Antisocial Personality Disorder: Understanding Sub-Categories Review

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Abstract

This literature review looks at how these terms can affect brain studies, diagnosis and criminology. Antisocial personality disorder (ASPD) is a complex term used in the DSM 5 (Diagnostic and Statistical Manual of Mental Disorders). ASPD has sub-categories; psychopathy, and sociopathy are two of the sub-categories. Each of the sub-categories have additional sub-categories within them. The terminology concerning ASPD and all of its more specific areas is incredibly complex and may hinder research when used improperly. This literature review will show how correct terminology is important to furthering research in the criminal population, how furthering brain research will help develop clearer models, and will also touch on the main populations of study, for research growth on this topic of ASPD.

Introduction

In order to understand this literature, review certain terms need to be defined. Antisocial personality disorder (ASPD), psychopathy, sociopathy, and the diagnostic and statistical manual (DSM 5) are the said terms. Psychopathy and sociopathy are subcategories of antisocial personality disorder, which itself is a subcategory of Personality Disorder within the DSM 5. The DSM 5 is used to diagnose any individuals with mental disorders or abnormalities, like ADHA, ADD, or schizophrenia. It is relevant to determining an individual's condition, understanding the different subcategories of the DSM 5, and what they mean. The DSM 5 categorizes ASPD individuals using a chart. A person diagnosed with ASPD must be over 18 and have the onset of misconduct in early to late adolescence, prevailing for over a year. This person must display a disregard for others and the ability to violate the rights of others while exemplifying 3 out of 7 traits, including, but not limited to: disregarding of safety to self and others, failure to conform to social norms such as laws, and lack of remorse (American Psychiatric Association, 2013). Psychopathy is characterized by superficial charm, lack of remorse, lack of empathy, and an impersonal sex life (Pemment, 2013). Sociopathy is slightly different. Sociopathic individuals have a conscience and a sense of morality, but their judgment has been hindered, generally due to brain injury. The main distinction between the two terms is that a sociopath is

"made" and has empathy while a psychopath is "born" and is incapable of empathy.

This paper intends to provide clarity between sociopathy and psychopathy, and why this is important to the body of research for criminology, and brain research of this abnormality. It will provide ideas on where the research could go to aid the rehabilitation of ASPD individuals.

Sociopaths are different from psychopaths in that sociopaths have empathy, a grasp of morality, conscience, and sense of right and wrong (Pamment, 2013). Sociopaths are often a product of their environment. Many experience bad parenting, fatherlessness, minimal socializing and abuse (Perez, 2012). Psychopathy is distinguished from sociopathy in that psychopaths lack empathy and display exaggerated self-appraisal and charm (DSM 5).

This paper will discuss the main population of research, prison populations. It will show how the distinction of words is relevant to criminology, which will relate back to prison populations, with some information on using criminology to help this specific population. This paper will also analyze brain research and how the two different conditions need to be distinct definitions in order to further brain research of these populations. Criminology and brain research can be heavily related, because they can both have an angle of bettering research to help these individuals.

Main Population for Research

Within the body of research, the main population used are prisoners within the United States, and Canada. Most of the research with the ASPD population uses individuals pre-labeled with psychopathy, sociopathy and ASPD for their surveys and analysis. The prison populations that are available create a weakness in the research. It is difficult to find individuals with ASPD to study that have not been through the criminal justice system. This body of research will soon have to look for individuals that are diagnosed, but not in the criminal system. The distinction between the two terms may change, limit, or propel research toward a given area.

Some of the studies distinguished that the prisoners were paid to participate, and it was all optional (Walsh, 2017). The surveys often varied, but one that occurred more often was the Hare psychopathy checklist-revised (PCL-R) (Salekin, 1998; Story 2016; Walsh, 2017). The PCL-R is comprised of 20 items (Hair, 1996). Every item represents a distinguishing factor of psychopathy. Each question is given a numerical value from 0-2 (0 = *item doesn't apply,* 1 = *item applies somewhat,* 2 = *item definitely applies*). An individual can obtain a score between 0-40. If the individual is given a 30 or more, they are labeled a psychopath. This test can also label two other factors. Factor one, labels the interpersonal features as selfish, callous, and remorseless. Factor two, shows societal deviance and is labeled, with chronically unstable and antisocial lifestyle (Cook, 1999). These willing participants within the prison system provide valuable insight on psychopaths. Many of these studies were conducted with the intent of

distinguishing between different sub-categories within psychopathy (Hicks, 2004; Morana, 1990; Shayhe, 2011), where others were concerned with recidivism — repeat criminal offenders — of the psychopathic individuals, compared to neurotypicals. The prison population provides individuals previously labeled, which helps to propel research and the use of surveys allows for analysis of larger populations.

The use of prisoners for ASPD, — psychopathy and sociopathy — is a double-edged sword. It provides an easily reachable, pre-identified population for analysis for any researchers' prerogative, but at the same time, limits the research to criminal offenders with such disorders, while excluding diagnosed individuals who are law-abiding citizens. The PCL-R is a widely used and important diagnostic test to identify psychopaths and is a stepping-stone to further sub-categorization of psychopathy and research.

Importance to Criminology

Salekin's study regarding female psychopaths and the rate of recidivism used the PCL-R to categorize female inmates and tracked them for one year after jail release, in order to analyze the amount of recidivism within that specific population. Salekin then compared the recidivism rates to male inmates with the same mental diagnostic, and to neurotypicals. Walsh performed a study similar to Salekin's, in that they both looked at repeat offender rates. Walsh focused more on SES and ethnicity, while Salekin examined women and recidivism in particular. Walsh examined the

socioeconomic status (SES), ethnicity across America, Canada and Africa. This study found that SES does not affect the rate of psychopathy. The individuals of low-SES saw more behaviors that are not law-abiding, compared to the high-SES individuals, contributing to higher rates of psychopaths in low-SES areas, being imprisoned. This also goes along with ethnicity. For example, Hispanics and African-Americans make up a greater population of low-SES, thus more ethnic minorities with psychopathy are imprisoned at some point in their lives. Pemment's study examines the difference between the psychopathy and sociopathy, the history of the terms, the effects on brain research, and why this is important, more specifically to criminology.

The criminal justice system is able to identify the rate of recidivism of individuals, with ASPD females and males, and is able to compare them to the recidivism of neurotypicals (Salekin 1998). Jail populations are understood to have 15% of the female prison population diagnosed as psychopaths, compared to male prisoners, diagnosed at 25-30% psychopaths. The recidivism rates were examined for females only, and for the study population of 78 female offenders, 41% were repeat offenders (Salekin 1998). Another study examined re-convicted inmates, labeled as psychopaths, and SES found that 6% of neurotypicals of high-SES and 17% of low-SES neurotypicals had been convicted by the end of the study; in contrast, 7% of high- SES psychopaths were re-convicted, compared to a

whopping 40% of low-SES psychopaths (Walsh, 2017). Understanding brain differences and recidivism rates together provides insight into the rates of repeat offenders (Salekin, 1998). Sociopathy can be caused by trauma, Alzheimer's disease or dementia, which has an onset of 30 and above. This disrupts the age-crime curve, which places most sociopathy crimes in late adolescence, where in reality it is much later for sociopaths. Psychopaths would fall under the late adolescent crime rates (Pamment, 2013).

Understanding the different terms of sociopathy and psychopathy may give researchers better tools in prison environments and, to assist diagnosed individuals, in order to help them avoid recidivism and to become law-abiding citizens, by giving the researchers the ability to provide the proper mental tools. Identifying a population that is of need, to reduce recidivism, is very important, not just to psychology but to the individuals that these crimes effect, and to society at large. This data may also affect probation requirements put in place to help these individuals. The research in the area of ASPD and recidivism is very limited and needs further investigation to be able to strongly correlate the relationship between ASPD individuals and recidivism. More studies in the areas of recidivism and sociopaths, and also for males and females and psychopathy, needs to occur before the research can really affect the criminal justice system or the prison system.

Brain Research

Pemment's research in *The etiology of psychopathy: A neuropsychological perspective focuses on the differences between antisocial personality disorder, psychopathy, and sociopathy*, is a great source of information to begin to understand the differences in our key terms. One of the key differences researchers have found is identified through brain scans, which show significant impairment in certain portions of the brain. Specifically, the research identifies the areas of the brain that are affected; the orbital frontal cortex that affects impulse control, attachment disorder and adolescent antisocial disorder, and frontal lobe dysfunction and the neuropsychology of aggression in psychopathy and sociopathy are analyzed in this research.

Lapierre, and Moul both found distinct differences in the brains of psychopaths, when compared to neurotypicals. Lapierre found that many studies hypothesize that a psychopaths prefrontal cortex is dysfunctional, but this hypothesis has not yet been able to be proven. This experiment looks at the prison population for a narrower population. Researchers were able to find differences in psychopaths and sociopaths in the orbitofrontal-ventromedial tasks, and the psychopaths were more impulsive on many tests, arguing for brain-based origins for psychopathy. Moul focused on the differences of the amygdala in psychopaths and sociopaths. The amygdala is slimmer and there is less reaction to stimuli in a psychopath. The amygdala is known to influence emotions and moral judgment and is involved in reactions to fear. This study also analyzes several working theories, but the

reactivity of the amygdala is the main finding. Both Lapierre, and Moul found abnormalities in the brain that distinguished neurotypicals, sociopaths, and psychopaths, making the future diagnostic definitions of sociopaths and psychopaths more concrete.

Damasio and Koenig both look at individuals and brain damage in their research and how brain damage can affect the behaviors of a person, causing them to become sociopathic. When an individual has sustained significant damage or injury to the frontal lobe, the damage may cause the individual to have hindered or different somatic responses to regular stimuli, such as punishment and reward. These articles evaluate the brains of individuals that have sustained injuries, which then demonstrates how the prefrontal cortex is crucial for emotion processing and moral judgment. Through evaluation of trauma, is it easy to see the distinction between psychopathy and sociopathy.

Psychopaths, sociopaths and neurotypicals all have different brain blood-flow (Moul, 2012) The blood-flow rate to the prefrontal cortex is identified as full blood-flow, in neurotypicals (Koenigs, 2007). In psychopaths, the parts of the prefrontal cortex which control empathy do not light up through scans (Damasio, 2003). Psychopaths are born psychopaths. Research shows that there is a visual brain-scan difference, identifying parts of the prefrontal cortex function, that operate in brain scans of sociopaths, where they do not in psychopaths (Damasio, 2003; Lapierre 2000). Psychopaths show hindered activity in the ventromedial prefrontal cortex,

which is involved with processing risk and fear (Koenigs, 2007) and the amygdala, partially responsible for processing emotion. The amygdala is smaller and underactive to stimuli compared to baseline results (Moul, 2012). The abnormal portions of the brain show a difference in processing with fear, empathy, and emotions, which exemplify how psychopaths and sociopaths differ from neurotypicals.

Some studies show that sociopathy may be due to external rather than biological forces. External factors such as abuse, head trauma, strokes or dementia or Alzheimer's (Pamment, 2013) can affect the subject. Given that, in order to be defined with the broader category of ASPD, you must present with symptoms before age 18, this becomes a difficult area to diagnose because any of these things can have their first onset any time before, or long after age 18 (DSM5, Damasio, 2003).

These studies all involve evaluating the working of the brain. As discussed earlier, it is crucial to get terminology usage correct. There can be a number of causes, from trauma to a stroke which can lead to sociopathy. From continued brain research and criminality, it is important to understand the area of the brain that is affected, and when it became that way, to accurately treat and evaluate these individuals. The body of research for brain scans is slightly limited, since the technology is just recently becoming available on a wider basis for these studies. The body of research currently available is limited, but with all the constant developments, these studies will become more accessible. It is the hope that machines that can implement

brain scans will become cost-effective and possibly portable, allowing for more scans and more research data. If technology for brain scans becomes more accessible, it will also open the door to researchers being able to analyze the brains of prisoners much more accurately and in-depth, not just through PCL-R and surveys. Brain research has the potential to create a real distinction between sociopathy and psychopathy, which, in turn may lead to better diagnosis and treatment for individuals who are labeled under ASPD. This distinction, backed up by brain scan research, could also change the way probation is approached for these individuals, by creating a specialized protocol, in order to best aid these individuals and help them to not become repeat offenders, keeping people out of the prison system.

Conclusion

Antisocial personality disorder is a very complex and in-depth body of research, where its subcategories vary deeply when evaluated. Areas of research, criminology, and brain research can be very complex and in-depth, revealing shocking statistics on recidivism, sex differences and SES differences, which contribute to the development of psychopaths, where brain research can illustrate complexities within the brain and how fragile our mental statuses can be. Further research dollars put into brain research could change our ways of thinking, and protocol related to administering drug prescriptions, and how brain research could affect the types of sports young children are allowed to participate in without clear guidelines and

safety gear to protect the head. The possibilities are vast, when analyzing the implications of research. Psychopathy can obtain its own separate definition from sociopathy, varying in their definitions with respect to persons being able to feel empathy and their projections of their self. Psychopaths do not feel empathy and are very charismatic and charming. Sociopaths can feel empathy, but display similar external aggressive qualities and anger, with disregard for others. Sociopaths and psychopaths also differ in their brain activity and functions. Sociopaths are often "made" through brain trauma. Individuals with ASPD are mainly identified in the criminal justice system, and are thus our main population for research, which is very limited.

Future research will need to target individuals who have not yet been in the criminal system. This could provide new information on whether psychopaths or sociopaths brains are the same when faced with the occasion to follow rules and not. Within the criminal justice system, one study of recidivism was found for ASPD individuals and it was a small study. The future of ASPD and its subcategories currently has many weaknesses, and further research will demand more research support to potentially aid the criminal justice system. The distinction of ASPD terms is important, largely to further brain research on such individuals and the justice system. It would be interesting if the body of research could grow in a direction, that could help lessen the recidivism rate of such individuals, through further research in criminology and the effects that certain probation practices incur.

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