

Atlanta Medical Psychology

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PSYCHOLOGICAL ASPECTS OF DISABILITY

Psychopath

Sociopath, anti-social personality, psychopath. Everyone should be wary of an individual who has glib charm, a soothing voice, a penetrating gaze, dramatic gestures, and engages in meaningless flattery and vague/inconsistent responses to personal questions. When a psychopath complains of how others treat him, it should be remembered who the real victims are likely to be.

INTRODUCTION

Callous, deceitful, reckless, guiltless, often intimidating and sometimes violent is the standard description of psychopaths, whose maladaptive patterns of thinking, feeling and behaving impair their daily functioning and disrupt the lives of those around them. Sociopathy in males has more serious implications than in females, and this disorder is found three times more often in men than in women.

The psychopath understands the wishes and concerns of others; he simply does not care. He believes that he has the right to do what he wants and to take what he can. He manipulates others by deception and/or intimidation, has an inflated opinion of himself and seeks out, then uses, the weaknesses he finds in others. There is no fair mindedness, no self doubt, no compassion or true affection.

THE PSYCHOPATHIC EXPERIENCE

The psychopath believes that rules and morals are for other, weaker people who obey because they fear punishment. He feels indifference and contempt for these others, who "have it coming."

No matter how bright, and a psychopath is often very bright, he rarely maintains a regular job, pays his debts or serves the role of a responsible parent. He repeatedly abuses, abandons, or betrays sexual partners and any children he produces. It is estimated that 15-20% of prisoners carry this diagnosis. Conning and manipulating others is a way of life. For the woman in his life, he may have an ingratiating manner and superficial charm, be persuasive, poised and self-assured because he lacks the (self)conscious feelings that others would

have. Lying, evasiveness, feigned forgetfulness, vague and inconsistent answers about his past...his goal is partially to confuse and manipulate, but he also is indifferent to the truth. And he will lie simply for the fun of it, so much so that he eventually becomes caught. Yet even when cornered and confessing, he will offer flimsy excuses or insincere apologies and then go back to lying again.

THE SOCIAL LIFE OF THE SOCIOPATH

The sociopath or psychopath is incapable of loyalty, shame or guilt. He has no lasting close relationships. Although quick to anger and often irritable, he rarely feels sustained hatred since people mean so little to him.

What he refers to as love is, in fact, sexual attraction, a desire for flattery, physical comfort or material support. Quick to rage, he is often shallow and holds grievances toward anyone whom he perceives to be in his way. He refers to his own crimes as harmless pranks. He will often watch others for a clue of what emotion a situation demands. When he calls sadness is the failure of his most recent manipulative attempts.

The range of the antisocial personality is narcissism (self love) on one side and paranoia/sadism on the other. The narcissistic psychopath is less likely to be violent than the paranoid/sadistic. Hotheaded and coldhearted, he is provoked by perceived challenges to his inflated opinion of himself, is more likely to attack male strangers and more likely to respond to trivial or even non-existent provocations.

There may be two groups of psychopathic individuals: a. one who knows how to be glib, selfish, callous and deceitful and b. another group who is thrill seeking, irresponsible, self-defeating, impulsive and lawbreaking. Due

truth-seeking, irresponsible, self-defeating, impulsive and lawbreaking. Due to short patience and impulsivity, the second group has recurrent problems with the law. The first group, however, can be more intelligent than individuals around him and achieve social success while doing appreciable damage in his public and private life.

Such individuals are more troublesome than troubled. They do not suffer the consequences of their own actions. They may be bored, tense, irritable and have physical complaints as well as inconvenient rages, but they do not emotionally pay for their own mistakes.

Anti-social individuals not only rely upon alcohol and illicit drugs from very early in life (and represent a very difficult group to treat); they are also among those most likely to traffic in drugs.

THEORIES OF PSYCHOPATHY

There are theories that hold that psychopaths conceal their anxiety because they cannot handle it in themselves or others. They deny depression to the extent that they cannot experience it. Such theorists hold that what these individuals really have in common is the fascination with fear, dislike and distrust that they inspire in others. Whatever the developmental nature of the antisocial personality disorder, the diagnosis is not applied to an individual under the age of fifteen to insure that there is a differentiation between a true psychopath and a merely rebellious adolescent. However, within the years following mid-adolescence, the existence of a psychopathic personality becomes increasingly clear. Adolescent gang members are not often psychopathic. They have strong loyalties and strict codes within their peer group. A true psychopath has adopted no cultural values, and all actions are for self-serving strategic purposes, not to adopt the values of a peer group. He truly has no peer group.

PHYSICAL DIFFERENCES OF THE PSYCHOPATH

There are physical findings among sociopathic individuals which suggest a biological difference between them and others. They appear to have a weak startle response, low heart rate, low tendency (galvanic skin response) to perspire in stressful situations, and low anticipatory anxiety...they do not worry. This imperviousness to anxiety may explain why they fail to learn, since much of our learning is based upon the need to avoid future anxiety for ourselves and others.

There is some evidence that anti-social personalities begin to burn out in their 40's with regard to impulsive aggression and crime. Most do not wind up in treatment; they wind up in trouble. And for their doctors, they represent treatment dilemmas since the pain they inflict upon their victims and society as a whole makes it difficult to imagine wanting to help them. It is also clear that good outcome to treatment does not appear to be related to IQ, family history or imprisonment. Bad outcome does appear to be related to alcohol and other substance abuse.

Whether tending toward the narcissistic or tending toward the sadistic, the antisocial personality represents a consistent legal and moral dilemma.

MANAGEMENT OF THE ANTI-SOCIAL PERSONALITY

Management rather than treatment is likely the most appropriate term. Since these individuals will inflict rather than experience suffering, it is exceedingly rare that they seek treatment except to access prescription drugs. Clearly, early identification and attempts to contain their victimization of others and misuse of resources becomes the primary goal. Since true remorse does not occur, motivation for change is absent.

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