Behind the mask: Exploring public perceptions of psychopathy and their influences within the Canadian criminal justice system.

Lauren Kuss

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Department of Criminology

Faculty of Arts

Kwantlen Polytechnic University

ABSTRACT

This project aimed to determine public perceptions of psychopathic personality disorder and their implications within the Canadian criminal justice system. Participants were presented with 36 psychological symptoms related to psychopathy and other mental disorders and asked to identify those symptoms they believed were representative of a psychopathic personality. Additionally, participants were randomly assigned to one of four experimental conditions where they read a short vignette about a crime that varied in terms of the type of offence (violent versus non-violent) and psychological symptoms manifested by the offender (psychopathy versus schizophrenia). The results showed that participants generally recognized some symptoms of psychopathy, especially those that are affective and interpersonal in nature, but they often mistakenly identified symptoms associated with other major mental disorders. Further, the results of this study demonstrated that the more psychopathic an individual is perceived to be, the more participants favoured harsher punishments. The implications of these findings and future research directions are discussed.

Keywords: Public perceptions, psychopathic personality disorder (PPD), psychopathy, schizophrenia, violent, non-violent, criminal justice system.

INTRODUCTION

Descriptions of psychopathy appear throughout history, dating back as early as medieval times (Davis et al., 2020; Keesler & Dematteo, 2017). Since the early nineteenth century, great strides have been made in clarifying and understanding the clinical picture of psychopathy and the measurement of the disorder. Psychopathic personality disorder (PPD), or psychopathy, is a psychological disorder commonly characterized by traits such as lack of remorse, callousness, superficial charm, manipulativeness, and grandiosity (Cox et al., 2013, 2016; Davis et al., 2020; Edens et al., 2003, 2013). Over the past several decades, PPD has been the subject of growing interest and research (Davis et al., 2020; Helfgott, 2013). In fact, it has become one of the most extensively studied mental disorders (Patrick et al., 2018). Over time, the construct of psychopathy has become a significant focus within the criminal justice system because empirical research has established relationships between psychopathic personalities, crime, violence and recidivism (Hare et al., 2018; Hare & Neumann, 2008; Helfgott, 2013). As a consequence, the introduction of formal assessments of psychopathy in legal proceedings has progressively increased and has become an influential factor in some legal decisions (Boccaccini et al., 2008; Edens et al., 2003; Rulseh et al., 2017).

Perhaps unsurprisingly, the concept of psychopathy has found its way into popular culture and has become a staple feature of mainstream entertainment media (David et al., 2020; Helfgott, 2013; Keesler & Dematteo, 2017). Specifically, within the last several years, portrayals of real-life and fictional characters with psychopathic personalities have become more widespread within entertainment media such as television and films (David et al., 2020; Helfgott, 2013; Keesler & Dematteo, 2017; Leistedt & Linkowski, 2014). Accordingly, the contemporary literature has acknowledged the media as a prominent source of information about the construct

of psychopathy. Unfortunately, psychopathy is often portrayed inaccurately in media, emphasizing infamous serial killers or violent individuals (Davis et al., 2020; Edens et al., 2013; Furnham et al., 2009; Keesler & Dematteo, 2017; Leistedt & Linkowski, 2014). Therefore, it is not surprising that the disorder is often misunderstood by the public (Cox et al., 2013; Davis et al., 2020; Edens et al., 2013; Furnham et al., 2009; Helfgott, 2013; Keesler & Dematteo, 2017; Leistedt & Linkowski, 2014; Smith et al., 2014). For example, studies have shown that laypersons have difficulty identifying and differentiating psychopathy from other disorders, including psychotic disorders (Edens et al., 2013; Furnham et al., 2009; Leistedt & Linkowski, 2014; Smith et al., 2014). The public's perception of psychopathy is arguably important due to its potential to influence public policy in relation to criminal justice issues. Unfortunately, there is limited research regarding this topic (Edens et al., 2003). The purpose of this thesis is to empirically investigate the public's perception of psychopathy and its relationship to various criminal justice system issues.

This thesis begins by reviewing the clinical construct of psychopathy and its criticisms. Second, it discusses where the public gets information about psychopathy, focusing on the role of the media. Third, it briefly explores theories of media influence and how the media portrays psychopathy. Fourth, it examines the public's understanding of psychopathy. Lastly, this paper discusses public perceptions of how PPD should be managed within the criminal justice system.

LITERATURE REVIEW

The clinical construct of psychopathy

Although not a new diagnosis, the recognition and conceptualization of psychopathy largely gained prominence due to the work of scholars such as Cleckley and Hare, who helped clarify the clinical construct and its assessment. In 1941, Hervey M. Cleckley, an American

psychiatrist, published *The Mask of Sanity* in an attempt to establish a more detailed and standardized definition of the disorder (Patrick et al., 2018). Cleckley described psychopathy as a disorder defined by a mask or appearance of sanity, but with an underlying pathology (Patrick et al., 2018). Based on his clinical observations, Cleckley identified sixteen diagnostic criteria he believed distinguished individuals with PPD (Cleckley, 1955/2016). It is important to note that Cleckley's criteria were not intended for the purpose of formally assessing psychopathy, but rather as a clinical framework or list of the symptoms he considered to be prototypical of the disorder (Cleckley, 1955/2016; Hare & Neumann, 2008).

Cleckley's criteria outlined a set of features commonly associated with individuals who have psychopathic personalities (see Table 1). While these criteria are not organized in any particular sequence of importance, they represent a collection of prevalent behavioural and emotional characteristics observed in individuals Cleckley considered psychopathic. Of the features identified, it was the "mask" features such as "superficial charm," "good intelligence," and "the absence of nervousness or anxiety" that Cleckley believed were the most distinguishing features of the disorder (Cleckley, 1955/2016; Patrick et al., 2018). A central component of Cleckley's work was differentiating psychopathy from psychosis and other psychiatric personality disorders. Further, Cleckley acknowledged that psychopathy was not synonymous with criminality and antisocial deviance (Patrick et al., 2018).

Table 1.

Characteristics of Psychopathy Identified by Cleckley

Characteristics
Superficial charm and good "intelligence"
Absence of delusions and other signs of irrational "thinking"
Absence of "nervousness" or psychoneurotic manifestations
Unreliability
Untruthfulness and insincerity
Lack of remorse or shame
Inadequately motivated antisocial behaviour
Poor judgment and failure to learn by experience
Pathologic egocentricity and incapacity for love
General poverty in major affective reactions
Specific loss of insight
Unresponsiveness in general interpersonal relations
Fantastic and uninviting behaviour, with drink and sometimes without
Suicide rarely carried out
Sex life impersonal, trivial, and poorly integrated
Failure to follow any life plan

Cleckley, 1955/2016

It is also notable that Cleckley distinguished PPD from psychotic disorders. He noted that individuals with psychopathy do not suffer from cognitive-perceptual disturbances, nor are they influenced by delusions (Patrick et al., 2018). Cleckley's description of psychopathy significantly

changed the way psychopathy was viewed and understood by clinicians and scholars. Specifically, his work resulted in a shift in the use of the term psychopathy from a general label encompassing various psychiatric conditions to a specific disorder with a distinct set of symptoms. Most importantly, Cleckley's contributions had a lasting impact on the construction of psychopathy and subsequent research of the disorder.

Following Cleckley, the clinical understanding of psychopathy was further advanced by the pioneering work of Canadian psychologist Robert D. Hare. Like Cleckley, Hare was concerned about the absence of a standard diagnostic definition and valid tool for measuring the disorder (Hare & Neumann, 2008). In the course of his research, Hare developed the Psychopathy Checklist and its subsequent revision, the Psychopathy Checklist-Revised (PCL-R), which are clinical measures of psychopathy. The Psychopathy Checklist–Revised is a 20-item scale for rating psychopathy symptoms. The PCL-R is scored based on a semi-structured interview and each of the twenty items is rated on a 3-point scale (0, 1, or 2) in accordance with the extent to which it applies to the individual (Hare et al., 2018). Individuals are given a score of zero when the feature or item is absent, a score of one if it is partially present, and a score of two if it is fully present. The total scores provide a dimensional measure of psychopathy that can range from 0 to 40. Traditionally, a score of 30 has been used as the diagnostic cutoff indicative of psychopathy (Hare et al., 2018). The items or symptoms identified by Hare generally fall into one of the following three domains: affective, interpersonal, and behavioural (Hare et al., 2018). Affective features relate to the person's emotions and include items such as "lack of remorse" and "shallow affect." Interpersonal features relate to how the person interacts with others and includes items such as "manipulative" and "superficial charm." Lastly, behavioural features relate to the person's observable actions or behaviours such as "impulsivity" and

"irresponsibility." The twenty items form a two-factor structure that is organized into four facets. Factor one consist of the interpersonal and affective facets and factor two comprises the lifestyle and antisocial facets (see Table 2).

Unlike Cleckley's criteria, which are merely descriptive in nature, the PCL-R is a formalized assessment tool for measuring psychopathy. It radically transformed the manner in which clinicians and researchers viewed the construct of psychopathy and is now recognized as one of the most reliable and valid measures of PPD (Helfgott, 2013; Patrick et al., 2018). Moreover, the extensive empirical research surrounding the validity of the PCL-R has made it the most widely used instrument for assessing the disorder (Hare & Neumann, 2008; Helfgott, 2013). The use of the PCL-R is particularly common in forensic assessments and legal settings due to the scales' ability to predict recidivism, violence, and treatment resistance (Hare & Neumann, 2008).

Table 2.

Factors and Facets of the PCL-R

Factor 1	Factor 2
Interpersonal symptoms	Lifestyle symptoms
1. Glibness/superficial charm	3. Need for stimulation
2. Grandiose sense of self-worth	9. Parasitic lifestyle
4. Pathological lying	13. No realistic, long-term goals
5. Conning/manipulative	14. Impulsivity
	15. Irresponsibility
Affective symptoms	Antisocial symptoms
6. Lack of remorse or guilt	10. Poor behavioural controls
7. Shallow affect	12. Early behavioural problems
8. Callous/lack of empathy	18. Juvenile delinquency
16. Failure to accept responsibility	19. Revoke conditional release
	20. Criminal versatility

Hare et al., 2018

Despite the instrument's success, debate persists surrounding the construct and measurement of psychopathy. Some critics are concerned with its popularity and worry that clinicians and researchers may not always be adequately trained to use it appropriately. There are also complaints that its popularity has led to a tendency to confuse the measurement of psychopathy with the clinical construct (Hare & Neumann, 2008; Skeem & Cooke, 2010). That is, the PCL-R is often misconceived as equivalent to the construct of psychopathy itself rather than simply a measurement tool meant to assess the disorder (Hare & Neumann, 2008).

Proponents of the PCL-R believe Cleckley's list of characteristics is unrepresentative of the modern construct of psychopathy and that several listed traits have little supporting evidence of their relevance to the disorder (Hare & Neumann, 2008). For example, empirical evidence supported omitting several of Cleckley's symptoms from the PCL-R, such as "good intelligence" (Hare & Neumann, 2008). Furthermore, these scholars criticize Cleckley's methodology for understanding psychopathy, stating that while psychopathic personality is a latent or underlying construct, Cleckley relied solely on direct observation of his patients' outward behaviours (Hare & Neumann, 2008). They argue that to understand the construct of psychopathy, a structural approach to research is needed based on its physical, biological, and psychological aspects (Hare & Neumann, 2008).

Despite the PCL-R's popularity, critics question the inclusion of antisocial features in the instrument (Skeem & Cooke, 2010). Specifically, some researchers support the "consequence hypothesis" which suggests that antisocial behaviour is not a symptom of psychopathy, but rather a consequence of it (Cooke et al., 2004). In essence, the consequence hypothesis argues that antisocial behaviour is not a central component of psychopathy, but rather a common outcome of the other core personality features of the disorder (Cooke et al., 2004). For example, Skeem and Cooke (2010) argue that the PCL-R weighs antisocial features more strongly than affective and interpersonal features of psychopathy. They note that even with pronounced affective and interpersonal traits, without violent or criminal behaviour features, individuals are unlikely to meet the threshold of psychopathy (Skeem & Cooke, 2010).

Similarly, other scholars have argued that the predictive validity of the PCL-R in risk assessments depends significantly on the evaluation of antisocial and criminal variables rather than personality characteristics (Cox et al., 2013). Additionally, several researchers claim that the

probative value of the PCL-R in criminal and legal settings has been overvalued. This concern

stems from studies demonstrating that utilizing a PCL-R assessment as evidence can have a

prejudicial impact on the outcomes in criminal proceedings (Berryessa & Wohlstetter, 2017; Cox

et al., 2013).

To summarize, the development of the PCL-R marked an important advance in the

measurement and research of psychopathy. Despite its success, however, there remains debate

surrounding the use of PCL-R to assess the disorder of psychopathy. Some critics argue that

Hare's construct of psychopathy focuses too much on criminal and antisocial features that are not

core components of the disorder. Others argue the widespread use of the PCL-R has led to

confusion between the measurement of psychopathy and the actual construct. Despite this

opposition, however, Hare's PCL-R is widely recognized as the most reliable and valid measure

of the disorder.

Where does the public get information about psychopathy?

One question of interest is where laypersons acquire their conceptualizations of

psychopathy? Research indicates the general public learns about psychopathy from a variety of

sources such as formal education, books, magazines, news articles, documentaries, and

newscasts. For example, Helfgott (1997) conducted a telephone survey of community members

in Seattle about their conceptions of psychopathy. The primary source of information regarding

psychopathy cited by respondents was as follows: the news (78%), conversations with others

(73%), films (69%), television shows (67%), and academic education (61%). Similarly, Keesler

and Dematteo (2017) noted that in the past, news sources, such as CNN, played a significant role

in disseminating information about psychopathy to the public.

More recent studies, however, reveal that entertainment media, such as film and television, have superseded traditional news sources as a prominent source of information regarding PPD. For example, Smith et al. (2014) surveyed community members summoned for jury duty in a large, metropolitan county in the Southwestern United States about their understanding of psychopathy. Their results showed that most participants (75%) reported representations in movies and television programs were their main sources of information for understanding the construct of psychopathy. While other sources, such as news and documentaries (53%) and books and magazines (37%), were also identified, they were reported by much lower percentages of respondents (Smith et al., 2014). As these findings show, it appears the traditional news media has been replaced by entertainment media, such as television dramas, as the public's primary source of information about psychopathy (Keelser & Dematteo, 2017). Even ten years ago, Helfgott (2013) acknowledged that sources of information about psychopathy were shifting due to rapid changes in technology, such as the internet and streaming services. Despite the obvious changes in how the public obtains information today, and the advancements in technology, no studies have considered the influence of social media on laypersons' perceptions of psychopathy. Thus, the impact of social media in modern society remains largely unexplored.

Theories of media influence

One notable gap in the current literature is the lack of theoretical consideration given to how the public's impressions of psychopathy are formed. As mentioned, the public tends to rely on popular media as a prominent source of information about the construct of psychological disorders such as psychopathy (Baranauskas & Drakulich, 2018; Cox et al., 2013; Davis et al., 2020; Edens et al., 2013; Furnham et al., 2009; Greer & Reiner, 2012; Helfgott, 2013; Keesler &

Dematteo, 2017; Leistedt & Linkowski, 2014; Rafter & Brown, 2011; Smith et al., 2014; Surette, 2015). Accordingly, media and crime theories may help us understand the processes or mechanisms responsible for developing and shaping public perceptions of psychopathy.

The theory of social constructionism can contribute to understanding the impact of popular media on public perceptions (Surette, 2015). Social constructionism views knowledge as something socially created by people through their experiences and social interactions, which affects how individuals perceive reality (Surette, 2015). It emphasizes that shared ideas, interpretations, and knowledge do not depend on empirical validity (Baranauskas & Drakulich, 2018; Rafter & Brown, 2011; Surette, 2015). According to social constructionism, in addition to our personal experiences, we learn about and define reality largely based on the representations of phenomena in the media (Surette, 2015). As studies demonstrate, the media tends to favour narratives that are dramatic and easily recognized or embraced by the public. These narratives, such as the recurring evil, predatory criminal, or psychopath, which are highlighted in popular serial killer movies, become the depiction commonly associated with psychopathy among the public (Surette, 2015).

Scholars generally agree that the media's representation of crime or psychological disorders strongly influences public opinion. They claim that due to the ease of access and its widespread availability, the popular media is no longer something separable from society (Rafter & Brown, 2011; Surette, 2015). Numerous studies show that society is fascinated with ideas, images, and stories of the 'the violent,' 'the serial killer,' and the murderer, while blatantly ignoring the accuracy of these portrayals (Rafter & Brown, 2011). The depiction of psychological disorders circulates widely in current television and films and serves to influence the public's understanding of such disorders; however, these depictions often lack accuracy

(Rafter & Brown, 2018). These studies suggest that conceptions of psychological disorders, such as psychopathy, reflect the popular imagery that bombards us through the media (Rafter & Brown, 2018).

Relatedly, current research demonstrates that while most people identify the media as their primary source of information about crime and criminals, there are frequently wide discrepancies between their perceptions and reality (Baranauskas & Drakulich, 2018). It has been argued that how popular media 'frames' crime and criminals contributes to the public's distorted perceptions of these phenomena. Erving Goffman (1974) described 'frames' as condensed packages of information which are conveyed to the public to assist them in interpreting said information meaningfully (Baranauskas & Drakulich, 2018). Mass media tends to frame particular types of information in ways they believe are most likely to resonate with the vast majority of consumers. As a consequence, crime and criminals tend to be repeatedly portrayed in the same way by the media. Further, studies note that visual frames, such as television and film, are more salient than verbal or written forms of information with respect to influencing public beliefs (Baranauskas & Drakulich, 2018). Like framing theory, cultivation theory also suggests that constant or consistent exposure to representations in popular media tends to reinforce public perceptions (Baranauskas & Drakulich, 2018; Maeder & Corbett, 2015).

In short, crime and media theories indicate that the public's understanding of psychopathy emerges from the representation of the disorder in popular entertainment media. In addition, media portrayals strongly influence society's beliefs about the causes of crime, what behaviours are construed as criminal, and the criminal justice responses to crime that are considered reasonable and effective (Baranauskas & Drakulich; Surette, 2015). More importantly, these

constructions or representations of reality become the dominant force that directs and shapes our views on appropriate public policy (Rafter & Brown, 2011; Surette, 2015).

<u>Media portrayals of psychopathy</u>

Research indicates that psychopathy has been portrayed negatively in the media throughout history. A study by Leistedt and Linkowski (2014) is particularly illuminating in this regard. It reviewed films from 1915 to 2010 and examined how individuals with psychopathic personalities were depicted. The results revealed that earlier films often represented people with psychopathy as sadistic, unpredictable, sexually depraved, emotionally unstable, cannibalistic or necrophiliac (Leistedt & Linkowski, 2014). Furthermore, these earlier representations were often based on a poor or incomplete understanding of the disorder as it is understood by clinicians today (Leistedt & Linkowski, 2014). Many characters were described as criminal, destructive, and exhibited strange mannerisms such as giggling or tics (Leistedt & Linkowski, 2014). More recent studies have noted that while characters with psychopathy no longer display unusual characteristics, as seen in earlier portrayals, they tend to exhibit more extreme personalities and violence (Keesler & Dematteo, 2017; Lieistedt & Linkowski, 2014).

Hesse (2009) asserts that individuals with psychopathy are frequently illustrated as callous, calculated, and aggressive characters. Comparatively, Hare and Neumann (2008) noted that "the psychopath is often portrayed in the media as vile, inhuman, and qualitatively different from other individuals" (p. 234). Similarly, other studies have noted that individuals with psychopathic personalities are often characterized as villains, serial killers, mass murderers, or even cult leaders (Berryessa & Wohlstetter, 2019; Furnham et al., 2009; Keelser & Dematteo, 2017; Leistedt & Linkowski, 2014). Despite these findings, a study by Davis et al. (2020) showed that while most characters with psychopathy were depicted as displaying high levels of

affective and interpersonal traits, they lacked the associated behavioural or antisocial features. In addition, very few characters portrayed with the disorder met the threshold of psychopathy in accordance with the PCL-R (Davis et al., 2020).

Additionally, several mock juror studies have demonstrated that they rely heavily on the representations of psychopathy in the popular media (Davis et al., 2020). Similarly, research shows that laypersons have a limited understanding of individuals with severe mental illnesses such as psychopathy and other psychotic disorders and rely on popular media to construct an 'accurate' picture of it (Smith et al., 2014). For example, Furnham et al. (2009) examined whether lay individuals could accurately identify various mental disorders using several vignettes portraying mentally ill individuals. The results showed that although the majority of respondents could correctly identify other disorders, such as schizophrenia (61%) and depression (97%), less than half of the respondents (39%) could accurately identify vignettes involving an individual with a psychopathic personality. These findings illustrate that laypersons beliefs regarding psychopathy do not accurately reflect the clinical conception (Edens et al., 2013; Furnham et al., 2009; Leistedt & Linkowski, 2014).

A more recent trend observed in the media is the portrayal of "protagonist psychopaths" or individuals with psychopathy who exhibit positive or redeeming characteristics (Keesler & Dematteo, 2017). Popular television shows such as 'Dexter' centre on characters with psychopathic symptoms as well as traits uncharacteristic of the disorder that may be considered more redeeming or positive in nature (Keelser & Dematteo, 2017). Such traits, discussed below, may be associated with a tendency for psychopathy to be romanticized by consumers (Keesler & Dematteo, 2017; Lieistedt & Linkowski, 2014).

The public's understanding of the clinical construct of psychopathy

A growing body of research has examined the public's perception of psychopathy. In general, this research has addressed three major topics: individuals identified as manifesting psychopathic personalities, synonyms or labels associated with psychopathy, and the symptoms or traits that characterize the disorder. Several studies that focused on popular conceptions of psychopathy asked laypersons to identify someone they considered to have a psychopathic personality. Most of these investigations reported similar results. Laypersons' commonly associate psychopathic personalities with infamous real-life or fictional serial killers (Edens et al., 2013; Keesler & Dematteo, 2017; Smith et al., 2014). For example, Helfgott (1997) asked community members in Seattle, "If I asked you to think of an example of the typical psychopath, who comes to mind?" The majority of respondents (78%) associated psychopathy with real-life killers such as Ted Bundy (28%), Jeffrey Dahmer (21%), and Charles Mason (12%) or another violent murderer recently in the news (Helfgott, 2013). Two recent studies also reported that most people associated psychopathy with real-life serial killers (Edens et al., 2013; Smith et al., 2014). One notable exception is a study by Edens et al. (2013) that found 12% of respondents identified Adolf Hitler as a "typical psychopath." Research also shows that laypersons sometimes associate fictional characters with psychopathy. For example, several studies noted that fictional characters such as Hannibal Lecter and Norman Bates were identified as individuals with psychopathy, but much less commonly than real-life offenders (Edens et al., 2013; Helfgott, 2013, Smith et al., 2014).

Relatedly, a study by Keesler and Dematteo (2017) examined whether laypersons could differentiate between protagonist and antagonist psychopathic personalities portrayed in popular television and films. The results showed that many participants were able to identify antagonist psychopathic personalities such as Patrick Bateman from "American Psycho," but were unable to

identify protagonist psychopathic personalities such as Gregory House from the television series "House," who portrays a medical doctor. One noted exception was Dexter, who self-identifies as someone with psychopathy (Keesler & Dematteo, 2017). Collectively, research shows the public commonly associates psychopathy with both real-life and fictional characters who are serial killers or individuals who commit gruesome crimes.

Interestingly, a study by Smith et al. (2014) found that a small, but substantial percentage of participants identified an individual they personally knew, such as a co-worker, as a prototypical psychopath (Smith et al., 2014). This finding suggests that laypersons sometimes relate the construct of psychopathy to individuals in their own lives and to their own experiences.

The second area of research on public perceptions of psychopathy concerns the common synonyms or labels associated with the disorder. For example, a study by Davis et al. (2020) found that the most common terms movies used to refer to characters portraying psychopathic personalities were 'crazy' and other related terms such as "insane," "psychotic," and "delusional." Similarly, Helfgott (1997) found that terms such as "psycho" (82%), "monster" (64%), "lunatic" (60%), and "insane" (65%) were frequently used by laypersons to describe individuals with psychopathic personalities. Likewise, Edens et al. (2013) reported that individuals with psychopathy were often associated with words such as "dangerous" and "evil." These results demonstrate that the public commonly associates psychopathy with "crazed" or violent individuals.

Finally, several studies have investigated the various symptoms laypersons identify as characteristic of psychopathy. The findings show that laypersons recognized specific symptoms central to the clinical construct of psychopathy, especially affective and interpersonal traits. For example, Keesler and Dematteo (2017) reported that community members could recognize

prototypical traits such as remorselessness, manipulativeness, and shallow affect. Similarly, Smith et al. (2014) found that the five traits laypersons rated as most representative of psychopathy were manipulative, lack of remorse, self-centred, self-justifying, and domineering. Other studies have shown that lack of remorse or remorselessness was the most commonly identified trait in mock jury studies (Cox et al., 2013; Edens et al., 2013). Cox et al. (2013) also noted that egotistical and manipulative were identified as indicative of psychopathy.

Another common finding in the literature is that the public tend to associate psychopathy with violence (Davis et al., 2020; Helfgott, 2013; Keesler & Dematteo, 2017). Several studies found that individuals with psychopathy were frequently reported as violent or criminal by laypersons. For example, Helfgott (1997) asked community members: "When you hear the term psychopath, what comes to mind?" The results showed that 38% of respondents reported criminal behaviour (Helfgott, 2013). Additionally, Keesler & Dematteo (2017) noted that many community members endorsed traits such as "prone to torture," "violent," and "prone to murder" as indicative of psychopathy.

The literature also reveals that laypersons mistakenly endorse traits or symptoms that are not characteristic of psychopathy. Furnham et al. (2009) found that laypersons often conceptualize psychopathic personalities as very intelligent or high achievers. Similarly, Edens et al. (2013) found that participants perceived psychopathic personalities as both intelligent and socially adept. Further, a study by Keesler and Dematteo (2017) included several distractor traits of psychopathy, such as "intelligence," and "physically violent," most of which were endorsed by community members. Relatedly, a study by Smith et al. (2014) followed a similar methodology but included psychotic symptoms as distractors. Notably, the results showed that psychotic

symptoms such as "delusional beliefs," "disturbed thinking," and "peculiar behaviour" were identified by most participants as prototypical psychopathy (Smith et al., 2014).

Several studies have indicated that traits pertaining to behavioural aspects of psychopathy are less frequently recognized by laypersons. For example, Keesler and Dematteo (2017) noted that community members failed to associate traits such as "irresponsibility" and "juvenile delinquency" with psychopathy. Similarly, Edens et al. (2013) found that behavioural characteristics such as "irresponsible behaviour" and "impulsive and reckless approach to life" were rated as less representative of psychopathy compared to affective traits. Cox et al. (2013) reported similar results, noting that jury members strongly endorsed affective and interpersonal traits of psychopathy, but only a small percentage endorsed behavioural and lifestyle traits. These findings reinforce the idea that laypersons have misconceptions or inaccurate perceptions about psychopathy.

<u>How PPD should be managed by the criminal justice system</u>

The current empirical literature indicates that the general public tends to view psychopathic personalities as highly negative and undesirable (Rulseh et al., 2017). Unsurprisingly, research suggests that the label of psychopathy may have prejudicial effects on a variety of legal outcomes (Cox et al., 2010; Cox et al., 2016; Edens et al., 2005). Several scholars argue that the introduction of the psychopathy label, or psychopathic characteristics, results in more negative attitudes among the public and increases support for punitive legal consequences (Berryessa & Wohlstetter, 2019; Edens et al., 2003; Rulseh et al., 2017). Thus, the perceptions of psychopathic personality disorder held by laypersons impact their opinions of criminal justice system issues.

Research on the impact of the psychopathy label has examined three different effects: the general labelling effect, the specific labelling effect, and the criterion effect (Berryessa & Wohlstetter, 2019; Boccaccini et al., 2008). Studies examining the general labelling effect consider how the diagnosis of psychopathy given to an offender impacts layperson attitudes toward that person. Current research shows that the label of psychopathy strongly influences public perceptions regarding dangerousness, future risk for violence, and sentencing outcomes (Berryessa and Wohlstetter; Cox et al., 2010; Edens et al., 2004). Other studies have examined the specific labelling effect by examining layperson perceptions of an offender given a psychopathy diagnosis compared to another mental illness diagnosis. In general, these studies report conflicting results as to whether the label of psychopathy is more influential than other psychiatric diagnoses in relation to various legal issues (Berryessa & Wohlstetter, 2019; Edens et al., 2005). There are also studies that have examined the criterion effect which considers how the presence or absence of psychopathy characteristics, regardless of the diagnostic label, influences public opinions. Various studies demonstrate that presence of psychopathic characteristics is more influential than the diagnostic label with respect to criminal justice issues (Berryessa & Wohlstetter, 2019; Boccaccini et al., 2008; Cox et al., 2010; Cox et al., 2016; Edens et al., 2005).

One area of concern regarding psychopathy within the criminal justice system is the question of insanity. Historically, the law has relieved individuals of criminal responsibility for acts they committed while experiencing a mental disorder. Whether people with psychopathic personalities should be able to use this defence is more controversial. Some critics note that psychopathy is a "moral illness" that does not affect intellect or competency and therefore should not qualify for the insanity defence (Berryessa & Wohlstetter 2019). A study by Smith et al. (2014) surveyed a sample of community members summoned for jury duty for their opinions

about whether someone with psychopathy should be declared insane and hospitalized. The results showed that respondents generally disagreed that they are insane (Smith et al., 2014). Similarly, Helfgott (1997) asked community members about how individuals with psychopathy should be treated in the criminal justice system. The results revealed that participants strongly believed that individuals with psychopathy should not be allowed to use the insanity defence and instead should be confined in a special prison (Helfgott, 2013). Based on these findings, it appears the public does not support the use of the insanity defence for individuals with psychopathic personalities.

The general view that PPD should not qualify for the insanity defence may be connected to the perception that these individuals understand the difference between right and wrong and are responsible for their actions. A study by Smith et al. (2014) showed that community members strongly endorsed the view that individuals with psychopathy can differentiate between right and wrong. In contrast, a study by Helfgott (1997) reported that 59% of participants agreed that individuals with psychopathic personalities cannot differentiate between right and wrong. Relatedly, Smith et al. (2014) found that respondents felt that psychopathic individuals are responsible for their own actions. Perceptions of responsibility may depend on the presence of certain symptoms, such as impulsivity. Notably, a study by Cox et al. (2013) found that when community members perceived a defendant exhibited high levels of impulsivity, they were more likely to support the idea that they were not responsible for their actions. Conversely, low levels of perceived impulsivity were correlated with higher support of blameworthiness (Cox et al., 2013).

The presence of a psychopathy also appears to impact public perceptions of dangerousness and the risk of future violence. As noted, research suggests that individuals with

psychopathic personalities are viewed as more violent, dangerous and prone to criminality (Berryessa & Wohlstetter, 2019; Edens et al., 2013; Helfgott, 2013; Smith et al., 2014). For example, a study by Smith et al. (2014) showed that participants strongly believed that individuals with psychopathy are more prone to aggression and violence. Other studies have found similar results. A study by Edens et al. (2004) examined how differing mental health diagnoses influenced perceptions of perceived dangerousness in a sample of undergraduate students. Participants were asked to rate the perceived level of dangerousness of a defendant diagnosed with psychopathy in comparison to a defendant diagnosed with psychosis or a control condition with no diagnosis. The results showed that a defendant given a diagnosis of psychopathy was viewed as significantly more dangerous than a defendant with no diagnosis, even though the case descriptions were identical apart from the diagnostic label (Edens et al., 2004). Interestingly, there was no significant difference in the perceived dangerousness between a psychopathy and psychosis diagnoses (Edens et al., 2004). In a similar study by Edens et al. (2005), individuals diagnosed with psychopathy by a mental health expert, were rated significantly more dangerous than individuals diagnosed with a psychotic disorder. A recent meta-analysis by Berryessa and Wohlstetter (2019) confirms that offenders with a psychopathic label are considered more dangerous than offenders without this label (Berryessa & Wohlstetter, 2019).

Interestingly, several studies noted that a description of psychopathic symptoms had more of an impact than the actual diagnosis (Edens et al., 2005). The results showed that offenders were perceived as significantly more dangerous when psychopathic characteristics were presented along with the label (Berryessa & Wohlstetter, 2019). Notably, psychopathy was considered significantly more dangerous than antisocial personality disorder (ASPD; Berryessa

& Wohlstetter, 2019). Similar results were obtained in a study examining the impact of the

psychopathy label on perceptions of future violence risk in a juvenile offender. The results

showed that information about a history of antisocial behaviour or the presence of psychopathic

personality traits influenced the perceived level of risk more so than just the diagnostic label

itself (Boccaccini et al., 2008).

Other research has examined public opinions about sentencing in relation to offenders

with psychopathy. A meta-analysis conducted by Berryessa and Wohlstetter (2019) found that

across studies, the psychopathy label led to significantly more support for punitive sentencing

and punishment outcomes. For example, Cox et al. (2016) examined the attitudes of community

members about punishments for individuals with PPD in cases of white-collar crime. The results

showed a positive relationship between psychopathy ratings and punishment severity. In other

words, defendants receiving higher ratings on psychopathy traits (specifically lack of remorse)

were recommended to receive harsher sentences (Cox et al., 2016).

A few studies have examined the influence of psychopathy in relation to capital

sentencing. While capital sentencing is not a legal issue in Canada, the research nevertheless

gives us insight into how PPD influences the public's view of sentencing options. A study by

Edens et al. (2005) demonstrated that perceived personality traits historically associated with

psychopathy (e.g. callousness, egocentricity) were associated with a greater likelihood of

supporting the imposition of capital punishment (Edens et al., 2005). Similarly, a study by Cox et

al. (2013) revealed that participants were more likely to support the death verdict when the

defendant exhibited affective and interpersonal traits, especially, remorselessness. Interestingly,

behavioural traits such as impulsivity and irresponsibility were negatively related to death verdict

outcomes (Cox et al., 2013). In comparison, another study found that participants were

significantly more likely to impose a death sentence when the defendant was considered a high

risk for future violence, regardless of whether or not the defendant was diagnosed with

psychopathy (Cox et al., 2010). Notably, a study by Edens et al. (2003) found that relatively few

individuals supported sentencing a juvenile with a psychopathic personality to death (Edens et al.,

2003). As such, these studies replicate the findings elsewhere that show the public tends to favour

harsher, more punitive sentences for people with psychopathy.

Finally, a number of studies have explored public perceptions regarding whether

psychopathy can be treated. A study by Smith et al. (2014) considered how the presence of

psychopathy traits influenced lay perceptions regarding treatment amenability in a sample of

community members. The results showed that some participants thought these individuals can

change or be cured via treatment, while others did not (Smith et al., 2014). Similarly, Helfgott

(1997) found that community members were more likely to agree that individuals with

psychopathic personalities cannot change.

Additionally, Furnham et al. (2009) conducted a study focused on lay perceptions of

treatment amenability of individuals with psychopathy. The results showed that community

members generally endorsed the view that psychopathy was treatable as opposed to untreatable,

but they were conflicted regarding the effectiveness of treatment and whether treatment could

cure psychopathy (Furnham et al., 2009). Further, a study by Smith et al. (2014) found that,

overall, participants showed negative attitudes regarding the possibility of rehabilitation for

individuals with psychopathy (Smith et al., 2014). Similarly, a meta-analysis conducted by

Berryessa and Wohlstetter (2019) found that across 22 studies, the psychopathy label reduced

optimism regarding the potential for treatment. Interestingly, this study also found that juvenile

offenders with the psychopathy label were viewed as significantly less treatable than adult

offenders with the psychopathy label. Despite the public's general pessimism surrounding the treatment of psychopathy, a study by Helfgott (1997) showed that 59% of participants indicated that psychopathic personalities should receive treatment. Overall, most of the research reports that the public believes people with psychopathy are difficult to treat.

<u>Summary of the empirical literature</u>

Several notable findings emerged from the literature reviewed above. Firstly, the clinical construct of psychopathy has evolved over time. While there appears to be a general consensus over the core symptoms associated with the disorder, debate persists regarding the significance of antisocial and criminal behaviours. Some clinicians and researchers argue that antisocial and criminal symptoms of psychopathy are a central component of the disorder, while others disagree. Further, despite criticisms, the PCL-R, developed by Hare, has become the most prominent and widely used diagnostic tool for measuring psychopathy.

Secondly, survey research reveals that popular entertainment media has become one of the public's primary sources of information about psychopathy. Unfortunately, research indicates that media portrayals of psychopathy are frequently inaccurate, unrealistic, and overly dramatized. Perhaps due to these media portrayals, the public typically associates psychopathy with infamous serial killers, violence, and severe mental disorders. Research shows that laypersons' perceptions of psychopathy are more accurate with respect to the affective and interpersonal symptoms central to the construct of psychopathy, but they tend to overlook behavioural symptoms and mistakenly identify other uncharacteristic traits such as high intelligence and psychosis.

Third, the presence of psychopathic personalities appears to influence public perceptions of various issues of relevance within the criminal justice system. Research shows that people do

not think individuals with psychopathy should qualify for the insanity defence, which may be due to the public's belief that these individuals know the difference between right and wrong. Current research also reports a positive relationship between psychopathy and public perceptions of risk and dangerousness. In addition, to the public favours harsher, more punitive sentencing outcomes in relation to psychopathy. Lastly, research reports mixed findings surrounding lay perceptions of treatment amenability in relation to psychopathic personalities. Overall, current studies suggest that both the label of psychopathy and presence of psychopathic traits seem to be related to negative public opinions about how these individuals should be managed by the criminal justice system.

While current findings help us understand public perceptions of psychopathy and their potential to influence criminal justice systems issues, the research has several limitations. One limitation is that most studies were conducted within the United States and, in some cases, pertain to legal outcomes such as capital punishment that do not exist in Canada. Second, most of the studies were conducted ten to twenty years ago. Both technology and the types of media the public relies on have changed dramatically during this period. Specifically, the public relies less on traditional forms of media, such as newspapers and news reports, and more on social media, online platforms, and television for information about psychopathy. The potential impact of these changes on the public's perceptions of psychopathy is unknown.

In addition, much of the current research has focused on mental health expert testimony and its impact on public perceptions of psychopathy in relation to various criminal justice system issues. Relatively few studies have examined the accuracy of the public's perceptions of the clinical construct of psychopathy and, in particular, whether they are able to distinguish it from other major mental disorders. Understanding the public's perception of psychopathy is important

because it has the potential to impact public policy. For instance, public opinions can influence political platforms and help shape legislative bills or reform public policy. Overall, while current literature is informative, several gaps exist which warrant empirical investigation.

The Present Study

The purpose of this study is to explore public perceptions of psychopathy and its possible influence on criminal justice system-related issues in Canada. In particular, this study has three main aims. The first objective is to gain further insight into where the public receives information about psychopathic personality disorder. Secondly, it will investigate the accuracy of participant perceptions of the clinical presentation of psychopathy. It will also examine whether individuals can distinguish symptoms of psychopathy from other psychological disorders, such as schizophrenia or psychosis, and how the presence or absence of violence influences people's perceptions of psychopathy. Lastly, this study will explore the extent to which psychopathy influences people's opinions about the appropriate management and treatment of offenders by the criminal justice system.

METHODS

Participants

Study participants consisted of students attending Kwantlen Polytechnic University who were recruited through several means. First, the study was made available to students enrolled in the Psychology department's research pool, SONA. Students who choose to enroll in SONA are given the opportunity to participate in a university research project and are eligible to receive 0.5% credit for their participation which can be put towards their grade in one of their courses. Second, one of the researchers made classroom visits, approved by the course instructor, during which the researcher briefly described the study and invited students to participate by using a QR

code or link to the online survey. Lastly, recruitment posters were displayed at various locations on the university campus. The posters displayed the title "Wanted! Participants to take part in a research study" and provided a brief description of the study as well as a QR code and link to the online survey. The inclusion criteria for participation in the study were Canadian residency, 18 years of age or older, and English as a primary language. There were no exclusion criteria. Participants in the study completed a short online survey hosted on the online platform Qualtrics.

A total of 192 participants started the survey. Those who did not complete the study by clicking the "submit" button were considered to have withdrawn from the study and their data was not recorded. Of the 192 participants who initiated the study, four were excluded. One participant was excluded because they were not 18 years of age, two did not complete the consent procedures, and one participant left every survey response blank. Overall, 188 participants completed the study, yielding a 98% completion rate. The ages of participants ranged from 18 to 53 years old with a mean of 22.7 years ($SD = 5.8$). Most participants were female (74%), with a smaller percentage of participants who were male (22%) or other gender identities (4%). Just over half (54%) of participants had lived in Canada their entire life and only a relatively small portion (13%) had lived in Canada for one year or less. Unsurprisingly, a majority of participants (57%) stated they had some post-secondary education.

<u>Materials</u>

The online survey consisted of the following four main sections: (i) participant demographic information, (ii) sources of information on psychopathy, (iii) the symptoms representative of psychopathy, and (iv) opinions about the personality and management of a fictional individual who committed a crime. The demographic information section included basic questions about the participant's age, gender, highest level of education and so forth. The second

section of the survey collected details regarding participant exposure to information on psychopathy. Specifically, participants were asked whether they had previously learned about psychopathy and, if so, the nature of this information (e.g., popular fiction, true crime documentaries, educational materials) as well as how they had accessed it (e.g., books, streaming services, social media, in-person courses).

The symptoms of psychopathy section presented participants with 36 different psychological characteristics or symptoms. Eighteen of the psychological characteristics are widely recognized symptoms of psychopathic personality disorder. These characteristics were adapted from Hare's Psychopathy Checklist-Revised (Hare et al., 2018), arguably the most widely used measurement of psychopathy, and the Comprehensive Assessment of Psychopathic Personality (CAPP; Kreis et al., 2012), a newer personality-based model for assessing the disorder. As much as possible, an effort was made to select characteristics common to both measures. Also, care was taken to ensure an equal number of characteristics were presented to participants from the affective (6 symptoms), interpersonal (6 symptoms) and behavioural domains (6 symptoms). The remaining psychological characteristics comprised distractors. Distractor characteristics were identified from three sources. Some of the distractors were characteristics that previous research showed are frequently misidentified as symptoms of psychopathy. Other distractors were selected from the CAPP which included "foil" symptoms unrelated to the disorder. Finally, a few distractors reflect psychosis and other serious disturbances of thought and behaviour associated with major mental disorders such as schizophrenia (see Table 3 for a complete list of symptoms).

Table 3.

Psychological symptoms presented to participants

Psychological symptoms	
Psychopathy symptoms	Distractor symptoms
Lacks empathy for others – A	Unusual behaviour
Uncaring – A	Socially withdrawn
Lack of remorse – A	Obsessive
Lacks emotional depth – A	Delusions (i.e., false beliefs)
Lacks anxiety, fearless – A	Paranoid ideas
Emotionally detached or cold – A	High intelligence
Sense of entitlement – I	Strange
High sense of self-worth – I	Hallucinations (i.e., seeing/hearing things that are not real)
Self-centered – I	Disorganized or confused thinking
Insincere – I	Perfectionist
Manipulative – I	Nonsensical or disorganized speed
Deceitful or pathological lying – I	Self-conscious
Impulsive behaviour – B	Restrained
Childhood behavioural problems – B	Cautious
Aggressive – B	Dependent
Need for excitement – B	Shy
Lack of realistic long-term goals – B	Conscientious
Irresponsible – B	Considerate

Notes. A = affective psychopathy symptom; I = interpersonal psychopathy symptom; B = behavioural psychopathy symptom.

Participants were first asked to identify all symptoms they believed to be representative of a psychopathic personality. Secondly, participants were asked to select five traits they

believed were the most prototypical of the disorder. The presentation of the symptoms was randomized using Qualtrics random assignment function to avoid any influence the order might have on the selection of individual symptoms.

Vignettes

The next part of the survey instructed participants to read a short, fictional vignette describing a perpetrator committing a crime. The study utilized a 2 x 2 experimental design. The independent variables manipulated in the vignettes were (1) the type of crime committed (violent or non-violent), and (2) the psychological symptoms of the person who committed the crime (psychopathy or schizophrenia). Thus, participants were randomly assigned to read a vignette corresponding to one of four conditions: (1) a violent crime committed by someone with symptoms of psychopathy, (2) a violent crime committed by someone with symptoms of schizophrenia, (3) a non-violent crime committed by someone with symptoms of psychopathy, and (4) a non-violent crime committed by someone with symptoms of schizophrenia.

The violent scenario involved a stabbing in a street. The non-violent scenario involved an individual breaking into a motor vehicle and stealing some of the contents. The psychological symptoms of psychopathy or schizophrenia were presented by describing the words and actions of the perpetrator when he was apprehended by police and historical information reported by his mother. Care was taken to ensure that the conditions used comparable language, had similar word counts, and presented a similar number of psychological symptoms (see Table 4). The full vignettes are provided in Appendix A.

Table 4.

Experimental conditions

Study Condition	Symptoms	Crime description	Word count
Psychopathy/ violent	Lacks remorse, impulsive, unreliable, manipulating, emotionally cold, self-centered.	Stabbing in a street	227
Schizophrenia/ violent	Disorganized or confused thinking, paranoid ideas, delusions, hallucinations, socially withdrawn, unusual behaviour.	Stabbing in a street	229
Psychopathy/ non-violent	Lacks remorse, impulsive, unreliable, manipulating, emotionally cold, self-centered.	Breaking into a motor vehicle and theft.	219
Schizophrenia/ non-violent	Disorganized or confused thinking, paranoid ideas, delusions, hallucinations, socially withdrawn, unusual behaviour.	Breaking into a motor vehicle and theft.	221

After participants finished reading the vignette, they were presented with the dependent variables for this study. Participants were asked a series of questions about the individual in the scenario. The key dependent measure was the participant's rating of how closely the person in the vignette resembled someone with a psychopathic personality. Other dependent measures asked about how the person in the vignette should be treated by the criminal justice system (see Table 5). Participants rated each of their responses on an eleven-point scale ranging from 0 to 10. The one exception to this format was a question regarding the minimum number of years the individual should be confined, which ranged from 'should not be confined at all' to "100 years".

Table 5.

Dependent variables

Dependent variables	Rating scales
In your opinion, how closely does the person in the scenario resemble someone with a psychopathic personality?	0 = not at all; 10 = exact match
In your opinion, how responsible is the person in the scenario for their actions?	0 = not at all; 10 = fully responsible
In your opinion, to what extent was the person in the scenario aware that their actions were wrong?	0 = not at all; 10 = fully aware
In your opinion, to what extent does the person in the scenario deserve to be punished?	0 = not at all; 10 = very deserving
In your opinion, how mentally ill was the person in the scenario when the crime was committed?	0 = not at all; 10 = very mentally ill
To what extent do you agree the person in the scenario should be found not guilty by reason of insanity?	0 = not at all; 10 = fully agree
In your opinion, how likely is the person in the scenario to commit another crime?	0 = not at all; 10 = very likely
In your opinion, how dangerous is the person in the scenario?	0 = not at all; 10 = very dangerous
In your opinion, what is the minimum number of years the person in the scenario should be confined?	Should not be locked up; 100 years
In your opinion, to what extent is the person in the scenario treatable?	0 = not at all; 10 = very treatable

Procedure

Prospective participants for this study either scanned a QR code or clicked on an electronic link to access the online study. Each participant was presented with a consent form that needed to be completed to begin the survey. The survey was hosted on Qualtrics. Once participants completed sections one through three of the survey, they were randomly assigned to

one of the four vignette conditions using Qualtrics random assignment function. Once the

participants completed all the questions, they were presented with a 'submit results' button,

which, when clicked, resulted in their data being recorded. The full study instrument is provided

in Appendix B.

<u>Ethical Considerations</u>

Participation in the study was voluntary and all prospective participants were informed of their

right to withdraw at any time until their responses were submitted. The survey responses

provided were collected through a KPU-licensed online platform called Qualtrics, which uses a

server located in Canada and allows for participant anonymity. All data collected from the study

remained confidential and was stored on the principal investigator's KPU OneDrive account,

which is password protected. As the study was conducted online, the privacy risks associated

with it are comparable to those associated with day-to-day online activities. The information

presented in the study was similar to what might be seen or heard in the news or on television,

however, it was possible that some people might still find it upsetting. If participants decided to

participate in the study and subsequently felt uncomfortable, they could withdraw at any time

before submitting their responses. Additionally, participants were provided with a list of support

resources.

RESULTS

<u>Sources of information on psychopathy</u>

One aim of this study was to explore the sources that informed participants'

understanding of psychopathy. The survey distinguished between (1) the type or nature of the

information and (2) how participants accessed this information. First, participants were presented

with different types of information in a drop-down menu and asked to select all that applied.

Secondly, based on their previous selections, participants were asked to choose the one main source they relied on for information about psychopathy. The greatest percentage of participants (82.4%) reported learning about psychopathy from educational material/presentations which also proved to be the most common main source of information relied on by the sample (see Table 6 for complete results). Other sources, such as popular fiction and true crime/documentaries, were also commonly reported, while traditional news reports were identified by only half the sample. Only a very small percentage of respondents (6.9%) indicated that they had never learned about psychopathy.

Table 6.

Type of information source used by participants

Type of information	All sources		Main source[a]	
	n	%	n	%
Educational materials/presentations	155	82.4	86	49.4
True crime/documentaries	140	74.5	54	31.0
Popular fiction	116	61.7	20	11.5
News reports	94	50.0	8	4.6
Other	11	5.9	6	3.4

Notes. $N = 188$. [a]$N = 174$ due to missing values.

Next, participants were asked how they accessed information about psychopathy. They were presented a drop-down menu and asked to select all the different methods of accessing information that applied to them. As before, participants were asked to choose which of their previous selections was their primary means of accessing information on psychopathy. The most

common method of accessing information about psychopathy was through streaming services

(62.2%). Other forms of electronic communications such as Youtube, websites and social media

were identified by 45-55% of the sample. Despite the popularity of electronic communications,

most participants (30.9%) selected "in-person courses or workshops" as their main method of

accessing information (see Table 7 for complete results).

Table 7.

How participants accessed information about psychopathy

Method of access	All ways of accessing information		Main way of accessing information[a]	
	n	%	n	%
Books, magazines or other print sources	96	51.1	14	8.0
Cable Television	61	32.4	4	2.3
Streaming Services	117	62.2	40	22.9
Podcasts	71	37.8	5	2.9
Youtube	104	55.3	21	12.0
Websites	86	45.7	13	7.4
Social media	87	46.3	14	8.0
In-person courses or workshops	97	51.6	54	30.9
Online courses or workshops	67	35.6	9	5.1
Other	3	1.6	1	0.6

Notes. $N = 188$. [a]$N = 175$ due to missing values.

Since the study was conducted at a university, the survey asked whether participants had

ever learned about psychopathy in a course. Overall, 68.6% of participants reported that they had

taken a university course containing information about psychopathy, 20.0% reported they had not, and 11.4% were unsure. Of the respondents who had taken a university course about psychopathy, most indicated it related to the fields of either "psychology" (57.4%) or criminology (29.3%). Since the PCL-R is probably the most widely known clinical diagnostic tool, the extent to which it is recognizable provides a rough measure of the respondents' familiarity with the disorder of psychopathy. The majority of participants (52.1%) reported that they were not familiar with the PCL-R, while 25.0% reported they were, and 22.9% were unsure.

Symptoms representative of psychopathy

Another objective of this study was to explore the symptoms or characteristics that the public associates with psychopathic personalities. First, participants were asked to select all the symptoms they believed are representative of psychopathy from a list of 36 possibilities presented in a drop-down menu. Eighteen of the symptoms reflected psychopathy while the other half consisted of distractors. As a general measure of how well participants could accurately identify symptoms of psychopathy, counts were made of the number of psychopathy symptoms endorsed by participants and the number of distractor symptoms that participants endorsed. On average, participants identified more than half of the psychopathy symptoms *(M*=10.2, *SD*=4.17). Participants also mistakenly identified distractor symptoms (*M*=4.44, *SD*=3.46), demonstrating some confusion surrounding the recognized clinical picture of psychopathy. These results are displayed in Figure 1.

Past research reported that the public is often better able to identify affective and interpersonal symptoms of psychopathy, but they do more poorly at recognizing behavioural symptoms. To investigate this possibility, the number of affective, interpersonal, and behavioural symptoms endorsed by participants were examined. Consistent with previous studies,

respondents identified a higher mean number of the affective (*M*=4.11, *SD*=1.58) and

interpersonal symptoms (*M*=3.28, *SD*=1.86), and a lower number of behavioural symptoms

(*M*=2.82, *SD*= 1.69).

Figure 1: Mean number of symptoms endorsed
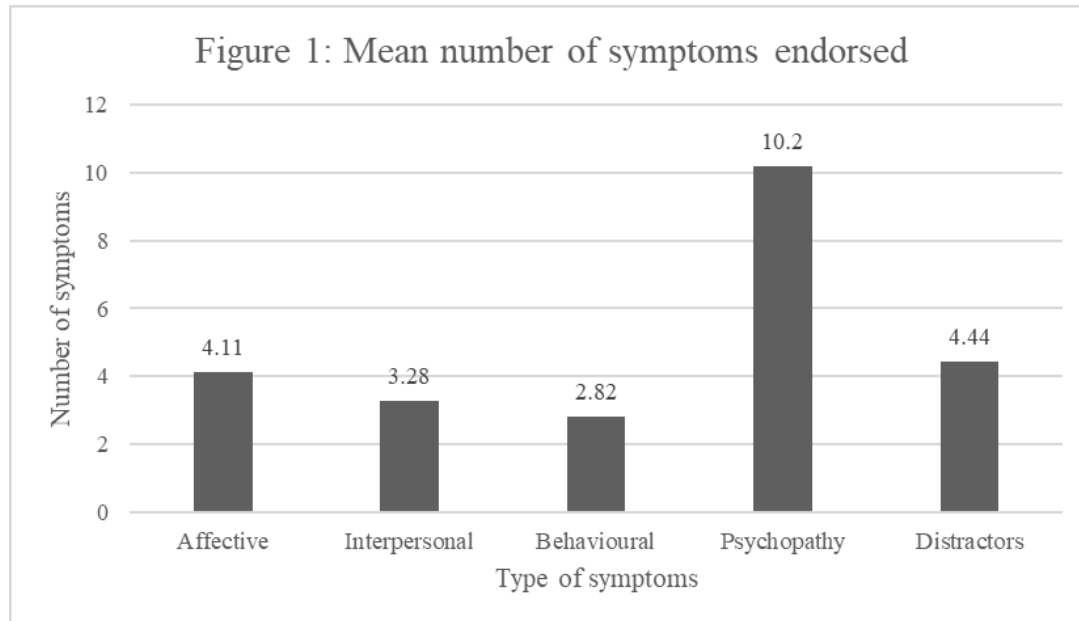
Because a large proportion of the sample indicated they had learned about psychopathy in

a university course, analyses were undertaken to explore whether this educational experience

impacted the ability to correctly identify symptoms. A series of t-tests were performed across the

different types of symptoms, comparing participants who had taken a university course about

psychopathy versus those who had not. The results of these analyses are displayed in Table 8. In

general, the trend in the results indicates that learning about psychopathy in a course improved

identification. On average, the educated participants identified slightly more affective,

interpersonal, and behavioural symptoms of psychopathy than the non-educated participants.

They also demonstrated a tendency to endorse fewer distractor symptoms on average. These

results suggest the educated participants tended to be more accurate in their identification of

symptoms, however, these differences were not statistically significant (*p*<0.05). When the

average total number of psychopathy symptoms was compared, however, educated participants correctly identified a significantly greater number than the non-educated participants (see Table 8).

Table 8.

Mean number of symptoms endorsed by education about psychopathy

Type of symptom	Educated		Non-Educated		*t*	*p*
	M	*SD*	*M*	*SD*		
Affective	4.32	1.48	3.74	1.68	2.47	0.15
Interpersonal	3.48	1.81	2.91	1.91	2.04	0.43
Behavioural	3.00	1.67	2.50	1.71	1.96	0.51
Total psychopathy symptoms	10.80	4.03	9.15	4.24	2.65	**0.09**
Total distractor symptoms	4.23	3.35	4.82	3.64	-1.14	0.26

Notes. Bold font indicates statistically significant differences (p<0.05). Educated n=120. Non-educated n=68

Descriptive statistics were also generated for the 36 individual psychological symptoms. Tables 9 and 10 display the number and percentage of participants endorsing each of the 18 individual psychopathy and distractor symptoms. In addition, these tables report the symptoms participants identified as "the five most representative of psychopathy". The responses to this latter question presumably reflect the symptoms that participants perceive to be the essence or "core" of the disorder. A number of the results are noteworthy. The six most commonly endorsed symptoms were either affective or interpersonal in nature. The affective symptoms endorsed were, "lacks empathy for others," "lack of remorse," "lacks emotional depth," and "emotionally detached or cold." The interpersonal symptoms endorsed were "manipulative," and "deceitful or

pathological lying." Overall, the single most endorsed symptom was "lacks empathy for others" (88.3%). Behavioural symptoms, on the other hand, were less commonly identified. In fact, the three least endorsed symptoms were all behavioural in nature and included: "need for excitement," "lack of realistic long-term goals," and "irresponsible." The one notable exception to the trend toward overlooking behavioural symptoms was "impulsive behaviour" which was endorsed by slightly over 70% of the participants (70.7%).

Table 9.

Psychopathy symptoms endorsed by participants

Symptom	Endorsed		Endorsed as top five most representative	
	n	%	n	%
Lacks empathy for others – A	166	88.3	112	59.6
Manipulative – I	148	78.7	82	43.6
Lack of remorse – A	144	76.6	92	48.9
Lacks emotional depth – A	138	73.4	51	27.1
Deceitful or pathological lying – I	135	71.8	65	34.6
Emotionally detached and cold – A	134	71.3	65	34.6
Impulsive behaviour – B	133	70.7	54	28.7
Childhood behavioural problems – B	121	64.4	39	20.7
Self-centered – I	103	54.8	23	12.2
Aggressive – B	98	52.1	32	17.0
Uncaring – A	97	51.6	10	5.3
Lacks anxiety, fearless – A	93	49.5	20	10.6
Sense of entitlement – I	84	44.7	12	6.4
High sense of self-worth – I	74	39.4	22	11.7
Insincere – I	72	38.3	8	4.3
Need for excitement – B	63	33.5	11	5.9
Lack of realistic long-term goals – B	59	31.4	10	5.3
Irresponsible – B	56	29.8	10	5.3

Notes. N = 188. A = affective psychopathy symptom; I = interpersonal psychopathy symptom; B = behavioural psychopathy symptom.

In general, distractor traits were endorsed less frequently, however, over half of participants endorsed "unusual behaviour" (54.8%) as a symptom of psychopathy. Further, a

small, but notable minority of participants associated signs of very disturbed psychopathology

with psychopathy such as "delusions," "hallucinations," and "disturbed thinking." Of particular

note, approximately 1 in 10 participants believed delusions and hallucinations were among the

top five most representative symptoms of psychopathy. Table 10 displays the number and

percentage of participants endorsing each of the 18 distractor symptoms.

Table 10.

Distractors endorsed by participants

Distractor	Endorsed		Endorsed as top five most representative	
	n	%	n	%
Unusual behaviour	103	54.8	27	14.4
Socially withdrawn	96	51.1	28	14.9
Obsessive	91	48.4	23	12.2
Delusions (i.e., false beliefs)	84	44.7	18	9.6
Paranoid ideas	68	36.2	25	13.3
High intelligence	66	35.1	19	10.1
Strange	60	31.9	5	2.7
Hallucinations (i.e., seeing/hearing things that are not real)	54	28.7	17	9.0
Disorganized or confused thinking	45	23.9	8	4.3
Perfectionist	33	17.6	2	1.1
Nonsensical or disorganized speech	27	14.4	3	1.6
Self-conscious	26	13.8	4	2.1
Restrained	21	11.2	1	0.5
Cautious	18	9.6	3	1.6
Dependent	14	7.4	3	1.6
Shy	14	7.4	0	0.0
Conscientious	11	5.9	2	1.1
Considerate	4	2.1	0	0.0

Notes. N = 188.

The influence of violent criminal behaviour on perceptions of psychopathy

One of the project's main aims was to investigate the public's ability to recognize the clinical presentation of psychopathy and the extent to which it was influenced by the presence or absence of violent criminal behaviour. Participant ratings of psychopathy across the four study conditions revealed the psychopathy/violent condition had the highest mean rating (M=9.00, SD=1.73). The second highest rating was the psychopathy/non-violent condition with a mean of 7.09 (SD=1.80). The mean for the schizophrenia/violent condition was 6.39 (SD=3.28), and the schizophrenia/non-violent condition showed the lowest results with a mean rating of 5.20 (SD=2.58; See Figure 2).

Figure 2: Mean psychopathy ratings by study conditions.
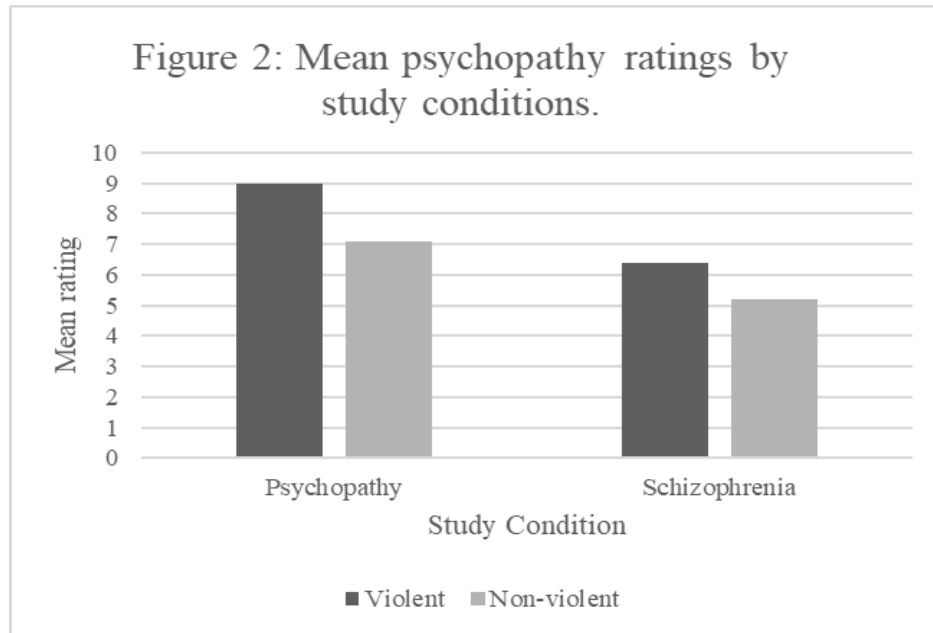
A one-way ANOVA was performed comparing the mean ratings of psychopathy across the four study conditions. It revealed a significant difference among the four conditions (F=20.64, p<0.5). Post-hoc tests were performed using Scheffe's test to determine which conditions were significantly different from one another. Participants in the psychopathy/violent condition gave a significantly higher mean rating compared to participants in the schizophrenia/violent condition (9.00 versus 6.39, p=0.000), the psychopathy/non-violent

condition ($p=0.002$), and the schizophrenia/non-violent condition ($p=0.000$). The only other conditions that were significantly different from one another were the psychopathy/non-violent and the schizophrenia/non-violent conditions (7.09 versus 5.20, $p=0.003$). Collectively, participants generally gave higher ratings for both psychopathy conditions compared to the schizophrenia conditions. Also, these results indicate that the presence of violence significantly impacted participant ratings.

Relationship between psychopathy ratings and opinions on criminal justice system issues

To explore how the influence of psychopathy on opinions related to the criminal justice system, Pearson correlations were calculated between psychopathy ratings of the individual in the vignette and participant opinions on various criminal justice system issues. In general, significant relationships existed between ratings of psychopathy and all the opinions with the exception of the question about "[h]ow mentally ill was the person in the scenario when the crime was committed?" The results of these correlations are displayed in Table 11. Most of the correlations were positive, indicating that higher psychopathy ratings were associated with stronger endorsements of the opinion. In general, the results revealed that the more participants believed the individual in the scenario resembled someone with a psychopathic personality, the more they felt the individual was responsible and dangerous and should be punished. Negative correlations were only found for two questions: "Do you agree the person in the scenario should be found not guilty by reason of insanity?" and "To what extent is the person in the scenario treatable?". These findings indicate that higher psychopathy ratings were associated with lower agreement. In general, the results revealed that the more participants believed the individual in the scenario resembled someone with a psychopathic personality, the less they felt the individual was treatable and deserving of the insanity defense.

Table 11.

Correlations between psychopathy ratings and opinions on the criminal justice system issues

Opinion	Pearson r	p
1. How responsible is the person in the scenario for their actions (0 = not at all; 10 = fully responsible)	0.436	**0.000**
2. To what extent was the person in the scenario aware that their actions were wrong (0 = not at all; 10 = fully aware)	0.176	**0.016**
3. To what extent does the person in the scenario deserve to be punished (0 = not at all; 10 = very deserving)	0.528	**0.000**
4. How mentally ill was the person in the scenario when the crime was committed (0 = not at all; 10 = very mentally ill)	0.087	0.235
5. Do you agree the person in the scenario should be found not guilty by reason of insanity (0 = not at all; 10 = fully agree)	-0.265	**0.000**
6. How likely is the person in the scenario to commit another crime (0 = not at all; 10 = very likely)	0.353	**0.000**
7. How dangerous is the person in the scenario (0 = not at all; 10 = very dangerous)	0.398	**0.000**
8. To what extent is the person in the scenario treatable (0 = not at all; 10 = very treatable)	-0.390	**0.000**
9. What is the minimum number of years the person in the scenario should be confined (should not be confined; 100 years)	0.336	**0.000**

Notes. N=188. Bolded font indicates statistically significant results (*p*<.05).

One-way ANOVAs were performed comparing the mean criminal justice system opinion ratings across the four study conditions. To determine which conditions were significantly different from one another, post-hoc analyses were conducted using Scheffe's test. The results are displayed in Table 12. The analyses revealed statistically significant differences for all ten opinions. Overall, the trend in the results indicated that participants in the psychopathy conditions expressed stronger agreement with the opinions on average than the schizophrenia

conditions in relation to responsibility, punishment, and dangerousness. On average, participants in the psychopathy conditions also expressed significantly lower agreement with respect to opinions regarding the individual's level of mental illness and treatability.

Table 12.

Mean opinion ratings across the four study conditions.

Criminal justice opinions	Psych. Violent	Schiz. Violent	Psych. Non-vio	Schiz. Non-vio	F	p
	$M(SD)$	$M(SD)$	$M(SD)$	$M(SD)$		
1. Responsible for actions	9.06(2.80)[ab]	6.93(3.00)[ac]	8.81(2.56)[cd]	6.33(2.43)[bd]	11.83	**0.000**
2. Aware actions were wrong	6.67(3.33)[ab]	5.20(2.63)[ac]	7.66(2.91)[cd]	4.67(2.38)[bd]	10.79	**0.000**
3. Deserve to be punished	9.24(2.11)[ab]	7.20(2.92)[ac]	8.72(2.04)[cd]	6.11(2.21)[bd]	17.67	**0.000**
4. How mentally ill	8.49(2.44)[a]	8.87(2.33)[b]	6.60(2.35)[abc]	8.72(1.76)[c]	10.50	**0.000**
5. Not guilty by reason of insanity	4.31(2.93)[ab]	6.15(3.14)[ac]	4.11(2.60)[cd]	6.50(2.47)[bd]	9.13	**0.000**
6. Commit another crime	9.57(1.80)[a]	9.24(1.95)	9.21(2.16)	8.39(1.76)[a]	3.20	**0.025**
7. How dangerous	9.78(1.75)[ab]	9.52(1.74)[cd]	7.00(1.85)[ac]	7.07(2.21)[bd]	30.19	**0.000**
8. Treatability	5.78(2.28)[abc]	7.04(2.44)[a]	7.04(2.18)[b]	7.91(1.76)[c]	7.79	**0.000**
9. Minimum years of confinement	25.63(27.56)[ab]	19.91(28.00)[cd]	2.82(3.61)[ac]	3.22(8.38)[bd]	15.48	**0.000**
10. Resemble psychopathy	9.00(1.73)[a]	6.39(3.28)[a]	7.09(1.80)[ab]	5.20(2.58)[ab]	20.64	**0.000**

Notes. psychopathy/violent n= 49; schizophrenia/violent n= 46; psychopathy/non-violent n=47; schizophrenia/non-violent n =46. Results with the same superscript are statistically significant (p<0.05).

DISCUSSION

The first objective of this study was to gain further insight into where the public receives their information about psychopathy. In general, the results showed that most participants learned about psychopathy from educational materials or presentations, with many identifying it as their primary source of information about psychopathy. These results differ from previous

research. Earlier studies reported that the primary source of information regarding psychopathy was the news and education accounted for a lower percentage of respondents (Helfgott, 2013; Keesler & Dematteo, 2017). These findings are most likely due to this study's sample of university students, whereas previous research used samples more representative of the general public.

Differences also emerged with respect to how participants in the current study accessed information regarding psychopathy. Most participants identified accessing this information through streaming services such as Netflix. These results are understandable, given the shift toward streaming services, social media, and other online platforms for disseminating information. The findings also align with the existing body of research showing that the public tends to learn about psychopathy through representations in films and television (Keesler & Dematteo, 2017; Smith et al., 2014). At present, little is known about how psychopathy is portrayed in social media so it is unclear whether the shift to these sources means the public's understanding of psychopathy will get better, worse, or remain much the same.

Another objective of this study was to investigate the accuracy of participants' perceptions of the clinical presentation of psychopathy. Previous research noted that the public tends to recognize the core affective and interpersonal symptoms of psychopathy more so than behavioural symptoms (Cox et al., 2013; Edens et al., 2013; Keesler & Dematteo, 2017; Smith et al., 2014). The results replicated these previous findings. Participants in this study were most likely to identify affective symptoms, such as "lack of empathy" and "lack of remorse" followed closely by the interpersonal symptoms "manipulative," and "deceitful." Much like previous research demonstrates, media representations tend to emphasize affective and interpersonal

symptoms of psychopathy and omit behavioural symptoms (Davis et al., 2020). Therefore, this study's findings are likely a reflection of media portrayals of psychopathic personalities.

When comparing participants who had previous education about psychopathy versus those who had not, findings were consistent with previous studies. In particular, the results revealed that learning about psychopathy at university improved the identification of psychopathy symptoms. Specifically, participants who had taken a relevant university course identified more psychopathy symptoms, on average, than those who had not. Interestingly, however, the findings revealed that those who had taken a university course about psychopathy were just as likely as other participants to endorse distractor symptoms like delusions and hallucinations. These findings mirror previous studies reporting that laypersons could generally recognize core affective and interpersonal symptoms of psychopathy, but they also tended to misidentify distractor symptoms (Edens et al., 2013; Furnham et al., 2009; Keelser & Dematteo, 2017; Smith et al., 2014).

A third objective of this study was to investigate whether individuals could distinguish psychopathy from other psychological disorders, such as schizophrenia. In general, the results showed that the sample as a whole recognized differences between the clinical descriptions of psychopathy and schizophrenia. When asked about how closely the person in the scenario resembled someone with a psychopathic personality, participants in the two psychopathy conditions gave higher average ratings than participants in the two schizophrenia conditions. One of the most notable findings that came out of this study was that the presence or absence of violence significantly impacted participants' perceptions of psychopathy. Compared to the psychopathy/non-violent condition, the psychopathy/violent condition was rated as significantly more psychopathic. Similar results were found when comparing the schizophrenia/non-violent

conditions and the schizophrenia/violent condition. These findings reflect previous findings that laypersons tend to associate psychopathy with violence more so than other psychological conditions (Davis et al., 2020; Helfgott, 2013; Keesler & Dematteo, 2017).

Finally, this project also explored the extent to which psychopathy influences people's opinions about the appropriate management and treatment of offenders within the criminal justice system. The results demonstrated that the presence of psychopathy symptoms strongly influenced how the public believes offenders should be treated in the criminal justice system. In general, participant perceptions of psychopathy were associated with more negative impressions and harsher responses. The correlation analyses revealed that higher ratings of psychopathy were positively associated with perceptions of dangerousness and responsibility and the view that the offender deserves to be punished and should be confined for longer. Relatedly, group comparisons revealed that participants exposed to the psychopathy/violent condition viewed the offender as less treatable and less deserving of the insanity defense. A similar pattern of results was found in previous empirical investigations. Earlier studies reported that the perceived presence of psychopathic characteristics was associated with negative attitudes among lay people and increased support for more punitive legal consequences (Berryessa & Wohlstetter, 2019; Boccaccini et al., 2008; Cox et al., 2010; Cox et al., 2016; Edens et al., 2003; Helfgott, 2013; Keesler & Dematteo, 2017; Rulseh et al., 2017; Smith et al., 2014). The findings from this study demonstrate that preconceived impressions and negative attitudes toward psychopathic personalities strongly impact public opinion.

Overall, these findings may have important implications within the criminal justice system. In general, the results of this study demonstrate that the more psychopathic an individual is perceived to be, the more the public favours harsher punishments. Further, while the public

generally understands the clinical description of psychopathy, they often confuse its symptoms with those of other major mental disorders. In particular, the public often misidentifies major psychotic symptoms as indicative of psychopathy. Thus, it is probable that the public frequently confuses serious mental disorders with psychopathy, which may help explain the demand for harsher punishments in such cases, particularly when violence is involved. Thus, misconceptions about PPD can negatively influence public opinions and policy even about other disorders. For instance, based on this study's findings, public opinion is likely to support more punitive punishments for individuals they believe resemble psychopathic personalities. Further, the public may favour policymakers who advocate for more punitive criminal justice policies. These perceptions run the risk of shaping policies that may disproportionately punish individuals with severe mental disorders as well as those with psychopathy.

Strengths and limitations

The following section critically evaluates the study's strengths and limitations to provide an overview of its contributions and areas for future research. One strength of the current study is that it replicated findings observed in previous studies and, for the first time, extended them to a Canadian sample. It is also important to note that most of the previous research in this area was conducted over ten years ago and so this study was able to re-examine earlier findings in the context of contemporary Canadian society. Specifically, it was able to survey participants about their reliance on streaming services and social media that were not as widespread in years past and were largely unexplored in previous research.

While the current study contributes to our understanding of psychopathy and its potential to influence criminal justice system issues within a contemporary and Canadian context, the research has limitations. One major limitation of the current study is that it surveyed a sample of

convenience. The results are likely skewed because the sample consisted of university students which necessarily limits the findings' generalizability to the broader population. Many of the participants had previously learned about psychopathy through university courses and the findings revealed these students generally performed better at identifying the symptoms of psychopathy than other participants. Accordingly, it seems likely that if this same study was carried out amongst the general population, which is not as well educated on average as the current sample, the results would probably show lower levels of accuracy in identifying psychopathy symptoms. Additionally, this study only examined whether people could distinguish between psychopathy and schizophrenia, and it did not address other psychological conditions that the public might confuse with psychopathy. Lastly, this study explored where participants obtained information about psychopathy, however, the extent to which those sources shaped participants' perceptions or the specific processes or mechanisms responsible for shaping these perceptions cannot be determined from the results.

<u>Future directions</u>

The current study highlights several directions for future research. First, for the reason noted above, this study should be replicated with a more representative sample of the broader community in Canada. Second, future studies should also examine the accuracy of public perceptions of the clinical construct of psychopathy in comparison to symptomology common to various other psychological conditions. Third, as demonstrated in this study, changes in communications technology and forms of media over the last couple of decades have shifted, yet previous research of psychopathy has focused only on traditional media such as films. As a result, there is a need for future research exploring how psychopathy is portrayed in social media and other online platforms and their effect on public perceptions. Overall, while the current study

has limitations, it contributes to a small, but growing body of research on public perceptions of

psychopathy and its implications within the criminal justice system.

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APPENDICES

Appendix A: Case materials presented in each study condition

<u>**Violent/ Psychopathy Condition**</u>

John was involved in a street altercation. No one observed how it began, but several people in the vicinity looked over when they heard yelling. According to eyewitness accounts, they saw John pull out a large hunting knife and repeatedly stab the victim in the chest and face as the victim attempted to defend himself using only his bare hands. John continued to stab the victim even after he collapsed to the ground, only stopping when he appeared to be too exhausted to continue. The medical examiner confirmed the presence of defensive wounds on the victim's hands and at least 42 other stab wounds although the state of the body made it difficult to determine the precise number.

Police responding to numerous 911 calls apprehended John at the scene. They described John as appearing unfazed. When questioned by police about the incident, John told officers very calmly that his only regret was he would probably end up in the "slammer".

An interview with John's mother revealed her son is an impulsive drifter who has no goals in life. Although he has no difficulty getting jobs, John is usually fired because he is unreliable. As a result, he supports himself mostly by manipulating and deceiving others into lending him money which he never re-pays. Other people describe John as "emotionally cold" and someone who cares only about himself.

<u>**Violent/ Schizophrenia Condition**</u>

John was involved in a street altercation. No one observed how it began, but several people in the vicinity looked over when they heard yelling. According to eyewitness accounts, they saw John pull out a large hunting knife and repeatedly stab the victim in the chest and face as the victim attempted to defend himself using only his bare hands. John continued to stab the victim even after he collapsed to the ground, only stopping when he appeared to be too exhausted to continue. The medical examiner confirmed the presence of defensive wounds on the victim's hands and at least 42 other stab wounds although the state of the body made it difficult to determine the precise number.

Police responding to numerous 911 calls apprehended John at the scene. They described John as appearing confused. When questioned by police about the incident, John gave a rambling and bizarre response to officers which made several references to "people putting thoughts in his head".

An interview with John's mother revealed her son has a history of odd behavior and thinking. On one occasion, John disclosed to his mother that he was hearing voices and believed that he was being watched by foreign agents. He shows no motivation to do much of anything and leads a very isolated life that lacks social interaction. Other people describe John as someone who is "weird".

Non-Violent/ Psychopathy Condition

John was involved in a motor vehicle break-in. No one observed John break into the vehicle, but several people in the vicinity looked over when they heard the sound of the driver's side window being broken. According to eyewitness accounts, they saw John reach in through the broken window, unlock the door and climb inside the vehicle. Once inside, John dumped out the contents of a large handbag and placed several items from it inside his jacket. John continued to rummage through other belongings in the vehicle, only stopping when he appeared to have searched everything. The owner confirmed that a number of personal items were taken from the vehicle.

Police responding to numerous 911 calls apprehended John at the scene. They described John as appearing unfazed. When questioned by police about the incident, John told officers very calmly that his only regret was he would probably end up in the "slammer".

An interview with John's mother revealed her son is an impulsive drifter who has no goals in life. Although he has no difficulty getting jobs, John is usually fired because he is unreliable. As a result, he supports himself mostly by manipulating and deceiving others into lending him money which he never re-pays. Other people describe John as "emotionally cold" and someone who cares only about himself.

Non-Violent/ Schizophrenia Condition

John was involved in a motor vehicle break-in. No one observed John break into the vehicle, but several people in the vicinity looked over when they heard the sound of the driver's side window being broken. According to eyewitness accounts, they saw John reach in through the broken window, unlock the door and climb inside the vehicle. Once inside, John dumped out the contents of a large handbag and placed several items from it inside his jacket. John continued to rummage through other belongings in the vehicle, only stopping when he appeared to have searched everything. The owner confirmed that a number of personal items were taken from the vehicle.

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Appendix B: Survey Instrument

Research project title: Exploring laypersons perceptions of psychopathy and the implications within the Canadian criminal justice system.

Principal Investigator: Dr. David Lyon, KPU
Co-investigator: Lauren Kuss, KPU
Application number: KPU REB 2023-53

INVITATION: You are invited to participate in an online study. The study is being conducted in partial fulfilment of the requirements for a Degree in Criminology (Honours) at Kwantlen Polytechnic University (KPU).

PURPOSE: The purpose of this study is to survey members of the public about their perceptions of psychopathic personality disorder and its implications for the Canadian criminal justice system. The results of this research may be useful in understanding the role psychopathy has in the Canadian criminal justice system.

PROCEDURES: If you choose to participate in this study, you will be asked to provide demographic information about yourself and answer a series of questions about the characteristics of psychopathic personality disorder. You will also be presented with a short scenario of a fictional crime and asked for your opinions about the individual's personality and how the person should be treated by the Canadian criminal justice system. It will take approximately 10 minutes to read the scenario and complete the study.

VOLUNTARY PARTICIPATION: Your participation is voluntary. If you are a KPU student, your decision to participate or not in the study will have no impact on your education. You may withdraw from the study at any time by closing the web browser before clicking "submit". If you choose to withdraw at any point prior to clicking "submit" your data will be deleted, but once you click the "Submit" button at the end of the study you cannot withdraw your data. Student participants eligible for credits through SONA who wish to withdraw should click on the "skip question" button and proceed to the end of the survey.

LEGAL RIGHTS: By consenting to participate, you do not waive your rights to legal recourse in the event of research-related harm.

ANONYMITY AND CONFIDENTIALITY: The survey responses you provide will be collected through a KPU-licensed online platform called Qualtrics which uses a server located in Canada. You will not be asked for any directly identifying information although some demographic characteristics (e.g., age, gender) will be collected to understand how representative survey participants are of the broader community. Once the online study administration is completed, the data will be downloaded by the researchers and deleted from Qualtrics. All data collected from the study will remain confidential and will be stored on the KPU OneDrive account of the principal investigator which is password protected.

DATA RETENTION AND STORAGE: The study data will be stored for up to 5 years to permit future re-analysis of the data after which it will be permanently deleted.

RISKS OF PARTICIPATION: The study is being conducted online so there are risks to your privacy associated with participating which are comparable to other day-to-day online activities. As part of the study, you will read a scenario of a fictional crime that may involve violence. The information presented within the study is similar to what you might see or hear in the media, however, some people may still find it upsetting. If you decide to participate in the study and subsequently feel uncomfortable, you are free to withdraw.

BENEFITS OF PARTICIPATION: There are no direct benefits to you for participating in this study.

COMPENSATION: Participants in KPU courses whose instructors give bonus credit for research will receive a 0.5% credit for their participation. Bonus credit will still be awarded through the SONA research data pool should participants choose to withdraw from the study.

CONTACT INFORMATION: Should you have questions or concerns about this study or wish to request a summary of the results once it is complete, please email Lauren Kuss at: lauren.kuss@student.kpu.ca or the principal investigator, Dr. David Lyon, at: dave.lyon@kpu.ca.

CONTACT FOR ETHICS CONCERNS: If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the KPU Research Ethics Board at: reb@kpu.ca or (604)-599-3163.

It is possible that some participants may experience discomfort or distress after reading the description of the crime scenario:

If you are a KPU student, there are services available through the university's counselling services which can be reached at https://www.kpu.ca/counselling.

For other participants, please contact the BC Crisis Centre at https://crisiscentre.bc.ca/get-help/

You are welcome to print this consent form for your own records.

Are you 18 years of age or older?

○ YES, I am 18 years of age or older.

○ NO, I am not 18 years of age or older.

What is the topic of this study? Please select the correct response below.

○ This study is exploring the obstacles and barriers for women entering the workforce.

○ This study is examining laypersons perception of psychopathic personality disorder and the implications within the criminal justice system.

Should you decide to participate in the study are you still free to withdraw before clicking "Submit"? Please select the correct response below.

○ YES, I can withdraw from the study even after I start it.

○ NO, I cannot withdraw from the study once I start it.

Once you have reviewed the information above, please click "YES" if you consent and wish to begin the study. Click "NO" if you do not consent and wish to stop here.

○ YES, I consent.

○ NO, I do not consent.

STUDY INSTRUMENT

PARTICIPANT CHARACTERISTICS

1) **What is your age?** [Drop down menu]
   18 to 100
   Prefer not to answer

2) **How do you identify your gender?** [Drop down menu]
   Male
   Female
   Non-binary
   Two-Spirit
   Other [text box]
   Prefer not to answer

3) **How long have you lived in Canada?** [Drop down menu]
   All of my life
   Less than 1 year
   1 year
   2 years
   …
   100 years

4) **What is the highest level of education you have completed?** [Drop down menu]
   Less than high school graduation
   High school graduation
   Some post-secondary education

University degree
Master's degree or higher
Prefer not to answer

INFORMATION SOURCES

5) **Where have you learned about psychopathy? Select <u>ALL</u> that apply** [Drop down menu]
Popular fiction you've read, heard or watched
True crime/documentaries you've read, heard or watched
News reports you've read, heard or watched
Educational materials/presentations you've read, heard or watched (e.g., textbooks, courses)
Never learned about psychopathy
Other: [text box]

   [Participants answering "never learned about psychopathy" skip to question #11]

6) **Which is the <u>MAIN</u> source where you learned about psychopathy? Select only ONE**
[Drop down menu]
Popular fiction you've read, heard or watched
True crime/documentaries you've read, heard or watched
News reports you've read, heard or watched
Educational materials/presentations you've read, heard or watched (e.g., textbooks, courses)
Other: [text box]

7) **How did you access the information you learned about psychopathy? Select <u>ALL</u> that apply** [Drop down menu]
Books, magazines or other print sources
Cable television
Streaming services
Podcasts
Youtube
Websites
Social media (e.g., TikTok, Instagram, Facebook)
In-person courses or workshops
Online courses or workshops
Other: [text box]

8) **Which is the <u>MAIN</u> way you've accessed the information you learned about psychopathy? Select only <u>ONE</u>** [Drop down menu]

Books, magazines or other print sources
Cable television
Streaming services
Podcasts
Youtube
Websites
Social media (e.g., TikTok, Instagram, Facebook)
In-person courses or workshops
Online courses or workshops
Other: [text box]

9) **Have you ever taken any university courses where you've learned about psychopathy? [Drop Down Menu]**
Yes
No
Unsure

[Participants answering "No" or "Unsure" skip to question #11]

10) **Which field of study was the university course where you learned about psychopathy?** [Check all that apply]
Psychology
Criminology
Other: [textbox]

11) **Are you familiar with Hare's Psychopathy Checklist-Revised or the PCL-R?**
Yes
No
Unsure

PSYCHOLOGICAL SYMPTOMS

12) Please select <u>ALL</u> the symptoms you believe are characteristic of a psychopathic personality [Checklist – psychopathy and distractor traits will be mixed up]

Psychopathy Traits:	Distractor Traits:
High sense of self-worth	Self-conscious
Need for excitement	Strange
Lack of remorse	Perfectionist
Insincere	Restrained
Lack of realistic long-term goals	Dependent
Lacks emotional depth	Cautious
Childhood behavioural problems	Conscientious
Deceitful or pathological lying	Considerate

Impulsive behaviour	Shy
Lacks empathy for others	High intelligence
Manipulative	Delusions (i.e., false beliefs)
Irresponsible	Hallucinations (i.e., seeing, hearing things
Uncaring	that aren't real)
Self-centered	Unusual behaviour
Emotionally detached and cold	Nonsensical or disorganized speech
Lacks anxiety, fearless	Disorganized or confused thinking
Sense of entitlement	Obsessive
Aggressive	Socially Withdrawn
	Paranoid Ideas

13) Please select the <u>FIVE</u> traits you believe are the <u>MOST</u> representative of a psychopathic personality. [Checklist – psychopathy & distractor traits will be mixed up]

Psychopathy Traits:	Distractor Traits:
High sense of self-worth	Self-conscious
Need for excitement	Strange
Lack of remorse	Perfectionist
Insincere	Restrained
Lack of realistic long-term goals	Dependent
Lacks emotional depth	Cautious
Childhood behavioural problems	Conscientious
Deceitful or pathological lying	Considerate
Impulsive behaviour	Shy
Lacks empathy for others	High intelligence
Manipulative	Delusions (i.e., false beliefs)
Irresponsible	Hallucinations (i.e., seeing, hearing things
Uncaring	that aren't real)
Self-centered	Unusual behaviour
Emotionally detached and cold	Nonsensical or disorganized speech
Lacks anxiety, fearless	Disorganized or confused thinking
Sense of entitlement	Obsessive
Aggressive	Socially Withdrawn
	Paranoid Ideas

VIGNETTES

The next part of the study asks you to read a short scenario about someone who commits a crime. You will then be asked for your opinions about the individual's personality and how the person should be treated by the criminal justice system**.**

[ONE OF THE FOUR POSSIBLE CASE SCENARIOS IS PRESENTED HERE]

"The next few questions ask for your opinions about the scenario you just read."

14) In your opinion, how closely does the person in the scenario resemble someone with a psychopathic personality?

0	1	2	3	4	5	6	7	8	9	10
Not at all										Exact Match

15) In your opinion, how responsible is the person in the scenario for their actions?

0	1	2	3	4	5	6	7	8	9	10
Not at all										Fully Responsible

16) In your opinion, to what extent was the person in the scenario aware that their actions were wrong?

0	1	2	3	4	5	6	7	8	9	10
Not at all										Fully aware

17) In your opinion, to what extent does the person in the scenario deserve to be punished?

0	1	2	3	4	5	6	7	8	9	10
Not at all										Very deserving

18) In your opinion, how mentally ill was the person in the scenario when the crime was committed?

0	1	2	3	4	5	6	7	8	9	10
Not at all										Very mentally ill

19) To what extent do you agree the person in the scenario should be found not guilty by reason of insanity?

0	1	2	3	4	5	6	7	8	9	10
Not at all										Fully agree

20) In your opinion, how likely is the person in the scenario to commit another crime?

0	1	2	3	4	5	6	7	8	9	10
Not at all										Very likely

21) In your opinion, how dangerous is the person in the scenario?

0	1	2	3	4	5	6	7	8	9	10
Not at all										Very dangerous

22) In your opinion, what is the minimum number of years the person in the scenario should be confined? [Drop down menu]

Should not be locked up at all
Less than a year
1 year
2 years
Continue up to 100 years

23) In your opinion, to what extent is the person in the scenario treatable?

0	1	2	3	4	5	6	7	8	9	10
Not at all										Very treatable