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A NEW UNDERSTANDING OF PSYCHOPATHY: THE CONTRIBUTION OF PHENOMENOLOGICAL PSYCHOPATHOLOGY

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Abstract :

The objective of this study is to present a theoretical paper about a clinical issue. Our aim is to propose some clinical and semiological considerations for a psychopathological conception of psychopathy. We will discuss several major theoretical works dedicated to this nosographic entity (mainly those of Schneider, Cleckley and Hare). We will also examine a significant issue raised by Cooke et al., namely whether psychopathic functioning is consistently related to antisocial behavior. This theoretical essay is informed by clinical situations (involving psychopaths who were interviewed in prison or in forensic centers). The method applied a phenomenological psychopathology analysis to the clinical material. We first compare Binswanger's conception of mania with psychopathic functioning. Patients' behavior is similar but there is a difference related to the dialectic between the ego and the alter ego. A patient with mania has a fundamental crisis of the ego, which a psychopath does not have. A second finding of our investigations concerns emotions and the adaptive dimension of the psychopathic disorder. An epistemological discussion of the concept of emotions reveals that psychopaths are competent in the management of emotional stimuli, which confers a psychological advantage upon them.

Keywords :

Adaptation; Antisocial personality disorder; Emotion; Empathy; Mania; Phenomenological psychopathology; Psychopathy; Sympathy.

Introduction

As a discipline, phenomenological psychopathology has the objective of identifying the logical structure of psychological functioning; it favors an approach based on understanding over interpretation or explanation [1-3]. It aims to identify the specific psychological features inherent in nosographic entities. This method is part of the heritage of Minkowski [4-5], who suggested engaging in a "psychology of the pathological" rather than a "pathology of the psychological," that is, seeking a structural understanding of psychological organization. This approach to psychopathology is based on two essential elements. First, the discipline is strongly influenced by philosophy – particularly phenomenology – and uses the contributions made by this body of knowledge to better understand psychopathological manifestations [6-8]. Second, phenomenological psychopathology is intrinsically clinical; the fundamentals of its research topics – phenomena – emerge from clinical practice [8-10].

This school of thought, which is becoming increasingly influential internationally, has traditionally examined primarily psychotic disorders, especially schizophrenia [11-14], but also melancholic depression [15-19] and manic crises [14,15,20]. Recently, some representatives of this school have begun investigating psychopathological entities that had previously been neglected, such as borderline personality [21] and anorexia nervosa [22-24].

The aim of this paper is to reflect on the psychological functioning of psychopathic subjects. No study of psychopathy inspired by this approach has yet appeared in the international literature. This article summarizes our own research, which has hitherto been published only in French [8,25-26].

We will discuss two major theoretical works dedicated to this nosographic entity. One is German: Schneider's *Psychopathic Personalities* [27]. The other is American: Cleckley's *The Mask of*

Sanity [28]. We will then summarize the well-known work of Hare [29] including the so-called *Hare Psychopathy Checklist* (PCL-R), as well as the critique made by Cooke et al. [30-33]. Next, we will show a phenomenological-structural approach enhances the psychopathological investigation of psychopathy. In order to do a semiological comparison, we will base ourselves on Binswanger's work on mania [34]. Emotion and the adaptive dimension of psychopathy will then be discussed. Finally, we will consider the concept of empathy, which we will contrast with sympathy.

Nosographic Background

Psychopathy was described in the early nineteenth century by Pinel, who observed that some subjects presented "mania without madness." This early description is very important as it will enable us to explain the problem inherent in modern conceptions of psychopathy. The work of Schneider [27] and Cleckley [28] gradually led to a common and still current definition of psychopathy: a serious disorder or imbalance of the character or personality that does not include psychosis or significant mental deficiency (see Table 1).

In contemporary nosographic work, psychopathy occupies an ambiguous position. This uncertainty is reflected in its absence from the DSM-IV [35] and DSM-5 [36]. Despite the lack of a definition in the international classifications, an important movement in the literature has the objective of formulating a pragmatic definition of psychopathy, based on the work of Hare [29]. *The Hare Psychopathy Checklist – Revised* (PCL-R) presents a set of behavioral, interpersonal and affective characteristics, including egocentricity; manipulation; insensitivity to others; irresponsibility; unstable relationships; impulsivity; lack of empathy, remorse or guilt; and poor behavioral control (see Table 1). These signs are most likely to be manifested in antisocial

behavior [34-35]. These antisocial characteristics are part of the clinical picture, but they are not sufficient for a diagnosis of psychopathy: a psychopathic subject necessarily has an antisocial personality, but the opposite is not necessarily true [29,37]. According to this conception, one might consider the psychopathic personality to be a way of adapting to the world through affective and interpersonal experiences, whereas the antisocial dimension is primarily a set of behaviors involving transgressions against social laws and standards.

Table 1. Summary of criteria for psychopathy

This work adds a specific set of items to the diagnosis of antisocial personality disorder in order to isolate psychopathy as a specific nosographic entity; these items mainly concern the interpersonal sphere and the affective dimension. We will now discuss Cooke et al.'s [30-33] criticism of the PCL-R's factor structure, and particularly the presence of antisocial characteristics in the diagnosis of psychopathy.

Cooke et al.'s work stimulated a lively debate on whether antisocial behaviors are or are not necessary in characterizing a subject as a psychopath [38-39]. This ambiguity had already existed in the work of Schneider [27] and Cleckley [28]. However, Cleckley was the researcher who seemed most clearly to envisage the possibility of a diagnosis of psychopathy without the presence of antisocial or illegal behavior [28,38].

The *Comprehensive Assessment of Psychopathic Personality* (CAPP) [30-33] defends a different basis for defining the psychopathic entity. This conception, which is also deeply influenced by Cleckley's work, is a multidimensional model of personality that consists in six dimensions, including each of the dysfunctional traits observed in psychopathic personality disorder (see

Table 1), excluding the antisocial factor (and those related to sexual promiscuity and short-term cohabitation relationships in the PCL-R). These authors consider the antisocial factor to constitute "secondary symptoms," which follow from the psychopathic lifestyle. Thus, the model excludes the elements related to the subject's behavioral and criminal history. According to this criticism, the interpersonal and affective facets are the "central constituents" of the psychopathic personality.

We should make it clear that we are not aiming to present a comprehensive examination of all contemporary models of psychopathy. In particular, we are referring here to the *Psychopathic Personality Inventory* [40-42] and the *Triarchic psychopathy model* [43].The former was revised in 2005 to become the PPI-R and now comprises 154 items organized into eight subscales [40]. The items are grouped into two overarching and largely separate factors (Factor 1 – Fearless dominance: Social influence, Fearlessness, Stress immunity; Factor 2 – Impulsive antisociality: Machiavellian egocentricity, Rebellious nonconformity, Blame externalization, Carefree nonplanfulness), plus a third factor that is mainly dependent on scores on the other two (Cold-heartedness).

Meanwhile, the *Triarchic model* [43] suggests that different conceptions of psychopathy emphasize three observable characteristics to varying degrees: Boldness (low fear including stress -tolerance, toleration of unfamiliarity and danger, and high self-confidence and social assertiveness), Disinhibition (poor impulse control, including problems with planning and foresight, lacking affect and urge control, demand for immediate gratification, and poor behavioral restraints), and Meanness (Lacking empathy and close attachments with others, disdain of close attachments, use of cruelty to gain empowerment, exploitative tendencies, defiance of authority, and destructive excitement seeking).

These developments are very important and allow one to go a step farther in understanding the psychopathic individual's psychology, but they still seem to stop short of one crucial step: carrying out an in-depth psychopathological study of psychopathy. We will formulate our critical discussion on the basis of the PCL-R alone, as it remains the reference tool in criminological and psychopathological assessments in the field of forensics.

A Psychopathological View of Psychopathy

Our objective is to seek out the meaning structure and the meaning that links different signs of the disorder. According to Jaspers' proposal [2,3,44], the objective in psychopathology is to *understand* the puzzle that is presented, observe the phenomena, and seek to obtain a significant overall picture[1]. We propose to start this approach, paradoxically, by examining *manic being-in-the-world*.

A Paradoxical Starting Point: Binswanger's Ego and Alter Ego in Manic Subjects

Ludwig Binswanger [34] conducted a systematic analysis of the "reification of the alter ego" in manic subjects. One of the fundamental characteristics of mania, in this author's view, is seeing other people as "interchangeable" and "utilitarian." Although Binswanger does not address this question, we can make an analogy with psychopathic functioning, which also presents this tendency to reify others.

> Comments by psychopathic subjects about other people: "*My colleagues at work were objects I used when I needed them; in my eyes, they were no more than that*"; "*This person tried to enter into my life and I'd never asked anything of her – she didn't exist for*

[1] In this paper, we will not discuss the numerous theoretical contributions made by psychoanalysis.

me. She embarrassed me and I told her so. She insisted and we got into an argument… I didn't actually do it, but I could have killed her"; "*What counts for me is the pleasure I get from what I'm doing; the role of other people isn't very important*"; "*I wanted to bring off a successful robbery and no man was going to stop me. To succeed, I killed him… I had to kill him… He didn't represent anything more than an obstacle to me.*"

[Source: own clinical experience. The subjects whose comments are presented here were diagnosed by a multidisciplinary team including a psychologist and a psychiatrist in a forensic center. All of the subjects had committed crimes and presented significant antisocial characteristics. The eight subjects in this clinical sample were tested with the PCL-R and obtained scores of between 27 and 34 (mean = 30.25).]

Clearly, though, from a clinical perspective, mania and psychopathy are very different phenomena. In what ways? When Pinel describes psychopathic behavior as "mania without madness," it is important to define what is meant by "madness." The work of Binswanger [34] presents "the constitution of the alter ego" and "the ego" as a basis for discussing the dysfunctions of manic *being-in-the-world*. His thesis is that, in manic subjects, a disorder affecting the constitution of the alter ego coexists with a disorder of the constitution of the ego, or I: "If in mania the alter ego is not completely constituted, and thus remains largely a stranger, or even a strange thing – a mere object taken, pushed aside and rejected, used and consumed by something – then the causes are naturally not in the alter ego but in the ego" [34, p. 93, our translation].

This observation is critical since it presents mania as a subclass of psychosis, which Binswanger considers, based on Husserl's work, as a failure of "appresentation" [Appräsentation]. When two people meet, "what is present to us is different but is accompanied by the same appresentation"

[34, p. 75, our translation]. These two people share a set of common representations that allow them to consider each other as an *alter ego* and to share a common world. Thus, in Binswanger's understanding of the term,[2] appresentation is an intersubjective, intuitive and precognitive phenomenon that enables one to form relationships and that must necessarily be shared by the various partners. *A priori* it is crucial for the sharing of common meaning and natural self-evidence in social exchanges. It is precisely this faculty that is said to be deficient in psychotic pathologies (including mania).

Binswanger cites the example of one of his manic patients, Elsa Strauss, who entered a church and interrupted the ceremony to compliment the pianist and ask him for private lessons, offending the whole congregation. Words and actions, taken out of context, are not fundamentally incoherent or delirious, but they show a "failure of appresentation in mania and (…) the impossibility of constituting a common world" [34, p. 78, our translation]. The essence of psychosis in Binswanger's view is to escape this implicit common appresentation. This thesis can be superimposed on modern concepts of psychosis according to phenomenological psychopathology [11-14]. According to Binswanger, the manic reification of the other and the problem affecting the alter ego can be situated in a disorder affecting a psychotic ego. The determining factor in discriminating between manic and psychopathic subjects is at this level: the former have a disorder of the constitution of the alter ego explained by a disorder of the ego, while the latter have the same disorder but with an intact ego.

[2] Binswanger's definition of Husserl's concept is open to criticism. As we will see, Binswanger gives priority to the intersubjective dimension of this phenomenon, whereas for Husserl [45] appresentation has a more inclusive meaning and consists in the tendency to make a phenomenon that is inaccessible to direct perception available to consciousness. Note that Binswanger is strongly influenced by Szilasi's [46] interpretation of Husserl's work and makes use of Szilasi's examples when he evokes the complex nature of apperception.

Reification of others without an ego-related disorder as a core feature of psychopathy

The major difference between manic and psychopathic reification of the other is clearly identifiable for clinicians. For manic patients, other people are just a casual means of implementing their own projects, of enjoying themselves or their grandiosity. Their instrumentalization of others is direct, clearly prereflexive , even "naïve". They do not even try to imagine what goes on in other people's minds, because this does not play a role in their projects. Their empathetic awareness of other people is nonexistent. In contrast, for psychopaths, other people are a means of gaining power and pursuing their goals in a cold, insidious way. Their instrumentalization of others has a reflective, well-thought-out component, which is somewhat "Machiavellian". They may well use imagination and "theory of mind" in order to deceive, lie and misuse others to achieve their own ends.

Thanks to Binswanger's analysis of the crisis of the ego and the alter ego, we can refine this description. The radical and fundamental difference between manic and psychopathic subjects is that the latter do not present problems with the ego or I; to put it more simply, they do not have psychotic symptoms. A psychopath presents a disorder affecting the alter ego, via the reification of others (a symptom shared with manic subjects) but without presenting an ego-related disorder (a symptom not shared with manic subjects). Unlike a manic subject, a psychopath is able to maintain a stable ego and a coherent identity while still reifying others. For the psychopath, the alter ego problem is not secondary to a problem with the ego in its function as an appresentative structure.

Now let us reconsider the 20 items of the PCL-R. Based on the recommendations of the CAPP [30-373], we will eliminate the so-called secondary items, which are less relevant to our psychopathological approach. The remaining 13 items are as follows: 1. *Glibness and/or*

superficial charm; 2. *Grandiose sense of self-worth*; 3. *Need for stimulation and/or proneness to boredom;* 4. *Pathological lying;* 5. *Conning and/or manipulative;* 6. *Lack of remorse or guilt;* 7. *Shallow affect*; 8. *Callous and/or lack of empathy;* 9. *Parasitic lifestyle;* 13. *Lack of realistic, long-term goals;* 14. *Impulsivity;* 15. *Irresponsibility;* 16. *Failure to accept responsibility for own actions*.

The semiological picture presented above describes manic subjects just as well as psychopaths. Needless to say, we do not think these two diagnostic entities are the same. Because it limits its analyses to a survey of interpersonal and affective dimensions considered as isolable signs, and does not provide a structural and psychopathological synthesis, this model is unable to explain the difference between mania and psychopathy.

Still, we should not be surprised by this finding in light of Pinel's proposal to consider psychopathy as "mania without madness." Our overview of Binswanger's work has revealed that the difference between mania and psychopathy is located not at the level of psychological signs but at the psychopathological level, based on the dialectic between the alter ego and the ego.

Psychopathy, Emotion and Adaptation

Maladaptation?

One of the problems in understanding psychopathy may be immediately considering it as a disorder [2], without further thought, and thus viewing it *a priori* as a maladaptation. For evolutionary psychopathology [47-52], many behaviors considered to be pathological must have an adaptive value in the original environment in which the morphology and psychology of our species were shaped. A change in time (a behavior in another era) or space (a behavior in another context, or social, cultural or economic situation) may make a symptom appear adaptive (e.g.,

anorexia nervosa in times of famine). Concerning psychopathy, one might suggest that "The social function of psychopaths depends on conditions in the environment. In times of peace, we lock them up; in times of war, we count on them and cover them with medals" [51, p. 29, our translation].

Classically [26-28], psychopathy is associated with a general or specific emotional deficit, affecting the processing and production of emotion. Basic research tends to partially disconfirm this hypothesis [53-56]. Although the emotional dimension is considered to be the basis for the process of adaptation and social interaction and is assumed to have a regulating function [8,57-59], the hypothesis that psychopaths have an emotional deficit is contradictory. We suggest instead that psychopaths are able to understand and manage emotional phenomena. This conception is in opposition to the "poor," "narrow" and "immature" emotional life attributed to psychopaths [27-29]. It corresponds to the adaptive conception envisaged by Demaret [51] (The psychopath does not suddenly regain emotional competence in times of war that he had lost in times of peace.) This conception is very coherent with clinical findings:

> "*I can say that I understand other people well; I know how they react… Based on the way they look and their attitude, I know how I need to react*"; "*I knew how to act with my victims. First, I took time to observe them and, when I understood how they reacted, I knew if I could or couldn't steal from them. Once I had decided, nothing could stop me any more – their reactions were of no importance… I decided not to attach any importance to them – it would have put me at a disadvantage…*"; "*You know, my apparent coldness that I'm so often reproached for doesn't mean that I'm unaware of other people around me… But I don't show it. I've often noticed that it's more profitable like that.*"
>
> [Source: own clinical experience]

Emotional Coldness

"Emotional coldness" must be differentiated from "emotional deficit." Emotional coldness, if we can agree on a definition, is clearly one of the fundamental clinical signs of psychopathy. Hare [29] defines emotional coldness as one of the four facets of psychopathy (and thus an essential trait). We are in agreement with this claim. He then defines it with four items: *Lack of remorse or guilt* (item 6), *Shallow affect* (item 7), *Callous and/or lack of empathy* (item 8) and *Failure to accept responsibility for own actions* (item 16). This second point is not satisfactory because Hare's definition does not perfectly delimit the concept. Emotional coldness should instead be considered as a way of managing emotional manifestations calmly and coolly, without precipitation. (This is difficult to relate to item 14 of the PCL-R, "impulsivity," which describes antisocial subjects but not true psychopaths, strictly speaking.) Emotional coldness is a preferred method of managing emotion calmly and keeping some distance, as well as a tendency to take the time to analyze the emotional experiences that are triggered (in oneself or in others). This tendency should not be considered as being more or less adaptive, effective or pathological than a "warm" emotion management style (tendency to react faster, by trial and error, "naturally" or "romantically"). We suggest that it is probably more profitable to have a preferred method (a style) of emotion management than to manage emotion in a more random, less coherent way. Depending on an individual's social, relational or professional situation, it may be more adaptive to manage emotion either "coldly" (political leader, emergency physician, etc.) or "warmly" (group facilitator, performing artist, etc.). That means that the emotional coldness generally attributed to psychopaths may be considered partly as an adaptive advantage, which can also be found in numerous people who have no personality disorders or social or emotional deficits.

Empathy and Sympathy

Psychopaths are generally said to have an empathy deficit [60-61]. Once again, it is necessary to define this concept. If we examine the definition more closely, we can see that a psychopath does not actually have an empathy disorder but a sympathy disorder. This difference is crucial as it enables us to distinguish between psychopathy (sympathy disorder) and schizophrenia (empathy disorder).

The concept of empathy is evoked so often that researchers often forget to define and analyze it. Reflections from philosophy show us that empathy is actually a phenomenon that is very difficult to delimit, and when closely examined, complicated to define [62-65]. The most widely accepted definition can be summarized in this way: it is the psychological mechanism whereby an individual manages to intuitively represent another person's emotional experience or suffering. In this definition, the concept of empathy does not consider the subject's response to this representation. It is therefore an representational ability" that allows for "understanding of others." It can be differentiated from sympathy, the object of which is other people's well-being [63,66,67]. Empathy is related to intuitive, implicit understanding and knowledge. Sympathy involves compassion and attention to others' well-being.

Empathetic knowledge is not "intellectual." Rather, it is a kind of intuitive, implicit knowledge that arises immediately when we meet another person. This is a primary form of intersubjectivity to (immediate) perception of another person's emotional state, based on bodily expression and intercorporeality. This "implicit empathy" underlies social exchanges [8,14]. In addition to this *prereflexive* tendency, psychopathologists develop a method of understanding other people's experiences. This "conative empathy" is a *reflexive* and *explicit* practice used to promote the development of intersubjectivity between the clinician and the patient. We will not go into detail

on conative empathy in this article (in this regard, see [8,14,63-65]). In the clinical setting, we can therefore distinguish between two "kinds" of empathy: the clinician's (empathy with a methodological aim – conative and explicit) and the patient's (empathy with a diagnostic aim – implicit).

The investigation of implicit empathy needs to go into more depth in the case of psychopathy. A disorder affecting empathy (considered as the faculty of representing other people's experiences at the emotional, sentimental or cognitive level) leads to a diagnosis of schizophrenia, rather than psychopathy. From this point of view, we must formally reconsider the hypothesis that psychopaths are affected by an empathy deficiency. On the other hand, it seems very possible that they have a "sympathy disorder." A psychopath has no difficulty identifying other people's feelings and experiences (unlike a person with schizophrenia), but he finds them completely unimportant, as is other people's well-being. The analysis of other people and their experiences is strictly utilitarian and is unrelated to concern for or attention to their well-being. For example, a psychopath can describe his victims' suffering (showing evidence of empathy) but can coldly explain that they are of no importance to him (he feels no sympathy). Generally, psychopaths know that other people are bundles of emotions but they never "lose themselves" in this affective experience:

> A psychopathic rapist is asked about his victims: "*What do you want me to say? That won't change anything for them. Maybe it did hurt them, but how do you expect that to change things for me? … What I think now won't change anything about their situations or mine*"; "*I can well understand when other people want to express their feelings but it's nothing to do with me. What other people feel isn't important to me*"; "*Honestly, I don't understand*

my victims. If I were in their place, I'd forget about it and stop getting all worked up about what I did to them."

[Source: own clinical experience]

This sympathy disorder, which takes the form of being able to imagine other people's emotional experiences without being affected by them, may obviously overlap with the emotional coldness discussed above.

Conclusion

The purpose of this paper was to examine psychopathy and the classical approaches to evaluating it with the methods of phenomenological psychopathology. Despite some behavioral similarities, our analysis made it possible to distinguish between mania and psychopathy, to restore to psychopathy the emotional competence it had been considered not to have, and to differentiate between empathy and sympathy. The adaptive qualities that have been preserved, consistently with the mastery of empathy, do not preclude a moral disorder via the loss of sympathy for other people. Finally, our study enabled us to identify a fundamental structural characteristic of psychopathy, namely the ability to reify other people and to keep one's own ego intact.

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