

## **Antisocial Personality Disorder and Psychopathy**

Student Name

University

Course

Professor Name

Date

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There is a continuous debate on the subject of antisocial personality disorder (ASPD) and psychopathy concerning their similarities and differences. For decades, the names for the two conditions were used interchangeably. However, the newest research in the sphere and the development of new assessment techniques made it possible to find dissimilarities in these seemingly identical disorders. In light of new advancements in the field of mental disorder treatment, it may be beneficial to look once more on the history of the two terms, their description through various assessment methods, and distinctive features.

### **History of the Antisocial Personality Disorder and Psychopathy**

Psychopathy as a concept first arose in the late eighteenth-early nineteenth century to describe patients that were realizing their actions and had a clear perception of themselves in the real world but had serious issues with aggression and impulsiveness. This type of disorder was later described by the term 'moral insanity' and included a variety of other conditions that are differentiated today. Among those were schizophrenia, antisocial personality disorder, and psychopathy along with some mood disorders. According to Patrick and Brislin (2015), the term 'psychopathy' was coined by a German psychiatrist J.L. Koch. Like the others before him, he included in the description many conditions featuring a lack of self-reproach, addiction to violence, and disregard for social norms of behavior. He among the first proposed an inborn nature of psychopathy.

In 1941, Hervey Cleckley provided a detailed description of psychopathy in his book *The Mask of Sanity*. His definition referred to the term as an inability to feel genuine emotions masked by socially acceptable behavior resulting in destructive and self-destructive behavior. He elaborated a checklist consisting of sixteen parameters including a lack of empathy, low

resistance towards anti-social behavior impulses under façade of intelligence and good manners without depressive or suicidal inclinations (Patrick & Brislín, 2015). The ASPD is a more recent title that was initially outlined in the first edition of Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1952. There, it was described through a variety of deviations ranging from aggressive behavior to sexual divergences. The following editions added a lack of remorse and socially-directed emotions along with the new dimensional trait system.

### **Psychopathy Assessment Methods**

The studies on ASPD and psychopathy are performed based on the evaluation collected from different subjects (Werner, Few, & Bucholz, 2015). The most commonly used tools for description and diagnosis of psychopathy are Psychopathy Checklist, Revised (PCL-R), Psychopathic Personality Inventory (PPI) and the triarchic model (Hall et al., 2014). The current definition of psychopathy, according to triarchic model, describes the disorder through the interpersonal and emotional dimensions. The first, described as 'boldness,' encompasses a lack of fear, stress resilience, and disregard for danger. Second, 'disinhibition' incorporates such traits as an inability to plan and a lack of control for behaviors and urges. Third, 'meanness' stands for absence of care for deep attachment, power abuse, exploitation of others for goal achievement, and general use of violence for pleasure (Venables, Hall, & Patrick, 2014). The conceptualized triarchic model is used mainly for research.

Another assessment tool is Psychopathic Personality Inventory. According to Hall et al. (2014), PPI is a self-assessment instrument consisting of 187 questions that can be summarized in eight factors: immunity to stress, sociability, heartlessness, fearlessness, unforesightfulness, blame externalization, impulsiveness, and disdainfulness. The tool is created for the purpose of identification and evaluation of psychopathic personalities in clinical facilities. The most

commonly adopted tool for psychopathic assessment is Psychopathy Checklist, Revised. PCL-R is an interview consisting of 20 items imbued in three factors. The first evaluates the level of callousness, selfishness, and guiltlessness. The second gives an insight into the nature and type of criminal behavior, while the third relates to reactivity and impulsiveness.

### **Antisocial Personality Disorder Assessment Methods**

Antisocial personality disorder is described in the fourth edition of DCM. ASPD is identified if three or more of the following traits are found in an individual: various and repeated deceptive behavior, carelessness about safety, impulsivity, indifference regarding mistreatment of others, outbursts of aggression and violence, disregard of the law, and impulsivity (Wygant et al., 2016). An important notice here is that an ASPD diagnosis requires the said behavior occurrences to happen since 15 years old.

Another scale through which ASPD can be described is International Statistical Classification of Diseases and Related Health Problems (ICD). It contains six criteria, three of which are to be identified to successfully diagnose an individual with antisocial personality disorder. They are as follows: callousness, irresponsibility, and disregard for the law, obligations, and rules, inability to support long-term relationships, frequent violence and aggression fits, weak sense of guilt, blaming others instead of self (World Health Organization, 2016). Such scale could help reveal the disorder earlier and help address the issues associated with it.

### **Differentiation of Antisocial Personality Disorder and Psychopathy**

According to the presented data, almost all of the traits in the two disorders overlap, which is the reason for concern in the psychiatric society. However, there are certain differences that shape the boundaries of the two concepts. According to the comparative study performed by Wygant et al. (2016), low anxiousness and desire for appreciation were found to be distinctive

psychopathy indicators. The study of the triarchic model in relation to psychopathy and ASPD is conclusive that the former is associated with more significant levels of boldness than the latter (Venables et al., 2014). Thus, based on the description of psychopathy and antisocial personality disorder given in triarchic model, PCL-R, PPI, ICD, and DCM-IV, it is possible to identify their diagnostic peculiarities.

Additionally, the fact that ASPD is diagnosed earlier in life and that the traits can be similar to psychopathy suggests that dissocial personality is a step towards it later in life. Another difference between the two mental conditions, as suggested by Patric and Brislin (2015), lies in the presence of severe interpersonal detachment among psychopaths that may not be found in ASPD patients. However, given the ongoing nature of the debate in the sphere of psychiatry and the development of new methods of diagnostic, other dissimilarities may emerge.

### **Conclusion and Implications for Further Research**

Overall, there is a significant body of scientific evidence on the differences between the two disorders, some of which have been reviewed in the present article. These findings can contain implications for change in treatment that can become possible thanks to new methods of neurobiological and psychotherapeutic intervention. ASPD is commonly researched based on community and national samples, while psychopathy is studied mainly in relation to convicted criminals in penitentiaries. Therefore, given the overlapping of traits that are observed in both psychopathy and ASPD, the two disorders can be studied further in correlation, which may result in additional differences found.

## References

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