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Diagnosing Psychopathy

The Role of Psychopathy in the Swedish Correctional System

Author: Ricard A. R. Nilsson, B.Sc.
Supervisor: Richard Ahlström, Ph.D.

Abstract

This study investigates if there is a scientific consensus among experts in regard to diagnosing psychopathy, treatment of psychopaths, and if psychopathy is a reliable/valid predictor for recidivism. These results have been compared to how psychopathic diagnoses' are used within the Swedish correctional system. Questionnaires were answered by 11 experts in the field of psychiatry and psychology. The results showed that no consensus exists in regard to diagnosing psychopathy, or its treatment. As for predicting recidivism there is some agreement. In short, different professionals claim different views. The Department of Corrections official position was static, e.g. psychopaths can be easily identified and most should be denied treatment. If an inmate was deemed as psychopathic the possibility for rehabilitation, furloughs or other alleviations, were greatly diminished.

Keywords: Psychopathy, psychopathic diagnosis, treatment, recidivism, correctional system

The term psychopath is widely used within the western world's justice system, especially within the penal system. According to current guidelines (KVFS 2006:26) assessments of psychopathy are frequently used to determine the future, and therein the possible treatment of violent offenders in the Swedish correctional system. Considering this, the problems with erroneous and/or controversial conclusions about those individuals diagnosed as psychopaths must be dealt with. Practitioners within the field of psychiatry and psychology whom are in charge of making the diagnoses', should have a clear, scientifically based and agreed upon idea of all relevant aspects.

The diagnosis is further more a topic that is abundantly debated and discussed in both the Swedish media and in the halls of academia (Stein, 1999; Hörnqvist, 2006a; Hörnqvist, 2006b; Andershed & Skeem, 2004). How does one diagnose psychopathy? Is psychopathy treatable? Is the diagnosis reliable and valid in scientific terms? Answers to questions like these are essential if the use of psychopathy is to be considered a reliable instrument when used for forensic assessments in a correctional setting. The most central question is if psychiatrists, psychologists, and other experts in the field are in agreement with regard to the different aspects of psychopathy. If there is agreement, then incorrect conclusions and diagnoses' can be avoided, but if there is no consensus, then mistakes are probably going to happen.

With the above in mind the author intends to answer the following questions and compare the results to how psychopathy is used within the Swedish correctional system:

1. Is there a scientific consensus concerning the diagnosis of psychopathy?
2. Is psychopathy treatable?
3. Is psychopathy a valid predictor for recidivism?

Historical review from a Swedish perspective

The term psychopath is derived from the words *psyche*, meaning soul, and *pathos*, meaning suffering, the suffering of the soul. It dates back to the early 1800s when the Frenchman Philippe Pinel (often designated as the father of psychiatry) described what he called *manie sans délire*, referring to people that were crazy without being delusional. In short psychopathy was used for every mental disorder that could not be explicitly identified. This view also prevailed into the 1900s when the label came to indicate specifically disorders in the personality (Näslund, 2004).

What it entails to be a psychopath in Sweden has varied depending on which time period the diagnosis was made. In the early years, during the 1930s and in the beginning of the

1940s, psychopathy was considered to be a psychiatric illness that was grounds for penalty reduction when it came to sentencing in a court of law. Anything and everything could be considered as a basis for the diagnosis; homosexuality, sleepwalking, asthma, short temperedness, and much more. When no other psychiatric conclusion could be drawn about a certain individual, the subject would be branded a psychopath and would then often be considered incompetent to stand trial for any and all offences that he or she may have committed (Bergenheim, 2005).

During the 1940s a change of the label started to come into effect, it became increasingly more difficult for a person to be disqualified for a jail-sentence just because he or she was considered a psychopath. It was also during this time-period that more and more experts in the field started to openly criticise what they considered the blatant misuse of the diagnosis in question.

The denunciation continued to grow stronger, and during the 1950s and 1960s the psychiatric community condemned the use of the term psychopathy. It was among other things considered highly prejudicial in a time when focus was on social reforms (Hörnqvist, 2007a) and the belief that the social environment was the main factor in determining behaviour. Instead the alternate term sociopath was used to describe the behaviour previously known as psychopathic (Näslund, 2004).

It was not until the 1990s that psychopathy was revived, not only through scientific research but also in popular culture. Newspapers started writing about the existence of psychopaths in our daily lives, at the same time the entertainment business endeavoured to cash in, for example via the movie *Silence of the Lambs*, with the ever popular psychopath/cannibal Dr. Hannibal Lector.

Today the fascination has reached new heights in Swedish society as the media is more than ever gorging in psychopathic behaviour and its identification in every day life. Even official union newspapers publish articles expressing the problems caused by psychopaths in the workplace (Strömbeck, 2007). It is quite clear that psychopathy continues to be a popular subject in the new millennium. But after 200 years of different views concerning psychopaths, one can wonder if the scientific community finally has reached a consensus or is the diagnosis still up for debate?

Current theory and research

Diagnosing psychopathy. The most common instrument for diagnosing psychopathy is the PCL-instrument (the Psychopathic Checklist). This is the instrument that many clinical

psychologists and psychiatrists consider valid and reliable. It is based on a two-factor-model, where factor 1 consists of interpersonal and affective personality traits, and factor 2 consists of socially deviant traits. The PCL is furthermore based on a clinical construct rating scale. On the basis of a semi-structured interview, case-history information, along with specific scoring criterion, a given individual is rated on 20 items on a three-point scale (0, 1, 2). The total score can range from 0 to 40, which shows an estimate of the degree the subject in question matches a pro-typical psychopath, the cut-off point is a score of 30 (Hare et al., 2004).

Even though there are a number of new procedures for making a diagnosis, the PCL is the only one accepted as legitimate and tested. Despite this, psychopathy is still a diagnosis that is not accredited enough to be acknowledged as a personality disorder by neither the American Psychological Associations DSM-IV nor the World Health Organizations ICD-10 (SBU 2005). There are also some experts that are of the opinion that the PCL is outdated and that alternative instruments and classifications are needed (Cooke & Michie, 2001; Skeem & Mulvey, 2001; Clark, 2005). But there are still an overwhelming number of psychologists and others in the field of psychology and psychiatry that considers the diagnosis of psychopathy according to the PCL quite sufficient (for example Johansson, 2006).

Persons suspected of being psychopaths, who are undergoing an assessment, can often be deceptive and untruthful. Given this difficulty, making a correct diagnosis can be problematic; therefore psychopathic assessments are usually made based upon the subjects file, in combination with a semi-structured clinical interview, along with an assessment according to the checklist (Andershed & Skeem, 2004). The reliability of a diagnosis is thereby contingent on having a combination of different sources, wherefore limiting the material on which the conclusion is drawn should not be done. It is with this difficulty in mind that some experts in the field of risk-assessment do not consider psychopathy as a scientifically valid diagnosis (Hörnqvist, 2007a; Hörnqvist, 2007b).

Apart from having an adequate amount of material on which to base a diagnosis, one key element is that examiners are trained and educated correctly in the usage of the PCL. According to Edens (2006) inadequate guidance can lead to suspect psychopathic ratings. There have been cases where the findings of psychopathy are questionable and misuse of the instrument seems to have occurred (Edens, 2001). Many international experts in the field of psychology and psychiatry are, however, of the opinion that the PCL-instrument, in combination with the proper training, is a reliable and valid way of diagnosing psychopathy (Andershed & Skeem, 2004).

Another problem to take into account when diagnosing psychopathy is the question if the disorder is to be considered categorical or dimensional. A categorical view states that psychopaths are characteristically different from those who are not psychopaths and the dimensional position asserts that all people are psychopaths to one degree or another (Andershed & Skeem, 2004). There have been several studies conducted (Harris et al., 1994; Miller & Lynam, 2003) that have had varying results, and at present there is no consensus which view is the correct one, although most of the evidence indicates that psychopathy is dimensional.

Treating psychopathy. There are two main views regarding treatment, on the one hand there is the opinion that considers the condition static, thereby making psychopaths untreatable (Gacono et al., 1997), and on the other hand, there is a competing view that considers the condition treatable in one way or another (Skeem et al., 2002). Some authors even state that treatment will exacerbate the psychopathic behaviour and thereby making those diagnosed “more psychopathic” (Harris et al. 1991).

Those who deem psychopaths untreatable usually cite one or more of four specific studies (Harris et al., 1991; Ogloff et al., 1990; Hare et al., 2000; Seto & Barbaree, 1999), but when more closely scrutinized these studies are flawed when it comes to different methodological issues, also the results seem to have been misinterpreted in some studies according to Andershed & Skeem, (2004). Proclaiming that psychopathy is untreatable or that receiving treatment actually worsens the situation for psychopathic individuals should therefore be avoided.

When it comes to studies stating that treatment of psychopaths is possible, a number of studies have shown that those whom receive treatment respond positively compared to those that receive no treatment at all (Gretton et al., 2001; Salekin, 2002). The main difference between psychopaths and those diagnosed with “regular disorders”, is that the former needs more treatment in order for it to have an effect.

Considering the limited amount of scientific and empirically based research regarding a correlation between psychopathy and treatment, it would still be wrong for anyone to draw any definite conclusions regarding the possible treatment of those diagnosed as psychopaths, even though the most current research indicates that treatment is possible (Andershed & Skeem, 2004).

Psychopathy as a predictor for recidivism. A number of studies show a relation between psychopaths and violent behaviour, thereby identifying psychopathy as a strong predictor for recidivism (Andershed & Skeem, 2004; Grann et al., 1999). One important aspect of recidivism that has been found is the difference between factor 1 (the interpersonal and affective personality traits) and factor 2 (the socially deviant personality traits) of the PCL. The former has been found to be less predictive of future violent behaviour than the latter (Skeem & Mulvey, 2001).

The prediction value does, however, have its limitations when it comes to prison violence. Research has revealed that the correlation between scoring high on the PCL and physical aggression in an institutional environment (e.g. prison) is modest at best (Edens et al., 1999; Walters et al., 2003). Even if prison violence cannot be predicted, there have been studies that show psychopathy as one way to generally predict if a person will be able to adapt to the institutional way of living (Belfrage et al., 2000).

Despite the scientific conclusions stating the possibility for predicting future criminal activity by way of psychopathic diagnosis, the margin of error is quite large. According to the SBU (The State Committee for Medical Evaluation – Statens beredning för medicinsk utvärdering) (2005), 25-30 per cent of the predictions when it comes to forensically predicting future criminality are faulty. Even though this percentage involves all types of risk-assessment instruments that are certified in Sweden (including the PCL), it does raise the question of reliability when using psychopathy as a means to predict future behaviour.

The term psychopathy. According to some, psychopathy has more to do with social norms than certain behaviour (Hörnqvist, 2007a). Since social norms are constantly changing some items on the checklist may well be considered obsolete in today's society. For example, if you have had several relationships you get the maximum 2 points, while an uninterrupted marriage is given 0 points. This is in spite of the fact that marriage and the thought of the nuclear family is not as commonplace today as it once was. The PCL items have simply not been updated to modern times. In fact, violence and criminal behaviour is not a pre-requisite for being diagnosed as a psychopath. If a person isn't conformed to the social norms that are currently valid, he/she might very well be diagnosed as a psychopath (Hörnqvist, 2007a). But on the other hand some researchers are of the opinion that psychopaths almost always end up in prison, the non-criminal psychopath is here believed to be nothing more than a myth (Johansson, 2006).

Another aspect one should be aware of when it comes to psychopathy is the discussion amongst researchers when it comes to describing and finding a psychopath. Even though the previously mentioned two-factor-model (PCL) is the only one that is internationally recognised. There are those who believe that psychopathy should be understood from three dimensions, e.g. a three-factor-model containing: 1) interpersonal style; 2) affective experience; 3) impulsive, irresponsible lifestyle (Cooke & Michie, 2001). Here only direct measures of personality traits are measured. Socially deviant behaviour, criminality and antisocial tendencies are thereby excluded. This is in contrast to the PCL and other findings where antisocial tendencies have been deemed important when measuring for psychopathy (Benning et al., 2003).

Aim

The aim with this thesis is to critically investigate the scientific literature and pose questions to Swedish experts in the field, in order to ascertain if there is a consensus with regard to the diagnosis of psychopathy and the ability to treat a psychopath. The author also intends to examine if psychopathy is a reliable and valid predictor for recidivism. Furthermore, the author will compare the findings as to how psychopathic diagnoses' are used within the Swedish correctional system.

Method

Respondents

The sample for this investigation can be divided into three groups: 1) the experts/specialists; 2) material showing the official view of the Department of Corrections; 3) risk assessments and decisions from inmates currently residing in Swedish prisons.

The first group was comprised of different experts in the field of psychology and psychiatry, including university professors, prison psychologists, behavioural scientists, medical doctors and heads of psychiatric institutions. Participants were selected from a list consisting of all Swedish universities, psychiatric institutions and high security prisons with their own psychologist. Also certain renowned experts in the field were contacted. A total of 32 specialists within the relevant field were finally selected.

Of the 32 questionnaires that were sent out a total of 17 answers were received from various respondents. Six of these stated in one way or another that they did not feel knowledgeable enough to give satisfactory responses. The remaining 11 is the main basis for this thesis.

The majority of the respondents wanted to remain anonymous, but three of them agreed to wave their anonymity and thereby letting the author use their names in this study. First, there was Dr. Henrik Belfrage, PhD, professor of applied criminology at the Mid Sweden University and an experienced risk-assessor. Secondly Dr. Henrik Anckarsäter, MD, Ph.D., is an associate professor and senior consultant at the forensic psychiatric clinic at Malmö University Hospital. And finally Dr. Håkan Dahlin, MD, a specialist in forensic psychiatry at the psychiatric clinic at Huddinge University Hospital.

The second group of respondents consisted of pertinent correctional personnel from the Kumla Correctional Facility¹ (Kriminalvården, anstalten Kumla). In addition the author sent out a letter to the Headquarters of the Department of Corrections (Kriminalvården, Huvudkontoret) in order to get specific answers regarding the official view on psychopathy and how the diagnosis is used in its organization. Also official judicial guidelines were reviewed.

Finally the author contacted 10 inmates whom had been assessed for psychopathy. The author read several risk-assessments and official decisions regarding inmates, these were voluntarily obtained from the inmates themselves. All of the reviewed material was in some way associated with how the psychopathic diagnosis is used within the Swedish correctional system. These assessments and decisions constituted the third sample group.

Materials & Procedure

A questionnaire was compiled consisting of 16 questions that were related to diagnosing and treating psychopathy, as well as to what degree the diagnosis can be used as a predictor for recidivism. All questions were open-ended, giving the respondents much leeway when giving their answers. The questionnaire was sent out to the 32 selected respondents. A pre-stamped and pre-addressed envelope was enclosed with each request, in which the answers could be sent back. The option of responding by e-mail was also given.

After about four weeks those who had not yet sent a reply were contacted again, and a new copy of the questionnaire was sent out, they were asked to please answer the questions as soon as possible. Then the author waited another four weeks before starting to compile and analyze the results.

In the letter that was sent to the Department of Corrections (Kriminalvården) the author requested specific answers to questions regarding how many psychopaths there are within the

¹ The largest maximum security correctional facility in Sweden.

correctional system according to official statistics, and on which part of the prison population the statistics were based (for example is the number of psychopaths calculated with regard to the whole prison population or just the violent offenders). They were also requested to answer the same questionnaire that was sent to the other participants. At the same time the author spoke to pertinent personnel at Kumla Correctional Facility, it was from one of them that an official memorandum regarding psychopathy and its use in a correctional setting was received.

The author also spoke to several inmates that had been assessed for psychopathy. Using word of mouth he got in contact with 10 inmates, and after reviewing relevant written material, one risk-assessment and one decision was selected to exemplify the use of psychopathy within the correctional system.

The analysis itself consisted of an initial categorization of the answers into three groups: diagnosis, treatment and recidivism. Thereafter each answer was divided into yet another three sub-groups, depending on if the answer given could be considered as being pro-psychopathy (in support of the diagnosis), anti-psychopathy (opposing the diagnosis), or somewhere in between (unresolved regarding the use of the diagnosis). This last sub-grouping was only done with those questions where an appropriate categorization could be made.

In accordance with this categorization conclusions were then deducted from the assembled material, resulting in the individual presentation of each question the follows below. How the answers, from a percentage point of view, were divided among the respondents, can be seen in the diagrams corresponding with each question where a sub-categorization was deemed applicable.

Interpretation awareness

Before reading the author's analysis of the answers given to the questionnaire, one thing should be made clear. Some of the questions that were posed to the respondents are rather complicated and there is usually no short and easy answer that can be given. This means that in order for the respondents to give answers that are truly comprehensive, several hours of work would probably have been needed.

With the above in mind the author has assumed that the answers at times have been rather concise and to the point. This is something that the reader should be aware of when it comes to evaluating the results of this thesis.

Results²

Diagnosing psychopathy

The following answers are the replies from the respondents in the first sample group (the specialists/experts). The results from the second and third groups of respondents are presented thereafter, when the use of psychopathy in a correctional setting is described.

How many sessions should usually be held with a patient before a diagnosis of psychopathy can be made, how long should each of these sessions be and why? (See figure 1) Eighteen per cent of the respondents were of the opinion that a diagnosis can be made only from background material (such as previous risk-assessments) without meeting the person in question, if the material was of decent quality and quantity.

One respondent, (Dr Belfrage) strongly suggested that one should meet the person to be diagnosed, but he also points out that those who created the PCL, state that it is not necessary to meet the subject, albeit it is recommended.

The remaining respondents (64%) stated that they needed to meet the subject before any psychopathic diagnoses' could be made. But the amount of time required to make an accurate diagnosis differed greatly. At one end of the spectrum at least three 40 minute sessions were needed, and at the other end a 20-30 minute conversation was all that was deemed necessary.

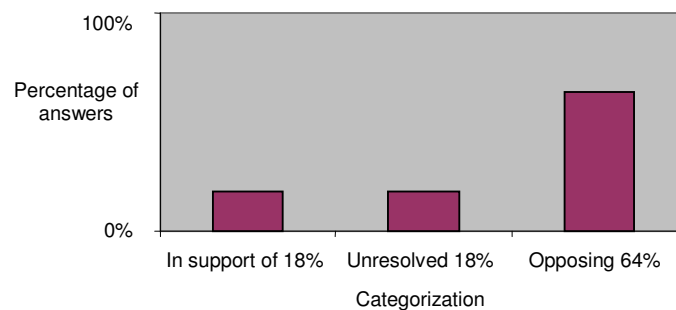


Figure 1. Number of sessions needed to diagnose psychopathy.

² Dr. Anckarsäter has given one answer to all of the questions, namely that he does not believe psychopathy to be a diagnosis which should be used clinically because of the lack of scientific studies in regard to certain aspects. Among other concerns he states that there are no studies defining psychopathy from other diagnoses' with overlapping content, for example ASPD, CD, ODD and AD/HD. Genetically the backgrounds from different facets can vary and also evolve differently. Also studies considering reliability cannot be found outside small specific groups of scientists. He furthermore writes that his conclusions are based on current scientific research in combination with his experiences and clinical work with patients that are considered to be psychopaths. Considering Dr. Anckarsäter's brief answer and firm stand-point, the author cannot refer to any specific answers from him under each question. But he is of course being included in the figures presenting the percentage results of the categorization, if his answer has relevance for that specific question.

Is there any way to make any kind of definite diagnosis of psychopathy after a shorter session (for example a 30-minute talk) if this session is combined with different types of background information, for example court-decisions? (See figure 2) Eighteen per cent of the experts believed that a diagnosis of psychopathy could be made after 30 minutes, the same respondents as in the previous question. One respondent (a medical doctor) wrote that the experience of the risk assessor was an important factor if an assessment could be made after such a short meeting (or even without meeting the subject).

Interesting is that 64% of the respondents clearly stated they wanted to meet the person to be assessed for *more* than 30 minutes. One respondent (a psychologist) viewed the time spent with the subject as a way to determine if the person in question was a “full-blown” psychopath or somewhere lower on the scale.

Another respondent stated that since a diagnosis never can be one hundred per cent accurate, the laws of probability play a role. One respondent (Dr. Dahlin) stated that a psychopathic diagnosis should be made only after a prolonged period of observation in combination with background material (including childhood history, living history, previous criminality, etcetera). No diagnosis should be made on the sole basis of just one session/meeting.

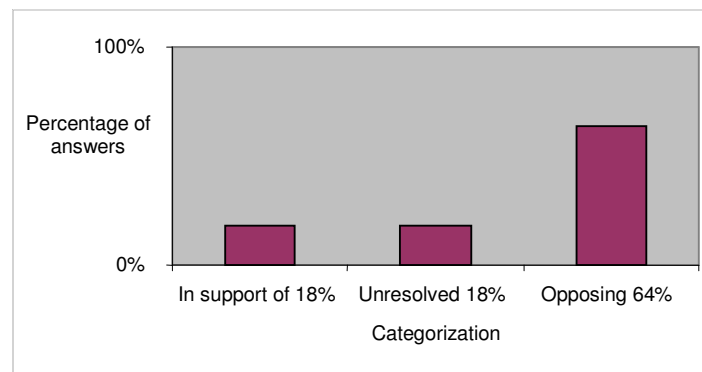


Figure 2. Amount of time needed with the subject to diagnose psychopathy.

To what extent should an assessor use previous psychiatric evaluations? (See figure 3) Eighty-two per cent of the participants were of the opinion that the subject’s former risk-assessments should be used, but there was a difference regarding what significance it should have. Twenty-seven per cent agreed that background material should be given a limited importance.

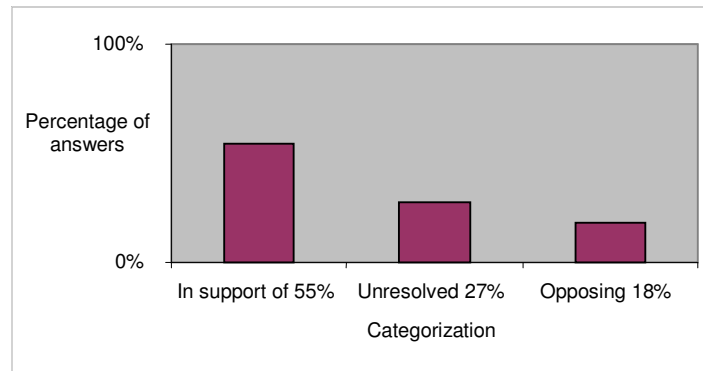


Figure 3. Importance of previous risk assessments.

Within the correctional system a diagnosis of psychopathy is often made after an inmate has been isolated for a long time, what impact, if any, does prolonged periods of isolation (sometimes several months) have on diagnosing psychopathy? Making an assessment for possible psychopathy directly after a prolonged period of isolation does not, according to most of the respondents, have an effect on psychopathy itself. But the isolation can, however, make certain traits more indicative and therefore a certain diagnosis may not be representative of the subject under normal conditions. For example, Dr. Dahlin writes that one should generally be cautious when diagnosing any type of psychiatric disorders after any lengthy periods of isolation, the exception being when it comes to diagnoses' that are believed to be reactive.

What risks are there when it comes to diagnosing psychopathy and how significant is for example the risk for a false diagnosis? With regard to the risk of making a false diagnosis, all respondents were in agreement that there can never be an absolute certainty when making psychiatric diagnoses'. Even though the level of uncertainty differs, most seem to agree that there is at least an average risk that mistakes are made.

Dr. Belfrage and two other experts claimed that one aspect which elevates the probability for a false diagnosis is if the person being assessed is an addict. The difference in personality during a subject's addiction and when he or she is clean, months or years later, have shown to be quite significant.

According to one of the respondents (a medical doctor), another risk is when the assessor is inexperienced. Then other diagnoses', such as antisocial personality disorder, may be mistaken for psychopathy.

In the case that two professionals reach different diagnoses' regarding the same individual, how would you recommend one should decide which diagnosis is correct? There are cases when the same subject is found in the middle of two opposing diagnoses' of psychopathy, e.g. one risk-assessor says that the individual satisfies the criteria for the PCL and another says the requisites are not met. According to some of the experts this is something that is not all that uncommon, but the most common discrepancy is that different assessor's options vary when it comes to the degree of psychopathy present.

Amongst others, a prison psychologist answered that the best way to settle a dispute over a certain person's psychopathic diagnosis was to combine the PCL with other assessment-instruments in order to get a more accurate diagnosis. Another respondent simply stated that it is next to impossible to determine with any degree of certainty which diagnosis is the correct one. Some believed that a third party evaluation should be made.

In the case that two professionals reach different diagnoses' regarding the same individual, what could be the cause of this? That mistakes happen seems, as previously stated, an unavoidable fact when it comes to the practice of psychiatry and determining a subject's psychological health. The inaccuracy in determining the existence of psychopathy might be due to different personal views regarding the diagnosis in question, the background-material differed both in quantity and quality from one test to another or the interpretation of the same material may differ. Discrepancies can also be due to the fact that the interview-session with the subject has not been qualitatively sufficient.

Treating psychopathy

Is it possible to cure psychopathy? If yes, how – if no, why not? (See figure 4) The direct question whether psychopathy was treatable or not and why, elicited an array of different answers. Fifty per cent were in agreement that psychopathy could not be cured. One respondent (Dr. Belfrage) explained that the incurability came from the impossibility to change an adult's personality, which was in agreement with respondents in this category. Another respondent (Dr. Dahlin) stated that psychotherapies which are supposed to strengthen the patients "Id" are contra productive.

Some of the answers (both those who were *in support of* and those who were *unresolved*) pointed to current scientific knowledge and stated that psychopathy cannot be treated to the point of full recovery. This does not however mean that it is impossible to alleviate certain behaviours by teaching the subject in question techniques to control detrimental actions.

One of the respondents (a prison psychologist) believed that, if the psychopath was aware of his problems, certain types of psychotherapies could be very helpful. But the problem with psychopaths is that they often lack the capacity to reflect and contemplate their situation, which means that the higher the degree of psychopathy, the lesser possibility there is for treatment. This opinion was in concurrence with some other answers, which in short stated that treatment, even to full recovery, is possible, albeit difficult.

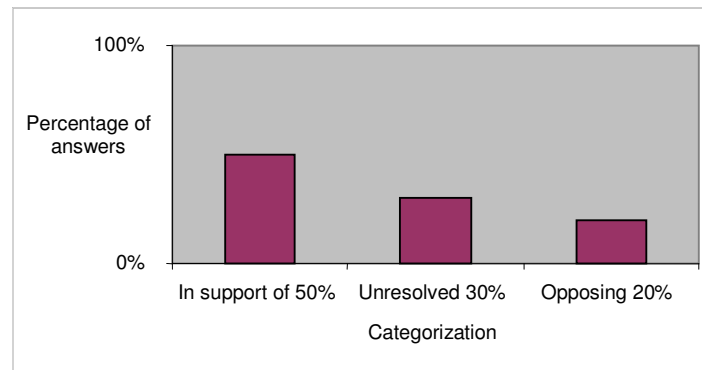


Figure 4. Curing psychopathy.

Can a psychopath “self-cure”, e.g. can psychopathic behaviour dissipate by itself over time? If yes, after how long? The possibility of psychopaths self-curing was not an option that anyone believed in, with the exception that certain personality traits usually dampen as one gets older. It is as one psychologist put it: “A matter of maturity where the psychopath has learned social interaction.”

Can psychopathy worsen with certain sorts of treatment? If yes, why and by which sort of treatment? (See figure 5) When it came to the possibility of treatment exacerbating psychopathic behaviour and/or tendencies, half of the respondents stated that there was a risk. Some wrote that certain types of treatments and/or therapies can feed the psychopaths narcissistic side and make him feel even more omnipotent. One respondent (Dr. Belfrage) specifically mentioned the risk of feeding the feeling of invincibility of a criminal psychopath. One medical doctor stated that those with impulse-control problems could be worse off by taking certain types of medication, such as benzodiazepines. Dr. Dahlin wrote that treatments that strengthen feelings of self confidence are detrimental, for example several forms of psychotherapy.

Twenty per cent opposed the view that psychopaths were untreatable, one of the prison psychologists was of the opinion that psychological/psychotherapeutic/psychiatric treatment

does not worsen the psychopathic personality. It is pointed out that there are programs in other countries which have been shown to have a positive effect, such as VPP (the Violence Prevention Program).

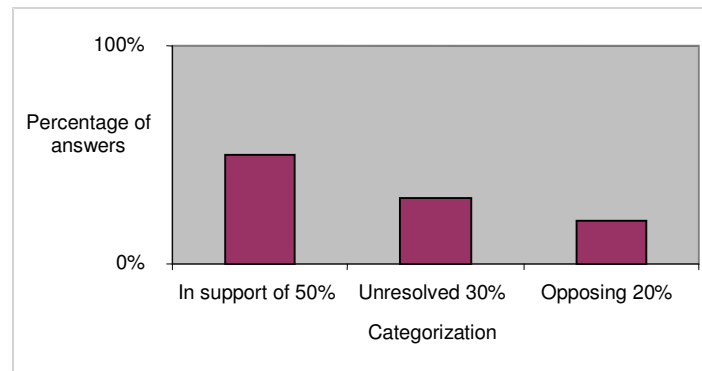


Figure 5. Exacerbating psychopathy with treatment.

Psychopathy as a predictor for recidivism

Is psychopathy a good predictor for future criminality? If yes, why – if no, why not? (See figure 6) Here once again, the answers differed greatly. Forty-five per cent were unresolved, meaning that the respondents believed psychopathy was a useful predictor only in combination with other criteria, for example historical factors such as previous criminality; this was, amongst others, Dr. Dahlins standpoint.

One respondents (Dr. Belfrage) view was that the prediction-value for future criminality, with reference to current theory and research, was high. This concurred with other respondent's answers. It was also stated by Dr. Belfrage that psychopaths are not in a position to go through life without encountering some circumstances where they will act out in a criminal manner. Twenty-seven per cent believed that there really was no better predictor. But it was also stated that risk-factors are related to the situation and the individual, thereby leaving some element of uncertainty.

The remaining 27% opposed using psychopathy as a predictor for future criminality in any way. Two of the prison psychologists answered that just because an individual is diagnosed as a psychopath, it does not mean that he or she is going to commit acts of criminality.

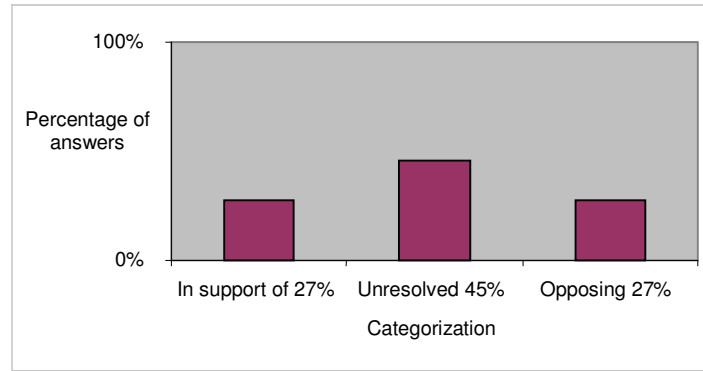


Figure 6. Psychopathy as a predictor for future criminality.

Is there a diagnosis that works better than psychopathy as a predictor for recidivism? If yes, which diagnosis and why? (See figure 7) Forty-five per cent deemed psychopathy the best predictor for recidivism, although most thought it best to combine different diagnoses'. Dr. Belfrage answered that even though psychopathy generally could be seen as the best predictor, some aspects of risk are contingent on the individual and particular situations. Also psychopathic personalities are underrepresented when it comes to certain crimes, such as partner-related homicides. In cases like that, psychopathy is not an especially good predictor.

Forty-five per cent were opposed to using psychopathy as a general predictor for recidivism. The belief was that the main use should be to foresee future violence. One psychologist clearly stated that "One can be a psychopath without being a criminal".

According to several of the respondent's, better predictors of future criminality were for example past offences (the best predictor of them all according to Dr. Dahlin), addiction-problems and other psychiatric diagnoses' (depending on the type of diagnosis).

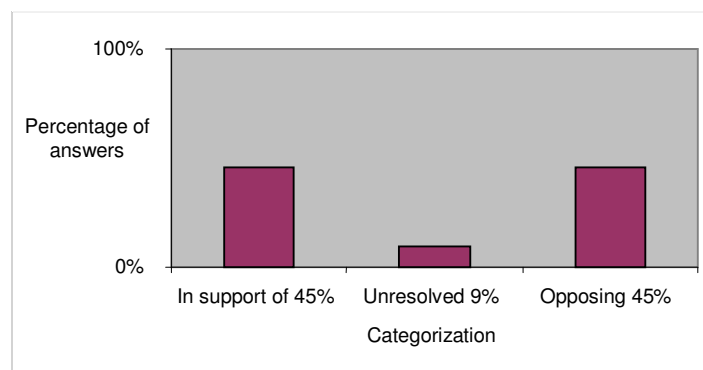


Figure 7. Alternative predictors for recidivism.

What is your opinion in regard to the Department of Corrections use of psychopathy as grounds for denying inmates furloughs, specific treatments, etcetera? (See figure 8) The answers given by the respondents when it came to their opinion regarding the Swedish correctional systems use of psychopathy as a reason to deny furloughs and treatment differed. Thirty-six per cent thought it was logical and in coherence with current theory and research.

Thirty-six per cent were against using psychopathy as a sole reason to deny anything, but in combination with other factors it could be acceptable grounds for refusing for example furloughs, but most believed that other criteria should be the grounds for such decisions. One medical doctor wrote that he saw it as the correctional systems means to take the easy way out.

Most of those in the unresolved 27%, viewed it as acceptable when it came to denying furloughs and such, but not to refuse an inmate treatment.

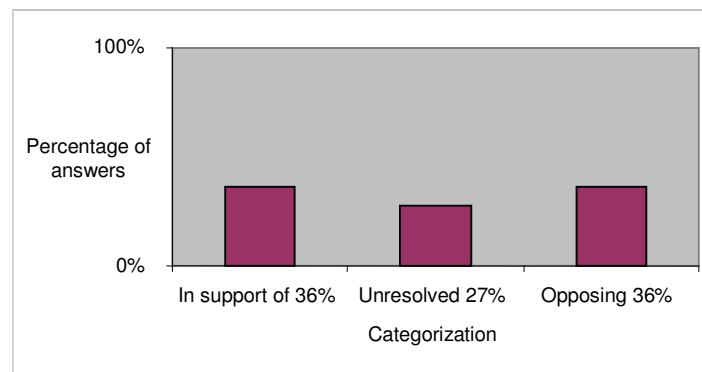


Figure 8. Use of psychopathy within the correctional system.

From the answers given in this study, the most discerning view seems to be that psychopathy, in combination with other risk-assessment instruments and criteria are the best method when it comes to the prediction of future criminality. It is however, as one person wrote, a matter of predicting the future, which in turn means that there will always be some level of uncertainty and margin for error.

The use of psychopathic diagnosis within the Swedish correctional system

As has previously been stated, a letter was sent to the Headquarters of the Department of Corrections wherein questions were asked in an attempt to get the official view on psychopathy and how the diagnosis is used in a correctional setting.

No response was received to the letter in question, despite that it was sent twice to the Department of Corrections. The following analysis is therefore based upon an official

memorandum which was written by a senior correctional administrator (Göransson, 2004), in combination with the other material which the author has taken part of when speaking to correctional personnel and inmates.

Diagnosing psychopathy. All inmates sentenced to four years or more in a Swedish court are sent to the National Reception Unit (NRU). It is located at Kumla Correctional Facility. The main goal with risk-assessments within the NRU, is to determine the conditions of incarceration for each inmate, a way to individualise the sentence. Here different risk-assessments are used, amongst others the PCL.

Diagnosing psychopathy is, according to both correctional staff and inmates, done in different ways; usually the risk-assessor at the NRU meets with the inmate for 20-60 minutes and also takes part of the journal as well as other background material. But if the inmate does not participate willingly it is not uncommon that a determination of psychopathy is made only on the basis of background material.

During the course of this study the author has been able to read some risk-assessments done on different inmates currently residing in Swedish prisons. The author's privy has shown several examples of questionable psychopathic diagnoses' in Swedish correctional settings. One such example of a possible inappropriate diagnosis is "Peter", he is an inmate sentenced to life imprisonment. While at the NRU he was diagnosed as a psychopath and his terms of imprisonment were set accordingly. But a few years later, when a risk-assessment was done by another evaluator, the finding was the opposite: "Psychopathic tendencies are nowhere to be seen".

Treating psychopathy. Violent offender psychopaths (and non-psychopaths) are especially singled out within Swedish prisons, and a diagnosis can, according to current correctional regulations, determine if an inmate receives treatment, furloughs, etcetera (KVFS 2006:26). This is the view that is made clear when you read the legal statues that govern the Department of Corrections.

But when one reads a memorandum written by correctional official Birgitta Göransson (2004) a slightly different view appears. It states that psychopaths should not be excluded from treatment just because of their diagnosis. As long as an inmate is motivated and does not damage the dynamic of the treatment-group, the inmate should be allowed to participate.

There have also been cases that the author has read in which the inmates in question have been denied placement in a certain treatment unit simply because they were diagnosed as

psychopaths. In one of these cases the written decision from the placement-authority of the Department of Corrections clearly stated that because of the inmate's psychopathic diagnosis, he would not be allowed placement in a treatment-prison.

In the same case, the inmate was denied the possibility of furloughs because of his psychopathic diagnosis. The written decision from the Headquarters of the Department of Corrections stated that “/.../ the risk for a relapse in criminal activity has been found to be elevated due to his psychiatric state [e.g. psychopathy], therefore the request [for furloughs] is denied”.

Psychopathy as a predictor for recidivism. As the author has stated above there are certain facets (furloughs, treatments, etcetera) of the correctional system an inmate may be denied if he is diagnosed as a psychopath. Another aspect of this regards placement within the correctional system. Since psychopathy is to some extent used as a predictor for institutional violence, inmates may be placed under higher security than might be needed.

When it comes to predicting the risk for recidivism after parole, this does not seem to be a major concern for the Department of Corrections. It is only for those sentenced to life-imprisonment that recidivism is a significant aspect, in order to get a life-sentence commuted the risk for recidivism should be low. As the author has previously written it is primarily with regard to furloughs that the psychopathy and recidivism aspect becomes a factor to consider.

The validity of psychopathy

One interesting aspect of the answers given in this study shows that no less than three experts (Dr. Anckarsäter, another medical doctor and one clinical psychologist) deemed psychopathy as a diagnosis lacking in validity and should therefore in its current state not be used in a clinical setting. Dr. Anckarsäter stated that the criteria for validity set up by Robins and Guze (1970) are not met. He wrote that a lack of research in specific areas, such as treatment and reliability, makes any psychopathic diagnosis and/or conclusions drawn, at the very least questionable.

But there were also experts and specialists who deemed psychopathy to be a diagnosis with a high degree of validity. Actually, the number of respondents that considered the diagnosis valid outweighed those who asserted non-validity. In contrast, Dr. Anckarsäter regards psychopathy as an important field for further research. He writes that it has not been established how the various facets of the psychopathy construct relates to neurological or cognitive susceptibility factors, nor to manifest behavioural problems. As the PCL

incorporates assessments of behaviours along with possible background psychological mechanisms, research and clinical evaluations using the PCL sum score is tautological by definition.

Discussion

The main goal with this study has been to answer three questions and then compare the results with the usage of psychopathy in the Swedish correctional system: 1) is there a consensus in regard to the diagnosis of psychopathy; 2) is psychopathy treatable; 3) is psychopathy a valid predictor for recidivism?

The opinion regarding the correct procedure for diagnosing someone as a psychopath varies. There are those who insist on a higher burden of proof, stating that a minimum of three interviews with the subject in question is needed in combination with written background material, before a diagnosis can be established. Those who assert the lowest burden of proof state that there is no need to meet the subject; all that is needed is enough relevant background material.

Treating psychopathy is also an area in which the opinions from different experts differ. Some view psychopathy as treatable whilst others do not. Many are somewhere in between, meaning that if certain criteria are met, there is a definite possibility for alleviating a psychopath's negative behaviour by giving him the cognitive tools to make the right choices in certain situations. Whether psychopaths are amenable to treatment still seems to be an open question.

As far as using the diagnosis as a predictor for recidivism, the most current research does seem to have a consensus, but those questioned in this study differ in their opinion when it comes to the predictive value of psychopathy. Whereas, some of the experts seem to insist that recidivism can be predicted, others do not even think it is valid to try to predict future behaviour. The answers given stated to a large part that the PCL by itself should not be used as a predictor. The author's conclusion concurs with this opinion.

One top expert in the field abjures psychopathy as even remotely scientific. In a television interview, Dr. Anckarsäter said that psychopathy is "definitely not reliable when it comes to predicting recidivism on an individual level" (Bankel, 2007). It is also interesting to note that the Department of Correction's, head of research, Martin Grann, in the same interview stated that some of the variables in the PCL should not be part of the assessment process.

It is abundantly clear that the current theory and research differ in several aspects from what many experts actually believe to be true. What also becomes very apparent is that different specialist opinions are at odds with the views of others.

In this study, the author has by no means showed all possible views of psychopathy. The author has for example, left out the close relationship it has to antisocial behaviour and narcissism. Because of this there may be those who believe that the author has left out important aspects. But the goal is not to give an extensive description of all current views, but simply to investigate if there is actually any agreement among the experts when it comes to the field of psychopathy, which there obviously is not, something the figures above clearly illustrates. With this said, the field of psychopathy can be divided into different factions where professionals believe in different concepts to varying degrees. In consideration of the prevailing uncertainty, the author questions why psychopathy is so commonly used in not only the Swedish correctional system, but all over the western world.

As the author has previously stated, psychopaths are especially singled out within Swedish prisons, and a diagnosis can determine if an inmate receives treatment, furloughs, etcetera (KVFS 2006:26). This means that a classification as a psychopath can entail that a certain inmate is denied the possibility to participate in rehabilitating treatment and therapy which might have been beneficial for him or her. The reason for this is that within the Swedish correctional system psychopaths are considered non-treatable, or at least requiring too great an amount of resources for them to be allowed treatment. This fact shows how highly pejorative the diagnosis can be.

Inmates diagnosed with different personality disorders, including psychopathy, are today considered more likely to commit violent acts and in other ways disturb the prison setting (Hörnqvist, 2007b). This is in spite of that research shows an essential non-correlation between psychopathic diagnosis and institutional violence (Edens et al., 1999; Walters et al., 2003). The question arises if psychopaths are not an end to a means for prison administrators. Since it is a diagnosis that according to the correctional system officially cannot be treated, it is a good reason to deny certain placements. Also the perceived threat from psychopathic individuals becomes a way to elevate the security level in prisons and thereby using it as a motive to establish a tougher and more hard-line policy. That the presence of psychopathic inmates is one reason used to justify more restrictive conditions of incarceration, is in accordance with recent criminological research (Hörnqvist, 2007b).

The author is not asserting that the Department of Corrections uses psychopathy alone to motivate a stricter prison policy, but it is apparent that the official judicial guidelines, when it comes to handling inmates diagnosed with psychopathic tendencies, are not always in concurrence with current research and theory.

Despite that psychopathy is not an accredited personality disorder, it is still a common misconception that it is. Even people within the correctional system writing essays seem to believe this to be true (Svensson, 2006). This problem with how to define psychopathy contributes to problems for those diagnosed. It is not only with regard to, for example treatment-access, that different psychiatric diagnoses' can have a negative effect on an inmate; this may also be the case in relation to how they are treated by other inmates. Interviews with prisoners done in some sociological studies have implied that inmates who are considered mentally ill run the risk of not being accepted by the general population, partly due to their mental illness (Nilsson, 2007). In the future this pejorative aspect should be considered when doing research on the detrimental effects of psychopathic diagnoses'.

That psychopathy is used to such a degree within the Department of Corrections is rather surprising since the head of research Martin Grann is not fond of the diagnosis. In several comments to the media he states his aversion to the use of the term psychopath. In one article he said that he did not believe that the psychopathic diagnosis should be used, he said it is a condescending and stigmatic label that isn't needed (Jacobsson, 2007). A few years before he became head of research for the Department of Corrections, he said in a radio interview that: "In about ten or twenty years we will probably look back and laugh and say that those were the days of all the checklists, PCL, HCR, and all the rest. We thought that those were the answers to our problems, but by then we will hopefully have gone through a healthy process of disillusion, which should bring us to insight, as hindsight usually does" (Hedén, 2004).

The comments from Martin Grann makes one wonder, why does the Department of Corrections uses psychopathy as much as they do, when their own head of research abjures the use of the diagnosis?

In conclusion, the author has found that many experts have contradictory opinions regarding different aspects of the psychopathic diagnosis. Therefore, the author finds it very unsettling that a psychiatric classification that is obviously still in what Thomas Kuhn would call "the crisis stage" of the scientific revolution, has been given such great importance in Swedish society and within the work of the Department of Corrections.

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