The International Handbook of Psychopathic Disorders and the Law
Volume I
Diagnosis and Treatment

Edited by

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To my parents
Robert A. Felthous
Agnetta W. Felthous

To my children
Christian Saß
Vera Saß
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Henning Saß, M.D., is currently Medical Director and Chairman of the Board of Directors at the University Hospital of the University of Technology (RWTH) in Aachen/Aix-la-Chapelle, Germany. He studied medicine at the universities of Kiel, Vienna and Mainz. After passing the state examination in Kiel and receiving his medical doctorate in Mainz, he was a resident in the Department of Psychiatry at the University of Heidelberg. Having completed his training in clinical psychiatry and in psychotherapy, he concentrated on forensic psychiatry, general psychopathology, diagnostic research and personality disorders. His habilitation on Psychopathie, Soziopathie, und Dissozialitat (Psychopathy, Sociopathy and Dissocial Behaviors) was published as a Springer monograph in 1987. He was then appointed Professor of Forensic Psychiatry at the Ludwig-Maximilians-University in Munich, after which he was the Chair of Psychiatry and Psychotherapy at the medical faculty in Aachen for 10 years, before he was appointed to his current position. His research interests remain focused on forensic psychiatry, especially in the field of personality disorders. During his academic career, he was President of the German Society for Psychiatry, Psychotherapy and Nervous Diseases (DGPPN) and of the Association of European Psychiatrists (AEP). He is editor or co-editor of several scientific journals and member of numerous boards of scientific organizations including the European Brain Council and the Research Council of the German Ministry for Science, Research and Technology.
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Preface to Volume I

The need for a comprehensive, international textbook on psychopathic disorders and the law was recognized when the co-editors prepared a special issue of Behavioral Sciences and the Law on 'International Perspectives on Psychopathic Disorders' published in 2000. Contributors to this issue addressed phenomenological, molecular, psychosocial, therapeutic and legal aspects of psychopathic disorders. From our work on this special issue, we came to realize three facts. First, the scientific advancements in understanding psychopathic disorders have been substantial in recent decades. Secondly, every society is burdened with the necessity of dealing with psychopathically disordered individuals. And, thirdly, the considerable literature on psychopathic disorders is extraordinarily compartmentalized, limiting its usefulness to practitioners and policymakers alike.

The compartmentalization of knowledge on psychopathic disorders exists on several levels. Scientific disciplines tend to focus their methodologies on a single aspect or a few closely associated aspects of psychopathy. Consequently, attempts at broader, integrated views are relatively lacking. Literatures on phenomenology, pathogenesis and treatment are separate. Even more pronounced is the tremendous chasm that exists between printed knowledge of a clinical and scientific nature and that having to do with public policies and legal regulations. Yet psychopathic disorders impose a cost and stress on society, which responds with its frustrated attempts at correcting or at least ‘containing’ the problems secondary to psychopathic disorders. Finally, individual countries have a wealth of experience in studying, attempting to treat and manage and to limit harm and risks associated with psychopathy through legal regulations, but each country is left to its own with minimal international exchange, especially in public policy approaches. The time is ripe for a more comprehensive, encyclopedic treatment of psychopathic disorders, not limited by disciplinary or geopolitical boundaries.

We initially planned the outline for this International Handbook during a meeting of the German Psychiatric Society (the Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde) in Berlin. From our intense discussions, we agreed that the main purpose was to collect important bodies of knowledge and conceptual traditions within the Anglo-American and European realms. The rather independent developments in these two realms needed to be brought together. Another goal was to assemble the different scientific approaches to the problem of psychopathy including the psychological, sociological, medical and psychiatric approaches. Even if we could not achieve an integration of these approaches into a single unified theory or empirical design, we have at least endeavored to collect the most important and influential perspectives. This work may serve as a basis for future attempts at developing an integrated view. A third objective was to give expression to the challenging debate involving legal and mental health experts on the significance of neurobiological findings in addressing questions of criminal responsibility. This debate is
still unsettled and should continue and include considerations of biologically determined dispositions, deficiencies in psychological functions such as empathy, current conceptions of ‘free will’, neuroplasticity and the possibility of repairing deficits with origins in early modes of learning and developing bonding behavior and moral attitudes.

We bring to this project our own overlapping, yet distinct experiences, interests and concepts. Over two decades, Henning Saß, M.D., has refined conceptualizations of psychopathic disorders, beginning with his monograph, *Psychopathy, Sociopathy and Dissocial Conditions: Towards the Differential Typology of Personality Disorders* (1987). Through original research and examination of the literature, he clarified important conceptual distinctions between these three concepts as well as the DSM concept of antisocial personality disorders, then following the DSM-III (1980). Dr. Saß’ continued study of psychopathic disorders emphasizes the importance of looking beyond mere behaviors and establishing presence of psychological dysfunctional symptoms such as the emotional deficiency of the psychopath (Herpertz & Saß, 2000). Alan R. Felthous, M.D., studied individual antisocial behavior, namely animal cruelty, which tends to be cavalierly de- or overvalued as a sign of antisocial personality disorder or psychopathy, but detailed inquiry should involve an assessment of the severity, motivation and mental state which in turn enhances or diminishes its pathological significance (Felthous & Kellert, 1987; Gleyzer, Felthous & Holzer, 2002). As a collaborative investigator, he participated with the late Dr. Ernest Barratt’s team in studying the nature and treatment of impulsive aggression.

We have as well made our respective contributions to thought concerning the application of clinical skills to public policy. Dr. Saß (1985, 1991a,b), for example, has refined and explicated the ‘pathological reference system’, a concept and method for assessing psychopathology as it relates to criminal responsibility. Dr. Felthous (e.g., 1989, 2006) has written extensively on the clinician’s legal duty to warn or protect of patients who present a foreseeable danger to others. Collaboratively we wrote about forensic evaluations (Felthous, Kröber & Saß, 2001) and treatment programs for offenders (Felthous & Saß, 2006).

We both share an extensive experience in evaluating and treating mentally disordered individuals and in consulting to attorneys and courts. Importantly, we share a desire for improvements in treatment and sound public policies that take into account the deficiencies and needs of psychopathically disordered individuals as well as the security of society. We would be pleased if this two-volume work contributes toward bringing about such improvements.

The present Volume I comprehensively addresses diagnosis and treatment of psychopathic disorders. Sections on the scientific and clinical aspects of psychopathic disorders include Conceptual History; Assessment; Etiology and Pathogenesis; and Intervention, Treatment and Management. Distinguished contributors for this volume represent five countries: Canada, Germany, India, the United Kingdom and the United States.

Not every chapter is neatly, exclusively limited to its corresponding subheading topic and some chapters bridge over into public policies, the subject of Volume II. In order to encourage a variety of perspectives and rich discussion, authors were not restricted in terms and concepts referring to psychopathic disorders. In reading these chapters, one will recognize the therapeutic pessimism so commonly observed, but also much reason for hope that specific problems when accurately assessed can respond to specific interventions.

Although this volume is available for purchase without its companion, we encourage those interested to obtain both volumes. The strength of this publication, as a text and a
reference, we believe, is its comprehensive approach to psychopathic disorders, an approach that relates laws and public policies to diagnosis and treatment.

Alan R. Felthous, M.D.
Henning Saß, M.D.

REFERENCES


Acknowledgments

Alan J. Tomkins, J.D., Ph.D., who was editor of Behavioral Sciences and the Law when our special issue on psychopathic disorders was published, gave us the idea and encouragement to edit this greatly expanded work in the form of an international handbook. Many others offered useful thoughts and suggestions. We thank in particular Charles Patrick Ewing, J.D., Ph.D., current editor of Behavioral Sciences and the Law, Michael L. Perlin, J.D., John Petrila, J.D., LL.M., Mark Heyrman, J.D. and Roy Lacoursiere, M.D.

Sincerest thanks go to Felecia Rucker, Dr. Felthous’ extraordinarily proficient assistant, who was a key organizing force from the work’s inception to its publication. She essentially organized the project, corresponded with authors, tracked their progress, made corrections and sent the final products to John Wiley. Her support and energy for the project continued seamlessly even after Dr. Felthous relocated from Chester Mental Health Center and Southern Illinois University to Saint Louis University in Missouri. It is hard to imagine a more dedicated, capable assistant: it is hard to imagine successful completion of this work without Ms. Rucker’s invaluable participation. At the University of Technology (RWTH) in Aachen, it was Alex Morton, Stefan Galow and Annika Martens, who gave valuable technical support to Henning Saß.

We express our heartfelt appreciation to our spouses, Mary Felthous and Isabella Saß, Ph.D., for their unwavering support and for allowing us the time to pursue this project.

Finally, we thank our many outstanding authors for their excellent contributions. We thank them as well for their patience, their responsiveness, and their understanding whenever our communication with them was imperfect.
The amount of harm and suffering caused by individuals with psychopathic disorders must be incalculable. Beyond the obvious grief, fear and rage their acts engender in others, those afflicted pay a high price themselves for this disorder in terms of limited vocational success, empty or missing relationships, restricted freedom when subjected to criminal sentencing and a life devoid of meaning. The economic cost to a society must take into account, among others, the costs to the criminal justice system and correctional systems exacted by the acts of those with psychopathic disorders. A substantial proportion of imprisoned offenders have psychopathic disorders and antisocial personality disorders (DSM-IV-TR, American Psychiatric Association, 2000) in particular. Those with psychopathy à la Hare, comprise a much smaller percentage of offenders, but are extraordinarily disposed to recidivism. Sociologist Marvin Wolfgang (Wolfgang, Figlio & Sellin, 1972) observed that a very small percentage of offenders are responsible for an exceptionally large share of serious crimes. If society could arrive at an effective approach for dealing with this hard core of extremely antisocial individuals, this alone would take a big bite out of crime. As of yet, satisfying solutions to the problems secondary to the disorders themselves, though pressing, remain disturbingly elusive.

If psychopathic disorders are to be understood, if effective treatment and management approaches are to be discovered, if sound laws and public policies are to be formulated and implemented; we believe the solution will come from interdisciplinary and international collaboration. It is with the interest in moving this collaborative process forward that this International Handbook was conceived and developed. Our knowledge of psychopathic disorders will have little meaning and practical value unless it can be applied through effective legislation. Conversely, public policies will continue to fall short of their goals unless they are informed by the best, most current scientific knowledge and understanding of psychopathic disorders. Therefore, in this work, we have attempted to comprehensively address clinical and scientific aspects of psychopathic disorders on the one hand and legal
and public policy issues on the other. Because this comprehensive approach to psychopathic disorders results in a much more extensive treatment of the topic than either realm alone, it is divided into two volumes. The reader can conveniently make good use of one volume and not the other as reading and referencing needs demand. This division of the work into two separate volumes is not thematically pure and absolute; some chapters in the first volume touch on public policy issues, and some in the second volume mention clinical issues. For the best contemporary understanding and most comprehensive reference of psychopathic disorders, the editors recommend the two volumes as a companion set.

The reader will immediately recognize that we have not selected a single disorder to focus exclusively upon. Neither have we expanded this work to explicitly include all antisocial or criminal behaviors regardless whether a disorder exists. We have selected the term ‘psychopathic disorders’ to include both taxonomical and dimensional approaches, and to include diagnostic conditions characterized by antisocial behaviors. Authors were free to address primarily antisocial personality disorder (APD) or psychopathy or other related ‘antisocial’ disturbances, although most confined their discussion to the APD–psychopathy spectrum.

What precisely is meant by psychopathic disorders, and by the major disorders themselves, is defined in the first part. We trace the history and development of the central diagnostic concepts. In so doing, specific defects and manifestations of psychopathy and related conditions are identified. Although this discussion is complete and describes the conditions to be discussed in the two volumes, we have allowed and even encouraged contributors to define the condition(s) that they address. By so doing, the authors clarify what they mean by diagnostic terms that, despite uniform nomenclature, can be understood somewhat differently by author or reader.

Part II, Assessment, concerns the clinical evaluation of psychopathic disorders. This section will be particularly useful for clinicians who conduct diagnostic assessments. Professionals who deal with psychopathically disturbed individuals will also benefit from knowing how such disorders are evaluated and diagnosed. Moreover, an appreciation as to how these disorders are recognized should result in an improved understanding of their nature.

A basic psychiatric or psychological assessment is most frequently required and often sufficient. In practice, other specialized or more focused assessments such as for clinical violence or for assessment of risk in general, are abbreviated or expanded, depending upon circumstances of individual cases. Because of the expense and need for further research, brain imaging is not considered standard practice, though in the future with cost reduction and the identification of specific, compelling indications, imaging techniques could eventually become diagnostically useful.

Part III addresses research into the nature of psychopathic disorders, findings and conclusions of which should guide clinical practices and development of public policy. Like other mental disorders, the cause and progression of psychopathic disorders are complex and multidimensional. Investigations of stars and subatomic particles require different principles and technologies, but knowledge of both is needed to understand the universe. Likewise, the study of ‘experience’, ‘mind’ and ‘body’, though casually inseparable, require different disciplines with their different theories, technologies and languages. The best understanding of the origin of psychopathic disorders will eventually result from not only in-depth knowledge in relevant fields but also from a meaningful integration of the disparate contributions within a unified field theory that thus far does not exist.

A human being with his or her predispositions, including the predisposition to develop a psychopathic disorder, begins with the genome. The relationships between genes and
psychology, behavior and mental disorder are established through study of familial inheritance patterns and techniques of molecular genetics. Genes give rise to molecules, which determine the structures and functions of the brain. Neuroimaging, its contributions and limitations, is identifying structural and functional deviations that pertain to psychopathic disorders. Neurophysiology in turn results in the electrical activity of the brain, but electrophysiological anomalies of psychopathy are evident in the body as well. A form of subtle but significant neurophysiological defect is manifested in attention deficit hyperactivity disorder (ADHD), the course of which can affect the development of a psychopathic disorder beyond symptoms limited to ADHD alone. ‘Pathological synergy’ or interaction between psychopathic and other comorbid disorders, certainly complicate and sometimes frustrate treatment efforts, but may also contribute to the understanding of the pathogenesis of psychopathic disorders as well.

Recent studies that examined both genetic factors and environmental or experiential factors have helped to elucidate how they might interact to exacerbate or protect against the possible development of psychopathic disorders. Spheres of study on the experiential contributions include patterns of family upbringing, parental discipline and sociological factors in general. The psychoanalytic view examines the psychology, not just the behavior, of relationships as they relate to the individual. Although women are much less likely to have a psychopathic disorder, some do. The gender discrepancy and gender nonspecificity could suggest a role for gender in etiology. Here findings of psychopathy in women are summarized. Poor educational performance correlates with later development of psychopathic disorders. Academic underachievement is regarded as an early manifestation of a conduct or future psychopathic disorder; however, if specific clinical (e.g., ADHD), or educational needs are identified and addressed, such measures may provide hope for mitigation or prevention. Most important and challenging is the development of an integrated approach to understanding psychopathic disorders.

An integrated approach to understanding the etiology of psychopathy will logically allow for integrated approaches to interventions, treatment and management. A common assumption is that those with psychopathic disorders are untreatable. Moreover, there is little expressed hope for developing effective treatment in the future. Today’s view is that the mentally ill should be treated within the mental health system and the psychopathically disordered should be dealt with within the criminal justice system. Without a better approach for the psychopathically disordered this seems to be a reasonable position. However, it is a gross oversimplification.

An important purpose of the criminal justice system is reform or rehabilitation to improve the offender’s likelihood of succeeding in the community without reoffending. Rehabilitation requires various remedial measures including sometimes treatment. Though not typically considered in the abstract, professionals who provide clinical services ‘on the front line’ in both mental health and correctional settings are distressingly aware that the ‘mad or sad’ and ‘bad’ dichotomy has many exceptions. Many, though not most, who are mentally ill also have a psychopathic disorder and many with psychopathic disorders have one or more comorbid disorders. In fact, it is the comorbidity that can render their condition so difficult to treat or rehabilitate effectively, but the attempt must be made.

A most common comorbidity of psychopathic disorders is substance abuse. Like psychopathic disorders, substance abuse is very common and probably a causal factor in the criminal behavior of criminal offenders in general. Nearly half of all state prisoners in the United States, for example, have a history of substance abuse, committed robbery or
property offenses to support their habit/addictions or were under the influence of a chemical substance at the time of their offense (Califano, 1998). Therefore, addressing the psychopathic’s substance disorder should reduce the likelihood of recidivism.

In impulse disorders in general, an important etiological question is whether an impulse is incapable of being resisted or simply not resisted. Thus, for purposes of treatment and rehabilitation, the co-occurrence of a sexual paraphilia and a psychopathic disorder can render the paraphilia especially difficult to treat, but treat to rehabilitate one must try. Perhaps more effective, in part because it can be started early, is the treatment of ADHD in childhood, which has the potential of lessening the severity of a pre-morbid psychopathic disorder.

Psychopathically disturbed individuals not infrequently physically, sexually and/or emotionally abuse other members of the family, necessitating intervention. Although most approaches addressed in the volume are clinical, protection of society and maintenance of the social order are important considerations for individuals whose disorder predisposes them to violate other people’s rights and the law in general. The interests of society and purposes of the criminal justice system must be considered as well as the interests of the individual psychopathic offender.

Whether the law allows and supports hospitalization and treatment of individuals who suffer only from psychopathic disorders, such individuals will end up in mental health settings, if only because they have a co-occurring and treatment qualifying disorder. Then the issue becomes how to maximize the likelihood of success and ensure that safety is preserved in the process.

Today no psychopharmacologic agent has been developed to restore the psychopathic’s core defect in emotional experience. Pharmacotherapy can be an option, however, for bringing aggressive behavior under control, at least behavior that is impulsive or secondary in part to a co-occurring mental disorder for which efficacious medication exists.

Some clinicians provide psychotherapy for individuals with personality and psychopathic disorders: Sarkar and colleagues describe their method and specific considerations for psychopathically disturbed individuals. Between outpatient psychotherapy and imprisonment, residential and activity programs have been developed that provide some support, structure and rehabilitation for individuals in the community who have shown significant antisocial behavior. Surprisingly, Thorne and Reid conclude that the worse the behavior, the better the prognosis; but this paradox may be the result of indexing behavior and not the diagnosis of psychopathy. Persons with psychopathic disorders can be the offenders in workplace violence, a social problem that demands an adequate response, and more effective preventive measures.

Treatment programs for psychopathy itself are virtually nonexistent in prisons, hospitals or the community. Mental health systems are designed to treat mental illness, not psychopathic disorders. Correctional systems are designed to be secure and to maintain order, not to promote psychological growth. Mental hospitals on the other hand are patient-centered, and create opportunities for psychopathically disturbed individuals to exploit and disrupt, without consequence or safe containment. Recognizing the limitations of both mental health and correctional programs, Müller argues for the development of programs that are specially designed to treat and rehabilitate individuals with psychopathic disorders. Such programs must have a built-in research component to determine which measures are effective and which are ineffective or even counter-effective.
This first volume on *Diagnosis and Treatment* ends with a thoughtful analysis of social policy considerations. What is known, and indeed what is unknown, about the diagnosis and treatment of psychopathic disorders is meaningful if given practical application for the betterment of the afflicted and for society. More than a fitting ending to this volume, the concluding chapter also serves as a transition to the second volume, intended to directly address critical issues in law and social policy concerning psychopathic disorders.

**REFERENCES**


