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**POSSIBILITIES AND LIMITATIONS OF PSYCHOTHERAPY FOR INDIVIDUALS
WITH PSYCHOPATHIC PERSONALITY STRUCTURE**

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**psychopathy
personality disorders
limitations in psychotherapy**

Summary. Psychopathy is considered to be one of the personality disorders most resistant to psychotherapy. Therapeutic pessimism in this field is corroborated by many research reports concerning both the individual and group psychotherapy, and further justified by the analyses of the effectiveness of institutional correction programs addressed to offenders with psychopathic traits. Such studies show that psychopathy is a salient risk factor for recidivism as well as a strong predictive risk factor for criminal violence. The aim of article is to present practical implications for the psychotherapy of patients affected by the psychopathic personality disorder, based on a review of the current research in that area. The influence of factors blocking the therapeutic process is discussed. The perspectives of psychotherapy focused on the psychopathy are shown mainly in the context of the application of cognitive-behavioral therapy. The considerations are based on the contemporary approach to psychopathy, including the two-factors model of psychopathy and Psychopathy Checklist - Revised (PCL-R) by R. D. Hare. This approach to the psychopathic personality disorder is to be regarded as a first-choice option both in the clinical diagnosis and in the evaluation of the effectiveness of the treatment methods and of the psychotherapy of psychopathy.

The status of the concept of psychopathy, though present in psychopathology for over a century, has invariably sparked many controversies, whereas its diagnostic usability has been constantly questioned. Psychopathic personality is not considered a separate nosological unit in any of the contemporary mental disorders classifications – ICD-10 and DSM-5. Both of them use diagnostic equivalents similar in meaning to psychopathy, with the American DSM's Antisocial Personality Disorder (ASPD) [1], and WHO ICD-10's Dissocial Personality Disorder (DPD) [2]. However, comparative analyses carried out with the tools assessing presence of psychopathic traits indicate that there are no reasonable grounds for equalling psychopathy with antisocial or dissocial personality, incidentally implying diagnostic separateness of psychopathy and ASPD/DPD [3]. The status of psychopathy as a separate personality disorder is being reinforced in modern psychopathology due to growing interest in this subject within several recent years, both in academic circles, and among medical professionals, including clinical psychologists and psychotherapists.

Growing interest in psychopathy concurs with a dynamically developing trend of research devoted to psychopathic personality disorder, based mainly on operational criteria and a two-factor model of psychopathy created by Robert D. Hare, a Canadian psychologist. The PCL (Psychopathy Checklist Revised, with the current second edition of the PCL-R in use) [4], a tool based on the model and used to assess presence of psychopathic traits, has broken new grounds for carrying out empirical analyses of the disorder and its correlates. According to theoretical assumptions of the operational approach, the diagnosis of psychopathic personality is done based on the indicators symptomatic of psychopathy, both interpersonal and behavioural. They directly correlate with specific diagnostic items in the assessment tool, i.e. the PCL-R scale. The PCL-R scale defines psychopathy using two overriding levels of functioning called factors. Factor 1 reflects affective, as well as interpersonal features of psychopathy and encompasses emotional deficits, manipulative orientation towards relationships with others, and perception of oneself in opposition to the world and relations with others. Factor 2 in turn deals with an already established antisocial model of behaviours associated with impulsiveness, enhanced need for stimulation, and a socially deviant lifestyle. Each of the overriding factors consists of two sub-factors/aspects which reflect intrapsychic and behavioural symptoms of psychopathy, treated as characteristic diagnostic items. The diagram below shows clinical picture of psychopathy described with the use of two-factor model, operationalised in the form of the PCL-R scale.

The two-factor conceptualisation of psychopathy and PCL-R scale currently set the dominant standard in studying and diagnosing clinical psychopathy. Among other modern tools used to assess presence of psychopathic personality traits there should also be listed Psychopathic Personality Inventory/ PPI-R [5], which implements the operational approach, and Comprehensive Assessment of Psychopathic Personality (CAPP) [6], founded on the lexical hypothesis. A dual-pathway model of psychopathy [7, 8] and its triarchic conceptualisation [9], construed on its theoretical assumptions, serve as an interesting alternative to Hare's theory. It transpires that the triarchic model of psychopathy takes into consideration adaptive traits of psychopathic individuals such as low stress reaction, low anxiety, or social potency more than the PCL. However, regardless of the faults of Hare's two-factor conceptualisation [cf. 10] it should be noted that the PCL-R scale gave grounds for an accurate evidence-based clinical diagnosis of psychopathic personality disorder. The approach originated by Hare is a benchmark in the scientific thought concerning clinical picture of psychopathy which sets directions of the research on its etiology, too. In addition, analyses done with the use of the PCL-R scale produce findings on the effectiveness of psychotherapeutic interventions undertaken on psychopaths.

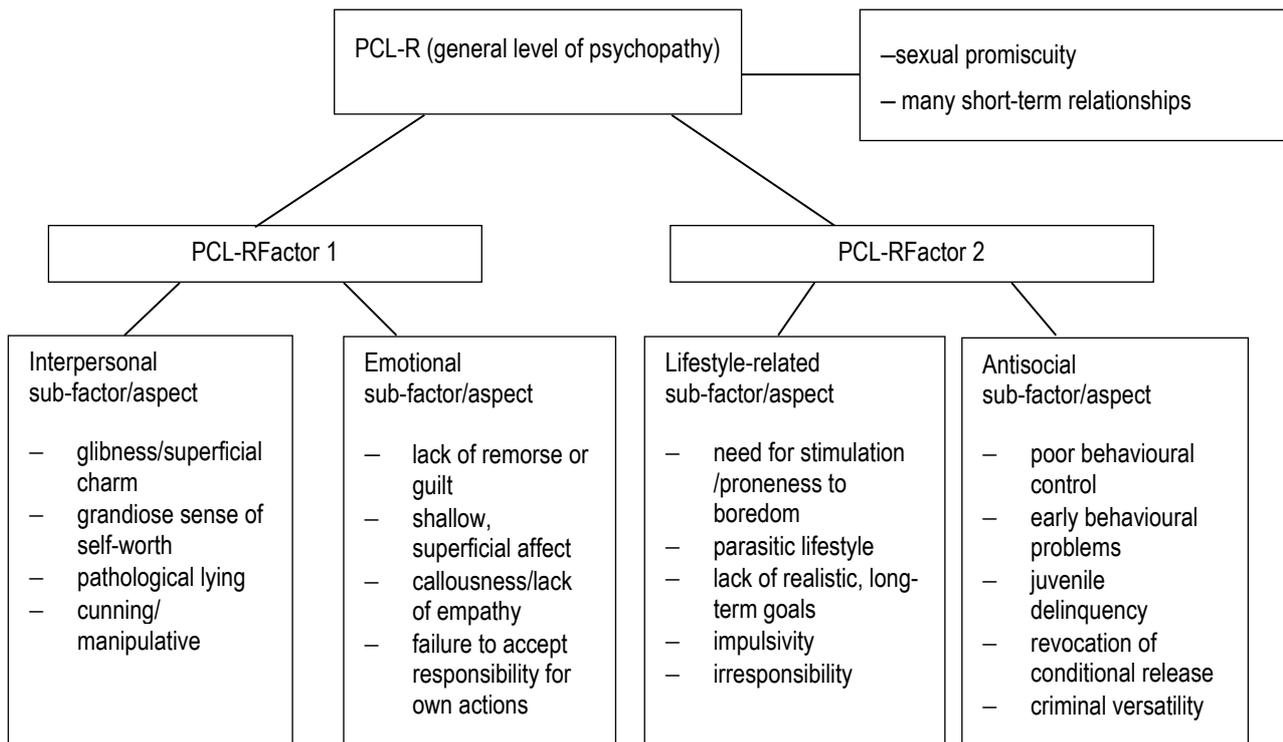


Figure 1. **PCL-R scale – structure**

Source: Hare, R.D., The Hare Psychopathy Checklist-Revised. 2nd Edition. Manual, Multi-Health Systems, Toronto 2003.

A pessimistic attitude, or a sceptical one at best, towards therapeutic effects of the therapy in this group of patients/clients prevails in publications devoted to the psychotherapy of individuals with psychopathic personality [11]. It is noted that psychopathy is one of the personality disorders which are least prone to therapeutic change. Limitations in the therapy of individuals with psychopathic personality disorder have two main causes. The first one is related to general limitations, underlain by problems occurring in therapies of personality disorders as such (e.g. co-occurring disorders – in case of psychopathy, this concerns mainly those from cluster B DSM Personality Disorders: narcissistic, histrionic, and borderline ones [12]. The other cause of ineffective therapeutic interventions on psychopaths is of a more distinctive nature and stems from the very structure of psychopathic personality. These limitations exist irrespective of the approach taken, applied methods, techniques, or strategies of therapeutic interventions. The most pivotal obstacles inhibiting psychotherapy in case of psychopaths include [11]:

- rock-solid and strongly biologically determined personality structure (shallow emotional reaction, deficiencies in behavioural inhibition), which is directly reflected in low proneness to therapeutic change,

- rigid, deeply ingrained cognitive schemata pertaining to the self-concept and Me-others relations; considering interpersonal relations as an opportunity to take advantage of, as well as classifying people as useful/useless in terms of satisfying one's own drives and needs,
- high self-worth combined with lack of critical assessment of one's lifestyle to-date; lack of ability to learn from own mistakes and failure to observe the link between one's own antisocial behaviour and its consequences,
- externalisation of responsibility – ascribing responsibility for own actions to external factors or circumstances (unjust fate, tendentious justice system, disloyal partners, etc.), putting blame for committed crimes on their victims (gullibility or provocation from their side),
- lack of internal motivation to change; what stands behind going to therapy is the court order or the prospect of early conditional release from prison; lack of the conviction as to the need for making changes in one's everyday life or the purpose of behaviour change to adapt to social norms,
- pretending involvement in therapy and faking good effects of psychotherapy; though incapable of auto-analysis and taking insight, one pretends to the therapist that changes in personality are taking place,
- tendency for domination and manipulative orientation in relations with others, which prevents therapeutic alliance from being established; therapeutic sessions (especially group meetings and addiction therapies) provide an opportunity to master new skills of exerting influence, imposing one's own interpretations or taking advantage of other members' weaknesses revealed during meetings.

The above limitations pertaining to individuals with high levels of psychopathic traits are further deepened by the criminogenic nature of the disorder. Psychopathy is considered a personality factor in crime risk, and a predictor of violating legal norms. Criminal distinctiveness of psychopathy is therefore the reason why individuals with such personality are usually placed in penal institutions or custody suites, whereby they are subject to rather correctional and rehabilitation interventions than psychotherapeutic ones. There are several problems with psychopathy getting spread among prisoners which are important for prospects of psychotherapy within this group.

The first crucial problem arising in the context of therapy of inmates with psychopathic traits deals with the following: is a psychotherapy altogether possible in such peculiar conditions as solitary confinement? A prevailing view in the scientific literature on the subject maintains that penal institutions do not make an appropriate place to undertake psychotherapeutic interventions [13]. A slightly better circumstances for therapy are provided with precautionary measures ordered by the court, although the crucial thing in this case is to estimate the degree to which psychopathic traits can

spread among persons subject to such measures [14]. Another problem consists in the soundness of undertaking any interventions on psychopathic inmates with the aim to induce permanent change in behaviour, which in practice means facing the following dilemma: isolation or therapy/rehabilitation? Therapeutic pessimism, high risk of recidivism (commission of violent crimes), and significant social costs incurred as a result of antisocial behaviours imply that isolation is the only effective method of dealing with criminal psychopaths. On the other hand, some attempts are still being made to develop intervention programs adjusted to the target group. Assessment of their effectiveness, as well as of psychotherapy in general, is related to the last problem concerning the criminogenic character of this disorder, that is the degree to which psychopathy spreads among imprisoned inmates. Making an estimate of the number of psychopaths among other prisoners seems even more important in the light of the fact that some behaviours diagnosed as psychopathic are of derivative nature and stem from imprisonment, not personality traits [13].

Data from the studies on effectiveness of psychotherapy of the inmates with psychopathic personality disorder coheres with therapeutic pessimism/ scepticism displayed by clinicians towards this group of patients [15, 16]. Therapeutic interventions turned out ineffective especially in case of group therapies held in penal institutions. Findings of studies on the inmates attending community therapy programs suggest that even though such interventions bring expected results for the majority of members, they are ineffective in case of criminal psychopaths. No clinical improvement has been recorded in psychopaths taking part in the program; they had very low motivation to change and fell out of therapy more often than in other groups [17].

Other data points at a certain paradoxical effect of the therapeutic community on inmate psychopaths [18]. Studies carried out after the program completion showed lower recidivism rates in the group of participants – non-psychopaths, with simultaneous increase in violent criminal behaviour in the group of participants with psychopathic personality disorders. Having left prison, where the community therapy program was completed, psychopaths tended to commit brutal crimes more often than other members of therapy. In the explanation of the effect observed, authors of the analysis suggest that the group therapy has paradoxically created conditions for strengthening psychopathic traits. By attending community therapy meetings, inmates-psychopaths had a chance to master new skills (i.e. adopting the perspective of the other) and acquire new or perfect already known manipulation, putting pressure, and social influence techniques.

Reports from studies on the effects of correctional and rehabilitation actions on criminal psychopaths are in line with the data pertaining to poor effectiveness of therapy in this group. High recidivism rates, more frequent and earlier re-committal of violent crimes, especially of sexual nature, and violation of the rules of conditional release among psychopaths leaving penal institutions

are pointed out [19, 20, 21]. Overall ineffectiveness of interventions (psychotherapeutic, correctional, and rehabilitation) undertaken on inmates with psychopathic traits only upholds the stand already known in a risk assessment approach which considers psychopathy as one of the strongest predictors of the risk of criminal aggression. Psychopathy understood as a personality risk factor is included in all primary methods used to estimate the risk of recommitting a violent crime both in youth (SAVRY) and adults (HCR-20, SVR-20). It should be noted that the risk is assessed regardless of the inmate's age, also in the case of non-penitential psychiatric patients with psychopathic traits.

In view of the data on exceptionally high resistance of psychopathic personality to therapeutic change, consistent with clinicians' and psychotherapists' observations, there comes the question if there are any limits of therapeutic pessimism/ scepticism? Admittedly, results of some meta-analyses do imply certain prospects for undertaking effective interventions in the group of psychopaths [22], yet according to critics, their methods and selection of research materials do not allow making clear and empirically justified decisions in this respect [15].

When analysing chances for an effective correctional and rehabilitation program targeted at the inmates with psychopathic personality, Wong & Hare [23] suggest embedding such type of an intervention in the framework of the cognitive-behavioural therapy. In line with this approach, therapeutic interventions should focus on anger control training, prosocial modelling, breaking up with antisocial cognitive schemata and criminal thinking, motivational dialogue aiming to strengthen commitment to change and prevent psychoactive substances addiction relapses. In the authors' opinion, an intervention designed in this way allows reaching to pivotal features of psychopathy, such as dominant and manipulative orientation in interpersonal relations, a tendency to exploit others, or emotional deficiencies, and incidentally suppressing their behavioural expression in the form of criminal actions.

Speaking of therapy of psychopathy, Harris & Rice also point out a potential value of the program including CBT elements [15]. In addition, they mention Behaviour Modification and Multisystemic Therapy (MST)¹ as useful alternative approaches in the context of interventions for psychopaths. Despite therapeutic pessimism, the two approaches outline certain possibilities related to the psychotherapy of inmates-psychopaths, yet further in-depth and empirically evidenced analyses are required to assess their effectiveness.

The review of research reports on psychotherapy of individuals with psychopathic personality disorder published in recent years indicates that the cognitive trend is the most prospective direction

¹ Harris and Rice adopt very broad understanding of the notion of intervention on individuals with psychopathic traits, which results in treating as such the forms otherwise not considered as therapy *sensu stricto*: institutional correctional programs and protection strategies for potential victims of psychopaths.

in this field. Promising effects of clinical improvement and lack of sexually violent behaviours within monitored period of time during and after therapy in psychopathic psychiatric patients were observed when schema therapy (ST) was implemented [24]. Furthermore, studies carried out with techniques aiming to improve attention-related functions inhibited in psychopathy proved such methods to be effective in groups of participants with psychopathic traits. It was noted that psychopaths taking part in the workshop improved in terms of deficiencies under analysis, concerned with overlooking crucial contextualised information [25]. Therefore, the data suggests that in therapy of psychopathy it is possible to use specific, targeted and neuroscience-based intervention techniques from the field of the cognitive remediation therapy (CRT).

When summing up limitations and perspectives available in psychotherapy of individuals with psychopathic personality disorder there seem to be some difficulty with finding solid premises forecasting the change of prevailing therapeutic pessimism in this respect. Hare's statement, according to which the review of literature on the subject of psychotherapy of this disorder should come to the conclusion that "no effective treatment has been found" [11, p. 245]. Nevertheless, a dynamic development of studies on psychopathy, including its non-criminal form (psychopaths who succeed in life), allows making forecasts about new arrangements concerning both clinical picture of psychopathy, its correlates, etiology, and prospects for implementing therapeutic and correctional interventions with the chance for reducing social damages related to actions of psychopaths.

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