

# The antisocial personality disorder psychology essay



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Antisocial personality disorder is mapped by four pin point traits: charm, ruthlessness, fearlessness and laser like focus. These same condemning traits are the traits we praise (more or less) in lawyers, doctors, and armed forces personnel. Where is the difference between sociopath and hero? Is it rooted in our basic nature that some like the, doctors or soldiers, can control; something that when welded by the right mind is considered heroic. Could it be part of our animal nature; something that ensures survival of the fittest? The fact that antisocial personality disorder shares symptoms with other common disorders makes it hard for medical professionals to diagnose and treat patientg, exploiting, or violating the rights of others (David B. Merrill, David Zieve, David R Eltz, Stephaine Slon, Nis.

The United States National Library of Medicine lists antisocial personality disorder as a condition in which a person has a history of manipulatinssi Wang, & A. D. A. M editorial team, 2012). Antisocial personality disorder is one of the most difficult personality disorders to treat due to the fact the cause is still unknown. There are Factors in an individual's environment such as abuse that are believed to contribute to its development. Symptoms tend to peak during the late teenage years and early adulthood. Treatments vary as most cases go undiagnosed for years, sometimes not at all; other cases are only treated after a court order is placed.

The Diagnostic and Statistical Manual of Mental Disorders, fourth edition, defines antisocial personality disorder's symptoms as failure to respect lawful behaviors and committing acts repeatedly with risk for arrests, deceitfulness such as lying or using aliases, conning others for pleasure or personal profit, impulsive behavior and failure to plan ahead, irritability and <https://assignbuster.com/the-antisocial-personality-disorder-psychology-essay/>

aggression, disregard for the safety of others and themselves, consistently irresponsible, lack of remorse, indifference, or hyper-rationalizing situations to disconnect from attachments (American Psychiatric Association, 2000). People with antisocial personality disorder are often hard to diagnose due to the fact these symptoms fit the guideline for other disorders such as bi-polar disorder or schizophrenia. The United States National Library of Medicine states that a requirement of diagnosing antisocial personality disorder is that the patient must have had conduct disorder during childhood.

Conduct disorder, as described by the U. S. National Library of Medicine, is a childhood (sometimes adolescence) disorder that involves chronic behavior problems such as drug abuse or criminal activity (Linda J. Vorick, 2011).

Conduct disorder is usually associated with child abuse, addictions in the parents, genetic defects, family conflict, or even poverty. Conduct disorder is often an early sign of depression or bi-polar disorder.

Antisocial personality disorder has been previously known as both psychopathic and sociopathic disorder. Antisocial personality disorder can be described as the “catch all”; meaning it catches those that fail to fit the diagnosing guidelines of a few major personality disorders (Ward, 1994). A factor in antisocial personality disorder is poverty; does this mean that the whole of the impoverished will become sociopaths? No. Antisocial personality disorder is increasing around the world, especially where the wealth is increasing. Many sociopaths are raised in stable homes with loving parents and normal siblings. Some cases of antisocial personality disorder only arise after a person has developed an addiction to a substance. They lie, steal,

cheat, and sometimes kill for their drugs. In cases like this treating the addiction may reverse the antisocial behavior.

Since behavior disorders are so similar in symptoms and onset tests and categories are used to better diagnose patients (Millon, Personality subtypes, 2006). One system used to categorize patients and symptoms is by using Theodore Millon's subtypes. While some theorists argue that the categories can fit well functioning members of society such as business men and women, this is often over looked as the focus of the categories are more criminal. Millon's subtypes are as follows: Nomadic (schizoid and avoidant features), Malevolent (sadistic and paranoid), Covetous (variant of "pure"), Risk-taking (histrionic), Reputation-defending (narcissistic). (Millon, Antisocial Personality Subtypes, 2006).

Since the majority of people suffering from antisocial personality disorder never seek treatment antisocial personality disorder is fast becoming one of the most difficult personality disorders to treat (Ward, 1994). Basic right and wrong modeling, like rewarding appropriate behaviors and negatives consequences for illegal behaviors may hold the most promise. This approach likely will have little lasting effect. This right and wrong model is the same one taught to us since birth and is a social norm we follow every day. Patients are often very manipulative and lie during talk therapy to make themselves seem better and to detach from the situation. During a session one moment they may claim to be deeply moved by how they feel about how they have hurt someone and they might even believe it themselves; however these feelings are fleeting at best as this expression of remorse or guilt will have no affect on how they act in the future. However there is a <https://assignbuster.com/the-antisocial-personality-disorder-psychology-essay/>

distinction between “habitual” criminals (those suffering from antisocial personality disorder) and “occasional” criminals. Because sociopaths have no desire to change there are not many treatment options available.

In conclusion antisocial personality disorder is far from being understood. Those that suffer from antisocial personality disorder tend to crave the attention they receive. They break laws repeatedly even after arrest; they have little regard for the well being of others or themselves. They tend to lie and cheat, manipulating others to meet their needs. They go most of their lives not caring that their behaviors may not be acceptable; some may not even realize they have a personality disorder. With cases varying in degree and symptoms being broad as they treatment varies with each patient. With more research I feel that the treatments for antisocial personality disorder will become stronger and provide relief to those who wish to change their behaviors. Those who do not wish to change will continue to suffer, though not so much them directly as those around them. More public awareness may help in diagnosing as the symptoms become more known.