

The Correlation Between Psychopathy and ASPD: Factors, Development and Treatment

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Abstract: This review article attempts to find the relationship between psychopathy and ASPD and their symptoms, causes, continuity of development from childhood to adulthood, and treatments. The available study findings have not comprehensively covered the subject, especially how the behaviours in ASPD and psychopathy relate to violence and crime. Psychopathy has a close relationship with ASPD. People suffering from ASPD cannot easily co-exist with others due to amoral behaviour. On the other, Psychopathy differs from Psychosis in various ways because the former is a trait while the latter is a condition. The research also indicates that not all ASPD patients can test positive for psychopathy. In addition, criminals should not necessarily have psychopathic personality traits. The available studies have addressed psychopaths in adolescents and adulthood. The studies provided empirical evidence as researchers have conducted investigations using different samples and sampling techniques. For example, a study in 1999 involved 463 children alongside their parents. They observed the results when trying to link alcoholism to psychopathy.

Keywords: Psychopathic Personality, Antisocial Personality Disorder, Adolescent Psychopathy, Aggression, Crime

1. Introduction

Psychopathy refers to antisocial behavior caused by a mental disorder that causes people to resent and avoid attachments to social relationships. For example, people with a psychopathic personality become amoral, with egocentric traits and a need for dominance. As a result, these individuals become aggressive and violent, which leads to involvement in criminal activities. On the other hand, research has shown that psychopaths are able to distinguish between right and wrong and do not show regret or guilt after they have done something wrong. However, this does not affect their obligation to take responsibility for their actions.

2. Psychopathic Personality

2.1. The Concept of Psychopathic Personality

As a result of differences in perceptions of the concept of psychopathic personality, there is a wide range of perceptions and attitudes towards psychopathy.

In a study, Smith, Edens, Clark and Rulseh investigated more than 400 jury members through three different protocols to understand their views, attitudes and beliefs about psychotic personality

((psychopathy) [1]. The first protocol is to use the Comprehensive Assessment of Psychopathic Personality (CAPP) prototype score scale to score the core features considered by the participants; The second protocol is about questions concerning knowledge and beliefs about psychopathy; The third one is the attitude scale about potential associated features, etiological underpinnings, and moral judgments and legal sanctions. During the investigation, the jury members gave at least medium typical scores to most of the 33 individual CAPP projects and 6 overall scales, and the highest average scores were Self and Dominance domains. Most jurors who participated in the investigation strongly agreed that psychiatric symptoms were typical psychopathy. They believe that psychopaths have the ability to distinguish right from wrong, so they should be responsible for their actions. In general, the findings show that jury members believe that typical psychopaths are highly dominant and basically self-centred, lacking empathy and self-blame; At the same time, the survey also highlights and emphasizes the need to distinguish between psychopathy and psychiatric-spectrum disorders clearly.

2.2. Links to Aggression Theory

Psychopathic personality is usually closely related to antisocial personality disorder (ASPD), and both tend to emerge with either one.

After a clear perception of the basic concept of psychopathic personality, Blackburn provides a link between personality theory and aggression theory by proposing that psychopathy can be understood according to the established theory of personality [2]. In order to support this view, the author also studies and describes criminals with psychopath disorders. The view of this theory is that psychopathy is a dimension of personality, and the reasons for questioning the effectiveness of the current unconditional concept of psychopathic or antisocial personality are also discussed in the description mentioned by the author.

However, the conclusions drawn from theoretical and research studies alone to understand the association between antisocial personality disorder and psychopathy and their association with aggression seem to be unconvincing. Therefore, scholars need to analyze and study the association between ASPD and psychopathology and their association with aggression from biopsychological, cognitive psychological, and epidemiological perspectives.

2.2.1. Neurocognitive Models

Blair studied the relationship between the interpretation of aggression and antisocial personality disorders on the basis of neurocognitive models [3]. The author distinguishes the types of conduct disorder (CD), antisocial personality disorder (ASPD), "acquired sociopath," and psychopathy, as well as two different types of aggression. The two types of attacks are reactive aggression elicited in response to frustration and goal-directed, instrumental aggression. Different neurocognitive models play an essential role in explaining the causes of these two forms of aggression—impairments in the social response reversal system or the somatic marker system. The impairment of the somatic marker system and social response reversal system may lead to reactive aggression in patients with "acquired sociopathy" due to orbitofrontal cortex injury. Impairment in the capacity to form associations between unconditional emotional stimuli (especially the relationship between pain cues and conditional stimuli) is the critical factor leading to instrumental aggression in patients with developmental psychopathy.

So, is there a necessary correlation between psychosis and antisocial personality disorder?

3. Psychopathy, Violence and Criminal Conduct

For this issue, Hart & Hare discussed the relevant issues of the assessment of psychopathy, with particular emphasis on the distinction between psychopathy and antisocial personality disorder

(ASPD) [4]. The definitions and explanations of the two concepts can be obtained from the original and revised psychopath Checklist (PCL, PCL-R) and the diagnostic and Statistical Manual of mental Disorders-IV (DSM-IV). Through the study and comparison of the differences, the two authors draw three conclusions about the relationship between psychopathy and ASPD. First, psychopath and ASPD are not the same, although they are often regarded as the same diagnosis or disease. Second, not all ASPD patients are psychopaths. Similarly, not all criminals suffer from ASPD or psychopaths. Third, the association between psychopathy and criminal conduct can only become clear if it is evaluated through effective procedures/review research. (most of the studies used PCL, PCL-R and DSM-IV)

Hare analyzed the assessment of psychopathy, the relationship of psychopathy to crime and violence, and violence prediction and risk assessment in a study of the Hendricks, Kansas case [5]. The author argues that understanding the risk factors that lead the public to be in a dangerous environment for recidivism is key to crime prevention and treatment. The most important of these risk factors is psychopathy. The authors define psychopathy and clarify the distinction between psychopathy and antisocial personality disorder (ASPD) in the article. At the same time, Hare details the relationship between the assessment of psychopathy and crime, especially the relationship between psychopathy and violent crime, and uses sexually violent crime as a detailed analysis. Finally, the misuse of PCL-R and PCL: SV for psychopathy assessment is also mentioned, and although they play an essential role in the mental health field and criminal justice, the misuse of these methods remains a problem, and they need to be better regulated in clinical use.

Thus, psychopathy is a significant risk factor for aggressive and violent crime. In addition, the associations between ASPD and criminal behaviour are addressed in Hart and Hare's discussion of the association between psychopathy and criminal behaviour [4].

4. Antisocial Personality Disorder (ASPD)

4.1. The Epidemiology of ASPD

In order to be able to describe further the impact of antisocial personality on the human developmental process, Moran describes the epidemiology of antisocial personality disorder (ASPD) in the study and initially described initially the association and influence between adult antisocial personality and childhood [6].

Moran describes the epidemiology of antisocial personality disorder (ASPD) in the study and describes initially the association and influence between adult antisocial personality and childhood [6]. This article summarizes research in natural history, risk factors, associated conditions, burden, and descriptive epidemiology and discusses relevant and essential developments. The author states that the burden linked with personality is complicated because associated handicaps define the disorders. There is an inherent circularity in the definitions where the antisocial personality exemplifies them. Limiting the definition to self-impairment could solve the problem of inherent circularity. Moran's research indicates that antisocial personality disorder (ASPD) is a common chronic disorder with a prevalence of up to 60% among male inmates and that the prevalence is likely to decrease with age. The causes of this phenomenon are complex and involve medical and social aspects and genetic and environmental factors. Longitudinal studies have shown an inherent description of assumptions made chronologically in personality disorders. The diagnostic guidelines, the ICD -10, refer to divergent behaviour patterns from childhood to adulthood. On the other hand, the DSM-IV refers to the mental issues followed up to adulthood by psychiatrists. Later in the article, it is mentioned that antisocial behaviour in adulthood depends on behaviour in childhood, that ASPD describes family aggregation, and that risk factors for ASPD from adulthood are described.

After understanding the epidemiological impact of ASPD on people's development, it is essential to identify the common daily behavioural manifestations and causal factors of ASPD.

4.2. The Association and Impact of ASPD and Aggression

In order to draw more accurate and objective conclusions, Moeller and Dougherty investigated the association between antisocial personality disorder (ASPD), alcohol abuse, and aggression from laboratory and epidemiological research perspectives [7]. The authors began the study by analyzing the characteristics of ASPD and citing the behavioural patterns of adolescents (before the age of fifteen) that are indicative of ASPD. These behaviours were: lack of remorse; irresponsibility; disregard for the safety of others; repeated fighting and assault; impulsivity; deception; and multiple offences. According to the DSM-IV diagnostic criteria, just three of these behaviours indicate the presence of variability in individuals with ASPD. Next, the authors conducted an epidemiological analysis of alcoholism and violence, investigating the relationship between alcohol abuse and aggression from the perspective of laboratory studies. The study results showed a positive correlation between the amount of alcohol consumed and the frequency of violent criminal behaviour and a positive correlation between alcohol abuse and aggressiveness. In other words, people with ASPD were more likely to exhibit aggressive and violent behaviour after heavy alcohol consumption compared to normal individuals. In addition, this positive correlation may also be related to changes in brain function and chemicals and impairment. However, the authors think that there is still uncertainty about the association between ASPD, alcoholism and aggression, and there is still much room for development of research on them; therefore, further research related to them is necessary.

5. Adolescent Psychopathy and ASPD

Both Moran and Moeller & Dougherty's studies have addressed the association and impact of psychiatric and antisocial personality disorders on aggressive and delinquent behaviour in adolescents and children [6-7]. This shows its importance.

5.1. The Importance of Adolescent Psychopathy and ASPD

Farrington analyzed and discussed the importance of child and adolescent psychiatric disorders from five different perspectives in the article [8]. These five perspectives are the concept of adolescent and child psychopathy, measurement, risk factors, the treatment and prevention, and psychopathy in the context of adolescent and child carcinogenic risk factors. The most important of these is the concept of adolescent and child psychopathy. Through Cook et al.'s study [9], Cooke, Michie, Hart, & Clark, three key factors were identified [10], which were Arrogant, deceitful interpersonal style (ADI), Deficient affective experience (DAE), Impulsive or irresponsible behavioural style (IIB). It is easy to see that the definition of psychopathy can also be used to explain antisocial behaviour and personality disorders, and delinquency, but not for the prediction and treatment of antisocial personality and behaviour in adolescents.

5.2. Early Origins of Antisocial Behaviour

To be in a position to predict and treat ASPD and delinquent behaviour in childhood and adolescence, Farrington summarizes the origins of antisocial behaviour in childhood in his article [11]. Numerous investigations and studies have shown that celiac symptoms in childhood often predict antisocial personality disorder (ASPD) in adulthood, and similarly, teenage delinquent behaviour often predicts crime in adulthood. The risk factors and indicators for these phenomena are diverse. From an individual perspective, indicators of early antisocial behaviour include irritable personality traits and

low adaptive skills; impulsiveness and low self-control; low achievement and low IQ. From the analysis of family factors, parental supervision and education, whether child abuse, whether parents quarrel regularly, whether the family is integral, and whether parents have antisocial behaviours, family social status and economic level are all key factors influencing children's behavioural development. In addition, in terms of life circumstances, children living in high-crime neighbourhoods and schools and having friends who engage in antisocial and criminal behaviour may increase the risk of developing antisocial personality disorder and committing crimes in adulthood. However, the causes of antisocial behaviour are diverse and variable, and more investigation and experimentation are still needed to predict risk factors for antisocial behaviour or intervene and treat early antisocial behaviour in children.

5.3. The Continuity from Childhood to Adulthood

In the study, Farrington conducted a prospective longitudinal survey of about 400 men [12]. The purpose of this study is to design scales of different ages to measure the definitions of conduct disorder, antisocial personality disorder, and psychopath. The survey shows that antisocial personality has obvious continuity in the development process from childhood to adulthood. However, to complete the transformation from antisocial children to antisocial adults, it needs to be decided by a cut-off point. In general, about half of the most antisocial men in childhood are antisocial in later life; Similarly, about half of the most antisocial men in their later years are also the most antisocial in childhood. Instead, the continuity of male antisocial personality in youth (18 and 32 years old) is the weakest.

To justify the continuity of antisocial personality from childhood and adolescence to adulthood, Simonoff, Eland, Holmsha, Pickle, Murray and Rutter examined and analyzed the persistence of early antisocial behaviour in childhood and the joint and independent effects in adulthood [13]. The authors concluded that most antisocial behaviour in adults originates in childhood. To this end, they conducted a series of experiments to test this idea. In this study, 225 twins were investigated as a clinical trial sample regarding the psychiatric disorder, cognitive and psychosocial risk factors, and psychosocial functioning, and these children were followed during adolescence and adulthood. The results showed that conduct disorders and hyperactivity in children were significantly associated with antisocial personality disorder (ASPD) and delinquency in adulthood, both in univariate and multivariate analyses. Thus, it can be concluded that antisocial and disruptive behaviours in children have a substantial and long-term impact and significant predictability on antisocial personality and delinquent behaviours in adulthood. This shows the importance of timely intervention and treatment of disruptive and antisocial behaviour during people's childhood, and interventions regarding the reduction of antisocial and disruptive behaviour in children are vital in reducing antisocial behaviour and committing delinquent and violent acts in adulthood.

6. Intervention And Treatment

Timely intervention and treatment of disruptive and antisocial behaviour in childhood is most important to identify the causes and influences contributing to antisocial behaviour in early childhood and adolescence.

6.1. Analysis of Influencing Factors

6.1.1. Childhood Misfortune

In a study, White and Widom investigated whether men and women abused and neglected as children had higher than normal probabilities of intimate partner violence (IPV) perpetration in adulthood [14].

It was also examined whether there was an association between the two and alcohol abuse, early aggressive behaviour, and adult antisocial personality disorder (ASPD). The study was conducted with abused and neglected individuals in childhood, followed up when they were approximately young adults, and included normal controls. The study results indicated that most of the subjects who experienced childhood misfortune reported varying degrees of violence toward their partners, a significantly more significant proportion than the control group who did not experience childhood misfortune. In addition, early aggressive behaviour, antisocial personality disorder, neglect and alcohol abuse also had similar, although some of them were not significant, effects on the study participants. Overall, those who were victimized in childhood were more likely to be violent toward their partners or family in adulthood than the control group with a normal childhood. However, more research and studies are needed to draw more definitive conclusions.

This is another piece of evidence of the significant association of family factors on the formation of psychopathic and antisocial personalities in children. In addition to this, Moeller and Dougherty mentioned the link between alcoholism and aggression in their research study on ASPD. Therefore, it is not difficult to conclude that there is a definite association between the influence of family causes such as parental alcoholism and children developing conduct disorder (CD) and antisocial personality disorder.

6.1.2. Alcoholism

Kuperman, Schlosser, Lidral and Reich investigated the influence of family factors on the relationship of child psychopathology [15]. In the study, 463 children and their parents were subjected to a semi-structured genetics assessment. The 463 families were divided into three experimental groups to compare psychiatric and statistical data based on the presence or absence of parental alcohol habits and antisocial personality disorder (ASPD). In the comparison experiment, a family with multiple children was allowed. The study results showed that low levels of social status and economic status were associated with a child's risk of developing conduct disorder (CD). Simple parental alcohol abuse was associated with a child's risk of developing attention deficit hyperactivity disorder, conduct disorder (CD), and excessive anxiety disorder. Parental alcohol abuse and ASPD were associated with a child's risk of oppositional defiant disorder. Inappropriate parenting practices were associated with the risk of marijuana abuse, CD, and alcoholism, and all of these associations were possible. These associations are likely to lead to an increased risk of these disorders. Thus, the authors conclude that inappropriate parenting is associated with conduct disorder, alcohol abuse, and marijuana abuse in children; and that parental alcoholism and ASPD may lead to an increased risk of mental illness in children.

6.2. Treatment

Because the causes of ASPD in children and adolescents are diverse and variable, extensive investigation and experimentation are needed to inform and support the intervention and treatment of early antisocial behaviour.

To examine the impact of changes in psychopathy characteristics on institutional behaviour, Caldwell, McCormick, Wolfe, and Umstead surveyed and evaluated 127 juvenile offenders undergoing treatment in an intensive program [16]. The treatment program was selected for young offenders who did not fit into a typical, secure juvenile correctional setting. The selection criteria included but were not limited to low IQ, psychiatric illness, impaired neurological functioning, or resistance to standard correctional and treatment methods. As the treatment program progresses, staff assesses the youth's response to treatment and demonstrated behaviours, and privileges and rewards are given to youth with higher ratings as an incentive for increased participation and positive

behaviour control. Participating youth were administered the self-report version of the Antisocial Processes Screening Device (APSD) at program entry every ninety days. During the program, statistical data analysis revealed differences in the intervals of change between scales, but overall the changes were moderate and positive, with significant increases and improvements in APSD scale scores for all participants. The results of the study indicated that antisocial personality traits and delinquent behaviour in adolescents associated with psychiatric disorders could be effectively reduced by intensive treatment. Notably, the authors mentioned that a large amount of research and experimentation is still needed today to determine which treatment elements can be effectively applied to adolescents with antisocial personality disorder and psychopathy.

7. Conclusion

There is a significant correlation between psychopathic personality and antisocial personality disorder, but their association is not inevitable. In other words, although both psychopathic personality and ASPD are high-risk factors for aggressive and even violent and criminal behaviour, the association between them still needs to be further clarified through the investigation and evaluation of a large number of actual cases [4]. Differences in public perceptions of antisocial personality disorder (ASPD) and psychosis and their association with criminal behaviour and aggression have led to an overlooked corollary link between risk factors for antisocial behaviour in childhood and youth and the development of ASPD in adulthood. Several studies have shown that, in addition to children's personality and ability factors, family factors (e.g., parental issues with alcoholism and child abuse) are positively associated with children exhibiting aggressive behaviour, developing conduct disorders, and even ASPD and psychotic disorders later in development and into adulthood.

However, it is noteworthy that many studies have analyzed and investigated the causes of antisocial behaviour and the links with antisocial personality disorder and psychosis in children and adolescents and have also proposed appropriate interventions and treatments. Nevertheless, Moeller and Dougherty, Farrington, Caldwell et al., and others generally agree that appropriate treatments and interventions still require substantial evidence backed by experiments and surveys to demonstrate their effectiveness. Thus, there is a long road ahead for the intervention and treatment of psychiatric and antisocial personality disorders in children and adolescents.

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