

Greater Manchester West **NHS**
Mental Health NHS Foundation Trust

working therapeutically with women with psychopathy

what women can tell you about men
OR
what (more) women can tell you about men

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thank you

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dr jane martin & dr mette kreis

overview

1. women and psychopathy, violence and risk
2. working therapeutically with psychopathic women
3. recommendations and conclusions

women and psychopathy, violence and risk

conclusions

1. gender stereotypes dictate our expectations about the behaviour of men and women
2. men and women are more alike than they are different – but they are not the same, the differences are important
3. measures of psychopathy, which reflect the behaviour of men and ignore the social context of violence and aggression, have limited utility with women (and men)

gender stereotypes

general

men women

greater identification with peers

greater identification with intimates

Paris (2007)
Rosenfield (2000)

gender stereotypes
aggression and violence

held accountable, without question

responsibility 'neutralised' accountability denied

Adshead (2011)

gender stereotypes
aggression and violence contd/...

male offenders have similar histories as female offenders
abuse and victimisation, mental disorder, social disadvantage, etc.

male violence is viewed as consistent with the male stereotype
but female violence is inconsistent with the female stereotype

gender stereotypes
aggression and violence contd/...

therefore, violence in women is neutralised, violence in men is not

i.e., the use of narrative devices that allow the offender to maintain a social identity as a good person (Sykes & Matza, 1957) is women's violence neutralised because it is intolerable? or does neutralisation enable those working with women to feel sympathy not antipathy? (Adshead, 2011)

only up to a point though – re. 'double deviance' or violent women as 'doubly damned' (Chesney-Lind, 1984; Heidensohn, 1991; Lloyd, 1995)

"who is Amanda Knox?"

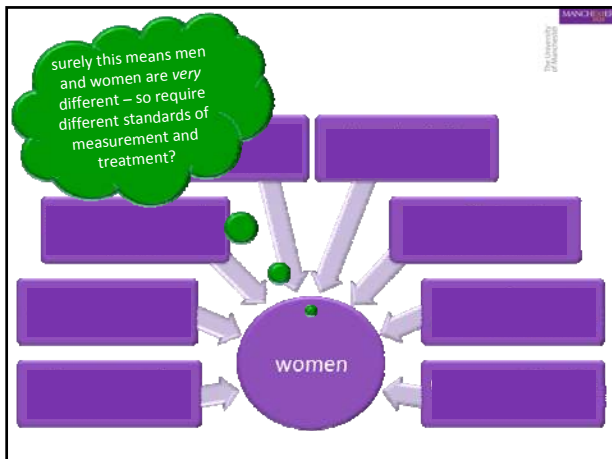
gender stereotypes
aggression and violence contd/...

stereotyped	• madonna vs whore; unstable emotionally; victims
misunderstood	• dangerous sexuality; mysterious emotions
but fascinating	• <i>la femme fatale</i>
and a problem	• to understand, manage, treat

conclusions

- gender stereotypes dictate our expectations about the behaviour of men and women
- men and women are more alike than they are different – but they are not the same, the differences are important
- measures of psychopathy, which focus on the behaviour of men and ignore the context of violence and aggression, have limited utility with women (and children)

but how can this be so?



same but different
measuring differences between men and women

most empirical studies to date have not captured gender differences

small numbers of women in research on violence

women are treated in research as just different kinds of (abnormal) men (Showalter, 1987)

the enquiring point of view is usually male – women are measured against a male template of violence (Adshedd, 2011)

violence measured in terms of convictions – undetected violence will be excluded

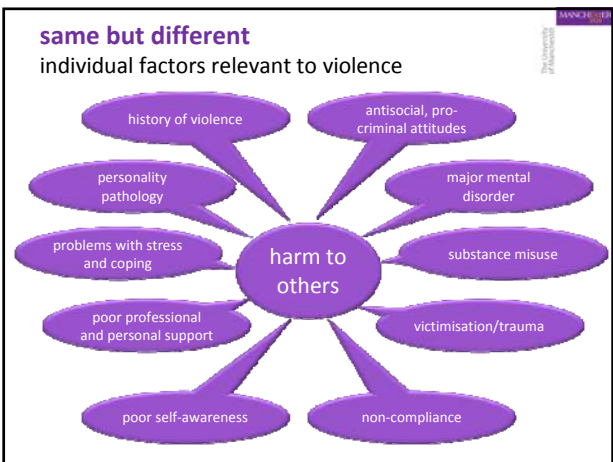
feminist studies emphasise victimisation (Adshedd, 2011)

same but different
measuring differences between men and women

women's violence explained (away) in terms of mental disorder and trauma

using the language of disease to explain social rule-breaking (Foucault, 2008)

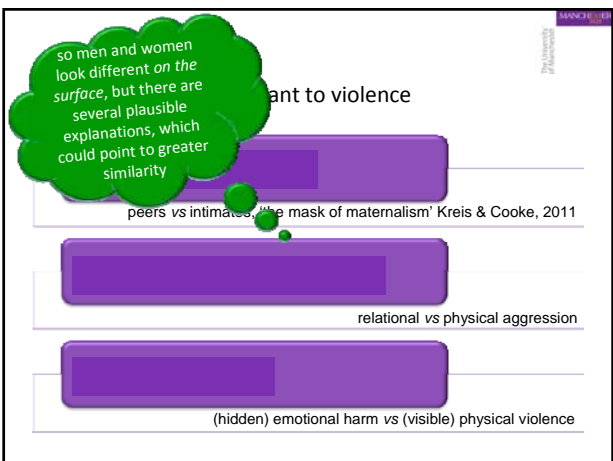
yet violence is a relational event, involving multiple factors, requiring complex explanations addressing the meaning of the event to main parties involved



same but different
contextual factors relevant to violence

“it appears self-evident that the power one holds in the domain in which one holds it will influence the method used to abuse that power to the detriment of others”

Logan, C. & Weizmann-Henelius, G. (in press). Psychopathy in women: Presentation, Assessment and Management. Chapter to appear in H. Häkkinen-Nyholm & J.O. Nyholm (Eds), *Psychopathy and Law*. Chichester: John Wiley & Sons, Ltd.



same but different
so what?

why is it essential what we give proper consideration to the issue of women's harm?

there *are* harmful women out there
and we have a duty to protect their victims,
and to guide these women towards a less harmful
way of living

conclusions

1. gender stereotypes dictate our expectations about the behaviour of men and women
2. men and women are more alike than they are different – but they are not the same nor totally different
3. measures of psychopathy, which reflect the behaviour of men and ignore the social context of violence and aggression, have limited utility with women (and men)

psychopathy
relevance to women?

we have a problem with women who are harmful but who are not mentally ill
for whom there is no easy way to neutralise their harm

who has this problem?
practitioners & the courts

psychopathy
empirical research

Psychopathy Checklist-Revised (PCL-R)
Hare (2003)

20 items, total score = 40
28+ diagnostic - in men
no diagnostic cut-offs for women
2, 3 and 4 factor models

psychopathy
empirical research using the PCL-R

arrogant and deceitful interpersonal style	deficient affective experience
antisocial lifestyle	impulsive and irresponsible behavioural style

psychopathy
empirical research using the PCL-R

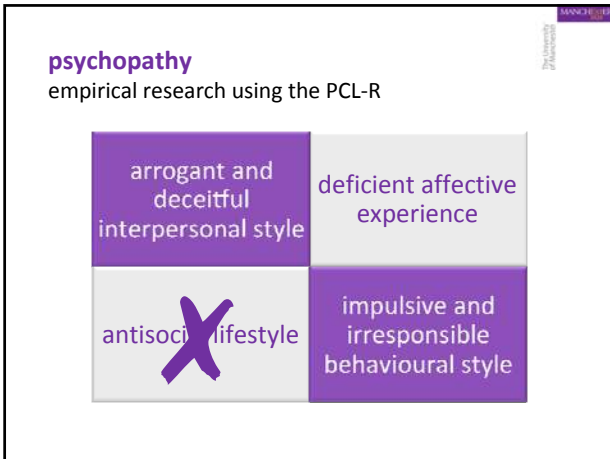
prevalence: *women (9-23%) < men (15-30%)*

severity: *women ≤ men*

psychopathy measured reliably in women using the PCL-R (and PCL:SV)

construct comparable in women and men:
3 factor PCL-R solution best fit – antisocial poor

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psychopathy
empirical research using the PCL-R

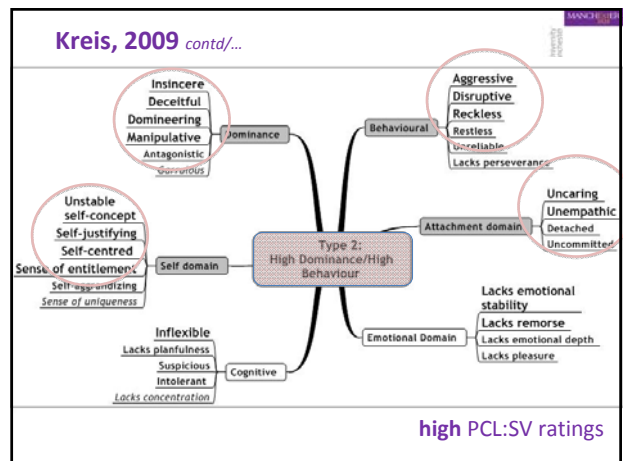
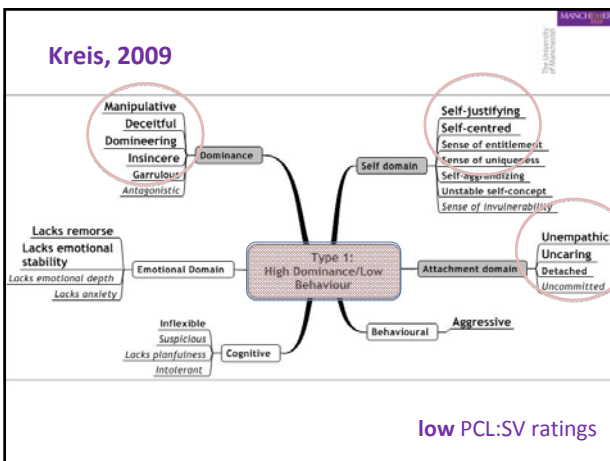
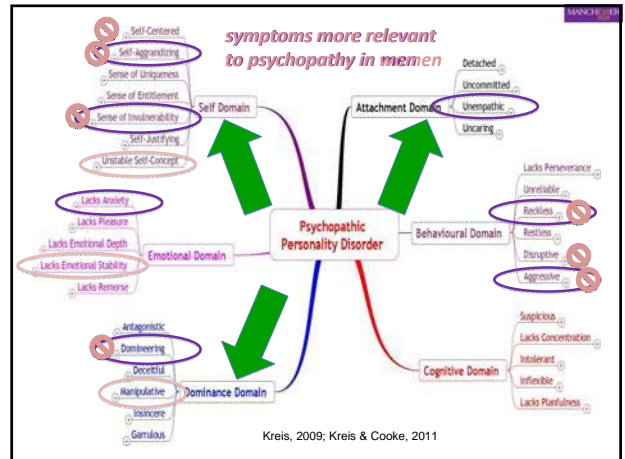
does this mean women have more healthy, resilient personalities than men ...?

or or it just down to the poor measurement of personality and the social context in which women are harmful?

psychopathy
empirical research

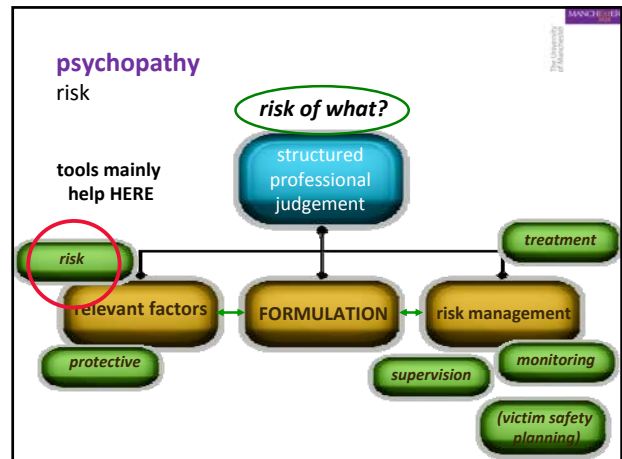
what is psychopathy then if it's not well captured by the PCL-R?

two things ...



psychopathy
empirical research, the second thing ...

capture the phenomenology of psychopathy in women through formulation



psychopathy
formulation

psychopathy
formulation

decision theory
why has this client decided to be violent before? why might she (or he) do so again?

- (a) entertained notion of violence and not dismissed
- (b) positive consequences were identified
- (c) negative consequences acceptable
- (d) options for being violent were/are feasible

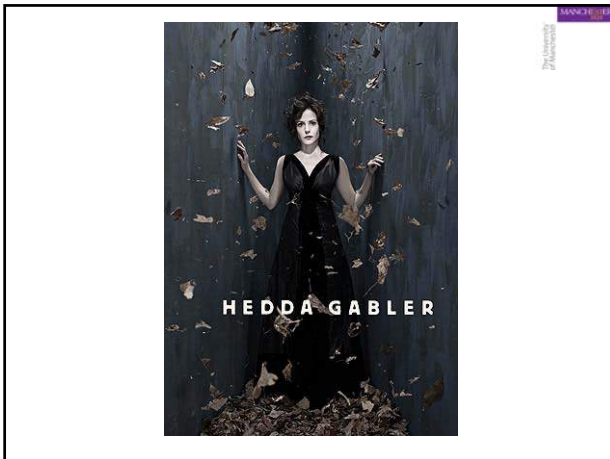
psychopathy
formulation

decision theory
why has this client decided to be violent before? why might she (or he) do so again?

scenario planning
under what circumstances might she (or he) decide to be violent again?

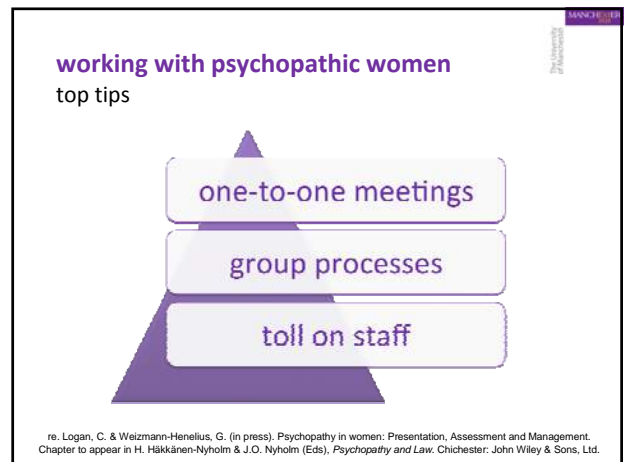
conclusions

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working therapeutically with psychopathic women

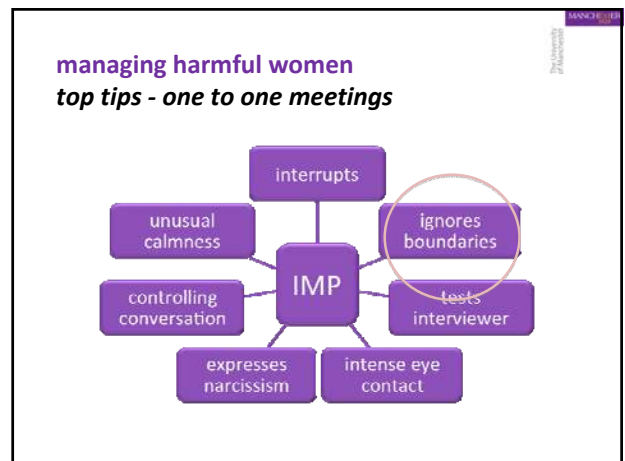
- conclusions (2)
1. mainstream interventions for women emphasise vulnerability and neediness, trauma and loss – these interventions are not suitable for women with psychopathic traits
 2. supplement assessments of psychopathy using the PCL-R with additional evaluations
 3. make interventions formulation-driven
 4. use a systemic as well as individual approach



managing harmful women
top tips - one to one meetings

interpersonal measure of psychopathy (IMP)
Kosson et al, 1997; Kosson et al, 2000

capturing "thin slices of behaviour"
Fowler, Lilienfeld & Patrick, 2009



managing harmful women
top tips - one to one meetings

management?
 know what you are dealing with
controlling tactics lose power when they are recognised for what they are

formal assessment of personality
 prepare an interview strategy
inc. talk for <50% of the time
 supervision, peer support
 record objective evidence contemporaneously

managing harmful women
top tips - group processes

the "scurvey behaviour often practiced by women against each other" (Atwood, 1994)
the whole is greater than the sum of the parts
 especially so if there is a 'leader' (a Queen Bee)
 relational aggression has a key function in (a) group membership control and (b) maximising returns for the leader
ultimately, its function is to glorify its leader

managing harmful women
top tips - group processes

management?
 a coordinated approach
a systemic problem requires a systemic solution
 know what you are dealing with (again)
identify group allegiances
leadership hierarchy and methods used to enforce dominance
 gather more information - leaders and methods
 coordinate responses, involve all levels of staff
 utilise local policies
 enforce agreed action consistently and comprehensively

managing harmful women
top tips - group processes

management contd/...?
 specific strategies:
 (a) separate leader from group and remove
 (b) ensure organisational rules and their local enforcement are clear
 (c) develop wide range of management strategies involving entire staff group
covering threats, personal attacks, appeals to management and group action, and rehearsing their use in the group and in supervision

managing harmful women
top tips - the toll on staff

"malignant alienation"
 (Watts & Morgan, 1994; Whittle, 1997)
 staff are at risk of experiencing feelings of professional inadequacy, helplessness, anger, dislike, fear, rejection, sympathy, ambivalence, even hatred
due to client's questioning of competence, trustworthiness and fairness of staff
 re. the narcissistic snares: to heal all, know all, love all
 (Maltzberger & Buie, 1974; Watts & Morgan, 1994)

managing harmful women
top tips - the toll on staff

management?
 understand and equate challenging behaviour with client's inability to act differently & distress
step back
 acknowledge and process negative feelings
enhance insight into own vulnerabilities
 identify women who generate these responses
 identify the absence of adequate therapeutic alliances
 manage those women differently

managing harmful women
top tips

formulation

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conclusions & recommendations

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conclusions (1)
psychopathy in women

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conclusions (2)
working with women with psychopathy

1. mainstream interventions for women emphasise vulnerability and neediness, trauma and loss – these interventions are not suitable for women with psychopathic traits
2. supplement assessments of psychopathy using the PCL-R with additional evaluations
3. make interventions formulation-driven
4. use a systemic rather than an individual approach

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recommendations

recognise hidden harm	look for underlying pathology	supplement the PCL-R
look for differences in emphasis rather than kind	expect treatment to be problematic	utilise risk management strategies based on formulation

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