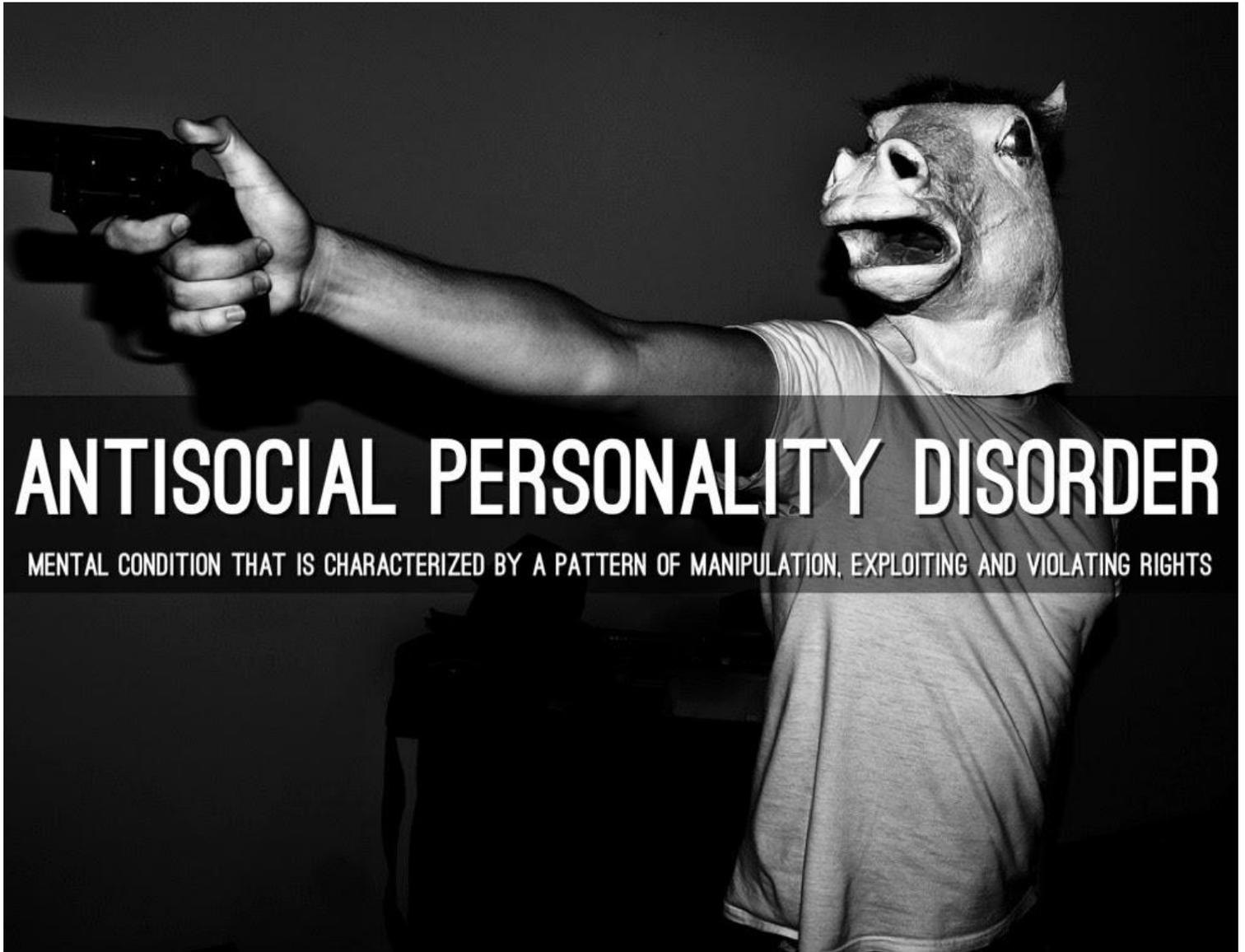


Antisocial Personality Disorder and Psychopathy



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Antisocial Personality Disorder and Psychopathy

Abstract (English)

This study investigates the relation between the term psychopathy formulated by Robert D. Hare, and the official diagnosis of antisocial personality disorder (ASPD). In relation to this, the project discusses the development of moral judgment and empathy, and under which conditions one might develop psychopathy and ASPD - how it is sociologically and biologically wired. Furthermore, we will take into consideration the ethical issues of labeling. We will discuss difficulties and possibilities when it comes to treatment of the disorder, and in addition to this, discuss the potential of preventive opportunities. In conclusion, the complexity of the phenomenon makes it difficult to reach one final answer to how the disorder is developed. The lack of moral reflection in the individual suffering from ASPD makes treatment complicated and right now there is no effective solution.

Abstract (dansk)

Denne opgave undersøger sammenhængen mellem termet psykopati, formuleret af Robert D. Hare, og den officielle diagnose af asocial personlighedsstruktur. I forlængelse af dette, vil det blive diskuteret hvordan udviklingen af moralsk dømmekraft og empati finder sted. Derudover vil det blive diskuteret under hvilke forhold man udvikler psykopati og ASPD og hvordan biologiske og sociologiske forhold spiller ind. Derudover vil vi tage med i vores overvejelser hvilke etiske konsekvenser det har stemple specifikke grupper. Ydermere vil vi diskutere muligheder og vanskeligheder ved behandling af forstyrrelsen og derudover diskuterer muligheden for præventive behandlinger. Konkluderende, kompleksiteten af fænomenet gør det svært om ikke umuligt at komme med et entydigt svar på hvordan forstyrrelsen udvikles. Manglen på moralsk refleksion hos individet, som lider af asocial personlighedsforstyrrelse, gør det kompliceret at behandle og på nuværende tidspunkt er der ingen effektiv løsning.

Table of Contents

Introduction	4
Problem Field	5
Problem Definition	5
Delimitation	5
Dimension	6
Methodology	7
Motivation	8
Understanding the Concept	9
<i>Differences between DSM and ICD</i>	<i>10</i>
<i>Robert D. Hare</i>	<i>11</i>
<i>Critique of PCL-R</i>	<i>14</i>
Ethical Framework	16
<i>Henrik Day Poulsen - differences between being crazy and psychopathic</i>	<i>19</i>
Biology and Environment	20
Johan Cullberg	24
Kohlberg: Moral Development Theory	28
Discussion	33
<i>Differences between ASPD and psychopathy</i>	<i>33</i>
<i>Biology vs. Environment</i>	<i>34</i>
<i>Treatment</i>	<i>36</i>
<i>Prevention</i>	<i>41</i>
Conclusion	43
Perspectives	44
Bibliography	45

Introduction

Antisocial personality disorder (ASPD) - or psychopathy, a term still in use by some researchers – seems to attract more and more attention. The cause of ASPD is in dispute and so are issues such as how to diagnose and whether treatment is possible. Individuals with ASPD have a negative impact on their surroundings – friends, family and acquaintances. They may appear often in crime statistics. Lack of empathy and understanding of consequences of their actions distinguish individuals with antisocial personality disorder. ASPD thus seems to be an important subject for a study, which can lead to a discussion on relations between the individual and society.

First, we will account for the understanding of ASPD according to major studies and official diagnostic systems in order to define this phenomenon. We will look into some theories on the causes and characteristics of antisocial personality disorder. An official diagnosis for ASPD is available in the International Classification of Diseases (ICD), which is the European tool for diagnosing and managing health. (WHO, 2015) It is used in health research and in clinical health institutions. One may also find an official diagnosis in Diagnostic and Statistical Manual of Mental Disorder (DSM), which is an American manual for diagnosing mental disorders. We will account for the different degrees and character traits of the disorder and for theories dealing with it.

Another important aspect is how to detect individuals with antisocial personality disorder and apply a diagnosis. Diagnosing individuals with ASPD does not seem easy. It seems imminent to include and account for diagnostic challenges and problems when investigating this disorder.

Obviously – since we are dealing with a mental disorder - we need to look into possible treatments and challenges when trying to cure the disorder. The Canadian psychologist Dr. Robert D. Hare even allege that when it comes to individuals with the disorder there is no effective treatment. Therefore, he claims, the only way society can deal with them is to contain them. This might be problematic since it is just a temporary solution and may give rise to ethical issues. We want to look into Hare's definition of psychopathy and the future prognosis for the individual.

The causes of antisocial personality disorder certainly do create discussion. Does environment play a role? Is it a combination of biological factors and environmental factors? Also noteworthy when it comes to environment is which factors play a part. Is the disorder developed only in childhood or may it occur later in life? Discussing environmental factors and the role of the upbringing makes it

necessary to examine when and how the child develops social competences such as sympathy, empathy, moral, etc.

Problem Field

When accounting for the development and definition of the disorder we will examine developmental theories by the Swedish psychiatrist Johan Cullberg and the American psychologist Lawrence Kohlberg.

Underneath the above-mentioned issues lie ethical issues. We need to look into and discuss the ramifications of labeling individuals with diagnoses such as ASPD and the negative connotations that may surround such a diagnosis. In doing this we will also cover cultural and ethnic aspects.

We will discuss the differences - if there are any - between the terms psychopathy and ASPD. Psychopathy is an old term for an individual with antisocial behavior. However, it is still used by some theorists and psychologists, such as Hare, Cullberg and the Danish psychiatrist Henrik Day Poulsen.

Problem Definition

How can one understand and explain the concept of psychopathy and ASPD, by using different theories of development, with the aim of discussing a possible treatment?

Working Questions

- How is a psychopath defined compared to the official diagnosis of ASPD?
- How is ASPD developed? Discuss the biological and sociological impact.
- What is the prognosis for people with ASPD?
- What are the consequences of labeling?

Delimitation

We have decided to focus our project on the problem of defining and identifying individuals with ASPD and how it develops. Furthermore, we will discuss whether it can be prevented and treated

effectively. We have not chosen to focus on a specific case, which could have broadened our understanding of the phenomenon and given us a more subjective view. By doing this, we could have connected our theory to a real life example. The reason why we have not done this is due to us being a small group, which means we have limited time and space. Furthermore, we find it important to go in depth with the theories and investigate different angles on the subject. We have chosen to focus on this, in order to achieve a more nuanced comprehension.

We could also have chosen to make a survey or other empirical investigations, which we actually tried to do. However, the attempted contact with different professionals did not succeed.

Since we are only covering the dimension subjectivity and learning, the project is limited in its approach to psychological aspects. By using other dimensions, we might have gotten a broader understanding, but it would not have been as elaborate. If we had chosen to use culture and history, we could have discussed the sociological impact of the disorder and contrary, how society affects the individual. We could have used text and sign to investigate how the phenomenon is mirrored and interpreted in literature and how this affects the societal perception, through creating a certain discourse on the subject.

Dimension

We have chosen to cover subjectivity and learning, because we find it essential to use different psychological angles to advance our understanding of the problem field. Subjectivity and learning is the study about relations between the subject and society. Furthermore, it investigates different learning theories and methods in which the subject is able to achieve skills that enable the subject to acquire cultural and societal competencies. This dimension covers knowledge about how individuals understand and perceive their surroundings and is therefore the most relevant dimension, in order for us to investigate our problem field and discuss further perspectives.

We will apply developmental theories, by Kohlberg and Cullberg. This makes it possible for us to investigate the phenomenon both from a cognitive and psychodynamic approach. Furthermore, we will account for the definition of psychopathy and psychological studies in the field by Hare. We can use the learning aspect to discuss different prevention and treatment possibilities, for example cognitive behavioral treatment and psychotherapy.

Methodology

To explain the phenomenon, we will use the description of a psychopath by Hare, who made the most influential diagnostic tool: the psychopathy checklist (PCL-R). He has made extensive research in the field and therefore is renowned for his definition of a psychopath. We will compare this to the official diagnoses of ASPD on ICD-10 and DSM-IV, to get a complex understanding of the phenomenon.

Thereby, we investigate how the disorder is diagnosed, and which methods are used. After accounting for the phenomenon and official diagnosis, we will discuss possible ethical issues of labelling and different political bias according to race, social status, etc. Furthermore, we find it important to investigate possible causes of the disorder, whether it might be biologically or environmentally developed. We will bring in the viewpoints of the Danish psychiatrist Henrik Day Poulsen and discuss these.

In addition to this, we will investigate the child's development of feelings, such as moral and empathy, using theories by Cullberg and Kohlberg. Cullberg has a psychodynamic approach, which is inspired by Freud's psychoanalytical theory. This gives us the tools to understand how and when the personality structure is developed and under which conditions this development can be disrupted and lead to character disorder, such as ASPD. On the contrary, Kohlberg has a cognitive approach, which provides knowledge about different structures of thinking and how to construct treatment programs to change these. By using two different psychological approaches, we are able to achieve a nuanced and more complex comprehension of our topic.

Subsequently, we will discuss the differences between the diagnosis of ASPD and psychopathy. At last, we will debate the treatment possibilities and prevention of individuals with ASPD and psychopathy with outset in our different theories. We want to find out whether or not treatment is possible. Furthermore, we will investigate how you develop morality, ethics and empathy, in order to investigate the societal consequences of the disorder.

Originally, our vision of the project was to build it upon empirical data through interviews with psychiatrists working in forensic psychiatry. This would have given us an idea of how the term is used in judicial context and provide us with the latest knowledge of the disorder and possibility of treating psychopaths. We contacted two Danish psychiatrists, one of which was Henrik Day Poulsen, unfortunately they never responded.

Motivation

We find it important to shed light on this subject, because ASPD poses a problem for society. This is due to the disorder excluding the diagnosed from society and it is difficult to prevent and treat the disorder. Currently, containment is thought to be the only solution, but this is not a long-term answer to this serious problem. Furthermore, one could argue that containment is against basic human rights. We find it problematic that these individuals tend to be charming and manipulative people, because this way detecting them can be difficult (Hare, 1993). We find it important to illuminate the stereotypical perception of psychopaths and discuss the complexity of the phenomenon. In our society, empathy is a crucial character trait in order to function socially and therefore individuals with ASPD are often stigmatized, because of the lack of this trait. Additionally, we want to shed light on the fact that the severity of the disorder can deviate and is therefore not a solid concept. This poses an ethical issue of labeling people with the disorder, even though they show a less severe degree of the character traits.

Understanding the Concept

In order to gain an understanding of the terms ASPD and psychopathy, an investigation of how they are defined is essential. This will be done by accounting for the definition of ASPD in both the DSM and the ICD. Furthermore, we will compare these two to grasp the different understandings of the disorder. Additionally, the concept of psychopathy developed by Hare, including his studies from Canadian prisons and his diagnostic tool - the psychopathy checklist, will be used to broaden the perspective.

Firstly, here is an account for the diagnosis of ASPD from ICD-10, which is the newest edition from 1994:

“A disorder characterized by a pervasive pattern of disregard for and violation of the rights of others that is manifested in childhood or early adolescence (adapted from dsm-iv). The individual must be at least age 18 and must have a history of some symptoms of conduct disorder before age 15 (from dsm-iv, 1994). Personality disorder characterized by conflict with others, low frustration tolerance, inadequate conscience development, and rejection of authority and discipline.

Personality disorder whose essential feature is a pervasive pattern of disregard for, and violation of, the rights of others through aggressive, antisocial behaviour, without remorse or loyalty to anyone.” (Antisocial Personality Disorder 60.2: ICD-10, 1994).

As seen above, the ICD 10 uses DSM-IV as a source. In 2013, DSM published a new edition (DSM-V), but as most of the sources used in this project will be of an older date than this, the references made in these sources will be from DSM-IV, which is why we have chosen to use this as well. DSM-IV defines ASPD as follows:

A. *The patient should display three or more of these traits:*

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.*
- B. The individual is at least 18 years old*
- C. There is evidence of Conduct disorder with onset before age 15 years.*
- D. The occurrence of Antisocial personality disorder is not exclusively during the course of schizophrenia or a manic episode (American Psychiatric Association, 2012).*

Later in the project, there will be a discussion of the differences in the definition of ASPD and psychopathy. When using manuals like ICD and DSM it is important to be aware of the background for the diagnosis one investigates. In the next part, we will outline the different perceptions of personality disorder in respectively DSM and ICD.

Differences between DSM and ICD

Personality disorders have been a category in DSM since its first edition came out in 1952. The general frame of the diagnosis was adapted from the US military, but whereas the military described the disorders by focusing on one's reaction in different social contexts, the DSM emphasized the patient's personality (Cromby, Harper and Reavey, 2013). Later on the concept of "traits" were changed into "deeply integrated maladaptive patterns of behavior", which were permanent and was known to be determined by biological abnormalities or malfunctioning in the brain (American Psychiatric Association (APA), 1968).

This made the diagnoses chronic and therefore introduced a more pessimistic prognosis for the patient. With the appearance of DSM-III (in 1980) a different view on personality disorder were presented. Here it was decided that the disorders should be separated from the other diagnoses and moved to another axis, so to speak. Now it was thought of as a diagnosis a patient could have along with other diagnostics. In contrast, the ICD-10 (from 1994) still placed personality disorders amongst the other diagnoses (Cromby et al, 2013).

When DSM-IV saw the light of day in 1994, it defined personality disorders as “an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture” (APA, 2000), which meant that they shifted the focus from the individual, to a more societal point of view. The ICD-10’s definition of the disorders is similar to this, apart from the last part, where they state “(the behavior) deviate markedly as a whole from the culturally expected and accepted range (or “norm”)” (World Health Organization, 1992).

The ICD-10’s definition is more specifically focused on the social norms, which the individual suffering from a personality disorder is unable to fit into, whereas the DSM-IV uses the vague concept “culture”. Antisocial personality disorder, were among the diagnoses from DSM-I and has gone through minimal changes.

Both of the definitions of ASPD, from ICD-10 and DSM-IV, portray a personality disorder, containing antisocial patterns, indifference towards other people and lack of remorse and guilt. When comparing the two diagnoses, it is obvious that DSM’s is more expanded and developed than ICD’s. Furthermore, ICD has borrowed some of the character traits from the DSM. In the next chapter we will account for the definition of psychopathy developed by Robert D. Hare and his diagnostic tool; the psychopathy checklist revised (PCL-R).

Robert D. Hare

In order to properly study the phenomenon it is necessary to account for Hare and his definition of psychopathy, which he derived from his research in prisons - mainly of the inmates.

The Psychopathy Checklist is developed by Hare, with the point of origin in his research and published by Multi Health Systems in 1991. It has later on been revised several times, i.e. by Hare. In his opinion, the checklist made it possible to determine whether a person is psychopathic (Hare, 2003).

Hare emphasizes that an individual is only diagnosed with psychopathy if he matches the profile sufficiently. This means that if a patient only has half of the character traits, he is not a psychopath (Ibid).

Psychopathy Checklist by Robert D. Hare:

Facet 1: Interpersonal

1. *Glibness/superficial charm*
2. *Grandiose sense of self-worth*
3. *Pathological lying*
4. *Cunning/manipulative*

Facet 2: Affective

5. *Lack of remorse or guilt*
6. *Emotionally shallow*
7. *Callous/lack of empathy*
8. *Failure to accept responsibility for own actions*

Facet 3: Lifestyle

9. *Need for stimulation/proneness to boredom*
10. *Parasitic lifestyle*
11. *Lack of realistic, long-term goals*
12. *Impulsivity*
13. *Irresponsibility*

Facet 4: Antisocial

14. *Poor behavioral controls*
15. *Early behavioral problems*
16. *Juvenile delinquency*
17. *Revocation of conditional release*
18. *Criminal versatility*
19. *Many short-term marital relationships*
20. *Promiscuous sexual behavior (Ibid)*

“Psychopaths are not disoriented or out of touch with reality, nor do they experience the delusions, hallucinations, or intense subjective distress that characterize most other mental disorders. Unlike psychotic individuals, psychopaths are rational and aware of what they are doing and why. Their Behavior is the result of choice, freely exercised.” (Hare, 1993, p. 22).

When committing a crime, psychopaths are often caught in the space between prison and mental institution. They are often judged sane because of their crimes being a result of choice and rationality, but they are still missing something in the brain that enables them to commit such, at times, horrid crimes. This is a problem because if they are judged sane and sent to prison, their real potential when it comes to crime are usually not discovered, and they will possibly be set on parole too early and therefore be free to commit other crimes (Ibid).

The only way to know what goes on in a psychopath's mind is to interview people who have been diagnosed (Ibid). One of the psychopaths that have been interviewed is Jack Abbott, who was an American author and criminal (thief and murderer). He wrote: "There are emotions – a whole spectrum of them – that I know only through words, through reading and in my immature imagination. I can imagine I feel these emotions (I know therefore, what they are), but I do not." (Abbott, 1981, p. 13).

Psychopaths are known to be rule breakers – whether it is the law or socially accepted rules; they do not seem to have a hard time breaking them. A normal person will through early socialization processes, learn how to behave in different situations – how one should behave and not behave, what is legal and what is not, how do one treat another person and so on. This includes norms as mentioned beneath, which should prevent the individual from committing criminal actions (Hare, 1993, p. 75):

- *A rational appraisal of the odds of being caught*
- *A philosophical or theological idea of good and evil*
- *An appreciation of the need for social cooperation and harmony*
- *A capacity for thinking about, and being moved by, the feelings, rights, needs, and well-being of those around us (Ibid, p. 75).*

Hare tries to come up with possible reasons for why the psychopath seems to ignore this seemingly normal reasoning. He argues that psychopaths do not usually get the emotional responses, which trigger one's conscience, such as fear and anxiety of the consequences of one's actions. Furthermore, a psychopath does not have an effective "inner speech" when talking about considering to commit a crime or an action which is harmful for others (Ibid).

As seen above, Hare's description of a psychopath is detailed and focuses on criminality. This derives from his studies in prison, which causes him to focus on criminal, psychopathic individuals and what separates these from other criminals. In the next chapter, we will discuss the validity and

effectiveness of Hare's PCL-R checklist and compare the definition of psychopathy to DSM's diagnosis of ASPD.

Critique of PCL-R

Some of the critique of Robert D. Hare's tool for diagnosing psychopaths (PCL-R) formulated by Luca Malatesi and John Mcmillan, is that it only takes the behavior of the individual into consideration. The result is therefore only based on how the behavioral patterns, mostly focusing on criminal actions, reflect some mental abnormality. In addition, the PCL-R is not identical with any diagnosis from the DSM and it is not classified to become a diagnose in itself, because the DSM requires the diagnoses to be based upon agreements in results, which is collected over time and preferably from different users. This validates the diagnosis compared to Hare's checklist, which is solely based upon underlying traits (Malatesi and Mcmillan 2010). Malatesi and Mcmillan emphasize the fact that there is a diagnosis in the DSM, which is similar to psychopathy - ASPD.

Traits in article no. 1 in the diagnosis of ASPD from DSM-IV complies with those of no. 16, 17, and 18, in PCL-R, as they all revolve around societal impact, but while Hare is focusing on the direct consequences of these traits, DSM emphasize the reason behind, which is "failure to conform to social norms". Article no. 2 and 3 in the ASPD diagnosis, are easy to detect in the checklist as well, because they are using the words - lying, manipulative, and deceitfulness etc. (see no. 3, 4, 11, and 12 in the PCL-R). No 4. in DSM is not as explicit but it could be linked with the traits of no. 9 in the PCL-R, which is that the psychopathy is easily bored and needs stimulation. Furthermore, one can interpret no. 7, 8, and 14 in the PCL-R as indicators of this as well, e.g. no. 14 "poor behavioral controls" can lead to the individual reacting on their first impulse, which can be to act aggressively. Together with no. 7 and 8 (lack of empathy and for taking responsibility for own actions) there is no reason for the individual to not act upon their impulses. However, these are not facts explicitly made clear by the DSM. Furthermore, the ASPD diagnosis emphasizes the indications and sometimes the consequences of the individual's actions, instead of just the traits as in Hare's PCL-R.

As with most diagnoses, there is critique of DSM's ASPD diagnosis as well. Some of the critique is that it is too inclusive and broad, which is indicated by 3 times as many people being diagnosed with ASPD in comparison to psychopathy (based on the PCL-R). This is because the ASPD does

not include the interpersonal and affective traits in their diagnosis, as clearly as in the PCL-R. Therefore, the coherence between ASPD and psychopathy is unequal: individuals with ASPD are mostly not psychopathic, but one who is psychopathic meets the criteria for ASPD. This would not be a problem if the two phenomena were seen as separate diagnoses, but in a large amount of cases and in the common understanding it is seen as the same. One might argue, that psychopathy is a severe subcategory of ASPD (Malatesi and Mcmillan, 2010).

The fact that the ASPD and psychopathy are incoherent makes it difficult to precisely diagnose a patient. Furthermore, one must be aware of the ethical issues that arise when diagnosing and thereby possibly labeling an individual.

Ethical Framework

The risk of diagnosing patients is the objectification of the patient. Cullberg argues that the diagnosis itself is a part of the “othering” and excluding of the patient and enhances the status of different and an outsider. According to Cullberg, it is important to be aware of the fact that a diagnosis is subjective and only offers directions for problem solving and symptomatic solutions. Furthermore, it is important to note that a diagnosis only is a model that constitutes of commonalities, which makes it possible to categorize and understand disorders (Cullberg, 1984). The contrast between caretakers and patients in institutions has an important impact on the feeling of differences between the two classes (sick and healthy).

Diagnosing people with either ASPD or psychopathy is one thing, but another important issue is how society and surroundings perceive individuals who suffer from a mental disorder, like these. A mental disease or disorder is more than the discomfort of the actual sickness and the negative effects of this. The reactions and the interaction with the outside world and the bias and judgment of society may increase the suffering of a person with mental disorder.

In *Psychology, Mental Health and Distress*, written by English psychologists Cromby, Harper and Reavey (2013), they discuss new approaches to mental health and the kinds of psychological interventions for those experiencing distress, moving away from a limited diagnostic model. Subsequently, they debate the stigma of mental health problems often being associated with violent crime. In addition, they point out that certain mental diseases historically have caused negative reactions within mental health services. Another aspect is the lack of respect for their personal experience that many people with mental health problems observe, when meeting professionals in the health system (Cromby et al, 2013).

A distinction is necessary when discussing negative bias – Cromby et al. (2013) refers to studies showing that professionals seem to have a different approach to patients suffering from a personality disorder, comparing to patients with diagnoses of mental diseases such as schizophrenia or depression (Ibid, p. 333). It is remarkable that professionals seem to be more optimistic with regard to recovery when it comes to these, than when dealing with personality disorders. It has been suggested that health staff could have a negative approach believing or seeing the behavior of a patient with a personality disorder as deliberate and intentional, rather than unwilling such as patients with a psychiatric diagnosis of a mental disease (Ibid).

The relevance of this, with regard to individuals suffering from a personality disorder, is that psychopathy is not recognized as a clinical diagnosis. Furthermore, psychopaths are in several cases seen to be causing many negative consequences for their surroundings. In addition, a definite cure for antisocial behavior is still not available. Certainly therefore one could discuss an ethical aspect. Is there a social bias against psychopaths? This seems to be the case, as the above-mentioned studies show. Is this reasonable and well founded?

Surely, in our days, bias against a certain group of people is ill heard of. Moreover – most would say that having a bias on individuals suffering from an illness is not reasonable at all. Nevertheless, individuals with antisocial personality disorder are known to cause severe distress and harm to their surroundings. They seem incurable. They show no remorse and hardly seem to have any reflections on their behavior. It may be that the health system views individuals suffering from antisocial personality disorder on a basis of no forgiveness – and this affect the treatment of psychopaths negatively.

Another important aspect of the ethical implications with regard to personality disorder is how we label patients. In particular when setting out guidelines – such as the NICE (The National Institute for Health and Care Excellence) guidelines – we need to focus on the reliability of the data, which forms the base of such guidelines (Ibid, p. 338). If they are not completely reliable, we could put a label on people, which are not justified. This creates an independent ethical challenge. One could express this in other terms – if the guidelines explain that a particular behavior equals, for instance, psychopathy or antisocial personality disorder and the evidence base is not of the best of quality, then applying such guidelines in the health system, in government administration or even in the legal system may cause serious injustice.

One needs also to take account for cultural bias. By cultural bias, we refer to differences that may occur with regard to personality disorders among various cultures and people of different ethnicity. Several studies have dealt with this issue and identified interesting differences with regard to the occurrence of personality disorders, for instance among white people compared to black people (Ibid, p. 324).

However, the studies on possible racial bias seem inconclusive. On one hand, some studies say that personality disorders are more common among white people than among black people. Others, dealing with prisoners, evidenced a higher rate of disorder cases among black prisoners than among white prisoners (Ibid).

One may observe that since antisocial personality disorder and the reasons for this mental condition, is still very much in dispute, it would be difficult to reach final solutions as to whether one cultural group or racial group experience the disorder on a larger scale than others. This would indeed also apply when comparing countries.

Elsewhere we have accounted for studies and theories discussing genetic factors as opposed to environmental factors. It seems that we can rule neither out as possible factors causing disorders. When trying to determine if antisocial personality disorder is more common among one racial group rather than another, or more common among one cultural group, one must therefore not forget that there still may be an individual genetic factor.

The part played by environment in the development of personality disorder, is also one that is highly recognized. Environment in this connection, comprise not only the close environment during the upbringing such as parents, personnel in the kindergarten, teachers and so forth. Environmental factors will also include the general cultural environment – the influences from the codes and standards of the group to which you belong, from media in your cultural circles and so on. One's cultural environment also depends on ancestry, race and socioeconomic status. Indeed, one may discuss whether being brought up in certain religions could mean a greater risk for antisocial behavior. It seems therefore that there are many different environmental factors that could be important for developing a personality disorder – and they seem not yet to have been mapped. Furthermore – moving into explanations relating to race, religion and socioeconomic status as causation factors – or at least contributing factors – involves ethical considerations on the highest level.

One challenge with regard to personality disorder when compared to physical diseases is the lack of objective signs of the disease. For instance, we base symptoms rather on beliefs, experiences and behavior than actual complaints or diagnostic signs that you can observe (Ibid, p. 105).

It proves as quite a challenge, when we combine this lack of means to diagnose objectively with the discussion above on ethical issues. We are dealing with a mental disorder that has no clear distinction. Diagnosing depends to a high degree on subjective factors. Hare argues that there are no efficient cures. This disorder appears among individuals who in many respects functions in society. Meanwhile, individuals suffering from antisocial personality disorder have character traits that might harm other people as a result of the disorder. The health system seems to have developed a negative bias against patients with disorders. Adding to this, studies try to demonstrate a higher rate of social disorder in certain racial or cultural groups, it seems justified to alert the ethical aspect.

Henrik Day Poulsen - differences between being crazy and psychopathic

Henrik Day Poulsen is a Danish psychiatrist who has been working in the department of justice, forensic psychiatry and specialized in psychopathy.

According to Poulsen, it is important to acknowledge that psychopathy is not only to be found in prisons and among criminals. However, a set of character traits that everybody will meet during their lives. Psychopathic people are often labeled as “crazy” or mentally ill and it is therefore necessary to distinguish between character disorders and mental illness. A significant difference is that people who have a mental illness, like a psychosis, have a distorted perception of reality, consisting of for example hallucinations, delusions, paranoia etc. Whereas the psychopathic person does not have a distorted perception of reality, which means the subject is not psychotic and therefore not “crazy”. A psychotic person has a peculiar and unpredictable behavior and is often suspicious, paranoid and afraid of people wanting to hurt them. Therefore, the psychotic person often has difficulties when navigating within social contexts. This however, is not the case when it comes to the psychopathic individual (Poulsen, 2014).

Poulsen agrees that it is important to discuss the issues that arise in society and for individuals with psychopathy. He argues, that the discourse about psychopathy is negatively loaded and almost a taboo (Ibid).

Biology and Environment

What causes antisocial personality disorder is heavily in dispute. We need, however, to attempt to answer this question of antisocial disorder causation. In pursuing this issue, it is necessary to look into and account for the various scientific views on both biological and environmental influences on human mentality. The concept of antisocial personality disorder – or psychopathy as some call it - is complex, and there seems to be no studies providing final answers, or consensus on all aspects. However, looking into the main theories can help us to shed light on this phenomenon.

It seems like there is an endless discussion on what is the main reason of psychological deviations. Some even suggests – like Cullberg, cf. – that injury to the frontal lobes may cause symptoms of psychopathic tendencies. According to Cromby et al. (2013) the majority of people in Western society tend to think that biology is the primary cause of mental distress. This point of view has been widely promoted by media and people of dominant influence and public opinion (Cromby et al, 2013; Werlinder, 1978). However, a number of recent discoveries in the field of social science, which will be explained below, demonstrate that the assumption that biology is the major reason for mental disorders – or even the only causing factor - has a lack of evidence. These studies point out that we need more research into genetic factors and urge to have a broader view on the problems at hand.

In this line of thinking Cromby et al (2013), discuss a dualistic approach of the issue. They agree that, on the one hand, biology plays an essential role in the brain process. Disturbances of the chemical structure of the brain can lead to a deep emotional distress (Ibid, p. 76). It is also true, they say, that human's health and character formation depend on an inherited set of genes. However, there are other factors, which we will account for below, indicating that biology is not a single deterministic factor.

By way of illustration, we have the case of James Fallon, an American neuroscientist who got his brain through a PET (Positron Emission Tomography) scan, which revealed that his brain had a deviant pathology. The scan showed that his brain had low activities in particular zones, which pointed out the biological markers for psychopathy. Moreover, he discovered that he had a particular gene, which can cause psychopathic traits in his character (Ibid, p. 332).

On the other hand, Fallon claims that as the result of him growing up in a loveable family, there was an environmental condition that changed the counterbalance of his genes. Fallon even discovered that he had several killers among his ancestors. In other words, although having latent in his nature, the potential to become a person with a disorder, preventing him from becoming a true member of society, he had the luck that the favorable conditions in his upbringing suppressed this tendency, thus making him a valuable and integrated member of society.

It is a curious paradox that both biological and environmental influences on the human brain have an inter-penetrative character. In this line of thinking Cromby et al. (2013) argues, “*Both genes and environments are important..., but their relationship is both fluid and complex*” (p. 90). For better understanding this phenomenon, the authors mentioned above, give some examples from simple biology to show that humans are coded by nature as social creatures.

A research showed that even single-celled organisms begin producing additional substances, in response to outside influences in order to survive. In fact, this ability to adapt to a new condition of environment is embodied in bacteria’s DNA (Ibid, p. 89). It means that even a bacterium is not isolated from external factors.

In addition, studies reveal that some genes have a capacity to move from one location to another. It means that genes are never fixed and they are in a permanent interplay with the environment of the cells. Cells in their turn experience transformations and modifications caused by influence from the external world (Ibid).

Further, adding to the complexity, in the case of multi-cellular creatures, specialized cells have to cooperate constantly with each other in order to uphold the inside sphere of the organism. Whereas organisms in their turn undergoes continuous transformations through intercourse with environment. At the same time, these organisms change their surroundings in favor of their survival.

Thus, there is an assumption that human activity is not governed by “selfish genes” only, lending an expression introduced by Cromby et al. (2013). These authors argue as follows: “*Human activity is conducted by humans, not genes...*” (p. 90). For instance, humans have an inherent ability to make a decision. This is due to individuals having agency, having the ability to act freely and

independently. At the same time, this process to some extent is caused by and depend upon culture and social structure of society.

Modern studies on epigenetics show that outside influences do not only affect human beings physically. Environment and society also have an impact on our brain system. Moreover, it may cause biochemical changes that can be inherited by future posterity. Furthermore, it has been argued that *“we humans are intrinsically social creatures; these external influences upon the body-brain system also include our social relations and cultural resources”* (Ibid, p. 92).

A good illustration of this could be language, which plays an important role for what we think and how we behave. From the early stage, a baby learns from its parent how to speak and behave, including pronunciation and manners. Speaking abilities and vocabulary develop through social interactions. Apparently, even if a person is having an inner dialogue being alone, it seems that there are “voices of others” within this inner speech. These voices are what our parents and teachers and others who influence us in our childhood told us and put into our system during our upbringing. This demonstrates that *“...social relations and culture get built into the brain during the course of development and growth”* (Ibid, p. 93). However, naturally our inner voices are not purely those of others. We create our own voices and personality. Otherwise, human life would not have sense. The human brain has the ability to reconsider information and create an independent meaning.

In the case of infant and caretaker interaction, we also see an example of *“affect synchrony-the reciprocal, mutual regulation of emotional state...”* (Ibid, p. 94). This co-ordination between baby and mother for instance occurs not only on a behavioral level. It can also change for example the baby’s heart rate; hence, it has a biological character. Similarly, the infant’s biochemical sphere changes by reflection on the parent’s mood (Ibid). In the words of Cromby, et al. (2013): *“...the baby’s body and brain are continuously responsive to social influences, and also regulate some of the ways in which its brain and other biological systems develop”* (p. 95).

Henrik Day Poulsen (2014) provides a different understanding of the biological impact upon the disorder. He brings in a new aspect of the cause of the disorder, by pointing to the fact that studies have shown that psychopathy in 50-60% is biologically inherited. This supports the claim that it is influenced by both biology and environment. He argues there are biological indicators, such as imbalance in the transmission of dopamine, which is a substance that provides pleasure, released by

for example sex, praise and drugs. Brain scans of a psychopath show hyperactivity in the parts of the brain supporting dopamine, and this could cause the psychopath's extrovert behavior and problems with controlling impulses. Poulsen emphasizes, that the communication between the front part of the brain and the underlying structures is abnormal, which results in lack of restraint of aggressive outbursts. Furthermore, when individuals with psychopathy are exposed to stimuli, the amygdala - the reptilian brain controlled by instincts, is not activated as in a "normal" brain. This outlines the difference between the psychopathic and "normal" brain as it explains the lack of emotional response. However, psychopathy cannot be diagnosed through a brain scan, but according to Poulsen, it should be diagnosed by thorough clinical examinations conducted by an experienced psychiatrist (Ibid, 2014).

Now that we have accounted for the biological aspects and the possible environmental influence on these, it seems logical to apply and look closer at some of the psychological theories on development of psychopathy.

Johan Cullberg

Johan Cullberg is a Swedish psychiatrist with a psychodynamic approach. He has worked with traumatic crisis and psychosis among many other things.

In his book, “*Dynamisk psykiatri*” (“Dynamic Psychiatry”) he writes a section about psychopathy. He claims that the term psychopathy has been used by societies that tend to be class dominated, to label people with deviating reality perceptions and behavioral patterns. According to Cullberg, the criticism of the term has been justified in many aspects. However, he emphasizes that it is still important when talking about psychiatry and especially forensic psychiatry.

According to Cullberg, there are three character traits that outlines the diagnosis:

1. *Ego-weakness. Low frustration tolerance and difficulties with management of disappointments, anger and harms*
2. *Tendencies to translate psychic tensions through actions and behavior, which means, lack of scruples*
3. *Poor ability to be a part of social and interpersonal relations*

(Translated by Ettrup Andresen, 2015 from Cullberg, 1984, p. 263. Original version in app. 1)

Cullberg describes psychopathy as a character disorder and compares it to other disorders like character neurosis. The neurotic person has an ego, which makes it possible to suppress aggressive fantasies and impulses. Contrary, the psychopath is very much controlled by his/hers aggressive fantasies, impulses and lack of scruples.

According to Cullberg, several specialists has pointed out, that in most cases the disorder is tied to the male gender (according to clinical work, four men to one woman show symptoms of the disorder).

However, Cullberg has a hypothesis, that women who should have been diagnosed with psychopathy, have been diagnosed with hysteria or infantile personality instead. Their missing development of the super-ego has not been discovered. However, their flirtatious charm has been noticed and connected to the hysteric personality. Due to the older date of Cullberg’s writings, the

diagnosis of hysteria, that he here talks about, is no longer given in psychiatry, but it is entirely possible that women are still being misdiagnosed with a similar disease or disorder.

The psychopath is described as having a weak ego, defect super-ego and lack of empathy. The psychopath is egocentric and narcissistic. However, the narcissist does not lack scruples and act according to his impulses in the same severe way as the psychopath (Cullberg, 1984).

Reasons

Cullberg argues that there are many different reasons behind the development of psychopathy. There are three main aspects when talking about the development of the disorder: social, psychological, and biological (Ibid).

Social

There is a tendency of labeling people from different social classes differently. Cullberg argues that the term psychopathy is politically charged. When talking about psychopathy more attention has been drawn towards the lower class. The reason is that people from upper class with psychopathic traits have had a tendency to be labeled as neurotic whereas people from the lower class with psychopathic traits have been categorized as psychopathic. Therefore, the social backgrounds of psychopaths have been poorly investigated. Mostly, patients in custody have already had their social backgrounds investigated. Furthermore, Cullberg argues that the disorders social diversity and different expressions have not been investigated well enough. However, according to Cullberg people with the disorder come from dysfunctional homes with an unstable upbringing - often an upbringing with criminality, alcoholism, changing parental authorities, etc.

This can lead to a complicated and misshaped development of the ego and super-ego. The child might feel it is meaningless to trust other people and be a part of social interactions. According to Cullberg, some of the learned behaviors might be changed if the person gets new and more positive experiences. However, the development of the ego might be so damaged that there will be permanent defects. These defects are reflected in the lack of scruples, lack of empathy, lack of anxiety, and primitive defense mechanisms (Ibid).

Biological

Cullberg does not say much about the biological factors in connection with the development of psychopathy. However, he says that there is a connection between physiological symptoms and psychopathic people. They are prone to have a higher amount of EEG deviations and a higher pain threshold. If the brain is damaged some psychopathic tendencies can occur. That happened to some professional boxers whose frontal lobes had been damaged. Furthermore, Cullberg argues that brain damages can develop as a psychopathic disorder (Ibid).

Psychological - Development of the personality structure

In order to understand how people develop psychopathy it is necessary to be aware of how people develop their personality and under which conditions deviations can occur. Cullberg is explaining this by using Freud's tripartite theory about the development of the personality structure.

The personality structure constitutes of three parts: the id, the ego and the super-ego. These three parts are supposed to be understood as three different psychological processes in the individual and between the individual and its surroundings. The id is built upon instinctive drives, especially sexual and aggressive drives, which makes it possible for our species to survive and reproduce. The id is acting according to the principle of lust, which means that it seeks for instant pleasure and satisfaction without thinking about the consequences (Ibid).

The ego represents the part of the personality structure that comprises desires of the id with demands and norms from the surroundings. It seeks solution-oriented methods to satisfy the id in the long term without crossing social demands. Contrary the id, the ego is controlled by the principle of reality. If the ego is exposed for disruption, the individual can experience difficulties when adapting to society because the mailing between super-ego and id is dysfunctional. According to the psychodynamic approach, the early childhood experiences are of great importance for the development of the ego.

The super ego is responsible for the ability to recognize the difference between right and wrong. It represents the set of norms and values that people have to obey to fit into the social model and structure. The super-ego is shaped by the parental people in the child's life. By super-ego we understand the conscience, which punishes when rules are not kept, and the ego-ideal which is the self-perception that the individual is trying to live up to. When a child experiences poor

identification possibilities and disruption during the development of the super-ego, there is a risk of developing a divided super-ego and character disorders. On the other hand, a strict super-ego, which refers to a super-ego that is dominated by norms, can result in neurotic conditions. However, the strict super-ego and the lack of ego competencies can result in psychopathic tendencies for example low tolerance (Ibid).

Development of the Super-ego in Relation to Psychopathy

The foundation of the super-ego is developed in the Oedipal phase and further developed during the teenage years. The individual with psychopathic tendencies typically has an unusual strict super-ego, which means that the individual has high expectations concerning group behavior and punishment if the norms are not enforced. However, the lack of empathy makes it difficult for the psychopathic person to understand its surroundings and their actions. The strict super-ego is often caused by a very brutal upbringing with unstable and shifting father figures. The child has often been a victim of humiliation and without approval and appreciation from the parents. As a result, the dysfunctional ego with lack of empathy and a strict super-ego develops aggressive terms of way of action (Cullberg, 1984).

According to Cullberg and his psychodynamic approach, psychopathy is a character disorder. The disorder is described as weak ego and defect super-ego. Furthermore, individuals with the disorder have a tendency to act according to their impulses that are more or less connected to specific social situations. The lack of empathy and the impulse-loaded behavior is caused by insecurity from identification objects in the child's early life experiences and a childhood affected by constant neglecting of caring contact, closeness, and understanding.

Kohlberg: Moral Development Theory

Contrary to the psychodynamic approach, is the cognitive approach. When looking at ASPD and the lack of moral conduct and empathy, a relevant theorist is the American psychologist Lawrence Kohlberg (1927-1987), whose theoretical work is based on moral development. Kohlberg was inspired by the philosophical views of John Dewey (1859-1952), who believed moral developmental stages to be impulsive, group conforming and reflective. Jean Piaget had, according to Kohlberg, been the first to work on a basis of this, therefore Piaget's theories and empirical work was the stepping-stone for Kohlberg as he started his research into the cognitive moral development (Gibbs, 2014).

According to the original theory by Piaget, moral development consisted of overlapping stages in children age 6-13 (ibid). Kohlberg believed the development of moral, to be more gradual and long-termed than Piaget, and therefore prolonged the developmental period to include also adolescents, and later on in his research, even went further into adulthood. The theory is allegedly universally applicable, since it does not represent the cultural or social norms presented to the child, but represent how the child organize the social and moral world through different qualitative stages. However, it was not possible for Kohlberg to prove this beyond a doubt (Turiel, 1969).

Where other psychological theories, believe that moral development is either completely internally wired or dependent on cultural norms, the cognitive developmental viewpoint believes that it is neither. It rather believes, there is an assimilation and integration of the outside world, to the structures of the biological and internal world. Thoughts and acts are thereby the individuals attempt to organize reality (ibid).

Based on his research Kohlberg formed three different levels, with a total of six stages, within the development of morality:

The Pre-conventional level

At this level, the individual understands rules and labels of good and bad, based on physical or self-indulgent consequences of actions.

Stage 1: Punishment and obedience

In this stage, the individual have an objective view on responsibilities, as a result of the combination of adult constraint and the child's original naïve egocentrism. The individual will act after the wish to avoid trouble, so it is less likely to commit an immoral act if it knows it will be punished by doing so. Whether an act is good or bad is judged upon the inherent nature of the consequence, without regard to the value or meaning of this.

Stage 2: Instrumental purpose and exchange

The individual acts based on what satisfies the needs of the self, and on occasion that of others, but only in the case, that it would serve to the satisfaction of the self. There exist an awareness of the relativism of people's values, based on their needs and perspective. The individual possess a naïve homogenous point of view towards people and orientation to exchange and mutual benefit.

The Conventional level

At this level, loyalty to social order and expectations is placed above the inherent consequences of actions.

Stage 3: interpersonal expectations, relationships and conformity

The moral of the individual starts to orientate for the approval of their immediate family and friends by pleasing or helping. The relationship to others is now greatly based on trust, gratitude and respect. The individual starts conforming to the stereotypes of the majority and judge others actions by their intention instead of the outcome of the action. This stage is also known as the "good boy, nice girl" orientation.

Stage 4: Preservation of the social system

The individual now starts to orientate itself as following the authoritarian figures and laws. Government and religious institutions create guidelines for moral beliefs. The individual aims to do its duty and maintain the given social order, as well as live up to the expectations of others.

The Post-conventional level

At this level, the individual will strive to find moral validity that goes beyond social groups and systems.

Stage 5: Social contract and individual rights

The individual starts to recognize an arbitrary element, such as rules or expectations as necessary for the sake of agreement. It will generally avoid violating the rights of others and the welfare of the majority.

Stage 6: Universal ethical principles

The individual now not only orient towards actual social rules but also to their own principles based on appeal to logical universality and consistency. The conscience now works as a directing agent for mutual respect and trust (ibid; Kohlberg & Hersh, 1977).

Each of these stages needs the achievement of the previous, in order to be attained. When a higher stage is achieved, it restructures and displaces the less advanced views of the earlier stage. The order of the stages is therefore set; one cannot skip a stage or do them in reversed order. However, the age in which the individual passes through these stages can vary. The age in when the stages occur largely depend on the environment, which helps to provoke or hinder development. Therefore, the age might vary across different cultures or even on an individual level (ibid). Though none of Kohlberg's stages have specific age implications, newer research suggest that the conventional level can be reached at the earliest at age 12-14 and the post-conventional cannot be expected to be reached prior to 20 years of age. In fact the sixth stage is so rarely reached to a full extend, that Kohlberg stopped using it in his later scoring systems (Garz, 2009).

At any stage, the development occurs as a result of experience and the functioning stage of the child. The effect of the environmental influence on the child is highly dependent on the level of the experiences compared to the present developmental level. In the early stages, for example, the individual will not be able to deal with aspects of the environment that are high beyond its developmental level, and will therefore not be able to assimilate to those. Though these aspects may remain constant, the child will not be able to integrate them, before they are closer to its own level of development (ibid). The achievement of a stage cannot be undone, this emphasizes that one

cannot move backwards in the development, except in case of an extreme trauma (Kohlberg & Hersh, 1977).

The reason why some people develop further than others is thus rested upon their experiences and environmental influences. It is the interaction between the cognitive structures and the complexity of the environment present, which advances moral development. If there is no interaction between the self and others, that requires more complex thinking patterns than in the current stage of moral development, it is not possible or necessary for the development to take place (ibid).

A common criticism of Kohlberg's theory of moral development, formulated by Straughan amongst others, (which also refers to many other theories of the same kind,) comes down to the question of the relationship between moral judgment and moral action - or in the terms, which have been studied within psychology "moral cognition" and "moral behavior". The criticism on this point relies on the fact that the theory is mostly concerned with the cognition or judgment and not the actions. The analysis of a person's moral developmental stage is based on verbal responses to hypothetical dilemmas and no attention is paid to the subject's behavior. Kohlberg does not completely ignore the complex relationship between cognition and behavior, and draws the conclusion that the higher the stage of moral development an individual is at, the more likely he or she is to act accordingly moral. However, unlike the rest of his theory the empirical data on this is somewhat inadequate (Straughan, 1986).

Though the moral developmental theory might not be directly able to explain why people become psychopaths, it can help us to understand that lack of empathy might be due to an immature development of the moral stages. If an individual has not developed further than the pre-conventional level, they will not be able to empathize with others, and their actions will be based largely on satisfying themselves, and thus not considering whether their approach towards satisfaction will harm others. Their moral judgment is based only on the basis of what they will get punished for doing and what they will not. If they can undertake an action that might to the rest of us be immoral, without being punished for doing so, they will have no reason for seeing this action as being wrong. As we have described in the definitions of ASPD and psychopathy, this describes some of the key aspects of these disorders. The theory has also had further implication in the case of treatment. This aspect will be discussed later.

Discussion

Differences between ASPD and psychopathy

We will in this chapter discuss the differences between ASPD and psychopathy, according to the theorists and diagnostic systems we have used.

The two disorders are composed of the same type of character traits and have the same background of appearance and development. Both disorders consist of dysfunctional personality structures, which might be caused by insecurity in childhood and unstable parental figures in the upbringing. Different factors influence, which level of severity ASPD, is developed. These might be how early in a child's life they are moved from their unstable surroundings, if moved at all, and whether or not they have had other trustworthy grown up figures in life, for example a pedagogue, grandparents, or maybe even an older sibling providing the concern missing from parental figures. Another difference between the diagnosis of ASPD and the definition of psychopathy is that Hare's PCL-R focuses solely on underlying traits in the person and ASPD additionally puts focus on the individual's impact on society. As stated by Malatesi and McMillan: *"With respect to ASPD in particular, it is largely a disorder characterized by antisocial behavior and criminality rather than fundamental personality deficits."* (Malatesi and MacMillan, 2010, p. 172).

Even though there are differences between psychopaths and people with antisocial personality disorder it is our claim that they still belong to the same diagnosis. This is due to psychopathy having similar traits to ASPD, though a significant difference is in the severity of present character traits and symptoms. Hence, an individual with antisocial personality disorder is not necessarily psychopathic, even though a psychopathic individual has the same traits as the individual with ASPD. The term psychopathy is not mentioned in the DSM nor in the ICD and therefore it is not an official diagnosis. However, the term psychopathy is still commonly used, both in- and outside the psychiatric world. The term has been frequently used and misused to comment on outsiders in a negative way. Nevertheless, the term is also used in forensic psychiatry about antisocial people who have committed some kind of crime, for example murder, systematic fraud etc.

We find it curious, and maybe a bit alarming, that a term that is commonly used in psychiatry, is not officially accepted. Why are there two terms and not just one in which one can talk about different

levels of severity? Why is the term psychopathy not mentioned in either DSM or ICD when specialists in both the psychological and psychiatric world use the term? How are we to understand the use of the terms when there is no clear distinction between the two?

It might cause a problem that the commonly used term psychopathy is not an official diagnosis. Since this is what is usually used to diagnose criminals, we are labeling these people with an unofficial diagnosis. The fact that it is unofficial might also make it easier to misjudge people, and give them a diagnosis they should not have had. There may theoretically be an amount of people who should have been diagnosed with the, according to our analysis, less severe diagnosis of ASPD than that of psychopathy. This mislabeling of people could prove a severe ethical issue, since the term, as formerly described, is in many cases negatively loaded. This might even have implications towards the prognosis of the diagnosed since, as we will discuss in a bit, the treatment possibilities of psychopathy is by many perceived to be impossible.

We are at a loss as to why this is not seen as a potential problem within the psychiatric system. A revision of the two diagnoses within the system and through this the making of a clear distinction between the two terms, might be helpful to avoid issues of mislabeling.

Biology vs. Environment

It seems that the cause of ASPD is both biological and environmental. However, there are different opinions as to the how these causes actually work. Kohlberg, a cognitive psychologist, believes that environmental stimuli are assimilated into our biologically wired internal functions. Cullberg in his turn believes that character disorders are mainly caused by psychological and social conditions. Meanwhile, he argues that some biological deviations, such as for example EEG deviations, can be seen in people with psychopathic tendencies. He does not elaborate on the subject, though. It is evident that the causes of ASPD are still inconclusive. There is evidence that outside factors influence our biology. We have dealt with this above and will discuss further below.

The dominant view on psychopathy seems to be that it can be biologically pre-determined. If so, it is an inherited condition and as such, it could be difficult if not impossible to change later in life. However, there is indeed also the environmental aspect. For centuries theoreticians has observed that the environmental aspect is also the significant (Werlinder, 1978).

We may therefore conclude that a person with ASPD could be born with this predisposition or develop it because of environmental factors. It could also be a combination.

Recent biological researches showed that the physical and chemical processes in the human body occur through constant inner and outer interactions on different levels from simple cells to the whole organism. The human being is not an isolated creature. The human organism functions according to and in cooperation with the outside world influences.

In this line of thinking, there is a remarkable phenomenon, namely the tendency of the infant's brain to change its chemical sphere in response to the mother's behavior.

The interaction between the human being and the outside world is not one-directional. The human being in his or her turn also puts a mark on the external world in these interactions.

Beside the physiological aspect, everyday social communications leave an impact on the human identity. Psychologists claim that there are no pure authentic people. The human character is a reflection on those close relatives around him or her from early age.

Normally, awareness of the fact that our character is a result of interactions, especially in the formative years when we are infants and therefore more vulnerable to outside influences, can help people in the process of analyzing themselves to understand their actions and reflections. In this way environment plays a role in the formation of our characters.

We will look further into the issue of a person's ability to control and suppress tendencies of disorder in the next chapter.

Agency

Psychologists argue that what distinguishes people with antisocial disorder is the lack of ability to reflect on their behavior. In other words, they cannot analyze their actions objectively. There is a distortion in their perception of the world and people around.

However, the supporters of a dimensional approach claim that people have psychopathic symptoms in various degrees: *"(...) psychopathy is seen as a kind of quality which can vary from a very mildly developed state to one which dominates the personality"* (Werlinger, 1978, p. 189).

Numerous researches asserted that people with severe ASPD traits could not change their nature (Cromby et al, 2013; Werlinder, 1978).

One could say, however, in line with the dimensional approach, that people with slight psychopathic traits have an ability to function in an interaction with society since they realize consequences of their own actions and how they affect others.

Applying the concept of agency, we could say that individuals with only a mild trait of disorder still have a control that enables them to function.

Treatment

The theory of moral development by Kohlberg has great implications when it comes to treatment and interventions, to help people with immature and antisocial moral judgment, such as is the case with people with ASPD and psychopathy. The treatments build on this theory aims to further the moral development and thereby exceed the antisocial moral judgment (Enright et. al., 1983).

The stage structure of the theory makes it possible to diagnose the individual's assessment of reasoning, and it already has indirect suggestions for how an intervention might be formed. The theory, which relies on external stimulation, implies that if structured moral discourse that represents the conflicts of the stage beyond ones current, is applied through an effective intervention, it might stimulate the development. The youth or adolescents are at a particularly sensitive period of cognitive development, and for this reason most treatments are considered most effective at this point, whereas it might be more difficult to stimulate development later in life (Enright et. al., 1983). This however, might cause a problem due to the difficulty of detecting the disorder this early, because of the ethical issues of labeling young people. The possibility of diagnosing incorrectly is greater, because there is a chance that the child will "grow" out of its immature moral stage, and unwanted behavioral pattern. In addition, there is the possibility that the individual might not display any recognizable psychopathic character traits, before late adolescence. At that time, it might be hard to change the cognitive and behavioral patterns.

It is a common belief, even amongst professionals that people with antisocial personality disorder and especially psychopathy, cannot be treated at all, and it is a fact that there are no treatments that

have demonstrated conclusive effects on the disorder. There is however still many attempts at treatment that have to some extent proven successful, at least in some cases. In fact, cognitive behavioral therapy (CBT), under which application of Kohlberg's theory would fall, has shown some success. The core targets of CBT are the automatic thoughts, the core beliefs and cognitive distortions. An important aspect in this type of treatment is putting the focus on changing the cognitive patterns and beliefs, rather than putting focus on the patient's dysfunctional thoughts (Freeman & Eig, 2006). This falls in direct line with the implications of moral education to further the development of the moral stages; that it is enabling the individual to process moral problems in more adequate and complex ways, than in the lower stages, that is key. The important factor is thus not to point out what is right and wrong, but to make people able to take several aspects into consideration; such as society, laws, other's rights etc., when dealing with moral problems. The stages in this respect reflect the increasing capacity for feeling or at least mimicking empathy through the understanding of others, in the complex question of justice in moral questions (Enright et. al. 1983).

Hare shares the same viewpoint as Kohlberg by emphasizing that he thinks the best solution in order to treat the disorder is to find the psychopaths early on in life. *"If used at a very early age, it is possible that some of these programs will be useful in modifying the behavioral patterns of "budding psychopaths", perhaps by reducing aggression and impulsivity and by teaching them strategies for satisfying their needs in more prosocial ways."* (Hare, 1993, p. 200). His hypothesis is that if one could get to the antisocial individual early on, some of their behavioral patterns could be changed. The problem here is that it is difficult to detect psychopathy before they have developed an unchangeable set of beliefs and personality traits. Furthermore, both ICD and DSM only diagnose individuals with ASPD who are 18 years or more. It also seems impossible for society to force individuals, who have not committed any crime, into programs and therapy with some of their personality traits as the leading factor (Hare, 1993).

Other than the inconclusive results of treatments, the fact that most people with ASPD do not voluntarily attend treatment creates further difficulties. They are most likely appointed to treatment due to an offence, and are therefore more likely just attending out of force rather than with intent of changing. This sets high requirements to the therapist, who needs to overcome the immediate resistance to treatment (Freeman & Eig, 2006).

Hare concurs with this, as he thinks the prognosis of a psychopath changing his antisocial behavior is poor. According to him, this is due to several factors. One factor, which is essential when trying to change one's behavior, is to have the ability to acknowledge that something is wrong with it. In therapy, this is the first step on the path to improvement. However, psychopaths do not think there is anything wrong with their behavior. They act in their own best interest and most of the times they experience a pay-off. If they should get caught and punished for their crimes, they usually blame someone else; society, the system, their parents etc. (Hare, 1993).

As the criticism, explained in context with Kohlberg's theory earlier on, also indicates, it is necessary to include other factors and approaches, when working with the cognitive developmental approach. This is also evident when working with the treatment, where several different aspects and concepts need to be used, in order to tackle the complexity of a personality disorder such as ASPD.

Furthermore, psychopaths are unable to feel the intimacy and experience a deep, inner search, which most therapies rely upon. Actually, as Hare points out, psychopath's antisocial behavior seems to increase after they have been going through a rehabilitation program. He explains this by saying: "*Unfortunately, programs of this sort merely provide the psychopath with better ways of manipulating, deceiving, and using people.*" (Hare, 1993: 199). By using e.g. psychoanalytic tools on the psychopath, it seems that he does not take himself and his actions up to consideration, but rather gets new tools to manipulate others, which once he enters society leads to an increase in antisocial and criminal actions (Hare, 1993).

There are thus still more examples of treatment for antisocial behavior, rather than antisocial personality disorder, because of the difficulties and negative bias explained. It is to be noted here that they are not equal to each other. But since antisocial personality disorder consist of the same traits of behavior, the treatment aspects of antisocial behavior could be extended to treat the symptomatic part of the disorder, thus making the individuals able to engage in prosocial acts. Antisocial behavior is here seen as sociomoral immaturity, social perceptual inaccuracy and imbalanced social interactive skills. Most of the individuals classified as antisocial are rated to be at stage 1 or 2 of Kohlberg's theory, which is similar to the ratings most people with ASPD get. This implies that when treating for moral immaturity the aspects should be the same (Gibbs, 2014).

The CBT treatment programs for antisocial behavior are, contrary to normal moral development, short-term, systematic and strict. But in essence they are usually worked out to match the same key principles as those going on in the natural moral development, this being social de-centration through social perspective taking. Often the treatments are structured so that the subject is presented to conflicts and reasoning of the stage above the subject's current, through for example discussions, role-playing and abstract problem solving. Another aspect is creating opportunities and encouragement to take the perspectives of others, through, for example, active listening that involves the subject listening to other people and then trying to empathize and take their perspective (Enright et. al., 1983).

As mentioned earlier the cognitive behavioral therapy also highlights the cognitive distortions. With cognitive distortions is meant; irrational and biased patterns of thought, when thinking about oneself and the surrounding world. Individuals with ASPD's worldview is often self-centered and a large amount are easily prone towards proactive aggression; meaning that he/she takes his/her position as superior to others for granted, and thereby sees no wrong in imposing it upon others (ibid). Though people with antisocial personality disorder do not feel empathy, hurting others might lead to a psychological form of stress, caused by the contradictions of the good-person representation that most of them try to uphold on a daily basis. Research has shown that in order to deal with this stress, the individual is likely to use self-serving cognitive distortion, and through this blame the victim or making one's actions noble and fair (ibid). Kohlberg and Higgins also noticed these distortions (by them called oppositional- or counter-norms) in an analysis of moral atmosphere in a High School in Bronx, New York (1987), and stated that these undermined the individual's "capacity to empathize and perspective-take" (as quoted by Gibbs, 2014, p. 185). In order for the therapy or treatment to be successful, these cognitive distortions also need to be straightened out.

An example of a treatment program that works on these mentioned CBT principles, is EQUIP; a program used in the US to treat criminal youths with antisocial behavior, including people diagnosed with ASPD. This program aims to enhance moral development and facilitate mature (and culturally acceptable) cognitive habits and actions, as well as correcting cognitive distortions, as one of several tools for anger management. The program has shown improvements for a large number of the subjects while incarcerated and continuously engaging with their therapy group, though it is not clear whether the results are lasting after ended treatment and release (Gibbs, 2014).

The Canadian psychologist James R. P. Ogloff is describing his own attempt to better the life of psychopaths. Ogloff has worked in forensic behavioral science and different psychological services. He describes a trial program he conducted on a group of high-risk, violent inmates with personality disorders in 1990. This type of treatment is called a therapeutic community. They tried to teach them to understand social rules and to take responsibility for their behavior. They worked with psychological, psychiatric, nursing and social work principles, such as stress management etc. Nevertheless, according to Ogloff, none of this proved useful. The trial showed that individuals with a high score on the PCL-R left the treatment early, showed a lack of motivation and did not improve as much as the inmates with a lower score. Surprisingly, the treatment proved useful for non-psychopathic inmates, who became less angry, depressed and anxious and more socially confident (Ogloff, Wong and Greenwood, 1990).

According to Cullberg, there are some successful therapeutic and psychotherapeutic treatments when it comes to change of behavior. However, he also emphasizes, like Hare that a person with dominant psychopathic character traits does not have the needed motivation in order for the treatment to succeed. Furthermore, their need for change and stimulation is not fulfilled during a therapeutic treatment and the anxiety toward the treatment can result in increased aggressive behavior. Cullberg argues that psychopaths with dominant character traits, who are a danger to society, have to receive institutional treatment. The treatment should be as humane as possible and constitute education of the patient that will improve social competencies and adaption to society. However, Cullberg does not go in depth with specific treatment possibilities (Cullberg, 1984).

Hare is critical towards the research, which has been done in the area of treatment of psychopaths. He argues that there have been enough attempts to develop an effective treatment, but not enough, which proved, scientifically and methodologically efficient and true. If Hare himself should develop a program, he would focus on convincing the psychopath that his behavior and actions were not in his own self-interest and to take responsibility of his own actions. In addition, he would try to teach the individual how to use their strengths in a way that benefitted the society and themselves. He emphasizes that there is a clear tendency that psychopaths improve when they reach middle age, and he would try to speed up this process (Hare, 1993).

It is clear that treatment of people with ASPD is a subject that is difficult to approach. It is loaded with a lot of negative biases as being almost impossible, or making matters worse. The fact that the many attempts at treatments may show some positive results, but are in the large part inconclusive, do not help to further the common negative prognosis for people with ASPD. A positive aspect is that even though the attempts are not perfect, they are still being carried out. While they might not completely cure people of the disorder, they still show signs of at least easing some of the subject's symptoms. Since the person would not actually have to feel empathy in order to function in society, but rather know how to read other people and respect the common rules and norm, a symptomatic ease of the disorder might still be helpful in many cases.

The fact that it is such a vague area also raises important ethical challenges. The theories of antisocial personality disorder – their causes and possible treatment – still needs further development. Therefore, it may be difficult to establish a way to identify individuals with these tendencies and put them through an effective therapy. There is simply no final answer so far, as to what an effective therapy is.

Prevention

As described earlier, ASPD can cause problems for society and the individual, and since treatment possibilities are inconclusive, it might be useful to investigate if can be prevented before it develops fully, and how this could be done. Cullberg claims that the disorder is caused by a disrupted development of the personality during childhood. On the other hand, Kohlberg argues that the foundation of cognitive development of moral competencies does not only happen in childhood, but that people in the early adolescent are more susceptible to cognitive development, which gradually becomes more difficult with age.

Therefore, a relevant discussion might be whether it is possible to identify individuals with a tendency for ASPD at an early stage. According to DSM, a person who is diagnosed with ASPD should be at least 18 years and have shown signs of conduct disorder. For an individual to be diagnosed with conduct disorder they must display some of the following characteristics: aggression to people and animals, destruction of other's property, deceitfulness and serious violations of rules (Behavement, 2015).

Cullberg argues that dysfunctions in the personality structure are developed in childhood; therefore, we think that the awareness towards children, who are in unstable environments or show lack of well-being, should be increased. The children in the risk group could be the children of parents who are unfit to properly care for their children, or children who have been removed from their parents into foster care or orphanages. Furthermore, Kohlberg claims that if the child is not exposed to situations through primary identification figures, such as parents and social groups, in which it needs to develop a higher moral, it will not progress further. This can lead to a lack of moral judgment, which is seen in people with ASPD.

Kohlberg argues that there are stages in the forming of morality, in which one develops different perceptions of what is right and what is wrong. As the stages progress one learns how to adapt to different social contexts – without only focusing on satisfying the self. These stages may not necessarily happen at certain ages, some people might be slower at the cognitive development than others; therefore there is a risk that a child, who is merely slow at developing its morality, is wrongfully identified as having a disorder.

In order to prevent and detect the disorder in the early stages we need to look into the secondary socialization, where it is possible to reach the child. In this case, it could be relevant to look into schools and maybe as early as kindergartens. This would mean that teachers and personnel at schools, kindergartens and so forth would need training on how to detect alarming signs, which could lead to ASPD. We are aware of the risk of misinterpreting the signs and thereby labeling people incorrectly. Wrongfully diagnosing a child with a tendency of an antisocial personality disorder would put a label on the child at an early age. If it is wrong, it can cause the child harm, through unjust labeling.

Above we have recapped studies on the social environment, cultural influences and possible influences depending on one's ethnic belonging. An effort to equip teachers and other personnel at schools and kindergartens with instruments for identifying children prone to antisocial behavior indeed may involve a risk that children from certain social, cultural or ethnic backgrounds may wrongfully be identified as having psychopathic tendencies. This is yet another concern to take into consideration when contemplating a system for diagnosing tendencies of ASPD in children.

Conclusion

We have investigated the official diagnosis of ASPD, the definition of a psychopath by Hare, ethical, environmental and biological factors and developmental theories by Kohlberg and Cullberg. Additionally, we have discussed the prognosis of the individual suffering from ASPD, which leads us to the conclusion, that the complexity of ASPD makes it difficult to reach a final answer.

However, the theories by Cullberg and Kohlberg can help us understand the development of social competencies, such as empathy and moral. Cullberg, who focuses on psychological processes, argues that disruption during the development of the personality structure in childhood might cause character disorders, like ASPD. On the other hand, Kohlberg, who has a cognitive approach, argues that the moral development might be hindered for various reasons, which can lead to immature moral judgment and lack of empathy, like individuals with ASPD.

It is still in dispute whether the disorder is biologically or environmentally, although Cromby et al and Day emphasizes that both biological and environmental factors are influential and inseparable, and it is the interplay between the two that determines whether a person develops ASPD. Furthermore, it is important to be aware of the stereotypical and often negatively biased perception of what a psychopath is and this can cause labeling and stigmatize the individual.

Unfortunately, there has not been found an effective treatment of individuals with ASPD, but some, such as CBT, have proven symptomatically helpful - by decreasing the antisocial behavior of the person. Cullberg and Hare emphasize that one has to be careful when treating the individual with ASPD by using psychotherapy, because it can strengthen their ability to manipulate. Day, Hare and Cullberg all state that the unsuccessful treatment is due to the individual not wanting to change its behavior, which is key when trying to improve personality disorders by using therapy. If the individual accepts treatment, it is often with ulterior, selfish motives.

All of this improves our understanding of the phenomenon and by discussing the different definitions and perceptions of the disorder, we become aware of the correlation between ASPD, psychopathy and the general idea of a psychopath. According to Hare, psychopathy is a severe degree of ASPD.

Perspectives

Further research could consist of development of a preventive program for ASPD. In this context, it would be necessary to investigate further when ASPD is developed. If we find it to be in childhood, we would have to study how the school system is currently handling children who show antisocial behavior. One could also look into a specific case of ASPD, in order to investigate the disorder in depth and from a subjective point of view.

Another approach could be to study the societal perception of psychopathy, which could be done by making quantitative interviews of both professionals and common people. Furthermore, one could look into how the phenomenon is portrayed in literature and movies. Here it could prove useful to analyze the book “American Psycho” and compare it to the film adaptation of it.

Bibliography

Books

- Abbott, J. (1981): *In the belly of the beast: Letters from prison*, New York: Random House
- American Psychiatric Association (1968), in Cromby, J; Harper, D & Reavey, P (2013): *Psychology, mental health and distress*, United Kingdom: Palgrave Macmillan
- American Psychiatric Association (2000), in Cromby, J; Harper, D & Reavey, P (2013): *Psychology, mental health and distress*, United Kingdom: Palgrave Macmillan
- Cromby, J.; Harper, D., & Reavey, P. (2013). *Psychology, mental health and distress*, United Kingdom: Palgrave Macmillan
- Garz, D. (2009): *Lawrence Kohlberg – an introduction*. Germany: Barbara Budrich publishers.
- Gibbs, J. C. (2014): *Moral development and reality; Beyond the Theories of Kohlberg, Hoffman and Haidt*. 3rd ed. USA: Oxford University Press
- Hare, Dr. R. D. (1993): *Without Conscience – the disturbing world of the psychopaths among us*, Toronto, Canada: Guilford Press
- Hare, Robert D. (2003): *Hare Psychopathy Checklist-Revised (PCL-R)*, 2nd Edition, Toronto: Multi-health systems
- Jerland, E.; Wedel-Brandt, B.; Jonassen, A. J.; Egeberg, S.; Ringsted, S. and Halse, J. (2000): *Udviklingspsykologiske teorier*, ed. by Jerland, E., 3. Edition, Copenhagen: Gyldendal Uddannelse
- Koops, W., Brugman, D., Ferguson, T. J. and Sanders, A. F. (ed.) (2010): *The Development and Structure of Conscience*. USA and Canada: Psychology Press.
- Malatesi, L.; Mcmillan, J. (2010): *Responsibility and Psychopathy – Interfacing law, psychiatry and philosophy*, 1. edition, New York: Oxford University Press
- Turiel, E. (1969): *Developmental Processes in child's moral thinking*, in Mussen, P. H., Langer, J. and Convington, M. (ed.): *Trends and Issues in Developmental Psychology*. USA: Holt, Rinehart and Winston.
- Poulsen, H. D. (2014): *Hverdagens Psykopater - mennesker der skader andre*, 1. edition Copenhagen: Liva
- Sugarman, S. (1987): *Piaget construction of the child's reality*, United Kingdom: Cambridge University press

-
- Werlinder, H. (1978): *Psychopathy: A history of the concepts, analysis of the origin and development of a family of concepts in psychopathology*, Uppsala: Almqvist & Wiksell International Stockholm
 - World Health Organization (1992), in Cromby, J; Harper, D & Reavey, P (2013): *Psychology, mental health and distress*, United Kingdom: Palgrave Macmillan

Articles

- Ogloff, J. R. P.; Wong, S.; Greenwood, A. (1990): *Treating Criminal Psychopaths in a Therapeutic Community Program*, Behavioral Sciences and the Law

Websites

- ICD 10: <http://www.icd10data.com/>, visited the 7th of April 2015
- ASPD in ICD-10: <http://www.icd10data.com/ICD10CM/Codes/F01-F99/F60-F69/F60-/F60.2>, visited the 19th of March 2015
- DSM: <http://www.psychiatry.org/practice/dsm>, visited the 7th of April 2015
- WHO: <http://www.who.int/classifications/icd/en/>, visited the 7th of April 2015
- http://www.denstoredanske.dk/Krop,_psyke_og_sundhed/Psykologi/Psykodynamik,_terapiformer_og_begreber/Daniel_Norman_Stern visited the 18th of March 2015
- <http://www.greatcanadianpsych.ca/Researchers.html> visited the 7th of April 2015
- Psychcentral: <http://psychcentral.com/disorders/antisocial-personality-disorder-symptoms/> from DSM-V, visited 25th of March 2015
- http://www.psi.uba.ar/academica/carrerasdegrado/psicologia/sitios_catedras/practicas_profesionales/820_clinica_tr_personalidad_psicosis/material/dsm.pdf “DSM-IV and DSM-5 Criteria for the Personality Disorders”, American Psychiatric Association, 2012 visited the 6th of May
- Swinburne: <http://www.swinburne.edu.au/health-arts-design/staff-profiles/view.php?who=jogloff> visited the 13th of May 2015
- Behavenet: <http://behavenet.com/node/21489> visited the 12th of May 2015

Appendix

Appendix 1, p. 21, Johan Cullberg, Psychopathic Traits:

1. *Jeg-svaghed med lav frustrationstolerance og vanskeligheder ved at rumme og bearbejde skuffelser, vrede og forurettelser*
2. *Tendens til at omsætte psykisk spænding i handlinger og adfærd, dvs. manglende hæmninger.*
3. *Ringe evne til at indgå i social og interpersonelle relationer.*

(Cullberg, Johan.1984, page 263)