

Unveiling covert psychopathy: a case report utilizing the Psychopathy Checklist-Revised scale in the forensic psychiatric setting

Donato Morena,¹ Pasquale Scognamiglio²

¹Department of Anatomical, Histological, Forensic and Orthopedic Sciences, Sapienza University of Rome; ²Department of Mental Health, Local Health Authority Naples 3 South, Torre del Greco, Italy

Abstract

This case report explores the diagnostic complexities and treatment challenges associated with psychopathy and antisocial personality disorder (ASPD) in a forensic psychiatric setting. Utilizing the Psychopathy Checklist-Revised (PCL-R) scale, we assessed a 29-year-old male previously detained for two attempted murders and investigated for insulting a public official. Despite a history of mood and psychotic symptoms, previous evaluations failed to identify underlying psychopathic traits. Our assessment revealed a PCL-R score of 33/40, indicating a clear picture of psy-

chopathy. The subject exhibited aggressive and violent behaviors from childhood, including cruelty to animals and reckless actions. Diagnoses over time included attention deficit/hyperactivity disorder, bipolar disorder, and substance use disorders, reflecting significant diagnostic heterogeneity. The case underscores the importance of comprehensive psychopathy assessments in forensic contexts, particularly when previous diagnoses and treatments have been inconsistent. Our findings highlight the potential of the PCL-R scale as a valuable tool for identifying covert psychopathic traits, which are often underestimated. This study calls for further research into the diagnostic and therapeutic approaches for psychopathy and ASPD, emphasizing the need for tailored interventions in correctional institutions to mitigate the risk of recidivism.

Correspondence: Donato Morena, Department of Anatomical, Histological, Forensic and Orthopedic Sciences, Sapienza University of Rome, Rome, Italy.

E-mail: donato.morena@uniroma1.it

Key words: psychopathy, antisocial personality disorder, PCL-R, forensic psychiatry, recidivism, case report.

Contributions: DM, conceptualization and first draft; DM, PS, writing, review and editing. Both authors have read and agreed to the submitted version of the manuscript.

Conflict of interest: the authors declare no potential conflict of interest.

Ethics approval and consent to participate: not applicable.

Informed consent: not applicable.

Funding: none.

Availability of data and materials: not applicable.

Received: 22 July 2024.

Accepted: 22 July 2024.

Publisher's note: all claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article or claim that may be made by its manufacturer is not guaranteed or endorsed by the publisher.

©Copyright: the Author(s), 2024
Licensee PAGEPress, Italy
Mental Wellness 2024; 2:15
doi:10.4081/mw.2024.15

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0).

Introduction

Antisocial personality disorder (ASPD) and psychopathy have had two distinct nosographic evolutions,¹ with only the first having been recognized by the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition, Text Revision).² ASPD is characterized by the presence of deviant and dangerous behaviors and a conduct disorder with an onset before the age of 15. Psychopathy, on the other hand, is characterized by a condition of instinctual aggression and the inability to forge relationships based on reciprocity and correspondence of emotions. According to Cleckley,³ despite the apparent normality, these subjects are characterized by persistent reckless and impulsive behavior, manipulateness, a lack of remorse for their actions, and no empathy towards others. Anyway, aspects of ASPD and psychopathy overlap in subjects who have high impulsiveness and aggression, callous exploitative, and violent victimization features.⁴ Therefore, in the evaluation of people in correctional institutions, it is important to verify the presence and quantify the severity of both antisocial and psychopathic aspects. For this purpose, the Psychopathy Checklist-Revised (PCL-R),⁵ with the related interview, allows for defining interpersonal-affective (factor 1) and impulsive-antisocial (factor 2) facets, the latter particularly connected to the risk of recidivism,^{6,7} especially for violent crimes.⁸

We used the interview and the PCL-R scale to verify the presence of psychopathic and antisocial traits in a subject whose previous evaluations had highlighted only mood and psychotic symptoms, resulting in mainly unsuccessful pharmacological treatments. The request for evaluation was made by the judge in the context of an assessment of the capacity to understand and to will, and therefore of criminal responsibility, for an offense against a public official. The evaluated individual consented to have his documents public upon acceptance of the forensic psychiatric assessments. All documents were subsequently attached to the

judicial file, which is in the public domain. Once the case is decided by a judge's ruling, the court materials are open for consultation, allowing the extraction of the data.

Case Report

The subject of our assessment was a 29-year-old male with a history of detention for two attempted murders and an investigation for insulting a public official. He has been under the care of mental health services since the age of 8 for attention-deficit/hyperactivity disorder (ADHD), treated with valproic acid for approximately 4 years. At age 12, he discontinued contact with mental health services until age 18, when prolonged cocaine abuse precipitated the onset of psychotic symptoms.

Over time, the subject has been diagnosed with cyclothymic personality disorder; ADHD; alcohol, cannabinoids, and cocaine use disorder; bipolar disorder not otherwise specified; borderline personality disorder, adjustment disorder with mixed anxiety and depressed mood.

During his detention, he developed an opioid use disorder due to the illicit use of buprenorphine. This diagnostic heterogeneity was reflected in the prescription of multiple medications, including olanzapine, aripiprazole, valproic acid, gabapentin, pregabalin, clonazepam, haloperidol, diazepam, and clonazepam.

During his incarceration, drug dosage increases often coincided with episodes of agitation and frequent requests for psychiatric or psychological consultations. These consultations, primarily obtained for non-serious self-harm incidents, were aimed at obtaining a suspension of his sentence and transfer to non-custodial environments.

In our interview, the subject initially focused on his psychotic experiences, reporting persistent visual hallucinations of shadows and a menacing dark presence, which he identified as demonic and malevolent. These symptoms began around age 18 and initially occurred at home, later extending to other environments. He ended a relationship after hearing dark presence claiming his girlfriend brought "evil" into his home. He described perceiving people in prison as "strange", denied any benefit from his medications, and considered his condition irreversible due to the existence of "evil".

The PCL-R interview revealed a history of aggressive and violent behavior towards peers and property destruction from childhood. At age 8, he began exhibiting cruelty to animals, such as burning grasshoppers with an alcoholic solution. After having stunned cats by shooting them with a BB gun, he tied them to the paws with bands and opened them, still alive, with a penknife he had built himself. The same he did with stray dogs, although they were rarer. He found nothing strange in it, claiming that he only wanted to "see how they were made inside ... the hearts of the animals ... it was the curiosity of a child". He also remembered having the same curiosity and the same "autoptic" fantasies about humans. As a teenager, he engaged in vandalism, assaults, and reckless behavior, including lighting firecrackers indoors, throwing objects from windows, and shooting others with a BB gun. He stole motorcycles, caused car accidents through reckless driving, and attempted to murder two individuals he believed looked at him menacingly.

He declared that he was not a liar except for some lies told to his girlfriend during his betrayals, which he did not consider as such, as they were occasional and boredom-induced.

He described himself as possessive and jealous, frequently assaulting his girlfriend. The same he did if she refused to have fewer than 3-4 daily intercourse. The violence during sexual intercourse and the submission of the woman were very exciting for

him. He also used handcuffs, sticks, and chains. He had orgasmic fantasies but never had a chance to realize them. For many years, he had also persecuted a former schoolmate he was "obsessed with". After being rejected in an initial approach, he continued to call her by phone for years, even with 70 calls a day. The warnings to stop from her family and her boyfriend had been useless. He reported his intention to seek her out upon release, even though she had begged him to be left alone: "I can't, there is something that made me lose my mind". In terms of his family, he grew up with his mother and her second husband, with whom he maintained a "very good" relationship. As a child, he felt deep sadness over his biological father's indifference, both before and after his parents' separation. He denied any history of physical, sexual, or psychological abuse or significant family conflict. At school, he had received four failures without finishing high school. He had never worked for anything but short periods, being fired after causing several damages. He exploited the financial support of his parents, displaying overall unreliability and a lack of interest in vocational training. He reported substance abuse from the age of 16, including alcohol, opioids, and cocaine (up to 2 grams/day). His body mass index was 40.31 kg/m², and he admitted to binge eating. In prison, he spent his days feeling bored, idle, and lying in bed, with no thoughts or plans for the future. Using the information obtained, the PCL-R scale was completed, yielding the following scores: interpersonal = 4; affective = 6; lifestyle = 10; antisocial = 9; factor 1 (selfish, callous, and remorseless use of others) = 10; factor 2 (social deviance) = 19; total score = 33/40, configuring a clear picture of psychopathy. At the end of the evaluation, based on the psychopathological condition evidenced and the account of the reconstruction of the event for which he was under investigation, we concluded that he had full capacity to understand and to will. According to Italian law, when a person is considered fully accountable, their social dangerousness cannot be explicitly stated.

Discussion

This case report highlights the potential of the PCL-R scale, which proves to be a valid tool to be used, especially in cases of previous diagnostic, therapeutic, and treatment heterogeneity, particularly in forensic settings. In the present case, the isolated and bored state of the subject has likely led to an underestimation of his psychopathy, which we could define as "covert". Future research should focus on developing more nuanced diagnostic tools and methodologies to identify covert psychopathic traits. Longitudinal studies are needed to understand the progression of psychopathy from childhood to adulthood and its interaction with other mental health disorders. Policymakers should consider integrating comprehensive psychopathy assessments into standard forensic evaluation protocols. This could improve the accuracy of diagnoses and the effectiveness of subsequent interventions. Policies should also support ongoing training for mental health professionals in the use of these tools to ensure consistent and reliable assessments. The findings highlight the importance of a holistic approach in forensic psychiatry, considering both psychopathic and antisocial traits. This approach can lead to more effective rehabilitation programs, ultimately reducing recidivism risk and enhancing public safety. Mental health services must address the complex interplay of multiple diagnoses in individuals with psychopathic traits. Researchers, clinicians, and policymakers should consider these findings to explore new avenues for improving the diagnosis and treatment of psychopathy and ASPD. Enhancing forensic psychiatric practices will contribute to a more just and rehabilitative criminal justice system.

Conclusions

This case report underscores the critical role of the PCL-R scale in accurately diagnosing psychopathy, particularly in forensic settings where previous assessments may have been inconsistent. The findings highlight the necessity for comprehensive evaluations that consider both psychopathic and antisocial traits to inform more effective treatment and rehabilitation strategies. Addressing these diagnostic challenges can lead to better management of individuals with psychopathic traits, ultimately reducing recidivism and enhancing public safety. Further research and policy development are essential to refine diagnostic tools and therapeutic approaches, ensuring a more just and rehabilitative criminal justice system.

References

1. Patrick CJ. Psychopathy: current knowledge and future directions. *Annu Rev Clin Psychol* 2022;18:387-415.
2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, text revision. 5th ed. Washington D.C.: American Psychiatric Association Publishing; 2022.
3. Cleckley HM. *The mask of sanity: an attempt to clarify some issues about the so-called psychopathic personality*. 5th ed. St. Louis, Missouri: Mosby; 1976.
4. Patrick CJ, Fowles DC, Krueger RF. Triarchic conceptualization of psychopathy: Developmental origins of disinhibition, boldness, and meanness. *Dev Psychopathol* 2009;7;21:913-38.
5. Brazil KJ, Forth AE. The psychopathy checklist-Revised. *Encyclopedia of Personality and Individual Differences*. 2016.
6. Kennealy PJ, Skeem JL, Walters GD, Camp J. Do core interpersonal and affective traits of PCL-R psychopathy interact with antisocial behavior and disinhibition to predict violence? *Psychol Assess* 2010;22:569-80.
7. Douglas KS, Vincent GM, Edens JF. Risk for criminal recidivism: the role of psychopathy. In: Patrick CJ, ed. *Handbook of psychopathy*, 2nd ed. New York, NY: The Guilford Press; 2018. pp. 682-709.
8. Morena D, Di Fazio N, La Russa R, et al. When COVID-19 is not all: femicide conducted by a murderer with a narcissistic personality “masked” by a brief psychotic disorder, with a mini-review. *Int J Environ Res Public Health* 2022;19:14826.