Introduction: the evolution of the concept of antisocial disorder and psychopathy

Par. 0.0. introduction
The purpose of this relation, after having outlined the characteristics of the antisocial disorder of personalities and of psychopathy and their diagnostic principles, is to deepen the argument in the light of the latest updating in literature.

We should report to traditional theorizations, to differential diagnosis and above all to the latest researches and prospects of treatment. A further study in depth has been made regarding social representation of psychopathy in the cinema and in reality, making reference to a clinical case.

Par. 0.1. Evolution of the concepts of antisocial disorder in personality and psychopathy in DSM.
The term “psychopathic” was coined with Cleckley’s work (1976), *The Mask of Sanity*, in which he outlined the main features of psychopathic personality (I will afterwards talk in detail of this work); this term fell in to disuse in the decades that followed its publication. The term “sociopathic” had been used for a certain period of time, apparently as a reflection of the social rather than psychological origins of some of the troubles shown by these individuals. After the presentation of DSM-II in 1968 the term “antisocial personality” became the favourite denomination. Following the publication of DSM-III in 1980, the concept of antisocial personality disorder has been significantly modified with respect to Cleckley’s original description: the principles of DSM-III have given more diagnostic details in this regard then in any other personality disorder, but have restricted the focal point of the disorder to a criminal population probably related to oppressed and economically disadvantaged lower social classes (Halleck, 1981; Meloy, 1988; Modlin, 1983).

Some researchers pointed out that, when the principles of DSM III were applied to criminals in prison, in most cases (50-80%) it was possible to diagnose an antisocial personality disorder (Hare 1983; Hart, Hare, 1998). However completely different results were obtained using diagnostic principles strictly in relation with Cleckley’s statements in which it was emphasized psychopathy. For example, if Hare’s Psychopathy Checklist-Revised was used, only in 25% of the
cases the imprisoned taken in exam were classified as psychopathic (Hare 1991; Hare et al. 1991). In a survey made on 137 cocaine addicted women that required a treatment (Rutherford et al. 1999) it was possible to diagnose an antisocial personality disorder based on DSM principles in more that 25% of the cases, but only in 1.5% of these women it was diagnosed a moderate degree of psychopathy based on PCL-R.

The scholars that gave their contribution to the drawing up of DSM-IV (American Psychiatric Association, 1994) have deliberately tried to underline the features of personality associated with psychopathy, also trying to simplify the principles without basically changing the clinical picture described in the diagnosis (Widiger et al. 1996). The term “psychopathic” enjoyed an increasing popularity in these last years as a diagnostic term involving particular psychodynamic and biological characteristics that do not confirm the principles of DSM-IV of antisocial personality disorder (Hart, Hare, 1998; Meloy, 1988; Person 1986; Reid et al 1986). Meloy (1988) has used this term to describe individuals with a total lack of empathy and a sadomasochistic relational style based more on power rather than on an emotional tie.

Par. 0.2: Use of terminology and differences between disorders

The available literature regarding antisocial personality disorder and psychopathy is rather extensive; most of the time it presents, however, a limitation in the use of the terminology indicating the two disorders. The terms are often used as synonymies and this does not help their comprehension and the comprehension of their differences. In my work I tried to trace the differences between them and to make reference as much as possible to texts and researches showing a distinction between the two disorders and making precise reference to one disorder or the other.

Within the psychological sphere this problem has been rather serious; in the criminal sphere the texts have tried to remedy making reference to the criminal affected by one or the other disorder as a “sociopathic”, creating in this way more confusion.

I pointed out in each paragraph of my relation the type of disorder to which I refer, hoping to foster a correct interpretation. To this purpose I conclude this introduction with a prospect of the differences between the two disorders: the diagnose of antisocial disorder is more common than the diagnose of psychopathy
as this latest present more severe diagnostic principles. In these disorders the attention is concentrated on different aspects: in the antisocial aspect reference is made to the behaviour of the subject and to the fact that he tends to put into practice his impulses, while in case of psychopathy we concentrate on the emotional and interpersonal sphere. This is clear observing the principal symptoms in patients suffering these disorders: in case of antisocial disorder we have the failure to comply with social rules, the tendency to manipulation, impulsiveness, the lack of planning, a strong irritability and aggressiveness, the indifference for his own security and the security of others, the total irresponsibility, the lack of regret after having damaged other people, the frequent problems with the law, the inability to create and have interpersonal relations. In case of a psychopathic subject we talk about superficial charm, great sense of personal value, great intelligence, absence of signs of irrational thought or annoyance, pathological egocentricity, inability to feel love or affection, need of stimulation, pathological use of lies and manipulation, lack of regret and sense of guilt, insensitivity and lack of empathy and insight, poor behavioural control, lack of realistic goals, impulsiveness, irresponsibility, short-term love relationships, tendency to criminality. It seems therefore evident how the psychopathic subject has a wider range of symptoms concentrated on emotional relationship and on creation of harmful relationships with others. Moreover, while the actions of the antisocial subject are suggested by the impulsiveness which is an end in itself, in case of pure psychopathic subject we found thoughts directed to the action, forms of detailed and elaborated designs, always aimed to his own benefit and to other’s damage; in any case they arise from sudden impulses.

Another aspects which characterize the psychopathy is the use and the ability to simulate emotions: this shows how in reality psychopaths are able to use forms of meta-cognition in order to obtain their purposes; these subjects have no empathy at all but are particularly able to recognize what other people feel from an intellective point of view. This gives them a particular ability to manipulate people.

From a sociological point of view, it has been observed that patients suffering of antisocial personality disorder come from needy families and seem to live on the fringe of society; on the contrary psychopathic subjects seem well integrated and belong to medium-high social class. The first ones see crime as a way to survive
while the latter have a job and are dedicated to crime for different purposes. Starting from different social and cultural origins it has been observed how the education of the antisocial patient is clearly inferior to the education of the psychopathic patient. Even the so called “modus operandi” in society is deeply different: the antisocial subject appears to be little respective of his own security, of security of others and of social rules, he appears very impulsive and does not hide his disrespectful behaviours, while the psychopathic subject is particularly sophisticated, he acts carefully and methodically weighing his every action in order to carry on his harmful plans. Finally for what concerns the crimes committed, it seems that antisocial patients carry on their back a long story of arrests for various crimes, such as robbery or homicides, while psychopatics have a shorter crime story due to their capacity to avoid open actions that brings to a tardy knowledge of their crimes from judicial authorities,

Due to these essential differences between the two disorders some scholars (Hare in particular has dedicated his own life to the study of this argument) press so that psychopathy be officially recognized as a disorder in itself and be integrated in next edition of DSM.

After having shown the differences between the two disorders, we will now proceed with their description.