



Recollection of Sociopathic Tenancies in Social Interactions: An Observation by a Sociopath

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Abstract

The interactions of individuals with Sociopathic behaviors are well documented, from the perspective of the observer. The purpose of this paper is to document, from the perspective of the sociopathic individual, the interactions between a diagnosed individual and three other persons.

Keywords: Sociopath; PTSD; Psychiatry

Introduction

On Tuesday, October 23, 2018 while in his home in Mishawaka, Indiana subject (henceforth called 172) was in normal interactions with several persons *via* social media. These following accounts were collected directly following the symptomatic episode, by Subject 172.

Account #1

Christine Hannah Sessa

Ms. Sessa was, as usual, expecting to be contacted by Subject 172 that night. The two often spoke before bed and there was no prior indication of a spike in Subject 172's behavior. Without warning, Subject 172 claimed to be running a "personal insane asylum" claiming to be "the Doctor, the Patient, and the Police". At this time Ms. Sessa attempted to decipher Subject 172's meaning with a question "What do you mean?" This question was ignored by Subject 172 who simply stated "I think my favorite part of the process is the diagnostics." Ms. Sessa challenged Subject 172: "Are you alright?" Subject 172 began to ramble. "It can be very difficult to diagnose the symptoms of the self. Especially if you are straining for any level of medical accuracy. Psychiatry is by far the most convoluted practice in the medical field. I am forced to rely, somewhat, on a small number of outside sources, for the sake of accuracy. However, seeing as several academic sources line up, and their institutions continue to be legitimate. I do not feel I have much room to dispute.

Ms. Sessa, beginning to understand the situation, probed Subject 172 for information. "Yes, of course. Self-diagnoses are difficult. What is it?" At this time Subject 172 brought forward LSRP (Levenson Self-Report Psychiatry) Scale results, which appear to be the trigger for Subject 172 to reduce into a sociopathic status. Subject 172's LSRP

results placed him at a (4.8,3.8) on the visual graphic, higher than 96.79% of other subjects. Along with this, Subject 172 provided OSPP (Open Source Psychometric Project). This measures presence of the "dark triad" traits in an individual's responses to a series of situations. Subject 172 scored in the 84% for Narcissism, the 100% for the Machiavellian trait, and 62% for psychopathy. It can be implied that Subject 172 scored lower on psychopathy as compared with sociopathy due to his emotional nature and ability to form social relationships. Ms. Sessa calmly stated that such a diagnosis would not surprise or deter her from Subject 172 in a social setting. Subject 172 became slightly agitated at this remark, accusing Ms. Sessa of "observing" him. Ms. Sessa calmed Subject 172, stating that she personally knew several diagnosed sociopaths due to her family medical history. Subject 172 insinuated bodily harm on Ms. Sessa, stating he had "Dangerous Capabilities". Ms. Sessa pointed out that "all humans are dangerous" and that Subject 172 simply "understood how dangerous he is". Subject 172 ranted again: stating he wanted to observe three patients undergo the process of Cardiac Tamponade. One would receive the necessary Pericardiocentesis. Another, would receive a failed Pericardiocentesis; which would ideally result in death. Lastly, one patient would be left untreated; patient's death and timeline of systemic decompensation carefully documented. Subject 172 also expressed he wanted the final patient placed to have their cardiac failure recorded on extended exposure CT. At this point, Subject 172 became silent for several moments: then interaction resumed as normal [1].

End account narrative

To analyze the actions taken by Subject 172, it is necessary to understand the psychological makeup of Subject 172. The disclosed information is as follows: Profile: 21 y/o White Male 6'0" 200 lbs

Diagnoses:

- Post-Traumatic Stress Disorder (combat associated)
- Schizoid Panic Disorder
- Intermittent Depressive Psychosis
- Disassociation Disorder- Type B.

Prescribed:

- Xanax up to 3 mg per day as needed. Normal 1mg per day.
- Prozac 80 mg per day.
- Propanolol 120 mg per day.

It can be hypothesized that Subject 172's schizoid disorder constitutes his behavior in the above account, however this is problematic in practice as it ignores the change in mannerisms Subject 172 exhibits during these episodes. In general, Subject 172 is docile and efficient; only pronouncing hostility upon provocation. Subject 172 has not been observed to physical hyperactivity due to an injured left shoulder and intense pain, during these sociopathic states, Subject 172 is noted to disregard excessive pain and remain aggressive. Subject 172 is highly skilled in acts of personal espionage and observation, if needed, following a target in person for hours in intelligence and data collection or even weeks *via* a digital footprint. In the sociopathic state, Subject 172 is increasingly violent. Subject 172 has been observed tactlessly clawing at him and others under extreme stress and has been noted as homicidal in one specific case in March 2017. This instance is recorded by Epworth Mental Wellness Center: documented as follows:

Account #2

Epworth Mental Health Center/Goodwill Industries of Michiana Inc

On Wednesday, March 8, 2017 while Subject 172 was at his job in South Bend, Indiana: he became noticeably agitated and aggressive without prior provocation. Subject 172 verbally threatened another worker after a minor verbal altercation. Subject 172 was dismissed for that day and transported to his physician's office for an emergency screening and was then ordered to Epworth Mental Health Center. During Subject 172's initial screening he became combative with nursing staff and was sedated *via* IM injection. Subject 172 regained consciousness in an isolation room where he was receiving IV Valium. Subject 172 had been unrestrained by staff while unconscious due to cardiac risks. When an unnamed RN entered Subject 172's room, he pulled the IV from his arm and attempted to stab staff with it. Subject 172 was again sedated and restrained, remainder of treatment went without major incident. Due to the psychotic state it is unclear whether Subject 172 knew flowing IV's do not contain a sharp or not. Subject 172 had no memory of these actions upon recovery.

End of narrative

It can be noted that Subject 172 interacts with entities with which whom he is more familiar differently. The following account is from Mr. Sam Shaw, also recorded on October 23, 2018. This interaction is during the same episode recorded by Ms. Sessa, situational information is as recorded in Account #1.

Account #3

Sam Shaw

Another close friend of Subject 172, Mr. Shaw is a patient of Michiana Behavioral Health Center. Mr. Shaw encountered much of the same dialogue as Ms. Sessa up until his explanation of his intended Cardiac Tamponade testing. Mr. Shaw stated that he "Generally understood" Subject 172's objectives with the ethically questionable observations. At this point, Subject 172 began referring to the pair as a unit, using terms like "us" and "we're" referring to the mentally ill. Mr. Shaw interjected, stating he "is not insane", and asked Subject 172 to explain how he saw Mr. Shaw as "insane". Subject 172 mockingly responded by asking Mr. Shaw the same question in vice versa. At this

time, Subject 172 began to exhibit more controlled functions. Stating he would proceed "scientifically" and asked Mr. Shaw, "why aren't you insane?" Mr. Shaw attempted to reason with Subject 172, stating he could still use common sense and genuine caring for others; even during an episode. Subject 172 attempted to interject that he did as well, but this was factually dismissed. Subject 172 then questioned Mr. Shaw as to why he (Subject 172) was not insane. Mr. Shaw stated that Subject 172 "Doesn't function like an insane person". Subject 172 retorted this, questioning Mr. Shaw how he felt Subject 172 functions as compared to an "insane person". There is a gap in the conversation, and Subject 172 begins expressing normal social interactions [2].

End of narrative

To draw conclusion from these interactions, Subject 172 insisted on compiling notes from these interactions and began to attempt a logical deduction of his own actions. Speaking with Mr. Shaw and Ms. Sessa for some time after the resolution of symptoms. In review of all information, it is clear that Subject 172 presents an interesting take on the affliction of Sociopathy.

Conclusion

Subject 172 appears to be aware of his surroundings and condition-even during relapse. The remainder of the condition does not appear to play an active role in the sociopathic behavior of Subject 172. It is possible that Subject 172 was born with the sociopathic tendencies, that simply manifested later in life; after other trauma had occurred [3,4]. Further review by medical doctors and psychiatrists may be called for in order to prove this theory.

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