

COMMENTARY

The Role of Fearless Dominance in Differentiating Psychopathy From Antisocial Personality Disorder: Comment on Marcus, Fulton, and Edens

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Based on their meta-analytic review of the correlates of the two factors of the Psychopathic Personality Inventory (PPI), Fearless Dominance (FD) and Self-Centered Impulsivity (SCI), Marcus, Fulton, and Edens (this issue, pp. 70–79) raise important questions about the role of FD in diagnostic conceptualizations of psychopathy. In considering their findings, general limitations of meta-analyses (e.g., Ioannidis & Lau, 1999) should be borne in mind, along with specific limitations of their analysis. One is that Marcus et al. (this issue) focus predominantly on studies using original or revised versions of the PPI, or its short-form version. Although beneficial for standardizing operationalization, this approach led to the exclusion of studies that quantified PPI factor scores in other empirically defensible ways—for example, using subscales of Tellegen’s (1982) Multidimensional Personality Questionnaire (MPQ). One such study, by Benning, Patrick, Blonigen, Hicks, and Iacono (2005), is particularly relevant because it reports findings from both offender and community samples for a variety of criterion variables of the types examined by Marcus et al., including personality variables and other psychopathy measures.¹

Another limitation is that Marcus et al. (this issue) categorized personality-related criterion variables around broad MPQ dimensions of Positive Emotionality (PEM), Negative Emotionality (NEM), and Constraint (CON). Although generally useful as an organizing framework, there are problems with broad dimensional frameworks of this kind for aggregating traits relevant to psychopathy. As Miller, Lynam, Widiger, and Leukefeld (2001) and others (e.g., Krueger, 2006; Lilienfeld & Fowler, 2006) have noted, psychopathy entails a constellation of traits that span differing dimensions recognized in standard structural models of personality. For example, the PPI FD construct encompasses specific lower-order traits from all three MPQ higher-order dimensions (i.e., PEM Social Potency, NEM Stress Reactivity, and CON Harm avoidance). Other traits from corresponding dimensions show weaker or even opposing relations with PPI FD. As a function of these selective associations, aggregating lower-order trait variables into categories corresponding to broad personality factors may

attenuate or obscure relations of FD and SCI with specific lower-order trait variables.

Differentiating Psychopathy From Antisocial Personality Disorder (ASPD)

Marcus et al. (this issue) report a pattern of relations between FD and external personality variables that portrays FD as a largely adaptive disposition, whereas SCI by contrast emerges as more pervasively pathological. In addition, these authors report mild- to moderate-level associations for FD with other measures of psychopathy, compared with generally higher associations for SCI. Marcus et al. conclude that “FD does not seem to be especially maladaptive, and individuals with high levels of FD are unlikely to appear overtly pathological” (p. 76). On this basis, the authors question whether FD should be considered central to the construct of psychopathy.

As noted already, the authors’ portrayal of PPI FD as generally “positive” and adaptive needs to be considered in light of studies excluded from their analysis (e.g., work by Benning et al. [2005] showing stronger relations for MPQ-estimated FD vs. SCI with narcissism and thrill-adventure seeking; work by Blonigen, Hicks, Krueger, Patrick, and Iacono [2005] documenting a positive genetic association in young men between MPQ-estimated FD and externalizing problems) and in relation to their decision to combine lower-order traits into higher-order categories. The one specific trait variable they did examine separately, sensation seeking (considered maladaptive at high levels), showed comparable moderate (~.5) associations with both FD and SCI. Elsewhere, Ross, Benning, Patrick, Thompson, and Thurston (2009) showed that PPI FD correlates at least as highly with scores on Miller et al.’s (2001) Five Factor Model psychopathy prototype as does PPI SCI ($r_s = .50/.38$).

The issue of the centrality of FD to the construct of psychopathy can also be addressed by considering how psychopathy is distinguishable from ASPD. As part of the field trial for *DSM-IV* ASPD, a 10-item version of the Psychopathy Checklist-Revised (PCL-R) was evaluated that provided better coverage of Factor 1 affective-

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¹ The meta-analysis did, in fact, include one study that operationalized scores on the PPI factors using data from the MPQ (i.e., Blonigen, Hicks, Krueger, Patrick, & Iacono, 2006), while excluding other studies of this type (e.g., Benning et al., 2005; Blonigen et al., 2005).

interpersonal features (i.e., glibness/superficial charm, grandiosity, emotional insensitivity in the form of deficient empathy and remorse, and manipulativeness) than the candidate ASPD criterion set, consisting of a slightly modified version of the criteria from *DSM-III-R*. However, the *DSM-IV* Work Group concluded that increased representation of Factor 1 features in the diagnosis did not improve prediction of clinically relevant outcomes, particularly in community samples. In a critique of this work, Hare and Hart (1995) noted that the emphasis placed on the effectiveness of diagnostic criteria in predicting maladaptive behavioral outcomes came at the expense of improving the content-related validity of the diagnosis. Based on evidence for the importance of affective-interpersonal features in distinguishing psychopathy from ASPD, these authors concluded that, “the coverage of traditional symptoms of psychopathy is little better in *DSM-IV* than it was in *DSM-III-R*” (p. 131).

Which specific features of PCL-R psychopathy are in fact most distinct from ASPD, and what underlying construct(s) do these features tap? Patrick, Hicks, Nichol, and Krueger (2007) addressed this question in the context of a hierarchical (“bifactor”) model of the PCL-R, in which all items were specified as loading on a single broad factor and residual variances in particular items (not accounted for by the general factor) were specified as loading on separate Interpersonal, Affective, and Impulsive subfactors. The general PCL-R factor (on which all items loaded) correlated .92 with ASPD symptom scores. The items with the highest loadings on this general factor (.57–.64) were items reflecting criminality/delinquency and reckless/aggressive behavior (i.e., early problems, poor behavioral controls, irresponsibility, delinquency, criminal versatility). The two items with the lowest loadings on this general factor, superficial charm and grandiosity (.22/.19), contributed most strongly to the Interpersonal subfactor, with items reflecting conning and lying loading less on this subfactor and more on the general factor. Relations of the Interpersonal subfactor with personality traits paralleled those reported by Marcus et al. (this issue) for PPI FD (i.e., negative and positive relations with NEM and PEM related traits, respectively). Thus, the results of this structural analysis indicate that it is the interpersonal items of the PCL-R, which tap dispositional tendencies in common with PPI FD, that differentiate PCL-R psychopathy most clearly from ASPD.

Psychopathy as Multifarious Versus Unitary

Marcus et al. (this issue) raise concerns about the low correlation ($M = .12$) between PPI FD and SCI in their meta-analysis. They argue that the two should covary more closely if they comprise symptomatic components of a common disorder. This concern is predicated on the notion of psychopathy as a unitary condition whose observable symptoms emanate from a common underlying pathology. However, contemporary research on personality disorders as a whole has roundly challenged the idea that these disorders reflect unitary conditions, symptomatically or etiologically (e.g., Kendler et al., 2011; Markon, 2010). Likewise, multiple lines of evidence challenge the idea that psychopathy is unitary. These include evidence of cooperative suppressor effects in relations of correlated psychopathy factors with key clinical criteria, research demonstrating that high overall PCL-R scorers comprise markedly distinct subgroups, and converging evidence pointing to separable processes and pathways in the development

of psychopathy (Fowles & Dindo, 2009; Frick & Marsee, 2006; Patrick & Bernat, 2009).

Patrick, Fowles, and Krueger (2009) sought to clarify commonalities and distinctions among alternative conceptions of psychopathy by formulating a triarchic model of the disorder. These authors identified *boldness*—entailing tendencies toward dominance, emotional stability, and venturesomeness—as one of three phenotypic constructs emphasized to varying degrees in differing assessment instruments for psychopathy (the others being *disinhibition* [deficient inhibitory control] and *meanness* [callousness and aggressive resource seeking]). Empirical referents for disinhibition and meanness include work on the structure of impulse problems in children (Achenbach & Edelbrock, 1978) and adults (Krueger, Markon, Patrick, Benning, & Kramer, 2007), and research on the separable facets of psychopathy in children (Frick & Marsee, 2006). Referents for boldness include PPI FD, Cleckley’s (1976) classic conception of psychopathy, and Lykken’s (1995) low fear model. Whereas disinhibition and meanness represent overlapping but distinguishable aspects of externalizing proneness (Krueger et al., 2007)—that is, the common construct indexed by *DSM-IV* ASPD, PCL-R Factor 2, and PPI SCI—boldness is theorized to reflect the observable expression of an underlying fearless temperament (Fowles & Dindo, 2009; Patrick & Bernat, 2009). Disinhibition and meanness intersect most clearly with the maladaptive behavioral (i.e., externalizing) features of psychopathy, but it is boldness that captures the social poise, imperturbability, and tolerance for danger/uncertainty that distinguish psychopathy from externalizing proneness. That is, psychopathy represents a special variant of externalizing—one that entails a notable absence of the distress and dysphoria that tend to co-occur with problems of impulse control (Achenbach & Edelbrock, 1978; Kendler et al., 2011). From this standpoint, it is the conjunction of boldness/FD and externalizing/SCI features that demarcates psychopathy from ASPD.

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