

# Implementation of CCCP in Dissecting Classifications of Non-Criminal, Corporate and Criminal Psychopathy

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Review Article

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## Abstract

*Psychopathy is one of the pivotal personality disorders in forensic psychology yet there has been little research conducted so far for understanding this destructive personality disorder. There are three different classifications of non-criminal, criminal and corporate psychopaths in each society. In addition, the severity of the psychopathy level in each category is assessed based on a combination of the outcome of assessment measure (s) and the classification of clinical criteria of psychopathy (CCCP). The CCCP includes cruelty-sadism, social-adjustment, disinhibition, and capacity. Cruelty and disinhibition criteria have streams of mild, moderate, severe, while social adjustment is classified into poor, integrated, or adept groups. Capacity is also divided into four categories of criminally-inclined, unremarkable, accomplished, and criminally-inclined/accomplished. Furthermore, manifestation of these four criteria in psychopathy reflects in categorizing the severity of psychopathy levels in three different groups of clinical (least extreme), pervasive (moderate), and pathological (most extreme) psychopaths. In sum, in order to apply criteria to each case, first step involves proper assessment of each case by measurements scales. The second step involves application of CCCP to each case in line with available clinical information and their assessment. The last step is implementing risk management and treatment strategies depending on the severity level of each case. Although, there is no permanent cure for this controversial psychological disorder, there are suggested treatment strategies that can lessen the severity of traits in different psychopathy classifications. Therefore, future research should continue in order to shed light on different strategies and treatment plans for this debilitating psychological disorder.*

**Keywords :** Psychopathy, Criminal Psychopaths, Corporate Psychopaths, non-criminal Psychopaths, Psychopathy Subtypes, Psychopathy Classifications, PCL-R, CCCP

## Introduction

### What is Psychopathy

Psychopathy is one of the main four components of the dark tetrad in the world of forensic psychology [1]. It is considered as one of the most pivotal terms in forensic psychiatry yet is one of the least known personality disorders in the twenty first century [2]. The general prevalence rate of psychopathy is estimated to be 1 in 100 in the general population [3]. However, some recent evidence shows that it has a higher incidence rate amongst criminal individuals facing incarceration (i.e 15-25%) and in corporate sectors (i.e 3-4%), as well [4]. Although, psychopathy is not considered as an officially- recognized mental illness according to the DSMV, in psychiatry, this clinical psychological abnormality is categorized within the spectrum of anti-social personality disorder (ASPD) [5-7]. However, its presence is well acknowledged in the criminal justice

sectors and the legal system based on expert clinical opinions and using appropriate assessment tools [8]. Psychopathy is further thought to be a complex personality disorder that is mainly caused by a complex interaction between genetic and environmental factors [9-11]. This includes any adverse factor affecting brain functionality that can potentially involve a variety of psychological, neurological and biochemical mechanisms in human brain resulting in the manifestation of a variety of psychopathy traits [4,12-14]. While there are evident clinical signs and traits that can identify psychopaths from the rest of the normal population, it is known that psychopaths are capable and willing to hide in a variety of different sectors for years without being properly identified, questioned and/or

targeted for treatment and/or disciplinary action [15]. Some of the manifestations of psychopathic traits include, but are not limited to, superficial charm, glib, pathological lying, conning and manipulative behaviour, having multiple sex partners, a lack of remorse and emotional empathy, distorted logic, poor judgement, a failure to learn from painful mistakes, anti-social behavior and impulsivity [16,17]. While not every criminal with sadistic and cruel behavior is a psychopath, there is thought to be a tendency towards cruelty and sadistic behavior in a variety of psychopaths [18]. This is manifested across all sectors specially with those who are identified as psychopathic in high security criminal wards [18,19]. On the other hand, not every psychopath is a criminal and there have been thousands of psychopaths identified in normal societies who are functioning decently without any history of incarceration or a criminal record [3]. Therefore, people in a society are divided into three different categories of non-criminal psychopathy - normal people in the society, corporate psychopaths (those successful in business), and criminal psychopaths who are either released on bail, facing incarceration or are being kept in jail and/or mental hospitals. Psychopaths are capable of conducting themselves in intelligent and complex ways specially in business sectors [15,20]. This will eventually result in their promotion and gaining pre-planned benefit and possible fame without being questioned by their peers, managers or their subordinates [15,21]. This is being achieved by manipulating management colleagues, employees and clients in a workplace as their support persons (i.e. Pawns and patsies) while there are antipathetic others (e.g. co-worker victims and their supporters or colleagues acting as police investigators) who may question and criticize the psychopaths [15,22]. The latter are considered as the only potential threats for psychopaths and they fear them the most, constantly attempting to alienate them and to avoid confrontation. Therefore, there is thought to be a complex game at play in any workplace recruiting of psychopaths that will eventually result in transferring and/or resigning or terminating their patsies and people who police them [15,23].

### Research history for psychopathy and its categorization in different subtypes

The first person who introduced the term psychopathy and reported its traits was Philippe Pinel in (1801). He studied a small group of individuals identified with mania sans délire. While this category of patients did not show any signs of intellectual disability, they were diagnosed with a wide range of behaviour abnormalities ranging from anti-social behaviour to cruelty, evading responsibility and substance abuse [24]. Moreover, moral insanity was the main distinguishing factor between these patients and the ones suffering from psychosis disorder [25,26]. Although Pinel is considered as a pioneer in this area, it was J.L.A Koch who was the first person to introduce the word 'Psychopath' (psychopatisch = suffering soul) to the world of psychiatry in 1883 [27]. At a later stage, Partridge started studying this form of abnormal psychology while Emil Kraepelin, Kurt Schneider and Karl Birnbaum started developing the term psychopath as a more neutral word that can consist of a wide range of traits Ebert & Bär [28,29,30,31,32,33]. In a more detailed approach, Benjamin

Karpman dissected psychopathy traits into two different types of primary and secondary psychopathy [34,35]. Primary psychopathy included superficial charm, shallow effect, lack of remorse, and manipulative behaviour while secondary psychopathy included lack of having long term plans in life and impulsive behaviour [35,36]. Both types overlapped in traits of hostility, anti-social tendencies and irresponsibility [35]. Although, primary psychopathy traits included symptoms that involved a lack of moral consciousness, secondary psychopathy traits were not inclusive of signs of moral insanity [26]. Between 1971 and 1986 Blackburn identified four distinct category types of psychopathy in line with the Million Clinical Multi-axial Inventory (MCMI) and Special Hospitals Assessment of Personality and Socialisation (SHAPS) scale [37,38]. These four types included Primary psychopathy (hostile, socially extroverted, impulsivity, and low to moderate levels of anxiety), secondary psychopathy (introverted, moody, aggressive, depressed and anxious, high-self-esteem and hostile), controlled (defensive, low anxiety, unemotional, low self-esteem, and socially withdrawn) and inhibited psychopathy which are moderately anxious, shy, and have a low-self-esteem [35].

The manifestation of the traits in primary psychopaths fits in with the definition of this term by and McCord and McCord (1998) and Cleckley [25,39]. However, the traits in the secondary psychopath's version of Blackburn corroborate to a great extent with Karpman's concept of secondary psychopaths, except for their anxiety and psychopathology traits [35]. Although this empirical classification offers an appropriate burden of proof to support different subtypes of the disorder, it cannot be attributed to non-mentally disordered samples. More broadly, Holland, Levi and Watson studied two different populations of hospitalised and incarcerated psychopaths [35]. By implementing the Minnesota Multiphasic Personality Inventory (MMPI) and through cluster analyses, five distinct subtypes of psychopathy were identified as simple or primary, hostile, paranoid-schizoid, neurotic psychopathy, and confused psychopathy profiles [40]. As these types of analysis revealed the heterogenous nature of psychopathy more than ever, Holland et al. suggested that there is further subtype investigation required, particularly into criminal offenders in jails [40]. Haapasalo and Pulkkinen supported Holland et al's methodology through cluster analysis in a group of male criminals [35,41,42]. In addition, Alterman, et al. supported the previous cluster analysis and subtype studies in a large group of methadone patients. However, they identified an additional subtype of secondary psychopathy based on their investigation summarising the subtypes in six different clusters [43]. Except primary and secondary subtypes, the remaining clusters did not manifest a high level of psychopathy in that studied population [35]. This also resulted in the cut-off of PCL-R for diagnosing the threshold of being a psychopath from 30 to change to 20 in order to determine psychopathy in these samples [44]. Million and Davis applied quite a different approach in categorising psychopathy subtypes into ten different types rather than limiting them to two primary and secondary profiles [45]. The ten subtypes consisted of the unprincipled, tyrannical,

disingenuous, risk-taking, spineless, covetous, malevolent, explosive, abrasive and malignant. Although, Million and Davis typology sheds light on the vast and extensive stream of psychopathy types, it is difficult in parts to quantify and operationalise some of these profiles in practice. In a separate approach, Murphy and Vess, chose their samples from a high-security mental hospital for criminals and used meticulous observational and clinical measures. As a result, they identified four different types of psychopathy as sadistic, borderline, narcissistic, and antisocial. The researchers also reiterated the necessity of having more appropriate cluster analysis scales in order to establish more clinically meaningful profiles. They inferred from this study that different types of psychopathy require different clinical manifestations, treatment levels, treatment effectiveness and safety measures in interacting with psychopathic patients [46]. Coid, et al. applied the PCL-SV to assess psychopathy types in a large British non-forensic population. They further used cluster analyses to assess the level of correlation between different psychopathic traits in this sample [47]. In line with PCL-SV measurement scale, they inferred that psychopathy types can be categorised into five different profiles of criminal psychopaths, successful, and non-psychopathic criminals, social failures and impulsive and irresponsible psychopaths [47,48]. Criminal psychopaths exhibit early onset of repeated behavioural problems, a high tendency for criminal versatility, a tendency towards violent acts and a history of crime and substance abuse. Successful psychopaths were reported to have extreme financial gains and losses, with a higher intelligence level and highly skilled socially. They also showed reports of substance abuse, narcissist and schizoid personalities with little involvement with criminal justice sectors [35]. Non-psychopathic criminals have a history of repeated crimes and anti-social tendencies with impulsivity and irresponsibility [35,47,48]. However, they do not manifest any of the emotional deficits or narcissistic or histrionic traits that criminal psychopaths display. Indeed, they mostly resemble the traits of sufferers of anti-social personality disorder [6]. Social failures have many social and interpersonal problems as well as mental health issues, although they had zero to very few involvements with delinquencies or crimes [47]. Lastly, impulsive and irresponsible psychopaths have a repeated history of substance abuse, low intelligence, and severe psychopathology with self-control problems [35]. This study highlighted the necessity of proper measurement scales in order to correctly identify and assess this controversial and heterogenous personality disorder [47,48].

### **Assessment scales of psychopathy and application of CCCP in understanding criminal, non-criminal, and corporate psychopaths**

In a different timing but the same 20th century, Cleckley, Hare, Babiak, and several more scientists followed the former classical psychiatrists with different scenarios and understanding of the term of psychopath [16,39]. Hare studies was mostly focused on criminal psychopaths in jail that resulted in establishing sophisticated scales of measuring psychopathy (i.e PCL-SV and PCL-R) that is being used as a leading assessment tool of psychopathy mostly in the modern days of psychology in

civil psychiatric centers and criminal sectors, respectively [6,23,39]. Babiak's investigations concerned corporate cases while Checkley, Lilienfeld and Andrews (2010) had primarily focused on studying psychopaths in normal populations [15]. Today's understanding of psychopathy is mainly based on Checkley's early theories and since revised meticulously by Hare [6,39]. There have been different factors and criteria measuring this malignant personality disorder in different populations. It is thought that different scales implemented in a variety of different populations results in different outcomes in each population [15,22]. A variety of methodologies are currently in place for identifying and targeting psychopaths for treatment. One of the most reliable methods to assess a person's personality traits is Psychopathy Checklist-Revised (PCL-R) [6,48]. This method has been established by Professor Robert Hare for the first time in 1970's based on a 20 question's scale with three different answers (0,1,2) where zero means the trait doesn't apply, 1 means it partially applies and 2 fully applies [6]. This scale ranges from 0 to 40 where 30 is the threshold for being clinically labeled and identified as a psychopath in the USA justice and mental health system. Although, the threshold for some research studies and for the UK-based case identifications are reported to be 25 [6]. Hare's assessment tool is a combination of file information of each case, semi-structured interviews and specific scoring criteria [35]. This reliable scoring scale is based on four different correlated factors of interpersonal, affective, lifestyle and antisocial factors [16]. Eight of these inferred personality traits are related to interpersonal and affective factors (i.e factor 1a and 1b). These traits are glibness, grandiose sense of self-worth, pathological lying, conning and/or manipulative, lack of remorse or guilt, shallow affect, callousness and/or lack of empathy, evading responsibility for own actions [16]. In addition, the other nine of its traits are related to socially deviant items that fit in with factor 2 in this scale [48]. These traits include proneness to boredom, parasitic lifestyle, poor behavioral controls, and early behavioral problems, lack of realistic long-term goals, impulsivity, irresponsibility, juvenile delinquency, and revocation of conditional release. There are further three items in this category that don't fit in any of these factors that are promiscuous sexual behavior, many short-term marital relationships, and criminal versatility [48]. In addition, the Psychopathy Checklist-Screening Version (PCL-SV) is based on PCL-R. This alternative clinical construct rating scale is a 12-item questionnaire which is mainly used for civil psychiatric evaluations, and in normal noncorporate and non-criminal population [20]. In addition to PCL-R and PCL-SV, there are alternative different models dissecting psychopathy including, but not limited to the triarchic model (TriPM), and CAPP-concept map [49,50]. TriPM is a recently developed model that divides psychopathy into three distinct but overlapping constructs of boldness, meanness, and inhibition [51]. TriPM model is a burden of proof for supporting the hypothesis that psychopathy is not a monolithic trait but instead a multifactorial convergence between a variety of different and heterogenous personality traits [49].

The psychopathy Personality Inventory-Revised (PPI-R) was

originally established by Lilienfeld and Andrews [52]. It is a meticulous psychometric self-report analysis that is mainly based on Cleckley's understanding of Psychopathy [52]. PPI-R partially overlaps with TriPM and PCL-R, and consists of a 154 self-report questionnaire to assess self-centered impulsiveness, fearless dominance and cold-heartedness based on eight content scales [22]. The higher the PPI-R score, the more likelihood to be emerging of psychopathic traits [53]. It has useful application for either the community or criminal justice sector or in research [49]. Alternatively, Comprehensive Assessment of Psychopathic Personality (CAPP) is established as a new concept map to understand the dynamic traits of personality based on six domains of self, emotional, dominance, attachment, cognitive and behavioral construct [50,53]. While CAPP significantly overlaps with TriPM, it is considered as a more detailed and deeper traits analysis while most traits are highly representative of psychopathy. However, some CAPP traits are indicated as weaker items in the model and therefore further amendment to this model might be required for future studies [35]. There are other scales measuring and conceptualizing psychopathy including, but not limited to self-Report Psychopathy Scale (SRP-4), the Levenson Self-Report Psychopathy Scale, the Short Dark Triad (i.e narcissism, Machiavellianism, and psychopathy), and Elemental Psychopathy assessment (EPA) [54,55,56]. Other psychopathy measurements scales in corporate psychopathy are Psychopathy Measure-Management Research Version, the Corporate Personality Inventory, and Brain-Scan-360. The latter has a self-report version and an additional 360-degree assessment tool that is conducted by peers and managers and subordinates of the case [15]. Although there are different scales and measurements implemented to assess psychopathy at its most accurate level, it is thought that psychopathy has a stream of severity and its basic traits are mainly defined based on Criteria for Clinical Classification of Psychopathy (CCCP) [35]. Since understanding psychopathy leads to different effective strategies for risk identification and measurement of this destructive and serious psychological abnormality, a massive amount of research has highlighted the necessity of correct application of CCCP in our understanding of this malignant and controversial personality disorder [22,51]. Psychopathic personality traits are highly heterogeneous in nature whereas there is only a specific term known as a 'prototypical psychopath' that manifests a lack of specification in distinguishing between different psychopaths based on their personality traits [20]. Therefore, the necessity of having a proper framework in place is inevitable for psychologists in order to have more freedom in distinguishing between psychopathic traits, and to achieve a more proper assessment of different forms of this heterogeneous disorder worldwide [16]. CCCP is based on Structured Professional Judgment (SPJ) assessment protocols approach that analyses the risk of violence caused by each person in a discretionary manner while relying on evidence-based guidelines to some extent [57]. It is made up of four core criteria in order to classify the psychopathic traits and their severity on a global scale. It further provides constructive and accurate strategies based on assessment outcomes for risk identification, management

and treatment of this complex personality disorder. The CCCP specifying criteria includes cruelty-sadism, social-adjustment, disinhibition, capacity [35]. Cruelty criteria has different streams of mild, moderate, severe, with or without sadism while social adjustment is classified into poor, integrated, or adept groups. Disinhibition has different degrees of mild, moderate or severe while capacity is divided into four categories of criminally-inclined, unremarkable, accomplished, and criminally-inclined/accomplished. In addition, the severity of the psychopathy level will be assessed based on a combination of assessment measure outcomes and the classification of clinical criteria of psychopathy [35]. Three levels of severity are defined based on professional judgments and expert opinions that include clinical, pervasive and pathological grades [6]. Clinical severity is an indicator of elevated levels of psychopathy mostly scoring between 25 to 30 in PCL-R [20]. They normally show moderate levels of inhibition and cruelty in CCCP [35]. Pervasive level is when psychopathy traits become parts of ongoing life of the case with dominant and observable outcomes in their life. They normally score higher than 30 in PCL-R and show sever grades of disinhibition and cruelty. They often are in need of professional help and relapse from any treatment strategy. Pathological level is the most extreme and chronic version of the severity of the disorder. They often show high score on PCL-R (above 30), and show strong manifestations of cruelty, sadism, and disinhibition on the clinical criteria. In this level, any treatment plans will be greatly challenging and highly unlikely to be effective. In order to apply criteria to each case, there are three steps. First step is that each case needs to be properly assessed by measurements scales [35]. The second step is that the classification criteria will be applied to each case based on clinical information and assessment of each case. It will then assign implementing risk, treatment and management strategies to each case depending on their severity level [35].

#### Treatment options for psychopathy, and future research directions

One of the main pitfalls in understanding psychopathy is that the majority of research reports only the overall scores and is yet to provide a comprehensive overview of subscales and their detailed one by one analysis and in each category of psychopaths [22,58]. Therefore, a further necessity to dissect each four components of CCCP and studying their severity level in association with each specific classification of psychopathy is also undeniable. Although psychopathic traits are controllable, there is no permanent cure known for this abnormal psychology and by controlling the disorder psychopaths can only eventually turn into nicer (i.e less sever) psychopaths [45]. Although there has been some promising treatment results obtained from the Mendota Juvenile Treatment Centre (MJTC), this complex and challenging disorder remains a mystery in the world of abnormal psychology [4]. In forensic psychology, we rely highly on standardizing assessment scales for dissecting psychopathic personality in line with CCCP. Therefore, correct implementation of CCCP in measuring psychopathy traits can lead to a proper understanding of each individual's heterogeneity in manifesting different

psychopathic personality traits. It further facilitates applying a correct method to interpretation, treatment, risk, and management of each individual case [58]. Last but not least, although, criminal psychopathy has more negative weights in the society, being a non-criminal psychopath could be potentially more challenging and harmful for the society in the long run compared to criminal psychopathy [58]. In another way, our understanding of criminal psychopathy in forensic psychology cannot be necessarily generalized to non-criminal psychopaths [35]. So, any future direction in this area should be able to draw the line on the exact threshold/border between non-criminal psychopaths and corporate (managerial) ones in comparison to criminal psychopaths [51]. This can further shed lights on new treatment, management and strategic planning for controlling this devastating psychiatric disorder. Psychopaths in particular managerial types are considered as unfortunate's burdens for the society with billion dollars economic loss to the corporate and normal population each year [15]. Moreover, abusive conduct of managerial psychopaths results in unethical and illegal business practices while psychologically destroying thousands to millions of staff every year worldwide [22]. Therefore, finding an effective treatment strategy can be a massive saving for the government and health and criminal justice sector in each society.

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