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The Challenges of Living with Antisocial Personality Disorder

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ABSTRACT

Background: Antisocial personality disorder (ASPD) is known as a sociopathic disorder with individuals often labeled as sociopaths. The Centers for Disease Control and Prevention (CDC) defines the personality traits of individuals with ASPD as extreme and inflexible. Living with an ASPD can be challenging, and individuals affected are encountered with the problem of coping with their diagnosis. The purpose of this review was to analyze how ASPD affects individuals and shed light on how the diagnosis impacts day to day life, including health impacts, social consequences, stigmas, violence, harm to others and other challenges. **Method**: A review of the literature was conducted for this research. Relevant databases such as the Cumulative Index of Nursing and Allied Health Literature (CINAHL), OVID Medline, and OVID PsycINFO were searched to identify appropriate topics. Data were drawn from a variety of journal articles and book sources, including meta-analyses, systematic reviews, and predictive validity studies, all looking at different concepts that individuals with ASPD face in everyday life. **Results:** Three common themes emerged surrounding ASPD: health risks associated with ASPD, social consequences of an ASPD diagnosis, and the increased incidence of violence associated with ASPD.

INTRODUCTION

Personality disorders (PD) represent an umbrella term that describes a plethora of mental health disorders. ASPD is known as a sociopathic disorder with individuals often labeled as sociopaths. The CDC defines the personality traits of individuals with ASPD as extreme and inflexible [1]. These traits can be displayed through disruptive and manipulative behaviors. The DSM-5 criteria for a diagnosis of ASPD include being 18 or older, exhibiting conduct disorder features before the age of 15, displaying antisocial patterns since age 15, and having a major mental illness such as bipolar disorder or schizophrenia [2]. Living with an ASPD can be challenging, and individuals affected are encountered with the problem of coping with their diagnosis. The purpose of this research is to identify the specific challenges of individuals with ASPD face. The data utilized explores concepts unique to the diagnosis to gain a better understanding of the daily impacts of ASPD.

METHOD

Data were analyzed from a variety of databases, including the Cumulative Index of Nursing and Allied Health Literature (CINAHL), OVID Medline, and OVID PsycINFO to determine three suitable discussion topics. The sources were found using the university library's online database search. Book sources and peer-reviewed articles ranging from 2015-2020 revealed three primary areas that impact individuals with ASPD.

LITERATURE REVIEW

The purpose of this literature review was to analyze the effects of a diagnosis of ASPD on daily life, exploring concepts and challenges unique to that diagnosis. Data was gathered from a variety of peer-reviewed sources, and subtopics were determined based on relevant trends. The primary topics explored in this literature review focused on different aspects of ASPD including health risks, violence, harm to others, prison experiences, social consequences, and stigmas related to this disorder.

Health Concerns

Individuals with ASPD often are diagnosed because of early exposure to health risks, which causes further health disparities. Extensive research has been done in trying to find adequate medication to treat ASPD; however, all treatment studies conducted by Annual Reviews [3]

have failed to find significant effects with trial drugs. Because of the plethora of study failures regarding treatment for individuals with ASPD, the disorder has been thought of as resistant to treatment. Health risks in prenatal or early postnatal years and genetic influences can be the source of etiology in one's diagnosis with ASPD. More research established by Annual Reviews [3] contributors are being conducted to examine if the primary cause of ASPD is related to ineffective neurodevelopment, an often overlooked but possible determinant of this disorder. This study covers birth complications and postnatal complications resulting in neural maldevelopment. Birth and prenatal complications could be caused by hypoxia, prenatal smoking or drinking, or maternal preeclampsia. Postpartum complications, such as impaired familial bonding, show deficient development in the brain, which can lead to the appearance of symptoms in individuals with ASPD [3]. The study also describes environmental concerns; early exposure to heavy metals, such as lead, have shown neurodevelopment challenges leading to violent behaviors portrayed in ASPD patients [3]. Childhood neglect or abuse can create poor coping habits for patients and lead to symptoms of disregard for others or trigger mental health disorders such as depression and alcohol use disorder [4].

Haelle [5] found, individuals diagnosed with both depression and ASPD can treat their depression with antidepressants such as selective serotonin reuptake inhibitors, which can also decrease aggressive behaviors exhibited in ASPD patients. Patients with ASPD are at an increased risk for anxiety, bipolar disorder, post-traumatic stress disorder from possible childhood trauma, attention deficit hyperactivity disorder from ineffective thought processes, and BPD [5]. Antisocial behaviors begin as a diagnosis of either bipolar disorder or schizophrenia, so health concerns also relate to tackling these manifestations that can be present when the patient's primary diagnosis becomes ASPD. With dual diagnoses, it can be challenging to establish an effective medication regimen, mainly because ASPD medications have proven to be difficult in treating PD. However, mentioned in the last research study, medications for one diagnosis, such as depression or anxiety, can also work to decrease manifestations in ASPD. Haelle [5] elucidates that individuals with ASPD are more likely to smoke, use illegal drugs, or have alcohol dependence than those without a PD, proving ineffective coping mechanisms. Another study revealed that one-half of ASPD individuals participating were smokers wherein the general population, only 12% were smokers [5]. Besides, this study showed that one-half of ASPD participants had some sort of drug use disorder, whereas, in the general population, this number was less than 5%. In conclusion,

those with ASPD have higher mortality rates earlier than the general population. This is often because of associated health risks, reckless behavior, and suicide [5].

Quiek et al. [6] conducted a study with data from the Geelong Osteoporosis Study to determine how physical health comorbidities are associated with women diagnosed with PDs, such as ASPD. Data were collected from 765 females aged 25 plus in south-eastern Australia with life-long PDs to identify physical comorbidities. The research was conducted through self-reported data, medical records, medication history, and use and clinical data [6]. Results indicated individuals with personality disorders are more at risk for physical health conditions such as cardiovascular disease, arthritis, liver disease, gastrointestinal disease, and diabetes, which can be directly related to biological or environmental risk factors [6]. Biological mechanisms to health risks include dysregulation of the immune system, serotonergic, endocrine, and the hypothalamic-pituitary axis. These biological mechanisms cause associated physical and mental disabilities in addition to creating significant socioeconomic disadvantages. Quiek et al. [6] found the pathway of adverse physical health outcomes in ASPD patients is highly unknown, and research is continuously being conducted to create more prevention for these risks.

Patients with ASPD and other PDs struggle with maintaining a proper sleep regimen. Veen et al. [7] discussed how sleep dysfunction associated with both borderline and ASPDs increases impulsivity in patients. This study was conducted in the Netherlands at a psychiatric hospital with 185 patients. The patients had to have ASPD or BPD to be considered. Participants filled out a self-reported sleep quality form with the Pittsburgh Sleep Quality Index (PSQI) and a 75 question Sleep Diagnosis List (SDL) [7]. The study used both statistical and meta-analysis. The statistical analysis analyzed the study group's scores on sleep and impulsivity, where more than half of the participants indicated scores representing poor sleep with a multitude of sleep disturbances. More than 72% of participants score was reflective of the high motor, attention, and non-planning impulsiveness [7]. Both poor sleep and impulsivity are associated with one another in the person with PDs. The negative consequences associated with ASPD patients with sleep disturbances and impulsivity could lead to elevated stress, feelings of losing control, and inability to regulate emotions. This can lead to poor health outcomes and unhealthy behaviors, leading to further negative cycles of disturbed sleep and increased ASPD symptoms [7].

Harm to Others

Maintaining patient safety and a safe environment is the most critical consideration when interacting with any individual with mental illness, especially ASPD. Although the vast majority of mental health diagnoses are not associated with an increased incidence of violence, especially towards others, there is a small but independent association between specific diagnoses and violent behavior. Among these are psychotic illnesses such as schizophrenia and other psychosis-induced states, as well as PDs [8]. The traits of ASPD are frequently associated with and seen in violent or criminal behavior. The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis of ASPD is characterized by aggression, deceitfulness, impulsive behaviors, irresponsibility, remorselessness, disregard for the welfare of others, and a pattern of unlawful conduct. A study from the National Confidential Enquiry for Suicide and Homicide [9] found that 16% of homicides in England between 2002 and 2012 were committed by individuals who have a PD diagnosis.

Further studies by Fazel and Danesh [10] explored the high prevalence of individuals diagnosed with ASPD who are incarcerated, 47%, or in a high-security in-patient facility, 55%. The statistical data are suggestive of a correlation between ASPD diagnosis and violent behavior; however, the basis of these claims is uncertain. It is crucial to understand and explore the violent behavior associated with PDs, analyzing factors unique to the disorder that may predispose or influence violent acts. Baumeister et al. [8] conducted a meta-analysis looking at both cognitive and emotional processing traits in individuals who had schizophrenia or PD diagnosis with a history of violence and met other clearly outlined eligibility criteria. The criterion to achieve a 'history of violence' was not explicitly characterized as violence, but also antisocial or criminal behavior such as being incarcerated or in a secure hospital facility deeming them unsafe to the public. The researchers looked at the neuropsychological profiles of schizophrenia and ASPD patients compared to healthy control. They found that schizophrenia and ASPD patients had poor memory performance, lower IQ scores, deficits in executive function, and overall diminished cognitive ability in comparison to the healthy controls [8]. The decrease in cognitive skills could lead to an increase in violent behavior due to more inferior decision-making processes in executive functioning.

Similarly, poor cognition can inhibit participation, and therefore the benefits of psychological therapy. These inferences can be applied mainly in ASPD individuals with high psychopathic traits, including having a lack of affective experiences, diminished salience of emotions, and reduced threat perception. Other considerations, such as substance misuse, adverse childhood events, and poor attachment styles, should be assessed on an individual level to determine if any of these factors play a role in emotional processing and regulation. Further studies on the impact of these variables in ASPD and violent behavior would be beneficial to bridge the gap in this area.

A similar study by Edens et al. [11] explored the incidence of ASPD inmates who go on to participate in institutional misconduct. This population was targeted since an ASPD diagnosis has a long history of use in the courtroom to deem individuals 'unsafe' for society. They found that although certain behaviors were indicators of an increased risk for violent conduct during incarceration, the ASPD diagnosis alone was not a useful predictor. Instead, the research points to individual risk factors to assess including age, education level, prior incarceration, as well as situational and environmental factors. What Edens et al. [11] could infer was that ASPD severity, if only based on the number of symptoms, did not correspond with what forensic practitioners would label or diagnose as a 'severe case' and could therefore not be useful as a reliable descriptor in the clinical setting.

Despite correlations between the characteristics of ASPD and violent behavior, there is not enough evidence to suggest definite causation between the two. Individual factors that influence or play a role in predisposing violent behavior should be assessed in people diagnosed with ASPD. Research also indicates that the incidence of criminal behavior can be traced through family trees; however, this also holds some limitations. Although etiological conclusions cannot be made due to a lack of evidence, creating an ASPD family tree can aid in understanding the likely severity of the diagnosis, as well as the generalized severity of violence or criminal behavior [12].

Social Consequences

The tendency that ASPD portrays is most of all a dangerous society. Violent behavior, along with other criminal activity associated with an ASPD, is social consequences that are common among the disorder. This violent behavior may include intimate partner violence (IPV) or sexual violence. ASPD traits are linked to IPV through distress tolerance [13].

Distress tolerance is used during a crisis to make a difficult decision. Low distress tolerance leads to an increase in impulsive behavior because individuals are unable to find long-term solutions [13].

Impulsive behavior is a symptom of ASPD and can trigger aggressive or coercive behavior. Sexual violence involves both coercion and aggression. The criteria for ASPD and individuals who committed two or more sexually violent acts were similar for their actions [14]. These actions can also be found with substance use. ASPD is associated with an increase in substance use as well as the association of deviant peers [15].

In the first study, Brew et al. (2018), focused on antisocial traits such as distress tolerance and how it affected intimate partner violence. Men with ASPD traits have an increased risk of intimate partner violence, a cross sectional sample of 331 men who were arrested for domestic violence. They wanted to examine if distress tolerance was linked to ASPD traits [13]. Results indicated a connection between ASPD traits and intimate partner violence. The findings supported previous studies that examined distress tolerance related to intimate partner violence. Individuals with ASPD traits express distress tolerance in lower levels giving them a limited capacity to manage behaviors. Distress tolerance was determined on a scale of 15 items rated on a 5-point Likert scale. By monitoring and screening for this emotional impulsiveness, teaching can be done for ASPD traits to reduce problematic behavior. Therefore, ASPD traits can improve without risking harm to society as a whole [13].

The second study concentrated on how aggression and coercive behaviors related to sexual violence have similar indications of ASPD. In the United States, 672 residents completed a survey of 220 item PID-5 to assess five personality domains. The items were rated on a 4-point Likert scale. They then took a 10-item SES to assess for sexual aggression and coercion factors. They were searching if PID-5 scores were similar to the criteria for ASPD [14]. The results for this study showed evidence that men who scored higher on the PID-5 domains were more likely to fall under the criteria for ASPD. These men were three times more likely to fit the requirements. Men who were both coercive and aggressive were 4.2 times more likely to receive an ASPD diagnosis than others. Sexual violence is linked to ASPD as their aggression and coercion result in the reaction of violence. These findings help contribute to education on sexual abuse and development for a sexual violence model. These models can help predict sexual violence and prevent violence from happening [14].

The final study deliberated an association of deviant peers during adolescence age and substance use that may lead to the development of ASPD [15]. It was a longitudinal study of 1354 juvenile offenders taken from the 10th wave of the Pathways to Desistance study. Serious offenses were qualifications for participants ages ranged from 14-19 years old. They wanted to relate deviant peer relationships and substance use to ASPD [15]. The results found were that deviant peer association did make an impact on ASPD diagnosis with substance use and violent offending. Substance use had an increased frequency to be used with an ASPD diagnosis. This is a common finding with this disorder. Deviant peer association was linked to substance abuse as individuals may have been using manipulative behaviors to keep their source of substance use. The study found that whether or not individuals with ASPD were associated with deviant peers at a young age did not influence their violent behavior in adulthood. They still committed violence in adulthood regardless of who they associated with before being an adult. This indicates interventions to separate deviant peers have little impact on individuals with ASPD. The only intervention to prevent this behavior is to target the risk factors early. With one of the symptoms of ASPD being social isolation, deviant peer association is uncommon, leading to individuals violently assaulting others. Fewer deviant peer ties in adulthood may cause violent behavior to occur more often [15].

DISCUSSION

After analyzing these studies, the common theme throughout them is finding an intervention to stop harm to the individual, to others or society. ASPD individuals are tremendously challenging to intervene. Individuals have difficulty coping mechanisms for extreme situations. They tend to rely on impulsive behavior because they have low distress tolerance to deal with situations. This is when their violent behavior is most commonly seen. Not many interventions are effective with ASPD individuals. The individual fails to consider their negative consequences behavior or learn from their mistakes (see Figure 1).

Figure No. 1: Emerging themes surrounding ASPD

The interventions throughout the studies were to prevent risks or behaviors, control symptoms of ASPD, and to try and establish a treatment plan that ASPD individuals would follow (see Figure 2). One study found that preventing children from growing up with environmental risks could prevent ASPD from occurring [3]. By removing a child from a household of abuse or neglect, trauma, smoking, or unsafe habitat, that child might not develop ASPD in the future. This can be validated by understanding that ASPD can be genetic, and a family tree can aid in understanding the likely severity of the diagnosis [12]. By knowing what the generalized severity of violence or criminal behavior might be, prevention can be put in place to keep vulnerable people away. Another study found that by preventing ASPD traits by monitoring for their occurrence, less intimate partner violence may result [13].

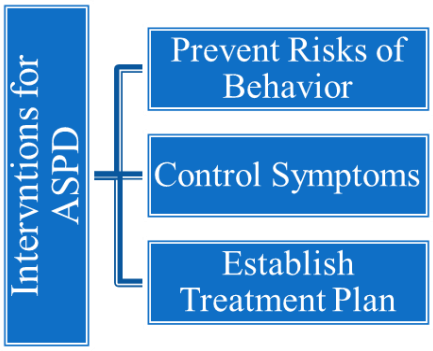


Figure No. 2: Emerging themes regarding interventions for ASPD

Another intervention that a few studies found to help is controlling ASPD symptoms. A lot of ASPD symptoms, such as impulsion, are enhanced by the use of substances. Reckless behavior can be controlled when substance use is removed from their habits [5]. By finding another practice to take away substance use, the safety of ASPD individuals is improved, and they have more choices to make [15]. Intervening earlier on in childhood with substance use is also more effective than waiting until adulthood [15]. As mentioned earlier, defined behaviors were indicators of an increased risk for violent behavior, but an ASPD diagnosis alone was not the only reason [11]. By controlling some of their actions, an individual can function with ASPD.

Establishing a treatment plan is the last theme observed. Comorbidities found in ASPD patients can be controlled with the right treatment plan [6]. Working with ASPD is known to be difficult, having them agree to a treatment plan, but the right one can control their behaviors, making it possible to prevent harm. Models can be used to educate about ASPD traits, such as sexual violence, and be used as a treatment plan to stop the violence from occurring [14]. An education plan can also be used as a type of treatment plan. As ASPD patients were found to have poor memory performance, lower IQ scores, deficits in executive function, and overall diminished cognitive ability and education plan might benefit them [8]. With education, ASPD patients might understand more about their actions and that violence is not the actions they should be using.

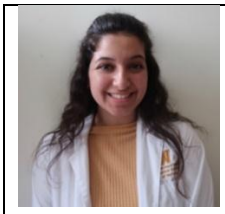
CONCLUSION

The literature review supports the challenges patients with ASPD must cope with, including health risks, social consequences, and criminal or violent behavior. Research continues to be conducted to help individuals with ASPD find effective treatment and help individuals cope with their disease. Prevention of ASPD continues to be implemented in society by teaching pregnant women about maternal risks, educating individuals with genetic inheritance and preventing harmful postnatal and environmental exposures. Although there is not an effective treatment regimen, continued research efforts show hope for this patient population.

REFERENCES

1. CDC. Centers for Disease Control. (2018). *Learn about mental health.* Retrieved from https://www.cdc.gov/mentalhealth/learn/index.htm
2. Patrick, C.J. (2018). *The handbook of psychopathy, 2nd ed*. New York: The Guilford Press.

3. Raine, A. (2018). Annual review of clinical psychology: Antisocial personality as a neurodevelopmental disorder. *Annual Reviews, 14*(1),259-289.
4. Moody, L., Frank, C., & Bickel, W.K. (2016). Comorbid depression, antisocial personality, and substance dependence: Relationship with delay discounting. *Drug and Alcohol Dependence, 160*(1),190-196.
5. Haelle, T. (2020, February 20). Complications and life consequences of antisocial personality disorder (ASPD). *Everyday Health.* Retrieved from https://www.everydayhealth.com/antisocial-personality-disorder/life-consequences/#harmtoothers
6. Quiek, A. L., Stuart, S. L., Brennan-Olsen, J. A., Pasco, M., Berk, A. M., Chanen, H., … Williams, L. J. (2016) Physical health comorbidities in women with personality disorder: Data from the Geelong osteoporosis study. *European Psychiatry, 34*(1),29-35.
7. Veen, M. M., Karsten, J., & Lancel, M. (2017). Poor sleep and its relation to impulsivity in patients with antisocial or borderline personality disorders. *Behavioral Medicine, 43*(3),218-226.
8. Baumeister, D., Das, M., Greer, B., Kumari, V., Sedgwick, O., & Young, S. (2017). Neuropsychology and emotion processing in violent individuals with antisocial personality disorder or schizophrenia: The same or different? A systematic review and meta-analysis. *Australia and New Zealand Journal of Psychiatry, 51*(12), 1178-1197.
9. Annual Report. (2014). The national confidentiality inquiry into suicide and homicide by people with mental illness. Retrieved from http://research.bmh.manchester.ac.uk/cmhs/centreforsuicideprevention/nci/reports/Annualreport2014.pdf
10. Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23,000 prisoners: A systematic review of 62 surveys. Retrieved from http://www.antoniocasella.eu/archipsy/Fazel_Danesh_16feb2002.pdf
11. Edens, J. F., Kelley, S. E., Skeem, J, L., Lilienfeld, S. O., & Douglas, K. S. (2015). DSM-5 antisocial personality disorder: Predictive validity in a prison sample. *Law and Human Behavior, 39*(2), 123-129.
12. Vaughn, M. G., Salas-Wright, C. P., DeLisi, M., Qian, Z. (2015). The antisocial family tree: Family histories of behavior problems in antisocial personality in the United States. *Social Psychiatry and Psychiatric Epidemiology, 50*, 821-831.
13. Brew, M. J., Florimbio, A. R., Elmquist, J., Shorey, R. C., & Stuart, G. L. (2018). Antisocial traits, distress tolerance, and alcohol problems as predictors of intimate partner violence in men arrested for domestic violence. *Psychol Violence, 8*(1), 132-139.
14. Norton-Baker, M., Russel, T. D., & King, A. R. (2018). "He seemed so normal": Single tactic perpetrators of sexual violence are similar to non-violent men using the DSM-5's hybrid personality disorder model. *Personality and Individual Differences, 123,* 241-246.
15. Wojciechowski, T. W. (2020). The salience of antisocial personality disorder for predicting substance use and violent behavior: The moderating role of deviant peers. *Journal of Drug Issues, 50*(1), 35-50.

	**Devyn K. Federighi** *Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA*
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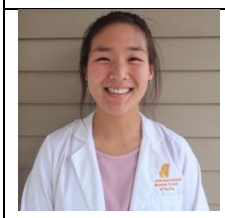	**Joy L. Macdonald** *Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA*
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