

The Psychological Aspects of Crime Fiction Characters: Some Why and What Questions

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RELIABLE RESEARCH

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*BODY LANGUAGE -
SIGNS OF LYING

*FICTION/FILM
GETTING IT RIGHT
AND WRONG

Searching the web



<https://www.nimh.nih.gov>

National Institute of Mental Health – focused on the understanding and treatment of mental illness



<https://www.verywellmind.com>

Some additional good websites:
<https://www.mayoclinic.org/diseases-conditions/index?>
<https://www.webmd.com/>



<https://nida.nih.gov>

National Institute on Drug Abuse
-- to advance the science on addiction and carry that forward to advance public health

Diagnosis – DSM - 5

Diagnostic ‘bible’ in the US for mental and substance use disorders: The American Psychiatric Association, Fifth Edition, Diagnostic and Statistical Manual of Mental Disorders (2013), a text revision was just released March 2022). The International Classification of Diseases (ICD) and the NIMH’s Research Domain Criteria (RDC) are two other classification systems for mental disorders.

DSM-5 can be viewed at Multnomah County Library locations on site (see <https://multcolib.org>); 2013 DSM-5 for less than \$20 on amazon

Questions:

What are the signs of a sociopath? How do people become sociopaths?

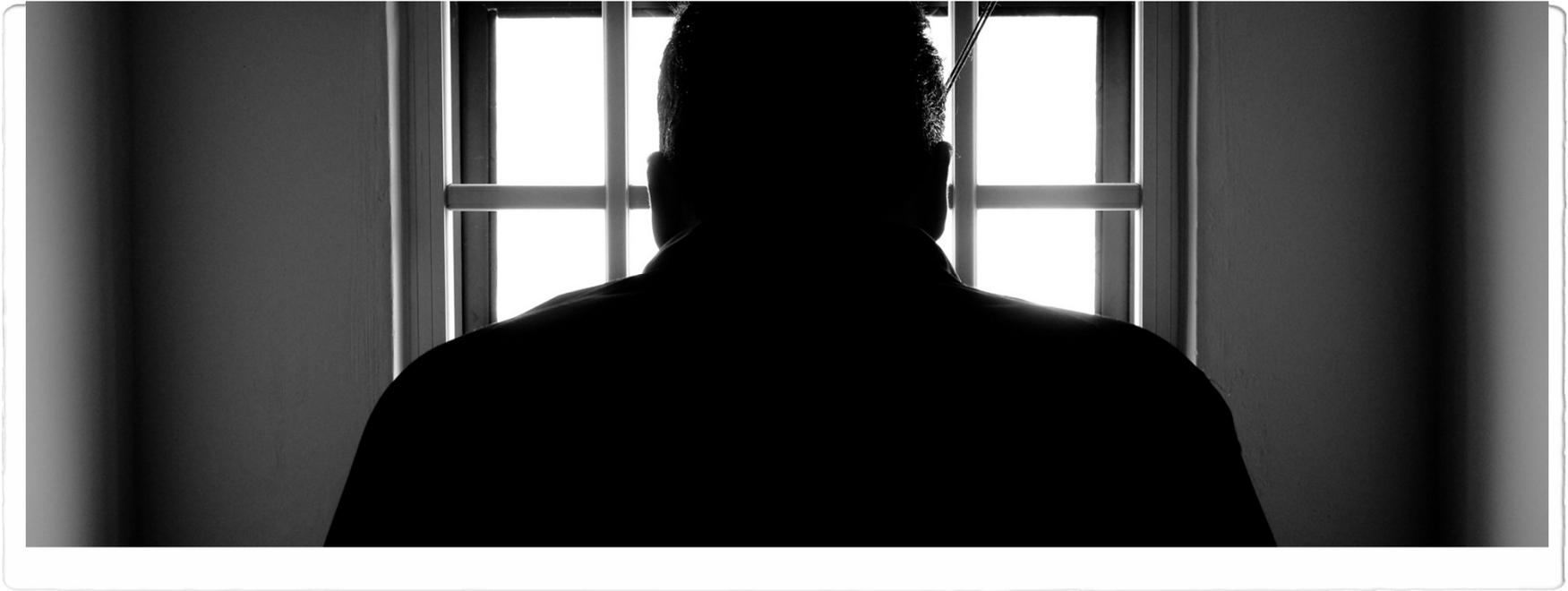
A Personality disorder – an enduring (inflexible, pervasive) pattern of inner experience and behavior deviating markedly from the expectations of the individual's culture. Affects at least two of these areas – thinking, feeling, behaving (interpersonal function, impulse control). The pattern is cut across a broad range of personal and social situations, and:

- leads to distress or impairment in social, work or other areas of functioning
- onset traced back at least to adolescence or early adult (many times preceded by Conduct disturbance in childhood)
- the pattern is not better explained by another mental disorder and can't be a result of the physical effects of a substance or a medical condition

Cluster A: Paranoid, Schizoid, Schizotypal (odd, eccentric)

Cluster B: Antisocial, Borderline, Histrionic, Narcissistic (drama, erratic, emotional)

Cluster C: Avoidant, Dependent, Obsessive Compulsive (anxious, fearful)



What are the signs of a sociopath? How do people become sociopaths?

Sociopathy = Antisocial Personality Disorder-ASPD (must be 18 years or older):
a. 3 or more of the following (a persisting pattern since at 15),

- failure to conform to social norms with respect to lawful behavior
 - deceitfulness
 - impulsivity or failure to plan ahead
 - irritability/aggressiveness (e.g. repeated fights or assaults)
 - reckless disregard for the safety of self and/or others
 - consistent irresponsibility (e.g. regular work, honoring financial obligations)
 - lack of remorse (e.g. indifference to or rationalizing harmful behavior)
- b. evidence of Conduct Disorder with onset before age 15
- c. the antisocial behavior does not exclusively occur during the course of Bipolar or Schizophrenic disorders

Associated features: lack of empathy (or ability to 'switch off' empathy), callous, cynical, contemptuous of the feelings/rights/sufferings of others, inflated/arrogant self-appraisal, excessively opinionated/self-assured/cocky, may exhibit glib, superficial charm and/or be quite voluble and verbally facile, may be irresponsible and exploitative in sexual relationships, have a history of multiple sexual partners/may never have sustained monogamy, may be irresponsible parents, have a history of military dishonorable discharge, fail to be self-supporting, become impoverished or homeless, **without 'conscience'**

Conduct Disorder—a child/adolescent condition:

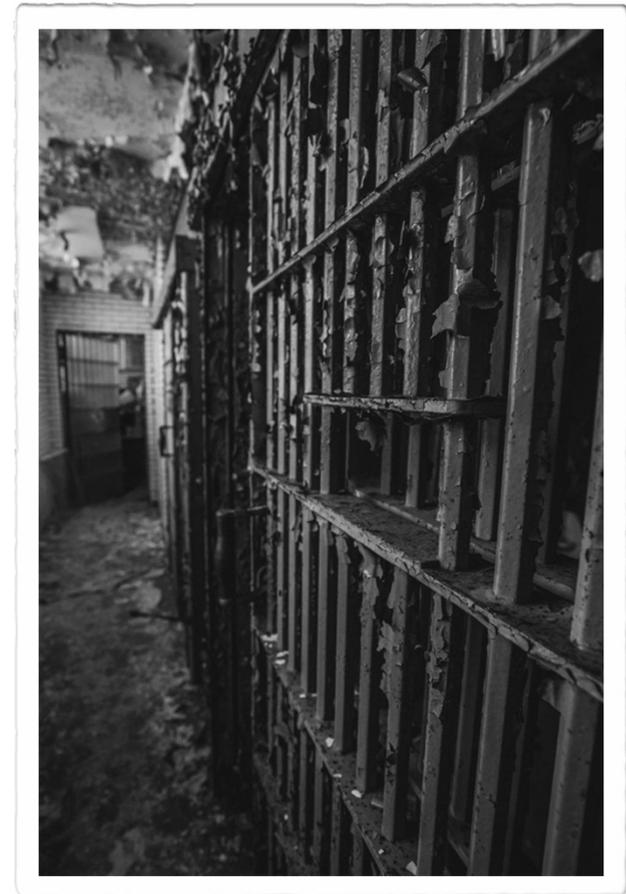
a repetitive pattern of behavior violating the basic rights of others, or age-appropriate society norms or rules.
Must have 3 or more of 15 criteria present in the past 12 months.

- ◆ Aggression to people and animals
- ◆ Destruction of property
- ◆ Deceitfulness or theft
- ◆ Serious Violations of the rules
- ◆ Causing significant impairment in social, academic or occupational functioning
- ◆ Can have onset in child or adolescent years
- ◆ May have limited prosocial emotions, such as: lack of remorse or guilt, callous-lack of empathy, unconcern about performance, shallow or deficient affect

Sociopaths can get depressed

Those with ASPD may also experience emotional symptoms (depressed mood, tension, intolerance of boredom), as well as other mental disorders. Anxiety disorders, Depressive disorders, Substance use disorder, Gambling disorder, Somatic symptom disorder, etc. Other personality features, especially borderline, narcissistic may co-occur.

- The baseline prevalence is between 0.2 – 3.3% over 12 months
- Prevalence rates increase dramatically in special populations, e.g. men with Alcohol or substance use disorders in prisons. Prevalence rates are higher in groups with adverse socioeconomic (poverty) or sociocultural (migration) factors.
- The likelihood of developing ASPD is increased if the individual experienced the childhood onset of conduct disorder before age 10 and accompanying ADHD (Attention Deficit/hyperactivity disorder).
- Other factors increasing the likelihood of ASPD include childhood abuse or neglect, unstable or erratic parenting, or inconsistent parental discipline. All of these increase the likelihood that conduct disorder will evolve into ASPD.



The saying, “Sociopaths are made, psychopaths are born,” is a broad generalization as noted in this article, a good discussion – <https://www.verywellmind.com/what-is-a-sociopath-380184>

Genetic factors

* First degree relatives of those with ASPD are more likely to have ASPD, and the risk to first degree relatives of women with ASPD are higher than to those of men with ASPD. Biological relatives of those with ASPD also have higher rates of Substance/Alcohol use and Somatic symptom disorders. Adoption studies indicate both genetic and environmental factors contribute to the risk of ASPD.

Gender proneness

* ASPD is much more common in men vs women, but there is concern that women are underdiagnosed, or underrecognized with ASPD because of overemphasis on the aggressive items in the definition of conduct disorder.

Sociopath, or psychopath?

* **Psychopathy** (a set of personality traits, does not equate with ASPD) - particularly including lack of empathy, inflated self-appraisal and superficial charm (may be more predictive of recidivism in prison or forensic settings).

What do people act like who live with certain personality disorders, like bipolar or narcissistic personality disorders?

Other personality types, like antisocial (cluster B):

Narcissistic

- ◆ -Grandiose sense of self-importance (braggadocious, expecting to be recognized as superior)
- ◆ -Preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love
- ◆ -Believes that he/she is 'special' and unique; only understood by or should associate with, other 'special' or high-status people/institutions
- ◆ -Requires excessive admiration
- ◆ -Has a sense of entitlement
- ◆ -Interpersonally exploitative
- ◆ -Lacks empathy: unwilling to recognize the feelings/needs of others
- ◆ -Often envious of others or believes others are envious of him/her
- ◆ -Showing arrogant, haughty behavior
- ◆ An associated feature-vulnerability in self-esteem

Borderline

- ◆ -Frantic efforts to avoid real or imagined abandonment
- ◆ -A pattern of unstable and intense interpersonal relationships (extremes of idealization and devaluation)
- ◆ -Identity disturbance: markedly / persistently unstable self-image or sense of self
- ◆ -Impulsivity in two or more areas (spending, sex, substance use, binge eating, reckless driving)
- ◆ -Recurrent suicidal behavior, gestures, threats, self-mutilation
- ◆ -Marked reactivity of mood, unstable mood
- ◆ -Chronic feelings of emptiness
- ◆ -inappropriate intense anger
- ◆ -transient paranoia or dissociative symptoms

Bipolar Disorder

Is not a personality disorder, but rather a Mood disorder (like major depression is a mood disorder). In Bipolar (formerly manic-depression) there are low and 'high' phases.

There are three types of 'Bipolar':

Type 1: full depressive episodes and full manic episodes

Type 2: the predominant illness type is depressive, but there are also smaller, 'high' or 'hypomanic' phases.

Cyclothymic disorder: a lesser severe version of type 1, with highs and lows but not as severely symptomatic.



ALCOHOL (AND SUBSTANCE) USE DISORDERS (abbreviated 'AUD', will use as example)

- the person must present a problematic pattern of alcohol or substance use within a 12-month period leading to clinically significant impairment OR distress.
- there are 11 potential symptoms of AUD that fall roughly into four different categories (loss of control, continued use despite negative consequences, tolerance and withdrawal). The number of symptoms needed for each type of AUD are:

Mild AUD: 2-3 symptoms needed (equates to Alcohol Abuse disorder in DSM-IV, not alcoholism)

Moderate AUD: 4-5 symptoms needed (equates to Alcohol Dependence, or alcoholism, moderate)

Severe AUD: 6 or more symptoms needed (equates to alcoholism, severe)

Note that symptoms of tolerance and withdrawal are not needed to establish a diagnosis of Moderate or Severe AUD (i.e. alcoholism)

QUESTION:

What might an addict act like? How powerful is addiction, and what might it drive people to do?

Taking the substance in larger amounts or for longer than you're meant to.

Wanting to cut down or stop using the substance but not managing to.

Spending a lot of time getting, using, or recovering from use of the substance.

Cravings and urges to use the substance.

Not managing to do what you should at work, home, or school because of substance use.

Continuing to use, even when it causes problems in relationships.

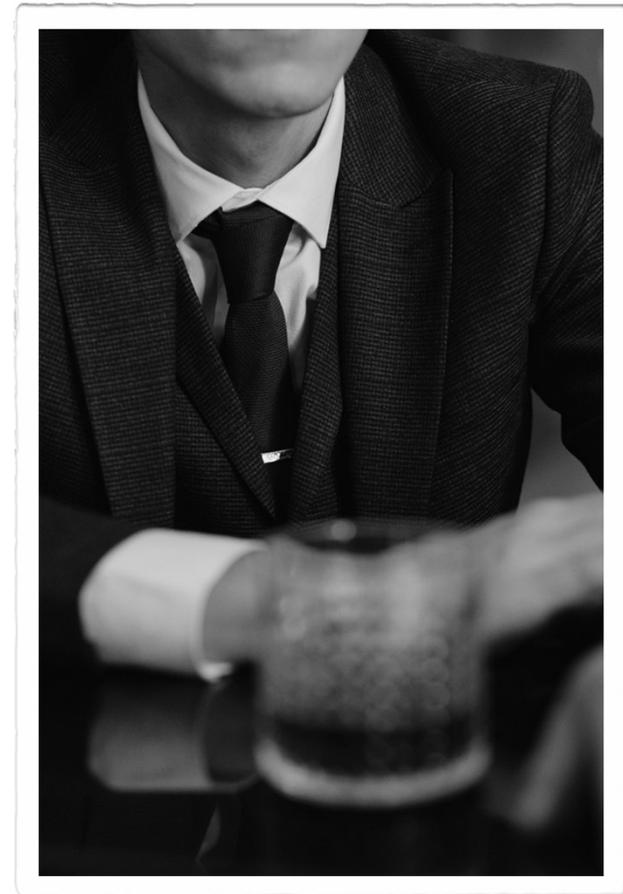
Giving up important social, occupational, or recreational activities because of substance use.

Using substances again and again, even when it puts you in danger.

Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.

Needing more of the substance to get the effect you want (tolerance).

Development of withdrawal symptoms, which can be relieved by taking more of the substance.



Crime Solver Characteristics

What might drive someone to want to solve crimes?

**It seems like most people would simply want to step out the way and not get involved, but some people seem driven to pursue justice.
(Why?)**



To pursue justice, or truth? Or both?

- ◆ -defining justice = fairness, moral rightness, a system of law in which each person receives their due from the system, including all rights (natural and legal); giving each person his or her due.
- ◆ Possible characteristic who becomes a detective or amateur detective:
 - ◆ -having a parent or close relative in police work
 - ◆ -The fascination with evil; seeking understanding of evil (e.g. of a woman's link to spiritual beliefs)
 - ◆ -how moral conscience is lost; can it be regained?
 - ◆ -absolute curiosity
 - ◆ -attention to detail
 - ◆ -special area of knowledge and ability to see 'getting help' is an asset
 - ◆ -helping others
 - ◆ -solving puzzles
 - ◆ -an early brush with crime, or its ripple effects
 - ◆ -early trauma, suppressed or repressed resulting in a driving need to 'seek truth'

Are there physical signs that people are lying?

Body language with lies:

(Dr Lillian Glass, author of *The Body Language of Liars*)

Look for shifts in four categories:

- Bodily movements
- Facial expressions
- Tone of voice
- Content of speech



Debate about reliable body language tips, for example, shirking eye contact may come out of lying, shame, anxiety, boredom. So, take these as suggestions:

1. Gesturing with their hands after they speak as opposed to during or before. Liars more often use both hands, vs those telling the truth.
2. Rocking the body back and forth, cocking the head to the side or shuffling the feet can be signs of deception. Autonomic nervous system changes when people are nervous can lead to fidgiting through sensations of itching or tingling. One researcher found 'grooming behavior' such as playing with one's hair, as a tendency during deception.
3. Moving the eyes away at a crucial moment can indicate the person is trying to think about what to say next. Another study showed those who lied were more like to stare than those who were truthful. This is debated.
4. Research showed people who lied were more likely to purse their lips, when asked sensitive questions.
5. Changes in complexion, '(person) turns white as a ghost' could be a sign of untruthfulness; signals blood moving out of the face.
6. Autonomic nervous system may trigger liars to sweat in the upper lip, forehead, chin, around the mouth, OR have dryness in the mouth and eyes. Excessive blinking, squinting, licking or biting lips or swallowing hard may also be signs.
7. Tone of voice may turn high-pitched. People who lie may raise their voice volume.
8. Content of speech: phrases like 'I want to be honest with you,' 'honestly,' or 'let me tell you the truth' are suspicious. Using vocal fill words, like 'uh,' 'like,' or 'um' are suspect. And 'slips' of tongue can be suspect.

(Review Time; Living Psychology section, Candice Jalili, Jan 25, 2019 -- an article about research, largely at UCLA and the University of Michigan, 2015-2018; Providers Jenny Taitz, Gary Brown; Researcher Dr R Edward Geiselman)



Finally,

In what other ways does crime fiction get it wrong?

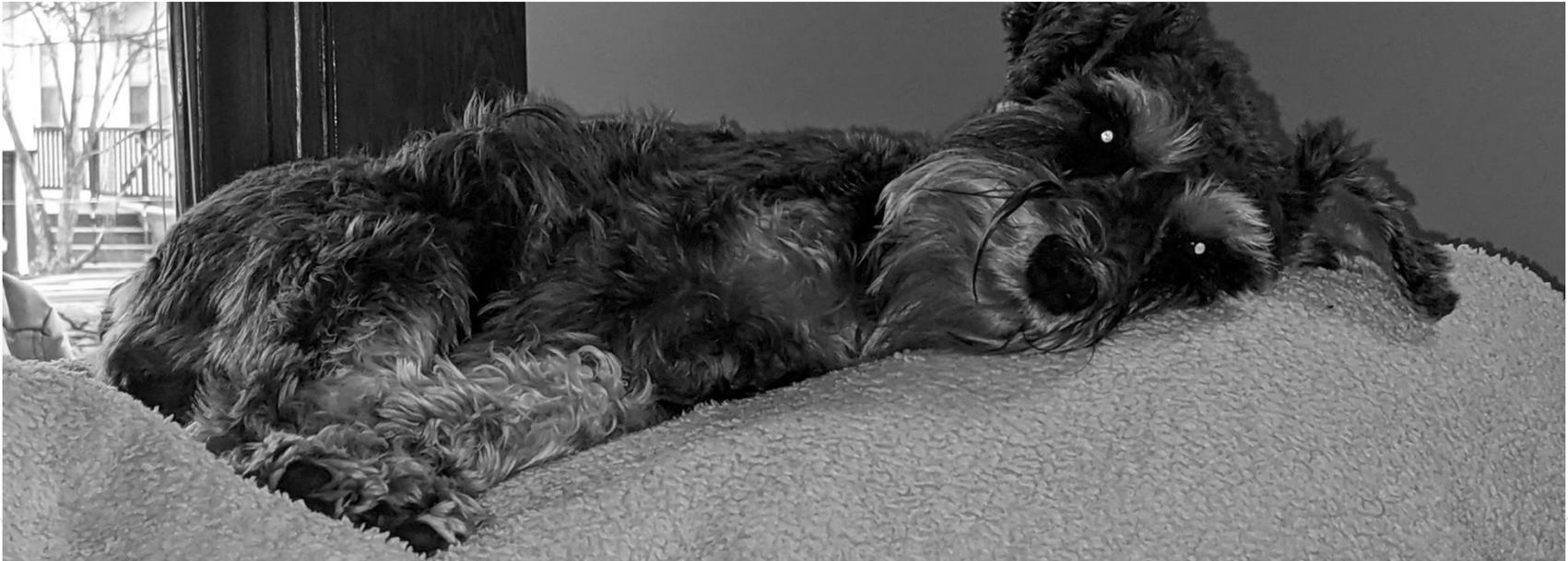
Based on a small sample, entirely subjective and lacking 'evidence based' support:

Great Jobs

- ◆ -The depiction of a horrific early environment for the psychopathic serial killer in Robert Galbraith's (aka JK Rowling's) *Troubled Blood*
- ◆ -The episodic debilitation of panic attacks: Tony Soprano in the Sopranos (and the psychiatrist was realistic)
- ◆ -Gamache's son-in-law's addiction in Louise Penny's later books: both the effects of addiction re: markedly changing personality and how addiction can 'easily' develop
- ◆ -Andie Mac Dowell did a great job with Bipolar hypomanic in *Maid* (the Netflix series)...see Collider article Oct 5, 2021

Not so much

- ◆ A psychologist and a psychiatrist are not the same; getting the provider types accurate, and what they do.
- ◆ -A person with Alzheimer's does not have sudden 'lucid' periods with dramatic improvement in ability to communicate (witness Noah's father-in-law in *The Affair*, last season)
- ◆ -It's extremely difficult to 'act the part' with the disorders: Schizophrenia and Bipolar-manic phase
- ◆ -Back to *The Affair*. The PTSD Noah experiences with psychotic complications appeared to have simply resolved with no reference to how, or if treated? This is very unrealistic.



Thank you

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