THE
PSYCHOPATHIC
MIND
Origins, Dynamics, and Treatment
J. Reid Meloy
“Perhaps the analytic focus upon narcissistic psychopathology during the past two decades will need to shift to understanding the varieties of psychopathic disturbance as we approach a new century” (p. 7).
• Are any of these men “very stable geniuses?”
Antisocial Personality Disorder (DSM-5)

- Current age at least 18
- Evidence of conduct disorder before age 15
- Three of the following seven criteria
  - Failure to conform to social norms
  - Irritability and aggressiveness
  - Consistent irresponsibility
  - Impulsivity or failure to plan ahead
  - Deceitfulness
  - Reckless disregard for safety of self or others
  - Lack of remorse
ICD-10 Dissocial (Antisocial) Personality Disorder

- Callous unconcern for others
- Gross and persistent irresponsibility
- Incapacity to maintain enduring relations
- Very low tolerance for frustration; violence
- Incapacity to feel guilt and respond to punishment
- Marked pronenessness to blame or rationalize
The Research Traditions

**Personality**
- 1890’s (Germany)
- Hervey Cleckley, MD (1941)
- Robert Hare, PhD (1991)
- “psychopathy”
- “fledgling psychopath”
- PCL; PCL-R; PCL:SV
- PCL:YV; PSD; CPS

**Social Deviancy**
- 1960’s (US)
- Lee Robins, PhD (1966)
- “antisocial personality disorder”
- “conduct disorder”
- DSM III - DSM IV
The Psychopathy Checklist-Revised (Hare, 1991, 2003)

- Two factors, four facets
  - I: Interpersonal/Affective
    - Interpersonal
    - Affective
  - II: Social deviance
    - Lifestyle
    - Antisocial
- Correlate 0.68
Proportion of APD Inmates and Psychopathic Inmates

Antisocial Personality Disorder (DSM-III-R)

- 75%
- PCL-R ≥ 30 (25%)
Relationship

• ASPD (DSM 5)—categorical
  – 5% of adult male population in US
• Psychopathy—dimensional
  – 1% of adult male population in US
Psychopathy as a genotype

• The more severe the psychopathy in a patient, the greater the genetic loading (heritability).
Factor I: Interpersonal/Affective

- Glibness/Superficial charm
- Grandiose sense of self worth
- Pathological lying
- Conning/Manipulation
- Lack of remorse or guilt
- Shallow affect
- Callous/Lack of empathy
- Failure to accept responsibility for own actions
Factor II: Social Deviancy

- Need for stimulation/proneness to boredom
- Parasitic lifestyle
- Poor behavioral controls
- Early behavior problems
- Lack of realistic, long term goals
- Impulsivity
- Irresponsibility
- Juvenile delinquency
- Revocation of conditional release
- Criminal versatility
No loading on either factor

- Sexual promiscuity
- Many short term marital relationships
Countertransference Reactions

- Therapeutic nihilism (Lion)
- Illusory treatment alliance
- Fear of assault or harm
- Denial and deception
- Helplessness and guilt (Strasburger)
- Devaluation and loss of professional identity (Strasburger)
- Hatred and the wish to destroy
- Assumption of psychological complexity when there is none
- Erotic excitement
How do you typically react to psychopathy in a patient, or for that matter, in anyone else?
Therapeutic Nihilism

• Lion (1978) used this term to describe the clinician’s rejection of all patients with an antisocial history as being completely untreatable.
• Symington (1980), “condemnation.”
• Instead, evaluate for ABC
Illusory Treatment Alliance

• The belief that there is a therapeutic alliance when, in fact, there is none.
• Often a product of wishful projections.
• Imposturing (Greenacre, 1958)
• Chameleon-like behavior
Fear of Assault or Harm

• Real danger should be evaluated using contemporary measures to assess risk of violence.

• An atavistic response (autonomic reactivity) to the psychopathic traits within the patient, a fear of being prey to a predator.
Early-Warning System

• Meloy & Meloy, *Journal of Threat Assessment*, 2:21-33, 2002
• Survey of mental health and criminal justice professionals
• 584 respondents (56%)
• 77.3% reported a physical response when interviewing a psychopath
• Females > males
• Law enforcement < mental health
Early-Warning System

• Most often a dermatological response
  – “My skin crawled”
  – “He made the hair stand up on my neck”
  – “He gave me the willies”
  – “He felt creepy”

• Primitive, autonomic fear response to an “intraspecies predator”
Early-Warning System

• “Given the demonstrable frequency of violence among psychopathic individuals, our visceral fear of being prey to a predator may serve us well, as it did our ancestors.”

  – Meloy & Meloy, 2002, 2:31
Denial and Deception

• Counterphobic response to real danger (Lion & Leaff, 1973).

• Deception of the patient most likely when clinician is frightened of patient’s affect, usually rage.

• Rigorous honesty without self-disclosure is the treatment rule.
Helplessness and Guilt

- No patient response despite clinician’s best efforts.
Devaluation and Loss of Professional Identity

- Failures lead to questioning one’s own identity as a psychotherapist or analyst.
- Difficult to not feel devalued due to patient’s defenses, eg, use of devaluation to manage envy of the therapist.
- Therapist may retaliate or become indifferent.
- Such patients “tarnish our object world.”
Hatred and the Wish to Destroy

- Such patients often hate goodness itself.
- Clinician may form a concordant identification (Racker, 1968) with the patient’s hatred and aggression (Gabbard, 1996).
- Most difficult for therapists who deny their own aggressive, if not homicidal, capacities (Searles, 1979).
Guillermo del Toro

• “Monsters, I believe, are the patron saints of our blissful imperfections.”
  • January 7, 2018
Assumption of Psychological Complexity When There Is None

• The patient is assumed to be as developmentally mature and complex as the therapist.
• Only has to be uncovered or discovered through treatment.
• Primitivity of the bright psychopath: no whole object relations and tripartite structuralization.
Erotic Excitement

• Sexualizing and idealizing the psychopathic traits of the patient.
• What is forbidden is often what is most desired: sensation-seeking
• Our study of malingering insanity acquittees at a large forensic hospital (Gacono et al., 1995): 39% had a consensual sexual relationship with staff
When Not To Treat

- History of sadistic and violent behavior
- Total absence of guilt or remorse
- No history of attachments
- Fear of predation is felt without any overt threat (autonomic signals)
F. Scott Fitzgerald

• “So we beat on, boats against the current, borne back ceaselessly into the past.”
  • The Great Gatsby, 1925
Thank you

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