Psychopathology

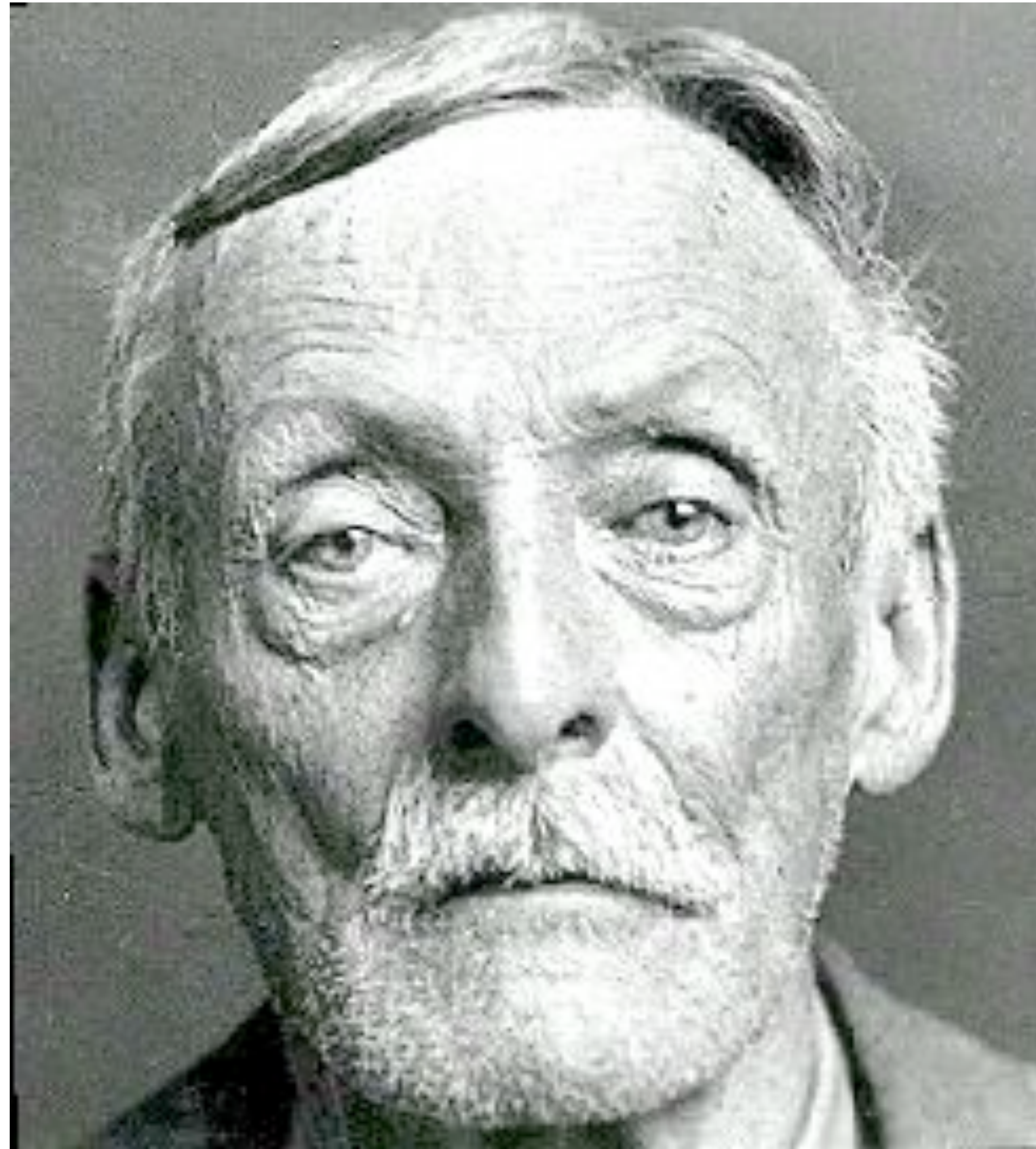
“Psycho?”

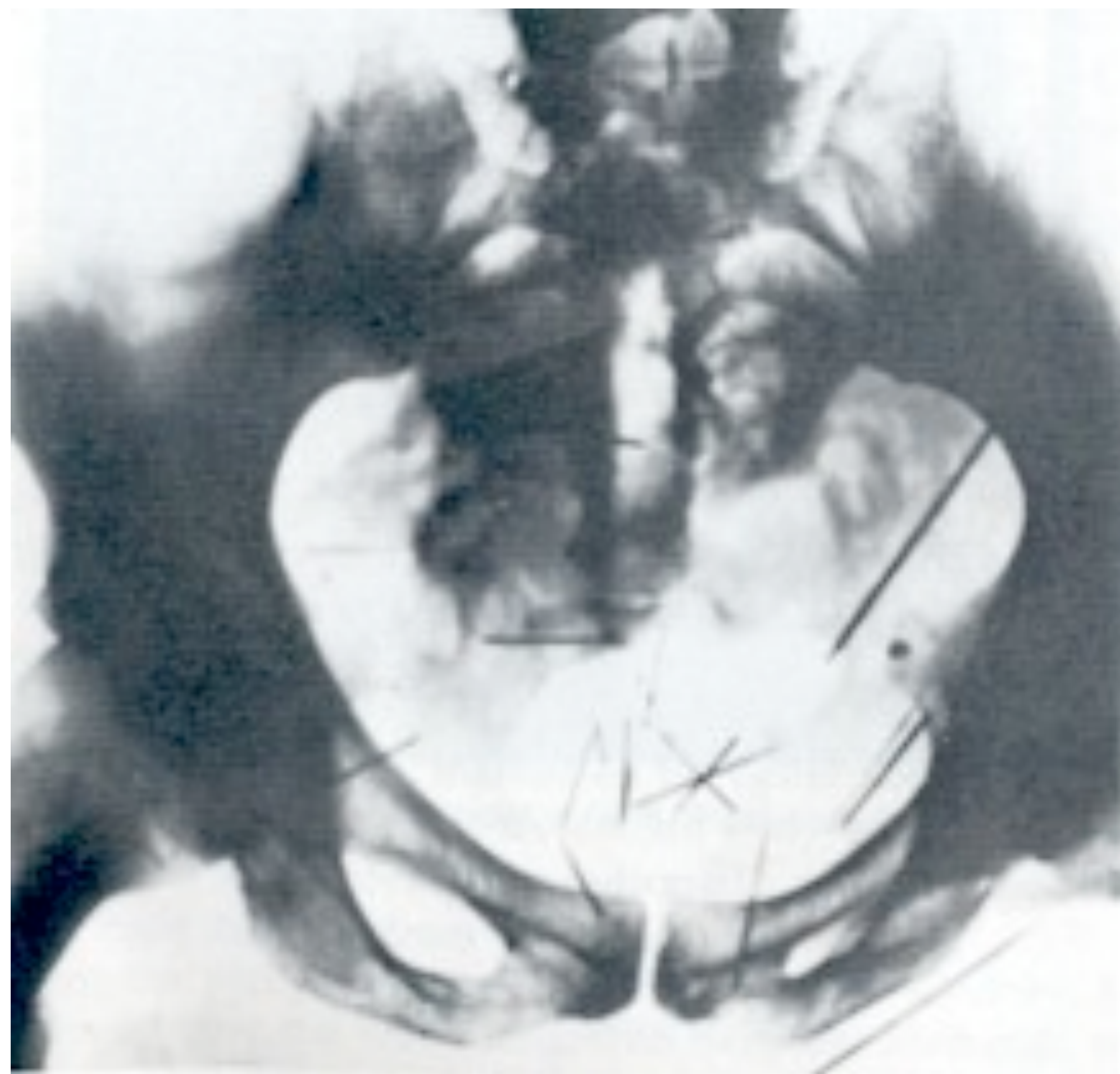
- Psychopath?
- Psychotic?
- Psychopathology?

Disorders

- Paraphilias
- Schizophrenia
- Antisocial Personality Disorder
- Dissociative Identity Disorder
- Factitious Disorder

Albert Fish (1870-1936)





Paraphilias

Diagnostic criteria for 302.89 Frotteurism

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving touching and rubbing against a nonconsenting person.

B. The person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.

Diagnostic criteria for 302.84 Sexual Sadism

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving acts (real, not simulated) in which the psychological or physical suffering (including humiliation) of the victim is sexually exciting to the person.

B. The person has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.

Diagnostic criteria for 302.83 Sexual Masochism

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act (real, not simulated) of being humiliated, beaten, bound, or otherwise made to suffer.

B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Diagnostic criteria for 302.2 Pedophilia

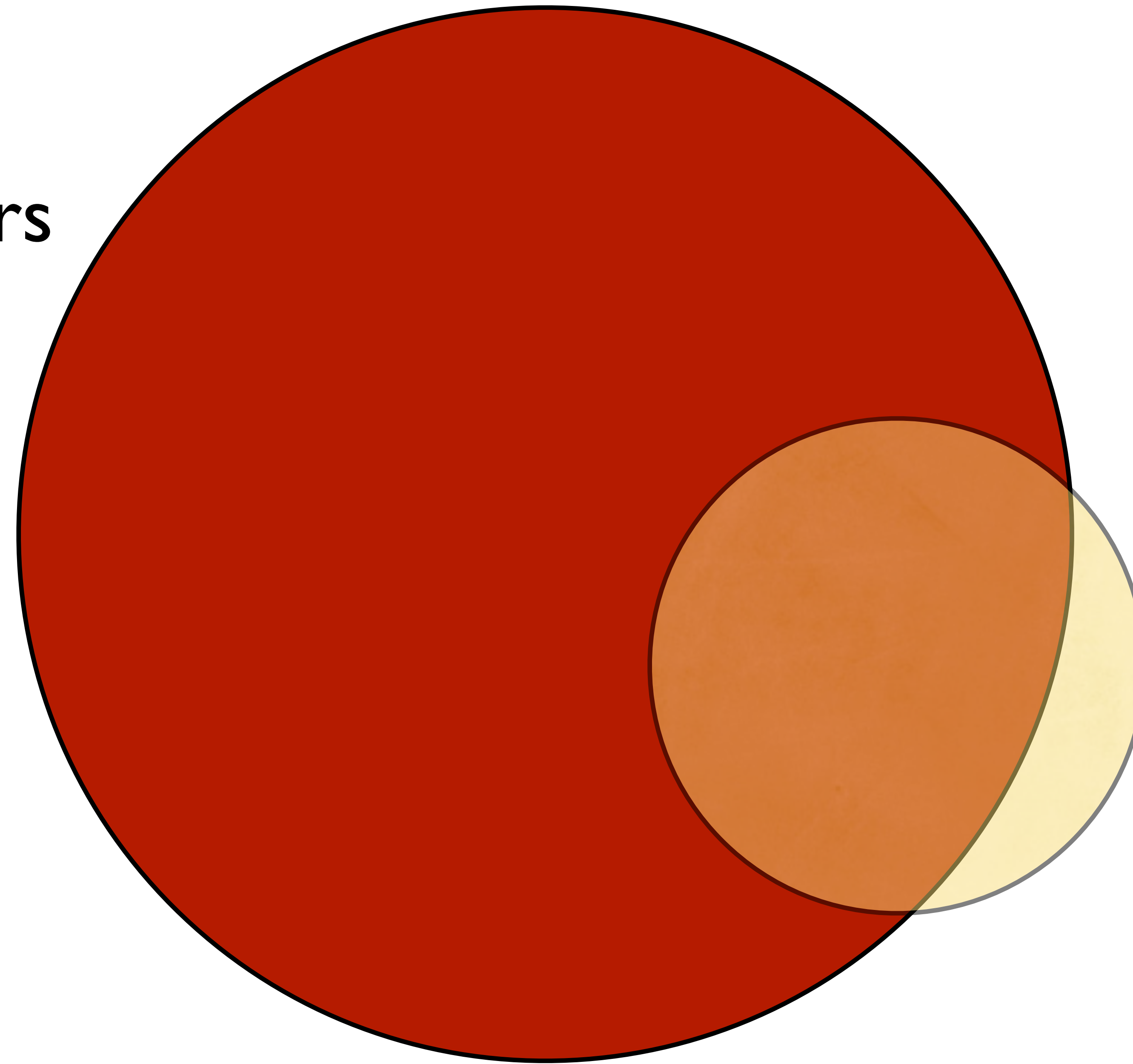
A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).

B. The person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.

C. The person is at least age 16 years and at least 5 years older than the child or children in Criterion A.

Note: Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13-year-old.

- Sexual attraction to pre-pubescent children
- 16 years old, 5 years older than child
- Not necessarily behavioral
- Pedophile ≠ Child molester
- Child molester ≠ Pedophile


Child Molesters
Pedophiles

Pedophile child molesters

- Grooming
- Excessive interest in children
- Homes have child themes
- Idealistic language re: children
- Frequent moves
- Multiple victims
- Prior arrests
- Lack of romantic adult relationships
- Might marry to gain access to children
- Jobs that allow access to children
- Choose vulnerable children
- Photos of children
- Child pornography

Non-pedophile (situational) child molesters

- Has adult romantic relationships
- Stressor precipitates offense
- Victims more often female
- Victim more often family member

Schizophrenia

Diagnostic criteria for Schizophrenia

A. *Characteristic symptoms:* Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):

(1) delusions
(2) hallucinations
(3) disorganized speech (e.g., frequent derailment or incoherence)
(4) grossly disorganized or catatonic behavior
(5) negative symptoms, i.e., affective flattening, alogia, or avolition

Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other.

B. *Social/occupational dysfunction:* For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

C. *Duration:* Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

Diagnostic criteria for 295.30 Paranoid Type

A type of Schizophrenia in which the following criteria are met:

A. Preoccupation with one or more delusions or frequent auditory hallucinations.

B. None of the following is prominent: disorganized speech, disorganized or catatonic behavior, or flat or inappropriate affect.

Diagnostic criteria for 295.10 Disorganized Type

A type of Schizophrenia in which the following criteria are met:

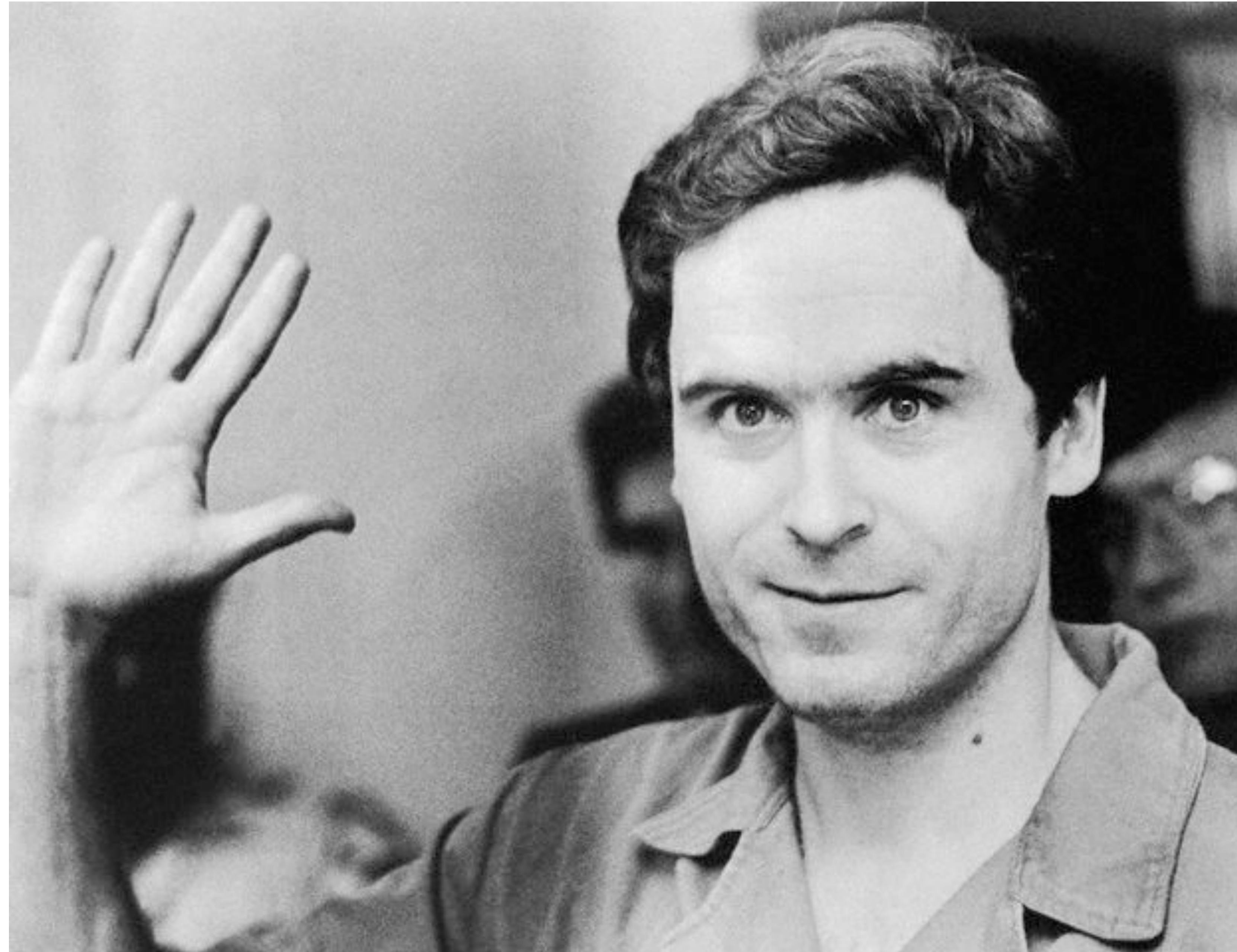
A. All of the following are prominent:

(1) disorganized speech
(2) disorganized behavior
(3) flat or inappropriate affect

B. The criteria are not met for Catatonic Type.

Herbert Mullin

Ted Bundy



- Antisocial Personality Disorder
- Personality disorders
  - Axis II
- Psychopath
- Sociopath

General diagnostic criteria for a Personality Disorder

A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:

   (1) cognition (i.e., ways of perceiving and interpreting self, other people, and events)
   (2) affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response)
   (3) interpersonal functioning
   (4) impulse control

B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.

C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.

E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.

F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma).

Diagnostic criteria for 301.81 Narcissistic Personality Disorder

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

(1) has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
(2) is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
(3) believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
(4) requires excessive admiration
(5) has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations
(6) is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
(7) lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
(8) is often envious of others or believes that others are envious of him or her
(9) shows arrogant, haughty behaviors or attitudes

Diagnostic criteria for 301.7 Antisocial Personality Disorder

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 repeated 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 (see p. 98) with onset before age 15 years.

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

Hare's Psychopathy Symptoms

I. Emotional/Interpersonal

- glib and superficial
- egocentric and grandiose
- lack of remorse or guilt
- lack of empathy
- deceitful and manipulative
- shallow emotions

II. Social Deviance

- impulsive
- poor behavior controls
- need for excitement
- lack of responsibility
- early behavior problems
- adult antisocial behavior

Dissociative Identity Disorder

- “Compartmentalization”
- Sybill
- Three faces of Eve

Billy Milligan

Factitious Disorder

- aka Munchausen Syndrome (by Proxy)
- Psychosomatic illness
- Hypochondriasis
- Malingering

Diagnostic criteria for Factitious Disorder

A. Intentional production or feigning of physical or psychological signs or symptoms.

B. The motivation for the behavior is to assume the sick role.

C. External incentives for the behavior (such as economic gain, avoiding legal responsibility, or improving physical well-being, as in Malingering) are absent.

Factitious Disorder (Munchausen)
Part I

Factitious Disorder (Munchausen)
Part II

Profile of FDBP offender

(from FBI LEB article)

- Are most often biological mothers of the victims, but potential offenders are not limited to this group; fathers and persons outside the family also have been identified
- Are often upper class, well-educated persons
- Remain uncharacteristically calm in view of the victim's perplexing medical symptoms
- Welcome medical tests that are painful to the child
- Praise medical staffs excessively
- Appear to be very knowledgeable about the victim's illness
- Have some medical education, either formal or through self-initiated study or experience
- Might have a history of the same illness as the victim
- Typically shelter victim from outside activities, such as school or play with other children
- Allow only selected persons close to their children
- Maintain a high degree of attentiveness to the victim
- Seem to find emotional satisfaction when the child is hospitalized, because of the staff's praise of their apparent ability to be a superior caregiver

FDBP warning signs

- Unexplained and prolonged illness that puzzles experienced doctors who may state that they have "never seen anything like it before"
- Repeated hospitalizations and extensive medical tests that fail to produce a diagnosis
- Symptoms that do not make medical sense
- Persistent failure of the victim to respond to therapy
- Signs and symptoms that dissipate when the victim is removed from the suspected offender's presence
- Mothers who do not seem worried about their child's illness, but are constantly at the child's side while in the hospital
- Mothers who have an unusually close relationship with the hospital's medical staff
- A family history of sudden infant death syndrome
- Mothers with previous medical or health-care experience who have a history of the same type of illness as their child
- A parent who welcomes medical testing of the child, even if painful
- Attempts to convince the staff that the child is still ill, when advised that the child will be released from the hospital
- A model family that normally would be above suspicion
- A caregiver with a previous history of Munchausen Syndrome
- A caregiver who adamantly refuses to accept the suggestion that the diagnosis is nonmedical

Motivational factors

- Most offenders crave the attention gleaned from hospital staffs, doctors, and family members
- Offenders become more aggressive as time passes
- Some offenders, in theory, might receive gratification as they fool the doctors. They derive enjoyment from knowing what is wrong with the child while medical experts remain baffled
- Some offenders may fear going home or adjusting to a normal daily routine without being the center of attention
- A relatively minor crisis, such as the fear of being left alone or of the child's being released from the hospital, could trigger an attack on a victim
- An offender who is praised as a hero for saving a child might elect to re-create that euphoria by fabricating subsequent incidents of abuse and revival of the victim.