Does psychopathy really belong in forensic psychiatry?

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Introduction

Forensic psychiatry is a field of medicine that provides care for some of the most stigmatised individuals in society. It can be defined as “the overlap, interface, and interaction of psychiatry and the law; criminal behaviour, civil litigation, family law, the diagnosis, care and treatment of psychiatric patients where the disorder is associated with abnormalities of behaviour, legislation and numerous other problems including the management of violence in the study of sexual deviation” (1).

Psychopathy is a personality type defined by an array of specific characteristics including a tendency towards risky, impulsive behavior, often antisocial in nature and accompanied by an evidential lack of guilt and empathy towards those affected (2). It is therefore not surprising that forensic psychiatrists are often faced with the challenging task of managing the risks posed to society by the actions of a ‘psychopath’.

I aim to examine the development of psychopathy, both as a construct and by an individual resulting from biological and environmental influences. I will discuss the associations between psychopathy and criminality and how psychopathic traits can, in certain contexts, be beneficial in evolutionary terms in today’s capitalist world. Finally, I am going to attempt to answer the question of whether psychopathy truly belongs in forensic psychiatry by examining how the efficacy of it’s treatment may impact our ability or wish to detain these patients under mental health legislation.

History of psychopathy

The concept of psychopathy is not a recent one. It was developed to help define criminals who were observed to display particularly high levels of cruelty and aggression but who appeared to show no signs of insanity. This, alongside advancements in understanding the personal mind, led to the birth of the term psychopathy (3).

The first specific characterisation of the behavioural and affective patterns of psychopathy that most closely mirrors today’s theory was termed mania without delirium by a French doctor, Philip Pinel in 1801. Individuals who conducted extreme violence either towards themselves or another were characterised as such when it was considered that they understood the irrationality of their behaviour and they showed no delusional character at the time of the act of violence. The concept of ‘moral insanity’ was introduced by Prichard in 1822 and later in the 19th century Lombroso proposed the idea that propensity for crime could be predicted using elements of body morphology. (3)
The term psychopathy itself was first used by the German psychiatrist Koch but wasn’t well defined until 1941 when Hervey Cleckley brought it into common use. Prior to this, Kraepelin had coined the term ‘psychopathic personalities’ in 1904 to describe an individual who was neither neurotic nor psychotic. Cleckely was the first to clearly define the features of a psychopath within his work; the Mask of Sanity in 1941. (3)

**Aetiology of psychopathy**

The aetiology of psychopathy is complex, multifaceted and not yet fully understood. Psychopathy has been linked to a number of biological deficits and is thought to have considerable heritability of around 50%. A particular allele of interest thought to be associated with psychopathy is MAOAL. This is a variant of the functional polymorphism of Monoamine oxidase A, which is an enzyme known to have an affinity for 5HT. This is important because we already understand the influence serotonin has on violence and impulse. (4)

Studies are producing evidence suggesting there are significant genetic correlations between different factors of psychopathy as well as direct genetic links to specific traits. This has fuelled the debate as to whether psychopathy is a unified disorder as opposed to a constellation of traits. A definitive conclusion is yet to be reached but current research implies that rather than representing a distinct subtype of people, psychopathy exists as a continuum of traits expressed to varying degrees (2). Psychopathy also appears to be a severe extension of antisocial personality disorder rather than a separate diagnosis (5).

Other research, such as that examining differences in cortical gyrification, has identified neurodevelopmental abnormalities seen in the brains of people with psychopathic personality disorder. These findings show specific structural abnormalities that may underlie aberrant brain functioning related to the expression of psychopathic features as they relate to regions involved in cognitive control and emotional processing (6). Further evidence supporting reduced cortical grey matter and functional deficits in the emotional/affective information processing can be found in literature on neuroimaging (7). A recent study has revealed that psychopathy associated neuroanatomical abnormalities could result from exposure to lead in childhood (8). We must not forget though the important role social, demographic and cultural factors such as race, ethnicity, gender, trauma, family, community and peer influence may also have as determinants of the development of psychopathy (9).
Traditionally studies of psychopathy have focused on men however there is a trend in current research studying females with psychopathic personality and examining gender differences. Studies suggest that there is a difference in some of the emotional and cognitive processes associated with psychopathy between sexes. These differences may help to explain the relationship between psychopathy and behaviours, thus revealing more about the pathophysiological mechanisms involved in it's development. (10)

Assessment of psychopathic traits

Today we use evidence based assessment tools such as the Psychopathy Checklist Revised (PCL-R) which is based upon a semi structured interview followed by scoring each of the 20 items on a scale of 0-2 based upon how much they relate to the individual being assessed (see figure 2) (7). Prior to this we used Clerkley's 16 characteristics developed in the mid to late 20th century to identify if someone resembles the clinical picture of a psychopath (figure 1). These features did not have to all be mandatorily present for someone to be a psychopath but were likely to be evident.

<table>
<thead>
<tr>
<th>Cleckley's characteristics of individuals with psychopathic disorder</th>
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<tbody>
<tr>
<td>1 Superficial charm and high IQ</td>
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<tr>
<td>2 Absence of delusions and other signs irrational thinking</td>
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<tr>
<td>3 Absence of nervousness and psychoneurotic manifestations</td>
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<td>4 Unreliability</td>
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<td>5 Tendency to lie and falsehood</td>
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<td>6 Lack of remorse or shame</td>
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<td>7 Inadequately motivated antisocial behaviour</td>
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<td>8 Depleted judgement and failure to learn from experience</td>
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<td>9 Pathological egocentricity and incapacity to love</td>
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<td>10 Widespread poverty in terms of affectionate relations</td>
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<td>11 Specific loss of insight</td>
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<td>12 Lack of reciprocity in interpersonal relationships</td>
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<tr>
<td>13 Unrealistic and aversive behaviour under the influence of alcohol and sometimes without such influence</td>
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<td>14 Suicide threats rarely carried out</td>
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<tr>
<td>15 Impersonal, trivial and poorly integrated sex life</td>
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<td>16 Failure to follow a life plan</td>
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Figure 1: Cleckley’s 16 characteristics of a psychopath (3)
### PCL-R features of psychopathy

<table>
<thead>
<tr>
<th>Affective/interpersonal items</th>
<th>Social deviance/lifestyle items</th>
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<tbody>
<tr>
<td>Glib superficial charm</td>
<td>Parasitic lifestyle</td>
</tr>
<tr>
<td>Pathological lying</td>
<td>Poor behavioural controls</td>
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<tr>
<td>Lack of remorse or guilt</td>
<td>Need for stimulation or proneness to boredom</td>
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<tr>
<td>Callousness and lack of empathy</td>
<td>Promiscuous sexual behaviour</td>
</tr>
<tr>
<td>Grandiose sense of self</td>
<td>Early behaviour problems</td>
</tr>
<tr>
<td>Conning and manipulative</td>
<td>Lack of realistic long term goals</td>
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<tr>
<td>Shallow affect</td>
<td>Impulsivity</td>
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<tr>
<td>Failure to accept responsibility for one’s actions</td>
<td>Irresponsibility</td>
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<td></td>
<td>Many short term marital relationships</td>
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<td>Juvenile delinquency</td>
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<td>Revocation of conditional release</td>
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<td>Criminal versatility</td>
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Figure 2: 20 features included in the PCL-R psychopathy assessment tool

Figure 2 shows the items within the PCL-R divided into distinct subsets which are traditionally referred to as ‘factors’. The affective/interpersonal items are referred to as factor 1 and factor 2 are the items related to antisocial lifestyle which can be further divided into antisocial behaviour and irresponsible lifestyle. In North America the diagnostic cut off point indicating a person is a psychopath is 30 out of the maximum score of 40. In Scotland and England, the cut off is 25 but this is thought to reflect the same level of underlying psychopathic traits as in North America.

Cooke and colleagues have developed a new tool for assessing psychopathy called the Comprehensive Assessment of Psychopathic Personality (CAPP). CAPP is a concept map of psychopathic personality disorder (PPD) founded on a dynamic personality trait approach rather than focusing on specific behaviors. The map consists of 33 personality traits which can be divided into 6 symptom domains: attachment, behavioral, cognitive, dominance, emotional and self. This tool allows for the severity of PPD and the possibility of a change in nature of the symptoms over time to be assessed using a seven-point rating scale of each symptom over a specific time period. The CAPP is thought to be a promising tool to be used for routine evaluation of psychopathic traits with research demonstrating it to have high content validity and producing encouraging results for predictive validity for reoffending.

**Association between psychopathy and criminality**

There is a strong correlation between criminal behaviour and high psychopathy scores. In comparison to non-psychopathic criminals we see a pattern of higher rates of violent and
non-violent offending, greater criminal versatility and an earlier onset of offending. The differences continue into behaviours seen within institutional settings which include higher rates of assault and disciplinary infarctions. The callous unemotional traits held by psychopaths lead to the exhibition of a greater amount of instrumental aggression as opposed to reactive but both are associated with this personality disorder. (7)

Antisociality is a core feature of psychopathy. A worldwide study analysing 52,957 cases across eleven world regions confirmed the empirical linkages between the affective, lifestyle and interpersonal aspects of psychopathy and antisociality. Another study conducted in Spain examining youths aged 6-11 found those with severe risk profiles to show the greatest prominence of psychopathy. Research looking at callous-unemotional traits in preschool children revealed that as early as ages 4 to 6 we can see elements of psychopathy. These studies suggest that from early childhood we can start to see the emergence of predictors of criminality with the root ingredients of aggressive, violent, criminal behaviours being genetic predisposition, temperament and psychopathic personality. (14)

The nature of the criminality may relate to the form of psychopathy the individual has. In 1941 Karpman proposed a distinction between primary and secondary psychopathy. He believed that someone who is a psychopath because of solely a heritable deficit resulting in them being callous, lacking empathy and insensitivity to fear made them a primary psychopath. When the development of their psychopathy is moulded by a combination of heritable and environmental causes he referred to this as secondary psychopathy. Both forms are associated with aggression and criminal behaviour but the nature of the crime committed by each is often different. Primary psychopaths tend to be more driven by sensation seeking tendencies whereas secondary psychopaths are usually more impulsive. This is thought to reflect differences in their pathophysiology. Research has shown that primary psychopathy is linked with subcortical deficits which is associated with fear insensitivity and secondary psychopathy to prefrontal lobe deficits and hence the connection to poor executive functioning such as planning and attention. (15)

Public perception of psychopaths stems from the evidence that this personality type is one characterised by criminality and violence. A main driver of this viewpoint is Professor Robert D. Hare who developed the PCL-R. He argues that psychopaths are a kind of predator, warning individuals of the danger they possess in his book Without Conscience. He reinforces the belief that psychopaths are just killers and convicts, presenting descriptors of cases such as Ted Bundy who killed over a dozen girls during the 1970’s and John Wayne Gacy who killed at least 33 young persons, burying many of them in his basement. Others
include Diane Downs who portrayed herself as the victim after shooting and killing her two children to try and seduce a man who was not interested in her. Another example he uses is Clifford Olson. Olson resisted the Canadian government’s efforts to get him to reveal where his victims were to his own benefit by manipulating them to give him a generous amount of money to do so. These all paint in the public’s mind the image of the psychopath as an unscrupulous killer with no room to see beyond the stereotype that, for some, criminality and violence may not be the agenda at all. (3)

Positive aspects of psychopathy leading to human success

The reality of psychopathy is not so clear cut as psychopaths are always dangerous violent offenders but that there may be circumstances when such traits can be advantageous. There is a body of research considering the idea of the successful psychopath and whether such traits could even be evolutionarily beneficial.

A study looking into psychopathy from an evolutionary perspective hypothesised a number of scenarios where psychopathic traits could help an individual and even species succeed. A fundamental feature that promotes survival is the ability to mate successfully. Promiscuous sexual behaviour and having many short term marital relationships both increase the chance of mating success. The classic superficial charm exhibited by psychopaths enables the initiation of these short term romances. This characteristic along with coercion improves access to mates even further by giving them the ability to poach mates from others. The argument even goes so far as saying that mating success is enhanced by the coercive and apathetic nature of psychopaths. It enables them to gain access to mates even when they may not have wanted to by taking advantage of others in the form of rape. (2)

Another evolutionary advantage is the ability to acquire resources. Traits such as deception, coercion, and showing instrumental aggression enable psychopaths not only to gain through accumulation of their own resources but also to take them from others (2). Resourcefulness and the character traits that drive it may not only be an evolutionary advantage but may even enhance professional success. Superficial charm and the ability to feign emotions can help negotiation up the hierarchy. Having a shallow set of emotions permits an unrestrained ability to take advantage of others and removes the sense of anxiety that may hold others back from persisting in their goals. To be a successful business person often requires an ability to take advantage of immediate opportunities and to be resilient to stress which traits such as impulsivity and fearlessness enable (2). It is therefore understandable that studies have shown the prevalence of psychopathy to be considerably higher, 4% rather than 1%,
amongst a sample of high level managers in comparison to the general population. It appears that psychopathic professionals are more likely to obtain promotions and that their traits put them in good stead to exert influence in business decision making and function in high authority positions. (16)

However, although the trademarks of psychopathy can help lead them to achieve entrepreneurial success the longevity of this success is less certain. It is thought that the so called ‘dark traits’ such as lack of empathy, manipulation and callousness that drive individuals to the top of the business ladder in the short term can actually be detrimental to their long term success (17). Although psychopathic leaders may potentially be benefiting themselves they may actually be damaging to the business as a whole. Studies have shown that employees working under psychopathic leaders show less motivation, job satisfaction and wellbeing, all of which lead to counterproductive workplace behaviour (18).

The jury is still out as to whether the concept of the ‘successful psychopath’ is truly advantageous. Psychopathic traits clearly can contribute to professional success however we cannot ignore the associations between high expression of these traits with harmful intrapersonal and interpersonal outcomes. It is near impossible to argue that the achievement of higher profits and other positive organisational outcomes can outweigh the consequences of psychopathic risk taking, impulsive and criminal behaviours. (18)

Treatment of psychopathy

Treatments have been developed with the aim of reducing criminal and antisocial behaviours of psychopathic offenders but the effectiveness of these is widely debated. Negative beliefs concerning the ability to treat psychopathy are even shared by leaders in the field. Cleckly by the end of his career expressed his gloomy conclusions in the 5th edition of his novel *The Mask of Insanity* in which he states that “we do not at present have any kind of psychotherapy that can be relied upon to change the psychopath fundamentally” (11).

Negativities regarding amenability to treatment are far from confined to a widespread pessimistic viewpoint but are supported by a body of research discussing the difficulties in managing psychopathic violence. A study of incarcerated sex offenders examining the efficacy of an individualised high intensity treatment tailored to each offender emphasising relapse prevention by utilising cognitive-behavioural approaches is an example of this. The programme showed positive results but the outcome for the psychopathic sex offenders was very different. In comparison to the non-psychopaths the psychopaths after treatment
showed higher serious recidivism, higher rates of sexual rearrests and faster rates for sexual reconviction. 25% of the psychopaths in the study didn’t even finish the treatment, a greater attrition rate than non-psychopaths. (19-22)

Treatment compliance is significant issue. A study looking at psychopathic traits and changes in dynamic risk factors during inpatient forensic psychiatric treatment showed a negative correlation between psychopathy and treatment compliance. This is thought to be due to the effort and work that needs to be put in to achieve the long term goals set out in treatment, something psychopathic patients are generally poor at. This is supported by the finding that the opposite relationship was seen for psychopathy and sports since sport provides immediate attention in a fun way with direct reward (23). It is therefore logical that guidance for treatment programs for high risk offenders moving forward suggest that the focus should not only be to implement risk reduction strategies but also to address the challenges of the process (11).

Another study showing similar discouraging results investigated the outcome of participants in an Aggressive Behaviour Control treatment programme again using a cognitive behavioural model in a general population of incarcerated violent offenders. They measured therapeutic change by calculating the difference in scores of the Violent Risk Scale before and after treatment and found that higher levels of psychopathy were related to less therapeutic change. Positive therapeutic change was actually found to be specifically negatively correlated with the Factor 1 facet of the PCL-R. (19, 20)

Although the literature on this topic is mostly against the efficacy of treatment there is a minority of studies that support that risk of violence can be reduced with intense and rigorous intervention. The group of patients who appear to be most receptive to treatment are adolescents. A centre specifically developed to treat incarcerated adolescent males exhibiting extreme violent and disruptive behaviours called the Mendota Juvenile Treatment Center (MJTC) conducted a study comparing it’s outcomes against traditional correctional units. The results were positive showing that at 2 year follow up the highly psychopathic youths were significantly less likely to violently reoffend when they were incarcerated and treated at the MJTC. At 4 year follow up they showed there to be no relationship between psychopathy scores and violent or overall reoffending amongst it’s treated offenders. Further research into the centre proposes that it is a reduction in psychopathic traits that is directly responsible for the reduction of psychopathic violence amongst their treated offenders. (19, 24-26)
The main focus when treating psychopaths has and continues to be to simply reduce criminal behaviour as beliefs have been that psychopathic traits themselves are intractable. Views contrary to this are now beginning to surface in the literature. Wong et al argue that reduction in recidivism could come from treatment focusing on changing F2 related factors. They propose that we first address the ‘interpersonal component’ by managing the F1 characteristics then allowing treatment to tackle the ‘criminogenic component’ which are the F2 characteristics. This two component model has proven efficacy in reducing criminal risk for high risk offenders however it remains difficult to be certain that this is truly due to an alteration in personality traits or just a reduction in disordered conduct. Additionally, the model is limited as it does not account for the closely entwined nature of F1 and F2 that exists in reality in relation to criminal risk and treatment process. (11)

This progress in treatment is exciting but no treatment is ever going to be as powerful in creating substantial change as developing prevention strategies. One avenue being considered is how a more proactive stance on the prevention and reduction in childhood abuse could impact on the numbers of serious, violent, chronic (SVC) offenders. Increasing numbers of studies are examining the link between adverse childhood experiences (ACE’s) and criminal behaviour. One study of 64,000 juvenile offenders referred to the Florida Department of Juvenile Justice using data from a reoffending risk assessment showed that in comparison to adults in the original ACE study sample the FDJJ offenders were 13 times less likely to have no ACE’s and 4 times as likely to have experienced four or more ACE’s (27, 28). This association between ACE’s and SVC offending has led to research into whether it may be possible to develop a first line screening tool to identify children at risk of SVC offending using the ACE score of which results are encouraging. (29)

Legislation in relation to psychopathy as a mental disorder

Mental health legislation exists for a number of reasons, many of which relate strongly to the consequences of psychopathic behaviour. Through the implementation of the Mental Health Act professionals aim to protect both mentally disordered individuals from the risks they may pose to themselves but also the risk they may pose to others, for example through acts of violence (30). It is therefore understandable how psychopaths are detained under the care of forensic teams because of the risk of violence associated with their mental disorder.

As much as it is understandable, whether detention is the correct course of action is questionable. Firstly because of the issues that arise when considering the criteria for
making a compulsory order in Scotland. These criteria can be categorised under 5 headings (30):

1. The patient has a mental disorder.
2. That medical treatment is available to the patient that would likely either prevent the worsening or alleviate any of the symptoms or effects of the mental disorder.
3. That the health, safety or welfare of the patient or another person would be put at significant risk if the patient was not provided with such medical treatment.
4. That the person’s mental disorder deems them significantly impaired when it comes to having sufficient capacity to make decisions about the provision of such treatment.
5. That the compulsory treatment order is necessary.

One of the most pertinent issues is associated with the pessimism towards psychopathy treatment. Although an optimistic view is emerging, the majority of research reveals poor results for treatment efficacy of psychosocial interventions. Even though our knowledge of the neurobiology of psychopathy is increasing, pharmacological approaches have also been disappointing, other than some drugs showing some efficacy in controlling impulsive aggression (31). This highlights whether we are truly capable of fulfilling the detention criteria of preventing the worsening or alleviation of any of the symptoms or effects of psychopathy?

Treatment, especially for mental health, isn’t just confined to pharmacological and psychological interventions but it has a much broader definition that encompasses measures of habilitation and rehabilitation through nursing care, support and occupational measures (30). However, past studies even dispute this as a treatment approach for psychopathy. A study on 404 maximum security female prisoners looked at three treatment conditions aimed at reducing substance abuse/addiction. One of these was becoming a part of a therapeutic community with the aim of empowering participants to accept responsibility for their actions and build up their skills. Psychopathy scores were associated with poor treatment response and increased risk of recidivism across all the conditions they looked at including those in the therapeutic community (19, 32).

One of the principles set out in section 1 and 2 of the Act states that in applying the act it should provide maximum benefit to the patient (30). There is no question concerning the need to detain psychopaths on the grounds of protecting others but what can be forgotten is the requirement that the detention should also benefit them personally. If the treatment we provide doesn’t improve outcomes then are we really doing psychopathic offenders any service in transferring them to psychiatric secure units?
Engagement is necessary in order to progress through the secure setting and eventually out into the community but we know from research that treatment compliance is poor amongst psychopaths. Would it be better to not bring these people into hospital but instead leave their actions in the hands of the criminal justice system so they can serve their time in prison and then be released rather than get stuck in the forensic system? Not just for psychopathy but for all mental disorders ethical issues arise as to whether it is just for mentally disordered offenders to serve longer sentences than others who have committed a similar crime (33).

In reality, personality disorder is rarely the basis of compulsory intervention (30). However, major mental illnesses such as schizophrenia are and studies have shown how psychopathy scores amongst these individuals negatively affect their outcome. A study conducted in a medium secure unit in the UK followed up a cohort of male patients with schizophrenia looking at how their psychopathy scores affected a range of institutional outcomes. They found that instrumental aggression and substance misuse and trafficking were all associated with high psychopathy scores. They also discovered psychopathy scores to be predictors of institutional violence, poor work ethic and engagement, poor insight into risk and antiauthoritarian attitudes amongst these schizophrenic patients. Studies such as this help us to identify patients who are more likely to disrupt the ward’s milieu and be challenging to engage in activities (34).

As stated above a lack of capacity is another criterion for detention. Capacity is not only important for detention but also creates debate around criminal responsibility. For mental disorders not “characterised solely or principally by abnormally aggressive or seriously irresponsible conduct” defenses exist to excuse individuals from criminal responsibility when they are deemed incapable of appreciating the wrongfulness of criminal conduct. These include “non-responsibility by reason of mental disorder” that replaced the common law insanity defense in Scotland. Offenders in England and Wales can still plead the insanity defense when the defendant can prove on the balance of probabilities that they were suffering from a defect of reason arising from a disease of the mind meaning they did not know the nature and quality of the act or did not know that it was wrong (35).

At present, individuals cannot be relieved of criminal responsibility in Scotland or England on the basis that they have psychopathic personality disorder. Arguments have been made however that psychopaths are incapable of developing a genuine moral understanding and therefore should be excused from criminal responsibility on the basis of a lack of capacity founded on a lack ability to empathise (35). Other parties argue this issue from a neurobiological perspective. They maintain that the structural and functional impairments


seen in the brain of psychopaths make them eligible for acquittal from criminal responsibility because these biological impairments impact upon their emotional moral responses and decision making processes. At present these arguments are not strong enough to compel a reconsideration of the current legal treatment of psychopaths because of weaknesses and insufficiencies in the literature that support them. Conclusions have been made that no matter whether internal moral understanding is present within a person they have a legal imperative to obey the law and thus deficits in emotional human rationality seen in psychopathy should not be considered when determining accountability [36].

Conclusion

Psychopathy is and will likely always be a disorder that holds a significant place in the world of forensic psychiatry. Despite the potential advantages psychopathic traits may have on promoting human success from a primal and capitalistic standpoint we cannot get away from their substantial correlation with violence and crime. As long as this relationship between mental disorder and criminality exists there will always be a place for forensic input. Most treatments currently lack efficacy and do not originate from a medical position of managing the disorder itself by amending psychopathic traits but instead focus on altering the criminal behaviours that result. By recognising the need to further our knowledge of the pathophysiology and aetiology behind the disorder using such understanding to improve diagnostic assessment and treatment we can hope for a future where medical intervention can directly improve outcomes.

Forensic psychiatry treatment is really just the same as that provided by other medical specialties. In order to move forward we need high quality evidence that enables the development of methods to improve patient outcomes. You only have to glance at oncology literature to see the impact research has had on reducing deaths from cancer. Research is the tool necessary that could allow us to overturn the pessimistic views that psychopathy is untreatable and provide us with measures that could reform psychopaths from the ‘unscrupulous killers’ that they are perceived to be and better manage their risk to others beyond simply locking them away.
Bibliography:


