

Antisocial Personality Disorder and its Connection to Deviant Behavior: A Mini Review

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Abstract. In contrast to other psychological personality disorders, despite its long history, it wasn't until 1980 with the publish of DSM-3 that the full terminology, antisocial personality disorder (ASPD), was included. However, ASPD, unlike other diseases, is more likely to cause huge impact to society considering patients' traits, therefore it gained a lot of attention in recent years. This is a review article of the current studies on ASPD, including diagnosis, etiology, and prevalence. Another main focus in this review is the association of ASPD with deviant behaviors, which including substance abuse, suicide and criminal acts. In the results and discussion section, this basic information is well explained, and the possible connections to those deviant behaviors are discussed based on various studies done by other scholars. In the conclusion section, this article stated the importance and future research directions of this disorder and how that research can apply to society, despite the lack of efficient treatment and undisclosed aspects.

Keywords: Antisocial Personality Disorder, deviant behavior, criminal behavior, mental disorder, treatment, abnormal behavior.

1. Introduction

While most mental disorders are only considered affecting the patients themselves or someone who is close to them, some disorders can lead to serious impacts on society. Antisocial Personality Disorder (ASPD) belongs to one of them and has been a focus of the psychopathology field for a long time. One of the main features of ASPD defined by DSM-5 is its violation of social norms, such as performing acts that are considered illegal and eventually lead to arrest [1]. ASPD can only be diagnosed on patients who is older than 18 years old. The incidence of ASPD is approximately 2-3% in general population and the prevalence rate (3%) of males is higher than that of females (1%) [2]. Both biological and environmental factors are considered as the main factors, account for the causes and the development of ASPD.

Moreover, studies have shown that ASPD can possibly increase the chance of substance abuse including drug and alcohol, which are important triggers for criminal and violent acts [3]. In addition, although by the DSM-5 definition, those recipients of extreme or violent behaviors done by patients with ASPD are mostly other people than themselves, it is worth noticing that the suicide rates among them are also higher than average. Given these traits, a better and more accurate understanding of ASPD in some ways helps to maintain social stability. These close relationships attracted the attention of researchers and may be one of the key factors in reducing or preventing criminal behavior or self-harm.

The main focus of this article is to summarize current understanding of ASPD. More important, since ASPD has deep connection with deviant behaviors, treatment and future application will be provided.

2. Methodology

This paper is a current review based on research and studies collected using Google Scholar in the field of ASPD.

The definitions and standards of ASPD in this article are developed from Diagnostic and Statistical Manual of Mental Disorders:5th edition (DSM-5), published by American Psychiatric Association in

2013 [1]. Other important and reliable resources are used in this review, as all those resources are used to provide a review and summary on ASPD.

3. Results and Discussion

3.1. Diagnosis

Before the 18th century, criminal behaviors are often considered as one's original sin, however, with punishment and even execution, many criminals refused to show any regret, which might be the first notice toward antisocial behaviors. First research related to antisocial personality disorders (ASPD), started in 20th centuries, and later in 1968, DSM-2 introduced the term of antisocial personality.

Based on the latest DSM-5 criteria, ASPD is characterized by the deviant behavior patterns that show a durative and pervasive disregard or violation. This includes law violations, maltreatment of others, deceiving, impulsivity, hostility and ignoring the safety of oneself and others. Comparing to psychopathy, ASPD focus more on patients' criminal behaviors, rather than their mood and personality traits [1]. Possible ASPD patients can only be diagnosed as ASPD after they are 18 years old, however, Kaplan & Sadock suggested that most of the patients had already shown signs of violence and criminal acts by the age of 8, and 80% of the patients developed symptoms by the age of 11 [4]. The severe and aggressive symptoms increased during the patients' adolescence comparing to previous acts. For patients under the age of 18, there must be symptoms including both verbal and physical violence towards other people for the onset of early ASPD, expectation violation, juvenile delinquency and chaotic personality relationships.

However, most of the individuals are only diagnosed with conduct disorder (CD) if all these symptoms disappear after 18 years old. If a person continues to meet the criteria for ASPD, then it will be considered as ASPD instead of CD. It is believed that 40% of the CD patient having persistence in antisocial behaviors at a sub-clinical level, among them 75% of those actually meet the criteria for ASPD [5].

3.2. Epidemiology and Etiology

The prevalence rate for ASPD is around 2-3% of the population [2]. Werner, Few, & Bucholz found that the prevalence of ASPD exhibited significant gender differences, and the prevalence of ASPD for males is usually 3-5 times higher than that of for females [6]. Some other factors like age and education level also contribute to the prevalence rate, with younger people and lower-educated people are more likely to be diagnosed as ASPD.

Only a few research has been done on the racial differences of ASPD, and currently there is no widely accepted conclusion on this. Statistic showed that comparing to White People, Black people are more likely to develop ASPD. From the same research also suggested that Asian and Hispanic groups are having the same rates with White groups [7]. However, Zuckerman claimed that there are no differences between black and white groups in ASPD prevalence from the results of various American community studies [8]. He also suggested that there is the differences and gap between black people and white people's social class, historical circumstance, and position in society playing the determine role in the prevalence of ASPD. The existing data about racial differences are sparse and there is almost no aetiological and treatment research. Further studies on different cultural and ethnic groups are required. Besides, other factors that may lead to ethnic prevalence differences should be considered, including income levels and education levels.

The etiology of ASPD is still unknown, however, both genetic and environmental factors can lead to ASPD. Ferguson pointed out that genetics were a huge factor for antisocial personality and behavior, with 56% of the antisocial behaviors are due to genetic factors [9]. The research done by Basoglu et al. showed that male subjects with DdeI T/T and MnlI T/T genotypes were more prevalent with ASPD than those healthy control subjects with same sex. This suggested that both Ddel and MnlI T/T genotypes could be a risk factor for ASPD [10]. Environmental impacts can also cause ASPD.

Some researches stated that 59.1% of the ASPD are caused by environmental factors, especially those come from family [11]. Among all environmental factors, childhood maltreatment may be one of the most important and direct factors. For example, there is a deep connection between the experience of childhood abuse and ASPD, considering the prevalence rates are at least two times higher among those who had been sexually or physically abused during their childhood [12]. Other family factors, including children's attachment styles with their caregivers, parental management strategies, childhood neglect, as well as family economic background can also play roles in the childhood misbehavior, and eventually lead to ASPD.

3.3. Connection with Deviant Behavior

Deviant behavior is a general term for the behavior that contrary to the societal norms. In this paper, this category mainly discusses about criminal or violent act, as well as self-injury actions which are caused by ASPD. Many people always associated ASPD with criminal acts. As many prisoners who are arrested for the commission of illegal acts actually could be up to the diagnostic criteria for ASPD. It is worth noticing that, compared to other psychological disorders, ASPD has a larger impact on society owing to aggression and violent acts from ASPD patients.

Moreover, comorbidity can also cause an increase in the crime rate. Common comorbidity for ASPD are anxiety disorders, mood disorder, substance abuse, as well as high rates of suicidal rates among patients. Substance abuse is another major factor in criminal or violent acts. While ASPD patients are at high-risk of developing substance use disorder (SUD), studies have shown that there is a strong link between all kinds of substance abuse, including drugs and alcohol, and violent delinquency, as compared with other drug abusers, those who has ASPD were more likely to commit crimes [13].

Much of the existing research focused on the aggression towards other people, however, same as other personality disorders, ASPD patients are more likely to participate in self-harm behaviors, especially with the presence of comorbidity. It is believed that self-harm behavior increases the chances of performing violent acts towards other people [14]. Research done by Ayodeji et al. revealed that nearly 60% of the adolescents from the clinical referral sample showed one or more personality disorders, which lead to significantly greater severity of self-harm actions [15]. Among those personality disorders include ASPD, the large presence of another comorbidity with ASPD is also noteworthy. However, studies have shown that ASPD itself does not actually contribute to the high suicide rate or substance abuse likelihood but its comorbidity, for example, borderline personality disorder (BPD), causing such phenomenon [16].

3.4. Treatments

Because of the close relationship between ASPD and criminal behaviors, treatment for ASPD has been the main focus of psychologists. It is believed that effective treatments can be used to lower the crime rate. However, currently, there is no effective treatment for ASPD. The US Food and Drug Administration has not approved any medicine nor proven psychological treatment for ASPD [17]. Apart from the lack of efficient treatment, people with ASPD are less likely to seek for treatment as they do not consider themselves as mentally ill.

4. Conclusion

This mini review of literature highlights the fact that ASPD is much more common in incarcerated individuals. The most important characteristic of ASPD is its violation of the social norms. The main cause of ASPD remains unclear, however, the biological, psychological, and social factors all can contribute to ASPD. Research also revealed that individuals with ASPD are more likely to commit crime and violent acts than the general population. There is a close relationship between ASPD and deviance, so the psychologists keep trying to find effective treatment. However, until now, the existing treatments are considered less effective for ASPD. Neither approved medicine, nor approved

psychological treatment. Given the enormous impact ASPD can have on society, future research is needed in finding effective treatment or medicine. At the same time, research on its etiology can also effectively reduce the prevalence of ASPD and eventually lower the number of deviant behaviors performed by patients with ASPD.

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