



## Child and adolescent psychopathy: A state-of-the-art reflection on the construct and etiological theories

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### ABSTRACT

*Purpose:* There is a growing interest in the identification of psychopathic traits in infancy and adolescence. This effort will enable the development of predictive models of aggressive and violent behavior, in order to intervene effectively both in preventive and therapeutic levels. Several authors have suggested that the presence or absence of psychopathic traits, together with the factors that sustain, maximize or minimize them, can help in the identification of the etiology and developmental trajectories of anti-social individuals.

*Materials and Methods:* Meta-narrative review of the child and adolescent psychopathy construct.

*Results:* This state-of-the-art review discusses the concept of child and adolescent psychopathy, taking into account historical and conceptual issues.

*Conclusion:* Evolutionary Theories can add a major contribution to the understanding of the origins of psychopathic traits.

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### Introduction

Psychopathy can be defined as a personality disorder characterized by a set of traits that include interpersonal and affective characteristics (Factor 1 – e.g., manipulation, lack of empathy) and antisocial/social deviance characteristics (Factor 2 – e.g., impulsivity and aggression) (Hare, 2003). Other authors prefer to describe psychopathy as a developmental disorder (Lynam, Caspi, Moffitt, Loeber, & Stouthamer-Loeber, 2007), marked by an emotional hypo-responsiveness, an increased risk of antisocial behavior (Blair & Mitchell, 2009) and an attentional impairment (Vitale et al., 2005). The concept of psychopathy is not new and is recognized in different cultures and historical periods. Psalmists have identified some key characteristics of the disorder, as wickedness, perversity, immoral behavior, pride, vanity, the sense of invulnerability, seduction, manipulation and extreme violence (Cooke, Michie, & Hart, 2006). The same pattern has been identified in the Icelandic Sagas (Hoyersten, 2001), in the Greek Mythology and in several pre-industrial societies (Murphy, 1976).

The first clinical descriptions of psychopathy are ascribed to Pinel (1806/1962) and Prichard (1835), which have respectively used

words like “manie sans delire” and “moral insanity”. Brutality, emotional coldness, recklessness and insensitive exploitation of others were some of the attributes mentioned. Other authors (Kraepelin, 1904/1915; Partridge, 1930; Rush, 1812; Schneider, 1950) have also contributed to the development of psychopathy construct. Rush has even postulated that a deeply rooted “moral depravity” was central in the disorder. Schneider defended that these tendencies emerged early in life, being related with a central deficit in emotional sensitiveness.

Notwithstanding, the modern conceptualizations of psychopathy derives essentially from Hervey Cleckley’s work revealed in his emblematic book “The Mask of Sanity” (1941/1988). The author tried to narrow psychopathy concept (too inclusive at that time) reserving it to exceptional cases. While studying inpatients at a large psychiatric hospital, he set forth 16 specific criteria, mainly focused on interpersonal and affective features, which he considered to be the main characteristics of psychopathic personality. Central to his conception (and origin of the title of his book) is the idea that psychopathy is a severe disorder masked by an external appearance of robust mental health. The work of Cleckley has become an important mark in the study of psychopathy. Cleckley’s 16 criteria (1941/1988) have later been grouped by Patrick (2006) in three distinct conceptual categories: positive adjustment; chronic behavioral deviance; and emotional–interpersonal deficits. The psychopathic characteristics can also be grouped into interpersonal, affect, lifestyle and behavioral characteristics (see Table 1) similar to the Hare model (2003). The interpersonal items would most closely align to Patrick’s positive adjustment scale. Lifestyle and antisocial transgressions are somewhat combined but could be further parsed by separating failure to have a life plan and

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**Table 1**  
Categorization of Cleckley's Diagnostic Criteria into the Hare 4 Factor Model for Psychopathy

Interpersonal	Affect	Lifestyle	Behavioral Deviance
<ul style="list-style-type: none"> <li>- Superficial charm and good "intelligence"</li> <li>- Untruthfulness and insincerity</li> <li>- Pathologic egocentricity and incapacity for love</li> <li>- Absence of delusions and other signs of irrational thinking*</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of remorse or shame</li> <li>- General poverty in major affective reactions</li> <li>- Unresponsiveness in general interpersonal relations</li> <li>- Absence of "nervousness" or psychoneurotic manifestations*</li> <li>- Sex life impersonal, trivial, and poorly integrated</li> </ul>	<ul style="list-style-type: none"> <li>- Poor judgment and failure to learn by experience</li> <li>- Unreliability</li> <li>- Specific loss of insight</li> <li>- Fantastic and uninviting behavior with drink and sometimes without</li> <li>- Failure to follow any life plan</li> <li>- Suicide rarely carried out*</li> </ul>	<ul style="list-style-type: none"> <li>- Inadequately motivated antisocial behavior</li> </ul>

Note. Asterisked items are those that Patrick (2006) denoted as positive adjustment.

fantastic and uninviting behavior sometimes with drink and sometimes without (sensation seeking).

Cleckley (1941/1988) defended that antagonistic, aggressive, predatory, revengeful and cruel behaviors were not essential in the conceptualization of psychopathy. Emphasizing this, he presented cases of "successful psychopaths" that have followed careers as doctors, scholars and businessmen; nonetheless most of his case examples described individuals who engaged in some form of moral transgression. Contemporaries of Cleckley who studied prison inmates shared his opinion concerning a probable deficiency in emotional reactivity. However, had different views about the behavior of these persons, describing the criminal psychopaths as cold, violent, antagonist, truculent and predatory individuals (Lindner, 1944/2003; McCord & McCord, 1964).

As a consequence of these conceptual divergences, Patrick, Fowles, and Krueger (2009) have recently come forth with a triadic conceptualization of psychopathy constituted by the components of disinhibition (externalizing component), boldness and meanness. In this model, these prominent and recurrent phenotypic components can be present in different degrees and may be important to understanding psychopathy in its different manifestations: criminal or non-criminal, primary or secondary, stable or aggressive, successful or unsuccessful. According to Patrick (2010), the conceptual differences in psychopathy change according to the emphasis put on boldness (e.g., spirit of adventure, emotional stability), that occurs mainly in inpatient and community samples (Cleckley, 1941/1988; Lykken, 1995), or on meanness (e.g., predatory exploitativeness, cruelty), that occurs mainly in forensic samples (Hare, 1985).

Not all individuals with a pattern of criminal and anti-social behavior and diagnosed with Antisocial Personality Disorder (APD; American Psychiatric Association, 2000) show psychopathic traits (see Skeem, Polaschek, Patrick, & Lilienfeld, 2011 for a review). Hare (1985) underlines that about 90% of psychopathic aggressors meet criteria for APD, but only 25% of the individuals diagnosed with APD are psychopaths. The same proportion (Forth & Bruke, 1998) occurs in younger populations with Conduct Disorder (CD). These discrepancies seem to be associated with the fact that APD and CD overvalue the externalizing/behavior factor of psychopathy, and not that much the affective/interpersonal one (Forth & Bruke, 1998, Hare, 1985). This way, some authors are still debating the question of the inclusion of antisocial/deviant life style factor as an inherent trait in psychopathy or its product (Cooke & Michie, 2001; Cooke, Michie, & Skeem, 2007; Salekin, Brannen, Zalot, Leistico, & Neumann, 2006; Skeem & Cooke, 2010).

In short, the psychopathy construct is of utmost importance in clinical and forensic contexts, as it seems to be associated with the most early, severe and stable forms of appearance of antisocial behavior, with a greater risk for criminal recidivism and with a low responsiveness to treatment (DeLisi & Piquero, 2011; Hemphill, 2007; Leistico, Salekin, DeCoster, & Rogers, 2008). Some authors (DeLisi, 2009; Vaughn & DeLisi, 2008; Vaughn, Howard, & DeLisi, 2008) even defend that psychopathic traits are similar to career criminality and that psychopathy is the unified theory of crime—a single construct capable of linking the dots of antisocial behavior over the life span.

Due to the impact of psychopathy upon society, many authors defend the need to deepen research in this field (e.g., DeLisi & Piquero, 2011; Kotler & McMahon, 2005, 2010; Skeem et al., 2011). It seems the best way is to prevent and intervene very early in life, but to achieve that it is necessary to study, among others, what may be the early signs, the risk factors, the protective factors and the developmental trajectories of psychopathy. In other words, it is crucial to study the construct in infancy (Lynam, 1996; Lynam et al., 2007; Salekin & Frick, 2005; Salekin & Lynam, 2010a, 2010b).

Here, we will deal with conceptual and historical questions around child and adolescent psychopathy construct. While analyzing the "state of the art" of the construct, we will present the main etiological theories and indicate, from a critical and reflexive point of view, potential investigation paths at the light of Evolutionary Theories.

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