
A Rorschach Comparison of Psychopathic and Nonpsychopathic Conduct Disordered Adolescents



Andrew M. Smith

*California Medical Facility
Vacaville, California*



Carl B. Gacono

*Federal Correctional Institution
Bastrop, Texas*



Lynn Kaufman

*Federal Correctional Institution
Three Rivers, Texas*

Forty-eight male subjects who met the DSM-IV (APA, 1994) criteria for conduct disorder (CD) were assessed for psychopathy level using a modified version of the Psychopathy Checklist-Revised (PCL-R; Forth, Hart, & Hare, 1990). Rorschach variables associated with self-perception, affects, and object relations, early behavioral problems and history of violence were compared between psychopathic and nonpsychopathic CD adolescents. Psychopathic CD subjects were significantly more self-centered and violent than nonpsychopathic CD subjects. Decreased attachment and anxiety were found in both CD groups. Our study adds empirical support to the heterogeneity noted among CD adolescents (PCL-R), supports the utility of the Rorschach for detecting individual differences among CD subjects, and extends the empirical work of Gacono and Meloy (1994) to adolescent psychopathy. © 1997 John Wiley & Sons, Inc. *J Clin Psychol* **53**: 289-300, 1997.

The views expressed in this article are solely those of the authors and may not reflect the views of the Department of Justice, the Federal Bureau of Prisons, or the California Department of Corrections. Appreciation is extended to Jonathan French, Ph.D. for providing the subjects for this study, and Andy Therber.

Correspondence concerning this article can be sent to Andrew M. Smith, California Medical Facility, Unit IV, P.O. Box 2000, 1600 California Drive, Vacaville, CA 95696.

Clinical evidence of the adolescent psychopath has existed in the literature since the beginning of this century. Cleckley (1941) and others (Aichhorn, 1925; Bettelheim, 1948; Forth, Hart, & Hare, 1990; Friedlander, 1947; Gacono & Meloy, 1994; Hare, 1993; Jenkins & Hewitt, 1944; Karpman, 1941; Kernberg, P., 1992; McCord & McCord, 1956; Redl & Wineman, 1954) presented research and case studies of the adolescent psychopath and hypothesized etiological roots originating in childhood.

The *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, American Psychiatric Association, 1980, 1987, 1994) categorizes all adolescent antisocial behavior under the rubric of conduct disorder (CD). The CD classification includes a heterogeneous group of subjects, the majority of which are not psychopathic. Early editions of the *DSM* (American Psychiatric Association, 1952, 1968, 1980) included trait-based behaviors, such as egocentricity, callousness, and an inability to experience remorse, empathy, or affection which characterized the classic construct of psychopathy. Later editions (American Psychiatric Association, 1987, 1994) eliminated trait-based criteria in favor of a classification based solely on behavioral criteria.¹

The Psychopathy Checklist-Revised (PCL-R; Hare, 1991) modified for adolescents (Forth et al., 1990; Forth, 1995) provides an alternative to the *DSM-IV* (American Psychiatric Association, 1994) CD diagnosis. It utilizes both trait and behavioral criteria to determine psychopathy level, thereby discriminating among CD subtypes. The reliability and validity of the PCL-R as a measure of adult psychopathy in criminal and forensic psychiatric populations have been well established (Hare, Frazelle, & Cox, 1978; Hare & Jutai, 1983; Hare & McPherson, 1984; Hare, McPherson, & Forth, 1988; Harpur, Hakstian, & Hare, 1988; Harpur, Hare, & Hakstian, 1989; Ogloff, Wong, & Greenwood, 1990), and a growing body of research has demonstrated that the PCL-R modified for adolescents has similar psychometric properties and distributions (Forth et al., 1990; Forth, 1995; Moran & Chandler, 1989; Myers, Burket, & Harris, 1995).

Gacono and Meloy and their colleagues utilized the PCL-R (Hare, 1991) as an independent measure and select Rorschach indices as their dependent variables in differentiating among psychopaths and other antisocial personality disordered offenders (ASPD; American Psychiatric Association, 1987). Their findings converged with the work of Hare and his colleagues (Hare, 1965, 1966, 1970; Hare & McPherson, 1984; Harpur, Hare, & Hakstian, 1989; Hart & Hare, 1989) suggesting that psychopathic ASPDs were more narcissistic (Gacono, Meloy, & Heaven, 1990), less anxious, and more detached (Gacono & Meloy, 1991) than nonpsychopathic ASPDs.

Although Rorschach data have been published for CD adolescents (Gacono & Meloy, 1994, $N = 100$; Weber, Meloy, & Gacono, 1992, $N = 48$), to date there is no published Rorschach data on a clearly delineated (PCL-R) sample of CD adolescents (Adelle Forth, personal communication, October 13, 1995). We decided to test the utility of Rorschach egocentricity index ($3r+[2]/R$), reflections ($Fr+rF$), personals (PER), whole response to human movement ratio (W:M), texture (FT+TF), diffuse shading (FY+YF), aggressive (AG) and cooperative (COP) movement responses for discriminating psychopathic CD from nonpsychopathic CD adolescents. We hypothesized that psychopathic CD subjects would elevate on the $3r+(2)/R$, $Fr+rF$, PER, and W:M, whereas nonpsychopathic CD subjects would produce greater frequencies of FT+TF, FY+YF, AG, and COP. We predicted that psychopathic CDs would have a history of early behavioral problems (American Psychiatric Association, 1994) and a higher incidence of violence than the nonpsychopathic CDs.

¹ The solitary aggressive type of CD in the *DSM-III-R* (American Psychiatric Association, 1987) most closely resembled a classic psychopath. Diagnosis for solitary aggressive types required a pattern of individual rather than group aggression and any combination of 3 or more of 13 behavioral criteria. The current *DSM-IV* (American Psychiatric Association, 1994) discontinued this subtype, and differentiates between CD groups only on the basis of whether behavior problems began earlier or later in life, and CD severity.

METHOD

Subjects and Procedures

Subjects were selected from over 400 forensic case files of adolescents referred by a juvenile court in a major metropolitan area between 1980 and 1994.² All subjects were male, between the ages of 13 and 17, met the *DSM-IV* (American Psychiatric Association, 1994) criteria for CD, and were absent the diagnosis of schizophrenia, mental retardation, bipolar disorder, or dysthymia. Sixteen subjects were excluded from the subject pool due to a concurrent diagnosis of schizophrenia. The diagnosis of CD was made initially by a licensed clinical psychologist then verified through records review by the senior author.

The senior author then reviewed 384 cases screening subjects for either *severe* or *mild* criminal histories. One hundred cases were chosen, 60 exhibiting severe criminal histories, and 40 exhibiting mild criminal histories. The senior author then randomly scored all 100 cases blind to their group inclusion for psychopathy level. Psychopathy level (Forth et al., 1990; PCL-R; Hare, 1991) was determined from extensive archival record data which included psychological reports, social worker evaluations, and court documents.³

Twenty-seven subjects fell in the psychopathic range (≥ 29 ; psychopathic conduct disorder [P-CD]), 52 in the moderate range (20–28; moderate psychopathic conduct disorder [MP-CD]) and 21 in the nonpsychopathic range (< 20 ; nonpsychopathic conduct disorder [NP-CD]). Only those subjects in the psychopathic and nonpsychopathic range with Rorschachs ≥ 14 responses were used. This resulted in 24 subjects in the P-CD group and 21 subjects in the NP-CD group.

Instrumentation

All subjects had been administered the Rorschach Inkblot Technique (Rorschach, 1942) using the Comprehensive System (Exner, 1974, 1986; Exner & Weiner, 1982) in the course of routine psychological evaluation. The following variables and ratios were rescored for all subjects with current Comprehensive System (Exner, 1993) criteria for reliability by C.B.G. and A.M.S.: Lambda (L), the egocentricity index ($3r+(2)/R$), $3r+(2)/R \geq .54^4$, reflections ($Fr+rF$), $Fr+rF > 1$, personals (PER), the whole response to human movement ratio (W:M) $\geq 3:1$, texture (FT+TF), $FT+TF = 0$, $FT+TF > 1$, aggressive movement (AG), diffuse shading (FY+YF), and cooperative movement (COP) > 2 .

Intelligence estimates were determined with the Wechsler Intelligence Scale for Children-Revised (WISC-R; Wechsler, 1974) and from Barona, Reynolds, and Chastain (1984) and Reynolds and Gutkins (1979) intelligence scales. These latter two scales use demographic variables to estimate IQ, and due to their large standard errors of estimate, subjects who scored 75 or above on the instruments were retained when mental status information in their records suggested a native intelligence within a normal range.

A modified version of the PCL-R (Forth et al., 1990; Hare, 1991) was used to determine each subject's psychopathy level (see Table 1). The PCL-R is a 20-item, 40-point scale found to be reliable and valid for assessing psychopathy in adult criminal and forensic psychiatric populations (Hare, 1991). Interrater reliabilities have ranged from .88 to .92, while test-retest

² The cases had been referred to Jonathan E. French, Ph.D., a licensed clinical psychologist with over 15 years of experience in assessing adolescent behavioral problems.

³ A reliable and valid score on the PCL-R for adult offenders can be obtained from record review alone when sufficient historical data are available (Wong, 1988).

⁴ An egocentricity ratio of .54 or greater was chosen because it was one standard deviation above the mean for Exner's (1990) nonpatient 15-year-olds. Fifteen years was the average age of the sample.

Table 1. *The Hare Psychopathy Checklist-Revised Modified for Adolescents*⁵

1.	Glibness/superficial charm
2.	Grandiose sense of self worth
3.	Need for stimulation/proneness to boredom
4.	Pathological lying
5.	Conning/manipulative
6.	Lack of remorse or guilt
7.	Shallow affect
8.	Callous/lack of empathy
9.	Parasitic lifestyle <i>omit</i>
10.	Poor behavioral controls
11.	Promiscuous sexual behavior
12.	Early behavioral problems
13.	Lack of realistic, long-term goals
14.	Impulsivity
15.	Irresponsibility
16.	Failure to accept responsibility for own actions
17.	Many short-term marital relationships <i>omit</i>
18.	Juvenile delinquency
19.	Revocation of conditional release
20.	Criminal versatility

reliabilities have ranged from .85 to .90 (Schroeder, Schroeder, & Hare, 1983). The PCL-R consists of two stable, oblique factors (Hare, 1991). Factor 1 is characterized by egocentricity, callousness, and remorselessness, and correlates with *DSM-III-R* (American Psychiatric Association, 1987) histrionic and narcissistic personality disorders and self-report measures of Machiavellianism and narcissism (Harpur et al., 1989; Hart & Hare, 1989). Factor 2 is characterized by an irresponsible, impulsive, thrill seeking, unconventional, and antisocial lifestyle and correlates most strongly with the *DSM-III-R* (American Psychiatric Association, 1987) ASPD diagnosis, criminal behaviors, lower socioeconomic background, lower IQ, less education, and self-report measures of antisocial behavior (Hare, 1991; Harpur et al., 1989). When compared with nonpsychopathic adult males (PCL-R score <30), psychopathic adult males (PCL-R score \geq 30) are more violent (Hare & McPherson, 1984; Williamson, Hare, & Wong, 1987), more criminally active over their life span, evidence higher rates of recidivism, and are less responsive to treatment interventions (Ogloff et al., 1990; Rice, Harris, & Cormier, 1992). Additionally, Rorschach findings (Gacono & Meloy, 1994) indicate that psychopathic ASPDs produce more indices associated with borderline personality organization (Gacono, 1990), are more narcissistic (Gacono et al., 1990), and show less attachment and anxiety (Gacono & Meloy, 1991) than nonpsychopathic ASPDs.

Forth et al. (1990; Forth, 1995) suggested a prorated scoring procedure for applying the PCL-R to adolescents. Items 9 (parasitic lifestyle) and 17 (many short-term marital relationships) are omitted, and the scoring criteria for items 18 (juvenile delinquency) and 20 (criminal versatility) are modified. Forth et al. (1990) found that distributions and psychometric properties of this modified PCL-R with young male offenders were similar to those in adult male offenders. In a sample of maximum security youth, scores on the adolescent PCL-R were found to correlate significantly with number of previous violent offenses, violent behavior while incarcerated, and violent recidivism.

⁵ Forth, Hart, & Hare, 1990; Hare, 1991. © 1990 Multi-Health Systems, Inc., North Tonawanda, NY. Reproduced by permission.

Table 2. History of Violence and Age at Onset of Behavior Problems for Two Conduct Disordered Groups

	Psychopathy (<i>n</i> = 24)		Nonpsychopathy (<i>n</i> = 21)	
	%	(<i>n</i>)	%	(<i>n</i>)
History of Violence ^a	100	24	33	9
Age at Onset of Behavior Problems ^b				
Before Age 10	58	14	10	2
After Age 10	33	8	86	18

^a*p* < .001; ^b*p* < .001.

From the subject pool (*N* = 45) 22 subjects were randomly selected. The PCL-Rs for the 22 subjects were rescored for interrater reliability by L. K., who was blind to their group inclusion. Items 9 and 17 were omitted (as suggested by Forth and colleagues, 1990). The PCL-R was then used as an 18-item scale with 36 possible points. A score of 29 or greater was used as a cut-off for the P-CD group.

Analysis of Data

Means and standard deviations were determined for age, approximate IQ, years of education, number of responses, and all Rorschach variables (see Table 4). Group age, IQ, education, and number of Rorschach responses were compared with a *t* test. Chi-square analysis was used to compare demographics, including race, socioeconomic status, age of onset of behavior problems, and history of violence (see Table 2). Because of the small sample sizes, clinical meaning of individual variables, and distributions that did not approximate normal curves, data were analyzed with non-parametric procedures. Lambda, 3r + (2)/R, PER, AG, FY + YF, and PCL-R Factor and total scores were subjected to Mann Whitney U analysis. Reflections, Fr + rF > 1, 3r + (2)/R ≥ .54, W:M ≥ 3:1, FT+TF, FT+TF = 0, FT+TF > 1, and COP > 2 were compared by the chi-square test. Findings were considered significant, if they reached a .05 level. Spearman's rho (Siegel, 1956) was used to assess the degree of agreement between raters' PCL-R scores.

RESULTS

Demographics

Fifty percent of the P-CD subjects were African American (*n* = 12), 17% Caucasian (*n* = 4), 17% of mixed race (*n* = 4), and 17% other (*n* = 4). Thirty-three percent of the NP-CD subjects were African American (*n* = 7), 29% Caucasian (*n* = 6), 19% of mixed race (*n* = 4), and 19% other (*n* = 4). The mean age was 15 years (*SD* = 1.47) for P-CDs and 16 (*SD* = .92) for NP-CDs. The P-CDs had an average intelligence level of 91.8 (*SD* = 9.52), and a mean educational level of 8.7 (*SD* = 1.96), while NP-CDs had a mean IQ of 92.6 (*SD* = 9.0), and an average education level of 9.7 (*SD* = 1.15).

There were no significant differences between groups in age, intelligence, education, or ethnicity. Consistent with past research on adult offenders (Hare & Mcpherson, 1984), and CD children (Kernberg, P., 1992), P-CDs were significantly more likely to be violent (*p* < .001), and evidenced an early onset of behavior problems (American Psychiatric Association, 1994;

Table 3. *DSM^a Diagnosis for Psychopathy and Nonpsychopathy Groups*

Type	Psychopathy	Nonpsychopathy
Conduct Disorder Subtypes		
Undersocialized, Aggressive	6	0
Solitary Aggressive	4	0
Undifferentiated	8	0
Group Type	4	3
Undersocialized, Nonaggressive	0	2
Socialized, Aggressive	2	5
Socialized, Nonaggressive	0	11
Total	24	21

^aDiagnoses were made from the *DSM-III*, *DSM-III-R*, and *DSM-IV* (American Psychiatric Association, 1980, 1987, 1994). CD types were not compared statistically.

$p < .001$; see Table 2). P-CDs were also represented significantly more often in the lower class ($p < .01$), whereas NP-CDs appeared significantly more often in the middle class ($p < .05$). This difference between socioeconomic status was inconsistent with previous findings which found no relationship between this variable and psychopathy (Harpur et al., 1989). We leave this finding to the reader's speculation.

P-CD types (American Psychiatric Association, 1980, 1987, 1994) were predominantly aggressive, whereas most NP-CDs fell in a non-aggressive diagnostic category (see Table 3). Of note were the following additional *DSM-IV* (American Psychiatric Association, 1994) diagnoses (concurrent to the conduct disorder diagnosis) recorded in the charts: Four P-CDs were diagnosed with narcissistic features, compared to none in the NP-CD group, 1 with borderline features, 1 with impulse control disorder, and 1 with passive-aggressive features. In the NP-CD group 1 was diagnosed with borderline features, and 1 with a parent-child problem.⁶

Interrater reliability for total PCL-R scores was very high, producing a Spearman rho of $>.96$. These high levels of interrater reliability are consistent with our previous research (Gacono & Hutton, 1994; Gacono & Meloy, 1994; Gacono et al., 1995) demonstrating the reliable scoring when the PCL-R is administered by trained doctoral level clinical graduate students or licensed forensic psychologists. The 24 P-CD subjects received a mean PCL-R score of 32.2 ($SD = 1.72$; range 29–35), a Factor 1 mean score of 14.2 ($SD = 1.22$; range 12–16), and a Factor 2 mean score of 13.5 ($SD = 1.35$; range 10–16). NP-CDs produced a PCL-R mean of 12.6 ($SD = 2.99$; range 8–17), a Factor 1 mean score of 3.6 ($SD = 2.65$; range 0–8) and a Factor 2 mean score of 7.9 ($SD = 1.68$; range 5–11). Individual Factors and total scores were significantly different ($p < .001$).

Interrater agreement for the Rorschach indices produced a 94% agreement. P-CDs produced significantly more AG responses ($M = .54$, $SD = .59$) than NP-CDs ($M = .24$, $SD = .44$; $p < .05$; see Table 4); however, means for both CD groups were below Exner's (1990) nonpatient 15-year-olds ($M = 1.14$, $SD = .91$). This is consistent with previous findings that anti-social groups produce less AG, and suggestive of their alloplastic adaptation to the environment.

Although the means of the $3r + (2)/R$ did not differentiate between groups, a score of $\geq .54$ was more frequently present ($p < .05$) in the P-CD sample (42%; NP-CDs, 10%). P-CDs elevating on this variable is consistent with previous research which indicated higher levels of

⁶ These findings should be interpreted with caution, because the concurrent *DSM-IV* (American Psychiatric Association, 1994) diagnoses were not reviewed for interrater reliability.

Table 4. Rorschach Variables for CD Psychopathy and Nonpsychopathy Groups

Variable	Psychopathy (<i>n</i> = 24)			Nonpsychopathy (<i>n</i> = 21)		
	<i>M</i>	<i>SD</i>	Freq.	<i>M</i>	<i>SD</i>	Freq.
Responses	20.75	5.45	24	22.19	5.05	21
Lambda	.84	.55	24	1.03	.67	21
Self-perception						
Ego Index	.50	.34	24	.39	.17	21
Ego Index \geq .54 ^a			10			2
Reflections	.92	1.67	8	.48	1.33	5
Reflections > 1			6			1
Personals	1.21	1.77	15	1.57	2.23	11
W:M \geq 3:1			14			10
Affects						
T	.38	.77	5	.33	.91	3
T = 0			19			18
T > 1			4			2
Y	.33	.70	6	.43	.60	8
Ag ^b	.54	.59	12	.24	.44	5
Object Relations						
COP > 2			3			4

^a*p* < .05.^bMann-Whitney U analysis (*p* < .05).

Note: Frequency is the number of subjects in each group who produced at least one response in a given category.

egocentricity among adult psychopathic antisocial offenders (Gacono et al., 1990; Gacono & Meloy, 1994). The mean score on the 3r + (2)/R for NP-CDs (*M* = .39, *SD* = .17) was below that of Exner's nonpatient 15-year-olds (*M* = .44; *SD* = .10), and consistent with Gacono and Meloy's (1994) CD adolescent sample (*M* = .35, *SD* = .17), whereas P-CDs (*M* = .50, *SD* = .34) were above the average even for adult psychopaths on this variable (*M* = .41, *SD* = .18; Gacono & Meloy, 1994; Gacono, Meloy, & Berg, 1992). Reflections, one variable comprising the 3r + (2)/R did not significantly differ; however, 6 P-CD subjects (25%) produced more than one reflection compared with only one in the NP-CD group (5%). Of the 20 reflections produced by P-CDs, 75% (*n* = 15) were produced on atypical cards, perhaps suggestive of pathological self-focus or narcissism (Gacono & Meloy, 1994). Approximately 50% of both groups produced W:M \geq 3:1, indicating a higher level of grandiosity in this population (Gacono & Meloy, 1994; Weiner, 1966). Personals (PER) failed to distinguish between the groups.

There were no significant differences on any of the other Rorschach variables, although some interesting trends were observed. Consistent with previous findings in CD adolescents (Weber et al., 1992) and adult ASPD (Gacono & Meloy, 1991), the T response was infrequently produced in both CD groups (P-CD, 21%; NP-CD, 14%). These low frequencies are in sharp contrast to those found in nonpatient 15-year-olds (92%; Exner, 1990). The majority of subjects in both groups produced T-less protocols indicative of their lack of affectional relatedness and problems with attachment. Only 12.5% of P-CDs and 19% of NP-CDs produced the expected frequency of COP > 2; however, this was not dissimilar to nonpatients (14%; Exner, 1990), and its full meaning warrants careful qualitative analysis of individual responses. Similar to the texture responses, diffuse shading was produced infrequently in both CD groups (P-CD, 25%; NP-CD, 38%; nonpatient 15-year-olds, 76%; Exner, 1990).

DISCUSSION

Over the past 25 years attention has shifted from adolescence as a transitional stage to a distinct developmental one (Offer, Marohn, & Ostrov, 1979; Peterson et al., 1993; Sugarman, Bloom–Feshbach, & Bloom–Feshbach, 1980). Psychopathy, characterized by narcissism, and pronounced deficits in empathy, remorse, and the ability to attach (Meloy, 1988), has subsequently been empirically established in adolescence (Forth, 1995; Forth et al., 1990; Gacono & Meloy, 1994; Meyers et al., 1995; Moran & Chandler, 1989), and may be identified as early as childhood (Frick, O'Brien, Wootton, & McBurnett, 1995; Kernberg, P., 1992; King & Noshpitz, 1991; Tooley, 1975; Yates, 1981).

The results of this study support the presence of psychopathy in adolescence. We found the Rorschach test to be useful in distinguishing P-CD and NP-CD subjects. Elevated egocentricity indexes ($\geq .54$) suggest that P-CDs are at least more self-centered than NP-CDs, and are probably more narcissistic.

Gacono and Meloy (1994) hypothesized that multiple non-modal reflections (those cards where reflections are infrequently produced) are more likely to suggest a pathological process relating to underlying psychodynamics. In our sample P-CDs more frequently produced multiple reflections, with the majority appearing on atypical cards. This finding, along with significantly higher scores on Factor 1 of the PCL-R (selfish, callous, and remorseless use of others; Hare, 1991), suggest that the elevated egocentricity index in our P-CDs represents a primitive and intense self-absorption (Exner, 1986). The self-absorption in these subjects is even greater than what would be expected in normal adolescents (Blos, 1962; Deutsch, 1967; Freud, A., 1958; Kaplan, 1984; Rubenstein, 1988).

The egocentricity index for P-CDs was greater than nonpatients (Exner, 1990), and was below nonpatients for NP-CDs. In the NP-CDs negative self-evaluation may contribute to their delinquent behavior (Aichhorn, 1925; Bilmes, 1965; Freud, 1916; Glover, 1960). These NP-CD data were consistent with Gacono and Meloy's (1994) data on 100 male and female CD adolescents not differentiated on the PCL-R. They interpreted a lower egocentricity index as an indication of negative self-worth against which those subjects who were predisposed to psychopathy might later develop narcissistic defenses. However, the data on the egocentricity index from our study suggest that had Gacono and Meloy (1994) differentiated CD adolescents on the PCL-R, they *may* have found a large percentage of their sample to be nonpsychopathic.

From the significantly elevated egocentricity indexes, Factor 1 scores, incidence of violence, and the trends for reflections in the P-CD group, a personality emerges consisting of severe narcissism and aggression, two essential characteristics of psychopathy in adulthood (Gacono, 1990; Hare, 1991; Kernberg, O., 1975; Meloy, 1988). This suggests that the compensatory mechanism with which a narcissistic individual fends off negative internalized objects, the *grandiose self-structure* (Kernberg, O., 1975), has already begun to develop in P-CDs by adolescence, as P. Kernberg (1992) hypothesized. In these individuals narcissistic entitlement may act in concert with high levels of biologically based aggression to fuel violent behavior.

The presence of narcissistic character pathology hypothesized to evolve from emotional and physical deficits during early childhood (Kernberg, O., 1967, Mahler, 1971) is supported by the early behavior problems exhibited by P-CDs (prior to age 10). Even at an early age the P-CDs have begun to use acting out as a primary mode of interacting with their environment.⁷

Less AG has been a consistent finding throughout most antisocial samples when compared to normals (Gacono & Meloy, 1994), and data from both of our CD adolescent groups sup-

⁷ Although early behavioral problems discriminated among CD adolescents differentiated on their level of psychopathy, it should not be used in place of a full PCL-R evaluation to infer psychopathy in adolescent subjects.

ported this trend. The ego-syntonic nature of aggression in both CD groups allows for a rapid motoric discharge of aggressive impulses and precludes a build-up of intrapsychic tension that would be symbolized on the Rorschach (Gacono & Meloy, 1994). A significantly higher frequency of AG in the P-CD group, however, despite being consistent with previous findings in adults (Gacono & Meloy, 1994), runs counter to expectations. NP-CDs had significantly less incidence of violence in their past, and were made up primarily of socialized, nonaggressive CD types, yet they produced less AG than the P-CDs. If aggressive impulses were ego-dystonic in these subjects, one might expect higher frequencies of AG scores.

Several explanations may account for these findings. Perhaps the grandiose self-structure (Kernberg, O., 1975) in P-CD adolescents has only begun to develop. The P-CDs may still possess ambivalence concerning their aggression, hence this would be exhibited through the AG response. Concurrent nonsignificant findings with Fr+rF, W:M, and PER, variables associated with constructs of narcissism and grandiosity, may support this finding.

The protocols produced by the NP-CDs were typically bland and constricted ($\Lambda = 1.03$, $SD = .67$). Gacono and Meloy (1994) discarded 9 protocols from their sexual homicide sample which were similarly constricted due to examiner effects. When compared to their valid protocols, they found constriction decreased the amount of AG. Perhaps characterological constriction is evident in the bland protocols of the NP-CD subjects.

Additionally, Gacono and his colleagues (1992) failed to discriminate psychopathic ($M = .59$, $SD = .85$) and nonpsychopathic ($M = .43$, $SD = .68$) ASPDs on AG. This variable may be less able to discriminate between heterogeneous antisocial populations whether in adulthood or adolescence. The results from research using experimental aggressive scores developed by Gacono and Meloy (1994; Meloy & Gacono, 1992) with ASPDs have been mixed, but future research on psychopathic and nonpsychopathic CD adolescents using these new indices to capture a broader range and intensity of aggressive drive derivatives may help explain our contradictory findings on AG.

The FT+TF response mean for our P-CD (.38) and NP-CD (.33) groups resembled Weber et al.'s (1992) CD sample (.33) more closely than Gacono and Meloy's (1994) CD sample (.17). Although FT+TF did not discriminate between our groups, means for FT+TF were substantially lower than nonpatient 15-year-olds (Exner, 1990; 1.06). The FY+YF response mean was not significantly different between P-CD (.33) and NP-CD (.43) CD groups either. Both groups were closer to Gacono and Meloy (1994; .48) than to Weber et al. (1992; 1.08) or nonpatient 15-year-olds (Exner, 1990; 1.30) on this variable. COP > 2 for P-CD (12.5%) and NP-CD (19%) adolescents represented a small percentage of their respective samples as this variable did in Gacono and Meloy's (1994) CD sample (9%), and in nonpatient 15-year-olds (14%). Findings for FT+TF and FY+YF lend tentative support to the hypothesis that the shallow affect, autonomic hyporeactivity, and deficits in the capacity for attachment which are fundamental constructs related to psychopathy in adulthood (Cleckley, 1941; Hare, 1965, 1966, 1970; Meloy, 1988) is true for psychopaths in adolescence as well. The two CD groups may have been just insufficiently different in these traits to distinguish them on the Rorschach.

Elevated Factor 2 scores for both CD groups are consistent with high correlations between ASPD and Factor 2 in adult offenders. All CD subjects would be expected to produce elevations on Factor 2 of the adolescent PCL-R as this factor measures an antisocial lifestyle (i.e., behavioral problems). Factor 1 is the discriminating variable among CD adolescents as this measures the core characteristics associated with psychopathic disturbance (i.e., pathological narcissism). Our study adds empirical support to the heterogeneity noted among CD adolescents (PCL-R), supports the utility of the Rorschach for detecting individual differences among CD subjects, and extends the empirical work of Gacono and Meloy (1994) with adult male psychopaths to adolescent psychopathy.

REFERENCES

- AICHHORN, A. (1925). *Wayward youth*. London: Putnam.
- AMERICAN PSYCHIATRIC ASSOCIATION (1952). *Diagnostic and statistical manual of mental disorders*. Washington, DC: Author.
- AMERICAN PSYCHIATRIC ASSOCIATION (1968). *Diagnostic and statistical manual of mental disorders* (2nd ed.). Washington, DC: Author.
- AMERICAN PSYCHIATRIC ASSOCIATION (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- AMERICAN PSYCHIATRIC ASSOCIATION (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed., revised). Washington, DC: Author.
- AMERICAN PSYCHIATRIC ASSOCIATION (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- BARONA, A., REYNOLDS, C.R., & CHASTAIN, R. (1984). A demographically based index of pre-morbid intelligence for the WAIS-R. *Journal of Consulting and Clinical Psychology, 52*, 885–887.
- BETTELHEIM, B. (1948). Somatic symptoms in superego formulation. *American Journal of Orthopsychiatry, 28* (4), 649.
- BILMES, M. (1965). The delinquent's escape from conscience. *American Journal of Psychotherapy, 19*, 633–640.
- BLOS, P. (1962). *On adolescence: A psychoanalytic interpretation*. New York: The Free Press of Glencoe.
- CLECKLEY, H. (1941). *The mask of sanity*. St. Louis: The C.V. Mosby Co.
- DEUTSCH, H. (1967). Selected problems of adolescence with special emphasis on group formation. *The Psychoanalytic Study of the Child, Monograph 3*.
- EXNER, J.E. (1974). *The Rorschach: A comprehensive system. Volume I: Basic foundations*. New York: Wiley.
- EXNER, J.E. (1986). *The Rorschach: A comprehensive system. Volume I: Basic foundations* (2nd ed.). New York: Wiley.
- EXNER, J.E. (1990). *A Rorschach workbook for the comprehensive system* (3rd ed.). Asheville, NC: Rorschach Workshops.
- EXNER, J.E. (1993). *The Rorschach: A comprehensive system. Volume I: Basic foundations* (3rd ed.). New York: Wiley.
- EXNER, J.E., & WEINER, I.B. (1982). *The Rorschach: A comprehensive system. Volume III. Assessment of children and adolescents*. New York: Wiley.
- FORTH, A.E. (1995). *Psychopathy and young offenders: Prevalence, family background, and violence*. Canada: Ministry of the Solicitor General of Canada.
- FORTH, A.E., HART, S.D., & HARE, R.D. (1990). Assessment of psychopathy in male young offenders. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 2*(3), 342–344.
- FREUD, S. (1916). Some character types met with in psychoanalytic work. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (vol. 14, pp. 243–248). London: Hogarth Press.
- FREUD, A. (1958). Adolescence, *Psychoanalytic Study of the Child, 13*, 396–408.
- FRICK, P.J., O'BRIEN, B.S., WOOTTON, J.M., & MCBURNETT, K. (1995). Psychopathy and conduct problems in children. *Journal of Abnormal Psychology, 103*(4), 700–707.
- FRIEDLANDER, K. (1947). *The psychoanalytic approach to juvenile delinquency*. London: Degan, Paul, Trench, Tribner.
- GACONO, C.B. (1990). An empirical study of object relations and defensive operations in antisocial personality disorder. *Journal of Personality Assessment, 54* (3&4), 589–600.
- GACONO, C.B., & HUTTON, H. (1994). Suggestions for the clinical and forensic use of the Hare Psychopathy Checklist-Revised (PCL-R). *International Journal of Law and Psychiatry, 17*(3), 303–317.

- GACONO, C.B., & MELOY, J.R. (1991). A Rorschach investigation of attachment and anxiety in antisocial personality disorder. *The Journal of Nervous and Mental Disease*, 179(9), 546–552.
- GACONO, C.B., & MELOY, J.R. (1994). *Rorschach assessment of aggressive and psychopathic personality*. Hillside, NJ: Lawrence Erlbaum Associates, Inc., Publishers.
- GACONO, C.B., MELOY, J.R., & BERG, J.L. (1992). Object relations, defensive operations, and affective states in narcissistic, borderline, and antisocial personality disorder. *Journal of Personality Assessment*, 59(1), 32–49.
- GACONO, C.B., MELOY, J.R., & HEAVEN, T. (1990). A Rorschach investigation of narcissism and hysteria in antisocial personality disorder. *Journal of Personality Assessment*, 55, 270–279.
- GACONO, C.B., MELOY, J.R., SHEPPARD, K., SPETH, E., & ROSKE, A. (1995). A clinical investigation of malingering and psychopathy in hospitalized insanity acquittees. *Bulletin of the American Academy of Psychiatry and Law*, 23(3), 387–397.
- GLOVER, E. (1960). *The roots of crime*. New York: International Universities Press.
- HARE, R.D. (1965). Temporal gradient of fear arousal in psychopaths. *Journal of Abnormal Psychology*, 70, 442–445.
- HARE, R.D. (1966). Psychopathy and choices of immediate and delayed punishment. *Journal of Abnormal Psychology*, 71, 25–29.
- HARE, R.D. (1970). *Psychopathy: Theory and research*. New York: John Wiley & Sons, Inc.
- HARE, R.D. (1991). *The Hare psychopathy checklist-revised manual*. Toronto: Multi-Health Systems, Inc.
- HARE, R.D. (1993). *Without conscience*. New York: Pocket Books.
- HARE, R.D., & JUTAI, J.W. (1983). Criminal history of the male psychopath: Some preliminary data. In K.T. Van Dusen & S.A. Mednick (Eds.), *Prospective studies of crime and delinquency* (pp. 225–236). Boston: Kluner–Mijhoff.
- HARE, R.D., FRAZELLE, J., & COX, D. (1978). Psychopathy and the physiological response to threat of an aversive stimulus. *Psychophysiology*, 15, 165–172.
- HARE, R.D., & MCPHERSON, L. (1984). Violent and aggressive behavior by criminal psychopaths. *International Journal of Law and Psychiatry*, 7, 35–50.
- HARE, R.D., MCPHERSON L., & FORTH, A. (1988). Male psychopaths and their criminal careers. *Journal of Consulting and Clinical Psychology*, 56, 710–714.
- HARPUR, T.J., HAKSTIAN, A.R., & HARE, R.D. (1988). Factor structure of the Psychopathy Checklist. *Journal of Consulting and Clinical Psychology*, 56, 741–747.
- HARPUR, T.J., HARE, R., & HAKSTIAN, R. (1989). Two-factor conceptualization of psychopathy: Construct validity and assessment implications. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 1(1), 6–17.
- HART, S.D., & HARE, R.D. (1989). Discriminant validity of the Psychopathy Checklist in a forensic psychiatric population. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 1, 211–218.
- JENKINS, R.L., & HEWITT, L. (1944). Types of personality structure encountered in child guidance clinics. *American Journal of Orthopsychiatry*, 14, 84–94.
- KAPLAN, L.J. (1984). *Adolescence: The farewell to childhood*. New York: Simon and Schuster.
- KARPMAN, B. (1941). On the need for separating psychopathy into two distinct clinical types: Symptomatic and idiopathic. *Journal of Criminal Psychopathology*, 3, 112–137.
- KERNBERG, O.F. (1967). Borderline personality organization. *Journal of the American Psychoanalytic Association*, 15, 641–685.
- KERNBERG, O.F. (1975). *Borderline conditions and pathological narcissism*. New York: Jason Aronson.
- KERNBERG, P.F. (1992, May). *Narcissistic personality disorder in children and adolescents with antisocial traits*. Paper presented at the California School of Professional Psychology, Continuing Education Series, San Francisco.
- KING, R.A., & NOSHPIZ, J.D. (1991). *Pathways of growth: Essentials of child psychiatry: Volume 2: Psychopathology*. New York: John Wiley & Sons.

- MAHLER, M.S. (1971). A study of the separation-individuation process and its possible application to borderline phenomena in the psychoanalytic situation. *Psychoanalytic Study of the Child*, 26, 403–425.
- MCCORD, W., & MCCORD, J. (1956). *Psychopathy and delinquency*. New York: Grune and Stratton.
- MELOY, J.R. (1988). *The psychopathic mind: Origins, dynamics, and treatment*. Northvale, NJ: Jason Aronson.
- MELOY, J.R., & GACONO, C.B. (1992). The aggressive response and the Rorschach. *Journal of Clinical Psychology*, 48, 104–114.
- MORAN, T., & CHANDLER, M. (1989). Psychopathy and moral development: A comparative study of delinquent and nondelinquent youth. *Development and Psychopathology*, 2, 227–246.
- MYERS, W.C., BURKET, R.C., & HARRIS, H.E. (1995). Adolescent psychopathy in relation to delinquent behaviors, conduct disorder, and personality disorders. *Journal of Forensic Sciences*, 40(3), 436–440.
- OFFER, D., MAROHN, R.C., & OSTROV, E. (1979). *The psychological world of the juvenile delinquent*. New York: Basic Books.
- OGLOFF, J., WONG, S., & GREENWOOD, A. (1990). Treating criminal psychopaths in a therapeutic community program. *Behavioral Sciences and the Law*, 8, 181–190.
- PETERSON, A., COMPAS, B., BROOKS-GUNN, J., STEMMLER, M., EY, S., & GRANT, K. (1993). Depression in adolescence. *Adolescence, American Psychologist*, 48(2), 155–168.
- REDL, F., & WINEMAN, D. (1954). *Controls from within: Techniques for the treatment of the aggressive child*. Glencoe: Free Press.
- REYNOLDS, C.R., & GUTKIN, T.B. (1979). Predicting the premorbid intellectual status of children using demographic data. *Clinical Neuropsychology*, 1, 36–38.
- RICE, M., HARRIS, G., & CORMIER, C. (1992). An evaluation of a maximum security therapeutic community for psychopaths and other mentally disordered offenders. *Law and Human Behavior*, 16, 399–412.
- RORSCHACH, H. (1942). *Psychodiagnostics*. New York: Grune and Stratton.
- RUBENSTEIN, A.H. (1988). Adolescence, self-experience, and the Rorschach. In H. Lerner, & P. Lerner (Eds.), *Primitive mental states and the Rorschach* (pp. 665–680). Madison, CT: International Universities Press.
- SCHROEDER, M.L., SCHROEDER, K.G., & HARE, R.D. (1983). Generalizability of a checklist for assessment of psychopathy. *Journal of Consulting and Clinical Psychology*, 51(4), 511–516.
- SIEGEL (1956). *Nonparametric statistics for the behavioral sciences*. New York: McGraw-Hill.
- SUGARMAN, A., BLOOM-FESHBACH, S., & BLOOM-FESHBACH, J. (1980). The psychological dimensions of borderline adolescents. In J.S. Kwawer, H.D. Lerner, P.M. Lerner, & A. Sugarman (Eds.), *Borderline phenomena and the Rorschach test* (pp. 469–494). New York: International Universities Press, Inc.
- TOOLEY, K. (1975). The small assassins: Clinical notes on a subgroup of murderous children. *Journal of the American Academy of Child Psychiatry*, 14, 306–318.
- WEBER, C., MELOY, J.R., & GACONO, C.B. (1992). A Rorschach study of attachment and anxiety in inpatient conduct disordered and dysthymic adolescents. *Journal of Personality Assessment*, 58(1), 16–26.
- WECHSLER, D. (1974). *Manual for the Wechsler Intelligence Scale for Children-Revised*. New York: The Psychological Corporation.
- WEINER, I.B. (1966). *Psychodiagnosis in schizophrenia*. New York: Wiley.
- WILLIAMSON, S., HARE, R.D., & WONG, S. (1987). Violence: Criminal psychopaths and their victims. *Canadian Journal of Behavioral Science*, 19, 454–462.
- WONG, S. (1988). Is Hare's psychopathy checklist reliable without the interview? *Psychological Reports*, 62, 931–934.
- YATES, A. (1981). Narcissistic traits in certain abused children. *American Journal of Orthopsychiatry*, 51, 55–62.