Eclipsed for years by terms such as “sociopathy” or “Antisocial Personality Disorder” (ASPD), the concept of psychopathy has been making a comeback. The number of books written on the topic for the general reader attests to its intrinsic fascination, as does the profusion of fictional characters who demonstrate, to varying degrees, the qualities of the psychopath. And, we find that psychopaths, apparently, are all around us: they may be chief executive officers of large companies; media personalities, lawyers, surgeons, and salesmen; and maybe even our neighbors, friends, or lovers. If we are sufficiently curious, we can even take a variety of online quizzes to determine just how psychopathic we might be.

However, according to the latest edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5), sociopathy, psychopathy, and ASPD all seem to refer to the same condition:

The essential feature of antisocial personality disorder is a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood. This pattern has also been referred to as psychopathy, sociopathy, or dissocial personality disorder...4

But do the various terms we employ really refer to the same construct? As currently defined, do they identify the same populations? Is one definition better able than another to inform us about genetic or environmental risk factors, early manifestations, course, treatment, complications, or outcome? Do we risk confusion because communication between professionals is hindered by inconsistent and even idiosyncratic use of this terminology?

Evidence has been accumulating that ASPD/sociopathy and psychopathy substantially overlap, but with ASPD/sociopathy identifying a broader and probably more biologically heterogeneous group. Rather than being entirely co-extensive with ASPD/sociopathy, psychopathy seems to be less common and to occupy a space at the severe end of the antisocial distribution.

Callous-unemotional traits (one facet of psychopathy) seem to identify a subgroup of youths with even poorer outcomes than conduct-disorder in general; such traits appear to be at least moderately heritable and are associated with neurocognitive deficits in recognizing distress in others and in response to threats.5 Whereas the various formulations of ASPD over time have focused primarily on behavioral manifestations, it is this impaired empathy combined with an unstable, antisocial lifestyle that characterizes the psychopath and likely contributes to the more severe symptoms and generally worse outcome. Thus, for the clinician, conflating psychopathy and ASPD/sociopathy risks losing important information about severity of illness and about the degree of risk the patient may pose to others. For the researcher, it risks obscuring important clues to the neurobiology of repetitive antisocial behavior.

In this issue of Psychiatric Annals, how medicine has, over time, dealt with the intellectual challenge of repetitive dissocial behavior is reviewed, tracing the historical development of the constructs that we now refer to as sociopathy and psychopathy. Dr. Brook reviews the modern concept of psychopathy more deeply, with a particular focus on the utility of the concept when applied to the issue of risk prediction. Dr. Sadhu sum-
marizes what we know about the developmental precursors of adult antisocial behavior and what interventions are available for conduct-disordered youth. As is also the case in adults, she notes that much less is known about the manifestations and course of conduct problems—especially when combined with callous-unemotional traits—in girls as opposed to boys.

John Stratton and Drs. Kiehl and Hanlon review in depth what is emerging as a distinctive “paralimbic” neurobiological model of psychopathy, which holds the promise of replacing long-held clinical pessimism about treatment efficacy in this group with the opportunity to rigorously test interventions based on what is known about function of different brain systems in this group.

Finally, Drs. Werner, Few, and Bucholz take on the task of reviewing the epidemiology, comorbidity, and what is known of the genetics of ASPD and psychopathy. They emphasize the great overlap between these conditions and other psychiatric illness, substance use disorders in particular—an overlap of great salience for the clinician and one that can confound research on etiology or treatment.

By and large, ASPD encompasses psychopathy. Both are more common in correctional settings than in traditional treatment settings, but both can be found on general psychiatry services if one looks for them. It is to be hoped that, as we learn more about the underlying biology of psychopathy, we will be able to develop more effective, biologically informed treatments to enhance empathy and prosocial behaviors. As we do so, accurate recognition of psychopathy in both youth and adults will become even more important, and precision in delineating psychopathic individuals from others with persistent antisocial behaviors—as well as communicating that information to other health professionals—will increasingly have tangible clinical benefit.

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