THE ANTISOCIAL PERSONALITY TYPE IN A NUTSHELL

“The essential feature of ANTISOCIAL PERSONALITY DISORDER is a pervasive pattern of disregard for, and violation of, the rights of others.”

“The view of the world of individuals with ASPD is a personal rather than an interpersonal one. In social-cognitive terms, they cannot hold another’s point of view at the same time as their own. As such, they cannot take on the role of another. They think in a linear fashion, anticipating the reactions of others only after responding to their own desires. Their actions are not based on choices in a social sense because of these cognitive limitations. Their view of self consists of a system of self-protecting appraisals and attributions.”

When this individual’s personality becomes clinically disordered, they are often considered a “sociopath” or a “psychopath.”

A CLOSER LOOK

When an individual with an ANTISOCIAL PERSONALITY TYPE moves toward the disorder side of the continuum, they will demonstrate at least six self-serving beliefs about themselves and their environment. When personality disorder is evident, these six beliefs will be the driving force of the person’s actions in their external environment. Those beliefs are:

- They are always justified in their actions and desires. “When I want something, my actions are always justified in order to get what I want.” This is true even at the expense or harm of someone else.
- Belief in the absolute validity of their own thinking. “My thoughts and my feelings are completely accurate. This is true because they happen to me.” There is no concept that their thoughts or feelings may be in error. In fact, they cannot be. They occur to them.
- They are always personally infallible. “I always make the right choice. My choices are never wrong because I make them.”

3 These six self-serving beliefs are found in Beck, A (Ed.). Cognitive Therapy of Personality Disorders p. 175.
• Their feelings create their reality. “I know I’m right because I feel that I’m right.”
• The absolute irrelevance of other people. “Other people are irrelevant to my own decisions unless they have some control in the consequences. Then, they must also be controlled.”
• Ignoring possible negative consequences. “Because I have made a decision, undesirable consequences will not occur. If they do, they will not matter.” Since this person has made a decision, that means that the consequences of that decision will be good. This is evident since this person is unable to believe that they can be fallible.

There are four significant patterns that can manifest in an individual who has an ANTISOCIAL PERSONALITY DISORDER.

• Disruptions in cognition. The common denominator in the cognitive disruption of this individual involves pragmatic strategies for self-advancement in social situations. The cognitive disruption focuses on the individual’s need to avoid or control others in all social situations.
• Disruptions in the affective state. The affective state of the individual with ANTISOCIAL PERSONALITY DISORDER is self-focused. They would prefer to avoid emotional interaction with others choosing to be reclusive and disengaged. However, when in a “threatening” situation wherein they fear loss of control, they will usually resort to hostile emotions to attempt to gain control over an individual or a situation. They become masters at controlling others through emotional manipulation.
• Disruptions in interpersonal functioning. The interpersonal functions of an individual with ANTISOCIAL PERSONALITY DISORDER are focused on their need to control and manipulate their environment for their own benefit. They may exhibit different sets of interpersonal skills depending on the situation and the need. Therefore, the antisocial individual may function at work with an apparently high degree of interpersonal functioning to “protect” their own interests on the job. At home, however, they may be more aggressive with their spouse and children. Interpersonal interactions are all related to their need to absolutely control their environment.
• Disruptions in impulse control. The individual with ANTISOCIAL PERSONALITY DISORDER will attempt to control their environment with their own impulses. At times when this effort fails, the antisocial individual may exhibit a loss of impulse control. Furthermore, the antisocial individual may have “private” or personal disruptions in impulse control that may lead to illogical behaviors and substance abuses.

THE BOTTOM LINE

The more pathological this individual’s symptomology is, the more unlikely they will respond favorably to any type of therapeutic intervention. If therapy is forced or mandated, there is almost no possibility of success. The therapist should understand that this individual is unable to understand or take another person’s point of view.
This individual will feel completely justified in using whatever methods must be used to preserve and protect their own interests. The best hope in any therapeutic intervention is to move an individual as far toward “optimal functioning” as possible. Education of the client is a key element in this whole process.

**TECHNICAL DSM-IV-TR CRITERIA FOR DIAGNOSIS OF A FULL PERSONALITY DISORDER**

The official DSM-IV-TR diagnostic criteria for *Antisocial Personality Disorder* are:

A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:
   1. Failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest.
   2. Deceitfulness, as indicated by repeatedly lying, use of aliases, or conning others for personal profit or pleasure.
   3. Impulsivity or failure to plan ahead.
   4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
   5. Reckless disregard for safety of self or others.
   6. Consistent irresponsibility as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
   7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.

B. The individual is at least age 18 years.

C. There is evidence of *Conduct Disorder* with onset before age 15 years.

D. The occurrence of antisocial behavior is not exclusively during the course of *Schizophrenia* or *Manic Episode*.

[The therapist is reminded that the above criteria must be (1) a pervasive pattern, (2) and must begin by (or about) 15 years of age. If those main criteria cannot be met, a personality disorder cannot be diagnosed (technically). If many of the other criteria are present, the therapist should understand that the personality style has drifted toward undesirable and maladaptive behaviors associated with the disorder. Treatment techniques described below should be used to move the personality toward style rather than disorder.]

**DIFFERENTIAL DIAGNOSIS**

There are a number of other disorders that contain similar characteristics to *Antisocial Personality Disorder*. This list contains some of those disorders. The therapist is encouraged to research these similar disorders using the DSM-IV-TR.

**Substance Abuse Disorder.** Both disorders may coexist. *Antisocial Personality Disorder* must be a preexisting condition in order to diagnose both conditions.

---

4 *DSM-IV-TR* p. 706.
**Schizophrenia / Manic Episode / Antisocial Behavior.** Antisocial behavior that occurs in the course of either Schizophrenia or a Manic Episode should not be diagnosed as Antisocial Personality Disorder.

**Narcissistic Personality Disorder.** Dual diagnosis can be accepted if criteria are met for both Personality Disorders.

**Histrionic Personality Disorder.** Individuals with Histrionic Personality Disorder do not typically engage in antisocial behaviors although they may have other traits associated with Antisocial Personality Disorder.

**Borderline Personality Disorder.** Borderline Personality Disorder individuals manipulate other people to gain nurturance while individuals with Antisocial Personality Disorder manipulate people for profit or power.

**Paranoid Personality Disorder.** Individuals with Paranoid Personality disorder manipulate others for revenge while individuals with Antisocial Personality Disorder manipulate others for profit or power.

**Commonly Associated Axis I Disorders**

There are a number of DSM-IV Axis I Disorders that are commonly associated with the Antisocial Personality Type. The therapist should be aware of each of these Axis I Disorders and screen for them, if such screening seems appropriate.

**Major Depressive Disorder.** An individual with an Antisocial Personality Type can suffer from consistent and sometimes extreme social isolation. Nobody else understands them because they are “different” from other people. Repeated failures are routine with the Antisocial Personality Type as well as interpersonal conflicts. All of these factors result in the increased probability of a Major Depressive Disorder.

**Dysthymic Disorder.** Dysthymic Disorder is a lesser form of Major Depression and doesn’t meet all of the criteria. However, the depressive symptomatology continues over a longer period of time – at least two years. This disorder may exist in the Antisocial Personality Type for the same reason as a Major Depressive Disorder.

**Anxiety Disorders.** The Antisocial Personality Type illicits consistent and long-lasting conflicts between people, rules, social situations and social standards. This constant conflict may result in a variety of Anxiety Disorders.

**Somatization Disorder.** Somatization Disorder may be present in the Antisocial Personality Type. This disorder results in significant physical complains that involve repeated visits to a medical doctor. In order to meet criteria for the disorder, the physical complaints must be from four categories: pain symptoms, gastrointestinal symptoms, sexual symptoms, and pseudoneurological symptoms. These physical manifestations may
be a result of the fact that the individual is not in contact with their emotional state. Thus, the buried emotions manifest themselves in somatic displays.

**Substance-Related Disorders.** In order to mask the anxiety and depressive symptomology, the *Antisocial Personality Type* may be prone to substance abuse. This is a logical escape mechanism from the harsh realities of life.

**Pathological Gambling.** The *Antisocial Personality Type* may use pathological gambling for the same purpose as substances. However, the added element of this individual being “special” may lead them to believe that they have an edge to winning.

**The Antisocial Personality Continuum**

All personality flows on a continuum from order to disorder – from function to dysfunction. Internal and external stressing events are the “triggers” that motivate a personality that is functioning in an orderly fashion to move toward disorder. Since each personality is different, not all stressing events hold the same impacting “value” for each person. A stressor that might cause significant personality disruption in one person might not effect another at all.

Each clinically recognizable *Personality Disorder* has its corresponding *Personality Style*. The goal of the therapist should be to move a disordered personality from a state of disorder to a state of homeostasis – the corresponding *Personality Style*.

According to Sperry, the optimally functioning *Antisocial Personality Style* contains ten elements. Correspondingly, there are ten elements that indicate the breakdown of each of those ten optimally functioning elements. As an individual “trades off” each of the optimally functioning elements for a maladaptation, they are moving closer to a clinical assessment of full *Antisocial Personality Disorder*. The effort, therefore, must be to establish and maintain the optimally functioning elements of the *Antisocial Personality Style* without allowing for diminution toward more maladaptive traits.

---

Sperry’s continuum includes the following ten elements:

<table>
<thead>
<tr>
<th>Optimal Functioning</th>
<th>Maladaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The person prefers a free-lancer living style, and lives well by their talents,</td>
<td>• The individual is unable to sustain work behavior.</td>
</tr>
<tr>
<td>skills, ingenuity, and wits</td>
<td>• The individual fails to conform to social norms with regard to lawful behavior, performing</td>
</tr>
<tr>
<td>• The individual tends to live by their own internal code of values and they are</td>
<td>antisocial acts that are grounds for arrest.</td>
</tr>
<tr>
<td>not much influenced by others or society’s norms.</td>
<td>• The person is irritable and aggressive as indicated by physical fights or assaults.</td>
</tr>
<tr>
<td>• As an adolescent, the individual tended to be a high-spirited hell-raiser and a</td>
<td>• The person experiences repeated failures to honor financial obligations, believing that money</td>
</tr>
<tr>
<td>mischief maker.</td>
<td>will turn up somehow.</td>
</tr>
<tr>
<td>• The person tends to be generous with money.</td>
<td>• The person fails to plan ahead and/or is impulsive as indicated by moving about without a</td>
</tr>
<tr>
<td>• The person tends to be a wanderlust, but is able to make plans and commitments for</td>
<td>prearranged job or clear goals.</td>
</tr>
<tr>
<td>limited time periods.</td>
<td>• The individual has no regard for the truth as indicated by repeated lying, use of aliases, or</td>
</tr>
<tr>
<td>• The individual tends to be silver-tongued – gifted in the art of winning friends.</td>
<td>conning others for personal profit.</td>
</tr>
<tr>
<td>• The person tends to be courageous, physically bold and tough; they will stand up to</td>
<td>• The person is reckless regarding their own and others’ personal safety as indicated by driving</td>
</tr>
<tr>
<td>others who take advantage of them.</td>
<td>intoxicated or recurrent speeding.</td>
</tr>
<tr>
<td>• The individual tends not to worry too much about others. They expect others to be</td>
<td>• As a parent or guardian, the individual lacks ability to function as a responsible parent.</td>
</tr>
<tr>
<td>responsible for themselves.</td>
<td>• The person has never sustained a totally monogamous relationship for a long period of time.</td>
</tr>
<tr>
<td>• The person has a strong libido, and although they may desire several partners,</td>
<td>• The individual lacks remorse and feels justified having hurt, mistreated, or stolen from others.</td>
</tr>
<tr>
<td>they can remain monogamous.</td>
<td></td>
</tr>
<tr>
<td>• The individual tends to live in the present and doesn’t feel much guilt.</td>
<td></td>
</tr>
</tbody>
</table>
The Antisocial Personality Style Under Stress

The following behaviors will likely manifest when an individual with an Antisocial Personality Type faces a triggering event. In the case of the Antisocial Personality Type, triggering events will be situations related to the individual’s need to conform to social standards that do not allow them to maintain control of their environment. The same holds true of established social rules that interfere with the individual’s need to maintain control.

- Mistrust of everyone that might be associated with the triggering event. This may involve questioning the fidelity of a spouse in case of a marital crisis.
- Dissociation may be a factor if the individual is sufficiently disordered.
- Hyper vigilance due to perceived threats in their environment.
- Explosive exercise of power for purposes of gaining environmental control.
- “Quiet” behind the scenes manipulation through channels that the individual has open to them. This may involve manipulation of co-workers (in the case of a work-related crisis) or children (in the case of a marital crisis).
- Cognitive distortions of reality due to denial of obvious environmental realities.
- Extreme efforts to regain control that may include subtle threats of violence or retribution against those involved in the perceived loss of control. The therapist must understand that these may be directed toward them if the individual perceives that the therapist is somehow at fault.
- Apathetic withdrawal when the individual fails to regain control of environmental factors.

Disorder Etiology and Triggers

Etiology is the study of causes and origins for a malady. The list of etiological causes and origins for this personality type have been compiled from accepted psychological research. Each personality type also has a number of triggers that will likely be associated with movement from optimal functioning toward maladaptation. While this list of triggers is not all-inclusive, this list does contain the most commonly accepted reasons that trigger a maladaptive episode in an individual with an Antisocial Personality Type.

Psychosocial Etiology for the Antisocial Personality Type

The formulation of personality (and, consequently, the potential for disorder) occurs during child development. No parent and no family environment is perfect. Thus, the imperfections of that home environment will lead to the development of some personality “skew.” That skew is called a personality style.

In cases where the home environment was significantly maladaptive, traumatic, or damaging to the psyche of the child, the potential for development of a full-blown personality disorder increases with the onset of early adulthood.

The following list contains likely issues that arose during childhood that precipitated the formulation of the Antisocial Personality Type. Many of these issues will not be
cognitively accessible to the client and there is a likelihood that many of these issues will be denied by the client. In spite of client denial (which is very common) these are the most commonly accepted reasons for the psychosocial development of the *antisocial personality type*.

The therapist must recognize the difference between an optimally functioning personality style and a personality that is moving (or has moved) toward disorder. The personality that is not in a state of disorder but skews toward the personality style may contain a few of the events from this list, some items may be repressed, or less severe family behaviors that follow the same “theme” may have existed (but not necessarily with the same intensity).

The therapist should not “automatically” assume that each of these items was a reality in the person’s home of origin. This list should be used for investigation and exploration in order that the therapist might understand the dynamics of the home of origin.

- Parental neglect, cruelty, or abuse. The neglect, cruelty or abuse was likely severe in nature, extent and degree. This parental behavior creates a “stranger self-object.” The child sees the parent figure as a stranger who cannot be trusted. The child believes that the parent harbors ill will toward them.
- Parental hostility. The child experienced substantial vindictive behavior from at least one parent.
- Interruption of the attachment process. The interaction between parent (most likely the mother) and child leaves the child fixated in the separation-individuation stage of development. In adulthood the person is unable to differentiate between themselves and others. They simply cannot tell the difference.
- Absence of a loving maternal object. Thus, the concept of object permanence cannot occur. If something is not currently seen, it probably doesn’t really exist. Mother is often internalized as a predator. There was probably little consistent authority or parental guidance. This causes significant malformation of the superego and leaves the adult with no real ability to sort out moral issues or to experience guilt.
- Family behavior patterns to investigate at the disorder level include cruel and harsh attacks against the individual, gross neglect at a crucial age, physical abuse of the child, alcoholism of at least one parent, spousal abuse, dereliction of parental duty, incompetent parental nurturance, adult responsibilities as a child, and erratic/unpredictable parental discipline.6

[The above list does not contain biochemical considerations associated with the etiology of the *antisocial personality type*. The therapist should understand that there may be biochemical issues associated with this disorder. Those issues are best addressed by a medical doctor or a Psychiatrist.]

---

6 Some of these family behavior patterns are indicated with a full disorder. In the case of a stable and optimally functioning personality style, the therapist may not locate these family behavior patterns, the behaviors may be repressed, only a few behaviors may exist, or less severe family behaviors that follow the same “theme” may be indicated.
**DISORDER TRIGGERS**

The following list contains the most common triggers that precipitate a crisis event or a full disorder in someone with an *antisocial personality style*.

**Accepted Social Standards.** An individual with an *antisocial personality type* may encounter commonly accepted social standards that disrupt their plans or desires. When they encounter those social standards and cannot resolve their desire to go against those standards, the conflict between the standards and their desires may trigger a disorder event.

**Confrontation with Rules.** As is the case with accepted social standards, an *antisocial personality type* may have a conflict with established rules that will trigger a disorder event. These individuals do not typically understand the reason for either standards or rules that conflict with their desires.

---

**TREATMENT COURSE**
**FOR ANTISOCIAL PERSONALITY ISSUES**

The following is a summary of treatment objectives when a therapist is dealing with an *antisocial personality type*. As is the case with any client engagement, when the therapist feels that they are not capable of dealing with a specific case the case should be referred to another therapist. Also, in the event that a therapist takes on a specific case and after an appropriate time period does not see progress, the case should also be referred.

---

**POTENTIAL MALADAPTIVE DEFENSE MECHANISMS**

While it is possible for any individual in crisis to use any of the maladaptive defense mechanisms, there are maladaptive defense mechanisms that certain personality styles “favor” over others. The therapist should thoroughly research all defense mechanisms that the client might be using.

There are seven major defense mechanisms that are commonly used by individuals with the *antisocial personality type*. Five of those involve some type of image distortion and may indicate a significant problem leading toward psychosis (any defense mechanism above Level #2).

**Intellectualization.** This mechanism involves the excessive use of abstract thinking or intellectual reasoning to minimize emotional discomfort. This is a mechanism of choice for the *antisocial personality type* since affective states are feared by antisocial individuals because emotions lead to loss of control and vulnerability. [Level #2 – Mental Inhibitions Level]

**Isolation of Affect.** This mechanism involves the segregation of cognitive “facts” from the feelings that were originally associated with them. Only the cognitive elements remain and the emotions are disposed of. This mechanism is used for the same reason as *intellectualization*. [Level #2 – Mental Inhibitions Level]
**Omnipotence.** The client behaves or speaks in such a manner that they project the image to others that they possess special powers or special abilities. There is a distinct projection that they are in some way superior to others. Since the individual with an *Antisocial Personality Type* is unable to see beyond themselves, this is a very logical defense mechanism for them to use. [Level #3 – Minor Image Distortion Level]

**Rationalization.** The client uses elaborate and incorrect but coherent and self-assuring explanations or whole narratives to conceal the true motivations of their thoughts, actions, or emotions. These tactics are used to avoid emotional conflict or to cope with stressors. Cognitive distortion is a key element for the individual with the *Antisocial Personality Type*. [Level #4 – Disavowal Level]

**Splitting.** The client is unable to integrate both positive and negative qualities of self or others into cohesive images. They compartmentalize opposite effects. Opposite emotions cannot be experienced simultaneously. Therefore, another person will be viewed as either totally “bad” or totally “good.” These good and bad assessments may change quickly regarding the same person. This is due to the cognitive distortions of the *Antisocial Personality Type*. [Level #5 – Major Image Distortion Level]

**Acting Out.** The client commits physical actions directly in response to internal reflections and feelings of affective states. These actions may be dangerous actions at times including attempted suicide and acts of violence toward others. Another likely form of *Acting Out* during an *Antisocial Personality Type* crisis might be the client removing themselves from the environmental situation that they perceive is causing their distress. This option will only be chosen, however, with “higher level” functioning antisocial individuals (especially those with an elevated *Narcissistic Personality Type*). [Level #6 – Action Level]

**Apathetic Withdrawal.** The client withdraws from any attempts to deal with the internal or external stressing events or the affective states associated with those stressors. The client no longer wishes to discuss the stressor nor do they desire to work toward resolution. The client is now “frozen” in their crisis. This option will only be chosen, however, with “higher level” functioning antisocial individuals (especially those with an elevated *Narcissistic Personality Type*). [Level #6 – Action Level]

**THE TREATMENT PROCESS**

**Prior to Therapeutic Intervention**

The first course in treatment for the *Antisocial Personality Type* is to get a broader conceptualization of the individual. In cases of significant personality dysfunction or maladaptation, there are undoubtedly family structure and home of origin issues that are important. Thus, the *Foundations Assessment* is a vital tool for the therapist to administer prior to actual therapeutic intervention. The client’s current levels of anxiety and depression are also important. Therefore, either *QuikTest* or the *Personal Crisis Inventory*...
should be administered. The Addictions and Dependency Scale may also be an important tool since it will reveal a broad range of both addictions and codependent behaviors.

The therapist should begin by reviewing all Assessment results. That includes review of other elevated personality styles included in this report. In all likelihood, the therapist will find that more than one personality type will be elevated above the 50% threshold. This is not abnormal. Each personality type that is elevated should be analyzed and cross-correlated. The therapist should look for common elements among all of the elevated personality types. Those elements that are common to all personality type elevations will likely be significant issues for the client.

Objectives of Therapy

During the initial interview phase of therapy the therapist must determine the reason that the client has been presented to therapy. Current home issues should also be discussed. The potential for Axis I Disorders should be considered during the interview. Finally, prior to the actual treatment phase of therapy, the therapist should conduct an investigation of the client’s home of origin. This information should be gathered in hopes of correlating the results of the Foundations Assessment and the personality type elevations.

In the beginning of any therapeutic effort, the therapist must realize that the prognosis is guarded for success in counseling the Antisocial Personality Type. This fact is heightened on two points: 1) when the client’s disorder score is significantly elevated (about 50%), and/or 2) the client is being “forced” into counseling. The force could be something as official as a mandate from a court system or as simple as a spouse threatening to leave if the individual doesn’t engage in therapy.

The Antisocial Personality Type is usually not interested in treatment. The therapist must be very realistic about the potential for success.

With that in mind, the therapist needs to think realistically if they really want to engage in a therapeutic relationship with this individual. Meloy has identified five reasons that the therapist should consider prior to accepting a case. If any of these five exists, the therapist should strongly consider not taking the case.

- The client has a history of sadistic or violent behavior toward other people.
- The client exhibits a total absence of remorse for violent or sadistic behaviors.
- The client has a long-standing incapacity to develop emotional attachments.
- The client displays apparent high or low intelligence. Either of these will thwart the therapy process.
- The therapist has an uneasiness or fear for their own safety during the therapy process.

To help a therapist make a determination whether or not they will counsel an individual with an Antisocial Personality Type, the therapist may wish to consider these five points.

---

7 If an individual displays four or more elevated personality styles, this may present a problem. The therapist should understand that the more personality styles the individual displays, the more the personality tends to become disassociated from a unified and consistent core. A personality that contains more than three personality types will likely score on the DSM Personality Cluster score in the MARET Counseling and Assessment Personality Style Analysis. The therapist should carefully examine those results.

• What is the motivation for the individual entering therapy? If they are being “forced” to enter therapy, there is little possibility of success. Did the client self-initiate therapy or did someone else ask them to go?

• If their score on the Narcissistic Personality Type is also elevated substantially, there is a slightly better possibility of success in counseling. The narcissist is concerned about themselves and their image. This may be enough motivation to keep the individual focused in therapy.

• Is the client in serious personal crisis or emotional distress? If so, that may be a reason for them to voluntarily enter therapy. The therapist should understand that many times crisis will be enough to get them in, but once the immediate distress is gone, there is a significant possibility of premature termination of therapy.

• Is the client apparently suffering from a Major Depression Episode? Is the client suffering from another Axis I Disorder? That, again, may be a reason for them to self-initiate and stay in therapy.

• Does it appear from the initial interview that the therapist can form an alliance with the client? The therapist must realize that this individual is probably very good at winning people over in the beginning. They need to keep all options open. If the therapist believes they can form an alliance with the client, there is a possibility of making some success moving the personality from distress toward style.

“The idea that a patient with ASPD is like other patients, just more difficult, is a massive under-evaluation.”9

The therapist who does decide to counsel an individual with an Antisocial Personality Type should realize the following:

• The therapist should be well trained and must submit the case to supervision and oversight of some type. It is essential that the therapist has someone to discuss the case with so that they can gain additional insight into direction for therapy.

• The therapist should understand that therapy may only provide better management skills for the individual and may not lead to complete healing.

• The therapist must be willing and able to work with significant manipulative anger, dissociation, dishonesty, and relationship difficulties without losing control themselves.

• It is always unwise to counsel a couple in a joint session when one of the individuals has an elevated antisocial disorder score.10 This is especially true when the spouse is a Dependant Personality Type.

• The individual with an Antisocial Personality Type will use anger, hostility, threats and rage during therapy to control the therapist. The therapist must not allow those elements to control or influence therapy. These are attempts to derail

10 It is possible to counsel a couple when one has an antisocial type if the antisocial score is substantially toward the style side rather than the disorder side. If the therapist chooses to engage in couples’ therapy under these conditions, the therapist must realize that the antisocial type will still be quite manipulative in the sessions – even thought their antisocial score is toward the style side of the continuum.
and discredit the therapist. Usually when the client is successful, the therapist is
discounted as an ineffective agent by the antisocial individual. If this occurs, the
therapist should immediately refer the individual to another therapist.

- The antisocial person will do everything to “prove” that the therapist is not good
  enough or knowledgeable enough for them. Once the client has accomplished this,
  the antisocial person will no longer cooperate in therapy. The therapist has lost
  their effectiveness. The therapist must immediately refer the individual to another
  therapist.

- The client will consistently deny their problems and their personality
  characteristics.

- The client will always be right. They will not question their actions, motives or
  beliefs as being wrong. Consistent justification will be demonstrated to prove they
  are right.

- The therapist must be active and confrontational during each session. They must
  never take a passive role in the process of therapy. Passivity is seen as weakness by
  the client and they will immediately use passivity to end the effectiveness of the
  therapist.

- The client will always minimize, deny, and justify their actions and beliefs. They
  are never as “bad” as they seem.

- The therapist must never exhibit empathy toward the client. The client will attempt
  to illicit empathy from the therapist, the therapist has lost their effectiveness. The client must be referred.

- Even though they may not show it, the client will always distrust the therapist. They
  will appear to be “on the therapist’s side” but that is never the case. They are
  on their own side and they are unable to consider anyone else’s side. They simply
  cannot recognize the viewpoints of another person.

- The therapist must never engage in a “power struggle” with the client. The client
  will always win.

The following themes will consistently recur during counseling sessions. The therapist
must take advantage of these themes each time they surface. Each of these themes must be
confronted and dispelled.

- Other people are always out to abuse, humiliate, cheat, lie, manipulate, or take
  advantage of the client.

- The client is superior to others and not bound by the rules and norms that govern
  normal social interaction. They are “special people.”

- The client will believe they are incapable of self-control and frustration tolerance.
  This excuses many of their behaviors (especially their impulsivity).

- The client may display a belief that they are defective, bad, unwanted, or inferior.
  This is a tactic to gain empathy from the therapist. It is a trap.

- The client will say that though they have a desire for an emotionally stable
  relationship other people are simply unable to meet their needs.

- The client will espouse the belief that significant others will not or cannot provide
  reliable and stable support. They believe that there is always the potential for
  abandonment.
• The client may believe that they are alienated, different from others, or not part of any group. No one understands them.

There are three techniques that might meet with some success when counseling an individual with an **antisocial personality type**. While these techniques may not result in complete healing, they may result in an effective reduction in disordered symptomology.

• The therapist must attempt to link the client’s actions to their internal states. This should be done by demonstration to the client that what they “do” is associated with what they “think.”

• Use cognitive methodology to instruct a client about the **antisocial personality type**. While this technique is not always beneficial for other personality types, it is most effective with the antisocial individual since it subverts their denial of the systematic course of their personality. It puts within the mind of the individual the complete knowledge of the disorder, which makes it harder for the individual to deny the nature of their behaviors.

• The individual with the **antisocial personality type** must learn to engage their decision-making skills. Their impulsivity will mitigate against them thinking through decisions. They tend to act out of a need for control and power. The therapist should instruct the individual to create a problem list to be completed between every session. That problem list should contain a listing of specific problems that the individual encounters during the week. The individual should think through the problem and come up with every potential solution – even solutions that are totally uncharacteristic for the individual. During the next therapy session, the therapist and the individual should review all problems listed on the problem list. Each possible solution should be examined in light of the **antisocial personality continuum**. The therapist should help the individual understand the difference between solutions that are from the “disorder” side of the continuum and solutions that are from the “optional functioning” side of the continuum.

**A Special Note About the Marital Relationship**

The individual with a significantly disordered **antisocial personality type** must be in complete control of their environment. In all likelihood, that individual will not be able to engage in any long-term marital relationship unless the individual to whom they are married has a corresponding personality style that allows for comprehensive control of the spouse.

While this individual may in a “fit” of idealism (because of their impulsive tendencies) marry someone that does not have a controllable personality, the likelihood of that marriage surviving long is slim. When an individual with a significantly disordered **antisocial personality type** has been married for a significant period of time, the therapist will likely find that the spouse has some passive form of personality that is easily controlled and manipulated by the individual. The most likely fit is the **dependent personality type**. This is a “classic” match for someone with an **antisocial personality type**.

14
When these two are paired together, the antisocial person is able to trigger an almost continual crisis in the dependant individual so that they can easily manipulate them and control them. The spouse, therefore, becomes an “extension” of the antisocial individual.

The therapist must understand that the likelihood of resolving this interpersonal interaction is slim. In order to resolve this marital combination, both individuals need to “wake up” at the same time, realize the extremely maladaptive nature of their personality types and their relationship, and desire together to make significant and lasting changes. This possibility is highly unlikely.

More likely is the termination of the relationship. In many cases, a crisis event associated with the marriage will precipitate the need for therapy. The antisocial individual may engage in counseling simply because the spouse has already engaged in counseling. The purpose for the antisocial individual engaging in counseling in this situation is to “scope out” the ability to control the therapeutic process.

If the dependant spouse is able to recover themselves in any way from their dependant behaviors, the antisocial individual will be thrown into personal crisis. Many of the attributes listed above under the Style in Crisis heading will come into play.

One of two events will likely occur at this point.

- The dependant spouse will exit therapy prematurely due to the successful controlling efforts of the antisocial individual. The home will return to its maladaptive dysfunctional status. Now, the antisocial individual will have gained even more power and ability to control. The dependant individual may never attempt to reach out for help again. The antisocial individual may never let them.
- The dependant spouse, having seen “freedom,” may decide that they want to be healed from their dependency at all costs. That may indeed mean at the expense of the marriage. When a dependant individual realizes that they do have power to make their own choices (that they never really acknowledged before) they may grab a hold of that power and free themselves from their dependant tendencies. At this point, the marriage is over.

When an antisocial individual is in a marriage relationship, the therapist must assess the spouse to determine the personality interaction that is maintaining the relationship. The therapist must be fully aware from the beginning that this is a most volatile situation that might indeed end less than favorably.

**Dangers of the Therapeutic Process**

There are significant obstacles and potential dangers associated with the therapeutic process for the *antisocial personality type*. The therapist must understand that the more the client tends toward true personality disorder, the more possible these dangers become. The dangers include the following:

- Potential suicide of client.
- Homicide of the therapist. This is especially possible if the therapist is also counseling the client’s spouse. If the client feels that they are losing control in the home, the client may react in a violent manner.
- Familial homicide/suicide. Usually this happens for the same reason as above. The antisocial husband who feels he is losing control of his wife may kill his wife and himself.
- Assault and battery of the therapist.
- Commission of criminal behavior during the course of therapy.
- Litigation. This is especially true in marital cases. The client may engage in a tort case for something like “alienation of affection” if they feel that the therapist has driven the spouse away emotionally.
- Early termination of therapy. Many times the Antisocial Personality Type will enter therapy to resolve a significant, uncomfortable crisis. When the immediate discomfort from the crisis is relieved, the client may exit therapy before the resolution of the personality type issues.

**Successful Completion of Treatment**

Success with an individual who has an Antisocial Personality Type may be a relative term. In all likelihood, the best results that a therapist can expect is to move the personality from disorder to style and to educate the client about their personality type so that the client might take action throughout their life to maintain an optimal functioning of their personality. This will be a continual battle for the individual.

The therapist should consider their efforts successful when the client has learned to regulate some of the most consistent maladaptive beliefs that they have instilled within their personal belief system. That will include:

- Resolution of the belief that other people are always out to abuse, humiliate, cheat, lie, manipulate, or take advantage of them.
- Resolution of the belief that the client is superior to others and not bound by the rules and norms that govern normal social interaction.
- Resolution of the belief that the client is incapable of self-control and frustration tolerance. They will no longer excuse their behaviors and will learn to control their impulsivity.
- Resolution of the belief that they are defective, bad, unwanted, or inferior.
- Resolution of the belief that others will simply be unable to meet their emotional needs.
- Resolution of the belief that significant others will not or cannot provide reliable and stable support.
- Resolution of the belief that they are alienated, different from others, or not part of any group.
is highly recommended for pastors who engage in counseling. It is available for purchase on the MARET web site or from Amazon.com.