The Mind of a Psychopath

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Readings for this lecture are posted!
Go to “Additional Readings” on class website
...Hollywood

"With some fava beans and a nice chianti."
What is Psychopathy?

- Special subtype of personality disorder
- 19th century – Philippe Pinel
  - “mania sans de´lire” → “Madness without delirium”
- Lack of morality and behavioral control
Some Background

- 20-25% of convicts fit criteria for Psychopathy
- 80% of recidivism as opposed to 50% of normal convicts
- Hare - 1% of all population (Canada)
- Net annual burden of US crime > $1 Trillion

Slide from Victor Guerra
The Mask of Sanity (1976)

Characterization
- Antisocial lifestyle
- Selfish
- Domineering
- Manipulative
- Irresponsible
- Impulsive
- Fearless
- Shallow
- Callous
- Lacking empathy and remorse
- Not just criminal or deviant behavior
- Can be socially well adjusted and successful individuals
Psychopathy Checklist-Revised (PCL-R)
Factors influencing PCL-R score:

Emotional detachment
- Affective-interpersonal traits
  - Callousness
  - Manipulativeness
  - Remorselessness

Antisocial behavior
- History of antisocial behavior
  - Impulsive
  - Violent
How do you know?

Psychotic
Loss of contact with reality eg delusions, “insane”

Sociopathy
Result of Environmental factor
More impulsive
Financially Unstable

Psychopathy
More of an innate phenomena
Can plan crime
Organized
Successful

Antisocial Crime Violent
Distinction between PCL-R vs. DSM-IV – Antisocial Personality Disorder

Psychopathy

Dissocial Behaviors

Personality Disorders

Antisocial Personality Disorder

Need 3 of the following characteristics

a. Failure to conform to social norms (arrests)
b. Irritability and aggressiveness (fights)
c. Irresponsibility in work and financial matters
d. Impulsivity (in actions) or failures to plan ahead
e. Deceitfulness (cons, deceives)
f. Reckless disregard for safety of self and others
g. Lack of remorse, guilt, and indifference (absence of feelings)

Figure Adapted from: Weber et al (2008) Behav. Sci. Law 26: 7–28
Unlike the concept of psychopathy as operationalized by Hare’s PCL-R, the DSM-IV criteria of an antisocial personality disorder are mostly restricted to the description of criminal and socially deviant behavior. Therefore, while a psychopath scores highly on both factors of the PCL-R, someone with an antisocial personality disorder will score highly on Factor 2 (antisocial behavior). The diagnosis of an antisocial personality disorder can hence be applied to the majority of prison inmates. Nearly 75% of prison inmates fit the DSM-IV criteria describing an antisocial personality disorder, while the prevalence of psychopathy is much lower, namely about one-quarter of the 75% prison inmates with APD (Hare, 1998).
Recall:

Acquired sociopathy - pseudopsychopathy?

Frontal lobe injuries, violence, and aggression:
A report of the Vietnam Head Injury Study
J. Grafman, PhD; R. Schwab, PhD; D. Warden, MD; A. Prigson, BS; H.R. Brown, HMCM, USN (Ret); and A.M. Salter, MD

Article abstract—Knowledge stored in the human prefrontal cortex may exert control over more primitive behavioral reactions to environmental pressures. Therefore, following frontal lobe lesions, patients are more likely to see physical intimidation or verbal threats in potential or actual confrontational situations. To test this hypothesis, we examined the relationship between frontal lobe lesions and the presence of aggressive and violent behavior. Fifty-seven normal controls and 279 veterans, matched for age, education, and time in Vietnam, who had suffered penetrating head injuries during their service in Vietnam, were studied. Self-reports were collected using scales and questionnaires that assessed a range of aggressive and violent attitudes and behavior. Two Aggression/Violence Scale scores, based on observer ratings, were constructed. The results indicated that patients with frontal lobe lesions more commonly demonstrated Aggression/Violence Scale scores significantly higher than controls and patients with lesions in other brain areas. Higher Aggression/Violence Scale scores were generally associated with verbal confrontations rather than physical assaults, which were less frequently reported. The presence of aggressive and violent behaviors was not associated with the total size of the lesion nor whether the patient had amnesia, but was associated with a disruption of family activities. These findings support the hypothesis that ventromedial frontal lobe lesions increase the risk of aggressive and violent behavior.

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