

# psychopathy and narcissism

*same or different?*

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# **the history and the mystery**

psychopathy and pathological narcissism

psychopathy, gender and borderline personality disorder

measuring psychopathy and related constructs

assessment, treatment and management

concluding comments

## psychopathy is interesting

?

the concept of psychopathy has provided us with a framework for thinking about people who do things that hurt, frighten and/or anger us –  
the ultimate criticism

**KONY 2012**  
STOP AT NOTHING





**HEDDA GABLER**

so, psychopathy *is* interesting:  
we believe we see it in real life and we represent  
it in our arts

*but what is psychopathy exactly?*

AND based on what we know now, how is psychopathy the same – and different – from other disordered personality presentations (especially antisocial, narcissistic, borderline)?  
*and will DSM-5 and ICD-11 help us know more?*

# what is psychopathy?



## Philippe Pinel (1801)



- “*manie sans délire*” (insanity without delirium or confusion of the mind)
- a form of madness in patients who engaged in repeated impulsive and self-damaging acts; who were brutal, emotionally cold, and callous, despite the fact that their reasoning abilities were unimpaired and intact, and they fully grasped the irrationality of what they were doing

## J.L. Koch (1891)

- proposed that Prichard's expression "*moral insanity*" be replaced with the term "*psychopathic inferiority*"
  - to mean "*all mental irregularities, whether congenital or acquired, that influence a man in his personal life and cause him, even in the most favourable cases, to seem not fully in possession of normal mental capacity.*"
- but this made things a bit confusing ...

## Krafft-Ebing (1867, 1882)

- described a formal psychological construct representing the clinical features of domination and cruelty



# Emil Kraepelin (1887)



- identified the “*morally insane*” as “*suffering congenital defects in their ability to restrain the reckless gratification of ... immediate egotistical desires*” (p.281).
- charm, self-assurance, social dominance, attention-seeking, persuasiveness, shallow affect
- described “*psychopathic states*” and identified subtypes
  - morbid liars and swindlers, criminals by impulse, professional criminals, and moral vagabonds

## Birnbaum (1909)

- sociopath, to refer to one whose callous, unemotional and reckless conduct is the product of learning rather than inherent

## Kurt Schneider (1923)



- described psychopathic personalities as those “*with a marked emotional blunting mainly but not exclusively in relation to their fellows. Their character is a pitiless one and they lack capacity for shame, decency, remorse, and conscience. They are ungracious, cold, surly, and brutal in crime ... The social moral code is known, understood but not felt and therefore [this] personality is indifferent to it*” (p. 126).
- explicitly excluded antisocial behaviour from the criteria for abnormal personality

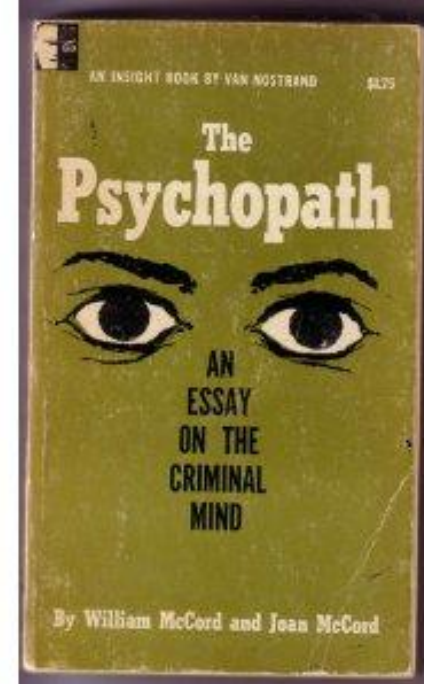
## Hervey Cleckley (1941)



- primary traits of psychopathy are guiltlessness, incapacity for objective love, impulsivity, emotional shallowness, superficial social charm, and an inability to profit from experience
  - three clusters of characteristics: appearance of positive adjustment and stability, behavioural deviance, affective and interpersonal deficits/detachment
- the psychopath “*carries disaster lightly in each hand*”
- their harmfulness was secondary to profound characteriological – personality – disturbance

## McCord & McCord (1964)

- a disturbed, maladjusted personality with prominent features of hostile alienation from others, aggression, callousness, impulsivity and parasitic exploitation
- fleeting surface emotions along with behaviour lacking in apparent motivation
- criminality common among psychopaths *but not inevitable*
  - rage substituted for fear when provoked or threatened





## Otto Kernberg (1989)



- overlaps between antisocial personality disorder and narcissistic personality disorder as malignant narcissism = psychopathy
- involving pathological self-love (grandiosity, self-centredness), pathological object relations (envy, devaluation), basic ego state features chronic emptiness, superego pathology (shame prone)
- at least two types of pathological narcissist – grandiose (overt) and vulnerable (covert)

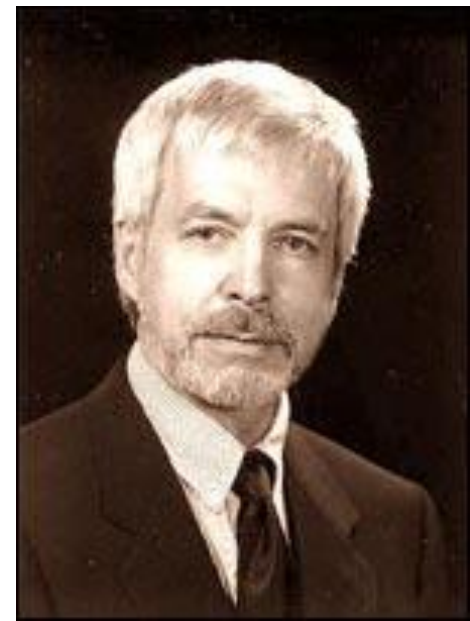


- Stone (1993):  
*“all psychopathic persons are at the same time narcissistic persons”*
- therefore, do we have two expressions – (pathological) narcissism and psychopathy – to describe essentially the same thing ...?

things changed in the 1990s because research into psychopathy and antisocial PD (and borderline PD) improved a lot

## Robert Hare (1981, 1991, 2003)

- largely descriptive account based on Cleckley
  - less attention to positive adjustment
  - more attention to outward signs of personality pathology, as indicators of its presence
- model defined by the PCL measures



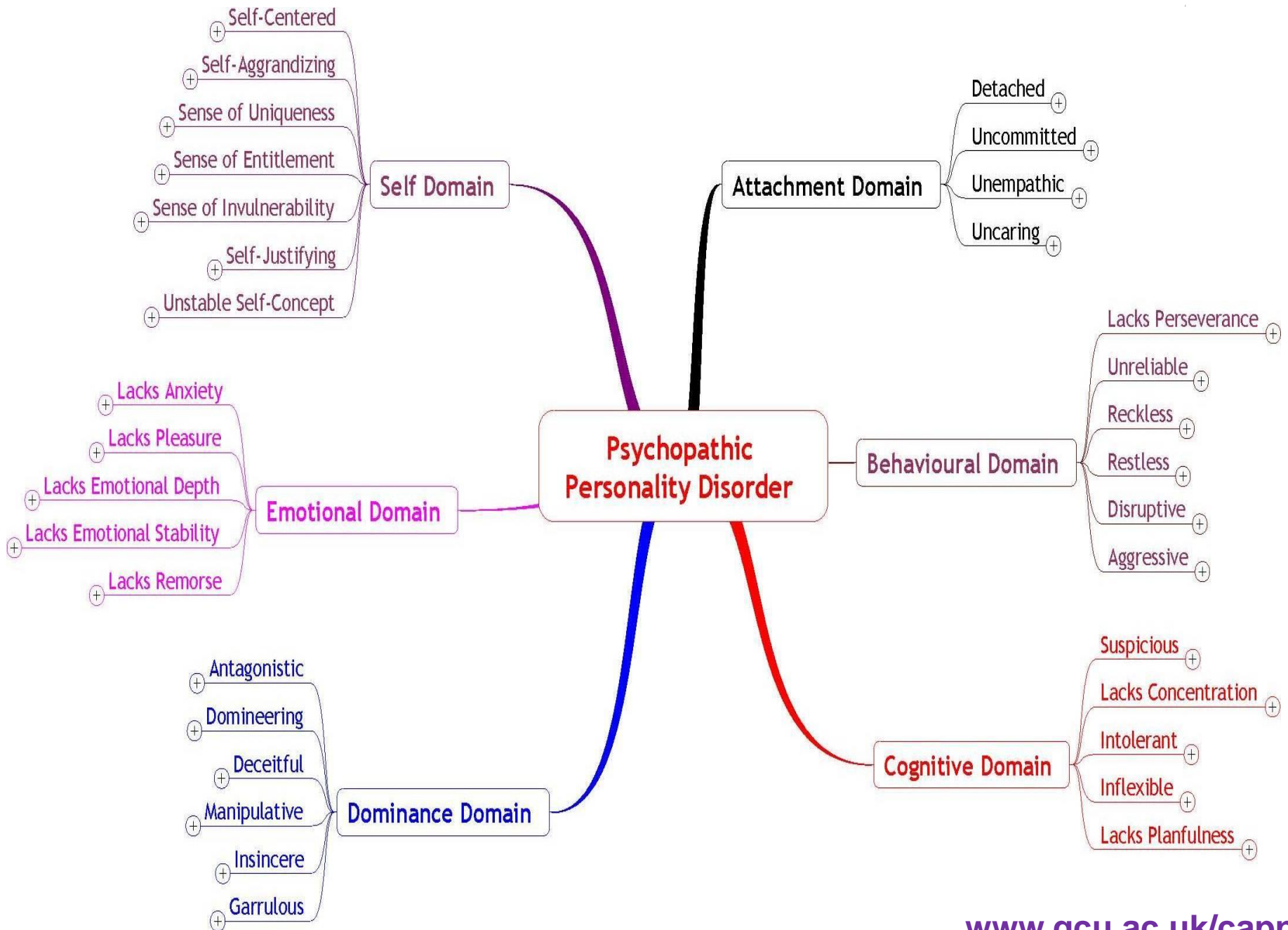
# psychopathy

model underpinning the PCL-R



# Cooke, Hart, Logan & Michie (2004 +)

- comprehensive assessment of psychopathic personality
  - *Comprehensive Assessment of Psychopathic Personality*
- a hierarchical model, based on theory
  - six domains, 33 symptoms, each with trait descriptors and illustrative indicators
- self and interpersonal pathologies prioritised
  - a personality-based model, no requirement for antisocial behaviour
- semi-structured interview and staff rating form



## Chris Patrick (2010)

- triarchic model
- psychopathy is characterised in terms of three distinguishable phenotypic facets – or building blocks
  - facets are not elements of a higher order construct of psychopathy
- linked to under-reactivity of the brain's defensive motivational system (affective-interpersonal features) and impairment in fronto-cortical regulatory circuitry (impulsive-antisocial features)





social assertiveness, self-confidence, charm, shallow affect persuasiveness, attention-seeking,  
*(e.g., Kraepelin, Schneider, Cleckley)*

**boldness**

**meanness**

brutality, emotional coldness, lack of affection, predatory exploitativeness  
*(eg. Pinel, Rush, Schneider)*

**disinhibition**

disinhibiting or externalising components of psychopathy  
*(e.g., Prichard)*

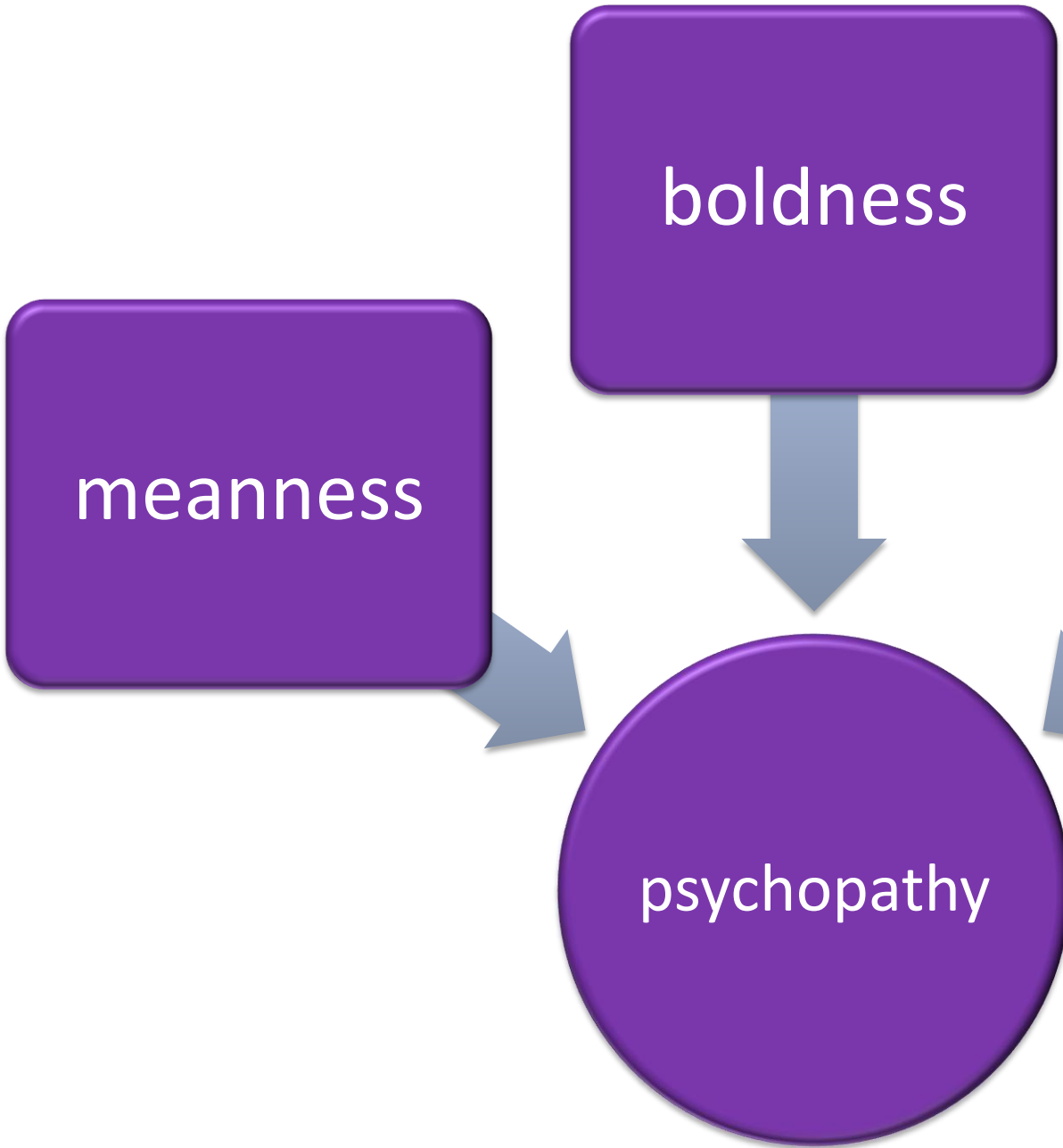
**psychopathy**



meanness

disinhibition

psychopathy

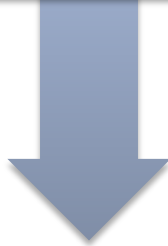




boldness

disinhibition

psychopathy



- so, an improving picture – competition stimulates theory and research
- what will DSM-5/ICD-11 say on the matter?

# DSM-5

- a **hybrid dimensional-categorical model** for personality and personality disorder
- intended to describe the personality characteristics of *all* patients, whether they have a PD or not
- hierarchical model

# revisions in a nutshell

- revised general criteria for personality disorder
- revised personality disorder types (*six*) and the addition of pathological personality traits
  - traits organised into 5 domains and 25 facets
- new measurement of severity of personality dysfunction
  - *Levels of Personality Functioning Scale*

# general criteria for personality disorder

significant impairment in *self* functioning

significant impairment in *interpersonal* functioning

1+ pathological personality trait domains or facets

stable, consistent

not normal for developmental stage or setting

not substance misuse or GMC



# ICD-11

- primary classification of PD one of five levels of severity: no disturbance, personality difficulty, personality disorder, complex PD, severe PD
- five monothetic trait domains: asocial (schizoid), emotionally unstable, obsessional (anankastic), anxious dependent (anxious) and dissocial
- no focus on self pathology
- a simple algorithm for classification (diagnosis)
- PLUS diagnosis of PD at any age

# historical review

## summary (1a)

- rich clinical descriptions from the start
- increasing empirical research since Hare
- but describing various forms of disorder, or emphasising various aspects
  - a coherent picture of the condition problematic
- now multiple, competing models
- several consistently identifiable sub-types
- it will not feature in DMS-5 or ICD-11
  - except as callous-unemotional traits in young people
  - (it was going to but it got taken out)

# historical review

## summary (1b)

### BUT ...

- is psychopathy a comorbid presentation of NPD+ASPD or is it that all these conditions are just badly defined?
- and what about the role of antisocial behaviour – what is psychopathy without antisocial conduct?
  - is a ‘successful’ psychopathy just narcissistic?
- why are we bothering with psychopathy if it is not a part of our professional systems?

the history and the mystery

**psychopathy and pathological narcissism**

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concluding comments

- re. what is psychopathy?
- different researchers have emphasised different aspects of the disorder
  - e.g., behavioural outcomes, emotional deficits, cognition and neuro-cognition, etc
  - e.g., self-report studies, interview-based studies
- this has made it hard to compare studies and has generated this diversity of opinion and confusion about differences with narcissism

- general comparisons between narcissism – pathological narcissism – and psychopathy will reveal little about their actual similarities and differences
- *“Neither psychopathy nor narcissism are unidimensional constructs – each represents a combination of more basic personality elements.”*  
(Lynam, 2011, p.280)

- **the five-factor model (FFM):**
  - ❖ **N – neuroticism** vs emotional stability
  - ❖ **E – extroversion** vs introversion
  - ❖ **O – openness** vs closedness
  - ❖ **A – agreeableness** vs antagonism
  - ❖ **C – conscientiousness** vs lack of constraint

	P	NPD	APD
N	-ve – F1 +ve – F2		
E	+ve – F1 -ve – F2	weak positive	
O			
A	very negative	negative	negative
C	very negative		negative



*“ ... psychopathy and narcissism are variants of interpersonal antagonism but differ as a function of interpersonal warmth”*

(Lynam, 2011, p.280)

*“Rather than talk in terms of narcissism and psychopathy, we may be better served talking in terms of varied manifestations of very low agreeableness. The ultimate form that this low agreeableness takes likely depends on other aspects of personality. Combining very low agreeableness with emotion dysregulation and poor impulse control likely yields high rates of antisocial behaviour. Combining very low agreeableness with good to average impulse control, high levels of extroversion, and low levels of neuroticism may yield a successful politician.”*

(Lynam, 2011, p.280)

*“by working at the elemental level, researchers and theorists can build psychopathy and narcissism from the bottom up”*

(Lynam, 2011, p.280)

# psychopathy and pathological narcissism

## summary (2)

- *general* comparisons between narcissistic PD and psychopathy are problematic
- examining the disorders at an elemental level – for example, in terms of the five factor model – permits more specific comparisons and potentially more understanding about the similarities and differences between the disorders
  - key differences: interpersonal warmth & conscientiousness, severity
  - key similarities: low agreeableness (antagonism)

historical review

psychopathy and pathological narcissism

**psychopathy, gender and borderline personality disorder**

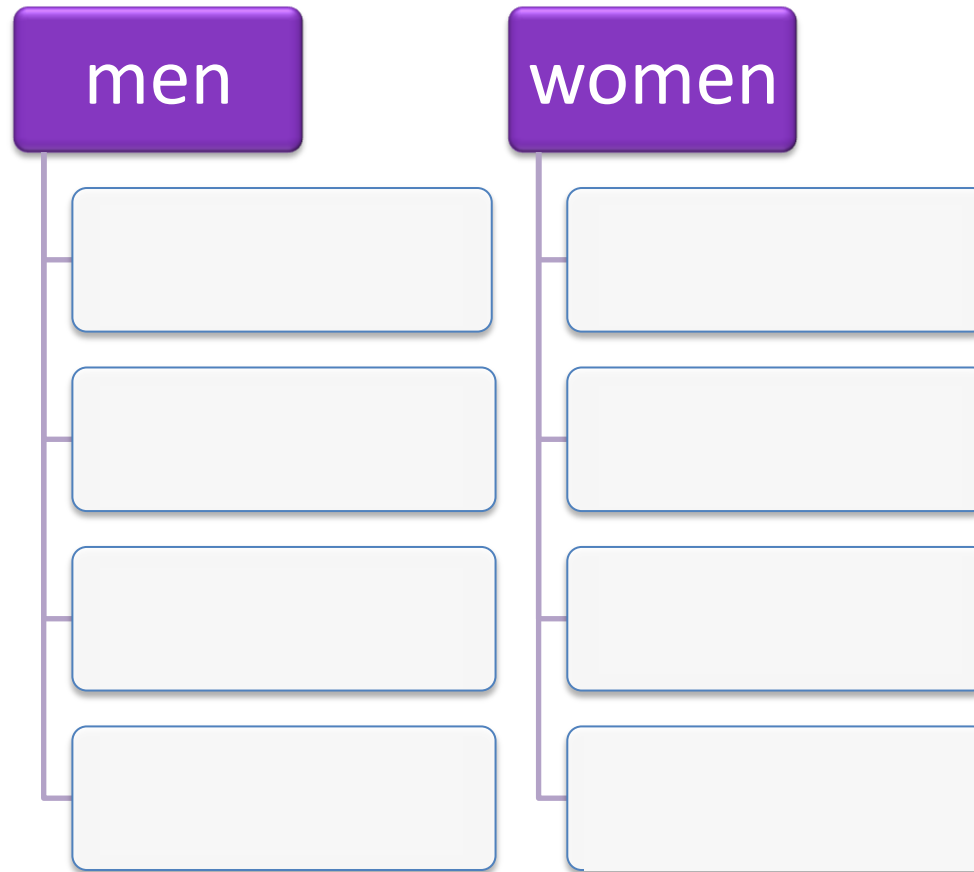
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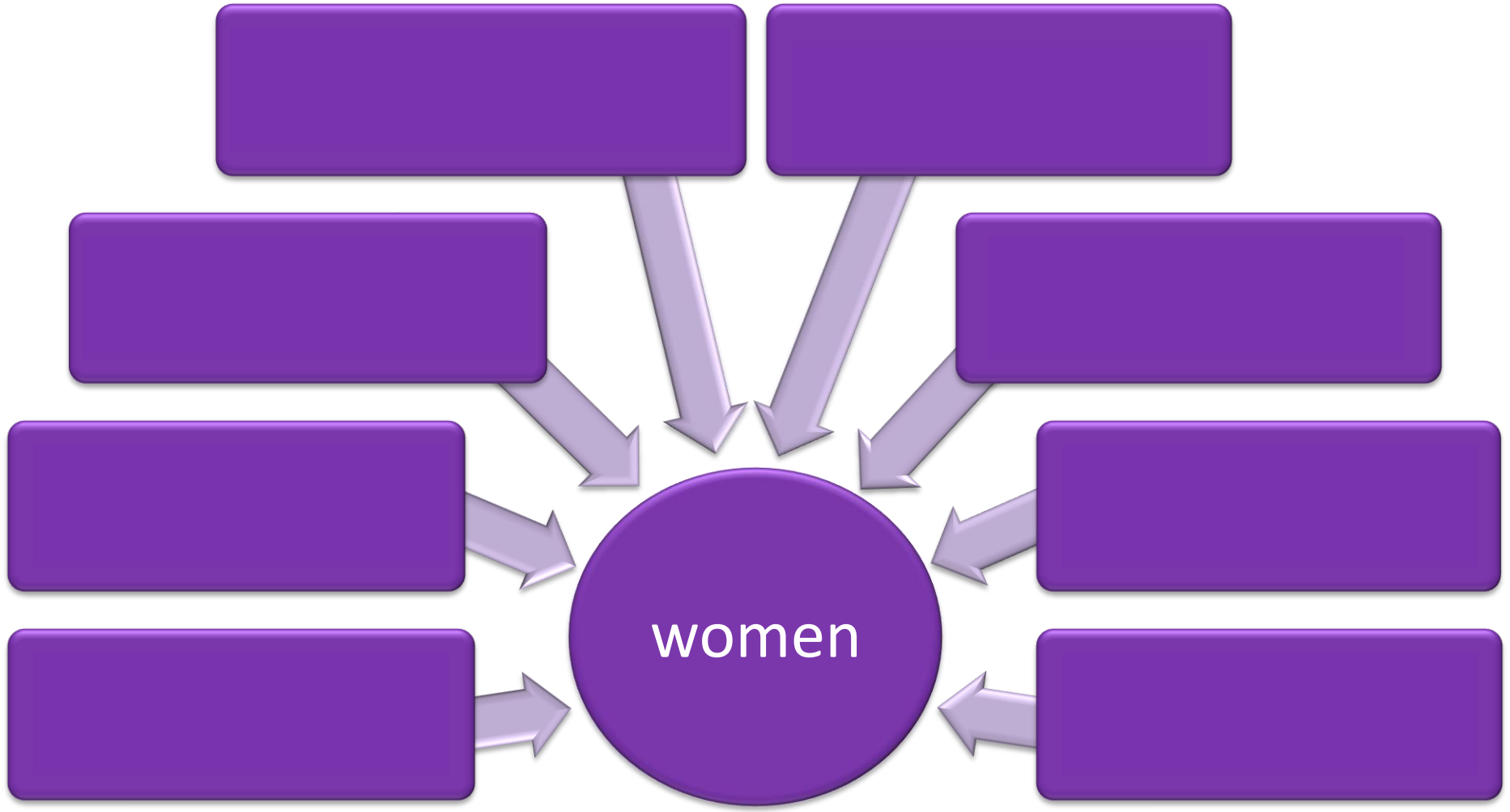
concluding comments

# gender stereotypes

## general

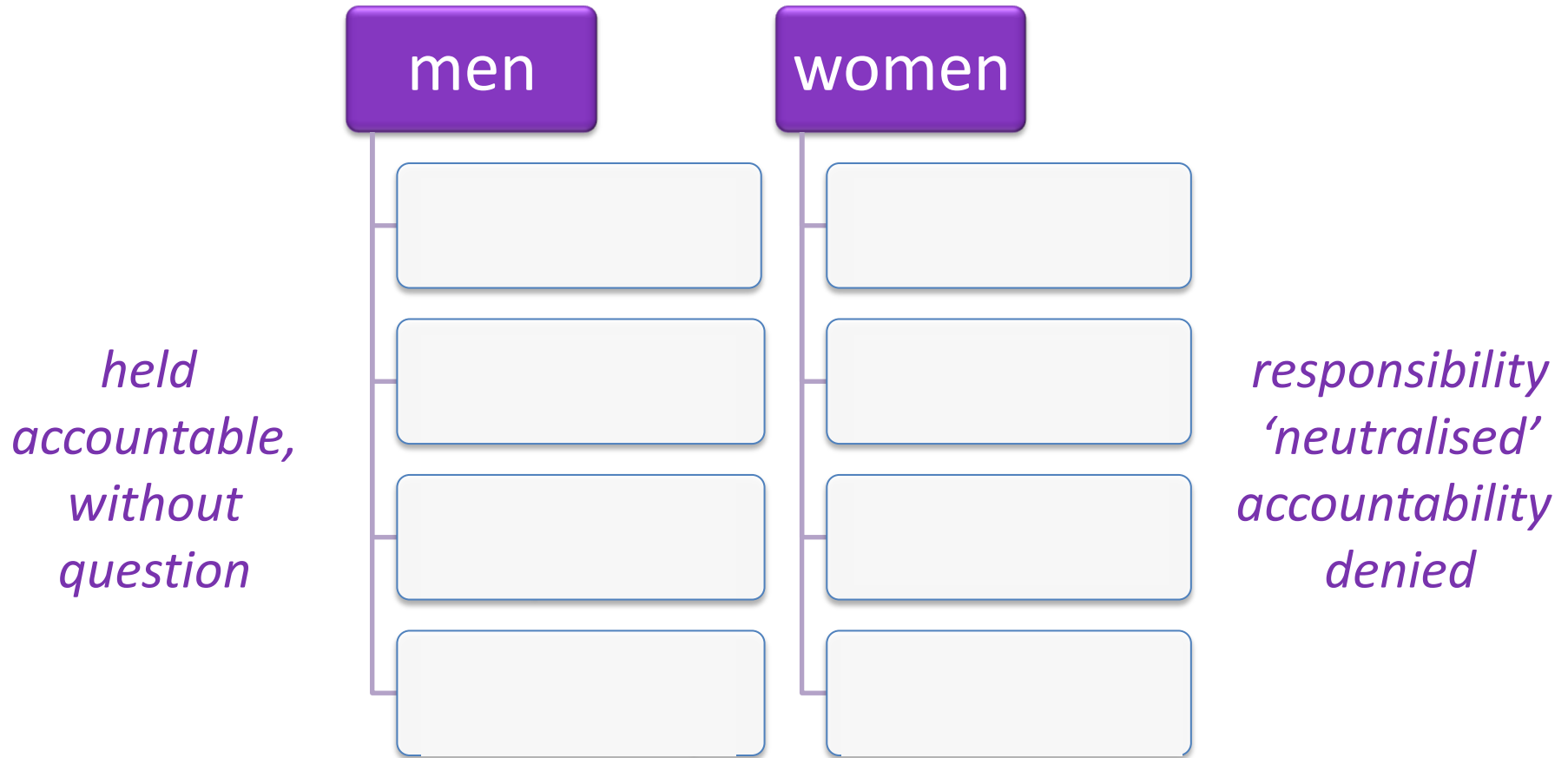


Paris (2007)  
Rosenfield (2000)



# gender stereotypes

## aggression and violence





# psychopathy

empirical research

## Psychopathy Checklist-Revised (PCL-R)

Hare (2003)

20 items, total score = 40

28+ diagnostic - in men

*no diagnostic cut-offs for women*

2, 3 and 4 factor models

# psychopathy

empirical research using the PCL-R

prevalence: *women (9-23%) < men (15-30%)*

severity: *women  $\leq$  men*

psychopathy measured reliably in women

using the PCL-R (and PCL:SV)

construct comparable in women and men:

*3 factor PCL-R solution best fit – antisocial poor*

# psychopathy

empirical research using the PCL-R



# psychopathy

empirical research using the PCL-R

does this mean women have more  
healthy, resilient personalities than men ...?

*or* or it just down to the poor measurement of  
personality and the social context in which  
women are harmful?

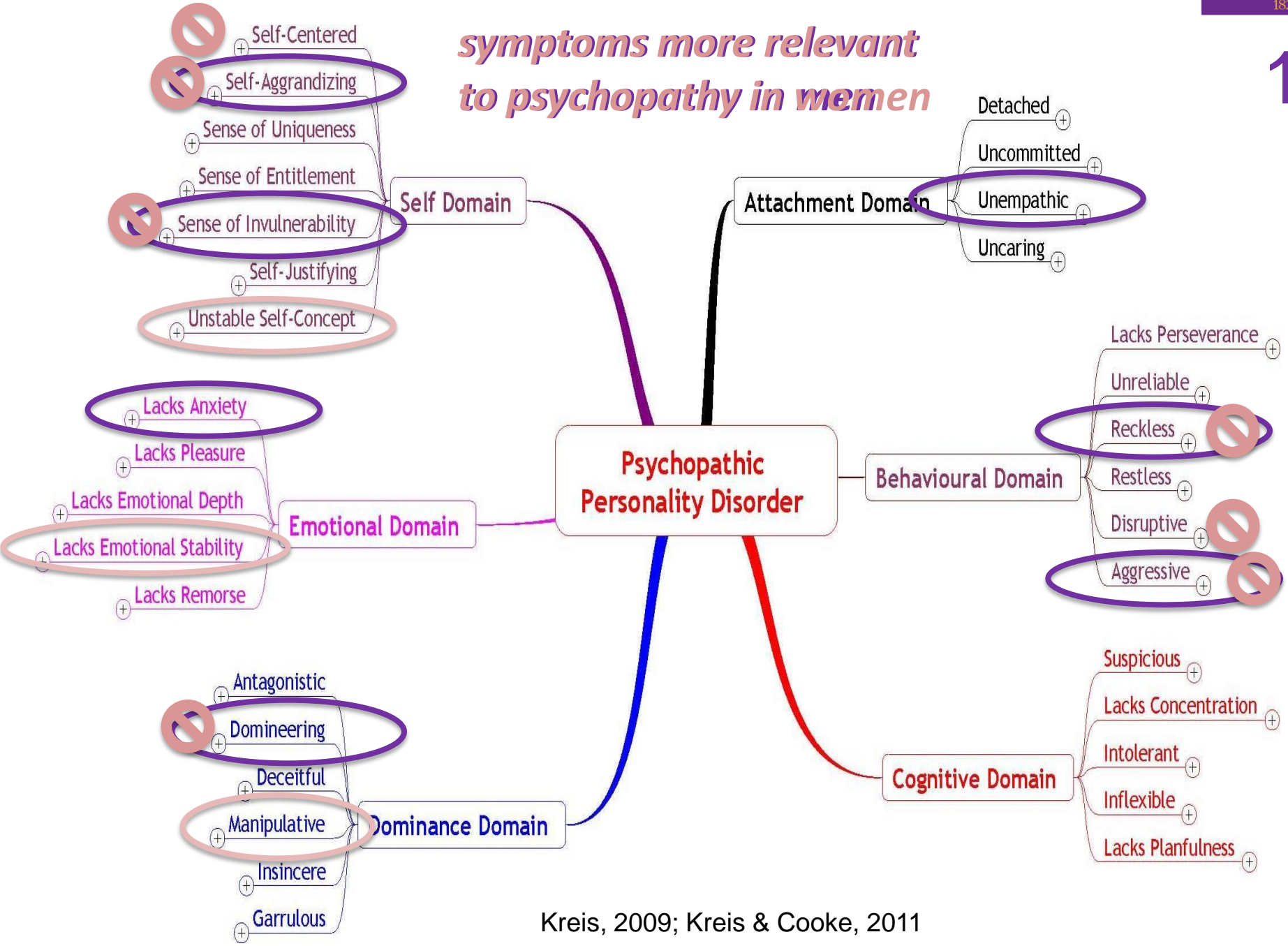
# psychopathy

empirical research

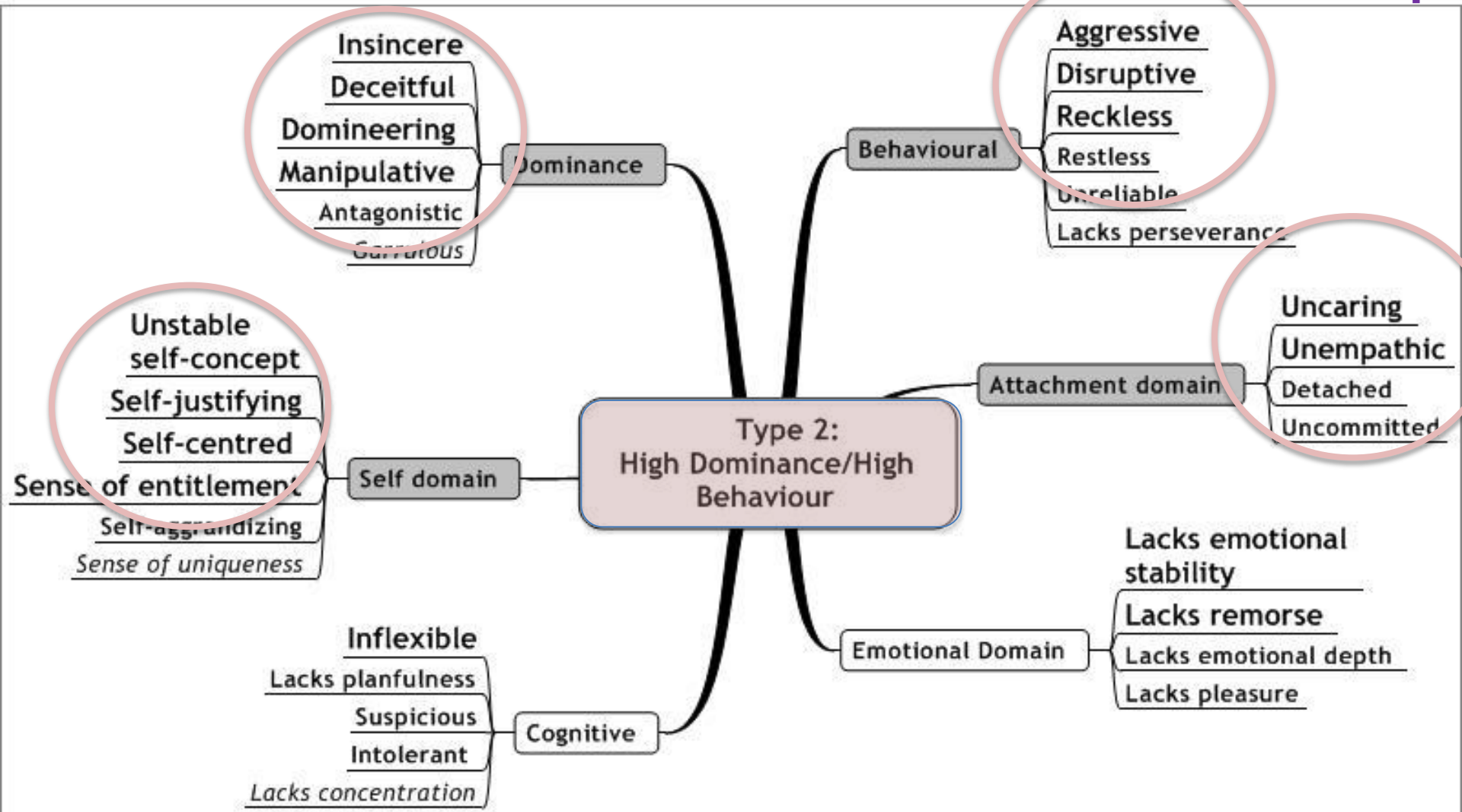
what do alternative models of  
psychopathy say about its  
presentation in women?

three things ...

# *symptoms more relevant to psychopathy in women*

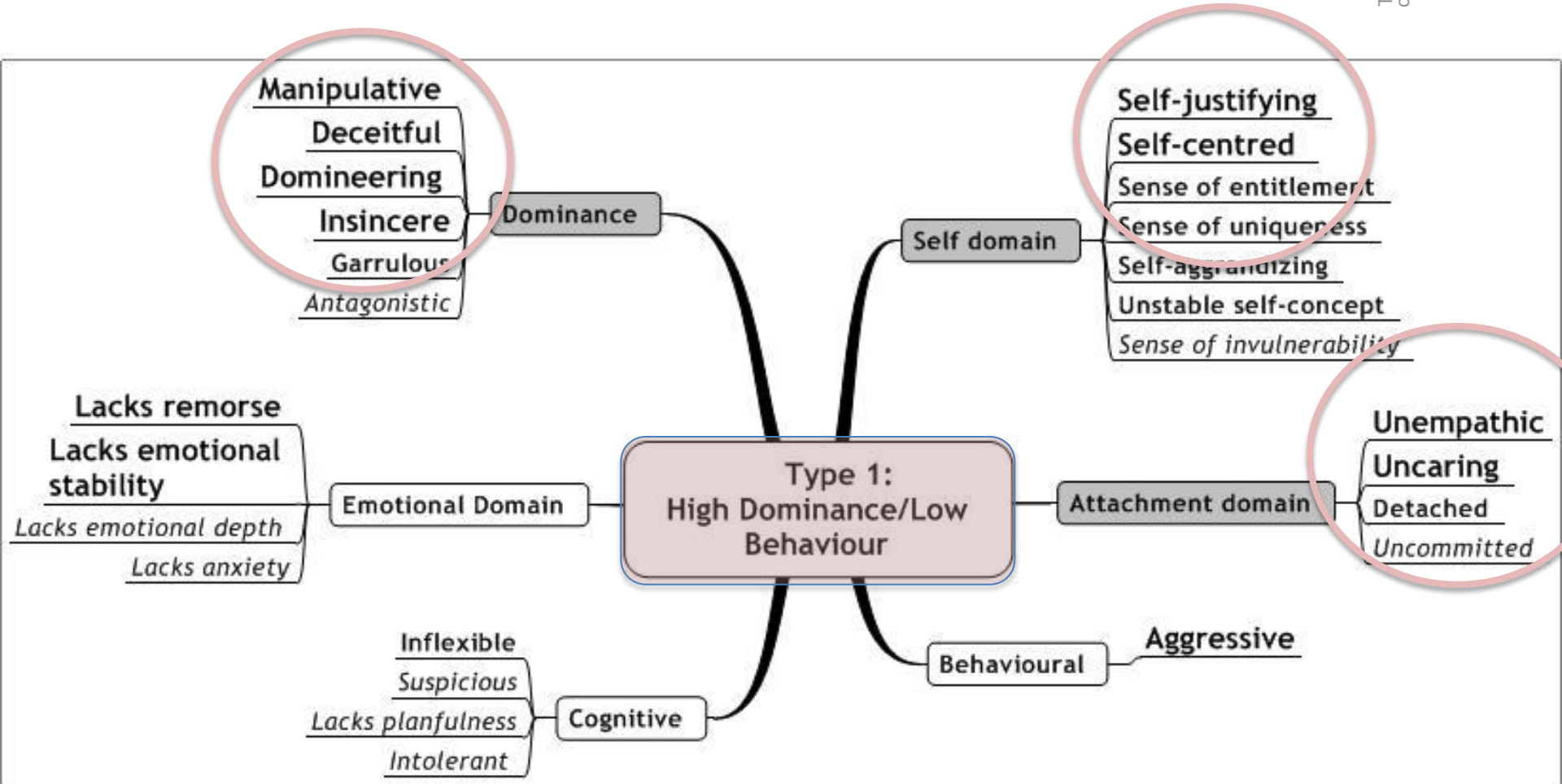


# Kreis, 2009



high PCL:SV ratings

# Kreis, 2009 *contd/...*



low PCL:SV ratings



## therefore ...

1. gender stereotypes dictate our expectations about the behaviour of men and women
2. measures of psychopathy, which reflect the behaviour of men and ignore the social context of violence and aggression, have limited utility with women (and men)

also ...

## borderline/emotionally unstable

- impulsivity
- instability of affect, self-image, cognition, and interpersonal relationships

	P	NPD	APD	BPD
N	-ve – F1 +ve – F2			<b>positive</b>
E	+ve – F1 -ve – F2	weak positive		
O				
A	very negative	negative	negative	<b>negative</b>
C	very negative		negative	<b>negative</b>

## therefore ...

1. gender stereotypes dictate our expectations about the behaviour of men and women
2. measures of psychopathy, which reflect the behaviour of men and ignore the social context of violence and aggression, have limited utility with women (and men)
3. ASPD and BPD may be more similar than different

- remember Vaillant's conjecture:
  - *the antisocial patient, when not involved in criminality, can look 'borderline'*
- are the differences between these disorders real or are they influenced to some (unknown) degree by gender differences in the expression of distress and conflict?"

- “*mirror image disorders*” (Paris 1997):
- “... *similar traits in men and women can have different behavioural expression. The same underlying dimensions could lead to different forms of psychopathology in the two genders ... impulsivity in men is more likely to be expressed through exploitation of others, whereas impulsivity in women is more likely to be expressed in self-destructive behaviours.*”

psychopathy

```
graph LR; A[psychopathy] --- B[primary]; A --- C[secondary];
```

primary

secondary

## borderline

- impulsivity
- instability of affect, self-image, cognition and interpersonal relationships
- **high N, low A, low C**

## secondary psychopathy

- disinhibition – impulsivity & negative affectivity
- emotional disturbance, covert social anxiety, withdrawal, submissiveness, shame-proneness, sensitivity
- angry, shameful, extreme reactivity
- **high N, very low A, low C**



# pathological narcissism

grandiose  
(arrogant, overt)

extrovert,  
positive self-  
esteem,  
interpersonally  
dominant

vulnerable (shy,  
covert)

superior,  
inhibited,  
ashamed,  
resentful,

pathological

rage, anger,  
violence,  
'malignant  
narcissism'



more often seen in men

more often seen in women

*increasing severity*



# psychopathy, gender and BPD

## summary (3)

- women have been overlooked in the psychopathy and NPD fields – at the cost of our understanding of these conditions
- psychopathy and NPD, ASPD and BPD have more in common than we may think
- common features become more clear when we examine these disorders in their elemental forms

historical review

psychopathy and pathological narcissism

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**measuring psychopathy and related constructs**

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concluding comments

a human being “is a dark and veiled thing; and whereas the hare has seven skins, the human being can shed seven times seventy skins and still not be able to say: This is really you, this is no longer outer shell.”

Nietzsche

**how can we measure  
psychopathy when we  
aren't sure what it is?**

# measuring psychopathy & related constructs

## summary (4)

- there are many measurement options – self-report, interview, structured observations, projective techniques
- no one measure has superiority over any other (including the PCL-R)
- although interviews > self-report in forensic settings
- triangulate – combine assessment methods – where possible

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- differentiate measurement instruments (tools, questionnaires) from assessment techniques
  - i.e., your skills as an interviewer
- case formulation
- treatment

## core stages

openings and introductions

establishing the chief complaint

developing, expressing and maintaining rapport

using specialist techniques to access essential detail  
for information retrieval

affirming or testing the client's feelings

closing the interview (& preparing for further meetings)

reporting observations or findings in narrative form

**formulation:**  
*the art*

**organisational framework  
for producing a narrative that  
explains the **underlying mechanism**  
*and* proposes **hypotheses** regarding  
action to facilitate change**

## top tips

- treatment options:
  - treat the disorder (e.g., dialectical behaviour therapy, cognitive behaviour therapy)
  - treat associated conditions that exaggerate the symptoms of personality disorder (e.g., with medication – contrary to NICE guidance ...)
  - treat the effects of the personality disorder (i.e., symptom relief, such as mood stabilisation)
  - manage the environment(s) in which the disorder symptoms are exaggerated ('nido' therapy)

## top tips

- treatment options:
  - treatment to be based on a formulation of the case (rather than a diagnosis, or test score)
  - improve the awareness of clients about the role of personality in the development and maintenance of their problems
  - contribute to the development of adaptive skills in emotional, cognitive and behavioural management
  - help develop skills in interpersonal problem-solving

## top tips

- treatment options:
  - treatment will, by necessity, be comprehensive so coordinate the interventions required
  - value your working relationship with the client – it is the channel through which the most relevant and positive change will be generated
    - support, empathy, validation
    - model stability, self-management, and interpersonal problem solving

## top tips

- treatment options:
  - keep your working relationship with the client as consistent and enduring as possible
  - and think hard about your clinical skills, which *will* be challenged by clients with personality disorder
    - e.g., your interview skills, the influence of transference and counter-transference effects on your relationship with the client

## top tips

- treatment options:
  - and never – ever – neglect clinical supervision and peer support as the means by which you will keep yourselves as good practitioners who are not compromised by the demands of the work
  - reflect on your work with your clients in your teams and services – does it mirror the chaos in their lives ...?
    - if it does, you need to address this



# assessment, treatment and management summary (5)

- differentiate measurement (using tools) and assessment (your clinical skills)
- the importance of formulation
- treatment is more than interventions for the core disorder
- treatment for severe disorders of personality should be based on the basic principles of treatment for PD in general
  - more emphasis on motivation and engagement
  - longer in duration, more systematic approach

historical review

psychopathy and pathological narcissism

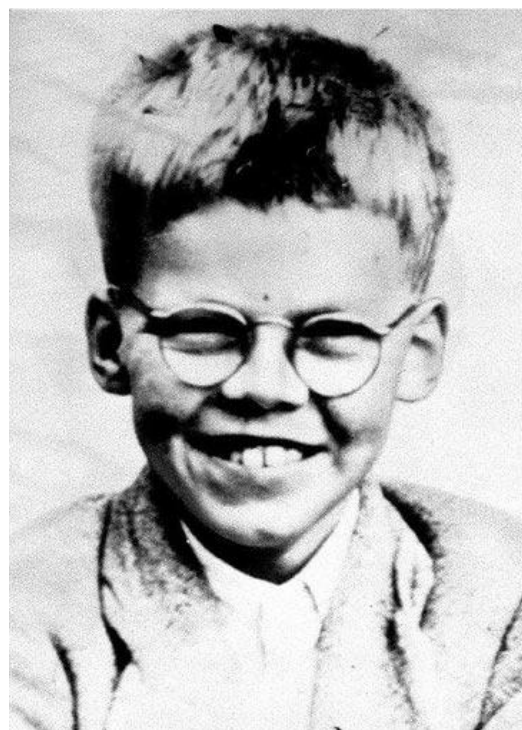
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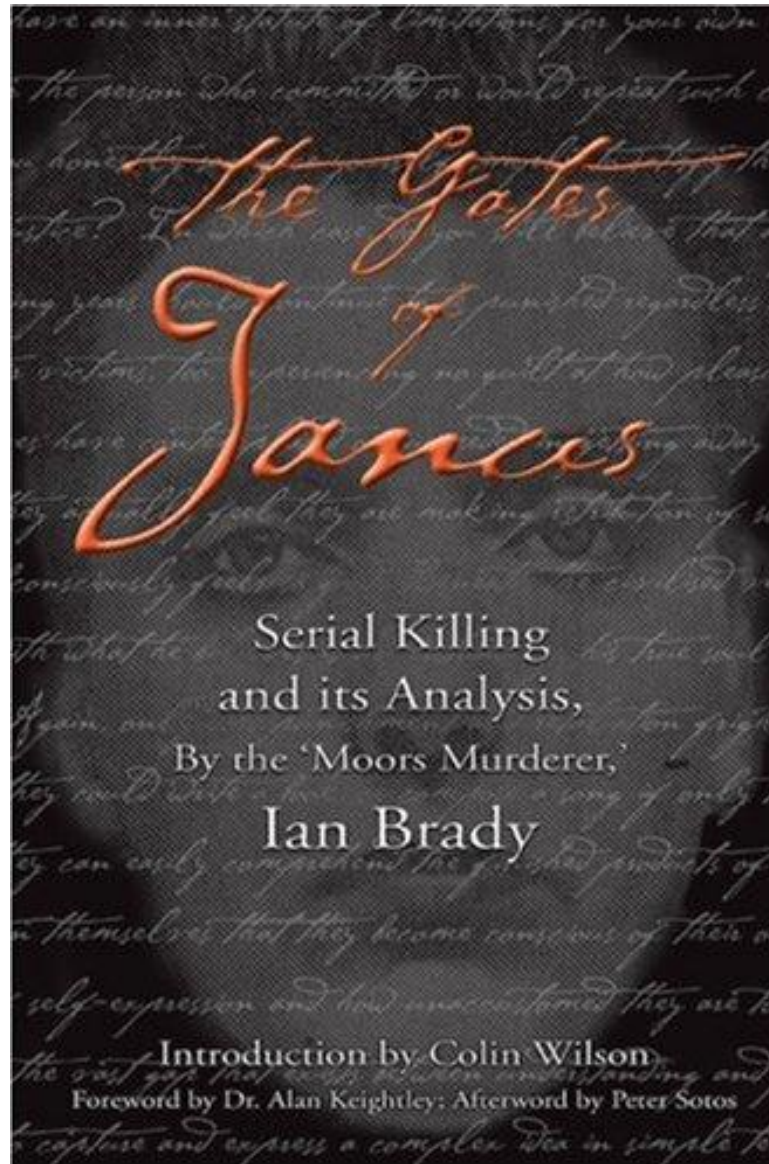
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**concluding comments**









*“You will presently discover that this work is not an apologia. Why should it be? To whom should I apologise, and what difference would it make to anyone? you confine me till death in a concrete box that measures eight by ten [feet] and expect public confessions of remorse as well? that species of feigned repentance extorted at show trials? Rid your mind of that expectation. I will not cater to the moral pretensions of the bovine; nor will I flatter retarded authority”* (Brady, 2001, p.44).

*“The vast popularity of crime in the media and entertainment industries suggests most people spend their lives envying the certitude of belief and ability for action possessed by the professional criminal. They are, as it were, impatient for the villain to appear on stage to liven things up” (Brady, 2001, p.46).*



*“... criminality is not always the inherent attribute of a specific act, but often the consequence of a variable power or majority successfully defining the said act as ‘criminal’” (Brady, 2001, p.76).*

does any of this sound familiar ...?

## SO ....

- two literatures – on psychopathy and NPD
  - four if you include ASPD and BPD
- evolved separately despite their similarities
- a gender bias encouraged these divisions
- normal personality theory, dimensional rather than categorical models, and more interest in women are highlighting problems – and offering solutions

- in terms of research and practice, it's really more constructive to think about the components of psychopathy (ASPD, NPD and BPD), grounded in normal personality and dimensional models
  - but to do so brings psychopathy closer to us, to recognising the psychopaths amongst us
  - and it de-mystifies the term and gives us nothing to fall back on to describe those who truly horrify us
  - (this could be one of the reasons we may be reluctant to do so with women)

## last slide

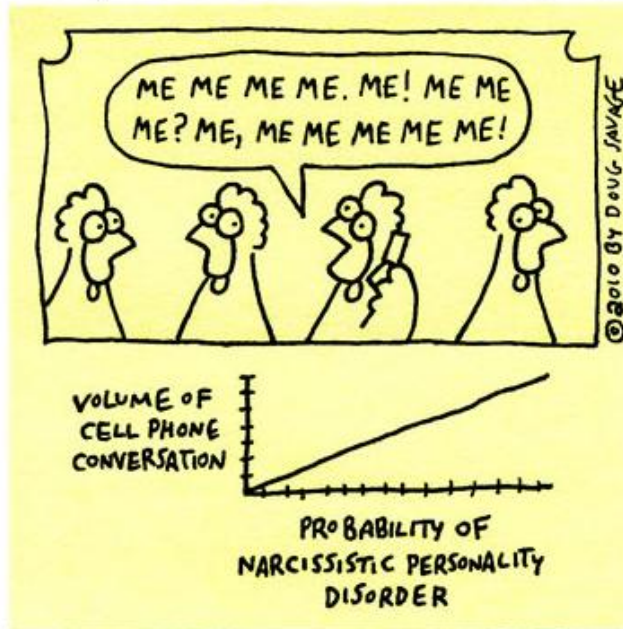
- psychopathy is relevant – but as a term denoting the most extreme
  - denoting someone ‘not like us’, someone ‘other’ than us
  - some but not all research(ers) are invested in trying to define that quality, to make sense of it
  - but, in the meantime, there’s a problem: studying psychopaths gives them the attention they crave
  - it’s like they don’t exist if you aren’t looking at them, so they have to make you look at them
  - and, horrified, appalled, and fascinated, you do ... and you will

# psychopathy and narcissism

## *same or different?*

*Savage Chickens*

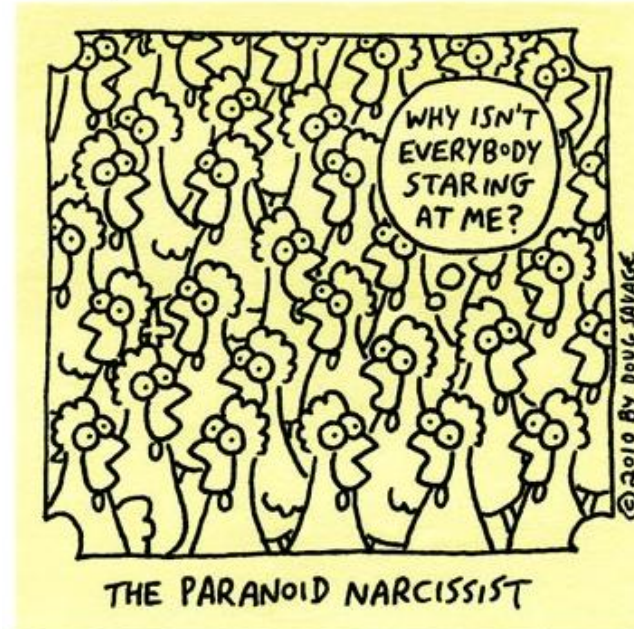
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