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Criminal Behavior

A Psychological Approach

ELEVENTH EDITION

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CRIMINAL BEHAVIOR

A PSYCHOLOGICAL APPROACH

The psychopath is not identical to the sociopath. The latter is a nonclinical label attached to someone who persistently and chronically breaks the law. Neither is the psychopath identical to the person with an antisocial personality disorder (APD), although some researchers and clinicians continue to confuse the two terms (Gacono, Nieberding, Owen, Rubel, & Bodholdt, 2001). Furthermore, definitions of psychopathy and APD are so close as to be virtually indistinguishable. Nevertheless, the fine distinctions are worth maintaining, and we will try to keep them distinct throughout the chapter. Because psychopathy is such an important topic in criminal psychology, we devote an entire chapter to describing the research and clinical characteristics of this interesting behavior.

WHAT IS A PSYCHOPATH?

The term “psychopath” is currently used to describe a person who demonstrates a discernible cluster of psychological, interpersonal, and neurophysiological features that distinguish him or her from the general population. Psychologist Robert Hare (1993), one of the world’s leading experts on psychopathy, refers to psychopaths as “social predators who charm, manipulate, and ruthlessly plow their way through life, leaving a broad trail of broken hearts, shattered expectations, and empty wallets. Completely lacking in conscience and empathy, they selfishly take what they want and do as they please, violating social norms and expectations without the slightest sense of guilt or regret” (p. xi).

Hare (1970) proposed a useful scheme to outline three categories of psychopaths: the primary, the secondary or neurotic, and the dyssocial. Only the **primary psychopath** is a “true” psychopath. The primary or “true” psychopath—the main subject of this chapter—has certain identifiable psychological, emotional, cognitive, and biological differences that distinguish him or her from the general and criminal populations. We discuss these differences in some detail throughout the chapter. The other two categories meld a heterogeneous group of antisocial individuals who comprise a large segment of the criminal population. **Secondary psychopaths** commit antisocial or violent acts because of severe emotional problems or inner conflicts. They are sometimes called acting-out neurotics, neurotic delinquents, symptomatic psychopaths, or simply emotionally disturbed offenders. Recent research indicates that the secondary psychopath demonstrates more emotional instability and impulsivity than the primary psychopath, and secondary psychopaths also appear to be more aggressive and violent (Kimonis, Skeem, Cauffman, & Dmitrieva, 2011). The researchers also discovered that the secondary psychopath, compared to the primary psychopath, is more rooted in parental abuse and rejection. The third group, **dyssocial psychopaths**, display aggressive, antisocial behavior they have *learned* from their subculture, like their gangs, terrorist groups, or families. In both cases, the label “psychopath” is misleading, because the behaviors and backgrounds have little, if any, similarity to those of primary psychopaths. Yet, both secondary and dyssocial psychopaths are often confused with primary psychopaths because of their high recidivism rates.

Antisocial Personality Disorder

As noted above, primary psychopathy should be distinguished from **antisocial personality disorder (APD)**. This term is used by psychiatrists and many clinical psychologists to describe “a pervasive pattern of disregard for, and violation of, the rights of others, occurring since age 15...” (American Psychiatric Association, 2013, p. 659). This DSM-5 definition is followed by seven additional criteria, any three or more of which must be met, such as repetitive lying, impulsiveness, and disregard for the safety of others. The individual diagnosed with APD must be at least 18 years old, and there must be evidence that behavioral patterns corresponding to conduct disorder (CD) occurred prior to age 15. Recall that we discussed CD in some detail in Chapter 2. Although not all children diagnosed with CD eventually qualify for APD, persons with APD would have qualified for CD had they been diagnosed.

As we noted, the descriptions of the psychiatric term “antisocial personality disorder” follow very closely the descriptions of the psychological term “psychopathy.” Although the DSM-5 states

that APD “has also been referred to as psychopathy, sociopathy, or dissocial personality disorder” (p. 659), the features of psychopathy are *not* the same as APD. For example, the definition of APD is narrower than the definition of psychopathy. This is because DSM-5—intended as a diagnostic reference manual for use by clinicians—focuses on behavioral indicators. On the other hand, the contemporary definition of psychopathy includes not only behavioral indicators but also emotional, neurological, and cognitive differences. In addition, APD and psychopathy do not mirror the same underlying psychopathology (Riser & Kosson, 2013). For example, the impairments in cognitive functioning are more pronounced and extensive in psychopaths than in individuals diagnosed with APD (who are sometimes referred to in the literature as ASPs, antisocial personalities). Furthermore, whereas APD by definition always involves criminal behavior, not all psychopaths are criminal, and not all criminals are psychopaths. To illustrate the former, we will meet psychopaths in this chapter who do not commit crime. To illustrate the latter, though approximately 50 to 80 percent of male inmates qualify for criteria for APD (Hare, 1998; Hare, Forth, & Strachan, 1992), only 11 to 25 percent of male inmates meet the criteria for psychopathy (Hare, 1996).

One more important point needs to be emphasized. Recent research clearly indicates that psychopathy is not a category but exists on a continuum (Douglas et al., 2015). That is, “psychopaths differ in degree, not in kind, from nonpsychopaths...” (Douglas et al., 2015, p. 262). The DSM-5 sees the diagnosis of APD as a separate, discrete category. One has or does not have APD. Nevertheless, with each new publication of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*—including the DSM-5—the characteristics used to describe the antisocial personality are increasingly similar to Hare’s primary psychopath in behavioral terms. It is easy to understand why clinicians and students often confuse the terms.

This text adopts Hare’s scheme, considering “primary psychopath” an empirically and clinically useful designation. It is distinguished from secondary or neurotic psychopaths in its behavioral, cognitive, emotional, and neurophysiological features. From this point on, when we refer to the psychopath, we mean the primary psychopath. He or she is unique: not neurotic, psychotic, or emotionally disturbed, as commonly believed and sometimes portrayed by the entertainment media. Primary psychopaths are usually not volcanically explosive, violent, or extremely destructive, although they certainly can be. They are more apt to be outgoing, charming, and verbally proficient. They may be criminals—in fact, in general, they run in perpetual opposition to the law—but many are not. The term **criminal psychopath** will be used to identify those primary psychopaths who do engage in repetitive antisocial or criminal behavior.

Examples of Primary Psychopaths

The late Ferdinand Waldo Demara Jr., the “Great Impostor,” who forged documents and tried dozens of occupations without stopping to obtain a high school education, is a good example of a primary psychopath. A brief description of some of his exploits may help put the psychopath in perspective (see Critchton, 1959, for a more complete version).

Demara frequently came into contact with the law, primarily because he persisted in adopting fake identities. He once obtained the credentials of a Dr. French, who held a Harvard PhD in psychology. Demara was in the U.S. Navy at the time, awaiting a commission on the basis of other forged documents, but when he realized he was in danger of exposure via a routine security check, he decided he would prefer the Dr. French identity. He dramatized a successful suicide by leaving his clothing on the end of a pier with a note stating that “this is the only way out.” Navy officials accepted his “death,” and Demara became Dr. French. With his impressive credentials in hand, he obtained a dean of philosophy position in a Canadian college, successfully taught a variety of psychology courses, and assumed administrative responsibilities.

He developed a friendship with a physician, Joseph Cyr, and learned the basics of medicine from their long conversations. He eventually borrowed and duplicated Cyr’s vital documents—birth, baptism, and confirmation certificates, school records, medical license—and obtained a commission in the Royal Canadian Navy as Dr. Cyr. He read extensively to nurture his growing knowledge of medicine.

During the Korean War, Demara/Cyr was assigned to a destroyer headed for the combat zone. The ship met a small Korean junk carrying many seriously wounded men, who were brought on board for emergency medical care. Three men were in such critical condition that only emergency surgery could save their lives. Although Demara had never seen an operation performed, he hurriedly reviewed his textbooks. With unskilled hands, he operated through the night. By dawn, he had not only saved the lives of the three men, but had also successfully treated 16 others.

Demara/Cyr's deeds were broadcast over the ship's radio and disseminated, along with his photo, by the press. The real Dr. Cyr, shocked to see Demara's visage over his own respected name, immediately exposed him. Demara was discharged from the Canadian Navy, which, to save itself from additional embarrassment, allowed him to leave without prosecution. Demara's biography represents an example of a psychopath who did not engage in serious or lifelong violent crime.

Other psychopaths do commit violent crimes, though, some of them heinous and brutal. Neville Heath—charming, handsome, and intelligent—brutally and sadistically murdered two young English women (Critchley, 1951; Hill, 1960). Like Demara, Heath had an extraordinary career, much of it in the armed forces. Unlike Demara, his brushes with the law were serious and occasionally ended in imprisonment. He was commissioned and dishonorably discharged on three separate occasions, once each in the British Royal Air Force, the Royal Armed Service Corps, and the South African Air Force. He flew in a fighter squadron in the RAF until he was court-martialed for car theft at age 19. He then committed a series of thefts and burglaries and was sentenced to Borstal Prison. Pardoned in 1939, he joined the Royal Armed Service Corps but was dismissed for forgery. On his way home to England, he jumped ship and eventually managed to obtain a commission in the South African Air Force until his past caught up with him. When not in trouble, Heath was regarded as a daring, confident, and highly charming officer—and a rake. After the third court-martial, he developed a taste for sadistic murder.

You may be able to identify other examples of psychopaths at their worst. The notorious Charles Manson, who in the 1960s exhibited an uncanny ability to attract a devout cluster of unresisting followers, is one probable example. The fictional Hannibal Lecter, whose sadistic offenses and deadly charm have captivated readers and screen audiences, is another. It is not advisable, though, to see psychopaths around every corner, despite the frequent usage of this designation in popular media. When the media first heard of Joran Van der Sloot, the “Dutch playboy” charged and ultimately convicted of killing a Peruvian woman and suspected in the disappearance of a U.S. college student in 2010, headlines asked whether he was a psychopath. Every alleged violent criminal is not a psychopath. Moreover, as we noted above, psychopathy exists on a continuum, and it is likely that “full-blown psychopaths” are rare. Throughout the remainder of this chapter, we examine in more detail their behavioral patterns, cognitive processes, interpersonal features, neuropsychological characteristics, and general backgrounds.

BEHAVIORAL DESCRIPTIONS

One pioneering authority on the behavioral characteristics of the psychopath was Hervey Cleckley, a well-known psychiatrist who died in 1984 at the age of 81. A large part of Cleckley's professional recognition came as a result of the nonfiction book, *The Three Faces of Eve*, which he coauthored with Corbett Thigpen. The book, which is about the phenomenon of “multiple personality,” was made into a very popular 1957 movie with the same title. However, his major professional contribution to the field of psychiatry can be found in his often-quoted text, *The Mask of Sanity*, first published in 1941. The book describes in clear and empirically useful terms the major behaviors demonstrated by the full-fledged or primary psychopath, as distinct from the other psychopathic types referred to previously. Cleckley was able to identify 16 characteristics he felt described the typical psychopath (see **Table 7-1**). We discuss some of these psychological characteristics identified by both Cleckley and Hare in more detail below. The characteristics proposed by Hare are included in his well-known measure of psychopathy, the *Psychopathy Checklist*, to be discussed later in the chapter. Before we proceed with our description of the behavioral characteristics of the “typical” psychopath, it is important

TABLE 7-1 Psychopathic Behaviors Identified by Hare and Cleckley

Hare PCL Checklist	Cleckley's Primary Psychopath Description
Glibness/superficial charm	Superficial charm and good intelligence
Grandiose sense of self-worth	Pathological egocentricity
Pathological lying	Untruthfulness and insincerity
Cunning/manipulative	Manipulative
Lack of remorse or guilt	Lack of remorse or guilt
Shallow affect	General poverty of affective reactions
Callous, lack of empathy	Unresponsiveness in interpersonal relationships
Failure to accept responsibility for actions	Unreliability
Promiscuous sexual behavior	Impersonal sex life
Lack of realistic, long-term goals	Failure to follow any life plan
Poor behavioral controls	Impulsive
High need for stimulation/prone to boredom	Inadequately motivated antisocial behavior
Irresponsibility	Poor judgment Absence of delusions Absence of anxiety Bizarre behavior after drinking alcohol

to note that contemporary research findings reveal that psychopaths—as a group—appear to be more complex than the original Cleckley descriptions. Still, the Cleckley formulations hold for many psychopaths. Therefore, it is instructive to go over them.

Behavioral Characteristics

Superficial charm and average to above-average intelligence are two of the psychopath's main features, according to Cleckley, and they are both especially apparent during initial contacts. It should be emphasized, however, that a large portion of the psychopaths Cleckley worked with were well educated and from middle- or upper-class backgrounds (Hare & Neumann, 2008). Many psychopaths usually impress others as friendly, outgoing, likable, and alert. They often appear well educated and knowledgeable, and they display many interests. They are verbally skillful and can talk themselves out of trouble. In fact, their vocabulary is often so extensive that they can talk at length about anything (Hare, 1991). However, systematic study of their conversation reveals that they often jump “from one topic to another and that much of their speech is empty of real substance, tending to be filled with stock phrases, repetitions of the same ideas, word approximations, abstract terms and jargon used in a superficial or inappropriate fashion, logically inconsistent statements and phrases, and half-formed sentences” (Hare, 1991, p. 57). As Hare (1996, p. 46) notes: “In some respects, it is as if psychopaths lack a central organizer to plan and keep track of what they think and say.” However, since psychopaths are so charming and manipulative, these language shortcomings are not readily apparent.

Readers should not conclude that psychopaths as a group are usually verbally and socially skillful at *successfully* manipulating others and the system. In a revealing study that followed a large number of psychopaths from age 8 to 48 (Ullrich, Farrington, & Coid, 2008), it was found that psychopathic traits did not lead to status or wealth, or successful intimate relationships. Apparently, the charm, deception, and impression management used by psychopaths do not usually lead to success in life.

Psychological Testing Differences

Psychometric studies (studies that use standard psychological tests as measures) indicate that psychopaths usually score higher on intelligence tests than the general population (Hare, 1970, 1996), particularly on individually administered tests. In fact, Hare wryly comments, the psychopaths who were the sample for his studies were probably the least intelligent of their ilk, since they were not quite bright enough to avoid being arrested and convicted for their offenses. (Hare has conducted much of his research on imprisoned psychopaths.) Later research (e.g., Ishikawa, Raine, Lencz, Bihrlé, & Lacasse, 2001) found that a useful dichotomy of psychopathy may be to divide psychopaths into “successful” psychopaths (those who have committed crimes but avoided arrest and conviction for offenses) and “unsuccessful” psychopaths (those who have been convicted and imprisoned). “Success” should not be equated to “intelligent,” however, nor should it be assumed that people convicted of crime are not intelligent. Overall, available research indicates that many psychopaths are bright—as measured by scores on standardized intelligence tests—but some are not (Hare & Neumann, 2008).

Psychopaths and Mental Disorders

Most psychopaths do *not* exhibit severe or disabling mental disorders. Most lack any symptoms of excessive worry and anxiety, psychotic thinking, delusions, severe depressions, or hallucinations. Even under high pressure conditions, they remain cool and calm, as did Ian Fleming’s fictitious James Bond, probably a prime example. Feasibly, the doomed psychopath might enjoy a steak dinner (*au poivre*) with gusto just before being executed. The infamous multiple murderer Herman W. Mudgett, alias H. H. Holmes, retired at his normal hour the evening before his execution, fell asleep easily, slept soundly, and woke up completely refreshed. “I never slept better in my life,” he told his cell guard. He ordered and ate a substantial breakfast an hour before he was scheduled to be hanged. Until the moment of death, he remained remarkably calm and amiable, displaying no signs of depression or fear (Franke, 1975). Later in the chapter we will discuss “boldness” as a possible feature of psychopathy.

Not everyone agrees with the view that psychopaths do not suffer from some mental disorder. Some clinicians argue that psychopathy and schizophrenia are part of the same spectrum of disorders (Hare, 1996), and Cleckley briefly considered psychopathy as a form of masked psychosis. Some forensic clinicians maintain that they occasionally see a mentally disordered offender who qualifies as both a psychopath and a schizophrenic (Hare, 1996). There is some evidence to suggest that it is not uncommon to find psychopaths who seem mentally disordered in maximum-security psychiatric units for highly violent or dangerous patients. Other researchers have reported similar findings (Quinsey, Harris, Rice, & Cormier, 2006; Tengström, Hodgins, Grann, Långström, & Kullgren, 2004; Vitacco, Neumann, & Jackson, 2005). Tengström et al. report that individuals diagnosed with schizophrenia and who demonstrated many of the features of psychopathy had more severe histories of offending and violence than those persons diagnosed with schizophrenia alone.

Psychopaths and Suicide

Cleckley was under the impression that psychopaths rarely—if ever—committed suicide. Recent research and clinical experiences, however, have put Cleckley’s observation in doubt. Hare, for instance, knows of several psychopaths who took their own lives when it became clear to them there was no other way out of what they perceived as an intolerable situation (Hare & Neumann, 2008). Intolerable situations include a very long prison term, incurable illness, or being surrounded by the police. “We suspect that at least some cases of ‘suicide by cop’ involved psychopaths who were trapped and wished to go out in a ‘blaze of glory’” (Hare & Neumann, 2008, p. 228).

Verona, Patrick, and Joiner (2001) found that, among male inmates, psychopaths who were especially aggressive and impulsive did show some indicators of suicidality. “Suicidality” is a term used by clinicians to indicate there is a risk of suicide, usually inferred from their self-reported suicidal thoughts or intentions. In another study that examined psychopathy and suicidality in

psychiatric patients, youthful offenders, jail detainees, and prison inmates, the researchers also found a significant relationship between psychopathy and suicidality (Douglas, Herbozo, Poythress, Belgrave, & Edens, 2006). However, the researchers also warned that the suicide–psychopathy relationship was highly complex and multifaceted, and required much more research to confidently establish it. In sum, research and clinical experience are beginning to find that some psychopaths who find themselves in desperate situations do commit suicide, especially if they are highly impulsive and violent.

Other Principal Traits

Other principal traits of the psychopath are selfishness and an inability to love or give affection to others. According to Cleckley, egocentricity is *always* present in the psychopath and is essentially unmodifiable. The psychopath is unable to feel genuine, meaningful affection for others. Psychopaths may be likable, but they are seldom able to keep close friends, and they have great difficulty understanding love in others. They may be highly skillful at pretending deep affection, and they may effectively mimic appropriate emotions, but true loyalty, warmth, and compassion are foreign to them. Psychopaths are distinguished by flat emotional reaction and affect. And since psychopaths have so little need to receive or give love, psychopaths, as a group, have relatively little contact with their families, and many change their residences frequently (Hare, 1991). In addition they do not usually respond to acts of kindness. They show capacity only for superficial appreciation. Paradoxically, they may do small favors and appear considerate. One prototype mowed the lawn for his elderly neighbor and brought her comforting drinks when she was ill—the next morning he stole her car.

Psychopaths have a remarkable disregard for truth and are often called “pathological liars.” They seem to have no internalized moral or ethical sense and cannot understand the purpose of being honest, especially if dishonesty will bring some personal gain. They have a cunning ability to appear straightforward, honest, and sincere, but their claims to sincerity are without substance.

Psychopaths are unreliable, irresponsible, and unpredictable, regardless of the importance of the occasion or the consequences of their impulsive actions. Impulsivity appears to be a central or cardinal feature of psychopathy (Hart & Dempster, 1997). This pattern of impulsive actions is cyclical, however. Psychopaths may, for months on end, be responsible citizens, faithful spouses, and reliable employees. They may experience great successes, be promoted, and gain honors, as did Demara and Heath. Skillfully as they have attained these socially desirable goals, they have an uncanny knack of suddenly unraveling their lives. They become irresponsible, and may pass bad checks, sabotage the company computers, or go on a drunken spree. They also tend to have a “bad temper” that flares quickly into an argument and attack. Psychopaths may later say they are sorry and plead for another chance—and most will probably get it. Invariably, if the psychopath is a young adult, the irresponsible behavior will return.

Even small amounts of alcohol prompt most psychopaths to become vulgar, domineering, loud, and boisterous and to engage in practical jokes and pranks. Cleckley noted that they choose pranks that have no appeal for most individuals, and that seem bizarre, inappropriate, and cruel. They lack genuine humor and, not surprisingly, the ability to laugh at themselves.

Although often above average in intelligence, psychopaths appear incapable of learning to avoid failure and situations that are potentially damaging to themselves. Some theorists suggest that the self-destructive, self-defeating deeds and attitudes reflect a need to be punished to mitigate the guilt they subconsciously experience, or more simply, that they are driven by a masochistic purpose. However, most researchers and clinicians have difficulty accepting the guilt or masochistic tendencies as valid explanations for the psychopath’s periodic self-defeating behavior.

Most experts conclude that a cardinal fault of psychopaths is their absolute lack of remorse or guilt for anything they do, regardless of the severity or immorality of their actions and irrespective of their traumatic effects on others. Since they do not anticipate personal consequences, psychopaths may engage in destructive or antisocial behavior—such as forgery, theft, rape, brawls, and fraud—by taking absurd risks and for insignificant personal gain. When caught, they express no genuine remorse. They may readily admit culpability and take considerable pleasure in the shock