

# All the President's Mental Disorders

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With tens of millions of disciples remaining at Trump's feet, Republican Senators in Georgia still unwilling to reveal whether they believe he lost the election as they vie for six more years to prostrate themselves before their golden idol (well, orange, really), and so many people to purge and agencies to hollow out, writing Donald Trump's political obituary seems premature. We are at the point, however, where we can and must write a psychological autopsy, as political commentators finding themselves wrestling with psychiatric questions, using terms such as "delusions" in quotes or air quotes, not knowing whether they are using that term correctly, colloquially, or delusionally.

Psychological questions have swirled around Trump and his presidency since its inception. Does he really believe what he is saying? Or is he just lying again? Is he peddling conspiracy theories because he really believes them or because they question the legitimacy of an election he cannot tolerate having lost fair-and-square? Is he really so unconcerned about stoking the flames of discord, distrust, and potential violence among the 70-odd million people who voted for him that they will refuse to accept the legitimacy of President Biden, or is he somehow unaware that what he has been doing for the past year in sowing the seeds for this treachery is dangerous?

Years ago, Freud introduced the idea that most psychological events are "overdetermined," the product of multiple competing and collaborating mental processes. From that point of view, the answer to all of these questions is yes. Trump displays a constellation of psychiatric impairments that render him unable to accept realities he does not like and unable to care about the consequences of his actions. He lies because he does not care about the truth-value of his statements. The relevant question to him is not whether what he is saying is true or false but whether it is good or bad for him. Sometimes he knows he

is lying, sometimes he doesn't, and sometimes he starts to believe his own lies. And he cannot see reality because he has psychotic thought processes, namely delusions, not just in the colloquial sense but in the sense used by skilled psychiatric diagnosticians.

We err whenever we think of someone who poses a clear and present danger as "just a madman" without understanding the patterns of his madness, which are anything but random. Understanding the patterns of Trump's madness is essential, at the very least, for writing an accurate first draft of the history of the past four years. But as we heave a collective sigh of relief as he fades from center stage, we also remain aware that in the weeks ahead, he will try to leave behind as much chaos and destruction as he can, and in the years ahead, he will likely continue to lead the party he has transformed and disfigured in his image.

### Applying the Right Norms to a Man Who Cannot Follow Them

In politics as in everyday life, we can usually make sense of other people's behavior because we all share certain capacities, largely the products of natural selection, for which our species and others [evolved specialized neural circuitry](#). We can feel for other people, just as [rats](#) evolved to feel the pain of their fellow rodents. We follow certain rules of behavior, elaborated by, and shared within our culture, which render our behavior and that of other people generally predictable, or at least explicable.

We cannot understand the actions of Donald Trump, however, by applying intuitive norms of how people behave, any more than he can apply those norms to himself to regulate his behavior, and for the same reason: he has a constellation of functional impairments of such low frequency in the population, and so far off the beaten bell curve of normal behavior, that to apply the appropriate norms requires having seen these specific impairments enough times before and having the expertise to diagnose them.

The attempt to apply norms that apply to ordinary people and ordinary Presidents to a man who lacks the neural machinery to follow those norms is why commentators over the last four years have experienced a mix of appropriate outrage, astonishment, and bewilderment at Trump's latest "inhuman," indecent, or immoral act. For four years, political pundits have decried his lack of concern as to whether what he is saying is true; his indifference to the hundreds of thousands of Americans he has sent to their graves; his inability to admit to having done anything wrong, no matter how serious the consequences of his failure, insisting that whatever he did, he did it "perfectly"; or his desires for a Nobel Peace Prize and his rightful place on Mount Rushmore; or his failure to see the problem with locking children in cages, as long as the cages are "beautiful" or "strong," his favorite and only adjectives other than "perfect."

We are similarly outraged and astonished by his having not given a second thought to extorting foreign leaders, governors who needed federal help at the early stages of the pandemic and were afraid to "cross" him, or his fellow Republicans, who can now either fall in line or fall on the sword of "his" voters; his ability to dehumanize hundreds of millions of his fellow-citizens because of the color of their skin or the color of their state, and his efforts to incite a race war, most recently calling out Philadelphia, Detroit, and Atlanta as centers of purported voter fraud; and his impulsive statements about things he has said that are readily fact-checked and proven false, such as his denial that he seriously suggested scientific experiments testing the efficacy of injecting disinfectants, an utterance by a person over age four so embarrassing that his White House enablers immediately terminated the Coronavirus Task Force rather than his Presidency, to avoid what was obvious already to tens of millions of Americans, that he had become Covid Caligula.

Today, commentators do not know whether to respond with contempt or concern at his calling into question the counting of any ballot that does not have his name on it, selectively picking and choosing

which states “should” and should not continue counting depending on which ballots might help him win, as if no one can see what he is doing; his continued trafficking in conspiracy theories, the latest and most pernicious regarding this election, although he did the same to explain his popular-vote debacle in 2016; and his indifference as to whether he incites violence on Americans streets, as long as other people are taking the bullets; or creates a national security crisis with his refusal to open the gates of government to the President-Elect and his team for weeks, his dangerous draw-downs of American troops abroad, and his threats of an eleventh-hour war, all in the face of a sound defeat by nearly eighty million popular votes and 306 electoral votes.

If you start with the wrong assumption, that Donald Trump has most of the characteristics we consider defining of a person (or as his latest appointee to the Supreme Court might amend that statement, to a just-fertilized egg), or at least a person who has not suffered a severe brain injury, you will be perpetually surprised by his actions, because you are assuming a set of mental capacities he does not have.

Of all the functional capacities a normal adult human brain confers that Trump’s does not, three stand out.

First, most people have at least some capacity to imagine what is happening in another person’s mind and to adjust their behavior accordingly. Researchers and clinicians describe patients with a severe incapacity to do so as having deficits in “[perspective-taking](#),” “[mentalization](#),” or “[theory of mind](#).” Those are simply ways of saying that, although none of us can ever really know what is happening inside other people’s heads, we can usually feel or imagine their states of mind well enough to render social interaction possible. A person who lacks this capacity entirely might, however, tell a black woman moderating his Presidential debate, and the millions of people watching, that he is the “least racist person in the room,” especially after telling the white supremacist “Proud Boys” in the last debate to “stand by.”

The ability to think about what other people want, need, or feel is not enough to give us what we tellingly call “humanity.” Skilled con men have to be able to read people’s motivations well enough to play them, perhaps better than most of us can. Neuroimaging research finds intact neural pathways involved in at least some aspects of thinking about other people’s minds in [aggressive offenders](#). Sadistic psychopaths, in my clinical experience, often have an exquisite appreciation for the pain they are inflicting. Otherwise, they wouldn’t enjoy it.

Most of us, however, not only can think about what is happening in other people’s mind’s but can *feel* for them, and those feelings, in turn, motivate our behavior. Only a small percent of people are so grandiose, self-centered, or entitled that they could infect people with a deadly virus or send them to the hospital with frost-bite because they are just having such a good time basking in the admiration of “suckers.”

Second, all but about [one percent](#) of humans have a sense of right and wrong, which, like the capacity to imagine others’ minds, is a product of [evolution, culture, and development](#). We experience guilt if we hurt other people unnecessarily or fail to live up to our own moral standards.

Sure, we all make mistakes, including moral mistakes. But 99 percent of humans try not to.

And [99.25 percent](#) of us can distinguish reality from unreality. We can see, by visual inspection, how many people came to hear us speak on an important occasion versus how many came to hear our predecessor. If we don’t like it, we may try to outperform him next time, but most of us are cognitively incapable of replacing what we have seen with our own eyes with what we wanted to see in our mind’s eye. If we fail

or perform sub-optimally at an important task, particularly in public view, we may feel inadequate or humiliated and want to blame someone else, and at our worst, we might, at least for a while.

But we can comprehend that ballots cast electronically in polling stations produce relatively quick results, whereas ballots submitted in paper that have to be counted by hand, and that our buddies have voted to delay counting until Election Day to create an apparent discrepancy that renders challenges more likely and time-consuming. We can see when that unsubstantiated whispers from this or that precinct in this or that state about six votes stuffed under a counter wouldn't make a difference even if they were true, and that we just fell too far short in too many states to render a frivolous lawsuit any less frivolous. Nor do we believe that a "deep state" is after us, trying to undermine us at every turn. That is a type of disordered thinking that does not occur in a normal brain. It more typically leads to placement in a residential setting other than the White House.

From a psychiatric perspective, these are not the President's only functional disabilities. For example, his cognitive impulsivity – his tendency to jump to conclusions with little data, such as his obsession with hydroxychloroquine; his inability to stick with an idea that is true, such as the utility of masks; or his "[attention span of a fruit fly](#)" – is deeply disturbing in a man who was the most powerful person on the planet for four years.

His behavioral impulsivity – for example, his tendency to blitz-Tweet words without any consideration of whether that might damage our national security, threaten the life of a leading public health expert like Dr. Anthony Fauci or the "Democrat governor" of a state or two, or tank his beloved stock market; his 2:30am appearance on Election Night, making a series of incoherent statements designed to incite violence – could lead him to start a war on his way out and then declare that a wartime President cannot simply step down in the midst of a war.

Perhaps both ironically and frighteningly, had he not been so self-serving and short-sighted in his attempt to keep the economy open long enough to get re-elected, and the stock market high enough to manage his debts, he would have likely won a second term in office. Had he been able to keep his momentary self-interest and impulsivity in check long enough, he would have recognized that the way to protect the economy was to close down non-essential businesses for several weeks [while subsidizing the incomes of working people and small business owners](#). That would not only have been extremely effective in flattening the curve in March but immensely popular as well.

But Trump could not help himself from taking a wrong turn that has cost hundreds of thousands of people their lives while refusing to self-correct when he saw the carnage. The constellation of unalloyed self-interestedness, imperviousness to people's suffering, and inability to imagine the long-term consequences of his actions, which has led him from the start to one fatefully impulsive yet calculated decision after another, was not accidental. It reflects a set of specific psychiatric impairments and syndromes rooted in neurobiology.

### Deep Tweet

Over the last [four years](#), many competent [mental health professionals](#) and a range of [journalists](#) and [political insiders](#) have painted a [psychologically sophisticated](#) portrait of Donald Trump's mental health. Is it possible to draw conclusions about functional impairments, or render diagnostic opinions about the mental capacities of people we have not met? Or is this article just the work of a Democratic hack misusing his credentials to sling around psychiatric epithets?

I'm not competent to opine as to my own hackery, but I am competent to speak to the question of whether a skilled diagnostician can make qualified inferences without interviewing a patient.

The cacophony of psychiatric voices opining on Barry Goldwater's mental health in 1964 led to an appropriate ethical principle against diagnosis from a distance, and mental health professionals respected the so-called "Goldwater Rule" for half a century. Not until Trump's actions evoked another ethical requirement of mental health professionals, did that change, as reflected in an organization and a [body](#) of writing named after a competing ethical obligation, called [Duty to Warn](#).

The "duty to warn" emerged from a civil suit in the 1970s in which a court found a psychologist culpable for placing his patient's confidentiality above what has since become a legal and ethical mandate for mental health professionals to warn the likely victim, if known, of an imminent threat. For decades, however, mental health professionals never considered the duty to warn in a political context, having been so chastened, and reasonably so, by their duty to hold their tongues before turning their political preferences and predilections into psychobabble and baseless psychiatric labeling.

On one occasion, however, they should have spoken out and didn't. In 1984, Ronald Reagan was showing clear [signs of dementia](#), which were obvious enough in his first debate with Walter Mondale to raise questions by neurologically untrained political commentators. Neurologists no doubt felt appropriately uncomfortable offering any kind of definitive diagnosis as to whether, how severe, how rapidly progressing, or what type of dementia the President might be exhibiting. However, as neutral observers with expertise the public lacked, I believe they had a duty to warn the public that he required cognitive testing to assess his fitness for a second term.

That was borne out in the second debate, when President Reagan came well-prepared with his famously good-natured, humorous one-liner, that he would not use Democratic challenger Walter Mondale's "[youth and inexperience](#)" against him. However, that retort, which was seen as "putting the issue to bed," should have been anything but reassuring. As even a casual examination of a video clip of Reagan's retort shows, the President hesitated both before and while delivering a well-rehearsed line, which was uncharacteristic for the charismatic former actor, who knew how to memorize his lines. It was not as disastrous as his prior debate performance, but it clearly appeared indicative enough of the dementia observers within the White House admitted shortly after he left office and the Reagans disclosed a decade after those debates that experts should have called for an independent cognitive examination.

Can experienced mental health professionals diagnose psychological processes, dysfunctions, or disorders without conducting a psychiatric interview? Yes, as long as the observer has the requisite expertise, standardized measures or diagnostic criteria that can be applied reliably, adequate samples of the person's speech or behavior, and a level-headed capacity for self-reflection.

Reviewing data from a distance is commonplace in other areas of medicine. Radiologists, neurologists, cardiologists, and other specialists can diagnose fractures, tumors, valve malfunctioning, and the like from X-rays, MRIs, sonograms, and other procedures administered by technicians. Radiologists rarely see the patients whose charts they read, yet they have no difficulty reading charts and rendering expert opinions. Those opinions are always probabilistic, based on judgments of likelihood, and are generally enhanced by knowing the diagnostic question, based on some knowledge of the symptoms the patient is experiencing.

Expert witness testimony by physicians and scientists who have not evaluated the individual in question is similarly not only commonplace but essential in courtrooms, and decades of precedent have established who is considered an expert witness to testify as to what. Class action suits and malpractice cases in which people died require expert witnesses who understand the basic science as well as how to apply it to case records to offer probabilistic judgments as to whether, or to what extent, a potential cause led to a specific effect.

In all fields, experts need to be aware of their biases and present the evidence that led them to draw particular conclusions so that it is potentially refutable. The dangers are certainly greater in psychology and psychiatry than in most other disciplines, where so many clinicians testify in custody cases, for example, without any standardized battery of instruments or longitudinal data that would allow them to predict the “best interest of the child,” except in cases of adjudicated abuse. We have known [for over 75 years](#) that global judgments not grounded in specific instruments, with evidence of validity for answering specific questions, do no better than chance in making precisely those kinds of judgments.

On the other hand, a competent psychiatric diagnostician, [using appropriate metrics](#), can make highly reliable diagnostic judgments, and can see “fractures” in a person’s mind or brain from the substance or cadence of the person’s language and behavior in the same way a competent radiologist can recognize fractures from an X-ray.

In Trump’s case, those fractures were obvious and concerning during his candidacy in 2016, as when he declared that he knew more about Isis than our generals, revealing a kind of grandiosity that runs deeper than a narcissistic personality disorder. Most people know that you don’t compare yourself to Abraham Lincoln, especially while making fun of black people’s names. That he can say something like that and actually mean it, just as he could suggest clinical trials of Clorox injections, is not just an indicator of political dysfunction.

Trump has given us more than enough samples of his thought and behavior to assess the presence, absence, or extent to which he meets criteria for particular symptoms or syndromes, thanks to the daily information provided by a not-so-anonymous informant, who Woodward and Bernstein might have called “Deep Tweet.”

As both a professor of clinical psychology and a political consultant, I chose not to enter the fray regarding Trump’s mental status until now, having first declined an interview for one of the nightly news programs during the Republican primaries in 2015. At that point, as I told the interviewer, I had not seen enough of him to state more than the obvious, that he had a narcissistic personality disorder.

Today, however, as we near the end of Trump’s four-year reign of the terrible twos, and as we head into what should have been a post-repudiation post-Trumpian era that promises to be anything but, it is worth laying out with some clarity a set of functional impairments characteristic of three psychiatric syndromes from which he suffers that render him the most dangerous internal enemy of the state (if not the most damaging Russian asset) our nation has ever encountered: malignant narcissism, psychopathic personality, and a psychotic disorder characterized by grandiose and persecutory delusions.

#### Does Trump Meet Criteria for Malignant Narcissism?

The official diagnostic manual of mental disorders used in the United States and many other countries, the [DSM-5](#), recognizes 10 personality disorders, of which narcissistic is one. That Trump has narcissistic

personality disorder (NPD) is not a difficult diagnostic judgment. Although only trained professionals are competent to make a psychiatric diagnosis, experts testify about diagnostic matters in court to explain them to a judge or jury of non-experts, and experts can play the same role in the court of public opinion, where the jurors are voters.

The DSM-5 requires a person to meet five of the nine criteria, and as Trump does with everything, he does so in magnificently, requiring the reader to go no further than the fifth symptom: grandiosity; preoccupation with fantasies of unlimited success, power, and brilliance; belief that he is “special” or unique; sense of entitlement; and requires excessive admiration. Q.E.D.

People who meet criteria for NPD vary, however, in severity and [subtype](#). Among those who meet full criteria for the disorder, many are high functioning and can be extremely successful in many areas of their lives. Our strengths and weaknesses often spring from the same wells, and just as people with NPD may draw attention, admiration, and acclaim through guile or a dangerous form of charisma, as seen in cult leaders and demagogues, others can draw admiration for their achievements, such as scientific advances, technical breakthroughs, or creation of new industries that require an almost pathological belief in themselves and their vision. High-functioning narcissists can also, however, elicit annoyance for their needs to display their plumage, their short fuse for people they devalue, or their inability to maintain constancy in their views of people, leading them to fly off the handle at partners or subordinates.

Decades ago, clinicians began describing a much more severe variant of the disorder, which they called “malignant narcissism.” Although not in the DSM-5, whose personality disorders section has been the subject of controversy within the field, many observers have made a [compelling case](#) that Trump exhibits the clinical characteristics of malignant narcissism, a syndrome [first described by Erich Fromm](#), whose conceptualization of the disorder reflected his experience as a refugee from Nazi Germany and his attempt to understand the psychology of ruthless and gratuitously destructive autocratic leaders. As Fromm and subsequent theorists developed the concept, malignant narcissism is characterized by narcissistic, psychopathic, and paranoid features, combined with sadism.

To make a formal psychiatric diagnosis, however, requires diagnostic criteria against which the patient's words and behavior can be compared. In 2008, colleagues and I studied a large sample of patients with NPD to see if we could identify subtypes of the disorder. One of the three subtypes practically named itself: grandiose/malignant narcissism. [The criteria](#), derived empirically, read like a portrait of Donald J. Trump that could hang in the White House gallery:

<b>Grandiose/Malignant Narcissism</b>
Has an exaggerated sense of self-importance (e.g., feels special, superior, grand, or envied)
Appears to feel privileged and entitled; expects preferential treatment
Has little empathy; seems unable or unwilling to understand or respond to others' needs or feelings
Tends to blame own failures or shortcomings on other people or circumstances; attributes his or her difficulties to external factors rather than accepting responsibility for own conduct or choices
Tends to be critical of others
Tends to be controlling
Tends to have extreme reactions to perceived slights or criticism (e.g., may react with rage, humiliation, etc.)
Has little psychological insight into own motives, behavior, etc.
Tends to get into power struggles
Tends to be angry or hostile (whether consciously or unconsciously)
Takes advantage of others; has little investment in moral values (e.g., puts own needs first, uses or exploits people with little regard for their feelings or welfare, etc.)
Tends to be dismissive, haughty, or arrogant
Tends to seek power or influence over others (whether in beneficial or destructive ways)
Tends to hold grudges; may dwell on insults or slights for long periods
Tends to be manipulative
Tends to feel misunderstood, mistreated, or victimized
Is prone to intense anger, out of proportion to the situation at hand (e.g., has rage episodes)
Experiences little or no remorse for harm or injury caused to others

Virtually all of these character traits have been apparent since Trump's rise to power. However, having an entire nation rebuke him in the way he sadistically relished doing unto others in a previous incarnation – "You're fired!" – has not only exacerbated these traits but led him to respond with rage, humiliation, and defensive grandiosity. The way he has already begun expressing those feelings is [ominous](#).

The symptoms of malignant narcissism account for much of what has caused political commentators to be continually shocked by his complete lack of empathy, remorse, or sense of responsibility for anything he has done. Early in his presidency that was apparent in his disastrous response to the hurricane that decimated the people of Puerto Rico, who he probably still doesn't realize are American citizens because they are brown, which must mean they're "Mexicans" (his term for all immigrants of Latin descent).

Similarly, this constellation of symptoms explains his extraordinarily long memory for grudges, from his continued preoccupation with Hillary Clinton from four years ago to his attacks on John McCain, who would not fall in line like other goose-stepping Republican Senators. Just as he could not "forgive" Hillary for winning the popular vote by a large margin, he has not forgiven McCain, even in death, for thwarting his sadistic and vengeful effort to dismantle the Affordable Care Act, regardless of whether it has

protected the roughly half of Americans with “pre-existing conditions” or that ending it would eliminate health insurance once again for nearly 25 million Americans in the midst of a pandemic.

Americans on both sides of the aisle, and especially the “suburban housewives” who did not show him their love on Election Day for reasons he could not understand, were horrified by the crimes against humanity he committed in separating parents and children, followed by not bothering to record which child goes with which “Mexican.” Trump, who himself married an immigrant or two – but only the “hot” ones – felt nothing that these were people who had already fled to this country seeking refuge after having suffered tremendous trauma, often seeing relatives slaughtered or tortured in their native countries and fearing for their lives, and that he was now subjecting them to yet a new form of torture.

Emblematic of many of these criteria, however, has been his indifference to hundreds of thousands of American deaths, sacrificed at the altar of his single-minded, short-sighted focus on the stock market and his re-election, as he imagined if he just “opened up the economy,” people would forget that their loved ones were dying, assuming that everyone experiences other people as expendable the way he does. Delivering a eulogy for all of the lost Americans would have been impossible for him, as he did not see why it was necessary, and it would have felt to him like an admission of failure or required him to take some level of personal responsibility for the carnage.

The real problem, to Trump, was not the existence of the pandemic, the way it has afflicted so many people who have died from it or will suffer its lasting effects for months or a lifetime, or the hundreds of thousands of Americans who have lost loved ones who died alone. It is the way it has afflicted *him*, as he complained in his rallies, that all the media wanted to talk about was “Covid, Covid, Covid, Covid, Covid.”

This isn’t just bad politics, and it cannot be understood primarily in political terms. It is a defective character, rooted in one of the most destructive forms of personality disturbance clinicians have ever observed.

#### Does Trump Meet Criteria for Psychopathic Personality?

When we first identified the criteria reproduced here for malignant narcissism, we hypothesized that it was at the intersection of the spectrum of narcissistic and psychopathic pathology. The reasons are apparent in comparing summary descriptions of narcissistic and antisocial-psychopathic personality disorders, which colleagues and I similarly derived empirically in a set of NIMH-funded studies in which we collected data from over 2000 adult and adolescent psychiatric patients in North America.

Once again, only a psychiatrically trained professional can offer an expert opinion, but anyone who has observed Donald Trump over the last four years will no doubt recognize that he not only meets the criteria comprising the paragraph-length descriptions below but is a prototypical case of both disorders:

### **Antisocial-Psychopathic Personality**

*Summary statement: Individuals with Antisocial-Psychopathic Personality exploit others, experience little remorse for harm or injury caused to others, and have poor impulse control.*

Individuals who match this prototype take advantage of others, tend to lie or deceive, and to be manipulative. They show a reckless disregard for the rights, property, or safety of others. They lack empathy for other people's needs and feelings. Individuals who match this prototype experience little remorse for harm or injury they cause. They appear impervious to consequences and seem unable or unwilling to modify their behavior in response to threats or consequences. They generally lack psychological insight and blame their difficulties on other people or circumstances. They often appear to gain pleasure by being sadistic or aggressive toward others, and they may attempt to dominate significant others through intimidation or violence. Individuals who match this prototype tend to be impulsive, to seek thrills, novelty, and excitement, and to require high levels of stimulation. They tend to be unreliable and irresponsible and may fail to meet work obligations or honor financial commitments.

perceived slights or criticism with rage and humiliation. Their overt grandiosity may mask underlying vulnerability: Individuals who match this prototype are invested in seeing and portraying themselves as emotionally strong, untroubled, and emotionally in control, often despite clear evidence of underlying insecurity or distress.

### **Narcissistic Personality**

*Summary statement: Individuals with Narcissistic Personality are grandiose and entitled, dismissive and critical of others, and often show underlying signs of vulnerability beneath a grandiose façade.*

Individuals who match this prototype have an exaggerated sense of self-importance. They feel privileged and entitled, expect preferential treatment, and seek to be the center of attention. They have fantasies of unlimited success, power, beauty, or talent, and tend to treat others primarily as an audience to witness their importance or brilliance. They tend to believe they can only be appreciated by, or should only associate with, people who are high-status, superior, or "special." They have little empathy and seem unable to understand or respond to others' needs and feelings unless they coincide with their own. Individuals who match this prototype tend to be dismissive, haughty, and arrogant. They tend to be critical, envious, competitive with others, and prone to get into power struggles. They attempt to avoid feeling helpless or depressed by becoming angry instead, and tend to react to perceived slights or criticism with rage and humiliation. Their overt grandiosity may mask underlying vulnerability: Individuals who match this prototype are invested in seeing and portraying themselves as emotionally strong, untroubled, and emotionally in control, often despite clear evidence of underlying insecurity or distress.

Like the criteria for malignant narcissism, these descriptions, written from the criteria that best described patients with these forms of psychopathology, could have been written as a brief biography of Donald Trump.

I did not realize, however, the extent to which Trump matched a third prototype, of relevance to classic descriptions of malignant narcissism, until writing this article:

## Paranoid Personality

*Summary statement: Individuals with Paranoid Personality are chronically suspicious, angry and hostile, and may show disturbed thinking.*

Individuals who match this prototype are chronically suspicious, expecting that others will harm, deceive, conspire against, or betray them. They tend to blame their problems on other people or circumstances, and to attribute their difficulties to external factors. Rather than recognizing their own role in interpersonal conflicts, they tend to feel misunderstood, mistreated, or victimized. Individuals who match this prototype tend to be angry or hostile and prone to rage episodes. They tend to see their own unacceptable impulses in other people instead of in themselves, and are therefore prone to misattribute hostility to other people. They tend to be controlling, to be oppositional, contrary, or quick to disagree, and to hold grudges. They tend to elicit dislike or animosity and to lack close friendships and relationships. Individuals who match this prototype tend to show disturbances in their thinking, above and beyond paranoid ideas. Their perceptions and reasoning can be odd and idiosyncratic, and they may become irrational when strong emotions are stirred up, to the point of seeming delusional.

Like malignant narcissism, the DSM-5 does not include psychopathic personality disorder (also called “psychopathy,” pronounced /sai-kaa’-puh-thee/), instead including a close cousin, antisocial personality disorder, which focuses slightly more on criminal behaviors than on aspects of personality that motivate those behaviors in the minority of criminals who are genuinely psychopathic. In clinical and forensic psychology and psychiatry, however, psychopathy tends to be the more widely used construct, in part because it better predicts recidivism (future crimes and convictions), and because it better distinguishes between criminality and a personality style that may or may not lead to criminal convictions. Most incarcerated people are not psychopaths, and many psychopaths, particularly those with status or wealth, commit egregiously unethical acts that are not illegal or border on illegality, or they elude prosecution or conviction.

The concept of psychopathic personality reflects the pioneering work of an acute psychiatric observer, Hervey Cleckley, whose 1941 book, [The Mask of Sanity](#), described patients who appeared superficially sane on the outside – and often remarkably charming and verbally facile, especially when they were lying – but who were anything but sane or stable on the inside. According to Cleckley, they were devoid of genuine emotion and felt nothing for people, such as compassion, empathy, or remorse for their actions, although they could often appear to feel things to get what they wanted. As Cleckley described it, psychopaths could not understand “the meaning of life as lived by ordinary people” because they lacked the normal emotional experience that guides people in their everyday lives.

One of the most notable features of these patients was that they were pathological liars, who seemed entirely unconcerned about their lying. If caught and confronted, they would make up another lie to explain it, deny it despite evidence to the contrary, or ignore it. Further, and equally relevant to Trump, their inner world, as Cleckley described it, was “chaotic,” and they created the same kind of chaos in everyone around them.

The diagnosis of psychopathic personality, as [refined empirically](#) since Cleckley, refers to a constellation of deficits and dysfunction in emotional experience, interpersonal functioning, and self-control. *Emotionally*, psychopaths are characterized by a lack of empathy, guilt, or remorse. They exhibit a distinctively callous indifference to the needs, feelings, and particularly the suffering of other people. Although they lack emotional depth, they often present with a glib, “superficial charm.” They are unable

to take responsibility for their actions, as they lack a conscience. Clinically, “right and wrong” to a psychopath means nothing other than “good or bad for me.” *Interpersonally*, they are pathological liars, who are unconcerned with whether they what they are saying is truth or false. They are exploitative and manipulative, often expressed in an uncanny ability to “con” people. They are also profoundly egocentric, as no one’s needs matter other than theirs, and can be arrogant and grandiose. *Behaviorally*, they are reckless, irresponsible, engage in numerous sexual liaisons they experience as emotionally meaningless. They often have multiple troubled marriages because of their fundamental incapacity to commit to anything or anyone other themselves or people they perceive as useful to them. These characteristics generate the tendency for psychopaths to engage in criminal behavior.

The gold-standard instrument for diagnosing this constellation of personality attributes is a 20-item measure derived from Cleckley’s criteria, which captures the personality traits described above, with each item rated 0, 1, or 2 by an experienced clinical observer. A skilled rater or diagnostician can score a person based on an interview, all available evidence (e.g., criminal records for prisoners), or both.

Because the instrument was originally developed primarily with prisoners, it added some items, such as revocation of conditional release from prison, which require a criminal history and are not directly applicable to non-prisoner samples. As a result, diagnostic cutoffs for prisoners and non-prisoners may vary. Like most psychiatric diagnoses, psychopathy is now considered a spectrum disorder, on which individuals can match the prototype of the disorder to a greater or lesser extent; however, a score above 25 or 30 is considered diagnostic.

When I rated Trump using this instrument, a conservative estimate of his score was a 27, or 29 if I coded crimes such as extortion, obstruction, tax evasion, and sexual assault as diagnostic of a criterion called “criminal versatility,” for which strong evidence exists but he has not been convicted. Other criteria require a criminal conviction, or greater knowledge of him than I had, for which I gave him a “0,” so my diagnosis is conservative. I can thus only say with confidence that if he does not ultimately meet criteria for psychopathy as an incarcerated prisoner, he is either a non-incarcerated psychopath or as high on the spectrum of psychopathy as a person can get without receiving the diagnosis.

The ways Trump matches the prototype of a psychopath barely require stating. His seemingly bewildering lack of empathy; his failure to take responsibility for anything, including hundreds of thousands of deaths; and his constant pathological lying are anything but bewildering if you understand the diagnosis and start with the assumption that nothing means the same to him as it does to a normal person. He cannot understand the need to help a grieving nation cope with its loss because he doesn’t feel any loss. He can’t empathize with children or their parents separated at the border, or separated by the doors of a hospital at death’s door, because he can’t feel what the rest of us feel, and he feels some things we can’t, such as pleasure in publicly shaming people by making fun of them, or sexual interest in his own daughter, as he once blurted out, as if all of us have those feelings toward our children if they match our standards of physical attractiveness.

One point, though, is worth noting. After months of trying not to use the “L-word,” journalists finally gave up a year or two into his presidency and started calling him out for “lying” and eventually called him a “liar,” reflecting journalists’ conflicts about the meaning of “objectivity.” Although most of us would feel guilty, defensive, or angry at being constantly called out for lying in public, part of what is so frustrating to commentators is that it doesn’t bother him.

It doesn't bother him because he is a psychopath. He doesn't "code" his utterances by whether or not they are true. He codes them by whether or not they are useful to him. The only remotely pro-social emotion I have observed in him is the capacity for humiliation, to which he responds with defensive rage, recusals, and grievances, but being perceived as small, weak, or inadequate does seem to create at least momentary chinks in his narcissistic armor.

### Does Trump Have a Psychotic Disorder?

The answer to this question, from a strictly diagnostic standpoint, will be surprising to many readers, as it was to me, after hearing the arguments for it but finding it implausible for some time. Applying the DSM-5 criteria, the answer is yes.

Psychosis refers to a break with reality, typically involving hallucinations, delusions, or disorganized or otherwise disordered thinking not on a continuum with normal thought processes. Delusions, according to DSM-5, refer to "fixed beliefs that are not amenable to change in light of conflicting evidence. Their content may include a variety of themes (e.g., persecutory, referential, somatic, religious, grandiose)."

Of particular relevance to Trump are two kinds of delusions, grandiose and persecutory. A grandiose delusion is a delusion of "inflated worth, power, knowledge, identity, or special relationship to a deity or famous person." Although one could possibly understand his extraordinary statements about himself as reflecting a level of severity of personality disturbance I have never observed in decades of either clinical work or research, the examples are too many and too extreme to reflect simply a disorder of personality.

For example, his insistence, despite all evidence to the contrary, that the number of people who attended his inauguration was larger than the number who attended Obama's, is a grandiose delusion, which he maintains despite it being obviously absurd and controverted by simple visual inspection of any aerial photograph. A normal person, or even a severely troubled narcissistic patient, might want to believe that he was more beloved, or that his inauguration was more significant to most people, than that of the first black President of the United States.

Even a person with narcissistic personality disorder, however, could rationalize away the differential size of their audiences by virtue of the objectively historic nature of Obama's inauguration. That might seem to a narcissist as unfair, but it would not require a gross denial of visual reality and a public insistence on it to accept. To Trump, however, his inauguration was objectively the most significant in the history of the country because it was his, requiring that he adjust visual reality to suit his fantasy, rather than the other way around.

If this were the only example, one might be tempted to understand it as a severe narcissistic disturbance, but many other examples have been far more destructive. Perhaps the earliest warning sign occurred during the 2016 election, when Trump insisted that he understood national security better than CIA Director Bob Gates. That is simply impossible, and if he had that thought, were he not psychopathically impulsive, he might have suppressed it. Were he not delusional, he would not have repeated it.

Arguably, this aspect of Trump's psychopathology was the most destructive – and self-destructive – aspect of his presidency, and provides a different lens through which to view his disregard for science. When science does not contradict Trump's belief that he is a genius – and more importantly, when it does not contradict his self-interest – he has no trouble paying attention to data. Although one could make a strong case that Trump's Electoral College victory in 2016 directly resulted from James Comey's decision to

intervene in a way that would likely have made even J. Edgar Hoover blanch, Trump was also clearly following his internal polling as to where to campaign to win, and following the advice of his consultants, very closely, just as he has done in the waning weeks of the 2020 campaign.

He was no doubt similarly aware, when he engineered a massive multi-trillion-dollar tax break for big corporations, paid for by working Americans and their unborn descendants, that in seeing to it that working class people would feel at least something in their paychecks, he was rewarding his corporate and white working class base, bailing out his own companies, and seeding a new base of non-white working class voters. He was also no doubt aware that he was infusing the economy with a massive unpaid stimulus that would increase GDP and reduce unemployment, although at a significant cost. He either knows something about economics or listened to his economic and political advisors.

When he demanded the latest and greatest pharmaceutical cocktail after contracting COVID-19 as a 74-year-old man with undisclosed pre-existing conditions, he was clearly listening to medical doctors and learning about the latest science because, in true narcissistic fashion, he was demanding what no one else could get. His conversations with Bob Woodward certainly suggest that he heard what the scientists were telling him about the pandemic in February and March 2020 and accepted their expert judgment.

He only became delusional when expert judgment diverged from what he perceived as his interest. Given his malignant narcissism and psychopathy, however, discerning when he is lying and knows it, when he is lying but isn't bothering to distinguish lies from truth, or when he is delusional is not always easy.

But his clear belief that he knew better than the world's leading epidemiologists when their assessments conflicted with his own; his suggestion to actual scientists and physicians sitting next to him, which could only reflect either psychosis or dementia, that he had the unique medical insight to tell them something he believed they wouldn't have had his wisdom to think of, namely to try injecting what people use to wash their skin to fight viral spread, or to use special lights applied to the skin to make the virus disappear; and his insistence that we were "turning the corner" on the pandemic when all data showed that we were heading straight into the worst days of the pandemic, all constitute fixed, delusional beliefs in his genius that are not on a continuum with normal thought.

Nor are these his most dangerous delusions, or the delusions that necessitate a DSM-5 diagnosis of "delusional disorder," which falls under the superordinate category, "Schizophrenia Spectrum and Other Psychotic Disorders." A delusional disorder requires the presence of one or more delusions for a period of at least one month. Even if one could somehow explain away his grandiose delusions as manifestations of a severe narcissistic personality disorder, he would still require the diagnosis of "delusional disorder, persecutory type," which "applies when the central theme of the delusion involves the individual's belief that he or she is being conspired against, cheated, spied on, followed, poisoned or drugged, maliciously maligned, harassed, or obstructed in the pursuit of long-term goals."

Again, distinguishing genuine psychotic delusions of persecution from psychopathic lies or the most acute symptoms of a paranoid personality disorder can be difficult, particularly in a demagogue of the type of inspired the hypothesis of a "malignant narcissism." The sheer frequency and tenacity of his conspiratorial delusions, however, suggest a psychotic disturbance.

His enduring belief in a "deep state," even when he appointed all of the leaders of that "deep state" over the past four years, not only reflects his malignant narcissism and psychopathy but also represents a serious, and seriously destructive, persecutory delusion. The same is broadly true of his general belief in

the disloyalty and treachery of all of the appointees to whom he has been disloyal or treacherous over the past four years. His insistence, for example, on spending taxpayer dollars on an investigation of voter fraud in the 2016 election, a preoccupation that never abated, is a clear example of a persecutory delusion, although perhaps alloyed with grandiose features, as he had to believe that to maintain his delusional belief that he had won the popular vote. His insistence during the 2020 campaign that any mail-in ballot he or Melania did not cast constituted voter fraud was clearly a ruse by a malignant narcissist and a psychopathic personality to try to steal an election.

Today, Trump's most important delusion – a term commentators are increasingly using colloquially, but are clinically right on the mark – is actually a continuation of the delusional belief that began in 2016 when he lost the popular vote by nearly three million to Hillary Clinton, that if he did not win, it could only happen by fraud and trickery. His inability to accept reality that he not only lost the popular vote this time by more than double that number but also that Joe Biden won an Electoral College victory as large as what he described as his “landslide” in 2020, constitutes a clear delusion, blending grandiose and persecutory features. The persecutory features are in many ways necessitated by the grandiose delusion, and demonstrate the psycho-logic of a psychotic delusional system: he must have won, and if he did not, the election has to have been stolen.

Delusions, in and of themselves, say nothing about a person's character. They typically say more about the individual's biology. Psychotic illnesses can strike good people, just as heart disease can, and many psychotic thought processes are highly treatable. People with bipolar disorder, for example, can have psychotic symptoms while in episode, but many not only recover but live extraordinary lives.

Trump's unmedicated delusions, however, are anything but benign. Nor are his malignant narcissism and psychopathy. The only known treatments for those disorders are prison if the individual commits a serious crime, defeat if he ascends to power, and indictment for treason if he cannot stop from trying to undermine our system of government and give aid and comfort to our enemies, to the extent that his actions meet the criteria provided in the U.S. Constitution and penal code.

#### Government is Not the Right Institution for Donald Trump

We can only hope that America's darkest days since the Civil War have passed, and that Trump's supplicants in Washington will ultimately decide to let him recede as gently into the night as he is capable. President-Elect Biden has handled his predecessor's actions with extraordinary judgment and his characteristic stability and unflappability, reassuring what began as a tremendously worried nation and world that he is in charge and that we will shortly return to normalcy.

That is not only precisely the public face we needed to see from the President-Elect and a profile in leadership. It is also the best way to starve a narcissist: take all eyes off of him.

We do not know, however, whether Trump will stick primarily with bluster and grift and ultimately threaten little more than another run at the Presidency in 2024. Perhaps he will tire of hectoring the new President from the sidelines and pass the torch of Trumpism to his son and heir apparent, while continuing to pull the strings on the marionettes in the Senate, whose muscles seem to have atrophied on his watch. Or perhaps not.

Perhaps he will tire of firing layers of career civil servants in his final days in office and of trying to cripple the new administration, pin his failures on them, and kill thousands more people whose lives mean nothing to him because he is incapable of processing their meaning. Or perhaps not.

Perhaps Mike Pompeo's extraordinary statement about preparations for a Trump coup were not, as they would have been considered any other time in American history if made by a person in his position, an act of treason, given what he was telegraphing to our adversaries in his outward-facing role as Secretary of State; and that Trump's Senate supplicants will somehow evade a similar sentence by historians if not by prosecutors, and will avoid finding their names as synonyms for a person who betrays his country (or to be fair to Susan Collins, hers), as was the fate of Benedict Arnold. Or perhaps not.

What is clear, however, is that whatever the fate of Donald Trump, he leaves in his wake a dangerous legacy of Trumpism, which is 70-million strong, and whose psychology requires as much explanation as his own.

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