

Class 11: Psychopathy and Sociopathy

Sociology of Mental Illness

"A diagnosis is a diagnosis, it's there," she says. "A bad gene is a bad gene."

- Juror from assigned NPR story

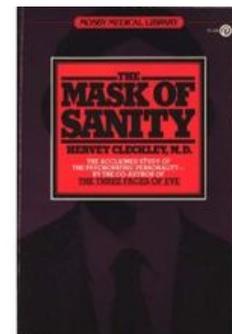
Psychopathy Studies are nothing new

- French Psychiatrist Phillipe Pinel (remember "moral treatment?") talked about *manie sans delire* in the 1800s.
 - "madness without delirium" - class of individuals who engaged in impulsive and socially unacceptable behavior while being fully aware of the irrational and potentially self-destructive nature of these actions
- American Benjamin Rush noted a similar condition that he called *moral derangement* or *anomia*
- British Physician JC Pritchard - "moral insanity"
- These all emphasize the social deviance of the behavior

The "Mask of Sanity"

Cleckley (1941) argued that psychopathy was both behavioral **and social-emotional in nature**.

- a deficit in emotional reactivity
- the psychopathic personality had no deficit in emotions such as rage and frustration but a severe deficit in emotions such as love and empathy
- This provides immunity to normal forms of social control, which either compel a person to act according to social norms out of love or out of fear of experiencing feelings of shame, remorse and guilt.



Remember the Sick Role?

- You become temporarily exempt from your "normal" social roles
 - How much depends on how serious your problems are
- You are not responsible for your condition
 - You didn't want to be sick.
 - Your illness is beyond your control (but hey, did you get your flu shot like we told you to?)

Obligations/Responsibilities

- Must try to get well.
 - Being sick isn't something you should "milk" for all it's worth. (Don't be a bum, or a "malingerer")
- Must seek competent medical treatment
 - Going to a doctor (according to Parsons, just a doctor)
- Must be compliant with that treatment
 - Take your pills, get your rest, don't make it worse and get pneumonia.

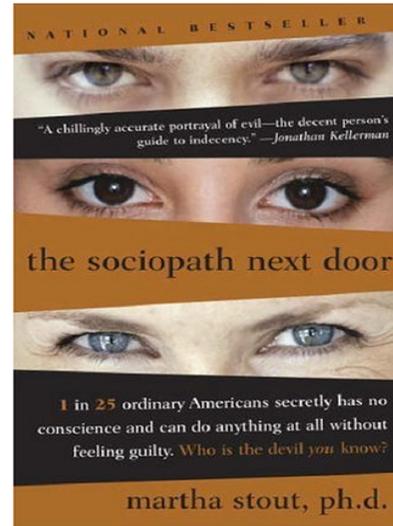
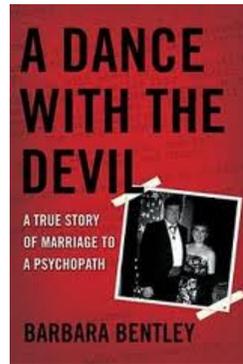
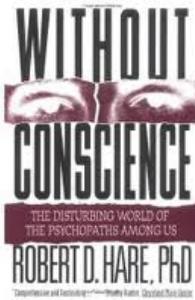
So, what if "sick" isn't really "sick"?

- What if there is some aspect of a person - their genetic code, their brain function, their social upbringing - that causes them to act without regard to the welfare of others and to not care?
- What if there are people who hurt not because they don't care, but because they can't
- And what if this is a diagnosis that is dimensional versus categorical? That is, what if you can be "sort of" a psychopath? What does that mean for the idea of "sickness?"

Psychopath vs. Sociopath vs. antisocial personality disorder

- These terms are often used interchangeably, but many researchers draw distinctions.
- These distinctions are not without controversy.
- Antisocial Personality Disorder is listed in DSM IV. Its inclusion in DSM III was heavily influenced by early psychopathy studies, but many have argued that it was watered down and only includes the social deviance aspects of psychopathy while ignoring the emotional (affective) aspects of psychopathy.
- Sociopathy is not a recognized diagnosis, but is sometimes used as a marker for someone who is high in ASPD markers.

- DSM IV says sociopath and psychopath are outmoded words, but DSM V is proposed to include "psychopathic"
- Within psychopathy studies, there is a distinction drawn between "sociopaths" and "psychopaths"
- Both are "characterized by a lack of the restraining influence of conscience and of empathic concern for other people" (Lykken 2006)



- But, psychopaths have "failed to develop conscience and empathic feelings, not because of a lack of socializing experience, but, rather, because of some inherent psychological peculiarity which makes him especially difficult to socialize" (Lykken 2006)
- The general argument is that "psychopaths are born and sociopaths are made"
 - sociopaths - by lack of socialization
 - psychopaths - by "inherent psychological peculiarity"

Anti-Social Personality Disorder (from DSM IV)

A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more):

- (1) failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
- (2) deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
- (3) impulsivity or failure to plan ahead
- (4) irritability and aggressiveness, as indicated by repeated physical fights or assaults
- (5) reckless disregard for safety of self or others
- (6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
- (7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

AND

B. The individual is at least age 18 years.

C. There is evidence of Conduct Disorder with onset before age 15 years.

D. The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode.

Psychopathy - Factors (from Hare PCL)

- **Interpersonal**
 - Glibness/superficial charm, Grandiose sense of self-worth, Pathological lying, Conning/manipulative
- **Affective**
 - Lack of remorse or guilt, Shallow affect, Callous/lack of empathy, Failure to accept responsibility for actions
- **Lifestyle**
 - Need for stimulation/proneness to boredom, Parasitic lifestyle, Lack of realistic long-term goals, Impulsivity, Irresponsibility
- **Antisocial**
 - Poor behavioral controls, Early behavior problems, Juvenile delinquency, Revocation of conditional release, Criminal versatility
- **Promiscuous sexual behavior**
- **Many short-term relationships**

Antisocial/Psychopathic: DSM V

1. [Antagonism: Callousness](#)

Lack of empathy or concern for others' feelings or problems; lack of guilt or remorse about the negative or harmful effects of one's actions on others; exploitativeness

2. [Antagonism: Aggression](#)

Being mean, cruel, or cold-hearted; verbally, relationally, or physically abusive; humiliating and demeaning of others; willingly and willfully engaging in acts of violence against persons and objects; active and open belligerence or vengefulness; using dominance and intimidation to control others

3. [Antagonism: Manipulativeness](#)

Use of cunning, craft, or subterfuge to influence or control others; casual use of others to one's own advantage; use of seduction, charm, glibness, or ingratiation to achieve one's own end

4. [Antagonism: Hostility](#)

Irritability, hot temperedness; being unfriendly, rude, surly, or nasty; responding angrily to minor slights and insults

5. [Antagonism: Deceitfulness](#)

Dishonesty, untruthfulness; embellishment or fabrication when relating events; misrepresentation of self; fraudulence

Antisocial/Psychopathic: DSM V cont.

6. [Antagonism: Narcissism](#)

Vanity, boastfulness, exaggeration of one's achievements and abilities; self-centeredness; feeling and acting entitled, believing that one deserves only the best; preoccupation with having unlimited success, power, brilliance, and/or beauty

7. [Disinhibition: Irresponsibility](#)

Disregard for, or failure to honor, financial and other obligations or commitments; lack of respect and follow through on agreements and promises; unreliability; failure to keep appointments or to complete tasks or assignments; carelessness with own and/or others' possessions

8. [Disinhibition: Recklessness](#)

Craving and pursuit of stimulation and variety without regard for consequences; boredom proneness and unplanned initiation of activities to counter boredom; unnecessary risk taking; lack of concern for one's limitations; denial of the reality of personal danger; high tolerance for uncertainty and unfamiliarity

9. [Disinhibition: Impulsivity](#)

Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing and following plans; failure to learn from experience

Counting/Quantifying Psychopathy

Prevalence of Psychopathy

- In the United States, only about 1.2% of a community survey qualified for "potential psychopathy" on a dimensional scale, while .2% met the stricter criteria.
- 5.9% of corporate professionals were near this "potential psychopathy" cutoff, with 3% at the stricter level.
- Criminal justice system, 15% at the stricter level (but estimates vary)

(Babiak, Neumann and Hare, 2010)

Prevalence of Antisocial Personality Disorder (DSM IV)

- Estimates range from 0.6%-3.6% in large community surveys

Biological vs. Psychological vs. Social

Neuro-biological Arguments include:

- Genetic or other types of abnormalities that disrupt the functioning of the **amygdala**, the center of fear and empathic processing
- children with psychopathic tendencies have been found to have **difficulty recognizing sad and fearful expressions**, mistaking them for other types of expressions
- Deficits in the "moral brain" - using functional magnetic resonance imaging, researchers have identified a series of brain networks (e.g. **the orbital and medial sectors of the prefrontal cortex and the superior temporal sulcus region**) that are thought to specialize in the development of moral emotions, emotions that have to do with the welfare of others

Biological vs. Psychological vs. Social

Psychological (and sometimes neurobiological) Arguments include:

- Fear Conditioning Deficit
 - For some reason, psychopaths are unable to learn to avoid circumstances that produce fear/anxiety or result in punishment
- Attachment deficits
 - Psychopaths have traumatic early childhood experiences that lead to psychopathic behavior (though this is only weakly supported)
- Cognitive Problems
 - Problems either in cognitive processing (like attention) or distortion in cognitive structures (like beliefs, schemas, tacit assumptions) that cause psychopaths to act peculiarly.

Biological vs. Psychological vs. Social

Social Arguments include:

- Primary socialization led to behavior and skewed beliefs
 - poor parenting or family relations
- Secondary socialization normalized deviant behavior
 - Psychopathic behavior are legitimated or somehow actually rewarded by society
 - "The Successful Psychopath"
- Deprived socioeconomic conditions somehow can predispose someone to this path

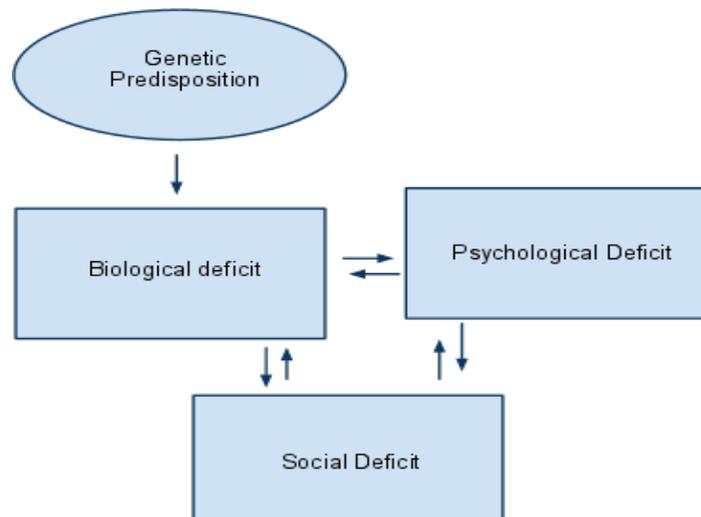
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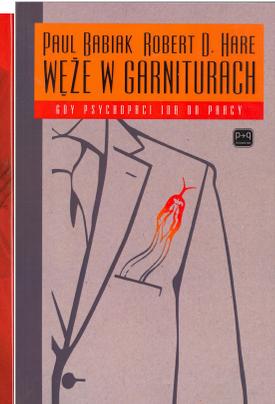
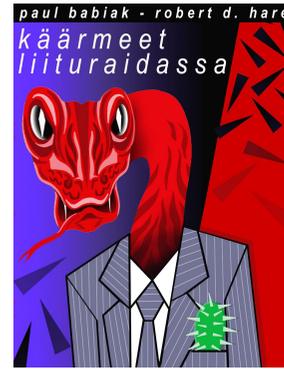
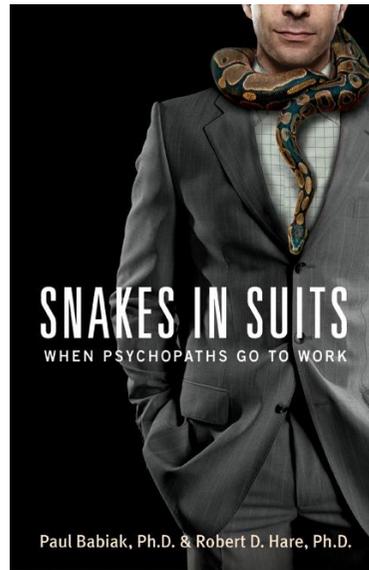
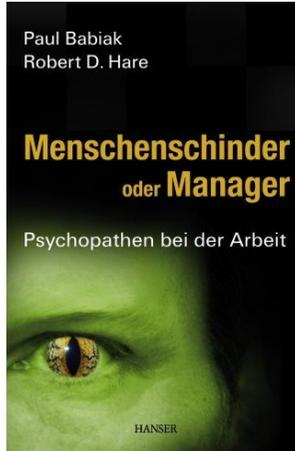
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Biological vs. Psychological vs. Social

In practice, while many researchers favor one explanation over another, they aren't all incompatible.



Once defined, we can find them outside of jail: "Successful Psychopaths"



If you are really interested...

I, Psychopath (Documentary of non-violent \ psychopath)

Aftermath: Surviving Psychopathy

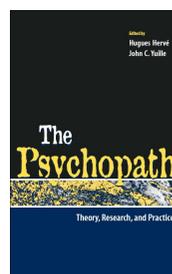
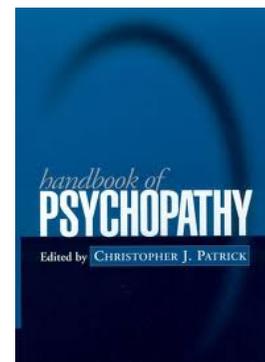
<http://www.aftermath-surviving-psychopathy.org/>

Society for the Scientific Study of Psychopathy

<http://www.psychopathysociety.org/>

More academic research citations than you could possibly read

<http://www.hare.org/>



Sun	Mon	Tues	Wed	Thur	Fri	Sat
June 20	1: Intro		2: Perspectives			
June 27	3: Social Epidemiology Paper assignments out		4: Medicalization Review for first exam			
July 4	CANCELED - IUB holiday		ONLINE EXAM 1			
July 11	5: Stigma		6: Social Roles			
July 18	7: Stress		8: Social Problems			
July 25	9: Social Problems, Cont.		10: Treatment			
August 1	11: PAPER DUE Psychopathy and Sociopathy		12: Perspectives on Illness: Self and Family			
August 8	13: Recovery		IN CLASS FINAL EXAM			

Exam & Review Session

- Optional Review Session, BH 204, 6:30-7:30 p.m. on Tuesday, August 10
- Exam will be held in the Library 503 at 6:30 p.m. on Wednesday, August 11
- Those of you who want an Open Book exam will be able to come in and take it online on Oncourse. It will be timed for 2 hours.
- There is also the option to take a Closed Book, untimed exam (same room, same time). It will be the same as the Oncourse exam, except it will have fewer questions. (The lab closes at 10.)
- You will be welcome to look over both versions of the exam and decide which one you would rather do when you arrive in the exam class.

For Wednesday

Wed, Aug. 4: Perspectives - On living with illness and someone with illness

Before this class:

- Illness and Identity, Karp, pg 528
- Navigating the Storm of Mental Illness: Phases in the Family's Journey, Muhlbauer, pg 712