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What It Actually Means to Be a ‘Sociopath’



Medically reviewed by [Bethany Juby, PsyD](#) — Written by [Tim Jewell](#) and [Crystal Raypole](#) on November 29, 2021

[Traits](#) [Signs](#) [Causes](#) [Diagnosis and symptoms](#) [Treatment](#) [Coping](#) [Outlook](#)

[Bottom line](#)

What is a sociopath?

The term sociopath refers to someone living with [antisocial personality disorder \(ASPD\)](#) — as does the term psychopath.

The most recent edition of the “Diagnostic and Statistical Manual of Mental Disorders” (DSM-5), which mental health professionals use to diagnose mental health conditions, defines ASPD as a consistent disregard for rules and social norms and repeated violation of other people’s rights.

People with the condition might seem charming and charismatic at first, at least on the surface, but they



generally find it difficult to understand other people's feelings. They often:

- break rules or laws
- behave aggressively or impulsively
- feel little guilt for harm they cause others
- use manipulation, deceit, and controlling behavior

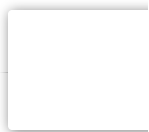
LANGUAGE MATTERS

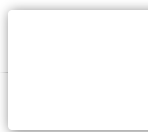
Both sociopathy and [psychopathy](#) have become well-recognized terms among mental health professionals, but neither represent an official diagnosis. They also carry a lot of stigma, particularly for people living with personality disorders, so it's best to avoid describing anyone displaying violent or manipulative behavior as "sociopaths" or "psychopaths."

Instead, focus on specific behaviors and actions. Rather than labelling a controlling ex as a sociopath, for example, you could say, "He would regularly remind me he was monitoring my social media activity."

Experts first began using the term sociopathy [during the 1930s](#). Unlike "psychopathy," it wasn't easily confused with "psychosis." The prefix also reflected a widely-held belief that the traits and behaviors associated with sociopathy related to socio-environmental factors.

Many researchers used sociopathy and psychopathy interchangeably until ASPD was added to the third



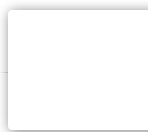












edition of the DSM in 1980.



What's the difference between a sociopath and a psychopath?

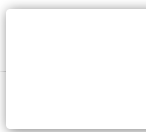
In a clinical setting, there's no actual difference between sociopathy and psychopathy. A mental health professional won't diagnose either of the two.

Some psychologists and researchers do make key distinctions between sociopathy and psychopathy. But these terms simply offer two slightly different ways of understanding the diagnosis of ASPD

In these interpretations, psychopathy is sometimes seen as involving more planned behavior. The behavior might not necessarily be violent, but it's typically premeditated.

Research supports a few of these distinctions — to an extent.

Robert Hare, the psychologist who created the Psychopathy Checklist (PCL-R), [defined sociopathy](#) as



involving a conscience and sense of right and wrong, or morality. But that sense of morality doesn't line up with cultural and social norms. Instead, people with sociopathy often justify actions they recognize as "wrong."

In a nutshell, people with sociopathy may have little empathy and a habit of rationalizing their actions. But they do know the difference between right and wrong.

Psychopathy, according to Hare, involves no sense of morality or empathy.

[Research from 2013](#) suggests the difference between psychopathy and sociopathy may relate to differences in the brain, including gray matter volume and amygdala development. For people with sociopathy, increased neuron function in certain parts of the brain may factor into the development of some sense of morality.

What are the signs of sociopathy?

There's no standard list of sociopath signs, but the signs and symptoms of ASPD include a persistent pattern of disregard for others. For example:

- ignoring social norms and laws, or breaking rules at school or work, overstepping social boundaries, stealing, stalking and harassing others, and destroying property

- dishonesty and deceit, including using false identities and manipulating others for personal gain
- difficulty controlling impulses and planning for the future, or acting without considering the consequences
- aggressive or aggravated behavior, including frequent fights or physical conflict with others
- disregard for personal safety, or the safety of others
- difficulty managing responsibilities, including showing up at work, handling tasks, or paying rent and bills
- little to no guilt or remorse, or a tendency to justify actions that negatively affect others

People with ASPD generally show little emotion or interest in the lives of others. They might:

- come across as arrogant or superior, with firmly fixed opinions
- use humor, intelligence, and charisma to **manipulate**
- seem charming at first, until their self-interest becomes clear

People with ASPD generally find it challenging to maintain friendships, relationships, and other mutually fulfilling connections. This difficulty may stem from traits, like:

- low empathy and **emotional intelligence**
- difficulty learning from mistakes
- lack of concern for the safety of others
- a tendency to intimidate and threaten in order to **maintain control**



What causes sociopathy?

Many [experts](#) consider sociopathy more of an environmental construct than a genetic one.

Yes, brain chemistry and inherited genes play a part, but parenting styles and upbringing, along with other environmental factors, carry the most weight. (Psychopathy, on the other hand, appears [linked](#) to more innate biological factors.)

Children who don't receive nurturing attention from caregivers tend to grow up learning they have to take care of themselves, because no one else will. Some children who experience [abuse](#), violence, and manipulation from an early age may come to model this behavior as they navigate their own conflicts.

[Research](#) also suggests it's possible to "acquire" sociopathy. Trauma or damage to the frontal lobes of the brain, which can happen as a result of a head injury or progressive conditions, like dementia, can lead to some antisocial behaviors.

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How is someone diagnosed with sociopathy?

Again, keep in mind that the DSM-5 makes no distinction between sociopathy and psychopathy, or any separate subtypes of ASPD.

Mental health professionals use DSM-established criteria to diagnose ASPD. This diagnosis can apply to someone whose behavior aligns with the accepted definition of either sociopathy or psychopathy.

A diagnosis of ASPD requires at least three of the seven signs listed above, plus a few additional criteria:

- These behaviors appear across multiple areas of life.
- The person is at least 18 years old.
- They had some symptoms of [conduct disorder](#) before the age of 15. This helps distinguish ASPD from lawbreaking behavior that begins in adulthood.
- Antisocial traits and behaviors don't relate to [schizophrenia](#) or [bipolar disorder](#).

To make a diagnosis, a therapist or psychologist might:

- ask questions about a person's feelings, thoughts, behavior, and personal relationships
- ask (with permission) family members and romantic partners about their behaviors
- evaluate their medical history for signs of other conditions

Keep in mind that personality disorders, including ASPD, involve traits that are beyond the person's control. These characteristics go beyond a desire for personal gain and tend to remain fixed over time, causing distress.

Could it be a different condition?

Other mental health conditions can involve symptoms similar to ASPD:

- **Intermittent explosive disorder (IED)** involves extreme and repeated verbal or physical outbursts. These outbursts, driven by impulse or anger, can be directed toward people, property, or animals. IED commonly begins in adolescence and usually before the age of 40. On its own, it doesn't involve low empathy or lack of remorse.
- **Conduct disorder** involves antisocial behavior that typically begins by the age of 16. Experts consider this condition a major risk factor for ASPD. Adults must show signs of conduct disorder in childhood to be diagnosed with ASPD. Someone who doesn't meet full ASPD criteria might be diagnosed with conduct disorder.
- **Schizophrenia** often involves trouble recognizing facial emotions, a trait also associated with ASPD. The condition may involve aggressive or antisocial behavior — but not always. It also involves psychosis, while ASPD does not. Experts won't diagnose ASPD before treating schizophrenia.
- **Bipolar I disorder.** Episodes of mania can involve impulsivity, aggression and irritability, and increased thoughts of suicide — symptoms also linked to ASPD. Experts won't diagnose ASPD during an episode of mania.

Treatment and support for sociopathy

People living with personality disorders don't always recognize any issues with their behavior, so they often don't consider getting professional support.

They might choose to work with a therapist if prompted by a court order or someone in their personal or



professional life.

Work supervisors, family members, and romantic partners might notice traits, like impulsivity and a tendency toward aggressive outbursts, for example, and they may recommend professional support.

Some people also try therapy to address other challenges or mental health concerns, including:

- [depression](#)
- difficulty coping with [boredom](#) or [stress](#)
- [substance use disorders](#)

But since many people living with ASPD never choose to go to therapy, little research on helpful treatment approaches exists. That doesn't mean treatment can't help. But therapy and other approaches generally only work when someone willingly puts in the effort.

Possible treatments for ASPD include the following.

Psychotherapy

Therapy involves talking to a therapist about thoughts and feelings that can prompt harmful or aggressive behavior. It might also include [anger management tactics](#) or treatment for substance use.

Potentially beneficial approaches include:

- **Cognitive behavioral therapy (CBT).** [CBT](#) can help people learn to consider their responses to people and situations, which may lead to more productive behaviors. Therapy can, for example, help someone

recognize the benefits of using negotiation rather than violence to solve conflict or disagreements. CBT also involves psychoeducation, which can teach people more about ASPD.

- **Mentalization-based therapy (MBT).** This approach aims to help people learn to better identify and understand mental and emotional mindsets — both their own and those of others. A small [2016 study](#) suggests MBT helped reduce hostility and anger, paranoia, self-harm and interpersonal difficulties in people living with both ASPD and [borderline personality disorder](#), along with leading to an improved mood overall.
- **Democratic therapeutic communities.** This approach, often used in prisons, involves therapy groups of various sizes that help participants make collaborative decisions as part of a group and work together on problems affecting the community. It can help boost community-minded and prosocial thinking in people living with ASPD.
- **Contingency management.** This approach offers rewards to encourage treatment progress. Older [research](#) suggests it can help people living with ASPD limit intake of alcohol and other substances.

Medication

The Food and Drug Administration (FDA) hasn't approved any medications to treat symptoms of ASPD.

A doctor or psychiatrist may recommend medication for symptoms associated with the condition, such as:

- antipsychotics, like [risperidone \(Risperdal\)](#), as a first-line treatment for aggression
- [SSRI antidepressants](#), like fluoxetine (Prozac), or [mood stabilizers](#), like lithium, to help treat aggression
- anticonvulsants, like [carbamazepine \(Tegretol\)](#), to help reduce impulsivity

According to a small [2014 study](#), the antipsychotic medication clozapine (Clozaril) shows some promise as

a treatment for men with ASPD. After taking the medication for several weeks, all seven participants experienced improvement in ASPD symptoms, including anger, impulsivity, and violence or aggression.

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How do I cope with someone showing signs of sociopathy?

If you'd like to work on maintaining your relationship with someone who has ASPD, it may help to:

- recognize they may never fully understand your [emotions](#)
- explain specific ways their behavior affects others
- establish clear [boundaries](#) to protect your emotional and physical space
- encourage them to get professional support

[Marriage](#) or [family counseling](#) can also help you develop a more positive relationship with a loved one living with ASPD.

Ultimately, they may choose not to respect your boundaries and continue to cause emotional distress or physical harm. In that case, ending the relationship, or at least creating space from it, may be your safest option.

Working with a therapist yourself can also help you:

- explore productive [communication](#)
- build coping skills
- identify signs of abuse
- work on a plan to [safely leave a relationship](#) if needed

A therapist can also offer more specific guidance on handling problematic behaviors, including manipulation and [control tactics](#) or [outbursts of anger](#).

What's the outlook for someone with sociopathy?

Personality researchers and experts continue to explore the nuances of sociopathy and psychopathy. Still, they have yet to establish unique criteria to diagnose either, and ASPD remains the closest diagnosis to what people typically think of as psychopathy.

There's no cure for ASPD. Some [research](#) suggests, though, that antisocial behavior often decreases over time. By middle age, people are less likely to behave in violent or aggressive ways.

Therapy approaches that help people learn to replace problematic behaviors with more constructive ones can also make a difference for ASPD symptoms.

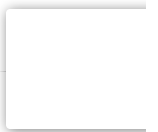


In short, it's absolutely possible for people with ASPD to build stable and fulfilling relationships with others, though it does take work.

The bottom line

Contrary to media portrayals, people who show signs of sociopathy don't choose to be "evil."

In many cases, they're likely living with ASPD, a condition that develops from a combination of genetic and environmental factors, including childhood abuse and neglect.





Last medically reviewed on November 29, 2021

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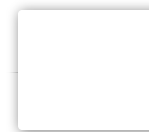


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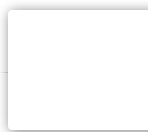


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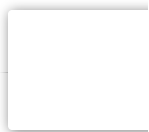
What Is a High-Functioning Sociopath?

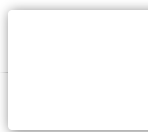


















Medically reviewed by [Timothy J. Legg, PhD, PsyD](#) — Written by [Kimberly Holland](#) on May 28, 2019



[Low functioning](#) [Symptoms](#) [Relationships](#) [Causes](#) [Diagnosis](#) [Treatment](#)

Takeaway



People who have been diagnosed with [antisocial personality disorder \(ASPD\)](#) are sometimes called sociopaths. They engage in behaviors that typically harm others for the benefit of themselves.



A “[sociopath](#)” has little regard for another person’s emotions, rights, or experiences. They lack remorse for their actions, and they act in ways that show no regard for others, including lying, cheating, and manipulating.

Some people with this condition aren’t very sly about their conduct. Others are quite deceptive.

The people who have an easier time engaging in these dishonest behaviors may be called high-functioning sociopaths. Indeed, someone who’s high functioning often comes off as charming and warm, while hiding behaviors and conduct that’s often anything but.

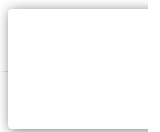
People with high-functioning ASPD can often do typical ‘everyday’ things like hold down a job and maintain a marriage with kids. However, these otherwise typical behaviors often hide a tendency to manipulate and exploit people and situations for their benefit.

ASPD isn’t common. Between [1 to 4 percent](#) of the population is estimated to have this disorder, with males 3 to 5 times more likely to be diagnosed than females.

But the [behaviors](#) of someone with high-functioning ASPD can be all-consuming for people who live with or work around them.

Read on to find out why this condition develops and what treatments are available — whether you’re seeking help for yourself or a loved one.

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How is it different from a low-functioning sociopath?

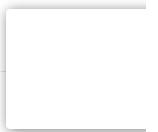
Some individuals with antisocial personality disorder don't exhibit polished and polite behaviors as a mask for their manipulations. Some may call these people 'low-functioning' sociopaths, though the DSM-5 doesn't use the terms high or low functioning to describe behaviors associated with ASPD.

People considered 'low-functioning sociopaths' may lack the education or interpersonal skills to control and deceive. Instead, they might use threats, coercion, or intimidation to achieve their desired outcome.

What are the symptoms of high-functioning sociopathy?

Not all high-functioning ASPD symptoms are evident. Many can become more apparent after true intentions or agendas are revealed.

Symptoms and characteristics include:



- **Superior intelligence.** Those who are high functioning are often incredibly smart, with very high IQs which can help them read, manipulate, and control scenarios.
- **Lack of empathy.** People with ASPD don't comprehend other people's emotions. Therefore, they don't appreciate or anticipate the consequences of their actions.
- **Calculating behaviors.** People with this type of sociopathy are driven and determined. A strong self-love ([narcissism](#)) and sense of grandiosity may be their catalyst.
- **Secretive tendencies.** High-functioning individuals may keep everything close to the vest. They rarely reveal private information or thoughts unless it's to manipulate another person.
- **Charm.** Despite generally not enjoying being around people, a high-functioning person displays impeccable social skills.
- **Sensitivity.** People with high-functioning ASPD can be defensive. They may be quick to anger when they perceive they don't have someone's approval. That's because they often feed off admiration from others.
- **Addictive behaviors.** It's not uncommon for a person with a high-functioning personality disorder to experience [addiction](#). Compulsive behaviors and reactions can lead to issues with gambling, sex, alcohol, and drugs.

What if you have a high-functioning sociopath in your life?

Maintaining a relationship with someone who has high-functioning antisocial personality disorder can be difficult, but it is possible. The key may be to care for yourself, rather than pushing them to find help.



These strategies may be useful:

Come to an honest realization

You can't fix a person with this condition — there is no cure.

But you can arm yourself with the resources you need to properly defend yourself and shepherd them away from scenarios that hurt you.

Don't make deals

You can't make agreements or arrangements with someone with high-functioning ASPD.

Only you feel the compulsion to uphold the bargain. They don't. This could lead to additional harm.

Listen to your gut

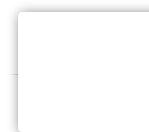
Someone with this type of ASPD may be adept at manipulating a person's emotions in order to achieve their goals. Once the charm wears off, you're left with the reality.

If you have a gut feeling about them or their motivations, listen to that little voice.

End the relationship

The ultimate way to protect yourself from the potential harm of a person with this type of antisocial behavior is to eliminate them from your life. However, this isn't always easy.

Get help



If you've been hurt by a person with ASPD, you can find help.

Trained mental health professionals can help you understand what you experienced and learn from it. They can then teach you to set protective boundaries to hopefully prevent future abuse.

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What are the causes?

It's not clear exactly why some people develop higher functioning ASPD. There's no known cause.

What is known, however, is that some people are more likely to develop this type of ASPD than others.

FACTORS THAT MAY CAUSE HIGH-FUNCTIONING SOCIOPATHY

- **Sex.** Males are more likely to develop ASPD than females.

- **Genes.** A family history of any type of ASPD may increase your risk for it or another type of mental illness.
- **Conduct disorder.** High-functioning ASPD is unlikely to be diagnosed before age 18, but childhood [conduct issues](#) may be a sign of a personality disorder like sociopathy.
- **Trauma.** [Childhood abuse](#) or neglect increases the risk for this type of disorder.
- **Unstable childhood.** Children raised in environments that are turbulent, even violent, are also at a greater risk.

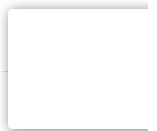
How is it diagnosed?

There's no single test to diagnose high-functioning ASPD. Mental health professionals often don't rely on a person's self-reported symptoms either. That's because people with this disorder that are high functioning are proficient in lying and covering up their true motives and thoughts.

Instead, mental health experts use a list of persistent negative behaviors to establish high-functioning sociopathy.

If a person has at least three of these antisocial behaviors, they'll likely be diagnosed with the condition:

- a disregard for rules, norms, or boundaries
- repeatedly lying or deceiving to accomplish personal gain
- an inability to act with long-term plans; constantly engaging in impulsive behaviors



- lacking remorse for the hurt or pain they've caused
- failing to maintain responsibilities, such as work or financial commitments
- aggressive behavior, especially when challenged or upset
- acting recklessly, even when responsible for another's well-being

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Is there treatment?

There's currently no cure for high-functioning sociopathy and treatments are limited, too. This may be because most individuals with this type of ASPD won't seek treatment because they don't recognize their behaviors as problematic or harmful.

However, if you believe you have high-functioning ASPD or know someone who may, there are some treatments that can help you maintain healthy relationships while working to impede the worst symptoms.

These include:



- **Psychotherapy:** This form of therapy can teach you ways to cope with anger, addictive behaviors, and other symptoms.
- **Cognitive-behavioral therapy (CBT):** This type of therapy may help you discover where your behaviors began. You may work to change harmful thought patterns, too.
- **Medicine:** One [study](#) found that men with ASPD who took clozapine showed reduced aggression and violence. However, it's not currently approved for this purpose. The FDA hasn't approved any drugs for the treatment of this condition, though some medicines may be used to treat co-occurring conditions, such as anxiety or aggression.

Online therapy options

Read our review of the [best online therapy options](#) to find the right fit for you.

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The takeaway

If you suspect a friend or family member has high-functioning antisocial personality disorder, you may not be able to convince them to seek treatment. Many don't recognize the harm their condition does to others around them.

What you can do, however, is find help for yourself.

You can learn techniques that will protect you against the possible abuse and manipulation that's common

from people with this type of sociopathy. While not always possible, these measures may help you maintain a loving, stable relationship with them.

If you believe you may be someone with high-functioning ASPD, you can find help, too. Mental health experts can talk with you and your friends or family members to understand the behaviors you exhibit.

You can then discuss possible treatments and ways to properly care for yourself.

Last medically reviewed on May 28, 2019

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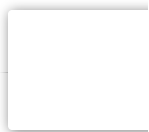
Psychopath

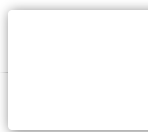


Medically reviewed by [Timothy J. Legg, PhD, PsyD](#) — Written by [Sara Lindberg](#) on January 9, 2019









[Signs](#) [Diagnosis](#) [vs. Sociopath](#) [Outlook](#) [Takeaway](#)

What is a psychopath?

Few psychology terms stir up confusion like the word psychopath. Even though it's commonly used to describe someone who has a mental illness, psychopath is not an official diagnosis.

The true definition of a psychopath in psychiatry is [antisocial personality disorder \(ASPD\)](#), explains Dr. Prakash Masand, a psychiatrist and the founder of the [Centers of Psychiatric Excellence](#). ASPD describes an individual who shows patterns of manipulation and violation to others.

Masand says the one thing that can be confusing about ASPD are the words “anti-social.”

“Most people might assume this describes someone who is reserved, a loner, keeps to himself, etc. However, this is not the case in ASPD,” he explains. “When we say anti-social in ASPD, it means someone

who goes against society, rules, and other behaviors that are more commonplace.”

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Common signs of psychopathy

Since the term psychopath is not an official diagnosis, experts refer to the signs described under ASPD. According to Masand, some of the more common signs to be aware of include:

- socially irresponsible behavior
- disregarding or violating the rights of others
- inability to distinguish between right and wrong
- difficulty with showing remorse or empathy
- tendency to lie often
- manipulating and hurting others



- recurring problems with the law
- general disregard towards safety and responsibility

Other behaviors that may be signs of ASPD include a tendency to take risks, reckless behavior, and being deceitful with frequent lying.

Masand says someone exhibiting this behavior may also lack deep emotional connections, have a superficial charm about them, be very aggressive, and get very angry sometimes.

Additionally, people with ASPD don't care if they have hurt someone, are impulsive and abusive, and lack remorse. In the case of ASPD, abusive doesn't necessarily mean violent.

In addition to the signs and behaviors, Masand says there are certain traits associated with ASPD:

- More men than women have this diagnosis.
- Technically, to receive an ASPD diagnosis, you have to be 18 years of age. But some people will show signs of conduct disorder, which may be an early indicator of ASPD, as early as age 11.
- It's a chronic condition that seems to improve with age.
- Mortality rates are higher in people with ASPD because of their behavior.

How is psychopathy diagnosed?

Since psychopathy is not an official mental disorder, the condition experts diagnose is ASPD. Before explaining the criteria used to diagnose ASPD, it's important to mention that diagnosing and treating ASPD presents some unique challenges.



According to Masand, ASPD can be difficult to treat because the person who needs help doesn't believe there is a problem with their behavior. As a result, they rarely seek treatment.

That said, the established guidelines used to diagnose ASPD is that the behavior generally begins by age 15 or in the teenage years. However, Masand says a true ASPD diagnosis is not made until the age of 18. "For most people, the worst of the behavior occurs in the late teen years throughout the twenties," he explains.

To get a proper diagnosis, a mental health professional will conduct a full mental health evaluation. During this process, the mental health professional will evaluate a person's thoughts, feelings, behavior patterns, and relationships. They will identify symptoms and compare them to the ASPD symptoms in the DSM-5.

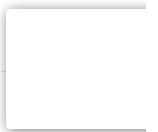
The mental health professional will also look at medical history. This full evaluation is a critical step since ASPD tends to show comorbidity with other mental health and addictive disorders.

Since a true ASPD diagnosis is typically delayed until the age of 18, adolescents and teens that [display similar symptoms are often evaluated](#) for conduct disorder (CD) or oppositional defiant disorder (ODD).

Of the two behavior disorders, CD is more severe than ODD. [When determining if a child has ODD](#), clinicians will look at how they act around people they know.

Typically, someone with ODD is more likely to act oppositional or defiant around family members, teachers, or a healthcare provider. If an adolescent or teen is showing an ongoing pattern of aggression toward others and they regularly make choices that are in opposition of the rules and social norms at home, school, or with peers, a clinician may decide to [evaluate for CD](#).

Psychopath versus sociopath



Like many other terms in the field of psychology, psychopath and [sociopath](#) are often [used interchangeably](#), and it's easy to see why. Since sociopath is not an official diagnosis, it joins psychopath under the umbrella diagnosis of ASPD. There is no clinical difference between the two.

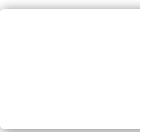
“Some people make an artificial distinction based on severity of the personality disorder but that’s incorrect,” explains Masand. “They will say that psychopathy is a more severe form of sociopathy, but again, that is really incorrect.”

Both psychopath and sociopath are other terms or ways to describe ASPD. The behaviors that are seen in both fall under the symptoms in the ASPD category.

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Outlook

Like the diagnostic process, treating someone with psychopathic traits that fall under the ASPD diagnosis can be difficult. Typically, a healthcare provider will use a combination of psychotherapy (talk therapy) and



medication.

However, personality disorders cannot be treated with medication. Psychotherapy can help the person understand their diagnosis and how it impacts their life and their relationships with others. A therapist will also work to develop strategies that decrease the severity of the symptoms.

If medication is part of the treatment plan, a [doctor might prescribe medications](#) that treat other mental health conditions such as anxiety, depression, or symptoms of aggression.

The takeaway



The word psychopath is often misused by the general public. That's why it's important to de-mystify the term and explain the correct diagnosis and terminology to use when describing this particular set of behaviors. Since it is not an official diagnosis, psychopathy falls under the ASPD diagnosis.

[Read this article in Spanish.](#)

Last medically reviewed on January 9, 2019

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Antisocial Personality Disorder



Medically reviewed by [Timothy J. Legg, PhD, PsyD](#) — Written by Rose Kivi — Updated on May 30, 2019

[Causes](#) [Symptoms](#) [Diagnosis](#) [Treatments](#) [Support](#) [Outlook](#)

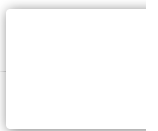
[Suicide prevention](#)

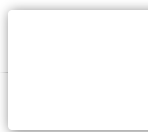
What Is Antisocial Personality Disorder?

Every personality is unique. In some cases, a person's way of thinking and behaving can be destructive — both to others and to themselves. People with antisocial personality disorder (ASPD) have a mental health condition that causes patterns of manipulation and violation of others around them. This condition overwhelms their personality.

ASPD typically begins during childhood or early adolescence and continues into adulthood. People with ASPD display a long-term pattern of:

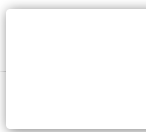
- disregarding the law
- violating the rights of others





- manipulating and exploiting others

People with the disorder commonly don't care if they break the law. They may lie and place others at risk without feeling any remorse.



A study in [Alcohol Research and Health](#) [✓] states that about 3 percent of men and 1 percent of women have ASPD. The condition is much more common in men than in women.

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What Causes Antisocial Personality Disorder?

The exact cause of ASPD is unknown. Genetic and environmental factors may play a role. You may be at greater risk of developing the disorder if you're male and you:


- were abused as a child
- grew up with parents who had ASPD
- grew up with alcoholic parents

What Are the Symptoms of Antisocial Personality

Disorder?

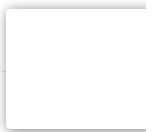
Children with ASPD tend to be cruel to animals and set fires illegally. Some symptoms in adults include:

- being angry often
- being arrogant
- manipulating others
- acting witty and charming to get what they want
- lying frequently
- stealing
- acting aggressively and fighting often
- breaking the law
- not caring about personal safety or the safety of others
- not showing guilt or remorse for actions

People who have ASPD have a higher risk of substance abuse. [Research](#)  has linked alcohol use to increased aggression in people with ASPD.

How Is Antisocial Personality Disorder Diagnosed?

A diagnosis of ASPD cannot be made in people younger than 18. Symptoms that resemble ASPD in those



people may be diagnosed as a conduct disorder. People older than 18 can be diagnosed with ASPD only if there's a history of conduct disorder before the age of 15.

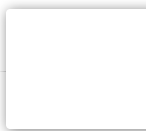
A mental health provider can question individuals who are over 18 years about past and current behaviors. This will help detect signs and symptoms that could support a diagnosis of ASPD.

You must meet certain criteria to be diagnosed with the condition. This includes:

- a diagnosis of conduct disorder before the age of 15
- documentation or observation of at least three symptoms of ASPD since the age of 15
- documentation or observation of symptoms of ASPD that don't occur only during schizophrenic or manic episodes (if you have [schizophrenia](#) or [bipolar disorder](#))

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How Is Antisocial Personality Disorder Treated?



ASPD is very difficult to treat. Typically, your doctor will try a combination of psychotherapy and medication. It's hard to assess how effective the available treatments are in dealing with ASPD's symptoms.

Psychotherapy

Your psychologist may recommend different types of psychotherapy based on the your situation.

[Cognitive behavioral therapy](#) can help reveal negative thoughts and behaviors. It can also teach ways of replacing them with positive ones.

Psychodynamic psychotherapy can increase awareness of negative, unconscious thoughts and behaviors. This can help the person change them.

Medications

No medications are specifically approved for the treatment of ASPD. Your doctor may prescribe:

- [antidepressants](#)
- mood stabilizers
- antianxiety medications
- antipsychotic medications

Your doctor may also recommend a stay in a mental health hospital where you can receive intensive treatment.



Online therapy options

Read our review of the [best online therapy options](#) to find the right fit for you.

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Asking Someone with ASPD to Seek Help

It's hard to watch someone you care about exhibit destructive behaviors. It's especially hard when those behaviors may directly affect you. Asking the person to seek help is even more difficult. This is because most people with ASPD don't acknowledge that they have a problem.

You cannot force a person with ASPD to get treatment. Taking care of yourself is the best thing you can do. A counselor may help you learn to cope with the pain of having a loved one with ASPD.

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Traditional therapy – done online

Choose from BetterHelp's network of therapists for your disorder symptoms and stay supported by phone, video, or live chat sessions. Plans start at \$60 per week + an additional 20% off your first month.

LEARN MORE



Long-Term Outlook

People with ASPD have an increased risk of going to jail, abusing drugs, and suicide. They often do not get help for ASPD unless they face legal troubles and a court forces them into treatment.

The symptoms of this condition tend to get worse during late teenage years to early twenties. Treatment may help improve symptoms. Symptoms can improve with age for some people, allowing them to feel and act better by the time they reach their forties.

Suicide prevention

If you think someone is at immediate risk of self-harm or hurting another person:

- Call 911 or your local emergency number.
- Stay with the person until help arrives.
- Remove any guns, knives, medications, or other things that may cause harm.
- Listen, but don't judge, argue, threaten, or yell.

If you think someone is considering suicide, get help from a crisis or suicide prevention hotline. Try the National Suicide Prevention Lifeline at 800-273-8255.

Sources: [National Suicide Prevention Lifeline](#) and [Substance Abuse and Mental Health Services Administration](#)



Last medically reviewed on February 22, 2016

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Schizoid Personality Disorder



Medically reviewed by [Timothy J. Legg, PhD, PsyD](#) — Written by Janelle Martel — Updated on September 17, 2018

[Symptoms](#) [Causes](#) [Diagnosis](#) [Treatment](#) [Long-term outlook](#)

What is schizoid personality disorder?

Schizoid personality disorder is a type of eccentric personality disorder. A person with this disorder behaves differently from most other people. This may include avoiding social interactions, or seeming to be aloof or lacking personality. However, people with this disorder are able to function fairly well in society.

Signs and symptoms

This condition is usually diagnosed in early adulthood. Symptoms include:

- being detached
- preferring to be alone
- avoiding social situations
- not desiring relationships
- seeming dull or indifferent
- inability to enjoy activities
- trouble relating to others
- lacking motivation



Risk factors and causes

Most people with this condition have a relative with [schizophrenia](#), schizoid personality disorder, or schizotypal personality disorder. Other risk factors include:

- environmental factors, which seem to have the most impact during childhood
- experiencing abuse or neglect as a child
- having an emotionally detached parent

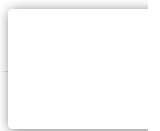
This disorder occurs more commonly in men than women.

How is schizoid personality disorder diagnosed?

Your doctor will begin with a complete physical examination. This looks for any physical conditions that may be causing your symptoms. Your doctor may also refer you to a mental health professional.

A mental health professional will complete a psychiatric assessment. This may involve filling out questionnaires about your symptoms and thoughts. You will also have an interview with the mental health professional. They will ask you questions about your childhood, relationships, and job history. Your responses will help the mental health professional give a diagnosis. They may also create a treatment plan for you, if you're interested in pursuing treatment.

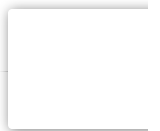
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Treatment options

Many people choose not to seek treatment because this includes interacting with others. However, treatment can be successful if you have a desire to change.

- **Cognitive behavioral therapy** is designed to change behavior. It can be a successful treatment for this condition because it teaches you how to change your thoughts about and behaviors in social situations. This may change reluctance to pursue social relationships.
- **Group therapy** is another option that can help you practice your social skills. This will help you become more comfortable in social situations.
- **Medication** is generally not used unless other treatment methods aren't working. There are no FDA-approved medications to treat personality disorders. However, medications may be used to treat other conditions that occur along with personality disorders, such as depression or anxiety. Bupropion may be used to increase feelings of pleasure. Antipsychotic medications can be used to treat feelings of indifference.



Long-term outlook

This is a chronic condition that has no cure. Some people with the disease may not be able to hold a job or be in a relationship with other people. However, many people are able to hold jobs and live fairly normal lives. If you're living with schizoid personality disorder, speak with your doctor about creating a treatment plan for you.

Last medically reviewed on December 7, 2017

+ 3 sources



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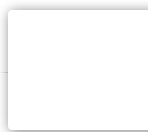


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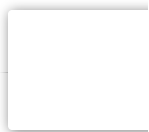
Sociopathy and Narcissism Are Two Very Different Things — Here's What to Know

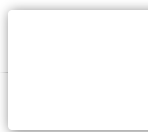


Medically reviewed by [Karin Gepp, PsyD](#) — Written by Crystal Raypole on February 7, 2022











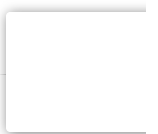
[Sociopathy](#) [Narcissism](#) [How they compare](#) [Psychopathy](#) [Takeaway](#)

From a bird's-eye view, sociopathy and narcissism might seem closely related.

Some people use the terms “sociopath” and “narcissist” interchangeably to generally describe people who seem arrogant or haughty, put their own needs first, and care very little about how others feel.

But despite some potential overlap in behaviors, sociopathy and narcissism are two distinct concepts:

- Sociopathy is an unofficial term for [antisocial personality disorder \(ASPD\)](#), a mental health condition



that involves a long-standing pattern of disregard for social norms and the rights of other people.

- Narcissism refers to [narcissistic personality disorder \(NPD\)](#), a mental health condition that involves grandiose attitudes and behaviors, feelings of superiority and self-importance, and an extreme need for admiration.

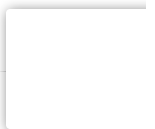
Below, we'll explore these conditions in more depth, including the main points of intersection between the two.

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What is sociopathy?

Again, sociopathy doesn't represent an official diagnosis. It refers to antisocial personality disorder (ASPD).

Has someone ever said, "Stop being so antisocial," when you didn't feel like hanging out in a crowd? This usage is pretty common, but it's not quite accurate. Antisocial doesn't mean "avoiding socializing" — a



better definition would be “being against society.”

In a nutshell, people living with ASPD tend to take little social responsibility and show a lack of consideration for other people’s rights, belongings, and safety.

They might:

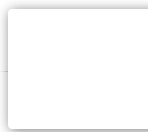
- disregard laws or rules
- take a cynical, contemptuous attitude toward other people and the world in general
- [manipulate](#) and exploit other people — by lying, cheating, or stealing, for example
- rationalize their actions and show little guilt or remorse after hurting others
- behave impulsively
- quickly become [irritable](#) or [aggressive](#), which might lead to physical conflict or [property damage](#)

These patterns don’t just show up suddenly, either. Mental health professionals won’t diagnose this condition in anyone younger than 18.

What’s more, a diagnosis of ASPD also requires a history of [conduct disorder](#), and at least a few signs of this condition need to show up by the age of 15.

[Learn more about sociopathy, including how it compares to psychopathy.](#)

What is narcissism?



Narcissism generally refers to narcissistic personality disorder (NPD). This condition involves a self-centered, entitled, and haughty attitude that masks deep-seated feelings of inferiority and an incomplete sense of self.

Someone living with NPD may:

- show arrogance, haughtiness, and entitlement in their actions and attitudes
- believe that they're [superior to others](#) and expect special treatment and the “best” of everything
- spend a lot of time wrapped up in fantasies about their intelligence, power, or attractiveness
- need a lot of praise and admiration from others
- have [outbursts of rage](#) when challenged
- easily manipulate or take advantage of other people to get what they want
- have trouble recognizing other people's needs and feelings
- hold grudges and attempt to “get even” in sly or [passive-aggressive ways](#)

[Learn more about key signs of NPD in romantic relationships.](#)

Early signs of NPD may begin to appear during the teenage years. All the same, plenty of adolescents show these traits without going on to develop NPD. In most cases, mental health professionals will likely avoid diagnosing this condition until the age of 18.

As with all [personality disorder diagnoses](#), a diagnosis of NPD requires a fixed and stable pattern of behavior, and it may take more time to recognize these traits in teens and young adults.

[Here's what therapy for NPD might involve.](#)



Know, too, that it's possible to have a few traits of narcissism — or any personality disorder, for that matter — without meeting full diagnostic criteria for the condition.

How do they compare?

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) groups both NPD and ASPD under [Cluster B personality disorders](#).

Experts describe conditions in this cluster as ones that involve unpredictable, highly emotional, and dramatic or volatile interactions with other people.

How they're similar

People with either NPD or ASPD often:


- lack empathy
- show superficial charm and charisma
- behave in shallow or insincere ways
- exploit or manipulate others for personal gain
- have trouble maintaining relationships and consistent employment

It's also worth noting that traits of both conditions often become less severe with age.



Both of these conditions can also improve with professional support from an experienced therapist if the person is interested in [working toward change](#).

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Complicating this overlap in symptoms is the fact that these conditions can occur together. [Research](#) suggests that a co-occurring diagnosis is fairly common. [Experts](#)  also note that having both NPD and ASPD tends to lead to worse mental health outcomes overall.

Yet digging below the surface of each condition reveals plenty of differences, too.

People with narcissistic traits:

- generally don't show the same disregard for laws and rules as people with ASPD
- may show some degree of empathy for others, like their children or pets
- aren't necessarily impulsive or dismissive of their own safety

People with antisocial traits:

- don't typically need admiration and praise from others
- may more often use violence or aggression to [resolve conflict](#)
- typically don't express the same envy of others as people with NPD

Comparing the causes

While experts don't know the exact causes of either personality disorder, they do share a few of the same



risk factors, including:

- [adverse childhood experiences](#), including abuse, rejection, and neglect
- [unhealthy family dynamics](#)
- a family history of the condition

As for differences, [evidence](#) suggests a few additional risk factors for ASPD, including:

- parental [smoking](#) ✓ and [substance use](#) ✓ or [high stress](#) during pregnancy
- exposure to violence in the community or among peer groups
- lower family income or socioeconomic status
- irregularities in brain structure and brain chemistry

NPD, on the other hand, may relate in part to extreme parental admiration and praise.

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Where does psychopathy fit in?

[Psychopathy](#), like sociopathy, refers to ASPD.

You won't find psychopathy in the DSM-5, as it's not an actual mental health diagnosis. That said, some experts consider this a more extreme subtype of ASPD.

It can help to think of ASPD as something of a spectrum, with psychopathy at one end. According to psychologist Robert Hare, who created the Psychopathy Checklist (PCL-R), people with psychopathy — or the most extreme form of ASPD — completely lack empathy for others and a sense of morality, or right and wrong.

People with sociopathy (or less severe ASPD) might, on the other hand, show a little empathy for other people's needs and feelings, as well as some recognition of the difference between right and wrong. They might also rationalize their behavior when their actions don't align with typical social norms.

Some have also suggested that sociopathy involves more impulsivity and less of a tendency to plan. But again, these distinctions aren't officially recognized.

There's also [malignant narcissism](#) to consider. Some experts use this unofficial term to describe a severe presentation of NPD that involves a combination of narcissistic and antisocial traits, along with aggression, sadism, and [paranoia](#).

That said, not everyone with both NPD and ASPD will have this exact combination of traits.



What about the ‘Dark Triad’?

- psychopathy
- narcissism
- Machiavellianism, or cold, cunning, and manipulative behavior

While the Dark Triad isn’t exactly the same thing as malignant narcissism, behavior associated with malignant narcissism could certainly align with these traits.

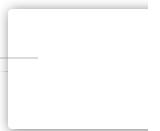
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The bottom line

People living with personality disorders like NPD or ASPD often don’t recognize how their behavior affects others, and they may not understand why it’s problematic, either.

Keep in mind that personality disorders tend to involve a range of complex symptoms, ones that aren’t always easy to make sense of. At the end of the day, only [trained, experienced mental health professionals](#) can make an accurate distinction between narcissism and sociopathy.

If you think a friend or loved one has some antisocial or narcissistic traits, the best way to offer support involves encouraging them to [connect with a mental health professional](#).







Healthline and Psych Central. Her fields of interest include Japanese translation, cooking, natural sciences, sex positivity, and mental health, along with books, books, and more books. In particular, she's committed to helping decrease stigma around mental health issues. She lives in Washington with her son and a lovably recalcitrant cat.

Last medically reviewed on February 7, 2022

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Borderline Personality Disorder



Medically reviewed by [Karin Gepp, PsyD](#)

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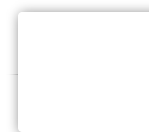
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