

## The Antisocial Personality Disorder and its characteristics, changes and advances: a challenge

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### Abstract

**Background:** People with personality disorder are characterized by set of traits that make them more susceptible to a social, family and laboral breakdown. Individuals with antisocial personality disorder (ASPD) tend to have low scores of socialization. This disorder calls attention to the great disparity between the individual behavior - characterized by egocentricity and incapacity to love - and social norms.

**Aim and Objectives:** This work guides the path of thought and practice exercised in approaching the reality of antisocial personality disorder holder, as it brings to light information, focuses on changes and proposes new studies based on the already made. This paper aims to search in literature the evolution of antisocial personality disorder, and conceptualize it, characterize it and verify the changes in the period.

**Method:** Article with descriptive approach, produced through systematic review of literature for articles published since 1985 in English, Spanish or Portuguese through databases Scielo, BVS, BiblioPsiquis, LILACS. Were found 47 articles in the first search, and of these, 16 were evaluated in full. A second search in the selected references provided over 08 articles for detailed analysis. A textbook was consulted.

**Result:** In the articles examined, a number of changes have been found in studies over time. The etiology of the disorder tends to study the genetic basis allied to psychosocial factors. The disorder is found more in men than women. Diagnostic and treatment are still difficult, and responses to treatment are still unsatisfactory.

**Conclusion:** The antisocial personality disorder involve the consideration of biological and psychosocial factors. Thus, the full knowledge of the mechanisms of the genesis of the disorder increases dramatically the possibilities of developing more accurate diagnostic techniques and

standardized, and also treatments with maximum efficiency, lower cost and greater applicability.

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**Key words:** Antisocial, Personality, Disorder, Socialization, Psychosocial.

## **Introduction**

It is difficult to establish a consensus on what is acceptable socially personality. However, it is believed that it can be related to people who are able to face the environment in a flexible way, with perceptions and behavior that provide them learning and growth, increasing personal satisfaction. People who suffer from personality disorder (PD) are characterized by set of traits that usually begin in childhood or adolescence and are manifested more specifically in later life. This make them more susceptible to a social, family and laboral breakdown.

Personality disorders are conceptualized as changes in the way of being and behaving in the world. These changes are markedly distant than expected for an individual in a given culture. According to the World Health Organization (WHO) in its 10th edition of the International Classification of Diseases (ICD-10):<sup>1,2</sup>

*These types of conditions include patterns of behavior permanent and deeply rooted in the individual that manifest as inflexible responses to a broad range of personal and social situations. These behaviors represent significant deviations from the way how the average individual in a given culture perceives, thinks, feels and particularly relates to others.*

This definition makes clear that PD refers not punctually to a disease, but to a multiple factors that can lead to disturbance of mental health, specific to each situation. All situations, however, turns out to interfere in interpersonal relationships.

The overall incidence of TP in the general population ranges between 10% and 15%, with no sex difference evident. Each type of disorder contributes 0.5% to 3%.<sup>1,2</sup> This contribution is significant, since for CID-10 there are eight personality disorders, divided as follows:

- Dissocial personality disorder;
- Emotionally unstable personality disorder;
- Paranoid personality disorder;
- Schizoid personality disorder;
- Histrionic personality disorder;
- Anxious [avoidant] personality disorder;

- Dependent personality disorder;
- Anankastic personality disorder;

The human personality is made up of different components and extroversion is one of them. This is related to the ways in which an individual interacts with others and indicates how communicative, talkative, assertive, active, and gregarious he is. People with high scores on extraversion have a tendency to be talkative, optimistic, affectionate, active and sociable. Those that have low scores are generally reserved, sober, indifferent and independent. These characteristics influence the individual's ability to establish and maintain social interactions.<sup>3-5</sup>

Individuals with antisocial personality disorder (ASPD) tend to have low scores of socialization.<sup>4</sup> This disorder calls attention to the great disparity between the individual behavior - characterized by egocentricity and incapacity to love - and social norms. These individuals are irresponsible, exploitative and insensitive. It is interesting to note how easy they can build relationships, but are unable to keep them. They are also extremely capable of manipulating people and situations in order to obtain exclusively personal benefits, disregarding and violating the rights of others. This fact encourages their involvement in criminal acts.<sup>6-8</sup>

The pathogenesis of ASPD, besides psychosocial factors, is identified by neuroimaging studies, which showed damage to the frontal brain structures, especially the orbitofrontal cortex and the amygdala. The damage of serotonergic function also points for the origin of the disorder, justified by attenuated hormonal responses and brain serotonergic function reduced through the use of drugs that tend to increase the neurotransmitter.<sup>9</sup>

In addition to scientific articles, this theme is also explored in cinema. In Brazil, the PD are the themes addressed predominantly and ASPD, specifically, can be found in the movies *Vampa eyes* (1996), *The Xango from Baker Street* (2001) and *The attacker* (2001). In the international cinema, we can find ASPD in movies such as *The good son* (1993), *The silence of lambs* (1991) and *The Boston Strangler* (1968).<sup>10</sup>

So, this paper aims to search in literature the evolution of antisocial personality disorder, and conceptualize it, characterize it and verify the changes in the period. This work guides the path of thought and practice exercised in approaching the reality of antisocial personality disorder holder, as it brings to light information, focuses on changes and proposes new studies based on the already made. The article aims important questioning, which favor the resolution of the mysteries concerning to the disorder by promoting the development of more specific and effective techniques.

## **Material and Method**

The study had a descriptive approach. We performed a systematic review of literature for articles published since 1985 in English, Spanish or Portuguese through databases Scielo, BVS, BiblioPsiquis, LILACS.

The terms used to search were “personality disorder” and “antisocial disorder”. The inclusion criteria for the review included articles that addressed the personality disorder as a concept, its evolution and diagnosis, as well as the specific features of antisocial disorder. Articles were selected by their title and abstract. Those who fit in the analysis were also studied their references by the same criteria.

Were found 47 articles in the first search, and of these, 16 were evaluated in full. A second search in the selected references provided over 08 articles for detailed analysis. A textbook was consulted, addressing specific topics complementary to previous research, seeking a critical analysis of the proposed topic.

## **Results**

In the articles examined, a number of changes have been found in studies over time. Nowadays, the etiology of the disorder tends to study the genetic basis allied to psychosocial factors as determinants of disease. The detailed study of neurotransmitters is made seeking to solve one or a set of specific causes, in order to improve treatment. The disorder is found more in men than women, with their percentage in the general population estimated at 3.6%. It is also estimated that the disorder is underdiagnosed in women due to differences in some of the clinical manifestations of this sex. Regarding diagnosis and treatment, even with medical developments, both are still difficult. Different diagnostic methods remain in use, with no single pattern established. The search and responses to treatment are still unsatisfactory.

## **Discussion**

### ***Etiology***

The term antisocial personality disorder was introduced by Phillippe Pinel. This French physician noted in his Treatise on Insanity (1806) that many of his patients had impulsive behavior and damaging. However, despite seeming dangerous, such patients did not manifest changes of intellect or consciousness and were described as having la folie raisonnante, madness without delirium or manic without delirium. Pinel called manic the flowering behaviors and persistents states of fury.

The Antisocial Personality Disorder has been the subject of several studies, which attempt to cover the etiology, criteria for diagnosis and possible treatments. The diagnostic and statistical manual of mental disorders in its fourth year in a textual revision (DSM-IV-TR) establishes the following criteria for the diagnosis of antisocial personality disorder: a person unable to adapt to social norms with attitudes that

disrespect and violate the rights of others and who presents difficulties in social interaction, behaving aggressively and impulsively and demonstrating lack of remorse and empathy.<sup>11</sup>

Most actions of antisocial faces are to obtain personal and immediate gratification, and, for this, they lie, falsify documents and manipulate people, attitudes that often leads to antisocial severe legal sanctions. The diagnosis can only be confirmed if the individual fit the above criteria and has more than 18 years. Generally they tend to exhibit disruptive behavior before fifteen years.<sup>11</sup>

Importantly, you can not confuse the antisocial personality disorder as equivalent to psychopathy. In fact, a large percentage of psychopaths has antisocial personality disorder, but not all antisocials are psychopaths.

So, there is a change in the etiology: most recent studies try to identify and prove the genetic basis of ASPD in order to facilitate the understanding of the phylogeny of the disorder. They are based on the association between ASPD and biological regulators as well as changes in the function of central structures. The primary regulators studied are testosterone, serotonin and monoamine oxidase (MAO). Since the structures most affected are the orbitofrontal cortex, the prefrontal cortex and the different structures of the limbic system. They also claim that individuals whose parents were diagnosed as antisocial are more likely to also be in future.<sup>9,14</sup>

Other work is based on psychosocial factors to explain the etiology of the disease. There are theories stating that children who have had stressful experiences that were created in not welcoming environments, experiencing situations of violence and neglect, are more likely to develop antisocial personality disorder. However, it is evident that only a single factor does not determine whether or not the development of ASPD.

### ***Epidemiology***

According to the national epidemiological survey on alcohol and related disorders in the United States Studies in 2004, the community prevalence of antisocial personality disorder is about 3.6%. The percentage was higher in men than in women and in individuals younger than 35 years. Surveys show an incidence of 3% in men and 1% in women. When analyzed the education and income, it was found that most individuals with the disorder had cited low education and belonged to the lower classes.<sup>14</sup>

The first symptoms usually appear in the females during the pre-puberty and, in males, before this stage.

It should be noted that when psychopathy occurs in women, their identification seems to be more difficult, because there are differences in the clinical presentation of antisocial behavior, especially when it comes to aggression, feature more visible and more present in men than in women.

### ***Diagnostic***

The diagnosis of ASPD is difficult and finds differences in the method of patient assessment. It is not yet clear whether it is more productive to use free interviews or apply standardized tests. The identification of the main characteristics of the disease, and therefore the diagnosis were facilitated after the creation of the Psychopathy Checklist Revised (PCL-R, Hare, 1991)<sup>1,15,16</sup>, which classifies patients into two distinct groups.

### ***Treatment***

The treatment of these individuals still remains a challenge. First because most antisocial individuals do not seek medical help because they lack the critical insight that his way of acting with himself and the others are the result of an illness that needs treatment. It is also interesting to emphasize that, for many of them commit violent attitudes, end up being punished and placed in detention long before they have a chance of being diagnosed and treated. The second challenge is related to response to drug treatment which still remains unsatisfactory.<sup>12,13</sup>

Patients can make use of psychotherapy, medication and behavioral modification. The latter consists of reeducation through adaptation to social life, aided by labor, religion, leisure, education.<sup>15</sup>

### **Conclusion**

The conceptualization of personality disorder, as stated, involves the individual's relationship with the environment: the more difficult this relationship is, the greater the propensity to the development of disorders related to personality. The antisocial personality disorder, included in this group, involve the consideration of biological and psychosocial factors. The biological influence, in turn, is evidenced by damage to brain structures. Thus, the full knowledge of the mechanisms of the genesis of the disorder increases dramatically the possibilities of developing more accurate diagnostic techniques and standardized, and also treatments with maximum efficiency, lower cost and greater applicability. This research can be valuable because their results can generate individual and social implications. Those affected will have the chance to be early diagnosed and receive more specific and effective treatment. This will directly affect social policies, especially those involving prison systems, since many prisoners are possible undetected patients.

Therefore, the studies related to this disorder should be improved, as it favors the establishment of preventive measures to improve the quality of life of patients and it reaches a considerable part of the population. There is still much to be discovered. This study can base researches in several areas, including epidemiology and pharmacology. It

is believed that women are currently underdiagnosed due to the different clinical manifestations of the disease. A definitive diagnosis can cause changes in the epidemiology of ASPD. Pharmaceutical companies will also be benefited because they can develop new drugs to treat the disease.

**Conflict of Interest:** None declared.

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## References

1. Gea PM, Marcos EC. Personality disorders (part I). *Psiquiatria.com*. 2003; 7(5): 1-13. Available at: [http://www.psiquiatria.com/bibliopsiquis/bitstream/10401/1341/1/psiquiatricom\\_2003\\_7\\_5\\_1.pdf](http://www.psiquiatria.com/bibliopsiquis/bitstream/10401/1341/1/psiquiatricom_2003_7_5_1.pdf). Accessed January 16. 2012.
2. Morana HCP, Stone MHS, Abdalla-Filho E. Personality disorders, psychopathy and serial killers. *Brazilian Journal of Psychiatry*. 2006; 28(2): 74-9.
3. Díaz MJM, León AM. Epidemiology and comorbidity of personality disorders. *Psiquiatria.com*. 2006; 10(1). Available at: [http://www.psiquiatria.com/bibliopsiquis/bitstream/10401/655/1/psiquiatricom\\_2006\\_10\\_1\\_4.pdf](http://www.psiquiatria.com/bibliopsiquis/bitstream/10401/655/1/psiquiatricom_2006_10_1_4.pdf). Accessed January 16. 2012.
4. Nunes CHSS; Hutz CS. Construction and validation of a scale model of extraversion in the big five personality. *Psico-USF*. 2006; 11(2): 147-155.
5. Bartholomeu D, Nunes CHSS, Machado AA. Personality traits and social skills in college students. *Psico-USF*. 2008; 13(1): 147-155.
6. Soares F. Manual of psychiatric symptomatology: mental examination. Maceió, AL: Flávio Soares; 2011.
7. Gea PM, Marcos EC, Sánchez CB. Personality disorders (part II). *Psiquiatria.com*. 2003; 7(5): 1-13. Available at: [http://www.psiquiatria.com/bibliopsiquis/bitstream/10401/1342/1/psiquiatricom\\_2003\\_7\\_5\\_2.pdf](http://www.psiquiatria.com/bibliopsiquis/bitstream/10401/1342/1/psiquiatricom_2003_7_5_2.pdf). Accessed January 18. 2012.
8. Lemos VSJ, Chittó GGJ. The evolutionary approach disorder antisocial personality. *Journal of Psychiatry*. 2004; 26(1): 78-85. Available at: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0101-81082004000100011&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0101-81082004000100011&lng=en). Accessed February 11. 2012.
9. Marta DC. Neurobiology of personality disorder antisocial. *Journal of Clinical Psychiatry*. 2005; 32(1): 27-36. Available at: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0101-60832005000100004&lng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0101-60832005000100004&lng=pt). Accessed February 08. 2012.
10. Castaldelli MJM, Mancini CS, Castaldelli MM, Lotufo NF. Psychopathology in Brazilian cinema: an introductory study. *Journal of Clinical Psychiatry*. 2005; 32(6): 319-323. Available at: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0101-60832005000600002&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0101-60832005000600002&lng=en). Accessed January 22. 2012.



11. Widiger TA, Frances AJ, Pincus HA, Ross R, First MB, Davis WW. DSM-IV Sourcebook. Vol 2. Washington, DC: American Psychiatric Press; 1996.
12. Soares MH. Studies on Personality Disorders Antisocial and Borderline. *São Paulo School of Nursing*. 2010; 23(6): 852-858.
13. Alchier JC, Madruga BM, Medeiros BCD, Makhamed YM, Rocha HRRP, Sousa HKC. Methods of diagnosis for antisocial personality disorder: a review. *Psiquiatria.com*. 2010; 1-15. Available at: <http://www.psiquiatria.com/bibliopsiquis/bitstream/10401/909/1/16cof445537.pdf>. Accessed January 25. 2012.
14. Del-Ben CM. Neurobiology of personality disorder antisocial. *Journal of Clinical Psychiatry*. 2005; 32 (1): 27-36. Available at: <http://www.hcnet.usp.br/ipq/revista/vol32/n1/27.html>. Accessed January 25. 2012.
15. Carvalho LF, Bartholomeu DS, Silva MCR. Instruments for assessment of personality disorders in Brazil. *Psychological Assessment*. [online]. 2010; 9(2): 289-298 Available at: <http://pepsic.bvsalud.org/pdf/avp/v9n2/v9n2a13.pdf>. Accessed January 25. 2012.