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Chapter 14

The Crocodile's Tears

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People are fascinated by criminals, especially clever criminals who have the ability to con others. The most vicious offenders are often the subjects of movies and true-crime books. Canadian Paul Bernardo, for example, kidnapped, raped, killed, and mutilated two teenage girls, was involved in the rape and death of his sister-in-law, and raped dozens of women in the late 1980's and early 1990's. His story has already been written in several books, and a movie about him and his wife was released in the spring of 2006. During his trial he received numerous love letters and marriage proposals from complete strangers.

Famous criminals are often the inspiration for great literature. Robert Louis Stevenson, for example, is said to have based his story of Jekyll and Hyde on William Brodie. Brodie was a well-respected Deacon by day and a gambler, womanizer, and burglar by night. Our ready fascination for these offenders demands an explanation, but in this chapter I will focus on discussing a group of men who are often considered to be the worst criminals, *psychopaths*. I begin by describing the concept of psychopathy and showing how unique psychopaths are. Then I discuss the question of whether psychopathy is a mental disorder, and describe an alternative view of psychopathy.

14.1 What is Psychopathy?

Psychopaths are typically described as deceitful, selfish, manipulative, irresponsible, and impulsive. They are aggressive individuals who have no concern for the welfare of others and who experience little remorse or guilt as a result of their injurious and antisocial behaviour. They are able to feign emotions, but in fact experience little of the "social" emotions (remorse, guilt, empathy, loyalty). Most psychopaths are men and are quite rare. No good epidemiological work has been conducted on psychopathy, so it is difficult to know its prevalence (the proportion of the population who are psychopaths). Some researchers have suggested that the male prevalence is 5% or less,

but others (including this author) believe that it is much less than 1%. Approximately 10% of the forensic psychiatric population and 16% of the correctional population are psychopaths (Hare, 2003).

Female psychopathy, if it exists at all, is extremely rare. Female offenders vary on how they score on psychological measures of psychopathy, and this variation is related to their dangerousness to others, but very few meet the diagnostic criteria for psychopathy. One of my favourite examples of a woman who might very well have been a psychopath is Marie Madeleine Gobelin, Marquise de Brinvilliers, who lived during the reign of Louis XIV in the late 17th century. The Marquise, who was a woman of high status, poisoned her father and two brothers in order to secure the family income; she also attempted to poison her husband and sisters-in-law, but eventually changed her mind. She was manipulative and shrewd, committed incest and adultery numerous times, and kept a lover in her conjugal house. (The lover, M. St-Croix, is suspected to have provided the poison.) She showed little emotion during her trial, and managed to avoid naming accomplices under severe torture. She eventually admitted to her crimes, and was beheaded at the Place de Grève at the age of 46. In this chapter I will focus on the more often studied phenomenon of male psychopathy.

The term psychopathy has a very long and somewhat confusing history. Not that long ago it was used to mean *psychopathology* (the study of psychological disorders). Now most psychologists use the term to describe a pattern of persistent antisocial behaviour and callous personality. The term *sociopathy* is often used to mean the same thing, but in recent literature it is most often used to describe simply antisocial behaviour. The term *antisocial personality disorder* is a formal diagnostic term used in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000) and refers to a pattern of disregard for the rights of others that begins in childhood and continues into adulthood. The criteria for antisocial personality disorder overlap with those of psychopathy, but the diagnostic cut-off for the former is much more liberal. About 80% of offenders in prisons and jails are diagnosed as having an antisocial personality disorder, and most psychopaths meet the diagnostic criteria for antisocial personality disorder. The World Health Organization uses the term *dissocial personality disorder* instead of antisocial personality disorder. For an easy-to-read introduction to psychopathy, I recommend *Without Conscience*, by Robert Hare (1993).

14.2 Psychopaths are Unique

Psychopaths are very different from other men, even from other criminal offenders (Lalumière, Harris, & Rice, 2001). Psychopathic offenders are much more likely than other offenders to recidivate, that is, to continue committing crimes after release from prisons or similar institutions. Their crimes are more “goal-oriented” and often more violent. Most of the research on psychopathy has been conducted in prisons or secure hospitals. The few studies of psychopathic men recruited from the general community also show that they engage in more antisocial and criminal activity than non-psychopathic men. In fact, it has been difficult for researchers to recruit male community volunteers who score high on measures of psychopathy and who have not engaged in criminal behaviour.

Psychopathic men recruited from prisons, psychiatric hospitals, or the community differ from non-psychopathic men in several ways (Barr & Quinsey, 2004). In the laboratory, psychopaths have difficulty in delaying gratification, and tend to persevere on tasks even in the face of negative outcomes (e.g., punishment). They are less physiologically reactive when exposed to cues of distress (e.g., picture of a very sad face) or to aversive or unexpected stimuli like loud sounds, and less reactive when anticipating aversive stimuli. Psychopaths appear to process emotionally charged information very differently; in contrast to non-psychopaths, they do not show different behavioural and electrocortical reactions to emotional and to neutral verbal information. Also, psychopaths show less cerebral lateralization than non-psychopaths and differ on measures of cerebral activity when processing verbal information. Results of neuropsychological and neuroimaging tests, however, have shown no evidence of lesions or other brain damage.

The striking differences between psychopaths and other men are illustrated by the finding that psychopathy represents a discrete entity or *taxon* (Skilling, Harris, Rice, & Quinsey, 2002). My colleagues at the Penetanguishene Mental Health Center in Ontario have demonstrated, using special statistical methods, that a score on a measure of psychopathy represents a *probability* of the person assessed belonging to the psychopathy taxon rather than a *degree* of psychopathy. In other words, people are not more or less psychopathic, they are psychopaths or they are not. This empirical finding has been obtained with samples of adult male psychiatric patients, adult male prisoners, and also grade school boys. It is quite rare for a psychological measure to show discreteness or discontinuity; most psychological measures (such as intelligence or personality) are normally distributed and the underlying trait lies on a continuum. (Although intelligence is distributed on a continuum, mental retardation and genius are likely to be taxonic.)

14.3 Is Psychopathy a Mental Disorder?

Because psychopathy is so unique, and because it is associated with such undesirable behaviours, clinicians and researchers have assumed that it is a very severe mental disorder. As you will discover if you study psychology, it is not always obvious what constitutes a psychological disorder. Historically, people have used different decision rules to determine whether something is deviant, abnormal, or disordered. The *statistical rule* says that something is abnormal when it is rare. The *violation of norms rule* says that something is abnormal when it is outside the moral, cultural, social, or legal norms of society. The *disability rule* says that something is abnormal when it is associated with suffering and personal distress. Can you see any problems with these rules? More rarely psychologists and psychiatrists have used the *pathology rule*: something is abnormal when it is associated with something not functioning as it should. The reason why this rule is less often used is that it is not always clear what causes the behaviour in question, or how the underlying "system" is supposed to work in the absence of pathology.

More contemporary approaches to defining psychological disorders follow Jerome Wakefield's (1992) notion of *harmful dysfunction*: A person is considered to have a

disorder when there is a failure of one's mechanisms to perform their natural function and this failure impinges harmfully on the person's well being as defined by social values and meanings. Therefore, something is a disorder when two conditions are met. First, something is not working as it should (the explanatory criterion). Second, the condition causes harm or distress to the person (the value criterion). This view of mental disorder rejects the notion that there is no such thing as a mental disorder (that it is a pure social construction), and it also rejects the notion that anything associated with distress should be labelled a disorder. Although conceptually elegant, Wakefield's definition is not always easy to apply in practice. Which of the decision rules mentioned in the previous paragraph are part of Wakefield's definition of harmful dysfunctions?

Is psychopathy a mental disorder, à la Wakefield? Is psychopathy the result of something not working right, and does it cause harm and distress? Although psychopaths often complain about their situations, they do not appear harmed or distressed. In contemporary societies, psychopaths spend a lot of time in prison, so in that sense they seem impaired by their condition. But what about the explanatory criterion? Is psychopathy the result of something not working as it should?

Psychopathy has traditionally been seen as a major mental disorder, as illustrated in these statements by well-known researchers: "...given the morbidity of psychopathy and its negative impact on society, it is difficult to imagine that any mental disorder, save perhaps schizophrenia, could be considered a greater public health concern" (Hart & Hare, 1996, p. 131); "In the psychopathic child...we have an opportunity to observe the development of the disorder before it has had an opportunity to destroy its host" (Lynam, 1997, p. 434).

According to this view of psychopathy as a mental disorder, the development of psychopaths has been disturbed so that they are unable to experience such moral sentiments as empathy or remorse, cannot fully appreciate the consequences of their actions, and therefore cannot behave in prosocial ways. Although the causal developmental disturbances have not been identified, there are many candidates: deleterious genes, obstetrical problems or injuries leading to neurological problems, inadequate or abusive childhood environments, failure to bond with a primary caretaker in infancy, and so on.

Thus, a common interpretation of the observed differences between psychopaths and non-psychopaths is that psychopaths are behaviourally, emotionally, physiologically, and cognitively impaired. For example, Patrick (1994) concluded that "[t]he absence of normal startle potentiation in psychopaths during exposure to aversive pictures or warning cues signifies a *deficit* [italics added] in the capacity for defensive response modulation, which is the essence of fear" (p. 327). The disorder interpretation has not yet led to successful etiological models of psychopathy, but has nonetheless led to interventions designed to promote prosocial emotions, cognitions, and behaviour. Thus, therapy programs have attempted to increase empathy, responsibility, understanding and caring for others, and so on. These treatments, however, have not produced the desired effects on criminal recidivism. In some studies, treatment programs seem to *increase* the dangerousness of psychopaths, probably because psychopaths learned new ways to appear empathic and to better manipulate others.

14.4 An Alternative View of Psychopathy

An alternative interpretation is that psychopaths are different by design rather than as a result of impairment or pathology. Remember Wakefield; a condition would qualify as a disorder only when it represents a failure of a mechanism to perform its evolved function. According to recent Darwinian models of psychopathy, the behavioural, emotional, physiological, and cognitive characteristics of psychopaths are not deficits or impairments; instead, they are a set of organized, functional, and specialized phenotypic features that formed a viable reproductive social strategy in human evolutionary history (G. T. Harris, Skilling, & Rice, 2001).

Researchers have long noted that “cheaters” could achieve Darwinian success under certain conditions: cheaters are successful when they are difficult to detect, highly mobile, verbally skilled, and especially skilled at persuading females to mate. The late Linda Mealey has suggested that psychopathy might be an evolutionarily stable strategy maintained by frequency-dependent selection (i.e., a strategy that is effective only when it is present at a certain frequency; in this case, when it is rare). By this account, psychopaths are genetically different from other antisocial individuals and from everyone else, their genotype strongly predisposing them to a lifetime of antisociality: “Without love to ‘commit’ them to cooperation, anxiety to prevent ‘defection’, or guilt to inspire repentance, they will remain free to continually play for the short-term benefit in the Prisoner’s Dilemma” (Mealey, 1995, p. 536). The prisoner’s dilemma refers to a situation in which people can achieve the best long-term benefits by cooperating, but the best short-term benefits by defecting.

My colleagues and I have noted a “cheater” or “defector” model of psychopathy would require the following conditions in the human evolutionary environment: (1) most members of human social groups were strongly inclined to cooperate, (2) it was possible to move from one group to another, and (3) detecting defectors entailed costs. A fairly evenly mixed group of cooperators and defectors would have resulted in many fruitless interactions between defectors, and would have resulted in greater vigilance for defection by cooperators. Lack of mobility would have resulted in high cost for gaining a reputation as a defector and eventual ostracism or even death. And cost-free detection of defectors would have excluded defectors from all interactions and, again, resulted in their eventual elimination (Lalumière et al., 2001).

These ideas suggest that the defining features of psychopaths (manipulative, charming, glib, deceptive, parasitic, irresponsible, selfish, callous, promiscuous, impulsive, antisocial, aggressive), and the laboratory findings (not tolerating delay of gratification, perseveration despite punishment, superficial processing of emotional material, little reactivity to cues of others’ distress and fear) are not pathological outcomes of impaired development, but rather features of a Darwinian adaptation designed to thrive in an interpersonal environment dominated by social cooperators.

Our research so far suggests that psychopathy is not a mental disorder, because we have not been able to identify any pathological causes or signs that such causes have been present during the development of psychopaths. In fact, psychopaths appear to be extremely physically and neurologically healthy. Although it is still too early to reach any firm conclusions, it is quite possible that psychopathy may indeed represent a unique, evolved life-history strategy.

14.5 Conclusions

One reason psychopathy is interesting (apart from our natural if morbid interest in psychopaths) is that it makes us think about what constitutes a psychological disorder. There are many other “classic” psychological disorders (e.g., depression, phobias) that are now being reconsidered, because they may be the results of adaptive mechanisms that have evolved because they produced benefits in terms of Darwinian success during human evolution. Just because something is undesirable, rare, or unpleasant is not enough to make it a disorder.