HEALTH AND PSYCHOLOGY SOURCEBOOKS

Personality Disorders

Elements, History, Examples, and Research

VERA SONJA MAASS

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Health and Psychology
Sourcebooks

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Series Foreword

An understanding of both physical diseases and mental disorders is vital to each of us, as sicknesses of body and mind touch every one of us throughout our lives—personally; among family, friends, and associates; and in our immediate and greater society. Yet the cacophony of existing information sources—from piecemeal and poorly sourced Web sites to dense academic tomes—can make acquiring accurate, accessible, and objective facts a complicated venture. This series is a solution to that dilemma.

The Health and Psychology Sourcebooks series addresses physical, psychological, and environmental conditions that threaten human health and well-being. These books are designed to accessibly and reliably fulfill the needs of students and researchers at community and undergraduate college levels, whether they are seeking vetted information for core or elective courses, papers and publications, or personal enlightenment.

Each volume presents a topic in health or psychology and explains the symptoms, diagnosis, incidence, development, causes, treatments, and related theory. "Up Close" vignettes illustrate how the disease or disorder and its associated difficulties present in various people and scenarios. History and classic as well as emerging research are detailed. Where controversy is present, it is discussed. Each volume also offers a glossary of terms, references, and resources for further reading.

Introduction

In the early 1980s, personality disorder was apparently not always considered a legitimate topic for behavioral research, judging by the fact that a speaker at a conference about cognitive behavioral approaches purposely did not explicitly mention the topic of his talk within the title for fear of being criticized (Pretzer, 1994). Yet studies that were conducted during the 1980s about the effects of personality disorder on the cognitive treatment of other mental disorders revealed discouraging results (Giles, 1985; Turner, 1987). When patients with a diagnosis of personality disorder were included, poorer outcomes were noted.

One way of looking at personality disorder is to consider its functional aspects. As stated by Gordon Allport some 80 years ago, "Personality is something and personality does something" (1937, p. 48) The implication is that personality's function is to solve major life tasks—problems individuals are confronted with in everyday life (Cantor, 1990). Thus, focusing on the functional aspects as a basis, personality disorder may be interpreted as the "failure to arrive at solutions to life tasks" (Livesley et al., 1994).

Other views see the modern concept of personality disorder as two connected notions. One notion is based on the thought that the personality abnormality causes problems for the stricken individual and/or others. The alternative thought holds that the behavior is so antisocial as to be dangerous to society. Within the classification of personality disorders, the clinical definitions range from the most timid (avoidant, dependent) to the most dangerous (antisocial) of human beings (Castillo, 2003).

No single psychosocial or biological factor causes a personality disorder; instead, the cumulative effects of multiple factors—each one only having a small effect—give rise to the disorder.

Psychological, genetic, and environmental factors each contribute to the development of personality disorders. As is commonly assumed, adverse life experiences, such as familial dysfunction, traumatic experiences, and social stresses, constitute important etiological factors as indicated by research (Paris, 2001). Genetic factors raise important implications of a different kind, such as questions about the extent to which personality can change and what kinds of change can be expected as results of treatment. Because genes are generally associated with individual traits rather than with categories of disorder, and single genes are not associated with broad personality dimensions, the biological mechanisms behind overt symptoms—what have been called "endophenotypes"—need to be examined (Gottesman & Gould, 2003). Genes interact with other genes and are turned on and off by the environment (Rutter, 2006). Their effects can only be understood by studying interactions between genetic vulnerability and life stressors (Caspi et al., 2003).

Although internal personality dynamics might seem to play the primary role in maintaining maladaptive and symptomatic behavior, reality demonstrates that much of the stability of behavior depends on consistencies in the environment. In other words, much of the stability in individuals' personalities is dependent on their environments remaining the same (Caspi & Bem, 1990). Stable social networks and enduring relationships within the frameworks of regular events, occurring frequently, tend to evoke similar responses and consistent behaviors in individuals, leading to impressions of internal stability and continuity.

The untreatability of personality disorders has been a widely held belief in the past, as demonstrated in the study "The Patients Psychiatrists Dislike" (Lewis & Appleby, 1988).

Regardless of the nature of the origins of personality disorders, they are mental health conditions that affect how individuals with these conditions think, perceive, feel about, or relate to others in their environment. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* identifies 10 personality disorders, which are grouped into three categories or "clusters." The clusters are based on common behaviors observed in people with personality disorders.

Cluster A is characterized by odd or eccentric behaviors and includes paranoid (suspiciousness of others' motives), schizoid (detachment from social relationships and normal emotions), and schizotypal (acute discomfort in close relationships combined with distorted perceptions and eccentric behavior) personality disorders.

Cluster B is characterized by dramatic, emotional, or erratic behaviors. This category includes antisocial (disregard for society's norms and other people), borderline (pervasive instability in moods and emotions, lack of strong identity, chronic impulsive behavior), histrionic (extreme emotions and attention-seeking behaviors), and narcissistic (grandiosity, egocentric behavior, need for admiration) personality disorders.

Cluster C is characterized by anxiety and fearfulness and includes avoidant (social inhibition, hypersensitivity, feelings of inadequacy), dependent (inability and/or unwillingness to take care of oneself or make decisions), and obsessive-compulsive (preoccupation with orderliness and perfectionism) personality disorders (Bjornlund, 2011).

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CHAPTER 1

Antisocial Personality Disorder

Symptoms, Diagnosis, and Incidence

Antisocial personality disorder (ASPD) presents a particularly challenging type of personality disorder, as it is characterized by impulsive, irresponsible, and often criminal behavior (NHS Choices). In the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*), the list of diagnostic criteria for the definition of ASPD (within Cluster B personality disorders) includes failure to conform to social norms with respect to lawful behaviors; deceitfulness, such as repeated lying, use of aliases, and conning others for personal profit or pleasure; impulsivity or failure to plan ahead; irritability and aggressiveness, as indicated by repeated physical fights; reckless disregard for safety of self or others; consistent irresponsibility, such as failure to sustain consistent work behavior or honor financial obligations; and lack of remorse, evidenced by indifference about or rationalizing mistreatment of others.

These behaviors usually start in childhood or early adolescence, often leading to a diagnosis of conduct disorder, and—being manifested in many life areas—they continue into adulthood (Goodwin & Guze, 1989). Conduct disorder prior to age 15 is a prelude to the adult condition of ASPD (Bayer, 2000).

It is noteworthy that the pattern of ASPD has also been referred to as *psychopathy*, *sociopathy*, or *dissocial personality disorder* (see the discussion of Diagnostic Features section in *DSM-5*). The term *sociopathy* may be utilized by sociologists when referring to the spectrum of low/no conscience disorders that are related to learned behavior as opposed to innate pathological tendencies that psychopaths are born with (Brown, 2009).

However, opinions differ, and some do not consider sociopathy to be a personality disorder or a formal psychiatric condition. Instead,

sociopathy is thought by some to refer to patterns of attitudes and behaviors that are considered antisocial and criminal by society at large but are regarded as normal or even necessary by the subculture or social environment in which they developed. In other words, sociopaths may in fact possess a well-developed conscience and a normal capacity for empathy, guilt, and loyalty, but their loyalty and their sense of right and wrong are based on the norms and expectations of their subculture or group (Babiak & Hare, 2006).

As emphasized by experts, it is important to note that within a psychiatric context, the term *antisocial* has nothing to do with a person's ability to socialize, and it is not a description of those who are shy, inhibited, reclusive, or withdrawn. Rather, the term implies a rebellion against society, a denial of individuals' obligations to one another. This should be kept in mind while discussing this disorder (Black, 2013).

Criminal and antisocial behaviors play a major role in the definition of ASPD as listed in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*), and in this sense, ASPD is similar to sociopathy. Some individuals diagnosed with ASPD are psychopaths, but many are not. The difference between ASPD and psychopathy, as some researchers explain, is that psychopathy includes personality traits such as lack of empathy, grandiosity, and shallow emotion—traits that are not requirements for a diagnosis of ASPD (Babiak & Hare, 2006).

The *DSM-5* makes a connection between ASPD, sociopathy, dissocial personality, and psychopathy, which has given rise to some confusion within the scientific community. As the overall goal of this book is to include rather than exclude important information, available relevant data and findings pertaining to the various classifications discussed above are reported here.

The *DSM-5* reports 12-month prevalence rates of ASPD as falling between 0.2 percent and 3.3 percent, with the highest prevalence (greater than 70%) found among severe samples.

Studies with adult populations in the United States have shown prevalence rates of 3.6 to 4 percent, with males significantly outnumbering females (Compton et al., 2005; Black, 2013; Wood, 2010).

Timeline

1801 Philippe Pinel spoke of "manie sans delire" (mania without delirium).

1835 English physician James Prichard coined the term "moral insanity" to explain the difference between willful behavior that violates social norms and traditional notions of madness.

1891	German physician Julius Koch introduced the term psychopathic *inferiority*.
1904	The Royal Commission on the Care and Control of the Feeble Minded proposed that the "moral imbecile" should become an additional category of patients to whom care and control should be extended.
1905	Kraepelin replaced *inferiority* with *personality* and defined the psychopathic personality, which included seven types.
1913	The "Moral Defective" became a category incorporated into the Mental Deficiency Act.
1932	Schneider, a German psychiatrist, extended the classification of psychopathy to include 10 subclassifications.
1939	Scottish psychiatrist David Henderson defined three types of psychopaths: the predominantly inadequate psychopath, the predominantly aggressive psychopath, and the creative psychopath.
1941	Hervey Cleckley described psychopathic personality characteristics in his book *The Mask of Sanity: An Attempt to Reinterpret the So-Called Psychopathic Personality*, officially replaced by sociopathic personality.
1968	The designation "sociopathic personality" was replaced by "personality disorder, antisocial type." The words "sociopath" and "antisocial" refer to reactions against society and rejection of its rules and obligations (Black, 2013).
1980	The designation was changed to "antisocial personality disorder" in *DSM-III*.
1991	Robert Hare developed the Psychopathy Checklist (Revised), PCL-R.

History

In the early 19th century, French psychiatrist Philippe Pinel observed patients exhibiting explosive and irrational violence while, at the same time, seeming to understand their actions and surroundings. They did not display delusions and hallucinations generally associated with insanity. Pinel used the term "manie sans delire"—mania without delirium—to describe his observations (Black, 2013).

In 1835 English physician James Prichard formulated a new term, *moral insanity*, to define a morbid perversion of the natural human feelings (Castillo, 2003).

Physician Benjamin Rush, founder of Pennsylvania Hospital, the first psychiatric facility in the United States, and signer of the Declaration of Independence, expanded on Pinel's work by describing habitual, deliberate bad behavior and suggesting a cause that anticipated the findings of neuroscience research nearly two centuries later (Craft, 1966; Black, 2013).

Although Prichard's concept of moral insanity aided in the understanding of recurrent antisocial behavior, the term itself did not stick. Toward the end of the 19th century, a group of German psychiatrists led by Julius Koch introduced the term *psychiatric inferiority*, indicating the behavior was a reaction against society and a rejection of its rules and obligations. Later, in 1905, Kraepelin replaced *psychiatric inferiority* with *psychopathic personality* and defined within it seven types: excitable, unstable, eccentric, liars, swindlers, antisocial, and quarrelsome.

In 1932, Schneider, another German psychiatrist, extended the classification of psychopathy to include 10 subcategories, incorporating not only persons who caused suffering to others but also those who caused suffering to themselves, and not necessarily others. Schneider's theory included not just dissocial characteristics but a much wider meaning incorporating personality abnormalities of all types (Castillo, 2003).

Popularization of the word *psychopathic* occurred through the efforts of two authors working independently. In 1939 David Henderson, a Scottish psychiatrist, published the book *Psychopathic States*, in which he defined three types of psychopaths: aggressive, inadequate, and creative.

However, it was Henderson's U.S. contemporary, psychiatrist Hervey Cleckley, who developed what is considered to be the first coherent description of antisocial personality in his now classic book *The Mask of Sanity*, which was originally published in 1941 and has been revised four times since then.

Cleckley defined the condition as a disorder distinct from other psychiatric problems, viewing it as a constellation of 16 traits that define the psychopath. He added that the disorder, as he described it, should never be considered an excuse for misbehavior (Black, 2013).

Both Cleckley's and Henderson's ideas were incorporated into the first *Diagnostic and Statistical Manual of Mental Disorders (DSM-I)*, published in 1952 and representing the first formal effort by the American Psychiatric Association to catalogue in one volume the different disorders listed (Black, 2013).

With the second edition of the *DSM* in 1968, the term *antisocial personality disorder* was introduced, giving the condition an identity separate from the addictions and deviant sexuality. It took more than

a decade to develop diagnostic criteria for the disorders that were introduced in *DSM-III*, published in 1980.

Development and Causes

In searching for the origin or cause of ASPD, the issue of heredity versus environment is usually raised. Some attempts to answer the question are seen in the debate surrounding the issue of whether or not sociopathy and psychopathy are the same disorders. The debate seems to reflect the users' views about the origin and determinants of the clinical syndrome. Those who believe that the condition that leads individuals to act antisocially is forged entirely by social and environmental forces call it *sociopathy*. Others, who are convinced that the condition is derived from a combination of psychological, biological, and genetic factors—or a combination of genetics, the makeup of the brain, and environment—prefer the term *psychopathy* (Hare, 1993; McGregor & McGregor, 2014; Kiehl, 2014).

Bestowing a name on a disorder does not determine its origin or cause. Various twin studies and adoption studies have been designed to find answers. In reality, adopted as well as biological children of antisocial parents face an increased risk of having this disorder, but it is thought that due to the genetic component, ASPD occurs more often among close relatives of people who have the disorder (female members are at an even greater risk than males). Biological relatives of individuals with ASPD are also more likely to develop substance-abuse disorders and somatization disorder (medical symptoms related to psychological ills; Bayer, 2000).

Several twin studies provide evidence that genetic factors play at least as important a role in the development of the disorder. A longitudinal study investigating sociopathic traits and their absence in 3,226 pairs of male twins found that eight sociopathic symptoms were heritable (Stout, 2005). Conversely, some forensic psychiatrists, when focusing on the many factors involved in the cause of ASPD, may consider maternal deprivation during the child's first five years, leading to insufficient nurturing and socialization in addition to having an antisocial or alcoholic father (even if he is not in residence), to be an important factor in the development of the disorder (Simon, 1996).

In the case of sociopaths, sociologists believe that the disorder is acquired through learned conditioning, such as exposure to pathological environments (Brown, 2009). Others see part of the cause in today's highly mobile society, wherein individual accountability to family,

community, and moral standards has been diminished, which may present fewer restraints in relatively anonymous urban settings with transient populations, making it easier to act out negative impulses without intervention from community members (Bayer, 2000).

Effects and Costs

A significant problem related to ASPD is breaking the law. Some surveys of prison populations found the rate of ASPD to be as high as 60 percent for both men and women (Wood, 2010). Other estimates indicated that approximately 20 percent of male and female prisoners are sociopaths, and these prisoners are responsible for more than 50 percent of all serious crimes. Recidivism among these offenders is about double that of other offenders and triple for violent crimes (Hare, 1993; McGregor & McGregor, 2014).

Other estimates suggested that approximately 1 million psychopaths are imprisoned, on parole, or on probation (Kiehl & Hoffman, 2011), accounting for about half of all serious crimes (Hare, 1993; Haycock, 2014). Cost estimates for their crimes, trials, and confinement range between $250 and $400 billion each year (Haycock, 2014; Kiehl & Buckholtz, 2010).

In addition, many people with antisocial personality types commit economic crimes that do not catch the law's attention but negatively affect many people's lives (Dobbert, 2007).

No cost estimates are available on the pain, disappointment, and heartbreak individuals with ASPD inflict on those around them—their parents, spouses, children, friends, and others they interact with—but without doubt, they are significant.

Considering a different aspect of the disorder, people with ASPD are at a higher risk of dying from unnatural causes. People with this type of impairment are almost four times "as likely to die violently (e.g., suicide, accidents, and murder) as other people, according to a long-term study (Wood, 2010).

Also, the comorbidity for ASPD with other impairments, such as phobias, post-traumatic stress disorder, panic disorder, generalized anxiety disorder, depression, and bipolar disorder, and the co-occurrence of alcohol and drug use or gambling addiction increase the sufferer's difficulties (Wood, 2010).

On yet another level, scientists, in their search for answers, are attempting to differentiate the working of the brains of psychopathic and of normal people. Such research requires the use of functional

magnetic resonance imaging (fMRI) technique, which is the equivalent of a multimillion-dollar investment (Haycock, 2014).

In Society

Individuals with ASPD don't just violate social norms, such as smoking in smoking-restricted areas; they perform a variety of behaviors that constitute significant violations of the criminal code. They shoplift, break and enter households, assault with weapons, steal automobiles, and commit murder. And there are also a significant number of persons with ASPD who commit economic crimes that affect and destroy the financial lives of millions of people (Dobbert, 2007). All levels and aspects of society present a hunting ground for those who take without a thought to the damage they inflict on society. The salient feature of the criminal behaviors performed by antisocial individuals is not necessarily the violence of the behavior but the blatant disregard for others (Dobbert, 2007).

Holding others in such disregard translates in the minds of people with ASPD that it does not matter how often or how much the rights of these others are violated because they are not important enough to count for anything other than what they can give to (or be stolen from by) the antisocial perpetrator. But the level or grade of unimportance is not necessarily the same for all others in the minds of some antisocial or psychopathic individuals. People belonging to the same group as the person afflicted with ASPD may occupy a slightly more elevated position within the level of importance than the ordinary citizens outside the group.

A relevant example can be seen in the existence of different cults. Various estimates of the number of cults in the United States range from approximately 500 to 600 (*Encyclopedic Handbook of Cults in America*) to about 2,500 (Simon, 1996). Most cults have charismatic leaders, but this is not true for all cults. In general, cults are extensions of their leaders' personalities and teachings. The grandeur of a particular leader provides cult members with an essential feeling of specialness and a sense of importance. A member's relationship with the leader signifies the particular member's position or standing within the cult.

Up Close

Ambrose Sutton, a 31-year-old Caucasian male, incarcerated in the county jail, faced the forensic psychiatrist in an interview for the purpose of determining if Ambrose was competent to stand trial. Ambrose was charged with several counts of failing to register as a sexual offender.

He had been convicted of sexual misconduct with a minor. In response to the charge, Ambrose insisted that he had visited the sheriff's department in due time after his move to register but there was nobody there to help him.

While incarcerated, Ambrose informed officers he had committed a murder; he had stabbed Steve, an African American man, who had called him a child molester. Adding to Ambrose's anger was the fact that the man had been accompanied by a white girl.

Ambrose stated he had been under the influence of alcohol and felt remorse for killing the "wrong man." He later commented that this was not his first murder; admitting membership in a cult-like group, he spoke openly about his duties in the brotherhood and about those who ranked above him in the organization. It seems that Ambrose's remorse was not so much for killing someone but rather for killing the wrong *person.*

The defendant's history revealed sexual abuse suffered while growing up in a close-knit Caucasian Catholic rural community and significant chemical dependency of long standing. He graduated high school, entered into a brief marriage, and fathered five children with different partners. His criminal record listed about 10 arrests, most of them for violent acts against others. While incarcerated, he earned a bachelor of science degree.

He demonstrated angry and irritable mood, poor judgment, elated affect, rigid racial beliefs, and a tendency to blame others for his behavior. He denied current suicidal or homicidal ideation as well as hallucinations. Current mental status was alert and oriented to person, time, and place; he was deemed competent to stand trial (Mueller, 2016).

At Work

In addition to the primary diagnostic features of a pervasive disregard for the rights of others, additional features of antisocial personality disorder include irresponsible work behavior and financial irresponsibility. In work situations, individuals' antisocial behavior may be expressed in repeated absences from work that are not illness related. Furthermore, they may tend to borrow money from coworkers without repaying their debts.

Frequently, in individuals with ASPD, their contempt for the rights and feelings of others is paired with an inflated and arrogant appraisal of themselves. They may regard themselves as too smart or too important to perform ordinary work activities. Grounded in their opinions, these individuals' behaviors may come across as excessively opinionated and self-assured, or even cocky, contributing to a negative work atmosphere.

However, this inflated self-appraisal—when paired with glib, superficial charm and verbal facility—may impress a supervisor who is less verbally communicative, thus leading to undeserved promotions.

It is doubtful that persons with antisocial or psychopathic personality traits would be successful in highly structured work situations because rules and regulations mean nothing to them and the company's future goals and objectives are of little interest to them. However, they may be able—at least for a period of time—to function within a given employment situation. One researcher described a work situation in which an individual evoked contrasting opinions about him in his coworkers. While one group regarded him as the primary cause for difficulties within their department, another group considered him to be a creative and innovative individual who contributed to the company's objectives and showed true leadership characteristics (Babiak & Hare, 2006).

Obviously, the negative opinions were expressed by the members of the team he had been assigned to work with. Apparently, a review of the individual's record by the company's personnel department showed that the individual had lied on his application papers and did not possess the required education and experience that he had claimed. Furthermore, there had been incidents when he had removed company equipment for his personal use.

As the various antisocial personality traits find expression in persons afflicted with this disorder, it is not difficult to recognize their potential for negatively affecting the persons' work situations as they interact with colleagues and coworkers. The result is often dismissal or job termination. But due to these individuals' inflated self-appraisals and lack of insight into their own shortcomings, any reason for termination will be interpreted as undue and unjustified punishment, possibly even as an act of persecution. In the minds of some antisocial persons, the loss of a job may require revenge and/or acts of violence.

Up Close

Jennifer, a lively, attractive woman in her early forties, interviewed new applicants for several open positions in the special programming department of a midsized information technology firm. In her position as assistant to the director of the department, she was not actually in a position to hire anybody; instead, she was interviewing the first round of applicants in a group of possible candidates, who would be narrowed down into the "probable" individuals to be interviewed by Martin, the director. In her interviews with the applicants, after inquiries concerning the candidates' professional experience and qualifications, Jennifer—without

verbalizing it—managed to leave most of the candidates with the impression that she would recommend them for the job. So whoever was hired by Martin would believe that it was due to Jennifer's recommendation of him or her, thus ensuring the new employee's loyalty to Jennifer, who had her eyes set on Martin's position. Her marriage had ended in divorce when her husband found out that she had an affair with her boss. That's when she lost both her husband and her job—because her married boss could not afford to keep her around the office anymore. Jennifer played the victim by turning the story around, making her husband the unfaithful spouse as she reinvented her life.

Martin, unaware of Jennifer's way of handling the preselection process, hired three of the applicants. He trusted Jennifer's open, friendly demeanor and her eagerness to take on tasks that were not part of her job description. Jennifer used those tasks to spread conflicting information about the work procedures among employees, which gave Martin the appearance of a contradictive and indecisive person, ill-suited for his job. Establishing the newly hired employees' loyalty to Jennifer had not been a wasted effort.

In Relationships

Sociopathy is not just the absence of conscience, which by itself would be tragic enough; it is the inability to process emotional experiences, including those of love and caring, except when such experiences can be calculated as a coldly intellectual task. Furthermore, having a conscience is more than merely experiencing the presence of guilt and remorse; it is based in our capacity to experience emotion and the attachments that result from our feelings. At its very essence, sociopathy is ice-cold, like a dispassionate game of chess. Sociopaths cannot genuinely fall in love, but an intelligent sociopath with practice may become convincingly fluent in "conversational emotion" (Stout, 2005).

In analyzing interactive behaviors of people with ASPD, or sociopaths, with other people, observers have pointed to the existence of what they called the "Sociopath-Empath-Apath Triad (SEAT)," explaining that in order to be successful in their schemes, antisocial individuals often enlist the assistance of hangers-on. This means that the interactions involve a third party, the "apath,"—who colludes in the scheme "apathetically"—in addition to the sociopath and the target person (McGregor & McGregor, 2014).

Being apathetic within this framework means that the apath shows a lack of concern for, or is indifferent to, the targeted person. However, a main requirement for an apath is that he or she has some connection

to the sociopath's target. Friends, siblings, parents, and other relations of the targets can become accomplices to the sociopath, assisting in the damage done to the target person. Whatever the reasons for the apath's involvement might be, his or her conscience seems to go to sleep during the course of interacting with the sociopath, like some people blindly follow a leader whose only motivation is one of self-interest. This type of behavior was demonstrated in experiments in the early 1960s at Yale University by professor Stanley Milgram. In the study subjects became confederates of the experimenter in engaging in seemingly harmful behaviors to others in order to please their perceived superiors (McGregor & McGregor, 2014).

"Empaths" are persons frequently targeted by individuals with ASPD. While most humans are able to empathize, some have a greater ability than others. Certain regions of their brains, the anterior cingulated cortex and anterior insula, light up in bright orange color on an fMRI scan when they witness another human being in pain (Gibson, 2006). Empaths are highly perceptive and insightful people, belonging to the estimated 40 percent of human beings who are able to detect when something is not right. They are often mediators and peacemakers. As they are sensitive to others' emotional distress, they often have difficulty comprehending that some people may lack compassion for others (McGregor & McGregor, 2014). This mental-emotional combination turns empaths into perfect targets for sociopaths, although the empath's ability to sense that something is wrong might pose a threat to the sociopath. However, this possible threat may be considered by the sociopath as an interesting challenge in an otherwise boring situation.

Whether through a triadic or any other type of interaction, antisocial individuals, with their calculated attention and affection, can initially overwhelm anybody, and their first step in any seduction is to make themselves appealing to their targets (Anderson, 2012).

Up Close

At the Starbucks café, Sandra wondered if the stranger who had contacted her through the internet dating service would recognize her. No pictures had been exchanged. Then she heard a voice saying, "You must be Sandra; you are just like in my dream!" The voice belonged to a good-looking man in his 30s who entered the restaurant, heading straight for Sandra's table. The certainty in his voice bestowed an aura of destiny to the situation. Little did Sandra know that he had been watching outside for some time. Surprised, Sandra nodded her head. He sat down and leaned across the table, his eyes never leaving her face as he said, "I am Robert; I can't wait to know more about you."

It was a whirlwind romance. Robert insisted on seeing Sandra daily—any day without her would be a lost day, he said. Robert told Sandra that he was divorcing his wife, who had made his life miserable. Until now he stayed in the marriage because of their two children. Currently he sought refuge with a friend because his ex-wife had moved all the money from their joint bank account into a secret individual account just before the divorce. Robert was heartbroken because he could not have visitation with his children in his current situation. Sandra, although disappointed about dating an almost divorced man, could not help empathizing with his sad situation and being impressed by Robert's devotion to his children.

After meeting Robert's friend, who corroborated Robert's story, Sandra let Robert move into her two-bedroom condominium, providing space for visitation with his children—after all, Robert wanted to get married as soon as the divorce was final. Before that, Robert needed money to replace some of his clothes and personal items—things his wife had destroyed in a fit of anger.

Six months into the relationship, Robert stayed away some nights. As he explained, sometimes he stayed with his friend because from there, he could walk the children home after being with them; or he stayed with the children in their home, taking care of them during his ex-wife's absence. Robert always apologized and promised to try other solutions. In the end Sandra learned that there had been no divorce, and Robert did not return to his wife; as he told Sandra when he finally left, he had found another target.

Theory and Research

Explorations of associations with ASPD have focused on comparisons of identical and nonidentical (fraternal) twins and on adoption studies. As mentioned earlier, twin studies, meant to discern between genetic and environmental effects, have reported significant genetic influences on antisocial behavior (Baker et al., 2006). Theoretically, nonidentical twins share only half of their genes, so a completely genetic disorder could be found in both twins about 50 percent of the time, whereas its concordance rate in identical twins would be close to 100 percent. Combined results of twin studies of antisocial behavior have shown concordance rates of 67 percent in identical twins and 31 percent in nonidentical twins, thus supporting genetic theories of causation (Brennan & Mednick, 1993).