



Research on the Secret of Anti-social Personality Disorder

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Abstract. Antisocial personality is also known as “moral personality”, “sociopathic personality”, which is a type of personality disorder. In addition to the characteristics of a personality disorder, its most distinctive feature is that the patient frequently engages in behavior that violates social norms. Because the relationship between antisocial personality and illegal and criminal behavior is very close, it has attracted extensive attention from scholars for more than two hundred years. A lot of research has been carried out, and fruitful results have been achieved. This paper describes the current research results on antisocial personality disorder, as well as the prospect of treating patients with an antisocial personality disorder.

Keywords: Antisocial Personality Disorder · Psychology · Treatment

1 Introduction

Antisocial personality disorder is a common pattern, which will ignore or violate the rights of others. It is also a more serious symptom. Antisocial personality disorder is difficult to treat, and so far, no exact cause has been found (which may be related to genetic inheritance). Through psychotherapy, the current situation can be changed slightly, but it cannot be treated completely. Therefore, in view of this situation, I list some of my own views and opinions on antisocial personality disorder.

Although the term “antisocial” is a political and social term, it also highlights their harm to society from this side. Such people account for a considerable proportion (40%–78%) in prisons and reeducation through labor institutions. Many of them are recidivists or recidivists. They are often sent to psychiatric institutions for medical identification due to their reaction state.

Although people with antisocial personality disorder often violate discipline, it is different from ordinary crimes. The primary task of judicial psychiatrists and workers is to learn to distinguish antisocial personality crimes and crimes committed by criminals: First of all ordinary criminals often commit crimes in a planned and premeditated way, and antisocial personality can't; next, The criminal's illegal purpose is obvious, the antisocial personality is dominated by emotional impulse, and the criminal motive is vague; and When others are injured, the perpetrator's modus operandi is covert and cunning, trying to evade criminal responsibility, antisocial personality is harmful to

others and himself, especially to himself; People with antisocial personality are less likely to cause murder or other serious cases leading to capital punishment; Last but not least, Although the personality of general crime is flawed, it does not reach the degree of personality disorder, while antisocial personality has a heavy impact on all aspects of psychological activities, which is reflected in the Early studies found that 17%–19% of relatives of schizophrenic patients have antisocial personality, but it was not confirmed by later studies [1].

2 Characteristics of Antisocial Personality Disorder

In popular culture, two terms closely related to antisocial personality disorder are psychopath and sociopath. In crime-themed novels and TV dramas, people with antisocial personality are often very important protagonists, even protagonists, such as Dr. Lector in *Silence of the Lambs* and Joker in *Batman*, Sherlock, a high-functioning anti-social personality, etc., due to the richness of these characters themselves, will be loved by some people [2].

In real life, it is true that a small percentage of people with antisocial personality disorder have a little “personality”, and such charisma is often related to their self-aggrandizing habits, their lack of concern for the competitiveness of others, and even when necessary, they can be amiable and agreeable, but once they get what they want, they can easily revert to a state of arrogance and even cruelty. Most people with antisocial personality disorder are often impulsive and irritable, lack good interpersonal relationships, and even fall into bad life situations.

People with antisocial personality disorder have four main characteristics, they will be introduced in the following part.

2.1 Highly Aggressive

As we all know, patients with antisocial personality are impulsive and aggressive, but not all patients have aggressive behavior. Cleckley distinguishes morbid personality into two types: impulse aggression type and social withdrawal type. Buydeus Branchey et al. knew that people who had violent behavior before 15 years old were more likely to have violence in adulthood than those who had no such behavior before the age of 15. They divide antisocial personality into aggressive behavior and non-aggressive behavior. The former has the tendency of lifelong physical violence [4].

2.2 No Sense of Shame

It is considered that such people have no sense of shame and lack autonomic nervous response related to anxiety (including skin DC response). James et al. observed the anxiety and depression of 524 people with antisocial personality and non-personality disorders respectively [1]. The results showed that twenty-five percent of patients with Antisocial personality feel anxiety and depression in their lifespan. Experiments show that there is no significant difference between the incidence of this situation and the control group. James and others call those antisocial personalities with anxiety and

depression “dystonic psychopathy”. Compared with patients with antisocial personality without anxiety, these people show mental function difficulties, suicidal concept, easy to provoke, accompanied by other neurotic characteristics, long hospital stay and poor response to treatment. They believe that psychosis with two characteristics of anxiety and depression may be a special syndrome. Blackburn suggested that psychosis should be divided into with and without anxiety disorder. The former is secondary personality change; The first is less important personality changes; The second is primary psychosis, which is equivalent to Kapman’s real psychosis.

2.3 Unplanned Behavior

Many behaviors of mental patients are due to sudden emotional excitement or their own instincts, and lack of ability to plan and plan things. Arieti distinguishes between simple antisocial personality and complex psychosis. Both types are self-centered, but simple antisocial behavior usually does not plan before causing the behavior, but complex psychiatric patients will have a plan before making, which can achieve the purpose of the behavior. Therefore, it is not appropriate to determine the nature of the attack only based on the existence of the plan.

2.4 Social Maladjustment

A person who is considered to have an antisocial personality disorder is often very easy to identify because they behave differently from normal people. Maladjustment is an important feature of psychiatric patients. This syndrome is a persistent pattern of maladaptive behavior because there is no clear understanding of self for a long time and there is no way to learn from experience. However, some scholars have put forward cases of good adaptation. Henderson proposed the state of creative psychosis and gave two examples to prove that they exert creativity on different paths, but the two cases have little in common. I won’t explain more examples here. Let’s discuss the diagnosis of antisocial personality. The diagnosis of antisocial personality disorder is not difficult. However, there are 12 recognized diagnostic criteria, so McCord et al. Briefly summarized the diagnostic criteria. He pointed out that these people are characterized by a lack of legal concepts, a lack of control over their desires, a high degree of impulse and aggression, and a lack of shame and distorted emotions. Ziskind put forward five diagnostic criteria and five exclusion indicators for social morbid diseases [3]. The five necessary criteria are impulsivity, irresponsibility, superficial emotion, inability to benefit from past experience or punishment and damage to conscience; Exclusion indicators included five diseases, namely mental retardation, organic brain syndrome or brain injury, schizophrenia, affective psychosis and neurosis. This diagnosis is easy to master, but it needs to be further tested.

3 Diagnosis of Antisocial Personality Disorder

In several editions of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-I, 1952; DSM-II, 1968; DSM-III, 1980; DSM-IV,

1994; DSM-IV-TR, 2000), there are diagnostic criteria for antisocial personality, which focus heavily on the description of the patient's antisocial behavior. For example, in DSM-II, sociopaths include those who "have no loyalty to individuals, organizations, or social values, they are generally selfish, callous, irresponsible, impulsive, have no guilt or learn from experience and punishment, and tolerate frustration Low in strength, they tend to complain about others or gossip about their behavior" [4, 5].

In the latest DSM-IV-TR, the diagnosis of antisocial personality disorder still pays great attention to the description of the perpetrator's antisocial behavior. The diagnostic criteria are: A. Occurred after the age of 15, there is widespread neglect and violation of the rights of others, and at least the following three (or more) manifestations: (1) Non-compliance with laws and social norms, manifested as repeated behaviors sufficient to lead to arrest. (2) Fraud. Appears to lie repeatedly, use false names, and deceive others for their own benefit or pleasure. (3) Impulsive, without prior planning. (4) Irritability and aggressiveness, manifested in repeated fights or aggressiveness. (5) Do things recklessly and ignore the safety of oneself or others. (6) Consistent irresponsibility. Shown as recurring inability to stick to work or disregard for financial responsibilities. (7) Lack of guilt. Feeling at ease or indifferent after appearing to hurt, abuse, or steal from others. b. The patient is at least 18 years old. c. The patient had evidence of an episode of conduct disorder before the patient was 15 years old. d. Such antisocial behavior does not only occur in schizophrenia or a manic episode [6, 7].

4 Causes of Antisocial Personality Disorder

The cause of antisocial personality disorder is unknown, but certain genetic and environmental factors are thought to increase a person's likelihood of developing the disorder. Risk factors include:

- History of child abuse
- Parents with drug or alcohol dependence
- Parents with antisocial personality disorder
- Family conflict
- A person's genetic mutation
- Poverty.

5 Therapy of Antisocial Personality Disorder

Previously, antisocial personality disorder was considered a lifelong disorder, but this is not always the case, and to a certain extent, it can be managed and treated. Evidence suggests that psychotherapy can improve behavior over time, even if core traits such as lack of empathy persist [8].

Recommended treatment options for people with antisocial personality disorder will be based on their specific circumstances, taking into account factors such as age, criminal history, and the presence of alcohol or drug abuse-related problems. The patient's family and friends often play an active role in making decisions about treatment and care.

A few common treatment methods will be introduced in the following part

(1) *Psychotherapy*

Cognitive behavioral therapy (CBT) is sometimes used to treat antisocial personality disorder. This is a type of talk therapy designed to help people solve problems by changing the way they think and behave; mentalizing therapy (MBT) is gaining popularity in the treatment of antisocial personality disorder, and therapists encourage patients to consider how they think and how their mental state affects their behavior [9].

(2) *Democratic Healing Community*

Research shows that community-based treatment programs are a more effective long-term treatment option and are currently prevalent in prisons. Democratic therapeutic communities (DTCs) are social treatments designed to address an individual's risk of offending others, as well as their emotional and psychological needs. It is based on treatment groups of various sizes and focuses on community issues, creating an environment where both staff and prisoners are involved in community decision-making. Self-motivation is another important factor in accepting such programs, and participants must be willing to work as part of a community, participate in groups, and submit to democratic processes [10].

(3) *Medical Treatment*

While some antipsychotic and antidepressant medications may be helpful in some cases, there is no evidence that antisocial personality disorder can be completely treated with medication. Lithium therapy helps control symptoms such as aggressive and impulsive behavior, while antidepressants such as selective serotonin reuptake inhibitors (SSRIs) may improve anger and general personality disorder symptoms [11].

6 Conclusion

Antisocial personality disorder is a personality disorder characterized by behaviors that do not conform to social norms. Patients often exhibit general patterns of behavior that ignore and violate the rights of others, such as non-compliance with social norms, fraud, aggressiveness, irresponsibility, lack of repentance, etc. Its main characteristics include a lack of ability to form positive interpersonal relationships and a tendency to behave in ways that violate basic social norms and values. Such patients are ruthless and get pleasure by fighting or insulting others. Although the incidence of antisocial personality in the general population is low, the harm of antisocial behavior to social order is indeed extremely serious. More researches need to be done on antisocial personality disorder, and the more effective treatment methods are waiting to be explored.

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