

## COMMENTARY

# Is Psychopathy a Syndrome? Commentary on Marcus, Fulton, and Edens

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The term “syndrome” derives from the Greek, meaning to “run together.” Accordingly, in organic medicine, syndromes are traditionally conceptualized as conditions marked by constellations of signs (observable indicators) and symptoms (subjective indicators) that covary across individuals (Kazdin, 1983; Lilienfeld, Waldman, & Israel, 1994). For example, panic disorder is a classical syndrome because it consists of signs (e.g., sweating and difficulty breathing) and symptoms (e.g., intense fear and fears of dying or losing control) that are positively correlated. In rare cases, syndromes also comprise constellations of largely uncorrelated traits that point to an underlying pathology. For example, Gerstmann’s syndrome in neurology is marked by four indicators: dysgraphia/agraphia, dyscalculia/acalculia, left-right disorientation, and finger agnosia (Benton, 1992). Across the general population, these four indicators are essentially uncorrelated. Nevertheless, when observed together, this constellation of four signs generally indicates a lesion in the left hemisphere near the angular gyrus.

### Psychopathy’s Syndromal Status

The question of whether a condition is a syndrome bears potentially important implications for its etiology. If a condition is a combination or configuration of multiple traits that are largely uncorrelated, it is likely that this condition stems from more than one cause. The rare exceptions would be syndromes in which uncorrelated traits reflect a unitary etiology, as in Gerstmann’s syndrome.

Most researchers have regarded psychopathy as a classical syndrome. For example, Hare (1993, p. 34) argued that “psychopathy is a *syndrome*—a cluster of related symptoms” (italics in original). Moreover, many researchers still rely exclusively on total psychopathy scores in their analyses (e.g., Williams, Nathanson, & Paulhus, 2010) under the assumption that whatever psychopathy is, it is a monolithic entity (at least at a higher-order level). Is this assumption warranted?

### Marcus, Fulton, and Eden’s Findings

In their important meta-analysis, Marcus, Fulton, and Edens (this issue, pp. 70–79) provide evidence that psychopathy, at least

as assessed by the Psychopathic Personality Inventory (PPI; Lilienfeld & Andrews, 1996) and its various incarnations, is nonsyndromal. Marcus et al. specifically find that the PPI Fearless Dominance (FD) higher-order dimension is at best weakly correlated with other dimensions of PPI-assessed psychopathy and largely uncorrelated with most other indicators of psychopathy.

There are at least two interpretations of these findings. The first is that the FD dimension, conceptualized by Patrick, Fowles, and Krueger (2009) as boldness, is largely irrelevant to psychopathy and should be omitted from the PPI and other psychopathy measures. On the basis of several findings similar to those of Marcus et al. (this issue), Miller and Lynam (2011) advanced a similar argument. Although this contention is difficult to falsify at present, it does not square with data that PPI-FD is associated with numerous correlates theoretically relevant to psychopathy, such as sensation seeking, narcissism, functional impulsivity, instrumental aggression, and attenuated fear-potentiated startle (Lilienfeld et al., in press).

### An Alternative Conceptualization of Psychopathy: Psychopathy as a Compound Variable

On the other hand, the findings of Marcus et al. (this issue) may indicate that psychopathy is not a classical syndrome. Instead, psychopathy may be what industrial/organizational psychologists term a “compound variable”: a constellation of subtraits that are largely or entirely uncorrelated (Berry, Sackett, & Wiemann, 2007). Compound variables, also called emergent traits (Hough & Schneider, 1996), differ from “multifaceted variables,” the constituent features of which are subcomponents of a higher-order construct (Lilienfeld & Fowler, 2006; Smith, Fischer, & Fister, 2003).

Compound variables can be easily overlooked by researchers using factor analysis, corrected item-total correlations, and other traditional methods of item selection. These methods commonly result in eliminating items that are largely uncorrelated with the other items under the presumption that such items do not “belong” in the scale. This practice is often defensible if one assumes that the condition in question is a classical syndrome (i.e., a constellation of covarying signs and symptoms). However, if a condition is a compound variable, omitting these items may be misguided because they may assess key features of one or more of the constituent traits. In the case of psychopathy, what Cleckley (1941/1988) termed the “mask of sanity” is probably a composite of two strikingly different characteristics: an outward appearance of

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seemingly healthy adjustment (“the mask”) conjoined with poor impulse control and profound deficits in guilt, empathy, and social connectedness (see also Hall & Benning, 2006; Lykken, 1995). This observation is consistent with “dual process” models of psychopathy (Dindo & Fowles, 2011; Fowles & Dindo, 2009), which regard psychopathy as the confluence of two etiologically disparate processes—namely, fearless dominance and disinhibition.

### Psychopathy as a Condition of Interpersonal Impact

In this regard, an appealing hypothesis is that what has long been viewed by clinicians and researchers as psychopathy (and by laypersons as the con artist, a two-faced person, and a wolf in sheep’s clothing) comprises the configuration of boldness (e.g., superficial charm, lack of social anxiety) and either disinhibition, meanness, or both. From an interpersonal perspective, such individuals would be especially malignant and memorable because they are the quintessential social chameleons and social deceivers (Patrick, 2006). As a consequence, we learn to be on the lookout for them.

Putting it a bit differently, we can conceptualize psychopathy as what I term an “interpersonal impact condition.” Interpersonal impact conditions are not genuine syndromes because they consist of neither (a) covarying signs, symptoms, or both, nor (b) uncorrelated features that point to a latent unitary pathology. Instead, they are emergent conditions that create a distinctive social impression when several or all subcomponent traits are present, but not when only one such trait is present. This conceptualization might also be extended to several other heterogeneous personality disorders (e.g., borderline personality disorder). As Grove and Tellegen (1991) noted, at least some personality disorders may comprise interpersonally maladaptive interactions among constituent traits.

### Concluding Thoughts and Future Directions

I concur with Marcus et al. (this issue) that investigators should routinely examine statistical interactions among the subcomponents of PPI-assessed psychopathy, such as FD and Self-Centered Impulsivity (the other major higher-order factor typically derived from the PPI; Benning, Patrick, Hicks, Blonigen, & Krueger, 2003). If the hypothesis that psychopathy is a condition of interpersonal impact has merit, these interactions should be especially potent for perceptions by observers. In particular, this hypothesis leads to the prediction that only individuals with both FD and at least one other component of psychopathy (namely, disinhibition or coldness/meanness) should be perceived by others as psychopathic. This configuration of attributes would embody Cleckley’s (1941/1988) mask of sanity, or the folk concept (Gough, 1987) of the seemingly likable, trustworthy, and well-adjusted person who can take advantage of us.

Most of the psychopathy literature has overlooked a crucial truth: Psychopathy is to a substantial extent an interpersonal condition. Individuals with psychopathy “earn their keep” by manipulating and seducing others, typically by making a positive first impression and gaining their confidence. The time has come to better understand how such individuals influence, and are perceived by, those around them.

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