psychopathic construct. As McCord and McCord (1964) highlight;

'the proliferation of definitions, the tendency to expand the concept to include all deviant behaviour, the discrepancies in judgment between different observers – these pitfalls in the history of the concept – are enough to make a systematic diagnostician weep' (p. 56).

This lack of a general consensus over what psychopathy actually is, takes on greater importance when we consider its relationships with crime. Perhaps surprisingly, psychopaths are not by definition criminals. This may seem at odds to the general public's perception of psychopaths who often consider the term in relation to notorious serial killers (Edens, 2006). This view is no doubt, in part, perpetrated by the media where the terms '*psychopathic*' and '*killer*' are often used in conjunction with each other (Skeem, Polasheck, Patrick & Lilienfeld, 2011). Yet despite this, whilst criminal activity may not be central to the psychopathic construct there is a large body of evidence displaying a clear link between psychopathy and crime (see Hare, 1993). This is further highlighted when we consider estimates as to the number of individuals with psychopathy in prison believed to be around 15 -30% (Hart & Hare, 1997). This relationship between crime and psychopathy has attracted the attention of practitioners and policy makers, who wish to make use of the potential for measures of psychopathy to predict violence and other crime, and to identify 'inalterably dangerous youth' (Skeem et. al., 2011, P. 139). This is concerning given the largely held belief that psychopaths are inherently 'untreatable' (Karpman, 1941; Cleckley, 1976; Skeem et al., 2011), particularly in light of the lack of a general consensus over what constitutes psychopathy. Indeed, how can accurate and reliable policy decisions be made on the basis of a fragmented and incomplete construct? This question will be looked at more closely in the Chapter Three of this study.

In Chapter One, both past and present research will be critically analysed in an effort to piece together our current understanding of the psychopathic construct. Firstly, a brief look will be taken at psychopathy's often synonymous relationship both with the DSM-IV diagnosis of Antisocial Personality Disorder (APD). Then, utilising the early work of Cleckley (1941, 1976) as its basis, the Chapter will consider the operationalisation of the psychopathic construct through two of its most prominent measures, the Psychopathy Checklist Revised (PCL-R; Hare, 2003) and the Psychopathic Personality Inventory (PPI-R; Lilienfeld and Widows, 2005). Finally, Chapter One will consider the role that the recently developed triarchic model can play in helping us to understand the complex research landscape that psychopathy presents us.

Early theories into psychopathy generally believed it to be a unitary construct, comprising of a homogenous population (Cleckley, 1976). There now appears, however, to be a growing body of research not only suggesting that psychopathy is actually dimensional in nature (Edens, Marcus, Lilienfeld & Poythress, 2006) but also that it is heterogeneous and comprises of more than one population. In particular, numerous studies have cited the possibility that psychopathy can be segregated into primary and secondary variants. In Chapter Two, theories relating to these variants (e.g. Karpman, 1941, Lykken, 1995; Mealey, 1995; Porter, 1996; Skeem et al., 2003) will be analysed along with evidence collected from empirical studies (e.g. Hicks et al., 2004, Poythress, Edens, et al., 2010; Hick's et al., 2010) in order to clarify whether a secondary variant of psychopathy exists.

In light of the content that will be analysed in these chapters, this study will set out with two main research aims. The primary aim of this study will be:

- To critically evaluate evidence for the existence of a secondary variant of psychopathy.

In order to examine this primary research aim, it is first necessary to clarify our current level of understanding regarding the psychopathic construct and therefore a secondary aim of this study will be:

- To investigate historical and contemporary conceptualisations of psychopathy and the operationalisation of its construct through its measures.

In Chapter Three, an analysis of the key findings of this study in relation to the aforementioned aims will occur. Following this, the implications of these for research, policy and treatment decisions will be considered.

In order to fulfil these research aims, this study will consist of a desk based, critical review of the present literature in this field. Secondary research has been chosen for several reasons. Firstly, there are severe time and funding limitations in relation to undergraduate study. Secondly, there are numerous difficulties with gaining access to specialists in the area of psychopathy or indeed psychopaths themselves, in order to conduct primary research. In fact the deceitful nature of psychopaths (Hare, 1993) makes the process of interviewing them a challenging experience and applications of measurement tools such as the PCL-R can only be utilised by trained professionals. This researcher thus considers it much more beneficial to analyse and evaluate the work of those who have the necessary experience and expertise to carry out experiments and studies in this area.

In addition to this, secondary analysis has also been chosen as it allows for a 'readily accessible data set [that] can enable students to carry out their own analysis in an area of substantive importance' (Dale et al, 1988, P. 3). Clearly, it is not possible to review every piece of literature in the extensive body of research associated with psychopathy. Therefore, care has been taken to source the most relevant and extensively peer reviewed studies, in order to make the findings of this study as valid as possible. Resources such as Google Scholar and Ebsco have proved highly useful in the sourcing of material in addition to extensive library and journal based searches.

Whilst there are less ethical considerations to be taken into account with this study in comparison to one utilising primary research, this does not mean that none have to be considered. In particular, extreme care has been taken to accurately reference all work that has been cited, to ensure that no plagiarism has occurred. Further to this, as this study consists of a critical review of the available literature care has been taken to ensure that all criticisms levelled at previous studies are well formed, and backed up with reliable evidence. With these ethical considerations in mind, attention will now turn to an investigation into historical and contemporary theories of psychopathy and its operationalisation through its measures.

Chapter One:

Investigating historical and contemporary conceptualisations of psychopathy and its operationalisation through its measures.

This chapter will critically analyse the current research in an effort to piece together a coherent construct of psychopathy that will form the conceptual framework for the rest of this dissertation. It will consider psychopathy's relationship with Anti-Social Personality Disorder (APD), its origins in the work of Cleckley (1941, 1976) and others; the operationalization of the psychopathic construct through its measures in particular the Psychopathy Checklist - Revised (PCL-R; Hare, 1991, 2003); the Psychopathic Personality Inventory - Revised (Lilienfeld & Widows, 2005). Finally, a critical evaluation appertaining to the triarchic model of psychopathy will be made (Patrick, Fowles & Krueger, 2009) which attempts to draw together the existing, and sometimes conflicting conceptualisations of psychopathy, and present them within a coherent framework.

1.1 - Psychopathy and APD

Before we consider the development of the psychopathic construct, it would be pertinent to note that there is no common consensus of opinion as to the construct and symptomology relating to "psychopathy" as a diagnostic entity (Skeem et al., 2011). Perhaps the closest related diagnosis available to psychiatrists is that of APD in the Diagnostic and Statistical Manual – 4th Edition (DSM IV; American Psychiatric Association, 1994) categorises APD as;

‘a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood’.

Psychopathy and APD have often been considered synonymous with each other with some individuals considering them to be the same diagnosis but with different names (e.g., Blackburn, 1988; Stout, 2005). There are however, key differences between the two constructs. As Hare (1993, 1996) suggests, criminal behaviour is central to the construct of APD, whereas psychopathy is a set of personality traits that can lead to criminality. This view is supported by Cleckley (1941), and Hare (1991), who consider the main advantage

of a diagnosis of psychopathy over that of APD is that it not only takes into account an individual's behaviour but also their personality. Moran (1999), argues that too much inference is required to study an individual's personality and that this can lead to low inter-rater reliability when it is measured. Despite this, there is no evidence of low inter-rater reliability associated with the PCL-R, one of the primary measures of psychopathy (Hare, 1991). Given that psychopathy itself can be understood as a collection of personality traits such as remorselessness, callousness, deceitfulness, egocentricity, failure to form close emotional bonds, low anxiety proneness, superficial charm and externalisation of blame (Lilienfeld, 1998), it is clear to see why the examination of personality traits is so important in the study of psychopathy.

APD itself has received a certain amount of criticism for its potential for over-inclusiveness (Lilienfeld, 1994). Figures indicate that 50-80% of incarcerated individuals typically qualify for a diagnosis of APD, when we compare this to psychopathy the figures are much lower, 15-30% (Hart & Hare, 1997). These figures would suggest that these conditions therefore are not mutually exclusive a view which is supported by the fact that well-validated measures of psychopathy correlate to a lesser degree with APD than would be expected of measures of the same construct (Hare, 2003).

So whilst there is a link between psychopathy and APD, this is not strong enough to suggest that these terms should be held synonymous with each other. Rather, APD should be better seen as a diagnostic expression of criminality due to exclusive emphasis on antisocial, criminal and (to a lesser extent) violent behaviour, whereas psychopathy presents a much more complex condition which takes into account personality traits and behaviours, some of which can predispose individuals to acts of antisociality. The fact that these are not central to construct of psychopathy however, shows a clear distinction between psychopathy and APD. Attention will now turn to an in-depth look at early theories relating psychopathy, starting with the work of Hervey Cleckley.

1.2 - Early Concepts of Psychopathy:

Whilst the term 'psychopathy' has been around since the 19th century², modern interpretations of it can be traced back to the work of Hervey Cleckley in his seminal work, *The Mask of Sanity* (1941; 1976). Through his observations of adult psychiatric patients, Cleckley developed a set of 16 criteria (see Table 1.) which he believed were behavioural characteristics of psychopaths. Notably, whilst Cleckley considered antisocial behaviour to be a key characteristic of psychopathy (Patrick, 2006), he did not characterise psychopaths as 'explosively violent, dangerous, predatory or cruel' (Skeem et al. 2011). In contrast McCord & McCord (1964) considered psychopaths to have a much more hostile and aggressive disposition, with personality features such as callousness, impulsivity and parasitic exploitation (Skeem et al., 2011). They did however, share Cleckley's opinion that emotions in psychopaths were very much on a surface level and that their behaviour often lacked in motivation (Skeem et al., 2011).

² See Skeem et al. (2011) for a brief overview of earlier conceptualisations of the term psychopathy, which due to their marked differences from contemporary theories, are not considered here.

Cleckley’s psychopathic construct seems at odds to empirical data from the PCL-R suggesting that psychopathy is closely related to the personality traits of aggression and antagonism (Lynam & Derefinko, 2006). Aggressive behaviour and violent recidivism can also be reliably predicted in criminal offenders through their PCL-R scores (Douglas, Epstein & Poythress, 2008). This distinction between psychopathy as measured by the PCL-R and what we shall term ‘Clecklyan psychopathy’ could well be down to differences in the populations in which Cleckley and Hare based their research, with a prison population potentially more violent than the psychiatric one which formed the basis of Cleckley’s studies. We are also able to see the influence of the work of McCord & McCord (1964), in the Hare’s development of the PCL-R which like Hare, was based on the study of criminals. The PCL and later the PCL-R provided both experimenters and practitioners with one of the first reliable methods of scoring personality characteristics. Attention will now turn to how these measures, and others, have helped to increase our understanding of the psychopathic construct.

Table 1: Cleckley’s (1976) 16 Diagnostic Criteria for Psychopathy
Categorised by Patrick (2006, P. 612).

Item Category	No.	Description
Positive adjustment:	1.	Superficial charm and good “intelligence”
	2.	Absence of delusions and other signs of irrational thinking.
	3.	Absence of “nervousness” or psychoneurotic manifestations.
	14.	Suicide rarely carried out.
Behavioural deviance:	7.	Inadequately motivated antisocial behaviour.
	8.	Poor judgment and failure to learn by experience.
	4.	Unreliability.
	13.	Fantastic and uninviting behaviour with drink and sometimes without.
	15.	Sex life impersonal, trivial, and poorly integrated.
Emotional-interpersonal deficits:	16.	Failure to follow any life plan.
	5.	Untruthfulness and insincerity.
	6.	Lack of remorse or shame.
	10.	General poverty major affective reactions.
	9.	Pathological egocentricity and incapacity for love.
	11.	Specific loss of insight.
12.	Unresponsiveness in general interpersonal relations.	

Building on the early work of those such as Cleckley (1941, 1976), and McCord & McCord (1964), the following measures of psychopathy have afforded us the opportunity to operationalise the psychopathic construct by measuring it. In other words, by measuring the individual characteristics we deem to be a part of psychopathy, it allows us consider the relationships between individual personality traits and how they interact in order to give us a clearer picture as to what psychopathy actually is.

This section will specifically consider two such measures of psychopathy, the PCL-R and the PPI-R. Whilst there are of course other measure such as the Antisocial Personality Screening Device (Frick & Hare, 2001) focus has been afforded to these two measures for two reasons. Firstly, the PCL-R is the most widely used measurement device in the study of psychopathy which allows for an in-depth consideration of its relationship to psychopathy and also some of the criticisms it has faced. Secondly, the PPI-R is beginning to be considered as a potentially useful alternative to the PCL-R due to its potential for assessing populations of differing types (e.g. community samples). The PPI-R is also closely related to the constructs of the triarchic model of psychopathy which we will consider at the end of this chapter.

1.3.1 - The Psychopathy Checklist – Revised (PCL-R):

Originally developed as the PCL (Hare, 1980), the PCL-R (Hare, 1991; 2003) has perhaps become the most widely used measurement tool in the research and diagnosis of psychopathy. Hare created the PCL-R as he felt that ‘research on psychopathy was quite chaotic, with different investigators using definitions and measures of the disorder that often were unrelated to one another and of uncertain reliability and validity’ stating that, ‘we now have an impressive body of replicable and meaningful empirical findings, due in large part to the widespread adoption of the PCL-R and its derivatives³ as a common working model of psychopathy’ (Hare & Neumann, 2008). It is without doubt that the creation of the PCL-R has been an important step in increasing our knowledge of the psychopathic construct. Its dominance in the field, however has led to it receiving a fair amount of criticism which we will consider shortly.

The PCL-R consists of a list of 20 items⁴ (see Table 2.) which are given a score of 0 if the item does not apply at all to the individual being assessed, 1 if there is a slight match or 2 if the item provides a reasonably good match for the individual. Only those fully trained in using the PCL-R can assess individuals with it, this assessment usually takes the form of a face to face interview in conjunction with a review of further information (e.g. case files etc.).

Ratings however, can be completed using file information alone (Skeem et al., 2011). Once these ratings are collected the individual is then given a score between 0 and a maximum of 40. Hare (2003) suggests that when using the PCL-R scores of 30 or over are suitable for a diagnosis of psychopathy. In research however, there are often examples of a lower cut-off, such as 25 being used (Skeem et al., 2011). Clearly, the use of differing cut-off scores raises the possibility that the results of some studies may not be as compatible with those of others due to inconsistencies in what score would indicate psychopathy. The fact that there is a cut-off score utilised in the application of the PCL-R would seem to suggest that psychopathy is taxonomic in nature; in other words, you either are or aren’t a psychopath. As Skeem et al. (2011) point out however, ‘this practice rests on little or no research support’. Rather, current research would seem to indicate that psychopathy is actually dimensional in nature (Edens et al., 2006) consisting of numerous configurations of psychopathic traits. As Edens et al. (2006) suggest, individuals cannot be labelled

³ Due to the scope of this study, it will not consider the variants of the PCL-R, namely the Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, & Hare, 2003) and the Psychopathy Checklist: Screening Version (PCL: SV; Hart & Hare, 1995). It can be noted however, that scores on these devices are strongly correlated with scores on the PCL-R (Skeem et al., 2011).

purely as psychopaths, rather should be considered as relatively 'psychopathic'. This of course has wide ranging implications for particularly the treatment of those considered psychopathic. As Skeem et al., (2011) allude to, those that consider psychopathy to be taxonomic, utilise this perspective to argue that psychopaths are inherently untreatable. This viewpoint will be further considered in Chapter Three.

Although the PCL-R was intended to measure psychopathy as a unitary construct (Hare & Neumann, 2008), the individual items on the PCL-R consist of a range of components from the emotional, interpersonal and behavioural spectrum. Because of this, there is a strong possibility that there is an overlap between items which correlate closely with each other. By carrying out a factor analysis, 'items that correlate with each other can be grouped together to form a cluster of traits, or a factor, that refers to a more general facet of the disorder' (Blair, Mitchell, & Blair, 2006).

Both the original PCL and the PCL-R were found to have a two-factor structure (Hare, Harpur, Hakstian, Forth, Hart & Newman, 1990). As Table 2 shows, Hare (2003), further divided each factor into two facets that of interpersonal and affective (Factor 1), and lifestyle and antisocial (Factor 2). This is often referred to as the four-factor model (FFM) of the PCL-R. As Hare and Neumann (2008) state, the traditional two-factor model (TFM) is still widely used in by investigators as a way of helping them to organise and understand the correlates of psychopathy but whilst the FFM can easily be converted to the TFM, they contend that use of the FFM may be more appropriate in some instances, particularly as some evidence collected by Bishopp & Hare (2008), suggests that to comprehensively map psychopathy, at least four domains may be required. Interestingly, Cooke and Michie (2001), proposed a three factor model of the PCL-R and whilst it received initial support it has now been generally disregarded due to severe statistical problems inherent in its creation. Because of this it will not be considered here, for a critique (see Neumann, Vitacco, Hare, & Wupperman, 2005; Neumann & Hare, 2007).

As the vast amount of research considered in this body of work is based upon the TFM, this shall form the basis of this study's focus. The interpersonal-affective factor (factor 1) is generally associated with narcissism and low empathy (Hare, 2003), and has a much closer relationship to Cleckley's (1941, 1976), concept of psychopathy than factor 2 (Skeem et al., 2011). It is inversely associated with features of negative emotionality such as fear, distress and depression (Hicks & Patrick, 2006). This will be examined in more detail in Chapter Two, when we consider the role negative emotionality plays within secondary psychopathy.

The antisocial scale or factor 2 of the TFM, is generally found to be moderately correlated with factor 1 (Harpur, Hakstain & Hare, 1988) and is quite closely related to the diagnosis of APD (Hare, 2003). Despite this, it is largely focused on maladaptive characteristics and behaviours and is associated with impulsivity and sensation seeking, generally emphasising antisocial behaviour (Skeem et al., 2011). This has led to a great deal of discussion as to the role that antisocial behaviour, and in particular criminality, plays in the psychopathic construct. Agreement appears to have been reached that criminality in itself is not a core or essential feature of psychopathy; rather it is a downstream correlate of it (Skeem et al., 2011). Debate still continues however, as to how important antisociality is to the construct of psychopathy. Some have argued that in particular the antisocial facet of the FFM, is merely a consequence of the core psychopathic traits (Cooke, Michie & Hart, 2006).

Another explanation that Skeem et al. (2011) consider to be plausible, is that rather than considering the behaviours and traits as described in the PCL-R as static entities, they should be considered 'interactive and reciprocal' (Hare & Neumann, 2005). In essence this means that traits and behaviours associated with psychopathy are continually interacting and influencing each other. Whilst further research in this area would be extremely interesting, it is difficult to see how these processes could be effectively isolated for experimentation.

The PCL-R has evidently displayed itself to be an incredibly useful tool in developing our understanding of psychopathy. It has not been without criticism however, with some suggesting that it represents too great a 'construct shift' from Cleckley's (1976) conceptions of psychopathy, particularly due to the omitting of his positive-adjustment indicators (Patrick, 2006). A Hare & Neumann (2008) argue though, psychiatric disorders, including personality disorders, are typically defined by their maladjustive not positive adjustment features.⁵ Hare and Neumann also argue that the critique of 'construct shift' from Cleckley's work needs to be put into perspective. They point out that Cleckley based his work on clinical observations over half a century ago with virtually no empirical data, whilst the construct the PCL-R measures is based upon hundreds of studies involving 'thousands of individuals from a variety of populations' (2008, P. 224). This does not mean they are suggesting abandoning the work of Cleckley, indeed it heavily influenced the development of the original PCL-R (Hare, 1980). Instead, they feel that it should be subjected to the same rigorous testing that the PCL-R has been subjected to (Hare & Neumann, 2008).

A further criticism of the PCL-R is its effective dominance in the field, with no other major external measuring device having emerged (Skeem et al., 2011). This over dominance in the field has led some to express concerns that it has now replaced the psychopathic construct (Skeem & Cooke, 2010). Considering that all measures of construct are by definition fallible (Cronbach & Meehl, 1955), this is concerning especially when considered in the context of the PCL-R widespread use in policy and treatment decisions. This debate will be examined in the final chapter of this study.

The PCL-R undoubtedly has advanced our understanding of psychopathy to a greater level than it would now be if it hadn't have been created. Yet despite this, there are very valid concerns regarding in particular, its over dominance in the field. Whilst, as mentioned, at present it is the only recognised external method of measuring psychopathy, this does not mean that there are other ways we can measure it. Self-report measures present themselves as another one such example of which is the PPI-R (Lilienfeld & Widows, 2005) which shall be considered now.

⁵ See Hare and Neumann (2008, p. 227) for a defence of the exclusion of Cleckley's (1976) positive-adjustment features.

Table 2: Psychopathy Checklist-Revised (PCL-R) Factors, Facets, and Items.
Source: Skeem et al. (2011)

Factor 1: interpersonal-affective scale		Factor 2: antisocial scale	
Facet 1 Interpersonal	Facet 2 Affective	Facet 3 Lifestyle	Facet 4 Antisocial
Glibness/superficiality charm	Lack of remorse or guilt	Need for stimulation/proneness to boredom	Poor behavioural controls
Grandiose sense of self-worth	Shallow affect	Parasitic lifestyle	Early behavioural problems
Pathological lying	Callousness/lack of empathy	Lack of realistic long-term goals	Juvenile delinquency
Conning/manipulative	Failure to accept responsibility for own actions	Impulsivity	Revocation of conditional release
		Irresponsibility	Criminal versatility

1.3.2 - The Psychopathic Personality Inventory - Revised (PPI-R):

The original PPI was created by Lilienfeld & Andrews (1996) and has since been revised (PPI-R; Lilienfeld & Widows, 2005) to comprise of 154 items organised into eight uni-dimensional subscales. In contrast to the PCL-R, the PPI-R is a self-report scale and was originally developed to ‘comprehensively index trait dispositions represented in Cleckley’s model and related personality-based conceptualizations of psychopathy in nonclinical (e.g. undergraduate) samples’ (Skeem et al., 2011). Due to its origins, the PPI-R therefore does not index explicitly antisocial or criminal items like the PCL-R and does include subscales that capture Cleckley’s positive-adjustment related features whose absences from the PCL-R is one of the criticisms which were discussed above.

Through a factor analysis, seven of the eight subscales of the PPI-R have been found to conform to two distinct higher-order factors; PPI-I (Fearless Dominance, see table 3; Benning, Patrick, Blonigen, Hicks & Iacono, 2005) and PPI-II (Impulsive Antisociality, see table 3; Benning, Patrick, Blonigen, Hicks & Iacono, 2005; or self-centered impulsivity; Lilienfeld & Widows, 2005). Unlike the factors of the PCL-R, these factors are not found to be typically correlated (Benning, Patrick, Hicks, Blonigen, Krueger, 2003). The final of the eight subscales; ‘coldheartedness’ is unable to be loaded onto the other two factors (Benning et al., 2003) and is thus largely independent of them (see table 3; Skeem et al., 2011).

Table 3: A Table depicting the Factors and associated subscales of the PPI-R		
Source: Skeem et al. (2011)		
Fearlessness	Ruthless Nonconformity	
Stress immunity	Blame externalization	
	Carefree nonplanfulness	

Lilienfeld and Widows (2005), consider high scores on the Fearless Dominance (PPI-I) factor to; ‘reflect a tendency towards lack of anticipatory social and psychical anxiety, low levels of tension and worry, low harm avoidance and high levels of interpersonal dominance’ (p.22). It has also been found to be associated with higher narcissism and thrill seeking behaviour and reduced empathy (Benning, Patrick, Blonigen et al., 2005; Benning, Patrick, Salekin & Leistico, 2005; Douglas et al., 2008; Patrick, Edens, Poythress, Lilienfeld & Benning, 2006). High scores on the Impulsive Antisociality factor are considered by Lilienfeld and Widows (2005) to; ‘reflect a tendency towards self-centeredness, ruthless use of others, brazen flouting of traditional values, propensity to attribute blame to others for one’s mistakes and reckless impulsivity’ (p.22). When we compare total scores of psychopathy on both the PCL-R and the PPI-R, studies seem to indicate that there is at least a reasonable correspondence between the measures (Malterer, Glass, & Newman, 2010; Copestake, Gray, & Snowdon, 2011). However, at a factor level, there appears to be little relationship between the factors of the PCL-R and those of the PPI. Copestake et al. (2011) offer two potential explanations for this; firstly, the two measurement instruments may have differing conceptualisations of psychopathic traits. This is perhaps best highlighted when the two measures are considered in relation to the triarchic model of psychopathy, with the PCL-R appearing not to cover the concept of boldness particularly well (Copestake et al., 2011) whilst the PPI domain of Fearless Dominance appears to emphasize it (Patrick, 2010). This will be considered in more depth later on in the chapter.

Secondly, according to Copestake et al. (2011) psychopaths may have an inability to report on certain aspects of their emotions or interpersonal behaviours. This relates to Cleckley’s (1988) concept of ‘semantic aphasia’, whereby the process of reporting the presence or absence of a particular emotion must be difficult for an individual who has not experienced it. As Copestake et al. (2011) aptly describe it:

‘If the psychopath is not able to feel some particular emotion (such as empathy for another who has been injured) he may well mistake whatever feelings he is having (such as excitement) due to the labelling he hears from others. He may well then report on his levels of emotions (quite honestly) but does not appreciate that his is not reporting on the same emotion as other people’ (P. 178).

This is not of course to suggest that the PPI-R is now a redundant measuring device for the concept of psychopathy. Rather, researchers need to be careful not to consider factors of the PPI-R and the PCL-R to be synonymous (e.g. Justus & Finn, 2007; Rilling, Glenn, Jairman, Pagnoni, Goldsmith, Elfenbein, & Lilienfeld, 2007) and to take into account that

the two devices may be measuring differing conceptualisations of psychopathy. The presence of features such as semantic aphasia may also influence self-report measures when utilised in a psychopathic population. As previously mentioned, the PPI-R presents a potentially useful addition to the PCL-R, due to its ability to arguably better capture the positive adjustment features of Cleckleys (1976) psychopath, encapsulated with the triarchic models concept of boldness. Attention will now turn to a brief consideration of this model and its use in bringing together differing conceptualisations of psychopathy.

1.4 - Triarchic model of psychopathy:

Developed by Patrick, Fowles and Krueger (2009), the triarchic model of psychopathy can be considered as a framework through which the competing and often contradictory theories of psychopathy can be considered. As Skeem et al. (2011) stress however, whilst the theory provides an integrated perspective on what psychopathy is phenotypically (i.e. its observable traits and behaviours), it is not intended to represent a direct template for conceptions of etiology. Whilst the model itself is relatively new and has yet to be rigorously tested (Skeem et al., 2011) it can still be useful in clarifying current conceptions of psychopathy within a single framework.

The triarchic model consists of three phenotypic constructs: ‘disinhibition’, ‘boldness’ and ‘meanness’. Whilst these are distinct constructs there is still a level of interaction and overlap between them. We will now briefly consider each of these constructs in turn and their relationship to present and past research.

1.4.1 - Boldness:

Boldness tends to capture elements such as low stress reactivity, toleration of unfamiliarity and danger, high self-confidence, social assertiveness and thrill/adventure seeking. Whilst as Skeem et al., (2011) point out, these are essentially adaptive features, boldness has also been found to be associated with certain maladaptive characteristics such as narcissism, thrill seeking and lack of empathy (Benning, Patrick, Blonigen et al., 2005; Miller, Watts & Jones, 2011). Boldness is particularly well indexed by first factor of the PPI-R, ‘Fearless Dominance’ which is largely independent of its second factor ‘Impulsive Antisociality’. This contrasts with PCL-R, which whilst capturing elements of boldness, particularly in the ‘Interpersonal’ facet of the FFM, does not appear to measure boldness separately from disinhibition and antisocial behaviour (Skeem et al., 2011). This may well be due to the subscales of the PPI-R measuring characteristics such as social potency, stress immunity and (to a lesser degree) fearlessness, which are less directly tapped by the PCL-R (Patrick et al., 2009). Boldness in itself is not synonymous with the term ‘fearlessness’ which is generally considered genotypic in nature⁶. Rather, Boldness is just one way of expressing fearlessness phenotypically.

1.4.2 - Meanness:

⁶ This will be considered in more depth in Chapter Two when we examine Lykken’s (1995) low fear hypothesis and in particular its relationship to Gray’s (1982) and Fowles (1980) concepts of the Behavioural Inhibition System (BIS) and the Behavioural Activation System (BAS).

Meanness is characterised by features such as deficient empathy, a disregard for and inability to form close attachments with others, rebelliousness, exploitative tendencies, destructive excitement seeking, and empowerment through cruelty. The construct of meanness is arguably captured by the PCL-R as a whole in general, although perhaps particularly so in some of the elements of the interpersonal –affective factor of the TFM (factor 1; e.g. callousness, insensitivity, exploitativeness, and disdain for others). As Skeem et al. (2011) note however, the PCL-R does not seem to separate this construct of meanness particularly effectively.

In contrast to the PCL-R, meanness appears to be most encapsulated in the separate ‘Coldheartedness’ feature of the PPI-R. It can also be found in some elements of the ‘Impulsive Antisociality’ factor (e.g. Machiavellian egocentricity, rebellious nonconformity) although as Skeem et al. (2011) point out, these subscales also contain elements of the triarchic construct of disinhibition (which we shall consider shortly) and together with other subscales contained within the ‘Impulsive Antisociality’ factor (e.g. carefree nonplanfulness and blame externalization) make this factor predominantly a measure of disinhibition. This inability for the PPI-R to measure the construct of meanness within its two factor model is perhaps related to its development in a community population, as meanness, by its very nature, is more likely to occur in conceptualisations of psychopathy based on criminal offender populations (Skeem et al., 2011). This would explain why conceptualisations of psychopathy, such as Cleckley’s (1976), emphasise the construct of boldness over meanness due to their community and psychiatric population focus, contrasting with those put forward by McCord & McCord (1964) and Hare (2003) who predominantly worked with incarcerated individuals.

1.4.3 - Disinhibition:

Disinhibition describes a general propensity towards impulse control problems, which manifests itself through a lack of planfulness and foresight, impaired regulation of emotions and impulses, a need for immediate gratification and deficient behavioural restraint (Patrick et al., 2009). Patrick, Hicks, Krueger, & Lang (2005) found disinhibition to substantially underlie the distinctive variance in the antisociality element of the PCL-R (Factor 2), whilst Blonigen, Hicks, Krueger, Patrick, & Iacono (2005) found the impulsive antisociality component of the PPI (PPI-II) to exhibit a robust genetic association. Considering that disinhibition is relatively well captured by both the PCL-R and PPI it is interesting to note that the majority of the personality features it captures, such as impulsivity and negative affectivity, appear incompatible with many classical conceptions of psychopathy which emphasise features such as affective shallowness, imperturbability and low anxiousness (Cleckley, 1976; Lykken, 1995; McCord & McCord, 1964). As will become apparent in Chapter Two, these features appear closely aligned with what many refer to as secondary psychopathy (Karpman, 1941, Lykken, 1995, Porter, 1996).

The triarchic model is useful in that it provides a framework through which to view past and present theories and how they relate to each other. However, it is arguable that it does little in furthering our understanding of psychopathy. A particular problem with it is that it does not take into account etiological factors associated with psychopathy which, as Skeem et al. (2007), argue is crucial in furthering our understanding and conceptualisations of psychopathy. So whilst the triarchic model can be useful in clarifying current conceptions of psychopathy within a single framework (Skeem et al.,

2011) until it is able to incorporate etiological considerations within its model, it is difficult to see how it can assist in the formulation of the psychopathic construct.

The existence of disinhibition within the triarchic model, throws up the interesting possibility that psychopathy may actually comprise of a secondary variant. This view is supported by both theory and evidence and so attention will now turn to an examination and evaluation of this evidence in order to determine the existence of this secondary variant.

Chapter Two: **Examining Theories and Evidence Relating to the Existence of a Secondary Variant of Psychopathy**

Following Chapter One's investigation into historical and contemporary conceptualisations and its operationalisation through its measures the possibility that a secondary form of psychopathy may exist, arose. This has interesting implications for research, policy decisions and treatment interventions relating to psychopathy. These implications will be unpacked later in Chapter 3, however first it would be pertinent to analyse key theories relating to the existence of a secondary variant of psychopathy. The relevant empirical evidence in this area will then be evaluated in order to gauge the level of support that exists for a secondary variant of psychopathy.

2.1 - History of psychopathic variants:

2.1.1 - Karpman:

At a similar time to when Cleckley was first conceptualising his theories, Benjamin Karpman was also considering the nature of psychopathy. In what could perhaps be considered the basis for current typologies of psychopathy (Skeem, Poythress, Edens, Lilienfeld & Cale, 2003), Karpman considered there to be two distinct variants, 'primary'⁷ and 'secondary' (also known as 'neurotic') psychopathy. On the surface these individuals possessing these variants would present themselves in very similar ways; they 'lie, cheat and swindle... seemingly to have no feeling or regard for others, and no guilt feelings. Their affectionate relationships with others are fleeting and undependable, and they seem not to profit by experience' (Karpman, 1948, P.147). However, whilst similar in appearance Karpman considered them to be 'entirely different' and felt that they should be distinguished on the basis of their etiology and the motivations behind their behaviours (Karpman 1941, 1948).

Karpman felt that whilst primary psychopaths behaviour reflected 'instinctive emotional constitutional deficits' (Karpman 1948, P. 533) with an arguably genetic basis, secondary psychopaths behaviour could be seen as a conditioned adaptation to environmental factors such as harsh punishment and parental rejection (Skeem et al. 2003). Karpman also argued

⁷ As Skeem et al. (2003) note, Karpman segregated the primary psychopathy typology down further into the aggressive-predatory and passive-parasitic variants. See Karpman (1946, p. 287) for a description.

that whilst secondary psychopaths possess a conscience, this would be strongly inhibited due to the influence of environmental factors early in life. Despite this, Karpman considered secondary psychopaths to be able to occasionally 'manifest a positive social trait or human emotion, such as guilt, empathy, love, or a wish for acceptance' (Skeem et al. 2003). Primary psychopaths on the other hand have an absence of conscience making them much more calculating and selfish with a distinct lack of interest in gaining the affection of others (Karpman, 1941).

Central to Karpman's description of the secondary psychopath is the level of neuroticism they experience (hence him labelling them as neurotic psychopaths), making them prone to greater levels of anxiety than their primary counterparts. This is perhaps reflected in secondary psychopaths more impulsive and emotionally reactive outbursts, through such feelings as hatred and revenge, compared to primary psychopaths whom Karpman considered to act in a more purposeful and deliberate manner (Karpman, 1948). Perhaps most notably, when considered in the context of treatment and policy decisions regarding psychopathy, Karpman felt that whilst secondary psychopaths could potentially be amenable to treatment, primary psychopaths were inherently 'untreatable' due to them lacking the emotional capacity to benefit from treatment (Karpman, 1948).

Karpman's early theory of primary and secondary psychopathy set a template for many of the following theories that will be discussed shortly, which span biological, evolutionary, interpersonal and other paradigms (Lykken, 1995; Mealey, 1995; Porter, 1996; Blackburn, 1998). Whilst his theory has not been directly tested, several lines of contemporary research on the etiology and correlates of psychopathy are relevant to it (Skeem et al., 2003). In relation to primary psychopathy there are a growing number of neurological studies which suggest that many psychopaths demonstrate cognitive processing deficits (e.g. Blair, Jones, Clark, & Smith, 1997; Patrick, Bradley & Lang, 1993; Patrick, 1994). It is argued that many of these deficits are more strongly associated with Factor 1 than Factor 2 of the PCL-R (Patrick, Zempolich & Levenston, 1997). Whilst studies such as these may lend support Karpman's belief that primary psychopathy has an underlying genetic cause, Skeem et al. (2003), suggest that caution should be exercised as the heritability of these psychophysiological and laboratory variables is as yet, unclear. In support of Karpman's theory of secondary psychopathy, there is research which suggests that factors such as neglect and abuse are associated with antisocial behaviour and psychopathy later in life (Skeem, Johansson, Andershed, Kerr & Loudon, 2007). There is also evidence supporting Karpman's distinction between "high anxious" (secondary) and "low anxious" (primary) psychopaths (Kosson & Newman, 1995). Further to this, there is evidence to suggest that high-anxious psychopaths appear more responsive to environmental factors such as punishment than low-anxious ones (Kosson & Newman, 1995). This links in well with the attempts of authors such as Lykken (1995), to apply the Fowles-Gray⁸ model to Karpman's theories. Attention will now turn to a discussion of Lykken's work in this area.

2.1.2 - Lykken:

Lykken (1995), like Karpman, considered secondary psychopaths to have a tendency towards greater levels of impulsivity, anxiety and other negative emotions in comparison to primary psychopaths. However, his 'low-fear hypothesis' considered biological factors

⁸ Fowles (1980)) application of Gray's (1987) and neurophysiological work on anxiety.

to play a bigger role in this than Karpman had previously suggested. Lykken suggested that an innately fearless temperament to be an underlying cause of primary or 'Clecklyan psychopathy'. Taking into account behaviourist principles, Lykken considered that whilst individuals can acquire two of the three components of socialisation through positive reinforcement, the third component (the inhibition of forbidden impulses and antisocial behaviours) is usually manifested through punishment techniques utilised by parents and the conditioned fear avoidance that this leaves behind. As Lykken felt that primary psychopaths had reduced fear sensitivity, he hypothesised that these individuals would have little response to the punishment of parents and teachers and this was thus a significant factor in their propensity to antisocial and impulsive behaviours and a distinct lack of conscience.

Lykken's secondary psychopaths however, are considered to have relatively normal fear sensitivity but elevated reward sensitivity. This means they have a lack of control over urges and impulses which often results in their normal inhibitions being overwhelmed, leading to antisocial and impulsive behaviours. This would result in them potentially displaying more impulsive and reactive behaviours than primary psychopaths but at the same time suffering higher levels of anxiety and other negative emotions due to their normal levels of fear sensitivity. In creating his theories of primary and secondary psychopathy, Lykken drew heavily from the work of Fowles (1980) and Gray (1982, 1987), making use of constructs from Gray's reinforcement sensitivity theory (RST). In particular, he utilised two of the three systems which, Gray hypothesised, played a role in the control of emotional behaviour in humans. These are the Behavioural Approach System (BAS) (also called the Behavioural Activation System, Fowles, 1980) which is associated with impulsivity and regulates appetitive motivation, and the Behavioural Inhibition System (BIS) which regulates responsiveness to aversive stimuli and is associated with anxiety. According to Lykken's application of the Fowles-Gray model, primary psychopaths possess a weak BIS and do not experience anticipatory anxiety that causes most people to inhibit activity that leads to punishment or non-reward (Skeem et al., 2003). Lykken conceptualised this lack of anticipatory anxiety as fearlessness. Alternatively, Lykken believed secondary psychopaths to possess an unusually active BAS which is in keeping of Gray's linking of this system to impulsivity (Newman & Wallace, 1993).

Lykken's (1995) 'low-fear' hypothesis has received a great deal of scrutiny. His belief that primary psychopathy and its associated core deficits occur solely as a result of an innate fearlessness as categorised by an under active BIS, has been criticised for the importance it attaches to the concept of fearlessness (e.g. Fowles & Dindo, 2009). As Fowles & Dindo (2006) suggest '...it is not completely clear that the deficit in psychopathy is specifically one of low fear rather than a combination of low fear and low anxiety' (P.29). Whilst evidence does appear to suggest that fearlessness is a key component of psychopathy, Skeem et al. (2011) conclude that it is unlikely to account for 'all of the affective, interpersonal, and behavioural aspects of the condition' (P. 113).

2.1.3 - Porter:

In a similar vein to Karpman (1941), Porter (1996) believed that secondary psychopathy resulted due to the greater influence of environmental factors than in primary psychopathy which he considered to be innate. Rather than characterising secondary psychopathy as a character neurosis like Karpman however, Porter conceptualised it as a dissociative

disorder. In other words, due to the experience of abuse or abandonment in early life, secondary psychopaths effectively 'turn off' or 'de-activate' their ability to form emotional bonds. This in turn leads to issues pertaining to the development of their conscience (see Lykken's (1995) 'hysterical psychopath'). Despite the disagreement with Karpman's character neurosis distinction, Porter's theory is in line with Karpman's in that they agree that secondary psychopathy is more amenable to treatment than primary psychopathy.

There is certainly evidence in support of Porter's theory that secondary psychopaths are more likely to have histories of child abuse or trauma (e.g. Blackburn, Logan, Donnelly & Renwick, 2008; Poythress, Edens, Skeem, Lilienfeld, Douglas, Frick, Patrick, Epstein & Wang, 2010). Despite this, caution must be exercised due to the potential for confounds that prevent causal inferences. As Skeem et al. (2003) suggest, if psychopathy is strongly influenced genetically, psychopathic children are more likely to have psychopathic parents, and thus stand a greater risk of being abused.

2.1.4 - Mealey:

Mealey (1995), also considered secondary psychopathy to stem from the influence of environmental factors; however, contrary to other theories she took evolutionary perspective on why this occurs. According to Mealey, primary psychopathy represents a mechanism for maintaining 'cheating', an extinction and speciation based process through which the individual defects after initially signalling cooperation with another. This occurs due to a genetic unresponsiveness to 'cues necessary for normal socialization and moral development' (Mealey 1995, p.536). In other words, because primary psychopaths are not constrained by taking into account of the feelings of others, or emotions such as anxiety, they are free to make decisions on the basis of what is the best outcome for them.

Secondary psychopaths however, are not genetically predisposed to this behaviour. Instead, due to being competitively disadvantaged through such factors as low socioeconomic status (SES), inconsistent discipline and family violence they become 'phenocopies' of primary psychopaths that occur when the 'carrying capacity of the 'cheater' niche grows' (Mealey, 1995, p.530). Whilst this may lead to antisocial behaviours, Mealey maintains that they do still experience emotions unlike their primary counterparts.

As Skeem et al. (2011) allude to; Mealey would expect primary psychopaths to manifest greater levels of the interpersonal and affective features of psychopathy relating to Factor 1 of the PCL-R TFM. Alternatively, secondary psychopaths would demonstrate more antisocial type behaviours relating to Factor 2 of the PCL-R.

Whilst there is support for aspects of Mealey's work it should be noted her theory was on a sample of individuals diagnosed with APD (Skeem et al., 2003), rather than psychopathy. As discussed in Chapter One, APD represents a much larger group of individuals of which only 15-30% meet the criteria for a diagnosis of psychopathy (Hart & Hare, 1997). So whilst her work may have some relevance to studies in psychopathy, it is necessary to view it with caution due to the difficulties in generalising research on APD to a strictly psychopathic population.

2.1.5 - Blackburn:

Blackburn (2006), like Lykken (1995), considered primary psychopaths to have fearless temperaments and secondary psychopaths to possess elevated reward sensitivity. However, contrary to Lykken, he felt that primary psychopaths also possessed elevated reward sensitivity and secondary psychopaths, elevated fear sensitivity. Blackburn and Lee-Evans (1985) similarly to Karpman (1941), also considered this to be more as a result of environmental factors early in life than a purely genetic cause. Blackburn (1996) also considered the possibility that primary psychopaths may display more narcissistic traits whilst secondary psychopaths 'may be predominantly borderline personalities' (p. 19).

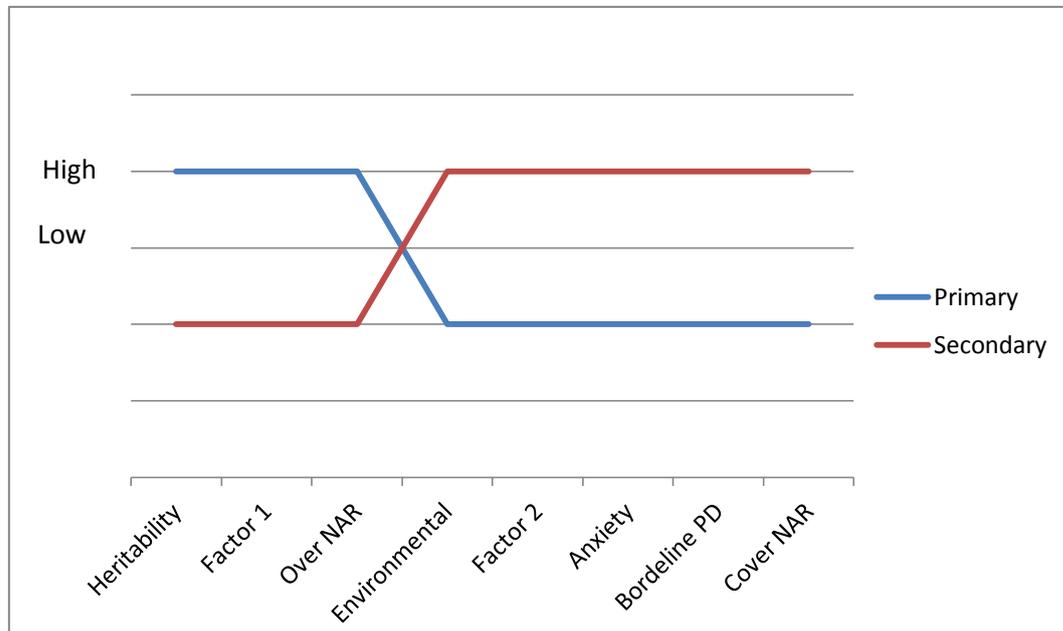
2.1.6 - Skeem et al. 2003:

In their systematic review of the literature regarding primary and secondary variants of psychopathy, Skeem et al. (2003) theorised five key dimensions to best differentiate variants, namely, (1) etiology (2) pattern of traits across the PCL-R facets, (3) neuroticism or trait anxiety, (4) degree of borderline traits and (5) type of narcissistic traits. They stated that etiology is one of the most fundamental differences between primary and secondary psychopathy. In line with many preceding theories (e.g. Blackburn, 2006; Karpman, 1941; Porter, 1996) they hypothesised that primary psychopathy has a much stronger genetic basis than secondary psychopathy, which occurs as a result of stronger environmental influences.

In their second key dimension they again drew consensus with the theories of Karpman (1941), Mealey (1995) and Porter (1996) in their suggestion that in comparison to secondary psychopaths, primary psychopaths are characterised by more affective deficits (Factor 1 PCL-R, affect facet FFM) and lower levels of impulsivity (Factor 2 PCL-R, lifestyle facet FFM).

Skeem et al.'s (2003) third dimension examined the possibility for distinguishing between variants on the basis of the levels of neuroticism or trait anxiety they experience. With particular reference to the work of Kosson & Newman (1995) and clearly in support of Karpman's theory, they argued that evidence appeared to suggest that primary psychopaths suffered much lower levels of anxiety in comparison to secondary psychopaths. However, the authors noted that it remains to be determined whether this dimension can be conceptualised more narrowly as neuroticism as Karpman did, or more broadly as negative affectivity (e.g. anxiety, depression, hostility and alienation). Relating to this in their fourth dimension, Skeem et al. (2003) clearly drew on Blackburn's (1996) hypothesis that secondary psychopaths may have predominantly borderline personalities. In their final dimension, Skeem et al. (2003) argued that primary psychopathy may manifest itself through features of overt narcissism (e.g. aggressive, egotistical, outspoken) whereas secondary psychopathy displays more features of overt narcissism (e.g. anxious, mood, defensive). Skeem et al.'s (2003) perceived dimensions for the distinction of primary and secondary psychopathy can be seen in the graph below (Fig. 1).

Fig. 1: A graph that summarises Skeem et al.'s (2003) key dimensions on which distinctions between primary and secondary psychopathy may be made and the levels at which these dimensions are considered to play a role in each variant.



2.2 - Evidence supporting the existence of secondary psychopathy:

Whilst the amount of research in consideration of primary and secondary variants of psychopathy is still relatively small, a growing body of research is beginning to emerge that lends support to this distinction. Whilst the PCL-R presents itself as a useful starting point for discussions on variants of psychopathy, cluster based analyses allow researchers to take a population sample (psychopathy) and find sub populations within it (primary and secondary) based upon how individuals have scored on a range of measures which identify multiple traits and features.

Due to the length constraints of this study, only three cluster based studies shall be presented here, see Skeem et al. (2003) for a review of earlier cluster based studies (e.g. Haaspasalo and Pulkkinen, 1992; Alterman, McDermott, Cacciola, Rutherford, Boardman, McKay & Cook, 1998; Hervé, Ling, & Hare, 2000) Whilst Skeem et al. (2011) consider these early studies to have relied on less rigorous experimental techniques; their findings have largely been supported by the studies we shall now consider.

2.2.1 - Hicks, Markon, Patrick, Kruger & Newman (2004):

Using the 11 personality trait scales of the Multidimensional Personality Questionnaire-Brief Form (MPQ-BF; Patrick, Cutrin & Tellegen, 2002) in an American sample of federal prisoners (n=96) with a PCL-R score of 30 or over, Hicks et al. (2004) identified two subgroups generally consistent with primary and secondary variants of psychopathy.

When compared to a non-psychopathic control group (n=125) Hicks et al.'s (2004) primary group were found to score low on facets of the broad trait construct of negative emotionality (NEM; Hicks & Patrick, 2006) which relates to anxiety and stress reactions. This was indicative of an emotionally stable personality style, hence this group being labelled as 'emotionally stable' psychopaths. Hicks et al. considered this group to be largely consistent with the Clecklyan psychopath due to their 'high PCL-R scores indicative of deviance in the presence of relatively high stress tolerance and superficially normal interpersonal presentation' (Skeem et al., 2011).

The secondary subgroup (labelled as 'aggressive' psychopaths) were found to score highly on facets of NEM relating to aggression, hostility and alienation as well as anxiety, social withdrawal and a lack of self-control. They also reported to have more fights and an earlier age of first arrest, but scored lower in measures of intelligence and socialisation in comparison to their primary counterparts.

2.2.2 - Poythress, Edens, Skeem, Lilienfeld, Douglas, Frick, Patrick, Epstein & Wang (2010)

Utilising a much larger sample than the other two cluster based studies we will examine (n=691), Poythress, Edens et al.'s (2010) also differs in that its investigations were based on the DSM-IV diagnosis of ASPD rather than psychopathy specifically. Despite this, given that it made use of three of the four facets of the PCL-R (interpersonal, affective, lifestyle), as well as self-report measures of fearlessness, reward sensitivity and childhood abuse, its findings can be still considered of some relevance to our discussions of secondary psychopathy.

The study identified four subgroups, of which three exhibited high scores on the three facets of the PCL-R the study used. These groups were labelled as "primary", "secondary" and "fearful"⁹. When scores on measures were compared, the secondary variant was found to differ significantly in clustering variables achieving higher scores in measures relating to childhood abuse and anxiety, whilst scoring lower than their primary counterparts on measures pertaining to; fearlessness, affective traits of psychopathy on the PCL-R, behavioural drive and fun seeking. As well as this, the secondary subgroup were found to have marginally better passive-avoidance symptoms, greater impulsivity and also manifested a greater number of internalising and externalising symptoms.

Poythress, Eden's et al. (2010) also looked differences in the institutional adjustment and treatment responsiveness of subgroups due to their relevance for policy decisions. Regarding incarceration, the secondary subgroups appeared to have more problems in controlling

⁹ The fourth group did not score highly enough on these facets of the PCL-R and were thus labelled as "non-psychopaths".

aggression, experiencing a greater level of infractions for both general and aggressive incidents and were also more likely to be re-arrested after release for violent offences. In a treatment context, whilst the secondary subgroup showed greater levels of motivation for treatment than the primary subgroup, they did not differ significantly in their disruptive behaviour

The authors suggest that their findings indicated that the primary subgroup was broadly consistent with several theoretical descriptions of primary psychopathy and that the secondary subgroup was more closely related to Karpman's theory of secondary psychopathy, rather than those of Lykken, Blackburn or Porter.

2.2.3 - Hicks, Vaidyanathan & Patrick (2010):

Utilising a similar methodology to Hick's et al. (2004) through the use of the 11 personality trait scales of the MPQ-BF (Patrick et al., 2002), on a sample of incarcerated female offenders (n=226). Hicks et al. (2010) found two groups that had scored higher than 25 on the PCL-R, which they felt largely fitted in with previous conceptualisations of primary and secondary psychopathy.

In the group they labelled as secondary psychopaths (n=39) they found that they were characterised by traits of negative emotionality and impulsivity, had an early onset of antisocial and criminal behaviour, and suffered from more mental health problems including symptoms of post-traumatic stress disorder in comparison to the primary psychopathy group (n=31). These findings seem to fall in line with other studies in this area.

2.3 - Evaluation of evidence for the existence of secondary psychopathy:

The studies of Hicks et al. (2004), Poythress, Edens et al. (2010) and Hicks et al. (2010) as well as the wider body of research in this area (e.g. Skeem et al., 2007; Blackburn et al., 2008; Swogger & Kosson, 2007; Swogger, Walsh & Kosson, 2008; Vassileva, Kosson, Abramowitz & Conrod, 2005), all appear to provide evidence for the theoretical existence of a secondary variant of psychopathy. In particular, the study's findings in relation to secondary psychopathy appear to align most closely to Karpman's (1941), conceptualisations and also Skeem et al.'s (2003), four key dimensions, in that they emphasise the importance of factors such as trait anxiety and impulsivity in the secondary variant of psychopathy. Poythress et al.'s (2010), results also lend potential support to Porter's (1996), hypothesis that child abuse or trauma may be more prevalent in individuals with secondary psychopathy compared to those with the primary variant. Similar results were found by Blackburn et al. (2008), although more research is clearly needed in this area, particularly due to the risk factors for violence and other criminal activity that these represent (Farrington, Coid, Harnett, Jolliffe, Soteriou, Turner & West, 2006; Monahan, Steadman, Silver, Appelbaum, Robbins, Mulvey & Banks, 2001).

Relating to the concept of violence another promising area for future research that appears to arise out of these and other study's in this areas findings (e.g. Hicks et al., 2005; Skeem et al., 2007), is the concept that secondary psychopathy may be marked by greater levels of hostile aggression than primary psychopathy. Evidently, this has wide ranging implications for the risk assessment and treatment of these individuals. Brief considerations will be made of these at the end of Chapter Three.

Clearly, the results of all studies must be viewed with caution particularly in light of their limitations. Both studies by Hicks et al. (2004; 2010) have relatively small sample sizes which makes generalising their results difficult. Whilst this is less of a concern with the study by Poythress, Edens et al. (2010), the fact that the focus of their study is primarily on APD rather than psychopathy per se, means despite their use of three facets of the PCL-R, the findings, much like Mealey's interpretations of primary and secondary psychopathy, may not be generalisable to a strictly psychopathic population.

With the exception of Hicks et al's (2010), use of a female population sample, both Hick's et al. (2004) and Poythress, Edens et al. (2010) utilised a male population sample like many of the previous studies in this area (e.g. Skeem et al., 2007; Blackburn et al., 2008; Swogger & Kosson, 2007; Swogger et al., 2008; Vassileva et al., 2005). This potential over reliance on male population sample is common with a great deal of the research into psychopathy (Skeem et al., 2011). This may reflect a greater propensity for males to display higher levels of psychopathic traits, indeed some authors (e.g. Coninger, 1978, Lilienfeld, Van-Valkenberg, Larntz, & Akiskal, 1986) have theorised that psychopathy manifests itself differently in men than women, with men more likely to display antisocial patterns of behaviour and women more likely to display features of Histrionic personality disorder (HPD), such as seductiveness, dramatic behaviours, vanity, and self-centeredness. Whilst studies such as that by Hamburger, Lilienfeld & Hogben (1996) have found provisional support for this, more recent studies have produced more mixed findings (e.g. Cale & Lilienfeld, 2002; Salekin, Rogers & Sewell, 1997) and so further research into this area is required.

This over reliance on male population samples suggests it would be difficult to generalise the findings of this study beyond this population. This is not, however to suggest that the results are not valid and indeed many studies suggest that psychopathy is relatively stable across populations (see Skeem et al., 2011 for a brief review of the literature in this area). Clearly, further research examine the role that ethnicity, gender and cultural differences play both in the formation of the psychopathic construct and in increasing our knowledge regarding primary and secondary variants of psychopathy is required.

These limitations must of course be taken into account when drawing any conclusions concerning the existence of a secondary variant of psychopathy. The fact that numerous studies utilising differing methodologies and cluster based analyses have found seemingly common features of what they consider to be a secondary variant of psychopathy, there is not enough evidence at present to make any firm conclusions, nor to even suggest that a primary and secondary distinction is an optimal one.

Interestingly, Skeem et al. (2011) offer an interesting hypothetical consideration regarding the possibility that secondary psychopathy may rather be a form of 'pseudopsychopathy' than actual psychopathy. Whilst they state that this may be true of both primary and secondary variants, they suggest that it is more likely true of the secondary variant due to

its marked differences from classical conceptions of psychopathy, which are closer related to the primary variant. This is clearly a very interesting hypothesis and will be discussed further in the final chapter of this study, to which attention will now turn.

Chapter Three: **Discussion**

This study set out with the primary aim to evaluate both theories and evidence for the existence of a secondary variant of psychopathy. A further aim was to evaluate our current levels of understanding regarding the psychopathic construct. Chapter One did this through an analysis of psychopathy's relationship with APD, past and present conceptualisations including the operationalisation of the construct through its measures the PCL-R and the PPI-R, and finally an examination of the role that the recently developed triarchic model can play in helping us to clarify our current understanding and further our knowledge of the psychopathic construct.

As a result of the evaluations and analyses conducted, three key findings emerged. In relation to the primary aim, evidence appeared to support the existence of a secondary variant of psychopathy, which has marked differences from classical conceptualisations of primary psychopathy. Interestingly, through analyses for the existence of a secondary variant of psychopathy a third, albeit more hypothetical, finding emerged. Following on from Skeem et al.'s (2011) citing of Thorndike's (1904) 'jingle fallacy', Chapter Two concluded with a consideration of the possibility that due to its marked differences from classical conceptions of primary psychopathy, secondary psychopathy may not be a form of psychopathy at all.

In the context of the secondary research aim, this study found that whilst our understanding of psychopathy has clearly been advanced since Cleckley's (1941) original conceptualisations of it, it remains fundamentally flawed due to inherent problems in our ability to conceptualise and measure it.

This chapter will firstly examine each of these findings in more depth. It will then move on to a consideration of some of the limitations that may have affected this study. Finally, the implications of this study's findings for the continued research, policy and treatment decisions regarding psychopathy will be briefly considered.

3.1 - Finding 1: Evidence appears to supports the existence of a secondary variant of psychopathy which has marked differences from primary psychopathy:

Chapter Two considered both theories and evidence relating to the existence of a secondary form of psychopathy. Whilst the theories presented all differed somewhat in their individual conceptualisations of secondary psychopathy and in particular, they beliefs regarding its etiological pathways a common set of characteristics appeared to emerge. Many of the theories seemed to find primary psychopathy closely aligned with classical conceptions of psychopathy, in particular Cleckley's (1976) conceptualisations. In contrast to this, they argued that secondary psychopathy is marked by higher levels of

anxiety/fearfulness, impulsivity and emotionality. These differences also appear to be backed up by a growing body of research in this area, some of which was evaluated in Chapter Two (e.g. Hicks et al., 2004; Poythress, Edens et al., 2010; Hicks et al., 2010), which appeared to lend support to the theories of Karpman (1941) and Skeem et al. (2003). Whilst the theories of Lykken (1995), Mealey (1995) and Porter (1996) have all helped form our generalised conceptualisations of primary and secondary psychopathy, their individual limitations as discussed in Chapter Two means that in isolation these theories cannot be considered to offer complete enough conceptualisations of a secondary variant of psychopathy.

It is important to note that due to the apparent dimensional nature of psychopathy, the primary and secondary distinctions cannot be considered to be strict typologies. As can be seen in Fig. 2, this would suggest that there may be overlaps between the two variants. Further to this, it is also important to consider that descriptions of primary and secondary psychopathy should be regarded as idealised and prototypical examples of individuals that 'fall near the grand mean of each variant and manifest all of the variant's most defining characteristics' (Skeem et al., 2011, P. 116). This may offer an explanation as to the subtle differences in both theoretical and evidential conceptualisations. In essence, they may be tapping in to differing parts of the same multidimensional space what we could label the psychopathic continuum (see Fig. 2).

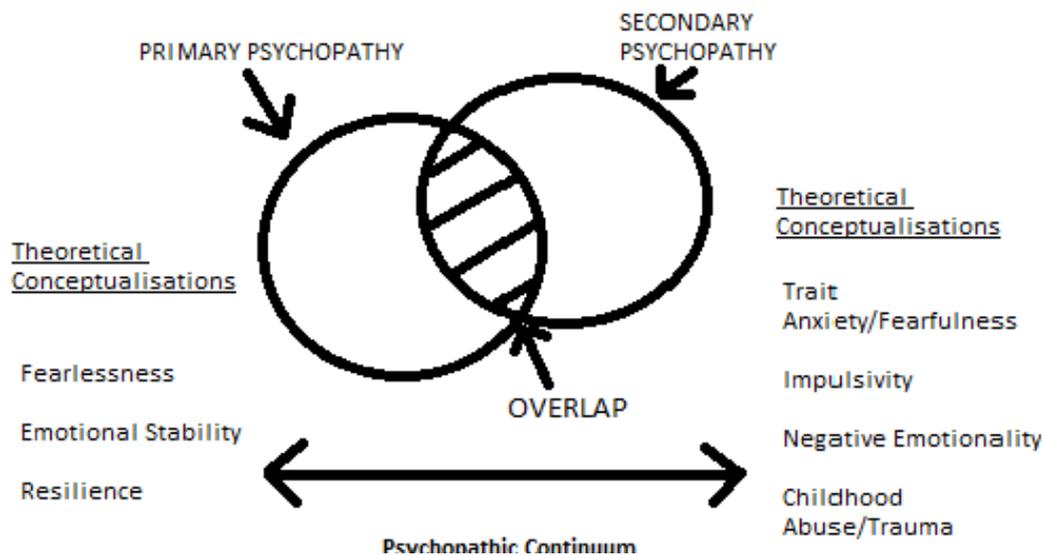


Fig. 2: A theoretical illustration of the dimensional nature of the psychopathic continuum, theoretical conceptualisations of its primary and secondary variants, and the possibility for the existence of an overlap between these variants.

Clearly there appears to be increasing evidential and theoretical support for the existence of a primary variant of psychopathy. However, as mentioned in Chapter Two, the evidence

is not yet strong enough to draw firm conclusions or to suggest that a primary and secondary distinction is optimal. In the second finding that will be presented here, we must bear in mind the possibility that the condition both theory and evidence are identifying, marked by its similar scores on the PCL-R but higher levels of anxiety, impulsivity and negative emotionality in comparison to primary psychopathy, may not be a form of psychopathy at all.

3.2 - Finding 2: Secondary psychopathy may not be a form of psychopathy at all:

Clearly, at present there is not enough evidence to support the idea that the secondary variant of psychopathy as identified in Chapter Two may not be a form of psychopathy at all. This finding therefore constitutes more of a theoretical consideration, but one that attention and further research should be afforded to.

Whilst the previous findings discussed the growing body of evidence which supports the existence of a secondary variant of psychopathy, Skeem et al.'s (2011) extensive literature review drew attention to the possibility that secondary psychopathy may actually be a form of pseudopsychopathy. Conceptualisations of secondary psychopathy marked by, in particular, its higher levels of trait anxiety and negative emotionality (e.g. Karpman, 1941, 1948; Skeem et al., 2003), appear to be at odds with classical conceptions of psychopathy that have highlighted features such as emotional stability and fearlessness (e.g. Cleckley, 1976, Lykken, 1995, Hare, 2003). Whilst as discussed above, there are elements of the two variants that seemingly overlap, as indicated by their very similar scores on the PCL-R; the polarisation of many of their features may suggest that they are in fact different conditions. This view may be further supported by the fact that the majority of theories analysed in Chapter Two considered secondary psychopathy to occur as a result of very different etiological pathways than primary psychopathy with environmental factors playing a bigger role than genetic ones. This study will not offer other alternatives to what secondary psychopathy may potentially be, due to a lack of any substantial evidence indicating any possibilities.

This debate clearly warrants further investigation and as will be considered in the last section of this chapter, the potential for secondary psychopathy to not actually be a form of psychopathy has implications for continued research, policy decisions and the treatment of individuals concerned. Unfortunately, until inherent problems in our ability to conceptualise and measure psychopathy are resolved (see Finding 3, below), then this debate is likely to remain unresolved. As how can we decide if secondary psychopathy is psychopathy, if we still remain uncertain as to what constitutes the psychopathic construct?

3.3. - Finding 3: Our understanding of psychopathy is fundamentally flawed, due to inherent problems in our ability to conceptualise and measure it.

Chapter's One and Two have displayed how complex a phenomenon psychopathy actually is. Whilst our understanding of psychopathy has clearly increased since the work of Cleckley, largely due to an ever increasing amount of empirical evidence which assists in the validation of theories and conceptualisations, there still appears to be no general consensus as how we should conceptualise the psychopathic construct. Certainly, when

analysing contemporary and previous research the vague outline of a prototypical psychopath appears to emerge, one which is manipulative, emotional stable, fearless and resilient (Cleckley, 1976; Lykken, 1995; McCord & McCord, 1964), Agreement also appears to have been reached regarding the dimensional nature of psychopathy and also (as discussed above) the possibility for the existence of variants within its construct.

However, our understanding of many of these concepts and the relationships between them is still very vague. This is highlighted by the numerous debates that occur within research circles dedicated to the study of psychopathy, with uncertainty over the roles elements such as Cleckley's positive adjustment features, criminality and indeed many of the aforementioned traits associated with psychopathy; play in the formation of the psychopathic construct. Chapter One's analysis of the relationship between psychopathy and APD has shown that the two conditions should not be considered synonymous and that criminality or antisociality should not be considered central to the psychopathic construct, however, at present the importance of criminality and its relationship with psychopathy remains unresolved. This may well be due to our difficulties in understanding and conceptualising psychopathy.

Very much like the dimensional nature of psychopathy, theories relating to it appear to sit at various points along a continuum, all appearing to be describing a similar condition, but emphasising different elements of it. This is perhaps best captured by the three constructs of the triarchic model (Patrick et al., 2009) meanness, boldness and disinhibition. Through these constructs we are able to view the similarities and differences between competing conceptualisations of psychopathy. However, whilst this is useful in helping us to clarify the similarities and differences between theories and conceptualisations of psychopathy, as alluded to in Chapter One, it does not take into account etiological factors, which some argue are crucial to increasing our understanding of psychopathy (Skeem et al., 2007).

This theme relating to the level of uncertainty and vagueness that still persists over our understanding of the psychopathic construct continues when we consider the two measures of psychopathy that were analysed in Chapter One. Undoubtedly, without these measures, in particular the PCL-R, we would understand far less than we currently do about psychopathy. Its very nature as a personality disorder makes it impossible to directly observe many of its most important features. However, whilst this process of operationalising a construct through its measures is necessary in order to gain a better understanding of it, issues can arise. This was highlighted in the brief discussion surrounding the over dominance of the PCL-R and the potential for researchers to conflate the measure with the construct. Whilst the PCL-R has provided an extremely useful tool in increasing our understanding of psychopathy, and is backed up by an impressive and extensive array of research, caution should continually be exercised in its use. As Skeem et al. (2011) argue, a PCL-R score is no more equivalent to psychopathy than an intelligence test score is equivalent to intelligence itself. Indeed, the use of PCL-R scores in decisions relating to policy and treatment presents itself as somewhat problematic particularly in light of its inability to distinguish between possible variants of psychopathy. Considerations of this will be briefly examined in the final section of this chapter.

The emergence of self-report measures of psychopathy, in particular the PPI-R, is an interesting addition to the contemporary research landscape. Despite its uses, particularly in assessing community population samples and its ability to better capture Cleckley's

positive adjustment features in comparison to the PCL-R, there are some issues that must be considered relating to the use of self-report measures with individuals who may be psychopathic. A particular element of psychopathy that appears to draw consensus from competing conceptualisations is the propensity for psychopathic individuals to be deceitful and manipulative (Hare, 1993; Cleckley, 1976). Clearly, there is a possibility that responses from individuals such as this in self-report tests could affect the validity of the results. These affects could further be amplified through the possibility of suffering from 'semantic aphasia' (Cleckley, 1988) as described in Chapter One. These findings would appear to suggest that whilst the the PPI-R has a role to play in research into psychopathy, extreme caution should be exercised in the interpretation of results from it. It is perhaps advisable that until the responses of psychopathic individuals to self-report studies are better understood, measures such as the PPI-R should be used in conjunction with other measures, to increase the validity of any research findings.

A further obstacle to the resolution of competing conceptualisations of psychopathy and the formulation of a psychopathic construct relates specifically to the previous discussions in Finding 1 (see above). As discussed, the possible dimensional nature of psychopathy means that theoretical conceptualisations tend to isolate only one particular configuration of traits and behaviours which could constitute the label of psychopathy. This makes pinning down a precise definition and construct of psychopathy incredibly difficult. Until advancements in our ability to measure the dimensional nature of psychopathy occur, it seems that uncertainties and differences in individual conceptualisations of psychopathy will remain.

3.4 - Implications of findings for research, policy and treatment decisions related to psychopathy:

The key findings of this study obviously have considerable implications for continued research, policy decisions and treatment interventions related to the field of psychopathy. What is particularly apparent is that until our understanding of psychopathy is clarified and expanded on to a much greater degree the assessment, and applications of psychopathy to real world situations will remain fundamentally flawed. These three key areas will now be briefly considered in turn.

3.4.1 – Research:

The paradoxical nature of psychopathy, in that until we have a unified construct of psychopathy research in the area will continue to be flawed, yet in order to reach this goal we must continue this research, presents an interesting and complex challenge. Clearly however, when considered in the context of the following points relating to policy decisions and treatment interventions, continued research into psychopathy is now perhaps more important than ever.

An apparent sub theme that has emerged during this study is the importance of the etiological factors that impact upon psychopathy in furthering our understanding. Whilst as discussed in Chapter Two, there are inherent difficulties in separating our genetic and environmental variables a potential solution to this problem in the form of twin studies

was mentioned. There is a relative lack of this type of study currently and so this would provide a good path for future research to consider.

Research into the etiology of psychopathy may also assist in furthering our knowledge regarding secondary psychopathy and whether it is a form of psychopathy at all. Whilst this study tenuously suggested the idea that it may not, clearly further research in this area will need to be carried out. This is particularly important in the light of policy and treatment decisions that will be considered shortly.

Whilst these are clearly important areas for further research, we cannot just take a one dimensional approach to researching psychopathy. Clearly, a multifaceted disorder such as psychopathy warrants a multifaceted approach to its research and yet, at present, the fractured and divisive nature of the psychopathic research field reflects the fractured nature of our understanding of psychopathy. Perhaps it is time that researchers in this area put their differences behind them and came together to form an action plan through which research into psychopathy can be systematically and effectively tackled.

3.4.2 - Policy and Treatment Decisions:

Perhaps the most concerning feature regarding psychopathy is the fact that, despite there being no general consensus over its features, nor a properly sanctioned set of criteria for its diagnosis, elements of it are still utilised to inform policy and treatment decisions.

Evidence suggest that the over dominance of the PCL-R (see Chapter One) extends beyond the realms of research and into practical areas such as in the assessment of dangerousness, in particular the risk of violence (Tolman & Mullendore, 2003). In fact, studies have indicated that a large percentage of forensic psychiatrists view the use of the PCL-R in violence related risk assessment as more important than the use of purpose built violence-risk-assessment tools (Tolman & Mullendore, 2003). Further to this there is evidence to suggest that the PCL-R is used to inform expert evidence on psychopathy which is presented in court. This is concerning when considered in light of studies which suggest the PCL-R is relatively poor in distinguishing between its possible primary and secondary variants.

This is important when considered in the context of treatment interventions. As has previously been discussed, many theories of psychopathy have considered it to be potentially untreatable (Cleckley, 1976; Hare, 1993). Indeed the label 'psychopath' tends to '...invite assumptions from laypeople and professionals alike that an individual is an unfeeling, hardwired superpredator' (Skeem et al., 2011, P. 119). And yet, following our discussions regarding primary and secondary variants of psychopathy many of these theorists considered those with secondary psychopathy to be potentially more amenable to treatment. Regardless of whether secondary psychopathy is a form of psychopathy or not, the fact that it scores similarly as primary psychopathy on the PCL-R, which is in turn used to inform decisions relating to policy and treatment, carries with it the very real risk that very separate groups of individuals with differing treatment needs (and indeed levels of amenability to treatment) may all be written off as inherently untreatable.

It seems clear that until our understanding of psychopathy increases, the application of its construct and its measures in real world situations must carry with it extreme caution. These are after all people lives we are dealing with. Regardless of whether they can be

classed as psychopathic or not, they deserve to all be treated as individuals and be given the same treatment opportunities as others.

3.5 - Limitations of study

Whilst every effort has been taken to minimise them, like any study there are of course limitations associated with this present one. As secondary research focuses intensively on the work of others, there is the risk that limitations which affected these studies may be replicated in this study. As was highlighted in Chapter Two, the over reliance on many of the studies analysed on male populations samples makes generalising results to other populations difficult. Whilst this is potentially true of this study as well, this has been duly noted and no firm conclusions have been drawn. Rather, cautious interpretations of results have led this study to conclude that clearly more research is needed within multiple areas associated with psychopathy, before any firm conclusions can be made.

A second limitation of this study arises out of the views expressed by authors such as Skeem et al. (2007), who suggest that the study of etiological pathways associated with psychopathy is crucial in furthering our understanding of the construct. Unfortunately, due to length constraints it was decided that these areas could not be explored in sufficient depth to warrant their inclusion. This does not of course belie their importance and indeed a strong suggestion of this study has been that further research in this area is crucial.

Whilst these limitations are evidently valid, it is the opinion of this author that the findings presented still remain persuasive and thus should not be disregarded as a result.

3.6 - Conclusion:

This study has found that whilst there does appear to be evidence for a secondary form of psychopathy, there are very real and valid concerns as to whether this constitutes actual psychopathy. This uncertainty is heightened due to inherent problems in our ability to conceptualise and measure the psychopathic construct. These findings have highlighted clear implications particularly in the continued use of the PCL-R in informing decisions relating to policy and treatment interventions. Specifically, the inability of the PCL-R to effectively distinguish between variants of psychopathy carries with it the risk that what are considerably different individuals, may all be treated under the general label of 'psychopaths'. Given that many consider psychopaths to be inherently untreatable (Cleckley, 1976; Karpman; 1941) this carries with it the very real risk that individuals who may actually be amenable to treatment, will not be given sufficient opportunity to receive this.

This study has also highlighted several key areas which it views are particularly crucial in order for many of the debates discussed to move towards a resolution. Evidently, further research into the existence of a secondary variant of psychopathy specifically to clarify its relationship, if it exists at all, to the psychopathic construct. It is suggested that research

into the etiological factors implicated in secondary psychopathy, and indeed psychopathy as a whole, is of crucial importance in the furthering of our knowledge.

Limitations of this study were also briefly considered and whilst they should of course be borne in mind, the extreme care taken over the analysis and interpretation of the results of others and the willingness not to over generalise the findings of this study all suggest that these limitations do not have a considerable effect on the results of this study.

This study has clearly shown psychopathy to be a fascinating but also deeply troubling field in which to conduct research. Unfortunately, due to the highly complex and dimensional nature of psychopathy and the difficulties inherent in measuring and conceptualising it, it seems relatively likely that for the foreseeable future psychopathy will remain an elusive construct which presents as many problems to continued research, policy decisions and treatment interventions as psychopathic individuals arguably present to society in general.

References

- Alterman, A. I., McDermott, P. A., Cacciola, J. S., Rutherford, M. J., Boardman, C. R., McKay, J. R., & Cook, T. G. (1998). A typology of antisociality in methadone patients. *Journal of Abnormal Psychology, 107*(3), 412-422.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Benning, S. D., Patrick, C. J., Blonigen, D. M., Hicks, B. M., & Iacono, W. G. (2005). Estimating facets of psychopathy from normal personality traits: A step towards community epidemiological investigations. *Assessment, 12*(1), 3-18.
- Benning, S. D., Patrick, C. J., Hicks, B. M., Blonigen, D. M., & Krueger, R. F. (2003). Factor structure of the Psychopathic Personality Inventory: Validity and implications for clinical assessment. *Psychological Assessment, 15*(3), 340-350.
- Benning, S. D., Patrick, C. J., Salekin, R. T., & Leistico, A. R. (2005). Convergent and discriminant validity of psychopathy factors assessed via self-report: A comparison of three instruments. *Assessment, 12*(3), 270-289.
- Bishopp, D., & Hare, R. D. (2008). A multidimensional scaling analysis of the Hare PCL-R: Unfolding the structure of psychopathy. *Psychology, Crime, and Law, 14*(2), 117-132.
- Blackburn, R. (1988) On moral judgements and personality disorders: The myth of the psychopathic personality revisited. *British Journal of Psychiatry, 153*, 505–512.
- Blackburn, R. (1996). Psychopathy and personality disorder: Implications of interpersonal theory. In D. J. Cooke, A. E. Forth, J. P. Newman, & R. D. Hare (Eds.), *Issues in criminological and legal psychology: No. 24, International perspective on psychopathy* (pp. 18-23). Leicester, UK: British Psychological Society.
- Blackburn, R. (1998). Psychopathy and personality disorder: Implications of interpersonal theory. In D. J. Cooke, A. E. Forth, & R. D. Hare (Eds.), *Psychopathy: Theory, research, and implications for society* (pp. 269-301). Dordrecht, The Netherlands: Kluwer.
- Blackburn, R. (2006). Other theoretical models of psychopathy. In C. J. Patrick (Ed.), *Handbook of psychopathy*. New York: Guilford Press.
- Blackburn, R., Logan, C., Donnelly, J., & Renwick, S. J. D. (2008). Identifying psychopathic subtypes: combining an empirical personality classification of offenders with the Psychopathy Checklist-Revised. *Journal of Personality Disorders, 22*(6), 604–622.

Blair, R. J. R., Jones, L., Clark, F., & Smith, M. (1997). The psychopathic individual: A lack of responsiveness to distress cues? *Psychophysiology*, 34(2), 192-198.

Blair, R. J. R., Mitchell, D. G., & Blair, K. S. (2005). *The psychopath: Emotion and the brain*. Oxford, England: Blackwell Publishing Limited.

Blonigen, D. M., Hicks, B. M., Krueger, R. F., Patrick, C. J., & Iacono, W. G. (2005). Psychopathic personality traits: Heritability and genetic overlap with internalizing and externalizing psychopathology. *Psychological Medicine*, 35(5), 637-648.

Cale, E. M., & Lilienfeld, S. O. (2002). Sex differences in psychopathy and antisocial personality disorder: A review and integration. *Clinical Psychology Review*, 22, 1179-1207.

Cleckley, H. (1941). *The mask of sanity: an attempt to reinterpret the so-called psychopathic personality*. Oxford, UK: Mosby.

Cleckley, H. (1976). *The mask of sanity* (5th ed.). St Louis, MO: Mosby.

Cleckley, H. (1988). *The mask of sanity: An attempt to clarify some issues about the so-called psychopathic personality* (5th ed.). Augusta, GA: E. S. Cleckley.

Cooke, D., & Michie, C. (2001). Refining the construct of psychopathy: Towards a hierarchical model. *Psychological Assessment*, 13, 171-188.

Cooke, D., Michie, C., & Hart, S. D. (2006). Facets of clinical psychopathy: Toward clearer measurement. In C. J. Patrick (Ed.), *Handbook of psychopathy*. New York, NY: Guildford Press

Copstake, S., Gray, N. S., & Snowden, R. J. (2011). A comparison of a self-report measure of psychopathy with the Psychopathy Checklist-Revised in a UK sample of offenders. *Journal of Forensic Psychiatry & Psychology*, 22(2), 169-182.

Cronbach, L. J., & Meehl, P. E. (1955). Construct validity in psychological tests. *Psychological Bulletin*, 52, 281-302

Edens, J.F. (2006), Unresolved controversies concerning psychopathy: Implications for clinical and forensic decision making. *Professional Psychology: Research and Practice*, 37, 59-65.

Edens, J. F., Marcus, D. K., Lilienfeld, S. O. & Poythress, N. G. (2006). Psychopathic, not psychopath: taxometric evidence for the dimensional structure of psychopathy. *Abnormal Psychology, 115*(1), 131-144.

Douglas, K. S., Epstein, M. E., & Poythress, N. G. (2008). Criminal recidivism among juvenile offenders: Evaluating the incremental and predictive validity of three measures of psychopathic features. *Law and Human Behaviour, 32*, 423-438.

Farrington, D. P., Coid, J. W., Harnett, L., Jolliffe, D., Soteriou, N., Turner, R., & West, D. J. (2006). *Criminal careers up to the age of 50 and life success up to the age of 48: New findings from the Cambridge Study in Delinquent Development*. London, England: Home Office.

Forth, A. E., Kosson, D. S., & Hare, R. D. (2003). *The Psychopathy Checklist: Youth Version*. Toronto, Ontario, Canada: Multi-Health Systems.

Fowles, D. C. (1980). The three arousal model: Implications of Gray's two-factor learning theory for heart rate, electrodermal activity, and psychopathy. *Psychophysiology, 17*(2), 87-104.

Fowles, D. C., & Dindo, L. (2006). A dual-deficit model of psychopathy. In C. J. Patrick (Ed.), *Handbook of psychopathy* (pp. 14–34). New York, NY: Guilford Press.

Fowles, D. C., & Dindo, L. (2009). Temperament and psychopathy: A dual-pathway model. *Current Directions in Psychological Science, 18*, 179–183

Frick, P. J., & Hare, R. D. (2001). *The antisocial process screening device (APSD)*. Toronto, Ontario, Canada: Multi-Health Systems.

Gray, J. A. (1982). *The neuropsychology of anxiety: An enquiry into the functions of the septo-hippocampal system*. Oxford, England. Oxford University Press

Haapasalo, J., & Pulkkinen, L. (1992). The Psychopathy Checklist and nonviolent offender groups. *Criminal Behaviour and Mental Health, 2*, 315-328.

Hamburger, M. E., Lilienfeld, S. O., & Hogben, M. (1996). Psychopathy, gender, and gender roles: Implications for antisocial and histrionic personality disorders. *Journal of Personality Disorders, 10*(1), 41-55.

Hare, R. D. (1980). A research scale for the assessment of psychopathy in criminal populations. *American Journal of Psychiatry*, *140*, 887-890.

Hare, R. D. (1991) *The Hare Psychopathy Checklist-Revised*. Toronto, Ontario, Canada: Multi-Health Systems.

Hare, R.D. (1993) *Without conscience: The disturbing world of the psychopaths among us*. New York, NY: Simon & Schuster.

Hare, R.D. (2001) *The Hare Psychopathy Checklist-Revised* (2nd ed.). Toronto, Ontario, Canada: Multi-Health Systems.

Hare, R. D., Harpur, T. J., Hakstian, A. R., Forth, A. E., Hart, S. D., & Newman, J. P. (1990). The Revised Psychopathy Checklist: Reliability and factor structure. *Psychological Assessment*, *2*, 338-341.

Hare, R. D., & Neumann, C. S. (2005). Structural models of psychopathy. *Current Psychiatry Reports*, *7*(1), 57-64.

Hare, R.D., & Neumann, C. S. (2008). Psychopathy as a clinical and empirical construct. *Annual Review of Clinical Psychology*, *4*, 217-246.

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

Harpur, T. J., Hakstian, R., & Hare, R. D. (1988). Factor structure of the Psychopathy Checklist. *Journal of Consulting and Clinical Psychology*, *56*, 741-747.

Hicks, B. M., Markon, K. E., Patrick, C. J., Krueger, R. F., & Newman, J. P. (2004). Identifying psychopathy subtypes on the basis of personality structure. *Psychological Assessment*, *16*(3), 276-288.

Hicks, B. M., & Patrick, C. J. (2006). Psychopathy and negative affectivity: Analyses of suppressor effects reveal distinct relations with trait anxiety, depression, fearfulness, and anger-hostility. *Journal of Abnormal Psychology*, *115*, 276-287.

Hicks, B. M., Vaidyanathan, U., & Patrick, C. J. (2010). Validating female psychopathy subtypes: Differences in personality, antisocial and violent behaviour, substance abuse, trauma, and mental health. *Personality Disorders: Theory, Research, and Treatment*, *1*(1), 38-57.

Justus, A. N., & Finn, P. R. (2007). Startle modulation in non-incarcerated men and women with psychopathic traits. *Personality and Individual Differences, 43*, 2057-2071.

Karpman, B. (1941). On the need of separating psychopathy into two distinct clinical types: The symptomatic and the idiopathic. *Journal of Criminal Psychopathology, 3*, 112–137.

Karpman, B. (1948). Conscience in the psychopath: Another version. *American Journal of Orthopsychiatry, 18*, 455–491.

Kosson, D. S. & Newman, J. P. (1995). An evaluation of Mealey's hypotheses based on Psychopathy Checklist-identified groups. *Behavioural and Brain Sciences, 18*, 562-563.

Lilienfeld, S. O. (1994). Conceptual problems in the assessment of psychopathy. *Clinical Psychology Review, 14*, 17–38.

Lilienfeld, S. O. (1998). Methodological advances and developments in the assessment of psychopathy. *Behaviour Research and Therapy, 36*, 99–125.

Lilienfeld, S. O., & Andrews, B. P. (1996). Development and preliminary validation of a self-report measure of psychopathic personality traits in noncriminal populations. *Journal of Clinical Psychology, 55*, 241-255.

Lilienfeld, S. O., & Widows, M. R. (2005). *Psychopathic Personality Inventory-Revised (PPI-R) professional manual*. Odessa, FL: Psychological Assessment Resources.

Lynam, D. R., & Derefinko, K. J. (2006). Psychopathy and personality. In C. J. Patrick (Ed.), *Handbook of psychopathy* (pp. 133-155). New York, NY: Guildford Press.

Malterer, M. B., Glass, S. J., & Newman, J. P. (2008). Psychopathy and trait emotional intelligence. *Personality and Individual Differences, 44*, 733-743.

Mealey, L. (1995). The sociobiology of sociopathy: An integrated evolutionary model. *Behavioral and Brain Sciences, 18*, 523-599.

McCord, W., & McCord, J. (1964) *The Psychopath: An Essay on the Criminal Mind*. Princeton, NJ: Van Nostrand.

Miller, J. D., Watts, A., & Jones, S. E. (2011). Does psychopathy manifest divergent relations with components of its nomological network depending on gender? *Personality and Individual Differences, 50*(5), 564-569.

- Monahan, J., Steadman, H., Silver, E., Appelbaum, P., Robbins, P., Mulvey, E. & Banks, S. (2001). Rethinking violence risk assessment: Mental disorder and the law. New York: Oxford University Press.
- Neumann, C.S., & Hare, R. D. (2007). Erroneous conclusions about the PCL-R based on faulty modelling. *British Journal of Psychiatry*, 191, 357-358.
- Neumann, C. S., Vitacco, M. J., Hare, R. D., & Wupperman, P. (2005). Reconstructing the “reconstruction” of psychopathy: A comment on Cook, Michie, Hart, & Clark. *Journal of Personality Disorders*, 19(6), 624-640.
- Newman, J. P., & Wallace, J. F. (1993). Psychopathy and cognition. In P. Kendall & K. Dobson (Eds.), *Psychopathology and Cognition* (pp. 293-349). New York: Academic Press.
- Rilling, J. K., Glenn, A. L., Jairam, M. R., Pagnoni, G., Goldsmith, D. R., Elfenbein, H. A., & Lilienfeld, S. O. (2007). Neural correlates of social cooperation and non-cooperation as a function of psychopathy. *Biological Psychiatry*, 61(11), 1260-1271.
- Patrick, C. J. (1994). Emotion and psychopathy: Startling new insights. *Psychophysiology*, 31(4), 319-330.
- Patrick, C. J. (2006). Back to the future: Cleckley as a guide to the next generation of psychopathy research. In C. J. Patrick (Ed.), *Handbook of psychopathy* (pp. 605–617). New York, NY: Guilford Press.
- Patrick, C. J. (2010). Conceptualizing psychopathic personality: Disinhibited, bold, or just plain mean? In R. J. Salekin & D. R. Lynam (Eds.), *Handbook of child and adolescent psychopathy* (pp. 15–48). New York, NY: Guilford Press.
- Patrick, C. J., Bradley, M. M. & Lang, P. J. (1993). Emotion in the criminal psychopath: Startle reflex modulation. *Journal of Abnormal Psychology*, 102(1), 82-92.
- Patrick, C. J., Cutrin, J. J., & Tellegen, A. (2002). Development and validation of a brief form of the Multidimensional Personality Questionnaire. *Psychological Assessment*, 14(2), 150-163.
- Patrick, C. J., Zempolich, K. A., & Levenston, G. K. (1997). Emotionality and violent behavior in psychopaths: A biosocial analysis. In A. Raine & P. A. Brennan (Eds.), *Biosocial bases of violence* (pp. 145-161). New York: Plenum Press.

Patrick, C. J., Hicks, B. M., Krueger, R. F. & Lang, A. R. (2005). Relations between psychopathy facets and externalizing in a criminal offender sample. *Journal of Personality Disorders, 19*(4), 339-356.

Patrick, C. J., Edens, J. F., Poythress, N. G., Lilienfeld, S. O., & Benning, S. D. (2006). Construct validity of the Psychopathic Personality Inventory two-factor model with offenders. *Psychological Assessment, 18*(2), 204-208.

Patrick, C. J., Fowles, D. C., & Krueger, R. F. (2009). Triarchic conceptualization of psychopathy: Developmental origins of disinhibition, boldness, and meanness. *Development and Psychopathology, 21*, 913-938.

Porter, S. (1996). Without conscience or without active conscience? The etiology of psychopathy revisited. *Aggression and Violent Behaviour, 1*(2), 179-189

Poythress, N. G., Edens, J. F., Skeem, J. L., Lilienfeld, S. O., Douglas, K. S., Frick, P. J., Patrick, C. J., Epstein, M., & Wang, T. (2010). Identifying subtypes among offenders with antisocial personality disorder: A cluster-analytic study. *Journal of Abnormal Psychology, 119*(2), 389-400.

Salekin, R., Rogers, R., & Sewell, K. (1997). Construct validity of psychopathy in a female offender sample: A multitrait-multimethod evaluation. *Journal of Abnormal Psychology, 106*(4), 576-585.

Skeem, J. L. & Cooke, D. J. (2010). Is criminal behaviour a central component of psychopathy? Conceptual directions for resolving the debate. *Psychological Assessment, 22*, 433-445.

Skeem, J. L., Johansson, P., Andershed, H., Kerr, M., & Louden, J. E. (2007). Two subtypes of psychopathic violent offenders that parallel primary and secondary variants. *Journal of Abnormal Psychology, 116*(2), 395-409.

Skeem, J. L., Poythress, N., Edens, J. F., Lilienfeld, S. O., & Cale, E. M. (2003). Psychopathic personality or personalities? Exploring potential variants of psychopathy and their implications for risk assessment. *Aggression and Violent Behaviour, 8*(5), 513-546.

Stout, M. (2005). *The sociopath next door: The ruthless versus the rest of us*. New York: Broadway books.

Swogger, M. T., & Kosson, D. S. (2007). Identifying subtypes of criminal psychopaths: A replication and extension. *Criminal Justice and Behaviour, 34*(8), 953-970.

Swogger, M. T., Walsh, Z., & Kosson, D. S. (2008). Psychopathy subtypes among African American county jail inmates. *Criminal Justice and Behavior*, 35(12), 1484-1499.

Tolman, A. O. & Mullendore, K. B. (2003). Risk evaluations for the courts: Is service quality a function of specialization? *Professional Psychology: Research and Practice*, 34, 225-232.

Vassileva, J., Kosson, D. S., Abramowitz, C., & Conrod, P. (2005). Psychopathy versus psychopathies in classifying criminal offenders. *Legal and Criminological Psychology*, 10, 27-43.