

# The Review of Antisocial Personality Disorder

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## ABSTRACT

This review introduces antisocial personality disorder in etiology and treatment methods based on recent studies. In the Diagnostic and Statistical Manual of Mental Disorders (DSM 5), antisocial personality disorder (ASPD) defines people who present repetitive reckless, aberrant and criminal behavior. Etiology includes environmental factors, biological factors, psychological and social factors, introduces risk factors from different perspectives. Treatment methods include Cognitive Behaviour Treatment (CBT), biological treatment, and family therapy. By comparing the effectiveness and defects of these treatments, gaining insights on how to treat patients with ASPD properly becomes possible. The main purpose of this review is to help people have a better overall understanding of ASPD characteristics.

**Keywords:** *Antisocial Personality Disorder, Etiology, Psychopathy, Treatment.*

## 1. INTRODUCTION

According to DSM-5, Antisocial Personality Disorder (ASPD) is defined as a pervasive pattern of disregard for, and violation of the rights of others starts from childhood, early adolescence, to adulthood [1]. Individuals who have suffered from ASPD show a certain level of aggression or violence, which always involves the crime [2]. They lack empathy and regard for everything, which causes the performing of illegal behaviors. The worst part of ASPD is that an individual shows almost no guilt to the victim they had hurt. The sigh can show during the growing of childhood. However, they can only be diagnosed with ASPD at least 18 years old. People who suffered from ASPD always think the world is unkind to them [2]. They view other as an unliving and unthinking animal, and according to this view, they frequently show super arrogant [2]. Individual's illegal behaviors how cruel to others, and not responsibly to the works, and maybe, have an uncertain sexual relationship because they are so likely to show the charming of themselves by complimenting others [2].

One major characteristic of ASPD is high rates of comorbidity of other psychiatric disorders like substance use and borderline personality disorder [3, 4]. Comorbid psychiatric disorders like substance use and bipolar disorder are probable to fuel the instability of mental

status, which may cause aggressive, violent behavior. It explains why ASPD is a common personality disorder in criminals [5]. In the research by Fakhzadegan et al., they examined the relationship between prisoner's personality disorders, their crime, and substance use [6]. ASPD is the most prevalent personality disorder in addicts in prison. It also shows that 55.2% of prisoners have some personality disorders, and 18.2% of them have ASPD, which is the most prevalent [6]. In another survey research by Fazel and Danesh, in 22790 prisoners from 12 countries, the result shows that 65% of male prisoners have a personality disorder, with 47% of ASPD. In female prisoners, 42% of them have a personality disorder, with 21% of ASPD [7].

Additionally, according to DSM-5, in childhood, 5% of pre-school students are likely to get ASPD. In adulthood, men are more likely to exhibit the symptoms of ASPD than women [1]. For example, in females, ASPD symptoms are more likely to show in childhood with neglect of emotional support and physical and spiritual abuse. Conversely, men are more encouraged to show aggressive emotions than women [8]. In different countries, due to cultural differences, the prevalence of ASPD may vary. In individualistic countries, people's view of self-feeling over others and should master their own life are more likely to fuel aggressive behaviors. In collective countries, people encourage interdependence.

The benefit of a group is greater than self-interest. This type of view reduces the chance of competition and increases the harmony in the society [8]. We will analyze ASPD risk factors from social, sociocultural, psychological, and biological perspectives and talk about the treatments toward ASPD.

Antisocial behavior is mostly exhibited in childhood. Although this might be considered normal, high levels of antisocial behavior are usually considered a clinical disorder [9]. When young children show hostility towards authority, and older children practice lying, stealing, or even engaging in violent behaviors are some signs of antisocial behaviors [10]. Untreated antisocial behaviors can be dangerous as the children turn into adults because they might prove to be unfit to live in society. They might continuously get arrested for crimes or get into confrontations with other people [10]. Other characteristics of antisocial behaviors include aggressiveness, where a person is always picking fights with other people, disobedience to authority at school, home, or even for the laws. As a result, likely, people with antisocial behaviors are rarely on the good side of the legal system. Many factors contributed to their antisocial behaviors and affected their interactions with other people.

## 2. RISKING FACTORS

### 2.1 Environmental Factors

ASPD is a severe personality disorder associates with criminality and violence. However, its etiology is still unclear [11]. From research findings in few years in this field, one of the factors contributing to ASPD development is the environmental factor [12].

From a 26 years longitudinal study in Dunedin, New Zealand, the result shows that watching television is a factor that contributes to the development of ASPD. With controlling other variables in the study, the result showed that individuals who watched television from childhood to adolescence were more likely to have ASPD and commit crimes [13]. The author suggests that it may result from television viewing. Because of observational learning theory, it's possible that the antisocial behavior on the television show was adopted or mimicked [13]. In my perspective, there may be a confounding variable in this research. One conceivable reason that makes a child or young adolescent watch television is being alone at home, in other words, lack of company from parents. As the company from parents decreases, the television viewing time increases, which means watching television may not be the actual reason that causes ASPD, but child neglect. Another potential factor is social deprivation like physical or sexual abuse in early childhood [14]. Gene expression controls hormones and neurotransmitters. It can be largely modified by the environment, especially in early life. If individuals experienced social deprivation in

early life, their hormone level might alter, which results in volume reduction in the thalamus, leads to ASPD with violent behaviors [14].

### 2.2 Biological Factors

The biological factors part will discuss a certain type of individual's brain, leading to the ASPD. This part is in call the prefrontal, and it has a certain amount of gray matter, which helps us to make a decision and reflected and reacted to fear. As the study, Adrian and his colleagues in 2000, this study major looking at the biological factors, which is how the prefrontal part in the individual's brain can affect their antisocial behaviors. Results show that prefrontal gray matter indeed takes place in an individual's antisocial behaviors [15].

Adrian Raine and his colleagues study how reduced prefrontal gray matter volume related to antisocial behaviors. Firstly, from the ASPD group, participants who have criminal activity and the lower gray matter have shown the reduction of skin conductance but not heart rate, which indicated there is no relationship between cardiovascular and prefrontal gray, but indeed has the relationship between electrodermal and prefrontal gray [16]. Secondly, as the condition is controlled and there is a control group to compare, even without social and family-directed influence, ASPD groups still show a significantly higher rate of lower prefrontal gray, skin conductance, and heart rate. ASPD groups also show a certain level of reduction in gray matter, skin conductance, heart rate. It can be said that psychosocial risk factors do not affect prefrontal deficits in ASPD groups [16]. Thirdly, according to the report from ASPD groups, their antisocial behaviors are significantly higher than others, and their gray matter, skin conductance, and heart rate are lower than others. Researchers indicate that there is some correlation even between biological factors and antisocial behaviors [16].

### 2.3 Psychological and social factors

One of the effects of antisocial behavior is an increase in criminal activities [17]. Notably, antisocial people usually engage in criminal activities frequently, such as stealing and hurting people physically [17]. When a child lacks any intervention, he or she will likely spend an adult life that will be mostly behind bars [17]. Another effect is that the antisocial person will have a low quality of life as fewer people will want to be associated with them. For instance, they will have fewer chances of employment, and they will have really no friends. This continuous avoidance by other people will only fuel their antisocial behavior [17]. In cases where they are willing to change, it might be too late for them. In addition, a characteristic of an antisocial person is the ability to manipulate other people to do their bidding [18]. With this in mind, many people will not believe the change the person wants to

incorporate, negatively affecting them [19]. Antisocial people increase the level of insecurities in communities. It becomes hard for people to trust, as they usually fear confronting antisocial people [19]. There is usually a high level of crimes, including hate crimes, rape, stealing, and even conning [19]. It is, therefore, important to understand how antisocial behavior can be averted in the community.

### 3. TREATMENTS

#### 3.1 Cognitive Behaviour Treatment

ASPD is known for its difficulty in treating. It becomes imperative to find an effective treatment [10]. Cognitive behaviour treatment (CBT) is a treatment method for borderline and antisocial personality disorder [20]. In the process of CBT, patients are encouraged to participate in the cognitive formulation of their problems. CBT also stresses the cognition about patients themselves and others [21]. One single-blind research conducted in Glasgow and London, UK, compared the effectiveness of CBT and TAU (Treatment as usual) on patients with ASPD [21]. There were fifty-two adult men (between 18 to 65 years old) who were diagnosed with ASPD, with aggressive behavior in 6 months before the research, participated in this randomized controlled research. The participants were divided into two groups, either received TAU plus CBT or TAU alone. After 12 months of treatment, the result showed a reduction of verbal or physical aggression in both groups. However, the group with CBT didn't show distinct improvement than the group that only received TAU in this research. The researchers suggested that the community-level sample may restrict the research result. With a larger number of participants, the effectiveness of CBT on aggression reduction may be fully measured [21]. Another limitation is the gender of the sample. Because all the participants are male, the external validity of the research result is low, which means the result cannot be applied to the whole population.

#### 3.2 Biological factor's Treatment

One of the results of people getting ASPD is the lack of prefrontal gray matter [14]. However, Low IQ with poor nutrition are both related to antisocial behaviors [22]. Because low IQ means the individual is get away from society and social relationships, this passive isolation may cause low self-esteem, which is one of the reasons why ASPD may occur. Fish oil is rich in omega-3, a long-chain fatty acid that makes up 40% of the cell membrane from the long-term diet perspective. This diet changing will reduce criminal or antisocial behavior [22]. According to a recent study about brain structure and function, serotonin is related to aggressive behaviors because the lack of this chemical leads to the amount of depression [23]. The solution for this issue is using

medicine that would increase the amount of serotonin and lead to the decrease of antisocial behavior. For example, a medicine called Prozac which is a selective serotonin reuptake inhibitor. If we can make sure that there is a relationship between patient's lack of serotonin and their antisocial behavior, this medicine should work [23].

#### 3.3 Family Therapy

If the ASPD is discovered in early childhood, special training for parents may reduce the symptoms in later child development. Family therapy is more targeted to children, preschool students. There are more challenges for adult patients due to the characteristics of people who are diagnosed with ASPD [24]. Application to family therapy is important. It might help children remediate aggregation behaviors, such as physical abuse to close family members. Family therapy builds a framework for later alternative treatment for early age children when the children grow up as adults [24]. A way to ensure that antisocial behavior reduces in society is by creating positive interactions between caregivers, siblings, parents, and children. Having a safe upbringing for a child includes the emotional presence of a parent [25]. Parents should also accept their children's personalities or correct them with love to avoid pushing them out of society. Moreover, caregivers at school are also influential to preschool students, and they should use positive reinforcements to help students [25]. Preschool students should also be encouraged to associate with peers who impact them positively. Additionally, facilitating counseling to students helps them find avenues to release any frustrations they might have, hence reducing the chances of antisocial behaviors [18].

### 4. CONCLUSION

It is evident that many social factors are influencing antisocial behavior. One of the main causes of antisocial behaviors is the upbringing of a child. Nowadays, parents are moving away from their families in search of employment. The fact that they spend a lot of time at work denies them a chance to interact with their children positively, creating aggression towards the children. Moreover, cultural issues such as the lack of acceptance of a given culture or a negative perception towards a given group of people can also contribute to adverse social behaviors. It is also possible for students to be negatively affected by social activities at school. A teacher's lack of perception towards diverse cultural of a teacher can be detrimental to children's mental development, reducing their ability to communicate and encouraging antisocial behaviors. It is, however, notable that with increased intervention, it is possible to reduce the effects of antisocial behaviors. Prevention techniques are highly dependent on antisocial behavior, which will be good not only for individuals but also for the general community.

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