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Psychopathy and therapeutic pessimism Clinical lore or clinical reality?

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Abstract

It is a widely held belief that psychopathic individuals are extremely difficult to treat, if not immune to treatment. This therapeutic pessimism is pervasive and undermines motivation to search for effective modes of intervention for psychopathic individuals. A review of 42 treatment studies on psychopathy revealed that there is little scientific basis for the belief that psychopathy is an untreatable disorder. Three significant problems with regard to the research on the psychopathy–treatment relation cast doubt on strident conclusions that deem the disorder untreatable. First, there is considerable disagreement as to the defining characteristics of psychopathy. Second, the etiology of psychopathy is not well understood. Third, there are relatively few empirical investigations of the psychopathy–treatment relationship and even fewer efforts that follow up psychopathic individuals after treatment. Psychologists are encouraged to investigate the psychopathy–treatment relation from multiple perspectives as well as to conduct long-term follow-up studies to establish a modern view of the psychopathy–treatment relation. © 2001 Elsevier Science Inc. All rights reserved.

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1. Perspective on psychopathy and treatment: a need for further integration of science and practice?

Clinical lore has led clinicians and researchers to believe that psychopathy is, essentially, an untreatable syndrome. This view is echoed by prominent theorists' claims that the disorder is difficult, if not impossible, to treat (e.g., Cleckley, 1941; Hare, 1991; McCord & McCord,

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1964; Suedfeld & Landon, 1978). In his more recent writings on psychopathy, Cleckley (1981, p. 275) stated that he was “profoundly impressed by two difficulties that stood in the way of dealing effectively with the psychopath. One of these was his apparent immunity, or relative immunity, from control by the law. The other was his lack of response to psychiatric treatment of any kind.”

There is no doubt that psychopathy brings a considerable amount of therapeutic frustration, confusion, and pessimism to researchers and clinicians alike (e.g., Greenwald, 1967; Losel, 1998; Ogloff, Wong, & Greenwood, 1990; Rice, 1997). This frustration, however, may have blurred psychologists’ perception of important clinical realities and stalled enthusiasm for research pursuits that would have produced and enhanced interventions for this complex clinical problem.

Social policy considerations make the search for effective treatments for psychopathic individuals even more pressing. For instance, continued problems with adult and juvenile offending indicate that untreated offenders will continue to create serious problems for society in both the short and long run. These problems are likely to include violent crimes given that violence, in part, stems from individuals who lack important human characteristics such as empathy and remorse (Hare & Hart, 1993). In fact, recent research efforts have shown that there is a relationship between psychopathy and both general and violent crimes (e.g., Salekin, Rogers, & Sewell, 1996), further emphasizing the need for preventative measures and treatment programs for those most at risk of committing future violent acts.

The purpose of the present article is to identify and characterize the current status of research that exists on psychopathy and treatment, to prompt and guide investigations in this area of investigation, and to encourage future research into the etiology of psychopathy. In order to address these purposes, I (a) briefly discuss problems that exist with classification of psychopathy specifically dealing with terminology and heterogeneity that make work in this area particularly difficult, (b) examine the developmental and etiological theories of psychopathy as they relate to treatment, and (c) present empirical evidence on the treatability of psychopathy in the form of a meta-analysis.

2. Classification of psychopathy

Abundant theoretical and empirical attention has been directed toward understanding the psychopathic personality since Phillippe Pinel first introduced the concept approximately 200 years ago. Most contemporary conceptualizations are linked, at least in part, to the work of Cleckley (1941) and his book *The Mask of Sanity*. Cleckley provided extensive clinical descriptions of the characteristics of psychopathy, which have now received widespread acceptance as typifying the concept of psychopathy.

Although Cleckley’s definition of psychopathy was included in the DSM-II, subsequent revisions consisted largely of behavioral-based descriptions such as antisocial personality disorder (APD), conduct disorder (CD), and oppositional defiant disorder (ODD). Changes from primarily personality-based conceptualizations of the disorder to primarily behaviorally based ones were predicated on the notion that behavioral characteristics (e.g., truancy) were more reliably assessed than were personality traits (e.g., empathy) (Cloninger, 1978; Robins,

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