

The Manifestation of Psychopathy in Schizophrenia Spectrum Disorders

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Introduction

Schizophrenia spectrum disorders (SSD) and psychopathy (PP) have separate aetiologies, are two distinct constructs, with specific pathways to violence. The incremental value of psychopathy to risk assessment is beyond doubt (1-3).

However, both have phenotypic similarities. When they co-occur they question the generalizability of PP in SSD, assessment methods and risk appraisal (4,5).

The differentiation of psychopathy's phenotypy has been validated in women and in children, thus hinting the necessity to review expected manifestations across cardinal samples. We argue that psychopathy manifests itself differently in schizophrenia spectrum disorders. This interaction peaks in heboidophrenia or pseudo-psychopathic schizophrenia (6,7).

The presence of a diagnosis of SSD makes certain PP traits/characteristics less/more likely. Examples include psychopathy's flat affect, which resembles schizophrenia's negative symptoms, paranoid delusions of grandiosity which is similar to psychopathy's inflated self-esteem/arrogance.

Method

The results shown right summarize studies on the Psychopathy Checklist-Revised (PCL-R, 8), the Comprehensive Assessment of Psychopathic Personality (CAPP, 9), and Heboidophrenia/Pseudo-Psychopathic Schizophrenia (10) in male forensic patients from a medium-risk hospital.

Assessment of Psychopathy in Schizophrenia (Spectrum Disorders)

No guidelines to address scoring conflicts arising from phenotypical conflation. Three methods exists:

1. Scoring symptom free periods (4)
2. Rating mere phenotypic applicability
→ False positives, but no specificity, Higher probability of overdiagnosing PP
3. Culling aetiology
→ High specificity, little sensitivity, might miss risk related correlates

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Results

SSD augments likelihood of endorsement.
SSD decrease likelihood of endorsement.
SSD has a variable influence.
SSD has no impact on this PP characteristic.

Psychopathy PCL-R¹¹ & CAPP¹²

Pcl1. Glib and Superficial Charm

Pcl2. Grandiose Self-Worth

Pcl3. Need for Stimulation

Pcl4. Pathological Lying

Pcl5. Conning and Manipulativeness

Facet 1 - Affective

Pcl6. Lack of Remorse or Guilt

Pcl7. Shallow Affect

Pcl8. Callousness and Lack of Empathy

Pcl16. Failure to Accept Responsibility

Pcl9. Parasitic Lifestyle

Pcl10. Poor Behavioural Controls

Rel. Items

Pcl11. Promiscuous Sexual Behaviour

Pcl17. Many Short-Term Relationships

Pcl12. Early Behaviour Problems

Pcl13. Lack of Realistic, Long-Term Goals

Pcl14. Impulsivity

Pcl15. Irresponsibility

Pcl18. Juvenile Delinquency

Pcl19. Revocation of Condition Release

Pcl20. Criminal Versatility

CAPP. Attachment Domain

CAPP. Behaviour Domain

CAPP. Cognition Domain

CAPP. Dominance Domain

CAPP. Emotional Domain

CAPP. Self Domain

Negative Psychotic Symptoms

(Blunted affect, lack of spontaneity, emotional withdrawal, ...)

Positive Psychotic Symptoms

(Hallucinations, Disorganized thinking, Agitation, Excitement, ...)

Paranoid Symptoms

Conclusion

Our results suggest that measuring psychopathy in schizophrenia is biased. Therefore, different normative data and guidelines of widely accepted assessment schemes are needed.

Further multi-modal empirical research is necessary to further confirm our findings, current literature sustains the doubt of a different phenotype for psychopathy in schizophrenia spectrum disorders.