

The Efficacy of Detecting Deception in Psychopaths Using a Polygraph¹

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Abstract

This paper addresses the efficacy of psychophysiological detection of deception (PDD), or polygraph testing, of persons who are classified under the umbrella term Antisocial Personality Disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders. Specifically, the examination of polygraphing psychopaths was undertaken. The classification conundrum surrounding psychopaths is discussed, as are the ways of psychopaths, and finally the applicable research involving PDD testing of psychopaths. Coming to know the psychopath helps to understand how some of the myths surrounding the psychopath evolved, and why some have difficulty reconciling the research findings with what is believed about the psychopath. A common myth held in the law enforcement, judicial, and polygraph arenas is that the psychopath's deception is invisible to the polygraph. The relatively limited research evidence suggests otherwise.

For psychopaths, the world is a giant dispensing machine from which they obtain goodies without giving up any coins (Simon, 1996).

Robert Meyer introduces readers to a prototype psychopath in his 1992 text. His name was Charles Starkweather, and he was the inspiration behind the movies *Kalifornia* and *Natural Born Killers*. By the late 50's, the Starkweather case was the second worst case of mass murder in United States history. Starkweather began his killing spree murdering 11 people in five states (Boring, 2002), some in gruesome fashion. By June 25, 1959 the jury had heard the testimony, considered the evidence, and rendered its verdict in less than 24 hours of deliberating; Starkweather was to die, and the electric

chair was the last place he would ever sit (Bardsley, 2002).

Meyer (1992) writes: "Starkweather loved nature but loathed humans." As one defense psychiatrist said, "He is unable to experience feelings that other people do. People don't mean anything to him. They are no more than a stick or piece of wood to this boy. . . . The act of killing meant no more to him than stepping on a bug." Another defense psychiatrist said, "The thoughts and the feelings are not there like they are in the ordinary person, who has learned by being around others and has feelings for them, and in relation to them. . . I don't think he has ever learned to be a person."

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The research findings regarding polygraph testing of the psychopath, which will be taken up later in this article, are made far more intriguing when one has insight into the composition of the psychopath. Coming to know the psychopath helps us to understand how the myth developed that a psychopath's prevarications are impervious to discovery with a polygraph. Moreover, it also helps us to better understand why some people remain unconvinced by the research findings.

The Classification Conundrum

The first issue we must contend with toward understanding the psychopath is one of proper classification. According to David Lykken, (1955), "Classification in medicine (broadly defined) goes under the name of diagnosis. The rules of medical classification--the dimensions of similarity to be utilized in defining a diagnostic category--are characteristically inconsistent." Lykken suggests "... this inconsistency may be traced to the purposes of diagnosis--those disorders are to be classified together which the clinician is to treat in the same way." Lykken tells us that "The history of the concept of psychopathic personality is one long chronicle of attempts at ... classification most of which, to date (1955), have proved abortive."

According to Meyer (1992), "The term Antisocial Personality Disorder (APD), (the term in vogue today, of which the psychopath is a subgroup), is the result of an evolution through a number of terms, the most widely known of which is undoubtedly psychopath." Meyer states "... there is considerable overlap among the terms APD ... psychopath, and sociopath." Johann Koch introduced the label psychopathic inferiority in the late nineteenth century and that term became accepted for a while. Complicating matters even more, Meyer claims that "... many experts feel that there is reasonable evidence to further subdivide the APD, such as into 'primary' and 'secondary' psychopaths." Citing Loeber (1990), irrespective of the category you put the psychopath in, Meyer writes: they "... are different from individuals who are antisocial because they grew up in and adapted to a delinquent subculture. The non-psychopathic antisocial personality are

conformists in that they follow the rules and mores of their subculture."

In 1976, Hervey Cleckley wrote his classic book on psychopathy, *The Mask of Sanity*. Commenting on the classification dilemma Cleckley said, "The term psychopath (or antisocial personality disorder) as it is applied by various psychiatrists and hospital staffs sometimes become so broad that it might be applied to almost any criminal."

Robert Hare (1993) and Karl Menninger (1942) also have addressed the problem of imprecise classification and actual mislabeling of the psychopath with Menninger going so far as to advocate a new official name for the psychopath.

According to the DSM

Even the American Psychiatric Association (APA), in its *Diagnostic and Statistical Manual of Mental Disorders* (DSM IV, 1994), has grappled with the classification difficulty of psychopaths. According to Hammond (1980), the second edition of the APA's DSM, which was released in 1968, attempted to coordinate its classification system with that of the World Health Organization and adopted the category 301.7, antisocial personality. According to Robert Simon (1996), "... the term psychopath was used originally in psychiatry to refer to all personality disorders (e.g., paranoid, schizoid, anti-social, borderline, histrionic, narcissistic, avoidant, dependent, and obsessive-compulsive)." Based on Cleckley's work with psychopaths, APD was the first personality disorder recognized in psychiatry and was included in the first edition of the DSM. In 1968, the term sociopath or sociopathic personality replaced the term psychopath to emphasize the environmental factors that allegedly generated the disorder (Simon, 1996). The 1994 edition of the DSM holds the psychopath under the rather imprecise umbrella term APD but focuses more on antisocial behavior over personality traits and their motivation in the definition of APD. Interestingly, and understandable from the standpoint of the consequences of prematurely branding or labeling someone psychopathic, if the same traits and behavioral characteristics of the psychopath were found in a person

under age 18 that person would be deemed to have a conduct disorder.

Few people have devoted as much of their lives to understanding and writing about the psychopath as Robert Hare. From his extensive work with psychopaths, Hare developed a Psychopathy Checklist that is perhaps the most important assessment tool available today to clinicians, researchers, and a wide range of other people involved in assessing and dealing with psychopaths. His other more notable works include the 1993 book *Without Conscience: The Disturbing World of the Psychopath Among Us*. We will rely heavily upon Hare's work in helping to understand psychopaths and to answer specifically whether detecting deception in the psychopath is any more of an elusive undertaking than it is in detecting deception in "normals."

Around 1800, Philippe Pinel coined the term *manie sans delire* (i.e., insanity without delirium) (Hare, 1992; Meyer, 1992) for persons who manifest extremely deviant behavior but show no evidence of delusions, hallucinations, or other cognitive disorders (Cleckley, 1976; Meyer). Similarly, Hammond, citing Fotheringham (1957), writes "The disorder is an illness without evidence of mental deficiency, structural disease of the brain, epilepsy, psychosis, psychoneurosis or intellectual impairment, and that it is primarily a disorder of behavior rather than thinking."

Hare (1993) tells us that the classification conundrum and confusion about psychopaths stems from the word itself, and also attributes misperceptions regarding the psychopath to the media who improperly label psychopaths as "crazy," or "insane" or by the more often melodramatic term "psycho." According to Hare, these terms are misnomers because the psychopath is "... not disoriented or out of touch with reality, nor do they experience the delusions, hallucination, or intense subjective distress that characterize most mental disorders." Hare also tells us that psychopaths are not insane in the psychological or legal sense. Hare sums up the distinction between society's response to the typical psychopath and its response to the person suffering a mental disorder of

schizophrenia, for example, where they may experience auditory hallucinations directing them to kill someone. The schizophrenic person is deemed not responsible for his or her actions "by reason of insanity" and is given mental health treatment. The psychopath is judged by society as sane, and is sent to prison to receive little or no treatment.

A Case for Emulating the Psychopath

While most people knowledgeable of psychopathy, and the ways of psychopaths, view them as menacing, socially inept figures who prey on the rest of us, others have the boldness to suggest society might be best served by envying them. This notion certainly clarifies nothing about the psychopath but rather advances the confusion of classification and how to explain him. Author Alan Harrington (1971) would have us ponder whether the psychopath is to be reviled or revered. Harrington suggests the psychopath may be worthy of emulation. Consider, for example, the following from his works as cited by Cleckley (1976): "Have we come to the hour of the psychopath, the advent of psychopathic man . . . {when} what was once presumed to be a state of illness is abruptly declared to be a state of health." He continues, "... can it be true that with the dramatic appearance of the psychopathic ideal, a new man has come upon us, that in order to survive the turbulent years ahead, far from seeking to treat the psychopath in clinics, we should rather emulate him, learn how to become him?" In response to Harrington, and those of the counterculture movement of the time, Cleckley writes, "A sincere choice of the real psychopath as model or leader by anyone familiar with the subject would be beyond absurdity."

What Does the Word Psychopath Mean?

While classification may continue to prove elusive, the attributes of the psychopaths are fairly well settled. What is a psychopath? First, let us dissect the word itself. The first part of the word "psycho-" comes from the Greek word *psyche* meaning soul, spirit, or mind (Becker, 1989). The second part of the word "path" originates from

the Greek word *pathos* (i.e., from *paschein* to undergo, be affected) meaning an incident, experience, sensation, emotion, mishap: trouble, and suffering. In combined form, *pathos* translates to disease or pathologic (Becker, 1989). In psychological parlance, when both words (i.e., psycho & path) are used in combination it connotes mental illness (Hare, 1993).

Antisocial Personality Disorder and Psychopathy Defined

Churchill's Medical Dictionary (Becker, 1989) defines a psychopath as someone who manifests characteristics of the antisocial personality. A sexual psychopath, for example, is a person whose manifestations of an APD are predominantly in the sexual area (Becker). "The psychopath can have lustful sex, but for them the experience is devoid of any intimacy or commitment; the partner is essentially an instrument of masturbation" (Simon, 1996). The term "antisocial" refers to the characteristic of avoidance of interpersonal relationships. It is also reflective of behavior that violates the laws, rules, or moral or ethical code of one's culture (Becker).

Generally, a personality disorder is characterized as an enduring pattern of inner experience and behavior that deviates markedly from the expectation of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment (DSM IV, 1994).

"Antisocial Personality Disorder (often referred to as psychopathy, sociopathy, or dissocial personality disorder) is a particular type of personality disorder the essential feature of which consists of a pervasive pattern of disregard for, and violation of others that begins in childhood or early adolescence and continues into adulthood" (DSM IV, 1994).

Pathological Lying

While the term pathological liar appears in medical dictionaries and the research literature (Davidoff, 1942; Deutsch, 1982; Hare, 1989) it is not a specifically referenced mental disease recognized within the DSM IV. However, lying, deception, and

manipulation of others is central to individuals diagnosed with APD. Although by supposition, the term pathological liar may have been borne out of the fact that psychopaths engage in mendacious behavior that is, according to Hare, "...habitual and blatant and do so with considerably more panache, than do most people" (Hare, Forth, & Hart, 1989). While all of us lie and deceive it is the extent to which the psychopath deviates from societal norms, regarding deception and lying, that gives rise to the notion that they are diseased--hence pathological.

Is There Such a Thing as a Lying Disease?

One could argue there is no such thing as a "pathological liar," for the term pathological denotes an abnormal finding, particularly a morphological (an organism's structure and form, excluding its functions) alteration resulting from disease (Becker, 1989). Therefore, it is questionable that a person possesses a lying disease, per se. "There is some evidence that psychopaths differ from normal people in the processing, use, and cerebral organization of language....The psychopath's words and actions often appear to reflect some sort of affective deficit (Hare, Forth, & Hart, 1989)." As Hare, Forth and Hart report, consider the following:

On language of the psychopath, Cleckley writes, "He can learn to use ordinary words... (and) will also learn to reproduce appropriately all the pantomime of feeling . . . but the feeling itself does not come to pass." Grant (1977) writes, "Ideas of mutuality of sharing and understanding are beyond his understanding in an emotional sense; he knows only the book meaning of words." Johnson (1946), states, "(He) exhibits a facility with words that mean little to him, form without substance. . . His seemingly good judgment and social sense are only word deep." Some researchers believe there may be a unique organic component

(brainwave disorder) found in psychopaths (Doren, 1987). Heredity, brain dysfunction, individual developmental experiences, and subcultural conformity are all promoted as generic to the antisocial personality (Meyer, 1992).

Reid (1978), citing Eissler and Aichom, stresses the importance of early mother-child relationships and later oedipal identifications as influencing psychopathy. Greenacre, according to Hammond (citing Cleckley), "... concluded that the confusing influence of a stern, authoritative father and an indulgent or frivolous mother is common in the early background of the psychopath."

Kegan (1986) attributes a developmental delay in psychopaths to help explain the psychopath's mendacity. The psychopath's "... manipulation can be understood as a developmental delay in which his cognitive, affective, and interpersonal processes are like that of a normal child around ten years old." Kegan adds, "... there is greater concern for one's own needs than with the needs of others. These needs are satisfied by manipulating and controlling the behavior of others."

Another explanation for the psychopath's reliance on lying and deception might be behavioral rather than biological. Lying is a learned behavior and as that behavior proves fruitful it becomes reinforced. Consequently, the liar continues to lie and manipulate people with greater frequency to the extent that lying neither carries the emotional baggage most of us experience when we tell a lie nor the stigma that society attaches to it. Not surprisingly, the habitual liar learns to embrace lying as way of life--for successful lying brings with it the rewards that prompted the lie in the first place. Moreover, as the habitual liar continues his manipulative behavior he becomes progressively desensitized to lying. If the liar becomes desensitized, it is argued, that he would have a correspondingly diminished autonomic nervous system response when telling a lie and therefore more difficult to detect through use of the polygraph. We suspect, in part, it is this intuitive perspective that may have given

rise to the myth held by many people that the pathological or habitual liar cannot be satisfactorily tested through use of the polygraph

On the other hand Eugene Davidoff (1942) writing on *The Treatment of Pathological Liars* stated: "Except in the very young children, pathological lying rarely appears as an isolated phenomenon. It is in general a function of the integration of the child's personality. As such, it is frequently found as a sub-group of other neurotic (personality) or psychopathic (conduct) disorders. . . ." To understand pathological lying it is helpful to address it in terms of classification (i.e., normal/abnormal) and severity (i.e., mild/severe). Davidoff chooses to classify liars according to their prognosis and response to therapy. None of us would dispute that we lie. When we lie we generally do so occasionally, it is situation driven, it has some pseudo-constructive purpose, and is a byproduct of conscious thought. We have an insight into why we are lying. We are not psychotic (i.e., insane or suffering from severe mental illness). Davidoff would likely classify us "normal" possessing at worst a mild form of pathology that is responsive to therapy. At the other end of the continuum is the abnormal or pathologic liar. They lie continuously, are compulsive, and their lies are often destructive to themselves and others. Their lie originates from fantasy, not reality. They often manifest characteristics of paranoia and psychosis. Davidoff believes they have little or poor insight into their lying, their pathology is severe and they, as a general rule, do not respond well to therapy.

Psychologists may also have inflamed the belief about the suitability of psychopaths for detection of deception testing given the psychopath's alleged propensity to show diminished responsivity during electrodermal trials (Ansley, n.d.): According to Ansley, one such trial was conducted by Lykken (1955) wherein he administered a peak-of-tension test (numbers test) to psychopaths and non-psychopaths and found, using only a galvanic skin resistance measure, non-psychopaths displayed greater response differentiation between the number lied about than those they were truthful about than did psychopaths.

Aren't We All a Little Psychopathic?

Dr. Simon states, "Everyone has antisocial impulses and the vast majority of us would reflect so on various personality tests designed to identify psychopathy. The good news is that the extent of our psychopathy doesn't trespass over the line of demarcation where we would be classified as possessing a psychopathic personality. On Hare's Psychopathy Checklist (PCL) (PCL-1 appeared in 1980; PCL-2 appeared in 1985) non-psychopaths might score a five out of a maximum score of 40 points. The psychopath might score anywhere above 30, for example. Having committed a criminal act does not make one a psychopath nor are all psychopaths criminals.

"Psychopaths exist in all levels of society, in all walks of life. No profession, however noble, is spared their cadre of them. We know them, if we know them at all, by their acts (Simon, 1996)." The criminal non-psychopath typically has standards or boundaries within which he operates. If he kills during the commission of a crime it is viewed as the inherent cost of doing business (Simon, 1996). However, he regrets doing so and will often reflect upon his act. To the psychopath, he could care less that he had to kill you. After all, it's your fault for you shouldn't have been there in the first place.

The psychopath, according to Hare (1996), is a natural predator. While prisons are filled with clinically diagnosed psychopaths, they may exist in greater numbers among the general population, and may be cloaked in such benign titles as grandfather, mother, father, sister, brother, teacher, supervisor, boss, and the like. Hare estimates there may be as many as three million psychopaths in North America.

Psychopath or Entrepreneur?

Person (1986) gives us an interesting and good sense of what differentiates the psychopath from the successful businessman, both of whom engage in "... risk-taking and manipulative behaviors ... to control events and people and they likewise receive ... tangible and psychological rewards for doing so. The distinction is that the businessman's

manipulation "... is more rational and goal oriented than is the psychopath's." While the businessman may be "ruthless in his business dealings" he is capable of "... developing warm affectionate bonds with others" while the psychopath cannot (Person). Moreover, the entrepreneur's manipulation is more geared toward attainment of wealth, prestige, and power whereas the psychopath uses manipulation as a means of "... dominating and humiliating others." About the psychopath, Cleckley (1976), writes: "There is nothing odd or queer about him, and in every respect he tends to embody the concept of a well-adjusted, happy person.... He looks like the real thing.... More than the average person, he is likely to seem free from minor distortions, peculiarities, and awkwardness so common even among the successful."

Is The Psychopath Responsive to Treatment?

Cleckley (1976) and Hare (1996), question the efficacy of rehabilitating the psychopath, for psychopaths do not see themselves as possessing a mental disorder. To rehabilitate psychopaths it would be necessary to alter their behavior, and their perception of their behavior. Hare believes many treatment programs only provide a breeding ground for the psychopath. They learn the appropriate psychological vernacular, they learn what makes people tick, and they use this newly acquired knowledge to advance their exploitive behavior. What they believe is right for them, irrespective of what society believes. Psychopaths operate according to their own rules and pick and choose which rules to violate and when to violate them. They view people as objects--either roadblocks or gateways to their desires. They do not internalize society's norms or rules (Hare). Contemptuous of the feelings, rights, and sufferings of others; impulsivity; lack of empathy; remorselessness; callus, cynical, inflated and arrogant self-appraisal; glib; superficial charm, self-assured and exploitive; and lack of individual concern are just some of the associated features characteristic of persons with APD (DSM IV, 1994). It remains unsettled whether the psychopath is responsive to treatment. The question that must first be answered definitively is whether psychopathy is either

an all-or-nothing proposition or are there different classifications of psychopathy, and where is the line of demarcation separating those classifications?

Are They Really That Smart?

Nowhere in this article have we said that the psychopath is stupid or unable to function in every day life. Writing about the psychopath, Cleckley (1976) states, "Psychometric tests also very frequently show him (the psychopath) of superior intelligence." Harrington (1971) writes that there are "Brilliant individuals among us that are basing their own lives on the psychopathic model." Meyer (1992) has taken issue with Cleckley on this point, even asserting that Cleckley's findings only applied to a small subset of patients within his private clinic. Meyer writes, "As a whole antisocial personalities show lower-than-average scores on intelligence tests." Notwithstanding the intellect controversy, many psychopaths function quite well and may rise to enjoy a professional status many of us can only aspire to achieve, and yet never cross the line into criminality.

The Psychopath's Achilles Heel?

After researching the psychopath, it is understandable and reasonable how one could hold the opinion that the psychopath would be an unsuitable candidate for polygraph testing. If the psychopath lies with effortless skill, is supposedly indifferent to having his lies detected, is purportedly electrodermally hyporeactive, is regarded as a master manipulator of people, internalizes no guilt about his or her acts no matter how heinous we might view them, how then could their body betray their tongue during the course of a polygraph examination? This question currently lacks a definitive answer.

Psychopaths are in charge of their faculties, know what they are doing, and why they are doing it. They simply are unaffected about the impact of their actions on others. While they may not harbor any concern about their criminal acts, the psychopath is highly motivated and doesn't want to get caught. Their motivation in a polygraph setting is affected by the challenge of attempting to control physiological responses during

deception. They find themselves in a unique environment with a difficult task of controlling the decision outcome. As Raskin and Hare (1978) and Hammond (1980) reported, the psychopath is essentially in competition with an inanimate object and is, therefore, perhaps more challenged than when placed in a face-to-face encounter with a person or people who they have made a habit of duping. They care if something affects them immediately, according to Hare (1996). The fact psychopaths are highly motivated, challenged, find themselves in a novel environment, care about being caught, and will attend to things that have an impact on their immediate well-being may be their Achilles' heel, affording the polygraph examiner an opportunity to exploit them.

What Does the Research Say?

The psychophysiological detection of deception research into the susceptibility of psychopaths to polygraph testing is limited; however, the results are consistent. We will address the following research in the remainder of this article: Raskin, Barland, and Podlesny (1977), Raskin and Hare (1978), Hammond (1980), and Patrick and Iacono (1989).

Raskin, Barland, and Podlesny (1977)

In 1977, Raskin, Barland, and Podlesny completed a project concerning the validity and reliability of polygraph techniques in the detection of truth and deception with criminal suspects. They also conducted laboratory experiments that addressed general problems of accuracy and reliability that could not be easily studied in field situations. Of the eight studies and experiments conducted, one addressed the issue as to whether psychopaths can "beat" a polygraph.

Of 24 subjects classified as psychopathic, decision accuracy was 96%. There was only one misclassification decision and that was a false positive. There were no inconclusives and not one guilty psychopath was able to produce a false negative. Of the 24 subjects comprising the non-psychopathic group, there were 19 of 24 (79%) correct