ANTISOCIAL PERSONALITY DISORDER

PSYCHOANALYTIC APPROACHES

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Nineteenth Century Psychopathy

• Pinel (1801) ‘manie sans delire’
• Schneider (1958) ‘psychopathic personalities’
• Prichard (1835) ‘moral insanity’,
• Koch (1891) ‘psychopathic inferiority’,
• Meyer (1904) ‘constitutional inferiority’,
• Kraepelin (1921) ‘degeneration’.
Twentieth Century Psychopathy

• Birnbaum (1914) ‘sociopathic’
• Freud (1916) ‘Some character-types met with in psycho-analytic work’
• Winnicott (1956) ‘The Antisocial tendency’
• Bowlby (1971) ‘Forty-four juvenile thieves’
• Cleckley (1941) ‘The Mask of Sanity’
AETIOLOGY OF ASPD

• Primary biological deficit, or defensive structure against early trauma?
• Meloy: bio-psychogenic model of psychopathy:
• Neuroanatomical, neurophysiological, and twin and adoption studies suggest a genetic/biological basis
• Early disturbed object relations and attachment, and other environmental influences also necessary
Attachment/object relations-model

• Disturbances in identifications
• Development of the grandiose self
• Primitive affects and defences
• Superego deficits
Failures of internalisation and identifications

- Early disturbances in separation/differentiation
- Harsh sensory-perceptual experience
- Lack of containment
- Early basic distrust in the environment
- Unconscious disavowel for the need for soothing internalisations
The grandiose self

- Pathological defensive structure of the self
- Idealisations of himself (‘predator’) and denigration of others (‘prey’)
- Pre-oedipal personality organisation
- Internal object representations are not integrated and remain part-objects
- Self-representations positive, attributes negative qualities to others
Primitive affects and defences

- Object relations have a dyadic structure
- Primitive defence mechanisms - splitting, denial, omnipotence and projection
- Inadequate affect regulation
- Emotions of pre-oedipal toddler – envy, shame, boredom, rage and excitement
- Lack of guilt, fear, depression, remorse and sympathy
Superego pathology

• Inverse or mirror conscience - good intentions are punished, evil actions and intentions are rewarded
• Sadistic superego precursors/aggressive identifications - use of sadism to achieve pleasure
• Pre-oedipal simulatory and imitative processes develop in later childhood and adolescence into more conscious simulation of higher social affects and learnt manipulative deception to gain social advantage
• Empathic failure of identification
• Omnipotent control of objects by conscious deception and unconscious denial and projective identification
Diagnosis of ASPD

• ICD-10 and DSM-IV describe constellations of behaviours that may be the outcome of different aetiological pathways
• Dimensional approach more useful than categorical - DSM-V
• Psychopathy and ASPD not synonymous
• Assess psychopathy independently as a separate dimension
• Higher psychopathy scores predict poorer response to treatment
DSM-IV criteria for ASPD

A. Pervasive pattern of disregard for and violation of rights of others since age 15:
   • Failure to conform to social norms
   • Deceitfulness
   • Impulsivity or failure to plan ahead
   • Irritability and aggressiveness
   • Reckless disregard for safety of self and others
   • Consistent irresponsibility
   • Lack of remorse

B. At least 18 years
C. Conduct disorder < 15 years
D. Antisocial behaviour not due to SZ or mania
Antisocial psychodynamic continuum (Kernberg, 1998)

- Antisocial behaviour as part of a symptomatic neurosis
- Neurotic personality disorder with antisocial features
- Antisocial behaviour in other personality disorders
- Narcissistic personality disorder with antisocial behaviour
- Antisocial personality disorder/psychopathy
Criteria indicating treatability

- Psychopathy
- Presence of anxiety
- History of depression
- History of attachments
- Nature of defences
- Superego characteristics
Clinical Example - Mr P

• Grandiose self-structure dependent on powerful criminal friends creating world of omnipotence and excitement
• Collapse of psychopathic grandiose defence mechanisms … downward spiral of drug abuse
• Humiliated in ‘real’ world … depressed
• Replicates sadomasochistic criminal world in his mind by sadistic superego torturing himself
• No genuine feelings of guilt, loss and concern
• Consultation is like confessional … rapid resurrection of psychopathic defences
Clinical features that contradict therapy of any kind (Meloy 1988)

- Sadistic aggressive behaviour resulting in serious injury
- Complete absence of remorse or justification for such behaviour
- Very superior or mildly mentally retarded intelligence
- A historical absence of capacity to form emotional attachments
- Unexpected atavistic fear felt by the experienced clinician in the patient’s presence.
General psychotherapeutic principles of treatment – (Gabbard, 1990)

• Stable, persistent and boundaried therapist
• Confrontation of denial and minimisation
• Connecting actions with internal states
• Address here and now behaviour before interpretation of past
• Monitor the countertransference to avoid acting out by the clinician
• Limit expectations of progress
• Treat co-morbid conditions such as depression and substance misuse
• Supervision and consultation
Countertransference

- Therapeutic nihilism
- Illusory treatment alliance
- Fear of assault or harm
- Denial and deception
- Helplessness and guilt
- Devaluation and loss of professional identity
- Hatred and the wish to destroy
- Assumption of psychological complexity
- Fascination and sexual attraction
Consultation