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Liana Spytska, Doctor of Psychological Sciences, Ph.D. in Law, Full Professor, Department Head, Department of Psychology and Pedagogy, Kyiv International University, Kyiv, Ukraine.
ORCID 0000-0002-9004-727X, Scopus 57311626300

Socio-psychological characteristics of sociopaths in relationships

Abstract: The relevance of the problem under study lies in the controversial issue that modern psychologists and psychotherapists are trying to solve: antisocial personality disorder is caused by heredity or is it the result of negligent upbringing? A sociopath has difficulty adapting to society, ignores the norms and rules of society, and has a low development of emotional intelligence. Given deviant behaviours, people with such a mental disorder are prone to breaking the law and committing serious crimes, so such people can be dangerous to others. Thus, the purpose of this study is to examine the manifestation of the personal characteristics of a sociopath in relations with the environment. The main method that was used to examine this problem was a psychological experiment, through which it was possible to comprehensively consider the characteristic features of sociopaths and analyse the main types of attachments. The main result of the study is proving that a certain parenting style in infancy activates the inherited gene of this mental illness. The study also presents the criteria by which it will be possible to quickly establish the diagnosis of antisocial psychopathy. The main prerequisites for the development of sociopathy are covered and the features of their manifestation in adult life are identified. The use of techniques as the most successful diagnostic tools for investigating the psychological phenomenon stated in the subject of the study is justified. In practical terms, the materials of the study allow expanding the context of sociopathic diseases. In clinical practice, specialists will be able to improve the treatment protocol: from the very beginning of therapy, it is necessary to consider negative childhood experiences, difficulties in socialisation and emotional regulation. Given the specific features of building relationships of a sociopath with other people, this study highlights the importance of forming a collaborative, well-defined therapeutic relationship that is key to the recovery of a patient. The study also notes the need for preventive measures by the social service among parents, during which the importance of a harmonious family environment and parent-child relationships are highlighted.

Keywords: personal mental disorder, psychopathy, psychotraumatic factor, personality of the patient, antisocial behaviour.



Introduction

According to the International classification of diseases ICD-10, sociopathy is a type of psychopathology characterised by impulsivity, irresponsibility, and often criminal behaviour (*International classification...*, 2021). In the middle of the 19th century, the antisocial disorder was considered moral insanity, later it was attributed to psychopathy (*Bozhik*, 2020). There are few thorough studies on personality psychology and sociopath behaviour patterns, and most often,

these observations provide a collective portrait of personality disorder. It can be difficult to involve an ardent sociopath in the study, so documented cases of successful treatment or correction of sociopathy are not enough to formulate a treatment protocol from them. In addition, the final diagnosis can be made only after 18 years. Today, sociopathy is an object of research by psychotherapists, psychologists, and criminologists. The latter are interested in sociopaths because such people are good manipulators, indifferent to the environment and their feelings, they perceive the world as a means to achieve their own goals, which makes them potential criminals (*Purse, 2022*).

The study of the causes of this disease was conducted by E. Zaredinova (*Zaredinova, 2020*), D.J. Lieberman (*Lieberman, 2022*), L. Hachak-Velychko and O. Rolyuk (*Hachak-Velychko & Rolyuk, 2020*). The most common opinion of researchers is that a child inherits an antisocial personality disorder, especially when both parents had a mental illness in the family. Another factor contributing to the development of antisocial psychopathology is psychological trauma in childhood and physiological brain damage (*Horkovska, 2022*). In the studies of M. Zimmerman, 4% of people are diagnosed with sociopathy, and most of them are men (*Zimmerman, 2022*). They have a special style of communication – unpredictable, there is risk in their actions, disregard for external circumstances, feelings and emotions of others.

K.A. Fisher and M. Hany state that one in three out of a hundred people suffers from antisocial personality disorder (*Fisher & Hany, 2022*). According to researchers, one of the main reasons for the development of sociopathy is the stress that a child experiences in early childhood while in an incomplete dysfunctional family. Children from such families can become victims of physical or sexual violence, and the parenting style with an unstable psyche leads to a sense of danger and distrust of the world. However, the authors have positive results in treating sociopaths and believe that the disease can be eliminated through competent psychotherapy or independently. About a third of the subjects lost their antisocial behaviour by having a long-term, harmonious relationship with a mentor.

The diagnosis of sociopathy is outdated in scientific circles, so in the modern theory of psychology, the term antisocial personality disorder is used. A psychiatrist can make such a diagnosis if during the diagnosis it was possible to identify the following signs: high self-esteem, high level of aggression, demonstrativeness, exalted accentuation of character, lack of empathy, a tendency to delinquent behaviour, a low level of ability to form an attachment to people. While the first four signs can occur in any type of psychopathy, the last three are substantial signs of sociopathy. Victims of sociopaths describe them as charismatic, attractive, idealising their behaviour until the first cases of humiliation, insults, and accusations. A characteristic feature of sociopaths is manipulation; they use other people to meet their own needs. I. Fragkaki et al. analysed the ability of sociopaths to establish close relationships (*Fragkaki et al., 2019*). Given how easy and simple it is for sociopaths to make acquaintances, they don't have a truly long-term and close relationship with anyone, not even their family. Researchers consider their pathological lies, disregard for their own safety and the safety of others, cases of repeated violations of the law, and the commission of serious crimes to be the main obstacle to establishing close relationships.

According to the above information, the purpose of this study is to develop measures for the timely identification of signs of a sociopath, followed by the provision of qualified psychotherapeutic assistance.

Materials and Methods

In the course of the study, the following theoretical research methods were used: analysis, synthesis, concretisation, and generalisation of scientific-methodological literature on psychology, psychotherapy, criminology. Among the diagnostic methods used were questionnaires, psychological observation, interviews, and psychodiagnostic. In the course of the empirical part of the experiment, the following psychodiagnostic methods were used: a multifactorial personality study by R. Cattell, the method “The past. The present. The future”, the method of portrait choices by L. Szondi, diagnostics of interpersonal relations by T. Leary (modification of L.N. Sobchik), and the “Experiences in Close Relationships” technique. Using the methods of mathematical statistics and graphical representation of the results, data processing was conducted, and theoretical and practical conclusions were summarised.

A clinical and anamnestic analysis of the medical history was conducted from the control cards of dispensary care for a patient with a mental disorder to achieve the goal set in the study and implement the tasks. In total, the experiment involved 80 people aged 18 to 21 years (30 – female and 50 – male), who had a general diagnosis of “personality disorder”. Group 1 included 46 people from the sample who were brought to criminal responsibility and underwent a forensic psychiatric examination. Group 2 included 34 people who have no history of committing criminal acts, but the clinical picture of these patients shows aggressive tendencies. All patients were analysed for the absence of somatic diseases and signs of physiological brain damage.

During the empirical study, all the components of a clinical and psychiatric examination were applied: questioning, external examination, observation of behaviour, and analysis of objective signs of a disorder or features of a mental state. After collecting all the necessary information, a psychodiagnostic block was started. The survey was conducted over three months. Method of multifactorial research of the personality by R. Cattell was used to assess the individual psychological characteristics of the patient. The raw scores that were obtained from the responses were converted to the scales, and then the combination of a pair of primary factors and their value level (high, medium, low) were determined by the highest indicators. The methodology “The past. The present. The future.” was used to examine the temporal and spatial organisation of consciousness. Each respondent was asked to draw the past, the present, and the future on three sheets of paper, after which it was necessary to explain the meaning of the drawing. Responses were recorded by the values of personal content, meaning, and subject content. The method of portrait choices of L. Szondi was used to test the ability to adequately understand and differentiate the emotional state of other people. Using this method, respondents were offered photos of a group of people with different moods. The subjects had to correlate them by emotion. All elections of respondents were recorded in the protocol. Methodology for diagnosing interpersonal relationships by Leary (modification of L.N. Sobchik) was used to examine the ideas of the subjects about themselves and the ideal “Self”, and to examine relationships in small groups. Depending on the obtained indicators, the types of attitudes toward others in both groups were distinguished. The “Experiences in Close Relationships”

method is aimed at investigating specific attachment relationships inherent in childhood: avoiding intimacy, fear of abandonment, and striving for closeness.

The Results of the Study

Modern research in psychopathology is aimed at investigating mental disorders that were formed in childhood. In this issue, the researchers were divided into two groups: those who consider biological factors to be the driving factor in the development of the disease, and those who consider the influence of social factors the cause of the development of the disease. Proponents of biological factors indicate that the basis for the development of sociopathy is genetic, constitutional, anatomical, or physiological factors, namely: low reactivity and excitability of the nervous system, the predominance of the “run” reaction to danger, delayed development of brain structures due to damage or dysfunction of the brain, violation of biological processes in the perinatal period of fetal development.

Representatives of the behavioural approach prove that the social environment has a substantial impact on the development of a personality of a sociopath. Especially the style and quality of the parent–child relationships: hostility, cruelty, and the presence of alcohol and drug addiction in parents. First of all, it is believed that the lack of object relations is a substantial factor in the fact that a person becomes a sociopath. While the infant is extremely dependent on the mother and father, object relationships act as an appropriate template through which the child’s feelings, beliefs, and expectations are determined. Consequently, the internal object world of the child substantially affects their interaction with people and reality in general. That is, children with somatic diseases do not necessarily have to become sociopaths, but children with unreliable attachment in infancy are at risk of developing sociopathy. That is why patients of the psychiatric department with somatic diseases did not take part in this study. Results of diagnostics using the method of multifactorial personality study by R. Cattell are shown in the figure (*Figure 1*).

From Figure 1, it can be concluded that 74% of people from group 1 who were subject to criminal proceedings are characterised by irresponsibility, flexibility in relation to social norms, disregard for moral values, regulation of behaviour under the influence of circumstances, and a tendency to antisocial manifestations (G- scale). 73% have a sufficient level of intelligence on the B- scale (concreteness, rigidity, and reduced efficiency of thinking, difficulties in solving abstract problems, insufficient level of general verbal culture), half of the subjects of the first group are prone to patronage, have a changeable mood (I+ scale). Practicality, everyday aspirations, and limited imagination (M- scale) is inherent in 73% of people in group 1. On the F+ scale, 51% of respondents from group 1 have a high level of expressiveness, however, such a high level of importance of emotional relationships with people is manifested due to the tendency of patients with sociopathy to attract attention to themselves. Paranoid tendencies, a high degree of suspicion, uncertainty, and tension (L+ scale) are inherent in 74% of respondents from group 1. On the O+ and Q4 + scales, 74% of patients have high levels of anxiety and tension, respectively. Patients with personality disorder from group 2 have some traits of individuals from the first group on the I+ and L+ and O+ scales (emotional softness, paranoia, high level of anxiety). However, on the F- scale, such patients are characterised by prudence in choosing a communication partner, pessimism, and restraint in expressing emotions.

Conformism on the Q2- scale is a characteristic feature of a group of respondents who committed criminal acts.

Aggressiveness, hostility, and malice can often be symptoms of pathopsychological changes. Such symptoms were detected in respondents from group 1 during anamnestic analysis and psychodiagnostic examination of individual psychological characteristics of the individual. Due to the lack of timely examination and lack of competent therapy, the development of these symptoms leads to a mood disorder, which is manifested by tension with an angry-mournful affect, irritability, which develops into outbursts of anger with aggression. Confirmation of this opinion is reflected in the results of psychodiagnostics using the method of interpersonal relations. Leary (modification of L.N. Sobchuk) (*Table 1*).

Consequently, it is these types of interpersonal relationships that predominate among patients with sociopathic personality disorder, as shown in Table 1. Namely, aggressive (100%) and egoistical (100%). It is worth noting that the responsible-generous (altruistic) type of interpersonal relationship is a sign of a pathological tendency to lie, a kind of “mask” that the patient uses to hide their manipulative way of communicating. In group 2, aggressive (98%) and egoistical (95%) types of interpersonal relationships also predominate among those who were not prosecuted. However, they are also characterised by authoritarian (98%), suspicious (96%), and the latter was the most pronounced type of interpersonal relationships for which the highest number of points was chosen (13-16), that is, respondents of the second group perceive the world as hostile and try to stay away, subject everything to doubts. These results indicate that patients in group 2 do not have a tendency to sociopathy, but they are characterised by other types of personality disorder. Results of psychodiagnostic examination according to the method “The past. The present. The future.” are presented in the table (*Table 2*).

The results of the experiment shown in Table 2 indicate that patients with sociopathy (group 1) have a limited emotional field, which causes certain difficulties in the subjective perception of reality (only 6% of respondents were able to explain the content of the figure “The Past” and “The present”). None of the respondents could explain the personal content of the drawings. The overwhelming majority of respondents stated the presence of the depicted objects in the drawing (subject content). For example, to the question “What is shown in this drawing?” they gave the following answers: “a tree, a house, a person, an animal. The question: “What do they mean to you?” could not be answered by none of the study participants who were once brought to criminal responsibility. This is explained by the fact that in the process of forming images in the minds of sociopaths, they lose the individual-semantic component of the object, their emotions go beyond awareness and the patient cannot give indirect subjective meanings to the object. In simple words, the cognitive field falls from the emotional field into dependence, which leads to affective reactions.

In the intellectual actions of a sociopath, there is no basis for the meaning of a mental image, especially when it comes to the future, that is, they are not able to integrate accumulated experience, adhere to social norms, predict, and plan. Consequently, the inability to regulate one’s behaviour in accordance with the requirements of society leads to a violation of critical thinking and mediation. In this connection, the existence of content-forming motives becomes impossible, the behaviour of sociopaths is controlled by stimuli. Any hierarchy of motives in this case is impossible, such people are aware of the world through specific things and circumstances.

Thus, difficulties in recognising one's own emotions and observing social norms lead to inadequate differentiation of other people's emotional states, which makes sociopathy the most dangerous type of pathology. For comparison, the diagnostic results of group 2 in Table 2 are presented. A small number of patients with various types of personality disorders are still able to integrate their own experience, have the ability to empathise, and tend to adhere to social norms. Confirmation of the above is demonstrated by the results of diagnostics of the method of portrait choices by L. Szondi (*Table 3*).

At the end of the diagnosis, the results of which are presented in Table 3, quantitative analysis of the data showed that sadism-masochism manifests itself in 98% with a tendency to s+, that is, in patients from group 1, such painful signs of the factor as sadism and antisocial behaviour with violent manifestations predominate. The paranoid factor was manifested in 98% of respondents with the p- pole, that is, these patients are characterised by expansive schizoid accentuation, megalomania, alcoholism, drug addiction, illegal actions: fraud, hooliganism. Similar signs are inherent in 100% of respondents who have a depressive state with the d+ pole, and 96% with a manic state at the m- pole. It is worth noting that it was difficult for respondents from the first group to form groups of photos according to any mood, on average they managed to form 3 groups each, difficulties were caused by the instruction "choose a photo of a person that you like/dislike". While the subjects from group 2 were able to complete the task – forming 5-6 groups on average, they still have behavioural deviations.

According to Table 3, according to the factor of sexual undifferentiation – 56% of respondents have sexual behaviour disorders, 12% have the sadism-masochism factor manifested with s- pole with a tendency to harm their own lives. Epileptoid tendencies were manifested in 97% of the second group with the e+ pole, such patients are characterised by psychosomatic diseases, have a pathological tendency to follow the rules and control others in this. 98% have hysterical tendencies with the hy + pole, 100% – catatonic manifestations with the c+ pole: anxiety-suspicious, obsessive states, depressive-hypochondriac disorders, complete passivity, and isolation. 47% have paranoid tendencies in personality disorder (p- pole). A depressive state with d- pole in 35% is characteristic of respondents from the second group. 10% are dominated by a manic state with the m+ pole, which is dominated by hysterical and psychosomatic disorders, fixed fears, and hypomania.

That is, the subjects from group 1 do not distinguish between subtle tones of emotional experiences. They understand that emotions exist, but their differentiation and definition do not reach the necessary level of awareness, and for some patients, it is impossible. Consequently, such people do not respond adequately to the behaviour of the environment due to ongoing violations of social adaptation. The assumption is that environmental factors, including sexual or physical violence in childhood, stress, and an unfavourable psychological atmosphere in the family where the child grew up, are the main cause of antisocial personality disorder (*Table 4*).

In any area of psychology, there are experiments in which it is proved that the cause of personality disorders was traumatising in childhood. Similarly, the study of the experience of close relationships in people aged 18-21 years, the results of which are presented in Table 4, proves that the type of attachment in which children were at an early age formed an unhealthy model of building relationships in them. Among all the subjects, the highest percentage based on "avoidance of intimacy" in group 1 (60%) are those people who are afraid of intimacy, have

a pathological distrust of the world, have learned to emotionally distance themselves from relationships, have a negative attitude to any manifestations of interest in their personality in advance, and refuse sexual relations forever. Fear of abandonment also prevails among the participants of the first group (97%). Patients with this type of attachment do not accept their personality, appearance, and have dysmorphophobia. Because of this, they do not consider themselves worthy to have a relationship, but it is excruciatingly painful for them to admit their inferiority, so they blame other people for their inability to build relationships with them. The “desire for closeness” characteristic also prevails among respondents from group 1 (98%). The distortion of this type of attachment lies in the fact that from the outside such people demonstrate a desire to be in the company of people, creating warm, emotionally substantial relationships, but their behaviour creates situations that make it impossible to get closer at the level of communication, love, friendship. From the outside, the relationships of such people seem perfect, but in fact, it is the most pathological type of co-dependent relationship.

Discussion

Summarising the results of the study, the following criteria that can be used to determine the personal characteristics of sociopaths in relationships can be distinguished (*Table 5*).

The sociopath has a history of sadistic-masochistic, paranoid, manic, and depressive states. All the signs listed in Table 5 form aggressive and egoistical styles of interpersonal relationships. The reasons why a person can develop sociopathy are inconsistencies between the intellectual and emotional fields of the child due to careless upbringing on the part of parents and the lack of close object relationships. The result of such parenting can be three types of relationship strategies: avoiding intimacy, fear of abandonment, and the desire for closeness. None of these strategies involves a close emotional connection to the environment. On the contrary, due to constant stress in childhood, some brain structures remain underdeveloped, such as the limbic system. Therefore, it is very difficult for a sociopath to manage their emotions and understand the emotions of other people. This is also the reason for non-compliance with the rules in society. Cognitive processes remain influenced by affective responses that the cerebral cortex is not able to grasp. Language is used as a tool for manipulating and controlling people.

M. De Lisi et al. insist that there should be a balance between the physical and emotional development of a child, that is, from birth, a child should feel safe and emotionally comfortable (*De Lisi et al., 2019*). Developing in a state of constant anxiety, in unstable, constantly traumatic circumstances, the child is not able to form a sense of deep attachment. In such conditions, they can only form an idea of themselves – “I am bad” and a desire to take revenge on the whole world. According to the results of the researchers, 70-80% of the subjects who have antisocial personality disorder experienced physical or sexual violence in the families in which they were raised. The presence of a weak, depressed, indifferent mother with masochistic tendencies causes the child to become frustrated with primary needs. The baby will try their best to get the attention of the parents, however, T. Crow and K. Levy note that the father in such a family either cannot protect the child from the traumatic actions of the mother or has an explosive, inconsistent character and a tendency to sadism (*Crow & Levy, 2019*). The authors state in their study that such a child in adulthood tries to find a safe place for themselves by entering only those

relationships in which other people can be manipulated and controlled. That is, their behaviour model lacks the ability to create close, harmonious relationships.

In addition, the presence of a dismissive mother leads to a lack of understanding of the process of managing their own emotions by a child. E. Rufenacht et al. prove the need for the process of containerising the emotions of a child (anxiety, fear, resentment, joy) and returning them in a socially accepted form (*Rufenacht et al., 2021*). If this process occurs in harmony, the child learns to manage their emotions through the cognitive field. Otherwise, when the mother left the child alone with their experiences, the latter learned to separate from them. The problem occurs when a sociopath finds themselves in a situation that triggers an instant response from the emotional area, which researchers call the affective state. In those moments when an event leads to an emotional reaction, there are no regulatory processes in the critical thinking of a patient with antisocial behaviour, due to which they could control the situation. In such situations, sociopaths sometimes blame the victim for the committed crime. M.Z. Sagha et al. call this projective identification, a defence mechanism of sociopaths against guilt (*Sagha et al., 2019*).

The ability to contain emotions additionally affects the ability to form symbols. One of the symbolic acts by which parents contain the emotions of their child is speech. Through speech, parents form images of feelings that the child experiences. The verbalisation of emotions leads to the development of an image in the child with which the emotion will be associated in the future. However, as the results of a study using the method “The past. The present. The future” show, sociopaths lack the ability to form images. Instead of verbalising their experiences, they respond with immediate action. Thus, the randomness of relationships with important adults is a psychotraumatic factor that leads to getting stuck in the phase of attachment development. Getting people to pay attention to them and earn the love and affection of others are the reasons why sociopaths are on the verge. However, all attempts to get the favour of other people lead to the fact that sociopaths betray them. K. Steele et al., investigating the problem of building long-term mutual relations of sociopaths, concluded about the pathology of object constancy development (*Steele et al., 2019*). The tendency to use other people as a tool to achieve their own desires and goals is one of the criteria for the personality of a sociopathic patient. The constancy of an object, according to researchers, is formed in a child when an adult constantly maintains contact with them at the time of meeting needs. The mother, satisfying the child’s need for love and security, forms the child’s support, trust in the world. In moments of anger and frustration, this support provides a solid foundation for building object relationships in adult life.

J. Florange and S. Herpertz give another example of the parent–child relationships that can lead to a personal mental disorder of an antisocial nature (*Florange & Herpertz, 2019*). Parents who form the understanding “I am the best in the whole world”, distort the sense of reality of the child. Such children in adulthood have to face the reality that meeting their needs is not the primary task of the environment. However, some people disagree with this state of affairs and resort to manipulation, lies, and antisocial behaviour to attract attention. That is, excessive guardianship can also lead to the development of signs of sociopathy in the child, which will be fixed in them in adulthood. Before the age of 18, that is, until the personality is formed, it is difficult to determine the signs of sociopathy in children. However, some features of behaviour that are considered deviations should become the object of observation. Among such features,

the nature of the child's relationship with the world around them is distinguished: rudeness, aggressiveness, and hostility are a reason for parents and social services to be wary. Especially if this aggressiveness is shown to animals. Perhaps this behaviour is a sign of an age-related crisis, but it should be understood that a systematic violation of generally accepted norms can lead to an exacerbation of sociopathic disorder.

Even in the last century, sociopathy was considered an incurable mental illness. Fortunately, modern methods of psychotherapy can improve the social behaviour of the patient, even if basic characteristics such as empathy are absent. On average, according to statistics, 10% of patients are able to overcome their illness if the lifestyle of the patient is not burdened with alcoholism, drug or gambling addictions, and sexual behaviour disorders. In short-term therapy, there are adaptive approaches that effectively help to master crisis states and solve problems. In the course of long-term therapy, there are chances to change stable coping strategies only if the patient is fully prepared, there is a certain stability in life, and the therapist is highly qualified. Drug treatment helps to cope with aggression, depression, and helps the patient to control behaviour due to the stabilisation of serotonin in the brain. The studies by P. Tyer et al. show the EEG results, according to which the brain of sociopaths responds with slow excitation of the autonomic nervous system to the warning and expectation of stress (*Tyer et al., 2019*). Thus, the researchers note that it can be difficult for sociopaths to recognise situations that threaten emotional stability. Thus, antisocial behaviour can attract sociopaths precisely because of the physiological arousal that leads to risk and a thirst for adventure.

Conclusions

A person is a subject of socio-cultural life that develops in the context of social relations. The nature of the relationships that a person enters into can be diverse: economic, social, working, family. The presence of relationships is determined by the individual decision of a person to exchange their emotions, views, attitudes, habits with other people who are subject to certain norms and rules of society. However, this is one of the main features of a sociopath – destructive behaviour in relation to generally accepted social norms, traditions that have historically developed and are justified by the practice of everyday life.

The second feature that manifests itself in sociopaths in relationships is the lack of empathy. Personal relationships involve a deep level of trust that is achieved through the ability to express feelings in communication. However, as proved in the study of this paper, 100% of respondents do not have the ability to identify feelings using language. Healthy people use language as their primary means of turning images into words. For sociopaths, it serves as a means of manipulating and controlling others. This fact is confirmed by the results of the study of interpersonal relationships in this paper – 100% of respondents from group 1 have aggressive and egoistical interpersonal relationships. The last feature that was used to determine the main features of sociopaths in relationships in this study is the type of attachment. The analysis of scientific psychological literature has shown that the style of family education has a direct impact on the development of sociopathic traits in a person. As proof, 60% of respondents have a tendency to avoid intimacy, 97% – fear of abandonment, 98% – desire for closeness. That is, the vast majority of participants in the experiment did not have a harmonious close relationship with their parents.

Given the antisocial nature of the life path of a sociopath, it is necessary to keep people with deviant behaviour under constant control among psychologists, criminologists, and psychiatrists starting from childhood. Therefore, the prospect of further research should be the creation of a social, psychological, and legal regulatory framework for investigating, helping, and protecting patients with sociopathy.



References:

- Bozhik, S. (2020). *Peculiarities of attachment in personality disorders: A systematic review*. Lviv: Ukrainian Catholic University. (In Ukrainian)
- Crow, T., & Levy, K. (2019). Adult attachment anxiety moderates the relation between self-reported childhood maltreatment and borderline personality disorder features. *Personality and Mental Health, 13*(4), 239-249.
- De Lisi, M., Drury, A., & Elbert, M. (2019). The ethology of Antisocial Personality Disorder: The differential roles of adverse childhood experiences and childhood psychopathology. *Psychiatry, 1*(6), 92-97.
- Fisher, K. A., & Hany, M. (2022). *Antisocial Personality Disorder*. Tampa: StatPearls Publishing.
- Florange, J., & Herpertz, S. (2019). Parenting in patients with Borderline Personality Disorder, sequelae for the offspring and approaches to treatment and prevention. *Current Psychiatry Reports, 9*(21), 2-8.
- Fragkaki, I., Cima, M., Verhagen, M., Maciejewski, D., Boks, M., Koot, H., & Branje, S. (2019). Oxytocin Receptor Gene (OXTR) and deviant peer affiliation: A gene-environment interaction in Adolescent Antisocial Behavior. *Journal of Youth and Adolescence, 48*(1), 86-101.
- Hachak-Velychko, L., & Rolyuk, O. (2020). Psychological and pedagogical analysis of deviant and delinquent behavior in juvenile delinquents. *Lviv Pedagogical Community, 2*(18), 16-20. (In Ukrainian)
- Horkovska, I. (2022). *Characteristics of high-functioning sociopaths*. Rochester: Calmerry.
- International classification of diseases ICD-10. (2021). <https://mkb-10.com/>
- Ivanchenko, Y. (2021). *Psychological support for the development of leadership competencies in girls of student age*. Kryvyi Rih: Kryvyi Rih State Pedagogical University. (In Ukrainian)
- Khomenko, K. (2021). Differential diagnosis of borderline mental disorders of adaptation (case description). *Theoretical and Empirical Scientific Research: Concepts and Trends, 2*(28), 111-118. (In Ukrainian)
- Lieberman, D. J. (2022). *The 6 common signs of a sociopath: 'They can be harder to spot than a psychopath,' says psychotherapist*. Chapel Hill: Sun.
- Nikolaevska, A. (2020). *Synopsis of lectures on the course "Psychodiagnostics"*. Kharkiv: V.N. Karazin Kharkiv National University. (In Ukrainian)
- Purse, M. (2022). How sociopaths are different from psychopaths. Both are forms of antisocial personality disorder. *Medical Review, 3*(9), 12-16.
- Rufenacht, E., Pham, E., Nicastro, R., Dieben, K., Hasler, R., Weibel, S., & Perroud, N. (2021). Link between history of childhood maltreatment and emotion dysregulation in adults

- suffering from Attention Deficit/Hyperactivity Disorder or Borderline Personality Disorder. *Biomedicines*, *9*(10), 14-69.
- Sagha, M. Z., Varma, P., & Yadegarfar, M. (2019). Relationship between attachment styles and personality disorders among adult males and females diagnosed with the disorder in Qeshm Island, Iran. *Scholar: Human Sciences*, *11*(1), 28.
- Steele, K., Townsend, M., & Townsend, M. (2019). Parenting and personality disorder: An overview and metasynthesis of systematic reviews. *PLoS One*, *14*(10), 30-38.
- Tyer, P., Reed, G., & Crawford, M. (2019). Classification, assessment, prevalence, and effect of personality disorder. *Lancet*, *3*(5), 717-726.
- Zaredinova, E. (2020). *Formation of sociocultural values of students in the educational environment of a higher education institution: Theory and methodology*. Kyiv: Slovo. (In Ukrainian)
- Zimmerman, M. (2022). Antisocial Personality Disorder (ASPD). *Medical Topics & Characters*, *10*(8), 88-93.

Appendix

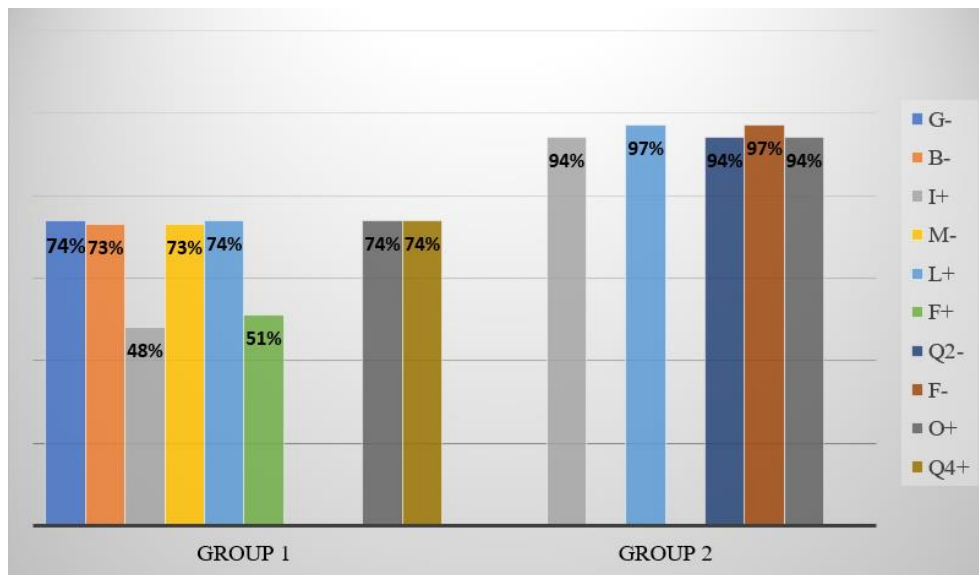


Figure 1. Results of a multifactorial psychodiagnostic examination of the individual according to the method of R. Cattell (*Kbomenko, 2021*)

Table 1. Results of diagnostics using the method of interpersonal relations by T. Leary (modification of L.N. Sobchuk)

Type of interpersonal relationships	Group 1	Group 2
Authoritarian	3%	98%
egoistical	100%	95%
Aggressive	100%	98%
Suspicious	56%	96%
Subordinate	3%	67%
Dependent	3%	71%
Friendly	98%	22%
Altruistic	97%	12%

Source: (*Ivanchenko, 2021*)

Table 2. Results of psychological diagnostics using the “The past. The present. The future”

Criteria	The Past		The Present		The future	
	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2
Personal content	-	78%	-	82%	-	65%
Value	6%	89%	6%	71%	-	90%
Subject content	97%	98%	97%	88%	100%	95%

Table 3. Results of diagnostics using the method of portrait choices by L. Szondi

Factor	Group 1	Group 2
u – sexual undifferentiation	-	56%
s – sadism-masochism	98%	12%
e – epileptoid tendencies	-	97%
hy – hysterical tendencies	-	98%
c – catatonic manifestations	-	100%
p – <u>paranoiality</u>	98%	47%
d – depressive state	100%	35%
m – manic state	96%	10%

Source: (Nikolaevska, 2020)

Table 4. Results of psychodiagnostic examination using the “Experiences in Close Relationships” method

	Avoiding intimacy	Fear of abandonment	Striving for closeness
Group 1	60%	97%	98%
Group 2	54%	78%	45%

Table 5. The main criteria for the manifestation of personal characteristics of a sociopath in relationships

Criteria	Features of the manifestation
Intelligence	Concreteness, rigidity, reduced efficiency of thinking, difficulties in solving abstract problems, insufficient level of general verbal culture.
Anxiety	High level. Suspicion, tension.
Normativity of behaviour	Impermanence. Do not make efforts to fulfil group requirements, as they indulge their own desires and random circumstances.
Expressiveness	Emotional affectivity in communicating with people, passion for the importance of social contacts.
Sensitivity	Vulnerability, a penchant for artistry and an artistic vision of the world.
Imagination	Lack of ability to form images.
Type of interpersonal relationships	Aggressive, egoistical.
Attachment type	Avoiding intimacy, fear of abandonment, desire for closeness.