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Not All Bad: Exploring The Link Between Psychopathy and Success

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Not All Bad: Exploring The Link Between Psychopathy and Success

Senior Project Submitted to
The Division of Social Studies
of Bard College

by
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Thank you Macy and everyone for the laughs, the dinners, and all of the love. I love you all!!!

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Introduction

Psychopathy is difficult to define. While we have all heard the word before, whether through watching an episode of *Law & Order* centering around a brutal serial killer or overhearing a particularly gossipy conversation among high school students, our colloquial understanding of what psychopathy is and what it means to be a psychopath is just as confused and vague as clinical descriptions of the disorder. In everyday speech, psychopathy is used casually as a way to describe someone as “bad,” “evil,” or just plain annoying. Jennifer Skeem, Professor of Psychology and Social Behavior at the University of California, Irvine, notes, “Psychopathy tends to be used as a label for people we do not like, cannot understand, or construe as evil” (Skeem, 2011). This collective overgeneralization of psychopathy is somewhat mirrored in clinical understandings of this type of personality.

While psychopathy has existed as a term since the late 1880s, the definition of the word has undergone significant updating as more people have sought to study this concept. Originally simply referring to people who are of a “sick mind” (Cleckley, 1941, p. 26) or “the subject of a psychosis or psychoneurosis,” (Steadman’s Medical Dictionary, 1949, as cited in Cleckley, 1941, p. 26) the first understandings of psychopathy were used to describe someone who is psychotic, or, suffering from a psychosis. This original conceptualization is deeply ironic, seeing as the current conception of psychopathy is not linked to psychosis. Yet, in the 1930s and 40s when institutionalizing people with mental illnesses was more popular, physicians had a difficult time determining where exactly psychopaths fit within the confines of a psychiatric institution. Often switching off between jail time and various institutionalizations, psychopaths did not quite belong in either place. Not “insane” enough to be hospitalized, (psychopaths often appear as the picture of sanity, presenting as eerily “normal” and rational) but not dangerous enough to be

incarcerated, the psychiatric and forensic communities were really at a loss. What do you do with a group of people who are rational and without delusions but not stable enough to live on their own? Skirting the line between disorder and criminality, psychopathy is a unique condition full of psychological inconsistencies and quandaries that researchers and clinicians are still attempting to pin down. Not recognized in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the bible of assessment and diagnosis as far as psychologists are concerned, psychopathy is one of those strange disorders that we are all colloquially cognizant of but ignorant in regards to how to theoretically place it within the framework of personality and disorder.

The question remains: if psychopathy is not recognized as a personality disorder within the official manual, is it a disorder or a personality? Could it be both? The lack of a legitimate working construct (as accepted by the DSM) may actually allow for a greater freedom of thought and inquiry surrounding such a mystifying but altogether fascinating topic. This paper will try to unwrap and uncover the enigma of psychopathy using theories of personality and disorder, measures of assessment, and actual quotations from psychopaths both self-described and clinically diagnosed. Ultimately, we are concerned with questioning the notion of disorder and maladaptation within the realm of psychopathy. Could certain psychopathic traits be useful in specific situations? How does extraversion, grandiosity, and a lack of empathy combine to spell success? When does the presence of a psychopathic trait tip the scale into disaster? In this paper I will attempt to argue that psychopathy is not purely a personality of disorder (and people with psychopathic traits) are not objectively evil. Rather than working from a perspective of judgment and criticism, I will view psychopathy as a constellation of personality traits, that when particularly combined and with certain accompanying levels of severity, can be situationally

advantageous. Advantageous for whom exactly? By considering the viewpoints of researchers, psychopaths, and victims, I will search for answers to the various questions of strengths and weaknesses I have raised and aim for a certain level of balanced exploration. A paper more focused on raising questions than answering them, I hope to have at least helped contribute to the swirling of inquiries and uncertainties that surround psychopathy as a construct.

Chapter One: Personality and Disorder

PERSONALITY AND THE DSM

Before we get too ahead of ourselves, let us turn to theories of personality as a grounding point to the business of psychopathy. To understand psychopathy and personality disorders as a whole, it is imperative that a working definition of personality itself is accomplished. The American Psychological Association (APA) tell us that personality “...refers to individual differences in characteristic patterns of thinking, feeling, and behaving” (as seen in Encyclopedia of Psychology). Our personalities help us form relationships and social connections, informing who we are, how we act, and how we present ourselves to others. Traits are characteristics that make up our personality. Not to be confused with “states,” traits are distinguished through longstanding *patterns* and cannot be attributed to fleeting moods contingent on particular situations. Personality also has to be *enduring*, usually established early in life and continuing throughout life. Often *predictable*, our personalities should fit within the general framework or schema of who we are. What happens when personality becomes extreme and creates problems with functioning in everyday life?

About fourteen percent of people are diagnosed with a personality disorder (Dutton, 2012). The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) characterizes personality disorders as such:

DSM-V General Diagnostic Criteria for a Personality Disorder

- A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:
 1. Cognition (i.e., ways of perceiving and interpreting self, other people, and events).
 2. Affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response).
 3. Interpersonal functioning.
 4. Impulse control.
- B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.
- C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.
- E. The enduring pattern is not better explained as a manifestation of consequence of another mental disorder.
- F. The enduring pattern is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., head trauma).

Reprinted from DSM-V as seen in Abnormal Psychology (2014)

While this is all very interesting, I have no doubt you are wondering what we are all thinking: wait, where is psychopathy? Isn't psychopathy a personality disorder? Why is it not in the DSM-V? These are all valid concerns and ones I had (and have) as well. While formative theorists such as Robert Hare (who we will hear from later) pushed for its inclusion in the DSM-V, others argued that empathy was impossible to measure and lumped psychopathy in with Antisocial Personality Disorder (Hare, 1993, p. 24).

DISORDER

This conception of "disorder" in the realm of personality is complicated by how we define "abnormal." In terms of statistical analysis, to be abnormal is to be rare, an infrequent data point far from the normal curve. Essentially what we could call an outlier. This technical conception of what it means to be abnormal is also relevant in the context of our social world. Perhaps partly determined by cultural norms, the perception of abnormality is likely influenced and informed by the society in which it is both expressed and perceived. What we would judge

as an abnormal personality in the United States may be very different than how a South American or Asian country would then offer judgment. This association between abnormality and culture has implications for the study of personality and the subsequent treatment of disorder in varying cultures and sociopolitical climates. Rather than solely relying on one interpretation of difference, it is useful to study and understand personality disorders from multiple sources and viewpoints, constantly adapting and evolving our understanding of the links between personality and disorder.

While a more traditional interpretation of the DSM-V advocated for an “either-or” approach, meaning a person would either meet the criteria for borderline personality disorder or they would not, leading them to a diagnosis in the first case, there now seems to be a shift in how psychologists and clinicians conceive of and therefore diagnose personality disorders. Leaning towards a more fluid approach to personality and disorder, there has been a shift in recent years to understand personality disorders as existing on more of a spectrum. Through this approach, human personality seems to be better captured in its naturally occurring state, unbound by the artificial frameworks of formal assessment and diagnosis.

14 percent of the general population is diagnosed with one of these disorders. “The question arises as to whether, in fact, we should be calling them ‘disorders’ at all. Might not, in reality, ‘personalities’ be a better description?” (Trull & Widiger, 2013).

First recorded in 1835, psychopathy is a personality disorder that psychiatrists and researchers have historically struggled to categorize. While characterized by a multitude of traits ranging from lack of guilt or shame to unreliability and irresponsibility, psychologists have attempted to simplify and conceptualize psychopathy as a whole by splitting its various traits into sections based on behavioral, emotional, and interpersonal influences. This “splitting up” of what

is essentially one disorder into different factors and characteristics is useful for organizing the numerous elements that make up this disorder.

Again, let us return to Antisocial Personality Disorder (ASPD) for a minute so we can get a better understanding of what psychopathy is (and is not) by way of comparison. While ASPD and psychopathy are similar disorders, they are by no means synonymous with each other. By understanding the differences between these two disorders we can hopefully understand why there is a need for clarification and simplification within the framework of psychopathy separate from what is described in the DSM.

ANTISOCIAL PERSONALITY DISORDER

Antisocial personality disorder is a disorder characterized by a consistent pattern of irresponsible and criminal behavior (Lilienfeld, 2002, p. 372). Unconcerned with the rights of others, individuals diagnosed with ASPD often act in opposition to the laws and customs of society. Oftentimes engaged in vandalism, stealing, and acts of aggression, individuals with this disorder make up 80% of the population in correctional settings (Black, 2015). While often associated with illegal and criminal acts, people with ASPD can also be impulsive, deceptive, manipulative, and be inconsistent with employment and the development and maintenance of relationships (Black, 2015). Yet, while 80% of incarcerated individuals are diagnosed with ASPD, only 20% fit the diagnostic criteria for psychopathy (Dutton, 2012, p.56).

People with ASPD experience a greater breadth of emotions and a diagnosis of psychopathy does not require a chronic history of antisocial and criminal behavior that is characteristic to ASPD. In other words, ASPD and psychopathy are moderately correlated ($r = .50$), meaning that they may not be as closely related as popularly believed (Smith & Lilienfeld,

2013). While it is possible for people with ASPD to carry an additional diagnosis of psychopathy, less than ¼ of people with ASPD are psychopaths (Cunningham & Reidy, 2015).

Whereas psychopathy is operationalized in terms of personality traits, ASPD is operationalized by the presence of antisocial and criminal behaviors (Lilienfeld, 2002, p. 371). Grounded in the belief that personality traits relevant to psychopathy such as empathy and guilt could not be reliably assessed, the creators of the DSM decided to focus mainly on behavioral characteristics that could be assessed within the existing framework (Hare 1993, p. 25). This contributed to a more behaviorist model of psychopathy as opposed to a personality-based model. Yet, it is inaccurate to lean heavily on behavior, just as it is incorrect to conflate ASPD with psychopathy. The truth is, many psychopaths do not commit antisocial acts and do not end up in prison. Often existing as presumably “normal” people, psychopaths live and work among us (and above us) quite frequently. This is why studying psychopaths outside of the existing paradigm of “murderer” and “violent criminal” is crucial and deserves further research and recognition.

A crucial difference between ASPD and psychopathy is the type of violence that is committed, if it is committed. While ASPD is strongly correlated with criminal activity often involving violence, making committing acts of violence inherent in the very diagnostic criteria of the disorder, this is not so with psychopathy. To be a psychopath does not necessarily equate to being an incarcerated violent criminal, as most psychopaths actually exist outside of the justice system, living and working among us and oftentimes as our bosses (Dutton, 2013, p. 57). While an individual with ASPD may react impulsively and aggressively in response to a threatening stimuli such as a perceived threat, slight, frustration, or any kind of provocation, a psychopathic

individual may rely more heavily on planned, non-emotional, and unprovoked aggression to achieve their goals (Lobbestael, Cima, & Arntz, 2013).

Dutton tells us that, “ASPD is psychopathy with added emotion. Psychopathy is an emotionless void” (Dutton, 2013, p. 56). While this statement is perhaps somewhat of an oversimplification, it helps illuminate the clearest point of difference between these two disorders. People with ASPD are more likely to feel guilt as a result of their actions as opposed to psychopaths who often externalize blame by “blaming the victim” (Blair, 2010). This crucial distinction is revealed in the type of aggression that is displayed. People with ASPD, as described above, react with aggression because they are angry or frustrated. These emotions, while considered primitive or basic in their expression (Ekman, 1999), are the catalyst to the subsequent aggression that is acted out. So, emotions, and the ability to feel them, are instrumental to the type of aggression they use to respond to stimuli that they feel frustrated or threatened by. Characterized as a “hot form of aggression with a disinhibited or lack-of-control quality to it” it is “conceived as a failure of impulse control by higher executive function neural centers” (Ferguson 2008 as seen in Bobadilla, Wampler, & Taylor 2012, p. 459).

REACTIVE AND PROACTIVE AGGRESSION

These two forms of aggression are known as reactive aggression (RA) and proactive aggression (PA). *Reactive aggression*, as one might expect, is in response to a stimulus. It is defined as “angry responses to provocation or frustration” (Lobbestael et al., 2013) and is triggered by a “frustrating or threatening event and involves unplanned, enraged attacks on the object perceived to be the source of the threat/frustration” (Blair, 2010). This is the form that is most associated with ASPD. *Proactive aggression*, the form associated with psychopathy, is a less emotionally charged aggression that appears to be rather “cold and calculated” (Bobadilla et

al., 2012, p. 460) and is usually committed by the perpetrator with the expectation that the aggression will result in positive outcomes. While these two types of aggression are conceived of as separate concepts within the larger framework of aggression, they do correlate with each other. Psychopaths also commit reactive acts of aggression (Blair, 2010) in response to threats to their ego and other frustrating events.

While reactive aggression is characterized as an aggressive reaction to a perceived threat and can perhaps be best understood within the framework of the frustration aggression hypothesis which posits just that, proactive aggression is explained by the social learning theory, which suggests that individuals may use aggression in order to receive objects or to reach a goal (Fite, Raine, Stouthamer-Loeber, Loeber, & Pardini, 2010). These two subtypes of aggression act almost as a parallel for the diagnosis of ASPD and psychopathy. Reactive aggression is associated with antisocial behavior in childhood and adolescence, delinquency, and aspects of negative emotionality such as anxiety, sadness, depression, and suicidal behavior. Reminiscent of the criteria used to diagnose ASPD, reactive aggression can perhaps be understood as a behavioral characteristic of people with ASPD. While this type of aggression is also seen in psychopaths, the motivation, or the threatening or frustrating stimuli is often different.

Cleckley illustrates this idea of reactive aggression in psychopaths. Describing a particular patient given the name “Max” for purposes of confidentiality, he shows how psychopaths can respond reactively when it is in response to perceived affronts to their self-esteem and enhanced view of themselves. Cleckley described Max as being “alert, self-assured, and boastful” (Cleckley, 1941, p. 47). Often boasting of his own talents and skill as “a prizefighter, a salesman, and as a general good fellow,” Max came across to Cleckley as being “preposterously boastful” (Cleckley, 1941, p. 48). This self-aggrandizing attitude led to many

physical altercations if Max believed his ego was in any way being questioned or under attack. Often sparring with other clinicians and fellow patients, Max utilized reactive aggression in response to perceived threats and was subsequently involved in many fights. “These fights always started over trifles, and Max’s egotism and fractiousness raised the issue...The desire to show off appeared to be a strong motive behind many of his fights”(Cleckley, 1941, p. 51).

To Max, threatening stimuli is not necessarily a physical threat. Threats to his ego and to his enhanced view of himself acted as the stimuli for an aggressive behavioral response. So, reactive aggression can be used by psychopaths in a different way than with people with ASPD, although the two diagnoses are somewhat related to each other as described earlier. Psychopaths like Max use reactive aggression when they are threatened socially. Max’s use of reactive aggression can be thought of as a form of proactive aggression, as he becomes aggressive to achieve the goal of coming across in a certain way. Yet, proactive aggression requires a certain level of planning and hindsight. The definition of proactive is “intending to produce a good result or avoid a problem, rather than waiting until there is a problem.” This is a characteristic form of aggression found predominantly in people with elevated scores of psychopathy (Fite et al., 2010).

CLECKLEY’S SIXTEEN CHARACTERISTICS

How do we score psychopathy? What exactly are the traits we are ascribing value to? The formal assessment and diagnosis of psychopathy is a relatively recent occurrence. Not accounted for in the DSM, clinicians struggled to accurately measure psychopathy for a clinical purpose. The lack of a “categorical haven” for these relatively unclassified people (Cleckley, 1941) led American psychiatrist Hervey M. Cleckley to develop a list of sixteen characteristics that could be used to recognize and diagnose a person as psychopathic. Published in 1941, Cleckley’s *The*

Mask of Sanity was a landmark publication in the then-emerging study of psychopathy. One of the first attempts to standardize the categorization criteria of psychopathy, Cleckley's sixteen characteristics for a psychopathic personality opened the door to later categorization efforts.

Cleckley was able to formulate this list of characteristics based on years of experience working in a psychiatric hospital from which he generated a substantial amount of case studies that served as the material from which he derived his sixteen different characteristics. The sixteen characteristics, listed below, are made up of a combination of emotional, behavioral, and interpersonal characteristics. Not separated or clustered by any sort of order, the traits exist as a general framework for answering the fundamental question of what psychopathy actually is and how to classify a person who possesses these traits.

Cleckley's Sixteen Characteristics of a Psychopath

1. Superficial charm and good "intelligence"
2. Absence of delusions and other signs of irrational thinking
3. Absence of nervousness
4. Unreliability
5. Untruthfulness and insincerity
6. Lack of remorse or shame
7. Inadequately motivated antisocial behavior
8. Poor judgment and failure to learn by experiences
9. Pathologic egocentricity and incapacity for love
10. General poverty in major affective reactions
11. Specific loss of insight
12. Unresponsiveness in general interpersonal relations
13. Fantastic and uninviting behavior, with drink and sometimes without
14. Suicide rarely carried out
15. Sex life impersonal, trivial, and poorly integrated
16. Failure to follow any life plan

Cleckley, 1941, p. 355

Cleckley's list, while formulated almost 80 years ago, is still used as an important conceptualization of psychopathy today. Inclusive and all-encompassing, these characteristics

provided the jump start to future efforts to try to narrow down and organize psychopathic traits into coherent factors through factor analysis.

PRIMARY AND SECONDARY PSYCHOPATHY

The most notable distinction is the effort to split psychopathy into two iterations as a result of factor analysis. Factor analysis is used in statistics as a way to find correlations among variables. After discovering that there seemed to be two distinct groupings under the general realm of psychopathy, psychiatrists distinguished between the two perceived forms by referring to one factor as “primary psychopathy” and the second as “secondary psychopathy.” The fundamental difference between primary and secondary psychopathy lies in the underlying level of emotion. Primary psychopathy is related more to a culmination of affective psychopathic traits such as lack of empathy and guilt and is thought to be associated with a relative lack of anxiety. Most common to our general conception of psychopathy, people with primary psychopathy have more of the emotional aspects of the disorder as opposed to the behavioral, although they do express psychopathic behavior, actions are carried out with the absence of stress and anxiety normally associated with the act. Secondary psychopathy, on the other hand, has more to do with the behavioral aspects of psychopathy. Whereas in primary psychopathy we see a striking lack of anxiety, in this second form of the disorder we are struck by elevated instances of anxiety associated with antisocial behaviors. The secondary psychopath expresses psychopathy in a more physical and outward way, while feeling more impulsive and anxious as a result (Karpman, 1948).

The fundamental difference between primary and secondary psychopathy lies in the underlying level of emotion. Primary psychopathy is related more to a culmination of affective psychopathic traits such as lack of empathy and guilt. Most common to our general conception of

psychopathy, people with primary psychopathy have more of the emotional aspects of the disorder as opposed to the behavioral. Secondary psychopathy has more to do with the behavioral aspects of psychopathy such as committing antisocial acts and engaging in risky and impulsive behavior (Massar, Winters, Lenz, & Jonason, 2017). The secondary psychopath, or the symptomatic psychopath, expresses psychopathy in a more physical and outward way, while feeling more emotions such as anxiety and empathy, which primary psychopaths most likely lack (Karpman, 1948).

THE BIG FIVE FACTOR MODEL FOR PERSONALITY

It is useful to conceive of psychopathy as existing on some sort of a scale or continuum. Similar to any personality type, too little or too many of these combinations of traits and behaviors can be detrimental to the person who is experiencing them. One might argue that while conscientiousness, one of the personality traits listed in the “Big Five” theory of personality, is generally a favorable characteristic, a person who is overly or extremely conscientious may be pathologically goal-oriented, hard-working and detail-oriented to a fault. One can perhaps imagine the interpersonal consequences that may arise from such an exaggeration of a generally healthy and sought after personality characteristic. A person who is moderately high in conscientiousness is suggested to be more financially and professionally successful throughout their life, excelling in leadership positions and accomplishing their goals (Lebowitz, 2016). On the contrary, a person who is low in conscientiousness will likely have trouble setting achievable goals for themselves and will generally be unreliable and impulsive. While conscientiousness is used here as an introductory example, it has weight in the context of more disordered personalities.

The Big Five factor model for personality contains five different personality traits that are thought to capture the extent of human personality. As one can see in the figure seen below, each trait encompasses a range of possible iterations existing under one specific personality trait. Meaning, the traits exist on a spectrum, ranging from very high to very low levels of each individual trait. Let us return to conscientiousness for a minute. Under the framework of the Big Five, conscientiousness is defined in the context of both positive and negative manifestations of such a trait. While someone scoring high on Conscientiousness is likely to be organized, careful, and self-disciplined, someone scoring low may then be disorganized, careless, and impulsive. In the context of job success and achievement, “Employees scoring medium to high on Conscientiousness (too high and you slip across the border into obsession, compulsion, and perfectionism) tend to excel across the board, the opposite being true for those posting lower scores” (Dutton, 2013, p. 40). While conscientiousness is just one example, it seems as if personality traits we would characterize as “normal” and present in a non-disordered population exist on a certain sliding dimension of scale. Too little of conscientiousness can spell laziness and irresponsibility. Too much can tip the scale into the realm of disorder, a kind of hyper-focus on organization and self-discipline that may lead to obsessions and compulsions. Then, it would seem that there exists an optimal level of conscientiousness (and other personality traits) that changes (or whose perception is changing) based on the specific environment or situation.

Factor	Descriptors
Openness to Experience	Imaginative.....Practical Likes Variety.....Likes Routine Independent.....Conforming
Conscientiousness	Organized.....Disorganized Careful.....Careless Self-Disciplined.....Impulsive

Extraversion	Sociable.....Retiring Fun-Loving.....Sober Affectionate.....Reserved
Agreeableness	Soft-hearted.....Ruthless Trusting.....Suspicious Helpful.....Uncooperative
Neuroticism	Worried.....Calm Insecure.....Secure Self-Pitying.....Self-Satisfying

The Big-Five factor model of personality (McCrae and Costa, 1999, 1990)

How does this idea of a spectrum of personality dimensions with a presumed optimal level of each trait play out in the case of a personality disorder such as psychopathy? Do psychopathic personality traits work in a similar way? Meaning, is psychopathy just a particular set of normal personality traits working together to display a personality we would characterize as psychopathic or is it a separate entity, optimal for certain situations or contexts but detrimental for others? If we were to try to map out the dimension of psychopathy using the framework of the Big Five, what would that then tell us about the strengths and weaknesses of psychopathic personality traits in our world?

Firstly, it is important to note that not all psychopaths are the same. Existing on a spectrum of severity and presentation style, it would be unfair and inadequate for the purposes of this paper to assert an accurate characterization of an entire group of people. Yet, it is interesting from a psychological standpoint to attempt to map out a psychopathic personality using the Big Five. Previous research has actually explored this area of study. A paper titled “Understanding Psychopathy Using the Basic Elements of Personality” captures this concept of using personality theory to explain psychopathy (Miller & Lynam, 2015a). In the paper, the authors argue that “psychopathy can and should be understood as a configuration of personality traits from a general model of personality functioning - the five-factor model” (Miller & Lynam, 2015). Of

course, this raises the question of just how competent a personality measure intended to assess traits within the normal range is in the context of an abnormal or disordered personality such as psychopathy (Lynam, Gaughan, Miller, Mullins-Sweatt, Widiger, 2011).

Psychologist Donald Lynam was interested in this idea of psychopathy as revealed by the Big Five. In 2001, Lynam asked the world’s top researchers in psychopathy at the time to rate psychopaths on the thirty sub-traits that make up the framework of the Big Five on a scale of 1 to 5 (1 being extremely low, 5 extremely high) (Dutton, 2013, p. 41). The results (as shown below) were definitely interesting.

Openness to Experience

Fantasy	3.1
Aesthetics	2.3
Feelings	1.8
Actions	4.3
Ideas	3.5
Values	2.9

Conscientiousness

Competence	4.2
Order	2.6
Dutifulness	1.2
Achievement Striving	3.1
Self-Discipline	1.9
Deliberation	1.6

Extraversion

Warmth	1.7
Gregariousness	3.7
Assertiveness	4.5
Activity	3.7
Excitement Seeking	4.7
Positive Emotions	2.5

Agreeableness

Trust	1.7
Straightforwardness	1.1
Altruism	1.3
Compliance	1.3
Modesty	1.0
Tender-Mindedness	1.3

Neuroticism

Anxiety	1.5
Angry Hostility	3.9
Depression	1.4
Self-Consciousness	1.1
Impulsiveness	4.5
Vulnerability	1.5

Dutton, 2013

Taken together, these ratings create a profile of the prototypical psychopath. Impulsive, extraverted, and disagreeable, the imaginary person that fits this profile would be likely to score

highly on the PCL-R and be characterized by an apparent lack of empathy and consciousness.

While these ratings are largely to be expected given what we know about psychopaths, there are some ratings that stand out and have interesting applications when observed as a whole. As

Dutton points out, the combination of low Neuroticism with high Extraversion and Openness to Experience paints a picture of someone who would be generally successful at work and in life.

The high Extraversion and Openness to Experience would contribute to a sense of grandiosity and charm that so many psychopaths rely on in order to successfully manipulate other people.

One can only imagine the occupational or social benefits of having low levels of anxiety,

depression, and self-consciousness. “The picture that emerges is of a profoundly potent, yet

darkly quicksilver personality. Dazzling and remorseless on the one hand. Glacial and

unpredictable on the other” (Dutton, 2013, p. 42). By breaking down each of the five traits listed

in the Big Five, one can actually envision where a psychopath may fall within the spectrum of

common conceptions of personality. This exercise in thought is useful because it allows us to

then make the argument that psychopathy does exist within the workings of non-disordered

personality and does not exist separately as some strange malformation or defect that we are

incapable of placing within our working framework of human consciousness. While there are

more reliable and careful ways of assessing psychopathy separate from the Big Five,

understanding psychopathy in this context is crucial and should not be ignored.

Psychopathy, while dissimilar to any of the Big Five personality characteristics in the sense that it is generally viewed as maladaptive and disordered, also exists on a scale that one could argue is dangerous at either extreme. The average person in a general population scores a 5 on the PCL-R, while the average incarcerated person scores about a 20 (Babiak & Hare, 2006, p. 27). While the cutoff score for a diagnosis of psychopathy is 30, most people don't score a 0.

This suggests that there are elements of the psychopathic personality that exist in many of us, although at levels in which we wouldn't then characterize that person as a psychopath.

This idea that psychopathy doesn't have to be an all encompassing debilitating disorder is monumental to the acceptance and utilization of certain psychopathic traits in daily life. If psychopathy exists on a spectrum, more people will be associated with it but not necessarily diagnosed and public perception will presumably be altered. The study of successful psychopaths is inherently connected to the conception of psychopathy existing on a continuum of severity. If people have psychopathic traits, are they psychopathic? Does this distinction matter? How is it useful in terms of success and achievement? Is this way of thinking diluting the core of the disorder, dumbing it down, somehow lessening it and its associated level of concern/fear? What are the consequences of this?

CONCLUSION

Cleckley's list, while monumental in its own right, exists more as a starting-off point in today's characterization of psychopathy. While Cleckley captures the wide breadth of traits and behaviors that today we would recognize as psychopathic, what he lacks most in this characterization is what the field of psychology is perhaps most willing/guilty of offering: categories. Robert Hare, one of the world's top experts on psychopathy, used Cleckley's list to formulate a measure that has both high inter-rater reliability and validity. Hare, in his widely popular and informative 1993 book *Without Conscience: The Disturbing World of the Psychopaths Among Us*, describes the importance of Cleckley's checklist while acknowledging the pressing need for a way to organize those traits into a useful measure. "*The Mask of Sanity* greatly influenced researchers in the United States and Canada and is the clinical framework for much of the scientific research on psychopathy conducted in the past quarter-century" (Hare,

1993, p. 28). Yet, clinicians and researchers still lacked an actual measure that could be used to diagnose psychopathy.

While standard psychological tests such as the Minnesota Multiphasic Personality Inventory, or MMPI, were used to identify inmates who were psychopathic in order to isolate them from the general prison population, these measures were largely self-report (Hare, 1993, p. 31). Psychopaths, similar to non-psychopathic people but on a much grander scale, were able to manipulate their responses in order to appear in their best light. Masters of impression management, they knew exactly how to respond to questions in a way that made them appear favorable. Hare portrays a particularly amusing instance of this experience by recounting one particular inmate who told Hare that he kept in his cell a supply of the question booklets, scoring sheets, scoring templates, and instructional manuals for the MMPI. He used all of these materials to coach other inmates on how to respond in order to receive a desirable psychological profile (Hare, 1993, p. 31). It would not be difficult to guess how a psychopath may respond to a question asking them to assess how easily they lie on a scale of 1-3...(Hare, 1993, p. 30). Having experience with the inadequacies of self-report measures in identifying psychopathy, Hare decided that there needs to be a new way to target psychopathy that does not involve self-report.

Chapter Two

A Closer Look: The Psychopathy Checklist-Revised

The Psychopathy Checklist-Revised (PCL-R), while not the only measure of psychopathy, is the measure that I will mostly be using to conceptualize psychopathy. Created in response to a growing realization within the psychological and forensic community that there was a true lack of standardization within the diagnostic field of psychopathy, the PCL-R emerged and has remained the preeminent model for assessment and diagnosis. Composed of 20 different items, the PCL-R encompasses the spectrum of personality traits that make up our modern conception of psychopathy.

Robert Hare, the creator of the PCL-R and leading expert in the field, originally came up with the PCL-R as a way of “ferreting out psychopaths out of the general prison population” (Hare, 1993, p. 32). The product of more than ten years of work, the PCL-R developed through a collaborative effort of a team of clinicians. These clinicians, grounded in Cleckley’s past research, created the PCL-R out of an understanding of historical conceptions of psychopathy in addition to the integration of emerging themes that arose out of interviewing inmates believed to be psychopathic and by studying their personal legal files. This historical literacy of psychopathy in addition to the integration of observable trends, allowed for the birth of the PCL-R as the first official diagnostic tool for psychopathy.

In Hare’s words, “For the first time, a generally accepted, scientifically sound means of measuring and diagnosing psychopathy became available. The Psychopathy Checklist is now used worldwide...” (Hare, 1993, p. 32) The PCL-R is a 20-item scale with scores ranging from 0 to forty. The lower the score, the less psychopathic the individual is, with a score of 30 usually being the point at which a psychopathy diagnosis is made (Blais et al., 2017). Each item is rated

on a scale of 1-3 (a 2 point scale is also often used), with 3 being the most applicable and 1 being the least. A score of 3 (or 2) on a trait means that the rater believes that the person clearly exhibits that trait. If the trait is only true sometimes, then 2 or 1 points are given. If a trait or item is not relevant to the individual, then the rater gives a score of 0. A proper diagnosis is not just the result of a short assessment, but rather the result of a lengthy process in which the person conducting the assessment relies on a “semi-structured interview” with the individual and a full understanding of any information in the individual’s file, such as a record of past criminal activity and personality impressions gathered from family and past clinicians or law enforcement (Blais, Forth, & Hare, 2017). A far cry from self report, the PCL-R relies on extensive knowledge about the individual being assessed as gathered through face-to-face interviews and any file information.

Throughout the 20 items, a statistical and categorical shift emerged, from which four different factors emerged through factor analysis. This Four-Factor Model separates the 20 different items into basic categories depending on how the items correlated. See the figure below for reference. The first factor, *interpersonal*, captures how psychopaths interact with others and come across in social situations. This includes items such as pathological lying and a grandiose sense of self-worth. The *affective* factor describes the emotional level of the psychopath and is particularly noted by a lack of empathy and guilt. The *lifestyle* factor describes how psychopaths operate in society and is consistent with a parasitic lifestyle and impulsivity. The last factor, *antisocial*, includes behaviors that are often aggressive and criminal and is described by criminal versatility and juvenile delinquency (Babiak & Hare, 2006, p. 27 and Hare, 2003, p. 76). One of the benefits of using factor analysis in the PCL-R is that it allows us to make connections between items that seem to be capturing similar ideas and concepts. Intended to ease the

confusion of a lengthy list and reduce a simple list of characteristics into succinct categories, the four-factor model helps us conceptualize psychopathy as a combination of different elements of personality, emotion, and behavior that work to form our general understanding of what this disorder actually is and how we can adequately measure it.

This model, more than a way of classifying characteristics of a composite disorder (Dutton, 2013, p. 51), is offering us a new way of thinking about psychopathy. Not just a categorical, either-or, type of disorder, psychopathy is made up of different dimensions of varying scales where people can display a range of scores (Dutton, 2013, p.51). While someone can receive a high score on the interpersonal and affective aspects of the checklist, they can score moderately to low on the lifestyle and antisocial factors. This begs the question, exactly what *kind* of psychopath is this person? Can someone have the personality of a psychopath without any accompanying observable behavioral manifestations? Is this a different kind of psychopath or just a lesser version?

PHINEAS GAGE

The bizarre case study of Phineas Gage, a railroad worker who suffered damage to his prefrontal cortex after a freak accident and experienced a subsequent psychopathic personality transformation, provides an interesting study into possible brain regions associated with psychopathy. On September 13, 1848, Gage went to work as a well-liked and respected individual. After a 3-cm-thick, 109-cm-long iron rod propelled through his brain during a detonation accident, Gage became *different* in some way, something about him was “off,” and not entirely in the physical sense (H. Damasio, Grabowski, Frank, Galaburda, R. Damasio, 1994).

Remarkably, Gage survived this incident. Fully conscious and capable of motor and linguistic functionings, it seemed as if Gage had gotten extremely lucky. Yet, almost immediately after his accident, Gage experienced profound changes in his personality. His friends remarked that, “Gage was no longer Gage” (Damasio et al., 1994, p. 1102). He became impulsive, irresponsible, and seemed to have lost respect for all social conventions (Kiehl, 2006). He was morally offensive, profane, and sexually promiscuous, which offended members of the community. No longer trusted to follow through with his commitments, he was fired from his job and entered into a life of parasitic existence, depending on his family and others for money and support (Damasio et al., 1994).

How did this happen? How did this respectable and well-liked individual become so, well, *psychopathic*? It is an interesting case, one that has fascinated neurologists for many years. Importantly, Gage suffered no damage to his executive functioning or intelligence. He was “normal” for all anyone knew, that is until they assessed features of his personality. Gage’s physician at the time, John Harlow, suspected that the accident caused damage to a part of the brain that was responsible for rationality, “the planning and execution of personally and socially suitable behavior” (Damasio et al., 1994, p. 1103). But, there was no such discovered region at the time of Harlow’s research. Could there be a part of the brain responsible for morality?

British physiologist David Ferrier theorized in 1878, thirty years after the accident, that perhaps the lesion damaged the prefrontal cortex. The prefrontal cortex is an area of the brain engaged in moderating social behavior, decision making, and personality expression. Ferrier believed that Gage’s “mental degradation,” as he called it, was a result of damage to the prefrontal cortex (Damasio et al., 1994, p. 1103).

A little more than one hundred years later, researchers obtained Gage's skull as part of a neuro anthropological effort to reconstruct the accident and pinpoint the location of where the lesion would have been using image processing techniques. Using an x-ray, they were able to map where the rod would have entered and then exited using simulated trajectories. Their results suggested Ferrier's original hypothesis. The rod damaged the prefrontal cortex. Based on a group of twenty-eight other individuals with frontal damage, twelve of them have showed a similar personality transformation to what Gage showed in 1848 (Damasio et al., 1994, p. 1104). Their ability to process emotion was impaired, along with their capacity for rational decision making.

The Phineas Gage case provides compelling evidence for a neurological basis of psychopathic behavior. While Gage (or his brain) cannot be considered a psychopathic, his case (along with other patients who have frontal lobe damage) reveals that damage to the frontal area has implications for some of the symptomatology of psychopathy (Kiehl, 2006). Yes, these people are not psychopaths, but their injuries resulted in psychopathic traits, such as impulsivity, irresponsibility, and disregard for social conventions. Gage's case shows us what regions of the brain are potentially implicated in psychopathy and how we can use that information to better understand what is going on in the brains of psychopaths and how we can potentially help assess and hopefully treat psychopathic people in the future.

Yet, perhaps the case study of Phineas Gage is more myth than fact. Occurring almost two hundred years ago, the information we have about Gage is lacking in reliable description and content. There are many unanswered questions that arise after studying a case of this kind. Speculation and dramatization creep their way in, blurring the line between verifiable truth and pure conjecture. Gage has captured the curiosity of many, mentioned in over 60% of Introduction to Psychology textbooks worldwide (APA, "Psychology's Tall Tales"). How much of what we

know about Gage is accurate? How much is skewed in order to help tell a story of drastic personality change that may or may not be exaggerated?

Luckily, we have Dr. John Harlow's medical report as an important source of insight. Harlow, Gage's physician after the accident, reported on his recovery over a series of weeks. Published in the *Publications of the Massachusetts Medical Society* in 1868, twenty years after Gage was struck with the iron rod, Harlow's write-up and presentation of his most famous patient is the only source of documentation we have of Gage's injuries and behavior while he was still living (Harlow, 1868). While scientists were able to access Gage's brain after his death, this is the only account we have of Gage directly after his accident. In addressing the Massachusetts Medical Society, Harlow remarks that Gage prior to the accident was a "perfectly healthy, strong and active young man...having had scarcely a day's illness from his childhood to the date of this injury" (Harlow, 1868, p. 4). It is worth taking a look at the language in this quotation. The characterization of Gage as being someone of perfect health, attesting that he had hardly ever fallen ill at any point in his life prior to the accident is remarkable (if true) and surely exists as a point of stark comparison to the type of person Gage becomes after his accident.

In regards to personality, Harlow represents pre-accident Gage as a model citizen, well-liked and respected by those who knew him. Yet, his conception of the kind of person Gage was prior to his accident is limited by his perspective or role as his physician. Harlow's descriptions of Gage's personality characteristics and behaviors are relatively "post hoc," married to the nature of his injury and the apparent change in personality that Gage's family and friends were able to observe only after having obviously known him before the accident.

Previous to his injury, though untrained in the schools, he possessed a well-balanced mind, and was looked upon by those who knew him as a shrewd, smart, business man,

very energetic and persistent in executing all his plans of operation. In this regard his mind was radically changed, so decidedly that his friends and acquaintances said he was “no longer Gage” (Harlow, 1868, p. 13)

Again, Harlow’s perception of Gage’s personality *then* is influenced by his personality traits *now*. His judgment that Gage was “very energetic and persistent in executing all his plans of operation” prior to his injury is perhaps describing a level of conscientiousness, a trait Gage was judged to have very little of following the accident.

Described as “the most efficient and capable foreman” in his company prior to his injury, his contractors found that “the change in his mind was so marked that they could not give him his place again” (Harlow, 1868, p. 13). Here, we see again, this time from the point of view of his previous employers as summarized by Harlow, the representation of Gage as some sort of exceptional person and foreman. “The most efficient and capable,” Gage is again understood only according to how much he has “changed” since the accident. This is not to say that Harlow’s report on Gage is totally useless, that conclusion would certainly be hasty. Instead, I argue for a more critical interpretation of Gage’s “marked change” in personality, taking into account potential biases that may have been introduced at the time of study, therefore influencing our conception of Gage today and the concept of personality change post traumatic brain injury.

Taking the very little about what we know about Gage before the accident, it is useful to then take a look at what Harlow writes about Gage’s temperament and character post-accident. Arguably one of the most useful elements of Harlow’s report is the time frame in which he observes Gage’s personality begin to change. He writes nothing about any sort of “drastic personality change” that Gage (and his brain) would become relatively well known for after his death until 32 days after the accident. Writing, “Intellectual manifestations feeble, being

exceedingly capricious and childish, but with a will as indomitable as ever; is particularly obstinate; will not yield to restraint when it conflicts with his desires” (Harlow, 1868, p. 11). Here, we get the first recorded instance of how Gage’s personality may have been affected post-accident. Although Harlow officially records this shift on day 32, we get the sense that it has been ongoing since the accident. Described as being “exceedingly capricious and childish but with a will as indomitable as ever,” this description would indicate that this behavior has been ongoing and well-observed prior to official medical documentation. This initial neglect towards personality would make sense, given the extent of Gage’s injuries and Harlow’s primary responsibility towards treating the apparent vacant hole in Gage’s skull.

Noting incidences of stubbornness or a general lack of regard for his health and for following the orders of other people, Gage is portrayed as being impulsive, irritable, and child-like, while possessing the “animal passions of a strong man” (Harlow, 1868, p. 14). Harlow writes: “He is fitful, irreverent, indulging at times in the grossest profanity (which was not previously his custom), manifesting but little deference for his fellows, impatient of restraint or advice when it conflicts with his desires, at times pertinaciously obstinate, yet capricious and vacillating, devising many plans of future operation, which are no sooner arranged than they are abandoned in turn for others appearing more feasible” (Harlow, 1868, p. 14). Gage seems to have transformed from a hardworking and conscientious young man into someone who is childlike in his constantly changing emotions and plans.

This was the first case to link traumatic brain injury with personality change (Twomey, 2010). Gage’s story is incredibly important to the history of neuroscience and it is easy to see why. To have an iron rod projected through your brain and not only survive it, but live relatively normally for a period of time afterwards, is remarkable. The similarity between his personality

post-accident and with psychopathy is there, although it would be impossible to assess from a clinical standpoint without a structured interview and access to life history.

Yet, there is value in going through the PCL-R and surveying how Gage may fit the psychopathic personality profile. While it would be difficult to determine if there was a notable lack of empathy or conscious, perhaps the most important characteristic in diagnosing this personality disorder, we can get a sense of how Gage may have scored on the PCL-R by relying on Harlow's notes and other people's accounts. Based on the four factors, Gage's personality traits seem to be most captured by the Lifestyle factor. Let us remind ourselves of the items falling under this domain.

1. Need for stimulation or proneness to boredom
2. Parasitic lifestyle
3. Lack of realistic long-term goals
4. Impulsivity
5. Irresponsibility

These items relating to how Gage might interact with the people and places around him does seem to match Harlow's report. Speaking to many of these items, Gage's mother told Harlow that he "often changed his employment, always finding something that did not suit him" (Harlow, 1868, p. 15). Yet, the other three factors (affective, interpersonal, antisocial) do not seem to be as relevant to Gage. Was he cunning and manipulative? Hard to say. Did he have early behavioral problems and juvenile delinquency? It is unclear, but unlikely. Lack of remorse or guilt? Who knows?

A crucial element to Gage's story is rarely discussed. Gage historian/expert Malcolm Macmillan in his 2000 book "An Odd Kind of Fame: Stories of Phineas Gage," (as cited in

Hamilton, 2017) makes the point that the drastic personality change Gage underwent was hardly permanent. The “Personality change, which undoubtedly occurred, did not last much longer than about two to three years” (Hamilton, 2017). Macmillan argues that it would have been impossible for Gage to work as a long-distance stagecoach in Chile, a job that “required considerable planning and focus” with the personality that Harlow describes in his report. Macmillan questions and challenges the traditional conception of Macmillan as an “ill-tempered, shiftless drunk” (Twomey, 2010), by arguing that this assessment is pure dramatization, a myth perpetuated by “modern writers” (“Phineas Gage: Unravelling the Myth, British Psychologist Society,”). Here he paints a scene of what life may have been like for Gage during his time as a stagecoach.

He would have had to rise early each driving day, prepare himself, feed and groom the horses, harness them to the coach, and be at the departure point by 4am. There he would have had to deal politely with the passengers, load their luggage (up to 50 pounds each), and collect fares, and so on, before beginning a 13-hour journey over 100 miles of poor roads, often in times of political instability or frank revolution. All this – in a land to whose language and customs Phineas arrived an utter stranger – militates as much against permanent disinhibition as do the extremely complex sensory-motor and cognitive skills required of a coach driver (Macmillan, 2002, p.104–106).

Whether or not this is an accurate portrayal of Gage’s experience working as a stagecoach in Chile, it is useful to challenge the traditional conceptions of Gage in order to rest upon a more realistic (and ultimately less exciting) version of the story.

The myth surrounding Gage is considerable and not altogether realistic or accurate. Writers today characterize Gage as a “restless, moody, unpredictable, untrustworthy, slovenly,

violently quarrelsome, aggressive and boastful dissipated drunken bully” (Macmillan, 2002.).

This notion of who Gage was after the accident exists in conversation with the conception of him before his accident. Interestingly perceived as a case of “pseudopsychopathy,” Gage’s case is important to the development of the present theory on the link between personality and the brain, particularly the prefrontal cortex. Tasked with certain “social and affective decision-making functions,” the prefrontal cortex is impaired in psychopathic people (Koenigs, 2014).

Gage’s case not only links personality with brain damage, but implicates psychopathy in kind of an interesting way. If brain damage causes personality change, can it cause psychopathy? What does Gage tell us about psychopathy? Perhaps a reason why Gage is included in the discourse around psychopathy is because he represents a case in which an ideal citizen is transformed into a drunk, brawling, brute, a menace and a waste of life. This trope is undoubtedly popular within our collective consciousness and cultural narrative. I am of the mindset that Gage is hardly a psychopath as defined by the PCL-R. The result of a brain injury, Gage’s “psychopathy” is circumstantial and attributed to a specific traumatic injury, certainly not a lifelong pattern of a constellation of various affective and interpersonal traits and behaviors.

Gage’s presentation of psychopathic traits does not make him a psychopath. This heils back to the central idea that psychopathy is fluid and dimensional and a person can display traits associated with psychopathy without garnering an official diagnosis. In other words, psychopathy is more than an all-or-nothing type of disorder, it can exist in many forms and iterations. Unfortunately for Gage, his particular combination of psychopathic traits did not manifest themselves advantageously or contribute to a certain adaptive way of life. They combined, both with the other negative health effects of such a violent injury, to a life of intellectual ailments and parasitism out of pure need as opposed to convenience. Here,

psychopathic traits combined to create a personality profile of someone who was not likely to be successful in life and whose psychopathic traits did not generally lead to advantages, socially or economically.

THE FOUR-FACTOR MODEL AND THE PCL-R

The Four-Factor Model shows us that it is not only possible for there to be different conceptions of psychopathy, but that these specific versions of the disorder are actually consistent with how we define psychopathy in the first place. If psychopathy presents itself differently for every person, then it is potentially not too much of a stretch to argue that certain combinations and levels of psychopathic traits can be advantageous or lead to success while others may predict crime and incarceration.

To put it simply, the Four-Factor Model is another step towards the effort made by psychologists to try to narrow down what exactly psychopathy is and how to actually organize it. From Cleckley's 16 characteristics, Hare's 20 item PCL-R checklist, to the Four-Factor Model, we see a continuation of this effort to become more accurate and precise in the realm of psychopathy diagnosis. While the Four-Factors are a productive attempt at achieving greater clarity, it is possible to go even further in the narrowing-down of conceptions of psychopathy. A Two-Factor Model (Hare, 1991) characterizes the PCL-R into two components. Factor 1 (or primary psychopathy) comprises the interpersonal and affective traits, while Factor 2 (secondary psychopathy) relates to the antisocial and lifestyle domains (Sandvik, Hansen, Hystad, Johnsen, & Bartone, 2015, p. 31). This Two-Factor Model dominates the current literature surrounding psychopathy and is used frequently to make distinctions between different versions of psychopathy (Sandvik et al., 2015, p. 30).

This way of organizing psychopathy into separate factors is indicative of the general lack of consensus among the psychological/psychiatric community into what is considered “disorder” and how do we then organize the different components in a way that makes sense. Intended to reduce confusion and become more standardized, these categories have emerged in hopes that by breaking down the different components based on trait features and form, psychopathy can become more easily measured and quantified. It is notable however, to recognize that inherent in the effort to compartmentalize this personality disorder is to accept human tendency to try to break down what we don’t understand. While these breakdowns are hotly debated and constantly evolving, the current conceptualization of psychopathy is shifting more towards a dimensional view of psychopathy. Meaning, this “ever changing conceptualization” of psychopathy has led to the acceptance of the idea of psychopathy as existing on a continuum. This way of studying and classifying psychopathy as a more fluid arrangement of traits different to every individual lends itself to the jump from psychopathy as a disorder to psychopathy as a disordered personality.

PCL-R Items

1. Glibness/superficial charm
2. Grandiose sense of self-worth
3. Need for stimulation/proneness to boredom
4. Pathological lying
5. Conning/manipulative
6. Lack of remorse or guilt
7. Shallow affect
8. Callous/lack of empathy
9. Parasitic lifestyle
10. Poor behavioral controls
11. Promiscuous sexual behavior
12. Early behavior problems
13. Lack of realistic, long-term goals
14. Impulsivity
15. Irresponsibility
16. Failure to accept responsibility for own actions
17. Many short-term marital relationships
18. Juvenile delinquency
19. Revocation of conditional release
20. Criminal versatility

Hare, 2003, as seen in Hare 1991

When looking at these 20 traits as a whole, a general personality construct of a psychopath beings to emerge. Yet, it becomes imperative to parse out the individual mechanisms and presentations of these traits in real people. How does pathological lying relate to psychopathy? What examples can we use to understand this concept within the context of psychopathy? How does grandiosity correlate with both psychopathy and narcissism? How does it differ? These are just a couple of the questions that arise when considering psychopathy on a trait-by-trait basis.

PATHOLOGICAL LYING

We all lie, some of us more than others. Seemingly an integral component of being human, we learn how to lie beginning at a young age (Levine, Serota, Carey, & Messer, 2013). Some might argue that deception is integral to human existence and survival, an adaptive trait

with a long evolutionary history. We see a natural peak in lying during adolescence, although it is present in virtually all age groups. “While research shows that teenagers lie more than any other age group, there is no denying that children (Talawar, Murphy, & Lee, 2007) and adults engage with this process as well.” Teenagers, as reported in Timothy R. Levine’s 2013 paper titled “Teenagers Lie a Lot: A Further Investigation into the Prevalence of Lying,” tell an average of 4.1 lies in a 24 hour period. That rate is 75% higher than as reported by college students and 150% higher than adults (Levine et al., 2013). Adults, as reported by Depaulo, lie about one or two times a day (Depaulo, Kirkendol, Kashy, Wyer, & Epstein, 1996) when asked to record each incidence over a period of seven days. While research shows that lying is a relatively normal aspect of humanity, what is the purpose of it? Why do we do it?

Levine maintains that most lies occur out of some sort of goal we are trying to achieve. Breaking it down by percentage, he suggests that 22% of lies are chalked up to covering up a personal transgression (Levine as cited in Bhattacharjee, 2017). It is uncomfortable and potentially damaging to have any distortion, especially if it is personal, be revealed to others as false. Lower on the list is the practice of lying to gain economic and personal advantage over other people. Other reasons are to avoid something or someone, reflect a positive self-image to others, or to makes someone laugh (Bhattacharjee, 2017). Less common however, are instances of malicious and pathological lying, where lies are either intended to hurt people or are characterized as habitual (4%, 2%...).

Pathological lying is integral to the psychopathic personality. Related to manipulation, deception, and maliciousness, pathological lying is often perceived as a central element to psychopathy (Hare, Forth, & Hart, 1989). Cleckley writes extensively about this elevated level of deception and pathological lying. In his examination of the case of “Tom,” a twenty-one year

psychopath admitted to the hospital for various crimes, Cleckley makes note of the extensiveness of Tom's lies and deceptions. "He lied so plausibly and with such utter equanimity, devised such ingenious alibis or simply denied all responsibility with such convincing appearances of candor that for many years his real career was poorly estimated" (Cleckley, 1941, p. 90). After being caught a number of times in various exploits, (forging checks, stealing cars) he was able to sincerely convince people who confronted him that he was sincerely apologetic and "learned his lesson" (Cleckley, 1941, p.91). This ability to lie convincingly allowed him to evade punishment and repercussions for much of his young life. He often regaled patients and physician alike with fabulous war-time stories harking back to the time he said he spent in the Navy (Cleckley, 1941, p.95). When essentially caught in a lie about destroying a German submarine or various sexual exploits with nurses, he would "laugh and pass it off as a joke" (Cleckley, 1941, p. 95). He sometimes would even forget to lie about cheating on his wife, Cleckley describing that he "Sometimes took precautions to deceive her about his sporadic sex relations with other women; sometimes he forgot or did not bother" (Cleckley, 1941, p. 95). Tom's case may seem unusual, but it follows a remarkably similar pattern of clever yet often unmotivated deceit present in almost all psychopaths.

Hare describes a case study about "Ray," a man incarcerated at the British Columbia Penitentiary, from which Hare was working as the sole psychologist (Hare, 1993, p. 9). Ray was Hare's first clinical experience with a psychopath. Settling in to his office on that first day, Hare met with Ray, someone who would eventually go on to play an important role in formulating Hare's interest in psychopathy. Meeting over the course of eight months, Ray manipulated and lied to Hare endlessly in order to get what he wanted at the time. In one case, Ray requested a work transfer from the machine shop to the kitchen because he "felt he had a natural bent for

cooking, he thought he would become a chef when he was released, this was great opportunity” etc (Hare, 1993, p.11). Hare believed this lie and granted Ray’s transfer to the kitchen.

Unfortunately, Hare did not consider Ray’s proclivity for deception, and Ray’s presence in the kitchen was disastrous. Ray used his newfound access to the kitchen to make alcohol out of available ingredients he found in the kitchen. Not a small feat or a primitive enterprise, Ray constructed a rather impressive distillery underneath the floorboards of the prison (Hare, 1993, p. 12). He was discovered when his distillation system exploded, which was notably placed directly underneath the floorboards of the warden’s office much to everyone’s amazement and quiet amusement.

Incredibly, Ray (after a period of solitary confinement), requested *another* transfer, this time to the auto shop, as if “nothing had happened” (Hare, 1993, p. 12). Hare arranged the transfer and hoped that this would free him of Ray’s manipulations. Yet, by now we have learned to be skeptical of a psychopath’s inclination for change. To no one’s surprise, Ray continued causing havoc, even tampering with Hare’s car that was being repaired in the prison shop. Most notably, Ray cut the brake line in Hare’s car, causing him to lose control of his vehicle while driving down a long hill (Hare, 1993, p. 13) Fortunately, no one was physically hurt, although Hare’s pride and trust in psychopaths underwent serious injury. Yet, it is important to realize that *most* people are easily persuaded by a psychopath. “Ray had an incredible ability to con not just me but everybody. He could talk, and lie, with a smoothness and a directness that sometimes momentarily disarmed even the most experienced and cynical of the prison staff” (Hare, 1993, p. 12). Ray’s ability to lie with such confidence and ability is part of what makes him a psychopath. This combination of pathological lying, deception, and lack of personal interest in eventually being found out, is part of the complex presentation of psychopathy. Ray lied (and did so

convincingly and often effectively) but he also didn't exactly *care* when he was eventually confronted. "He lied endlessly, lazily, about everything, and it disturbed him not a whit whenever I pointed out something in his file that contradicted one of his lies. He would simply change the subject and spin off in a different direction" (Hare, 1993, p. 13). This element of pathological lying in psychopathy is perplexing to non-psychopaths and may suggest a lack of internal principles or self-concept.

If you have no guiding principles it would seem as if lying would be inconsequential in terms of risk and would probably present itself as the easiest way to get what you want in life. If you lie and people believe you, then that's great and requires little effort. If you lie and people don't believe you, then what are the actual consequences if they are unlikely to feel shame or hold their self to any kind of traditional moral standard or code? Usually people are uncomfortable and feel threatened when they are caught in a lie. It is an affront to their reality, a questioning of their account is taken as a questioning of who they are as a person. It doesn't feel good to lie or be caught in one, perhaps that's why we don't do it all the time. If you don't care about other people, or have the inability to feel empathy for other people, why wouldn't you lie? Additionally, once you are caught in a lie, it would make sense that you would lack the "appropriate" affect or response because you don't care either way. A psychopath's general lack of anxiety/fear and their blunted response to punishment is perhaps informing or being informed by their propensity to tell constant lies. Responding to reward cues most strongly, perhaps psychopaths lie in part because they don't care about being caught and don't put emotional weight onto language.

GLIBNESS/SUPERFICIAL CHARM

“Joe” hardly seemed like the type to be in a mental institution (Cleckley, 1941, p. 183). He was “alert, intelligent, and conducted himself in a manner that suggested a person of poise, good judgement, and firm resolution” (Cleckley, 1941, p. 183). Referred to as a “model patient” by other physicians and Cleckley himself, Joe was agreeable, lively, and eager to volunteer his time for various jobs around the hospital that no one else was willing to do (Cleckley, 1941, p. 184). “He was at all times in perfect contact, reasonable, optimistic, and plainly intelligent...He told his story with a remarkable appearance of frankness and insight” (Cleckley, 1941, p.184). Not unlike other psychopaths, Joe could charm and talk his way out of anything. While his words sounded sincere, almost remarkably so, the truth behind his actions and explanations was always missing, only to be realized later by people and physicians Joe would come in contact with later throughout his life.

From the descriptions we have of Joe, he seems to have taken responsibility for his actions and is willing to turn his life around. Even Cleckley, having had years of experience with psychopath charm, succumbed to Joe’s charisma. Explaining away various alcoholic escapades, Joe had a unique way of appearing apologetic while also taking ownership of his past misdeeds. “As he continued, he spontaneously questioned his essential sincerity, but in such a way as to make him seem even more sincere than heretofore” (Cleckley, 1941, p. 186). Joe’s ability to charm people he comes into contact with is truly remarkable. To appear more “human” or more non-psychopathic by acknowledging and emphasizing very human flaws and natural patterns of thought is where the truly impressive nature of Joe’s eloquence and articulations come to light. Yet, behind all of the fluency of Joe’s words, was a complete absence of meaning and emotional weight (Cleckley, 1941, p. 186).

He freely gives up discrediting information about his weakness, and his failures and appears to take them with ardent seriousness, to understand them, to regret them to the bottom of his heart, and to intend to learn and profit by them. But all the while he is, for the most part, merely using the words, the gestures, the expressions without entering into the feeling and the understanding (Cleckley, 1941, p. 186).

Further, Cleckley argues that this lack of meaning behind language is not entirely an exercise in manipulation.

Rather, it could be entirely possible that Joe is not even aware of the exaggerations and level of deceit behind his speech patterns. Because he has no “real and serious emotions” (Cleckley, 1941, p. 187), there is no way for him to “distinguish between what is acting and what is not” (Cleckley, 1941, p. 186). “Something left out of his experience made it impossible for him to see that the words he used did not refer to such emotional actualities as they would in another” (Cleckley, 1941, p. 187). A telling instance of Joe’s glibness and superficial charm occurs when he discusses important life events that the average person would attach a certain emotional weight and seriousness too. “In time a typical glibness about the major social disasters of his life reveals itself and one can see that this man has a sort of pride in the spectacular capers he has cut” revealed by his lack of genuine concern for his children and other people all while asserting that he is a “man of honor” (Cleckley, 1941, p. 187). Clearly, there is a disconnect between speech and meaning in Joe’s case, a disconnect that may be explained by impaired emotional processing.

GRANDIOSE SENSE OF SELF-WORTH

The *DSM-5* defines grandiosity as “Believing one is superior to others and deserves special treatment; self-centeredness; feelings of entitlement; condescension towards others”

(*DSM-5* in Klipfel and Kosson, 2017). While listed as an item in the essential diagnostic framework of psychopathy, grandiosity is not a trait exclusive to psychopathy. Included in the diagnostic criteria for narcissism and Narcissistic Personality Disorder (NPD), grandiosity and a grandiose sense of self-worth is often comorbid with psychopathy (Kilpfel & Kosson, 2017, p. 2).

The subject of grandiosity draws obvious parallels to NPD. NPD traits such as dominance, exhibitionism, and exploitation are thought to be byproducts of a larger grandiose worldview and self-concept (Kilpfel & Kosson, 2017, p. 2). While it is not necessary to have an NPD diagnosis in order to be a grandiose narcissistic person, grandiosity becomes pathological when it is used in the interest of gaining power over a situation and over other people (mental help website). The relationship between psychopathy and narcissism is worthy of attention. While most psychopathic individuals are narcissistic, not all narcissistic offenders are psychopathic (Kilpfel & Kosson, 2017, p. 3). To explain further, while both psychopaths and narcissists rely on a “grandiose self-structure,” a term coined by Otto Kernberg in 1992 describing a pathological sense of self, psychopaths maintain a stable grandiose sense of self through the “outward devaluation of others,” while narcissists engage in a more private devaluation of others to maintain their self-concept and satisfy their needs” (Kilpfel & Kosson, 2017, p. 3). In regards to the Five-Factor Model of personality, psychopathy was negatively correlated with agreeableness, while narcissism was not. Narcissism was positively correlated with extraversion, while psychopathy was not (Kilpfel & Kosson, 2017, p. 4).

In a 2017 study by Kristen M. Klipfel and David S. Kosson, grandiosity was significantly correlated with psychopathy and narcissism (Klipfel & Kosson, 2017, p. 1). Seventy-five men incarcerated in the Midwest were used as participants in this study. Psychopathy was measured

using the PCL-R and The Interpersonal Measure of Psychopathy (IM-P). The IM-P is based on the observation of psychopathic nonverbal behavior during the PCL-R. This measure has high internal consistency ($\alpha = 0.81$) and interrater reliability ($r = .83$). NPD was measured by the International Personality Disorder Examination (IPDE), a semistructured interview based on diagnostic classification of the ten different personality disorders in the DSM-IV (Kilpfel & Kosson, 2017, p. 6) Nonverbal narcissistic behavior was measured using the International Measure of Narcissism (IM-N). They also included a self-report measure of narcissism (Narcissistic Personality Inventory) and a grandiosity index. The Grandiosity Index is based on 14 items taken from the PCL-R thought to be associated with grandiosity. Participants were scored based on their responses during the earlier PCL-R interview and IPDE. Some of the items included “intelligence in comparison with other individuals, ease of obtaining a sexual partner, the extent to which one needs to be the center of attention, etc.” (Kilpfel & Kosson, 2017, p. 7).

The results of the study suggested that the PCL-R criterion 2, “Grandiose Sense of Self-Worth,” was significantly correlated with scores on the Grandiosity Index ($r = .485$, $p < .001$) and the nonverbal observation of psychopathy ($r = .414$, $p = .003$). Interestingly enough, while grandiosity appears to be very much associated with psychopathy, this is not explained by the presence of narcissism often seen in psychopaths (Kilpfel & Kosson, 2017, p. 11). Meaning, grandiosity may be better associated with psychopathy than narcissism. The Grandiosity Index “explained exactly four times more unique variance in psychopathy when narcissism was controlled in the regression model than when psychopathy was controlled”, although this difference was not statistically significant (Kilpfel & Kosson, 2017, p. 11). If grandiosity is not necessarily explained by narcissism, how is it accounted for within the scope of psychopathy? I wonder if grandiosity is associated more with psychopathy than narcissism due to the

fundamental insecurity that is hypothesized to be at the heart of narcissism. If it is unlikely that psychopaths experience such a nagging feeling of self-doubt and anxiety, could their grandiosity be more legitimate or based in reality (or their conception of it) than a grandiosity expressed by a narcissist which would likely be coming from a place of insecurity and self-doubt? Does the motivation or impetus driving the grandiosity actually matter?

CONCLUSION

The PCL-R is not just a diagnostic tool, it is a culmination of knowledge gathered through years of extensive research. A representation of the dominant stance towards psychopathy, we can learn a lot about psychopathy by considering the mechanisms through which it is measured and assessed. For instance, the inclusion of items related to crime and incarceration is perhaps a reflection of the overwhelming tendency towards conflating psychopathy with ASPD and may also represent the greater public health concerns towards psychopathic individuals and the justice system.

Now that we have an understanding of what psychopathy is and how diagnose it, how do we then understand how these people actually operate? How do these traits play out in real life? By focusing on processes of manipulation, we will hopefully come to a more comprehensive understanding of how psychopathic traits manifest and how they affect the people that are being victimized as a result.

Chapter Three:

Manipulation: Mechanisms and Perceptions

To a psychopath, people exist only to serve them. Empty of any feelings of companionship and warmth, they are unable to form meaningful relationships built on the foundations of mutual trust, respect, and empathy that non-psychopathic people would value so highly in any relationship whether it be romantic or professional. Yet, they are able to mimic typical emotional and social responses with incredible ease and effectiveness. To the person they are interacting with, or victim in most cases, their relationship with the psychopath seems perfect, at least initially. Soon after the psychopath assesses a person's worth and potential value to them, they embark on a subtle manipulation process, getting the person to do things for them before they even realize what hit them. Before the victim knows it, they are discarded and left emotionally and psychologically bruised while the psychopath moves to the next victim without remorse.

A psychopath forms relationships with others to get what they want. Whether it be money, power a job, or pure entertainment, psychopaths use other people to serve their own desires. Yet, not every person a psychopath comes in contact with eventually falls victim to their manipulation. While people who have "power, celebrity, or high social status are particularly attractive" to a psychopath in terms of a potential target, some psychopaths prefer to target people who are perceived as being vulnerable or somehow weak (Babiak & Hare, 2006, p. 44). This latter group would consist of "people who are lonely or in need of emotional support and companionship, the elderly on fixed incomes, the underage and naive, or those who have been recently hurt or victimized by others" (Babiak & Hare, 2006, p. 45).

Who the psychopath targets depends on what kind of psychopath they are. A psychopath who falls lower on the scale of success would perhaps be less likely to seek out the “challenge” of manipulating a confident high-profile person, and instead target someone who is already in a weakened state. The parasitic lifestyle inherent to psychopathy is reliant on the practice of manipulating other people for personal gain. If the energy required to undergo the manipulation is not worth the desired end result, then the psychopath will not initiate the manipulation in the first place. In a game of “time, energy, and reward,” the psychopath chooses their victim based on a calculated investment of just how much work they have to put in to get what they want.

As one user on the popular blog sociopathworld.com notes, friendship is defined by utility. Recently referred to as “callous and cold” by his friends for defining friendship based on “how useful someone is to me (him) and how useful I am to them,” this user illustrates this idea that psychopathic friendships are constructed for a certain purpose and are the result of a manipulation process that will eventually end once the relationship is no longer beneficial to the psychopath.

An interesting manipulation technique cited by multiple people on sociopathworld.com is the act of referring to people according to the role the psychopath wishes them to fill in their life. For instance, if a psychopath wants you to see them as a friend, they will say something along the lines of “hello friend” as opposed to “hello [insert name]”. This simple “trick” serves to reinforce the desired relationship or psychopathic manipulation and helps the psychopath get what they want. The writer of the blog, M.E. Thomas describes this process:

When I greet people that I like and want to be loyal to me I say, "hello friend," or "hey buddy." As long as the person does not actively hate me, referring to them in this way causes them to behave more friendly to me, no matter how close we actually are (or

aren't). I like to call my bosses "boss" because it subtly strokes their ego without seeming sycophantic. I even call my relatives by their relation to me, particularly if I need to somehow leverage that sense of blood to get something from them. It gives everyone a sense of security, a sense of concrete position and value in the world. They're grateful to you for this, and they also feel that you "believe in them," particularly if the title you are referring to them by is somewhat aspirational, e.g. "tax expert" or "plumbing guru." Try it, I think you'll like it. (Thomas, 2014)

Inspired by a childhood diving class, M.E began to use this manipulation technique ever since she saw it being used presumably by a non-psychopath. In the class, the instructor greeted the children in the class by saying, "Hello, divers." This allowed M.E. to internalize her role as a diver in that context. "I continued to think about myself in that context for the rest of the session, unconsciously trying hard to live up to the expectation that he set for us of being "divers" (Thomas, 2014). This perspective is interesting in a lot of ways. While pointed out and actively utilized by psychopaths, one can imagine that non-psychopaths might be unconsciously using this manipulation technique as well. The difference perhaps lies in the level of intent.

That psychopaths blatantly reveal their intentions in a way that seems so blindingly obvious (literally referring to actual people by the very position that they occupy in a psychopath's life) that it's actually very well concealed to the average person, speaks volumes to the enhanced ability of many psychopaths to turn social norms practiced by non-psychopaths presumably as a way to express a certain kind of respect or emotional investment predicated on the presence of empathy and a sense of self, on their head in order to get what they want is kind of amazing and a blatant expression of their inability to relate to other people. This expression of separateness is right there in front of us, why can't we see it? For many of us non-psychopaths, it

is unbelievable to us that another person would capitalize on our tendency to form connections with people who form connections with us. If you call me your friend, then I'm your friend, right? Why would I question that?

In a way, manipulation is a skill and requires a deep understanding (however superficial) of human nature. For many psychopaths, it is a skill that they learned to hone in on during childhood. Recognizing the significant advantage skillful manipulation offers in the context of a parasitic lifestyle, psychopaths are able to consciously manipulate other people successfully in a way that would be uncomfortable for non-psychopaths to even begin to attempt. Not constrained by empathy or concern for others, psychopaths can manipulate without considering the emotional or psychological consequences of their intentions on their victims. This allows for considerable advantages and contributes to the proliferation of such parasitic lifestyles.

As stated earlier, learning how to manipulate people is a process that usually begins early in life. As one user explains, successful manipulation takes practice. "As a kid I used to practice asking people for things and predicting their responses. I would watch them interact with another person. Then I'd parrot the interaction just to see if I could get the same response. Now I'm so good at it I usually know exactly how the person I'm talking with is going to react before they do." A lot of manipulation involves studying people closely and predicting how they will react. Anticipating their reactions probably allows for a certain level of control over a conversation. If you can anticipate someone's reaction, you can manipulate their response based on what you say. This would not only lead to dominance over small social interactions, but would no doubt have future implications for any larger schemes the psychopath might concoct later down the line.

Being a successful manipulator goes back to this concept of donning a mask that is referenced so often within the literature surrounding psychopathy (Cleckley, 1941).

Manipulation is described almost as if it is operating in a world where no one is who they say they are and people can be whoever they say they are. Because there is this fundamental lack of a sense of self, psychopaths are able to put on a certain personality or play specific roles based on the needs and desires of the victim they are trying to get something out of. Meaning, perhaps one of the reasons why a psychopath is able to manipulate so well is due to the fluidity and depthless nature of their personality and sense of self. Whereas it might be difficult for a non-psychopath to be able to change who they are to get what they want, one can imagine that this process would be more comfortable for the psychopath who does not have a tangible sense of morality guiding them through life and through their interactions with other people.

One user writes, “I [also] play the responsible, decent, hardworking, intelligent, individual very well. It makes people willing to trust me and give me the benefit of the doubt once I start manipulating them for my own ends.” In this case, the psychopath understands the dynamics of a personality that a non-psychopath would judge as trustworthy. While not necessarily possessing these traits themselves, the psychopath can reflect the ideal image of a person who is trustworthy in order to actually then gain the trust that is needed to then begin the manipulation. This manipulation requires both the understanding that manipulation requires trust and the understanding of how to gain this trust.

Again, this concept of learning and fluidity of self has weight in the context of psychopathic manipulation. For one psychopath, the build-up leading to the actual manipulation is the most rewarding. “And the most important [thing] is gaining knowledge, that is the juiciest. Isn’t the point of playing a game to exercise your ability to learn, not just win.” Learning how a person navigates their world, their mannerisms and value systems, is most of the work. The psychopath then uses the information they have gathered to construct a kind of mirror image of

the personality of the person they are interested in manipulating. “If they like to swear a lot and talk about drinking, then I like to swear a lot and talk about drinking. If they are obsessed with their husband and talk like a valley girl then I do too.” To psychopaths, people are rather simple. They trust and bond with people who are similar to themselves. This gets at the core of the psychopathic narcissistic worldview, the idea that non-psychopaths are just as self-absorbed as psychopaths.

This perception of other people and the world often makes for a rather straightforward approach to manipulation that often exists in the form of mirroring. “I’m adept at convincing people we’re friends because people are narcissistic at their core. They love having themselves reflected back in somebody else. They get addicted to it. Which makes them want to keep me in their lives.” If we were to actually consider this viewpoint that all people are narcissistic and respond favorably to people that remind them of themselves, that people surround themselves with mini versions of themselves, would we find any evidence or truth? How much of this narcissistic worldview held by psychopaths is projection and how much is an accurate assessment of human desire and weakness based on the careful observations of outsiders?

ROMANTIC MANIPULATION/LOVE

While manipulation can occur in all areas of life, it often exists within the framework of romantic partnership and what the victim would refer to as love. While this process of idealizing, devaluing, and discarding is often devastating to the person the psychopath is targeting, many psychopaths hold the belief that people somehow deserve or even enjoy being manipulated in this way. Interestingly enough, the process of seducing someone is consciously equated to manipulation in the eyes of a psychopath. Particularly in the arena of seduction, M.E. argues that seduction takes considerable skill and is beneficial for both parties. “The fact that everyone

wants to be seduced but there is such little actual seduction happening suggests that seducing someone, particularly seducing well, is one of the nicest things you could ever do for another person. Don't you think?" If "actual seduction" is related to love, or some sort of romantic desire, is M.E. arguing that psychopaths are not capable of "actual seduction? (Thomas, 2014)" Also, to think in terms of doing something nice for another person is a whole other interesting way of conceptualizing seduction, particularly in the context of manipulation. Making someone fall in lust or love is perceived as being beneficial to that person, regardless of how it will eventually end (disaster!)

This important (and often neglected) element of psychopathic manipulation lends itself to considering the viewpoint not just of the psychopath, but of the victim as well. While manipulation in the workplace and in everyday social interactions among friends and strangers is impactful and warrants discussion, oftentimes the romantic manipulations are taken the least seriously among the current academic literature surrounding psychopathy, while perhaps emotionally affecting the most amount of people and creating the greatest pool of victims. Whether or not it is more painful to have your heart broken or be ousted from your company, there is no doubt that psychopaths' use of seduction as a way to fulfill their desires (sexual, economic, search for power/status) is rampant and has negatively affected many innocent people. One of these victims is Adelyn Birch, creator of the popular blog psychopathsandlove.com and author of a number of books surrounding this idea of psychopaths and love. Initially a victim herself of psychopathic manipulation by someone who she refers to as a "high-functioning, sub-criminal psychopath," Birch created this website as a safe space for victims like herself to come and share their stories of abuse at the hands of a psychopathic partner and raise awareness of this process so as to warn and educate others of the dangers of serious romantic involvement with

someone who appears to be psychopathic. In her words, “The purpose of this site is to help people who’ve been harmed in exploitative, abusive relationships with a psychopath; by sharing what I’ve learned and what helped me; as well as to help them from prevent it from happening again” (Birch, “Psychopaths and Love”). Birch’s blog, written from the perspective of a victim, offers a different kind of perspective than when we are used to seeing. While we have come to a certain kind of understanding of manipulation from the perspective of an outside researchers and even from psychopaths themselves, it is imperative that we now give voice to the people who are actually emotionally affected by the psychopath’s manipulations: the victims.

Focusing primarily on manipulation in the context of “love,” one can map out a three phase process that parallels the technique of *assessment, manipulation, and abandonment* that was discussed with earlier forms of manipulation. The first stage, from the point of view of a victim as defined by Birch, is the *idealize* phase. Referred to as “love-bombing,” this first stage is aimed at getting the victim to fall in love with the psychopath so they will be easily manipulated later. Using charm, attention, and flattery, the psychopath will “say anything to win your love and trust” and seems to be the perfect partner for the victim at that time. For the victim, this is an exciting time. Overwhelmed with attention and flattery, they believe that they have found their perfect partner, the love of their life.

“The manipulator will saturate the target in as many possible with love and adoration, without a moment to come up for air. They’ll spend as much time as possible with the target and keep in frequent contact. There will be many verbal declarations of appreciation and of their feelings about you and all your wonderful qualities...you’ll believe it’s the best thing that’s ever happened to you, so you won’t even suspect what’s really happening” (Birch, “Psychopaths and Love”)

Sounds pretty good, right? Well, like anything else a psychopath devotes time and energy towards, this “love-bombing” has a utilitarian process. Mainly, the psychopath uses flattery and romance under the guise of love to establish a psychopathic bond with the victim that opens the door for more covert manipulation. This bond is parasitic, in that the psychopath gets the victim to bond with them but they themselves cannot emotionally bond with anyone. This one-way bonding makes the victim susceptible to the abuse and manipulation that will inevitably come later in the second stage.

In the *devalue* stage, previously referred to more literally as the **manipulation** phase, the psychopath settles in to what they do best: getting other people to do what they want them to do. Because they have no empathy and are not actually in love in the sense that a non-psychopath would necessarily understand, they are able to devalue, abuse, and manipulate their partner who is hopelessly in love with them at this point. Here, Birch brings in concepts related to trauma and operant conditioning. Because the psychopath established a love bond with the victim, offering consistent reward to the victim in response to a desired response in the form of flattery or positive affirmation, the victim is now conditioned to perform in a certain way for psychopath, making them easier to manipulate. The use of an intermittent reinforcer, or the idea originating from B.F. Skinner’s theory of operant conditioning that people can be conditioned to behave a certain way by offering them inconsistent rewards (or punishment) in response to a correct response is used to disarm and weaken the victim. This works in psychopathic love by the psychopath replacing the “non-stop love and affirmation” they offered in the first stage with “hot and cold behavior that suggests the psychopath is pulling away” (Birch, “Psychopaths and Love”). As one can imagine, this confuses the victim but is not considered bad enough for them

to leave their (psychopathic) partner. They continue to tolerate abuse and because, as Birch argues, the worse you are treated, the more attached you become to your abuser.

This “trauma bond” leads to a kind of stockholm syndrome in which the victim tolerates “continuously worsening treatment as [they] try to hold on to the memories of [their] early relationship” (Birch, “Psychopaths and Love”). Again, this weakens the emotional resolve of the victim who doesn’t understand why their partner who they love is treating them so poorly. From the point of view of Birch, “As you become less exciting to him, he starts to feel contempt for you and genuinely devalues you, because he blames you for his waning interest and disappointment...” (Birch, “Psychopaths and Love”). This is interesting because it presumes a certain level of emotion existing at the psychopathic level. Excitement, interest, disappointment, these are all very real emotions that perhaps only people with a conscious actually possess. Yet, these emotions are likely arising from a place of material loss not love, an understanding that the utility of the victim is diminishing due to boredom or some kind of objective assessment of the energy needed to maintain the manipulation versus any potential reward that may arise.

By the final *discard* phase, the victim is emotionally exhausted. Blaming themselves for how poorly they are being treated, their self-esteem is often severely damaged. Meanwhile, the psychopath “feels even more contempt for you and feels you deserve abuse.” Contempt, Birch argues, is one of the very few emotions psychopaths can feel. She defines it as “the feeling that a person or thing is beneath consideration, worthless, or deserving scorn” (Birch, “Psychopaths and Love”). Why would a psychopath feel contempt towards someone who is in love with them? Indirectly beneficial to the victim in the sense that this contempt allows the the psychopath to finally abandon the victim and move on to someone else, it is certainly perplexing that the psychopath would require a certain level of emotional intensity before committing to the actual

abandonment. Yet, perhaps this is a useful way for victims to conceptualize what happened to them. Otherwise, it would not make sense to them. How can someone break their heart without any kind of emotion? Perhaps projecting this hatred is a form of denial or self-punishment in the sense that they are still continuing to blame themselves for falling victim to a psychopath's charms. If someone hates you, it would make sense that they would leave you. But, what if they don't hate you? What if they're just bored? Is that assessment even able to exist within the framework of our understanding of human nature and consciousness?

CONCLUSION

Psychopathy is one of those things that will always fascinate people. Not necessarily culturally specific, psychopathy exists wherever there are people. Recently hypothesized as a disease of capitalism, sociologist Charles Derber wrote an entire book on this idea of an emerging “sociopathic society” as perpetuated by Wall Street and the United States’ increasing greed (Derber, 2016). Drawing upon the increasing gap between the rich and the poor and the concentration of wealth in this country, Derber argues that we, as a society, are becoming more sociopathic in our daily speech through “conversational narcissism” and through the systemic sociopolitical forces that we operate under. An interesting idea, Derber’s perspective as a sociologist provides yet another valuable perspective within the psychopathic construct.

Whether you believe in the concept of good and evil, or if you believe that is even relevant to psychopathy, I believe that it is crucial (as a student of academia and of human beings) to consider a holistic or more inclusive approach to a subject as controversial as psychopathy. By considering the views of the psychopaths themselves, the researchers that study them, and the victims they hurt, we can work to construct an approach to psychopathy that is free to consider the possibility that some traits we might consider maladaptive or negative can actually be positive for certain people in certain environments. Again, whether or not we believe his to be fundamentally true, we have to be able to ask those questions and decide for ourselves.

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