Differential Psychopathology

„The Dark Triad“ of personality disorders

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The History Of The Psychiatric Diagnostic System

DSM - Diagnostic and Statistical Manual of Mental Disorders (APA – American Psychiatric Association)

- DSM I (1950s) - the “character disorders“ became formally recognized and relied heavily on the psychoanalytic tradition and Freud's ideas
- DSM II (1968) – attempt to make compatible system with ICD, each disorder was briefly described by a few short sentences that bear only a slight resemblance to what we know today as personality disorders
- DSM III (1980) - Personality disorders were recognized as a distinct and separate category of disorders - operationally defined (including introduction of Axis I and II)
- DSM – V (2013) – abandons multiaxial system and introduces alternative model of personality disorders for future research
The History Of The Psychiatric Diagnostic System

ICD – International Classification of Diseases (WHO)

• **ICD 8** (early 1960s) Mental Health Programme of WHO engaged to improve diagnosis and classifications of mental disorders (cooperation with DSM)

• **ICD 9** (1978) continuous international cooperation and with DSM III

• **ICD 10** (1993) currently in use

• **ICD 11** (in preparation for 2017)
The Definition Of A Personality Disorder

According to the definition of personality disorders in DMS-5 (APA 2013), the key elements of a personality disorder are:

• 1. A personality disorder is *enduring* pattern of inner experience and behavior. This pattern manifests in two or more of the following areas:
  a. Thinking
  b. Feeling
  c. Interpersonal relationships
  d. Impulse control
• 2. This pattern deviates markedly from cultural norms and expectations.
• 3. This pattern is pervasive and inflexible.
• 4. It is stable over time.
• 5. It leads to distress or impairment
The Definition Of A Personality Disorder

ICD 10 (1990 - 2016) F60 Specific personality disorders

- These are severe disturbances in the personality and behavioural tendencies of the individual;
- not directly resulting from disease, damage, or other insult to the brain, or from another psychiatric disorder;
- usually involving several areas of the personality;
- nearly always associated with considerable personal distress and social disruption;
- and usually manifest since childhood or adolescence and continuing throughout adulthood.
## Personality disorders

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<th>DSM 5</th>
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<td><strong>Cluster A</strong> <em>(odd, eccentric)</em></td>
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<td>F 60.9 PD unspecified</td>
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Personality disorders in movies

• https://www.youtube.com/watch?v=p50Jpb9QB1k
Problems With The Diagnostic System For Personality Disorders

• The *DSM* does not account for the relative importance of various symptoms, and the descriptions of symptom criteria are overly broad - this means that patients diagnosed with the same disorder may have very dissimilar clinical presentations.

• There is a high degree of overlap or co-occurrence of personality disorders with each other, and other mental disorders.

• Diagnostic systems based on a categorical approach (i.e. pregnant/ not pregnant) - numerous problems in application to personality disorders.
Relative symptom importance and overly broad symptom descriptions

• **Polythetic approach** – in order to be diagnosed for PD a person must meet a certain number of symptom criteria from a defined criteria set

• **Problems:**
  1. **Relative symptom importance** (assumption that all symptoms carry the same weight) – but compare "suicidal and self-harming behavior" and "chronic feelings of emptiness," (2 out 9 criteria for BPD)

  2. **Overly broad symptom descriptions** - high heterogenity
     - example - 5 of 9 criteria for BPD = 150 possible combinations for diagnosing Borderline personality disorder!
     - common problem – patient does not meet enough criteria for one PD, but meets some criteria within several different PDs
The co-occurrence of personality disorders with other disorders

"co-occurrence of diagnoses" - when someone meets the criteria for several different diagnoses at the same time

High co-occurrence of personality disorders with other disorders:

- Borderline Personality Disorder and Bipolar Disorder
- Avoidant Personality Disorder and Social Phobia
- Schizotypal Personality Disorder and Schizophrenia
- Personality Disorder and ADHD, Substance Use Disorders, Eating Disorders
- Personality Disorders with other Personality Disorders
A categorical versus dimensional approach to personality diagnosis:

- The current and "official" diagnostic method derives from a **categorical model of disease**, disorders, and conditions - you either have a disorder, or you do not (i.e. pregnant/ not pregnant)

- In contrast, a **dimensional (or continuous) model** allows for varying degrees of impairment or severity - personality disorders would represent the extremes along a continuum of otherwise normal, healthy personality dimensions
Alternative model for personality disorder diagnosis offered in DSM-5 in the chapter called Emerging Measures and Models (not official, offered for continued research and greater specificity in clinical practice).

It has two main dimensions:

- **Criterion A: Level of personality functioning**
  1) identity, 2) self-direction, 3) empathy, 4) intimacy
  Each is rated along a five point continuum, from 0 (little to no impairment) to 5 to extreme impairment

- **Criterion B: Pathological Personality Traits (The „Big Five“)**
  - NEGATIVE AFFECT (polar opposite is emotional stability)
  - DETACHMENT (polar opposite is extroversion)
  - ANTAGONISM (polar opposite is agreeableness)
  - DISINHIBITION (polar opposite is conscientiousness)
  - PSYCHOTISM (polar opposite is lucidity)
Alternative Diagnostic Models For Personality Disorders: The DSM-5 Dimensional Approach

• In the DSM-5 alternative model only six specific personality disorders are included: Antisocial, Avoidant, Borderline, Narcissistic, Obsessive-compulsive, and Schizotypal (no sufficient research data for omitted four)

• Each of the six specified personality disorders require a moderate, severe, or extreme impairment rating of personality functioning, and a specified number of pathological personality traits unique to each personality disorder - example: the list for Narcissistic Personality has only two traits but both are required for diagnosis: grandiosity (an aspect of Antagonism); and attention seeking (an aspect of Antagonism)

• It should be pointed out that the polar opposite side of each dimension does not necessarily reflect a healthy adaptive response
Kernberg's Dimensional Approach: An Alternative Classification System
Kernberg – psychotic personality organization

- Lack of integration of the concept of self and significant others (identity diffusion)
- Predominance of primitive defense mechanisms centering around splitting and ist derivatives (projective identification, denial, primitive idealization, omnipotence, omnipotent control, devaluation)
- Loss of reality testing (manifested particularly in hallucinations and delusions)
- All patients with psychotic personality organizations represents atypical psychosis – an exclusion criterion for the personality disorders
Kernberg – borderline personality organization

• Also characterized by identity diffusion and the predominance of the primitive defense mechanisms centered on splitting, but distinguished from psychotic PO by the presence of good reality testing

• Kernberg further distinguish low and high form of borderline personality organization
KERNBERG - Identity Diffusion: Failure to Integrate Good and Bad Segments of Experience

https://www.youtube.com/watch?v=kgcckcH_FRs&index=8&list=PL_L7KEOxOeQ_x4WSfcR6gjUQXCUERcQQw
KERNBERG - Projective Identification

https://www.youtube.com/watch?v=D5OFt2IlkWA&index=19&list=PL_L7KEOxOeQ_x4WSfcR6gjUQXCUERcQQw
KERNBERG - Mild and Severe Forms of Personality Disorder

• https://www.youtube.com/watch?v=if4ittBEnkk&index=2&list=PL_L7KEOxOeQ_x4WSfcR6gjUQXCUErCQw
Low borderline personality organization

- Identity diffusion, the manifestations of primitive defense operations and varying degrees of superego deterioration (antisocial behavior)
- Present severe distortions in interpersonal relationships (particularly in intimate), varying degrees of pathology in sex life, lack of commitment to work or profession, lack of direction in life
- This category includes all the severe personality disorders: borderline, schizoid, schizotypal, paranoid, hypomanic, hypochondriacal, and
- in addition narcissistic, malignant narcissism and antisocial that typically suffer from significant disorganization of the super ego
High borderline personality organization

- Despite present identity diffusion, they show nonconflictual development of some ego functions, superego integration, a bening cycle of intimate involvements, better adaptation to work
- Includes: cyclothymic, sadomasochistic, histrionic, dependent as well as some better functioning narcissistic personality disorders
Kernberg – neurotic personality organization

- Normal ego identity and the related capacity for object relations in depth
- Ego strength reflected in anxiety tolerance, impulse control, sublimatory functioning, effectiveness and creativity in work
- Capacity for sexual love and emotional intimacy
- Disturbed only by unconscious guilt feelings reflected in specific pathological patterns of interaction related to sexual intimacy
- Includes: hysterical, depressive-masochistic, obsessive and many so-called avoidant personality disorders („phobic characters“)
Kernberg’s dimensional model for PDs
Kernberg – Narcissistic personality disorder

• Beside identity diffusion (typical for all borderline personality organization) there is integrated but pathological grandiose self which replaces the underlying lack of integration of a normal self

• It absorbs both real and idealized self and object representations into an unrealistically idealized concept of self

• In parallel there is weakening of integrated superego functions (as a protection against pathological excessive guilt) – therefore often presentss some degree of antisocial behavior
Kernberg – malignant narcissism syndrome

• When intense pathology of aggression dominates in a narcissistic personality structure, the pathological grandiose self may become infiltrated by egosyntonic aggression, antisocial behavior, and paranoid tendencies – the syndrome of malignant narcissism.

• Intermediate between the narcissistic and the antisocial personality disorder
Kernberg – the antisocial personality disorder

• Reveals severe underlying paranoid trends, together with a total incapacity for any nonexploitive investment in significant others
• The absence of any capacity for guilt feelings or concern for self and others
• The inability to identify with any moral or ethical value
• The incapacity to project a dimension of a personal future
Personality disorders in lay terms: MAD, BAD and SAD
“Egomania” (2007) - full documentary on Narcissism

- https://www.youtube.com/watch?v=94Uie7UCdOU
The Dark Triad of personality


• **Subclinical population** (personalities that are aversive but still within the normal range of functioning)*

   The Dark Triad of personality traits: narcissism, Machiavellianism**, and psychopathy

• **Clinical population**

   The Dark Triad of personality disorders: narcissistic – malignant narcissism – antisocial

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* Subclinical samples refer to continuous distributions in broader community samples. Although the term implies a milder version, subclinical samples will inevitably cover a wider range and naturally include the extreme cases who are currently at large in the community

**The term Machiavellianism is from the book *The Prince* by Machiavelli which lays out advice to rulers how to govern his or her subjects in manipulative way
Narcissistic personality disorder – 9 criteria (DSM IV and provisional criteria in ICD 10)

- A. The general criteria of personality disorder (F60) must be met.
- B. At least five of the following must be present:
  (1) has a grandiose sense of self-importance (e.g. exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements);
  (2) is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love;
  (3) believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions);
  (4) requires excessive admiration;
  (5) has a sense of entitlement; unreasonable expectations of especially favourable treatment or automatic compliance with his or her expectations;
  (6) is interpersonally exploitative, takes advantage of others to achieve his or her own ends;
  (7) lack of empathy; unwilling to recognize or identify with the feelings and needs of others;
  (8) is often envious of others or believe that others are envious of him or her.
  (9) arrogant, haughty behaviours or attitudes.
Kernberg – Narcissistic personality disorder

• Beside identity diffusion (typical for all borderline personality organization) there is integrated but pathological grandiose self which replaces the underlying lack of integration of a normal self

• It absorbs both real and idealized self and object representations into an unrealistically idealized concept of self

• In parallel there is weakening of integrated superego functions (as a protection against pathological excessive guilt) – therefore often presents some degree of antisocial behavior
Kernberg – Narcissistic personality disorder

KERNBERG - Narcissism: A Defense Against an Underlying Borderline Structure 3:33
https://www.youtube.com/watch?v=EyzHkqO4jdA&index=17&list=PL_L7KEOxOeQ_x4WSfcR6gjUQXCUEERCQw

KERNBERG - Narcissism vs. Borderline 1:04
https://www.youtube.com/watch?v=NY1IJUFYRmo&index=18&list=PL_L7KEOxOeQ_x4WSfcR6gjUQXCUEERCQw
NPD – Family history

Generally, people with NPD were born into dysfunctional families where they were either under-indulged or over-indulged:

• Because the **under-indulged** child experiences the core wounds of abandonment and rejection, they withdraw into a grandiose fantasy world where they can feel loved and self-sufficient.

• When **over-indulged**, they become the princes and princesses that need constant attention.

• Unfortunately, these individuals haven’t learned how to take the focus of evaluation from within themselves, so it comes from their external world through the narcissistic supply of others.
NPD – Family history

- While these kids may not have been physically abused, they could never count on being cherished, protected, show their hurt feelings without having to prove their worth:

Example:
“At age 6, Richard had a fight with his best friend, Steven, who’d said he’d never play with Richard again. When Richard ran home crying, devastated at the prospect of losing his friend, his father disdainfully admonished him, saying, “Don’t be such a wuss!” His mother told him, “You’re much better than Steven anyway. You’re making a big fuss about nothing. He’s not worth your time.” The message was loud and clear: Richard should be above silly things like hurt feelings and lost friendships.”

- From Behary (2013). Challenging the Narcissist
NPD Profile

• When they encounter problems, they view them through the lens of a wounded child
• To protect themselves, they develop an elaborate set of defense mechanisms (splitting, projective identification, control...)
• They demand constant praise and approval from others, and anyone failing to recognise their brilliance will be rejected, or even punished
• To narcissists, others are inferior beings, therefore fair game for exploitation
• With a limited, primitive empathy, they are free to exploit, devalue and prey on others with little or no remorse
• They also lack good boundaries, and without healthy boundaries, they disregard normal limits of social interaction
• Due to their high levels of insecurity, narcissists are very jealous and envious

From de Canonville (2015). The First Face Of Evil The Profile Of A Narcissistic Personality Disorder
NPD Profile

• Their **jealousy** works in two ways:

  - First, it is the perfect smokescreen for discrediting anyone who confronts their behavior head-on; to save face, the narcissist will announce to everyone that the person is simply jealous of them.

  - Secondly, their jealousy leads them to believe that they have exclusive ownership over another, which is shattering for those in relationships with them. They don’t trust any relationship, so they will accuse, interrogate, spy on, isolate, threaten, blame, and worse, use gaslighting techniques in every relationship.
NPD Profile

• They are envious – they insist on associating with people they perceive as gifted, and for a while, they will admire the person as being superior (idealization phase, splitting)

• However, once they covet whatever it is that they wanted, they will then view that person as inferior (devaluation phase, splitting)

• No longer of any use to them, they reject and discard the person
NPD Profile

• **Narcissistic injury** refers to any threat (whether real or imagined) that the narcissist perceives is being done to their grandiose false self in any given moment.

• With every narcissistic injury experienced by the narcissist’s fragile ego, they will exhibit a reflexive urge towards a **violent rage**.

• Contrary to belief, narcissists at the level of NPD do feel emotions just like everyone else, but are able to repress them.

• However, they lack empathy rather than conscience.
Narcissistic Personality Disorder vs Narcissistic Personality Traits

- The construct of subclinical or “normal” narcissism emerged from Raskin and Hall’s (1979) attempt to delineate a subclinical version of the DSM-defined personality disorder.
- Facets retained from the clinical syndrome included: grandiosity, entitlement, dominance, and superiority.
- Items were refined on large samples of students and assembled in the Narcissistic Personality Inventory (NPI).
  [http://personality-testing.info/tests/NPI/](http://personality-testing.info/tests/NPI/)

- The successful migration from clinical to subclinical construct is well supported by a strong research literature.
- A notable exception to the parallel literatures has been the inability of the NPI to capture the vulnerable aspects of clinical narcissism.
- Whether clinical or subclinical, others find narcissists to be socially aversive.
Narcissistic epidemic

• The rise in narcissism is accelerating, with scores rising faster in the 2000s than in previous decades.
• By 2006, 1 out of 4 college students agreed with the majority of the items on a standard measure of narcissistic traits - NPI.
• Narcissistic Personality Disorder (NPD), the more severe, clinically diagnosed version of the trait, is also far more common than once thought. Nearly 1 out of 10 of Americans in their twenties, and 1 out of 16 of those of all ages, has experienced the symptoms of NPD. (APA 2011)
• Even these shocking numbers are just the tip of the iceberg; lurking underneath is the narcissistic culture that has drawn in many more. The narcissism epidemic has spread to the culture as a whole, affecting both narcissistic and less self-centered people.
Malignant Narcissism

• The social psychologist Erich Fromm first used the term “malignant narcissism” (MN) in 1964 describing it as a severe mental disorder. He called MN “the quintessence of evil” (Fromm 1964)

• Kernberg (1984) introduced the concept of MN to psychoanalytic literature in 1984. Very little has been written about MN since his contribution.
Malignant Narcissism Personality Disorder

Kernberg outlined four features of this syndrome:

1) a typical core narcissistic personality disorder (NPD),
2) antisocial behaviour (ASB),
3) ego-syntonic sadism and
4) a deeply paranoid orientation toward life (Kernberg 1984)
1. MN – Typical narcissistic features

- In MN destructive aspects of the self and the expression of aggression become idealized - giving the appearance of being self-sufficient and successful.
- Covertly, however, they are fragile, vulnerable to shame and sensitive to criticism – resulting in prominent mood swings with irritability, rage and feelings of emptiness.
- Driven by an intense need for recognition, they are adaptive, capable of consistent hard work and of achieving success - but primarily to gain admiration and their intellect is strikingly shallow
- Inwardly, they are deeply envious of people who have meaningful lives
- Often materialistic, ready to shift their values to gain favour, and prone to pathological lying
- In the realm of love and sexuality they are charming, seductive and promiscuous, but unable to develop deep relationships
- Disturbing feelings of inferiority, self-doubt, boredom, alienation, emptiness and aimlessness underlie their persona
2. MN – Antisocial behaviour

- Their antisocial behaviour does not meet DSM IV criteria for Antisocial personality disorder (ASP)
- Contemptuous of social conventions and show a passive tendency to lie, steal, and mismanage money
- May commit burglary, assault or murder and even become leaders of sadistic or terrorist groups
- Capable of feeling concern and loyalty for others, but primarily for their disciples or blind followers
- They realize that others have moral concerns, but they easily rationalize their antisocial behaviour
- They are adept at avoiding detection
3. MN – Ego-syntonic sadism

• The ego-syntonic sadism of MN is displayed by a characterologically-anchored aggression
• It is expressed in a conscious ‘ideology’ of aggressive self-affirmation
• Individuals with MN have a tendency to destroy, symbolically castrate, and dehumanise others
• Their rage is fuelled by the desire for revenge
• They may present with chronic, ego-syntonic suicidal tendencies but this rarely reflects depression - they become suicidal during crises and when, as masters of their own fate, they see suicide as something triumphant
4. MN – Paranoid features

• Kernberg (1975) believes the paranoid orientation of MN may be the basic cause of their self-inflation
• The paranoid tendencies in malignant narcissists reflect their projection of unresolved hatred onto others whom they persecute
• They have a deep sense of mistrust and view others as enemies/fools or idols, either devaluing or idealizing them
• They have disorganised superegos and consequently lack the capacity for remorse, sadness or self-exploration
• They are preoccupied with conspiracy theories
• Their pathological grandiosity is a defense against paranoid anxiety
• Paranoid regression in therapy can lead to episodes of psychosis
Malignant Narcissism vs Machiavellianism

Machiavellianism:

- Rather than a clinical syndrome (i.e., a personality disorder), the concept was named eponymously for the philosophy of Nicolo Machiavelli, a political advisor to the Medici family in the 1500s.
- Christie and Geis (1970) created a questionnaire measure by distilling the philosophy and tactical recommendations from Machiavelli’s original text.
- Subsequent experimental and correlational work led to the conclusion that everyday samples who agreed with such statements also behaved that way in their personal lives.
- Consistent with Machiavelli, high scorers on the questionnaire are cynical, unprincipled, believe in interpersonal manipulation as the key for life success, and behave accordingly.
- The most common measure of Machiavellianism in the Dark Triad literature is the Mach IV (Christie & Geis, 1970).
- [http://personality-testing.info/tests/MACH-IV.php](http://personality-testing.info/tests/MACH-IV.php)
Malignant Narcissism vs Antisocial Personality Disorder

• Malignant narcissism has the capacity to internalize both aggressive and sadistic features of the pathological grandiose self - while people with ASP have a paranoid stance against external influences that makes them unwilling to internalize even the values of “aggressor”

• Malignant narcissists develop identification with powerful people and rely on internal sadistic and powerful parental images

• Malignant narcissists are also said to be capable of developing "some identification with other powerful idealized figures as part of a cohesive 'gang'...which permits at least some loyalty and good object relations to be internalized“ (for example, as leaders of sadistic gangs or terrorist groups...with the capacity for loyalty to their own comrades)
MN early relational trauma

- In MN right brain impairment results in a developmental arrest at the stage of the archaic grandiose self (Kohut 1971), reactive rage and aggression (Kohut 1971) and identification with the aggressor.

- The grandiose self is a pathological fusion of 1) special aspects of the self, 2) the idealised self-image and 3) the ideal object representation. Chronic envy underlies the grandiose self and rage incites its formation (Kernberg 1975).

- Introjective identification is used to incorporate desirable aspects of others claimed to belong to the self.

- Projective identification is used to externalize unacceptable aspects of the self and deposit them into others.

- Talents and gifts are hypertrophied.

- Whatever love is offered is destroyed in order to maintain superiority over others.

- Goodness in others provokes envy and this is defended against by devaluation, control and avoidance (Kernberg 1975).
Family histories of historic figures with MN

• Family histories of Adolf Hitler, Joseph Stalin and Mao Zedong:

“Their family histories had striking similarities. Their mothers lost either 2 or 3 children prior to their births. Their mothers were religious, strict and idolized and ‘spoiled’ them. They were ruthlessly beaten by their fathers who tried to control them and obstruct their development. They hated their fathers and loved their mother’s initially, but later rejected their mothers as well. They had a variety of humiliations in their childhood family life as well as separations with multiple parental figures. Social and environmental factors outside the family also shaped their development. They were unable to maintain normal or faithful relationships with women”

The Psychopath Next Door

Full documentary

https://www.youtube.com/watch?v=-LjnQth93uM
Kernberg – the antisocial personality disorder

• Reveals severe underlying paranoid trends, together with a total incapacity for any nonexploitive investment in significant others
• The absence of any capacity for guilt feelings or concern for self and others
• The inability to identify with any moral or ethical value
• The incapacity to project a dimension of a personal future
Robert Hare - Key Symptoms of Psychopathy

**Emotional/Interpersonal:**
- Glib and superficial
- Egocentric and grandiose
- Lack of remorse or guilt
- Lack of empathy
- Deceitful and manipulative
- Shallow emotions

**Social Deviance:**
- Impulsive
- Poor behavior controls
- Need for excitement
- Lack of responsibility
- Early behavior problems
- Adult antisocial behavior
Hare - Psychopathy vs Antisocial PD

• Hare takes the stance that psychopathy as a syndrome should be considered distinct from the DSM-IV's antisocial personality disorder construct

• ASPD and psychopathy were intended to be equivalent in the DSM and ICD (dissocial) - however, those who created the DSM-IV felt that there was too much room for subjectivity on the part of clinicians when identifying things like remorse and guilt; therefore, the DSM-IV panel decided to stick to observable behavior, namely socially deviant behaviors

• As a result, the diagnosis of ASPD is something that the "majority of criminals easily meet" - Hare goes further to say that the percentage of incarcerated criminals that meet the requirements of ASPD is somewhere between 80 and 85 percent, whereas only about 20% of these criminals would qualify for a diagnosis of what Hare's scale considers to be a psychopath
The Hare checklist is still used to diagnose members of the original population for which it was developed—adult males in prisons, criminal psychiatric hospitals, and awaiting psychiatric evaluations or trial in other correctional and detention facilities.

The test must be administered by professionals who have been specifically trained in its use.

Contains two parts, a semi-structured interview and a review of the subject's file records and history.

Consists of a 20-item symptom rating scale (with a score 0, 1, or 2).

A score of 30 or above qualifies a person for a diagnosis of psychopathy.

Many non-psychopathic criminal offenders score around 22.

Read more: [http://www.minddisorders.com/Flu-Inv/Hare-Psychopathy-Checklist.html#ixzz4OAzL1NSN](http://www.minddisorders.com/Flu-Inv/Hare-Psychopathy-Checklist.html#ixzz4OAzL1NSN)
Hare - The Self-Report Psychopathy Scale

- This unique tool contains items that can be used to help identify psychopathic behaviors across the same factor structure found in the entire PCL family of assessments
- **Interpretive scales:** Interpersonal, Affective, Lifestyle, Antisocial
- The provision of community, college, and offender samples provides context for scores and makes the SRP 4 an invaluable tool for use in psychopathy research. The SRP 4 can also be used to help identify individuals who require further assessment and treatment. Higher scores on the SRP 4 indicate the individual may possess psychopathic personality traits.
Origin of psychopathy

• **Nature vs Nurture?**
• **Robert Hare** — “The position that I favor is that psychopathy emerges from a complex—and poorly understood—interplay between biological factors and social forces.
• It is based on evidence that genetic factors contribute to the biological bases of brain function and to basic personality structure, which in turn influence the way an individual responds to, and interacts with, life experiences and the social environment.
• In effect, the core elements needed for the development of psychopathy—including a profound inability to experience empathy and the complete range of emotions, including fear—are in part provided by nature and possibly by some unknown biological influences on the developing fetus and neonate.
• As a result, the capacity for developing internal controls and conscience and for making emotional "connections" with others is greatly reduced.”
The brain scan of a psychopath

Here's a scan of a normal brain (top) and Jim Fallon's brain (bottom). Notice that the normal scan shows much more activity (yellow and red) in the lower frontal lobe than Fallon's (mostly blue).

The scans showed reduced activity in an area towards the center of the brain called the orbital cortex thought to play a role in regulating our emotions and impulses as well as morality and aggression.
James Fallon – a scientist who discovered he has a brain of a psychopath

- After seeing his own brain scan and doing some of his own research, Fallon found out he had a genetic variant called MAO-A, which some studies have linked to psychopathic behavior. This gene is responsible for making a protein that breaks down certain types of chemical messengers such as dopamine, noradrenalin, and serotonin, which are all linked to mood.

- “The people who knew me well, including family, friends and psychiatrists who examined me all, with the exception of my mother (who later relented and told me secrets of my early life problems that she had kept to herself for over 50 years), finally told me what they felt about my psychopathic behaviors. When tested for psychopathy, I consistently scored as a “pro-social” psychopathic, and borderline to being a categorical psychopath.”
Example:

• „One thing pointed out to me was that simply taking on highly risky behaviors by myself was hardly psychopathic. It was when I endangered the lives of others, unwittingly sucked into my games, that they started to resemble psychopathy.

• One example occurred in the 1990s when I was living in Africa. One of my brothers from New York visited me and I took him to the Kitum Caves in Mt Elgon, on the border of Uganda and Kenya. After the trip, about two years later, my brother called me in a fury, and really has not trusted me since. He had found out that I had taken him to the abandoned mountain and caves because that is where the deadly Marburg virus was thought to originate. Knowing he would have refused to go if I told him about the virus there (let alone sleeping around a campfire surrounded by close-in lions, hyenas and a leopard all night), I never said a word. Until he found out.”

• Read more: https://www.theguardian.com/commentisfree/2014/jun/03/how-i-discovered-i-have-the-brain-of-a-psychopath
Corporate Psychopaths

• Recent findings - up to 4% of corporate staffers are psychopaths
• Robert Hare is validating a research tool that HR departments and corporate staffers could eventually use to screen prospective and current employees, from mailroom to corner office (in process)
Corporate Psychopaths


• The authors describe a five phase model of how a typical workplace psychopath climbs to and maintains power:
• **Entry** - psychopath will use highly developed social skills and charm to obtain employment into an organisation. At this stage it will be difficult to spot anything which is indicative of psychopathic behaviour, and as a new employee you might perceive the psychopath to be helpful and even benevolant.
• **Assessment** - psychopath will weigh you up according to your usefulness, and you could be recognised as either a pawn (who has some informal influence and will be easily manipulated) or a patron (who has formal power and will be used by the psychopath to protect against attacks)
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A Narcissist, a Psychopath and a Machiavellian Walk into a Bar…

• The bartender asks, ‘who has the darkest personality out of you three?’

The Narcissist says ‘me’,
the Psychopath says, ‘I don’t care’
and the Mach says ‘it’s whoever I want it to be’.
In Treatment

Types of treatment for personality disorders

• Transference Focused Psychotherapy (TFP)
• Mentalization-Based Treatment (MBT)
• Cognitive-Behavioral Therapy (CBT)
• Dialectical Behavior Therapy (DBT)
• Schema Therapy

Read more:

• https://www.mentalhelp.net/articles/the-treatment-of-personality-disorders/
Transference Focused Psychotherapy (TFP)

- TFP developed by Otto Kernberg is based on the object relations theory of personality disorders, and stems from the tradition of psychodynamic therapy.
Transference Focused Psychotherapy (TFP)

TFP differs from the traditional psychoanalytic technique in several important ways:

• there is a very specific agenda – extensive evaluation and treatment contract

• the therapist typically takes on a very active role in the therapy - asking pointed, clarifying questions, and challenging self-destructive or other negative behaviors

• the focus is on the here-and-now, present-day relationships
Transference Focused Psychotherapy (TFP)

- KERNBERG - youtube
- https://www.youtube.com/watch?v=nC7P4ZRSucs&index=6&list=PL_L7KEOxOeQ_x4WSfcR6gjUQXCUERcQQw
- Two Types of Therapy for BPD: Cognitive Behavioral and Psychodynamic
- The Goal of Transference-Focused Psychotherapy (TFP)
- The Activation of Split Relationships With the Therapist
- A Detailed Explanation of the Three Stages of Transference-Focused Psychotherapy
- The Three Stages of Transference-Focused Psychotherapy & Length of Treatment
- Positive Outcomes of Transference-Focused Psychotherapy
- What Makes for a Bad Prognosis
- Sex Life & Prognosis
Mentalization-Based Treatment (MBT)

- Anthony Bateman and Peter Fonagy are the founders of Mentalization-Based Treatment (MBT)
- MBT originates from attachment theory
- the term mentalization refers to the ability to reflect upon, and to understand one's state of mind
- mentalization is the insightful understanding of what one is feeling, and why
- mentalization is learned through a secure attachment to the caregiver - insecure attachments limit the development of this important skill
- accumulating research evidence that MBT is an effective treatment for Borderline Personality Disorder
Dialectical Behavior Therapy (DBT)

- Dialectical Behavior Therapy (DBT) can be considered a sub-type of traditional cognitive-behavioral therapy (CBT)
- The psychologist, Marsha Linehan initially developed DBT specifically to treat women with Borderline Personality Disorder
- The term dialectic means to find a resolution or compromise between things that seem contradictory or incompatible
- Some of the time she would be accepting and validating, while at other times she would be challenging and promoting change
- Set of skills are taught in DBT in four structured modules, in a group or classroom-like setting: mindfulness, interpersonal effectiveness, emotional regulation and distress tolerance skills
Schema Therapy

• developed by the psychologist Jeffrey Young
• considered to be an integrative psychotherapy approach
• derives mainly out of cognitive-behavioral theory, but also includes elements of attachment theory, object relations theory and Gestalt therapy
• schemas are considered an organizing framework of the mind - represent patterns of internal experience including memories, beliefs, emotions, and thoughts
• article (case study from the class)
In treatment

Working with victims of narcissistic abuse in personal relationships
Women who love psychopaths

Interview with Sandra Brown – author of the book „Women who love psychopaths“

- https://www.youtube.com/watch?v=I3EAh7-bXjk
- https://www.youtube.com/watch?v=ce7TO3aMgNs
Sandra Brown - profile of victims

• educated, professional, great career
• first research project - 75 women in relationships: Personality traits – high empathy, high tolerance, highly emotionally invested, high cooperation, trust (blind trust), loyalty (insane loyalty) – cocktail of personality for harm
• new research – ongoing – confirming
• they always will be a target – in the past, present, future
• the same traits are the strenght and resource for recovery
Phases of relationships with Narcissist:

- **Idealization phase**
  - picking the target – high status and high empathy
  - incredible intensity of attractions and attachments (princ charming – soul mates...)

- **Deevaluation phase**
  - mask starts to fall – Dr. Jackyl and Mr. Hide – creating cognitive dissonance
  - Gaslighting - [https://www.youtube.com/watch?v=fFfBB4WCFJY](https://www.youtube.com/watch?v=fFfBB4WCFJY)
  (from the movie Gaslight 1944 Ingrid Bergman Charles Boyer)

- **Discarding phase**
  - ending phase
  - gets bored if the person is lucky or violence...
The Drama Triangle – Stephen Karpman

**The Rescuer**

Poor you! Let me help.
Enabler, pain reliever, keeps victim dependent

**The Victim**

Poor me! Powerless, hopeless, stuck

**The Persecutor**

It’s all your fault!
Critical, blaming, controlling, superior
Roles in the Drama Triangle

- **Victims** are helpless and hopeless; they deny responsibility for their negative ways and deny the power of change.

- **Rescuers** are constantly applying short-term repairs to a victim’s problems, whilst neglecting their own needs. They are always looking to help others in need; they are tired and often have physical complaints.

- **Persecutors** blame the victims and criticise the behaviour of rescuers, without providing guidance, assistance or a solution to the problem.
## Switching roles in Drama Triangle

<table>
<thead>
<tr>
<th>Person</th>
<th>Dialogue</th>
<th>Body language</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“I cannot begin to tell you have upset I am!”</td>
<td>Defensive, making self small, tearful</td>
<td>Victim</td>
</tr>
<tr>
<td></td>
<td>“Cheer up, what’s up with you?”</td>
<td>Reassuring, concerned, trying to get close to him</td>
<td>Rescuer</td>
</tr>
<tr>
<td></td>
<td>“What’s up with me? As if you don’t know what’s up with me?!”</td>
<td>Pointing finger, furrowed brow, tension in shoulders</td>
<td>Persecutor</td>
</tr>
<tr>
<td></td>
<td>“Alright! Calm down, I’m only trying to help you! You don’t need to get so angry with me!”</td>
<td>Hands in air, look of shock, stern expression. Most defensive posture</td>
<td>Victim</td>
</tr>
</tbody>
</table>
Narcissistic Victim Syndrome

• can come because typical issues as any other client (depression, anxiety, panic attacks...)
• but soon you can recognize:
  - symptoms of trauma (avoidance behaviour, loss of interest, feeling detached, sense of a limited future, sleeping or eating difficulties, irritability, hypervigilance, easily startled, flashbacks, hopelessness, psychosomatic illnesses, self-harming, thoughts of suicide etc)
  - Stockholm Syndrome (the victim always seems to defend their abuser)
  - Cognitive dissonance - rationalization: On the one hand: she abhors her unhealthy relationship and all the abuse that goes with it; while on the other hand, she tells herself that he only fights with her because he loves and cares for her.
  - feeling uncertain of themselves, constantly second guessing themselves, even in the smallest matters (effects of gaslighting)

Read more: [http://narcissisticbehavior.net/](http://narcissisticbehavior.net/)
Therapy with victims of narcissistic abuse

• validation

• need to educate the victim about narcissistic behaviours so that they can make sense of the long painful journey they were on with their narcissist dance partner (whether it is a parent, sibling, friend, co-worker etc)

• personal therapy (focus on the stance to please others and the tendency to take the role of a rescuer)

• without putting these separate parts together (personal therapy and educational therapy), - it would leave the victim vulnerable to future re-victimization.
Therapy with victims of narcissistic abuse

Suggested reading:

- [http://narcissisticbehavior.net/](http://narcissisticbehavior.net/)
In Treatment – working with victims of narcissistic abuse in the workplace

• Suggested reading:

• Short video **Workplace Psychopath**
  [https://www.youtube.com/watch?v=UGrFAn3wU7c](https://www.youtube.com/watch?v=UGrFAn3wU7c)
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Seminar paper

• Please find the instructions about seminar paper in the separate document – submitted as a part of the material for this course

• Deadline 27.01. 2017
THANK YOU!!!