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Living with Antisocial Personality Disorder: Am I Labeled Corrupt?

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ABSTRACT

Challenges faced with individuals living with antisocial personality disorder (ASPD) are studied throughout this review. The purpose was to understand the characteristics of individuals who are diagnosed with ASPD face. The reader is introduced to this topic through a case study and background of this disease. The factors and problems faced are related to the case study of a specific patient suffering this disorder and suffering the same issues. The literature review includes an analysis of several scholarly studies and other articles to identify individuals living with ASPD. Together, the information found for this review suggests several underlying factors and feelings that lead to behaviors of patients diagnosed with ASPD.

INTRODUCTION

Antisocial personality disorder is classified under cluster B, as one of the four Cluster-B disorders. Cluster-B disorders are described as behaviors that are dramatic, emotional, and erratic. These disorders include borderline, narcissistic, histrionic, and antisocial personality disorder. ASPD is complex, and many key factors need to be discussed to understand this diagnosis fully. The American Psychological Association (APA) states that a person who presents with ASPD has criteria that are more personality-oriented and behavior-focused [1]. This complex diagnosis creates many challenges and affects the ability to cope with this disorder fully. The purpose of this review was to understand the characteristics of those living with ASPD.

BACKGROUND

ASPD is a complex mental health disorder that can be diagnosed based upon numerous criteria. It has been seen in boys earlier than girls and usually has a typical onset before the age of 8 years old [2]. For a patient to be diagnosed with ASPD, a set of defined criteria must be presented to diagnose this disorder. The criteria for this disorder include a pervasive pattern of disregard for and violation of others' rights [3]. ASPD is diagnosed based on three or more of the seven criteria, which includes; failure to conform to social norms involving unlawful behaviors (those that are grounds for arrest), deception (deceitfulness, repeated lying, use of aliases, or conning others for pleasure or personal profit), impulsivity or failure to plan, irritability and aggressiveness (associated with physical fights or assaults), reckless disregard for the safety of self or others), consistent irresponsibility(failure to sustain consistent work behavior, or honor monetary obligations) and lack of remorse or being indifferent to or rationalizing having hurt, mistreated, or stolen from another person [3].

Along with this pattern of characteristics beginning before the onset of age 15, to be diagnosed with ASPD, the individual is at least 18 years old and demonstrates the occurrence of antisocial behavior [3]. ASPD has been studied and is associated with co-occurring mental health disorders. These include major depressive disorder (MDD), bipolar disorder, anxiety disorders, somatic symptom disorders, substance use disorders, gambling disorder, and sexual disorders [2]. Patients presenting with ASPD in the psychiatric unit typically were closed off and tended to

have more impulsive behavior of not listening to others and doing what they wanted to do while staying in the unit. A mnemonic "CORRUPT" developed by Lily Awad of St. Elizabeth's Hospital in Boston, published in *Psychiatric Services*, September 1977, helps recall the ASPD diagnostic criteria (see Figure 1).

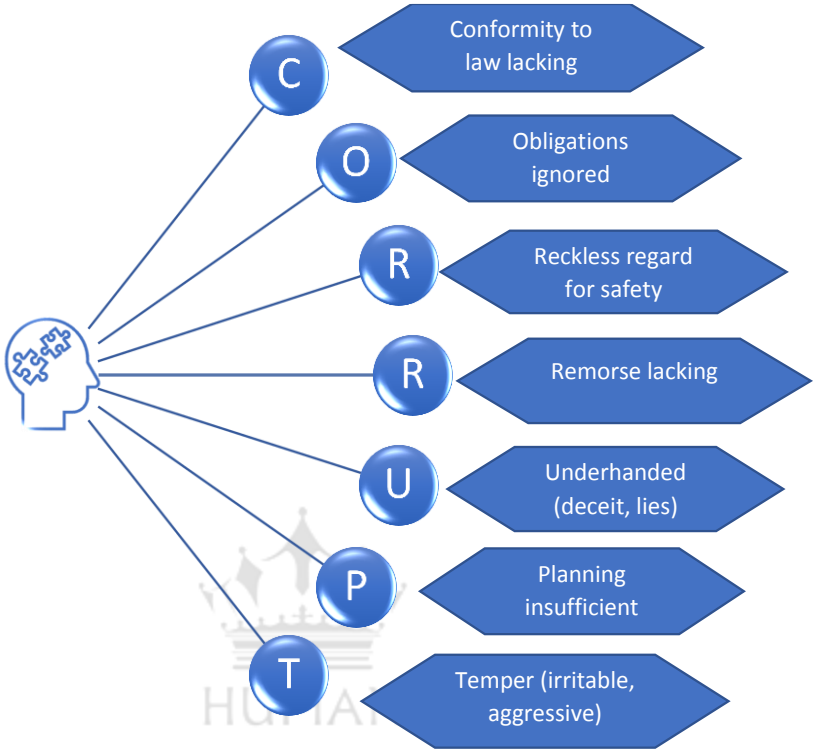

Figure No. 1: Mnemonics for ASPD diagnosis (three criteria must be present).

LITERATURE REVIEW

The database used to search for relevant articles was from the university's library database. The literature review included both evidenced-based articles and theoretical articles. A wide variety of articles, journals, and books were included to review the literature for ASPD. The keywords, antisocial personality disorder, adolescents, nursing interventions, health risks, and harm were used to examine sources from psychology, education, and medicine to help describe the basis of living with ASPD.

Pervasive Symptoms Evident in Adolescence

ASPD is a complex disorder that is only prevalent in about 4% of the general population [4]. Although this disorder is not quite common among the general population, it is associated with high crime rates. A study conducted in Finland focused on how ASPD symptoms can begin as early as childhood into adolescence. This then can be further diagnosed once a person reaches a specific age criterion for this disorder. The Manual of Mental Disorders (DSM) criteria, for an individual to be diagnosed, they must be at least 18 years old [4]. The study states the stem of symptoms can be evident in childhood and adolescence. Individuals, at least the age of 15, can show a pervasive pattern of violating others' rights, often without feelings of remorse, including displays of antisocial behavior and conduct problems [4].

Potential for Harm to Self and Others

ASPD is a specifically challenging type of mental illness characterized by impulsive, irresponsible, and often criminal behavior. An ASPD individual will exhibit manipulative and reckless behavior and will not show emotion for other people's feelings. Evidence has shown that psychopaths are considered to have severe forms of antisocial personality behavior. The traits of ASPD are associated with and seen in criminal and violent behavior. ASPD is characterized by high impulsivity, psychopathic traits, and a high prevalence of comorbid substance use disorders [5]. In one study, out of a total sample of 134 male offenders, ASPD patients had a 71.9% prevalence of impulsive aggression and had a 28.1% prevalence of premeditated aggression [5].

Simeon et al. [6] explored whether self-mutilators with personality disorders differ from non-mutilators with personality disorders in impulsivity, aggression, and psychopathology. In this study, 26 self-mutilators with personality disorders were matched to 26 control subjects with personality disorders. The results showed that self-mutilators had significantly more severe character pathology, had more potent lifetime aggression, and were more antisocial than the control subjects. The degree of self-mutilation was significantly correlated with impulsivity, chronic anger, and anxiety. It is detrimental to explore the impulsive and violent behaviors associated with personality disorders, researching what many influences these violent acts.

Fazel and Danesh [7] compared ASPD patients to healthy patients. They found that ASPD patients had diminished cognitive abilities, executive function deficits, poor memory performance, and lower IQ scores compared to healthy patients. The decrease in cognitive skills explains the increase in these individuals' violent behaviors due to an altered decision-making process in executive functioning. Similarly, a lower IQ score and poor memory performance significantly inhibit the ability to sustain consistent employment, leading to increased crime and incarceration. ASPD has higher rates of suicide, homicide, and accidents [7]. Many of these individuals will need to draw on public resources for survival. Many of those who improve are unable to regain lost opportunities in education, employment, and domestic life [2].

Aggression is a major behavioral problem in people with ASPD. The assessment of aggressive acts involves the evaluation of an individual's physical and mental health state and the motivations that led to those aggressive acts. Early antisocial behavior has its origins in childhood behavior problems, characterized by aggressive behavior. Deficits in self-regulation across multiple domains of functioning manifest as aggressive behavioral problems. ASPD impacts relationships, academic performances, financial issues including arrest and incarceration, personal problems including medical expenses, and self-regulation. This aggression is often followed up with criminal behavior associated with lying and manipulating for personal gain [8]. While aggression and violence are a significant part of ASPD, not every person diagnosed will be violent. A diagnosis of ASPD criteria requires the presence of only three of the criteria listed, which include repeated criminal acts, deceitfulness, impulsiveness, repeated fights or assaults, disregard for the safety of others, irresponsibility, or lack remorse [9]. This results in variability of patients diagnosed with the disorder.

The prevalence of aggressive behavior is quite common among individuals who have ASPD. Studying aggressive behavior has shown that reactive, proactive, and direct aggressive behaviors are often more related to antisocial behavior than indirect aggression [4]. This study was conducted for eight to ten years, starting in early childhood and adolescence then into adulthood, showing significant measurements of general aggression patterns. This study and the patterns analyzed led to the diagnosis of ASPD into adulthood [4]. The data collected from the participants showed a significant amount of aggression at ages 12 to 14 but was more prevalent at age 14. This is a clinical sign, as the criteria for developing ASPD shows that this type of

behavior is prevalent among individuals diagnosed with ASPD [4]. These results indicated that aggression levels in the pre and early adolescent population could significantly predict ASPD diagnosis in adulthood.

Children, adolescents, and adults with ASPD can show various conduct problems, including behaviors that violate the rights of others, societal norms, or rules such as aggressive behavior to either people or property. These types of issues can be a precursor for an adult with antisocial personality problems [10]. In a longitudinal study, data were collected over a 20-year period in which it was found that genetic and environmental factors play a role in adults developing antisocial personality symptoms [10].

Symptoms of ASPD can begin in early childhood and adolescence. The heritability of conduct problems seen in childhood to adulthood is substantial, about 43-49%. One contributing factor in conduct problems noted was not having enough parental monitoring in childhood and adolescents [10]. A recent study confirmed that the parents' knowledge of an adolescent's whereabouts, activities, and behaviors has a parental influence that helps to diminish conduct behavior after accounting for genetic influences. Knowing the signs and behaviors of ASPD in childhood and adolescence can help with early recognition even if the child cannot be diagnosed until 18 years of age [10]. Knowledge of genetic factors earlier on, as previously stated, can help diminish conduct behavior.

Health Risks Related to Treatment Non-Compliance

It is unknown why people develop ASPD, but genetics and trauma are thought to play a role in childhood. ASPD begins early in life, usually by age eight years. It is a chronic and lifelong disease and is associated with poor treatment response. A study conducted showed elevated death rates from diabetes mellitus in people with ASPD, suggesting that patients with this diagnosis may neglect their medical problems or fail to comply with medical regimens [2]. Epidemiologic studies consistently link alcohol use with aggression. Recent research suggests that people with ASPD are more prone to alcohol-related aggression. They have higher rates of alcohol dependence and alcohol-related problems than people without ASPD [9].

Individuals with ASPD have impairments in the functions of different brain chemicals, including serotonin, along with in the executive higher reasoning brain regions. The frontal lobe also appears to be different in people with ASPD, resulting in impulse problems accounting for an increase in more aggressive behavior. This results in the impulsivity seen within these patients. Antisocial behavior tends to co-occur with substance abuse, ADHD, depression, anxiety, and pathological gambling [11]. ASPD's presence is 1-3% in community settings and up to 30% in forensic settings [11].

There are many differences in antisocial behavior, and genetic and environmental influences account for many of these differences. There is compelling evidence from behavioral genetic research that heritable influences are essential in developing antisocial behavior; approximately 50% of the total antisocial behavior variance is explained by genetic effects [11]. The other 50% is found to be explained through shared and non-shared environmental influences. A study showed that common antisocial behavior was influenced by 41% genetics, 40% shared environment, and 19% non-shared environment [11]. These influences could include neglect or abuse as a child, a chaotic family life, little supervision from parents, and little praise or support for positive behaviors.

Unfortunately, there are little to no treatments that have been proven to work, and ASPD is one of the most difficult personality disorders to treat. While many psychotherapy techniques have been proposed for treating ASPD, research does not show that any current treatments help treat the disorder itself. In the younger individual group, psychotherapy can help improve destructive behaviors, teach relationship skills, and reinforce social support [12]. Psychotherapy can help a person with this disorder learn to be more aware of others' feelings and sensitize them. There has also been a success in cognitive therapy, which attempts to change sociopathic thinking, and behavioral therapy, which uses rewards and punishment to promote good behavior [12].

No medication is specific to this disorder, but some symptoms can be treated using medication. Selective serotonin reuptake inhibitors can help to decrease irritability and aggressiveness [12]. A recent study has been conducted to show the evidence associated with oxytocin having a benefit in treating patients with ASPD regarding oxytocin on symptoms relevant to ASPD, including empathy, inhibitory control, compliance, aggression, violence, and moral responsibility

[13]. The study results had conflicting results and show that more research needs to be conducted to assess the effects oxytocin may have fully.

Distorted Social Relationships Related to Distrust

Developing relationships is of particular importance when working with ASPD patients, but at times, it can be exceedingly difficult. Patients with ASPD often have trouble trusting people, making it challenging to develop a therapeutic relationship [14]. A supportive and validating relationship is a vital tool for working effectively with people with a personality disorder. A trusting therapeutic relationship is a basis for all treatment of personality disorders. It can improve adherence and enhance the effectiveness of planned care. However, developing this type of relationship can be difficult for individuals diagnosed with ASPD because they do not readily trust others and think being intimate is a sign of weakness [14]. Previous studies have shown that mental health nurses are often wary of individuals with ASPD, affecting their developing relationships. Treatment of ASPD can also be negatively affected due to the difficulties of gaining trust and developing a relationship with them.

In another study, two groups of nursing students interacted with patients with ASPD [14]. One group of nursing students was experienced with ASPD patients, and one was not, to help complete a non-bias study and understand the challenges of living with ASPD. The two groups of nursing students revealed their perceptions of developing a therapeutic relationship with patients diagnosed with ASPD. The students stated that one of many important aspects when working with these patients is developing boundaries. Patients with ASPD have shown not to trust easily, so setting boundaries can build a relationship [14]. At times, the groups stated they had trouble engaging with ASPD patients, mentioning that they felt wary and were cautious with their communication. The students did not want to phrase their wording wrong, which could affect the patient by frightening and winding them up [14]. The relationship aspect is an important concept to grasp, and formulating boundaries helps establish trust with patients who have ASPD.

Furthermore, the nursing students expressed the environment was a barrier while engaging therapeutically. The hospital setting is not always easy to connect with someone, which is a barrier in developing a therapeutic relationship [14]. Despite these limitations, they found doing

activities with the patients helped break the barrier and create a forming relationship. A negative aspect that influenced their perception of the patients was the criminal history, and the perceived risk influenced their judgment. To help with their perceived judgment, they started to recognize their individuality rather than their diagnosis and history. Person-centered care and the development of an optimistic and trusting relationship are essential in relationships and are achieved through individualized care. The study as well mentioned nurse education helped improve student nurses' perceptions of working with ASPD patients. Nurses receiving training are vital in working with patients with a personality disorder and is key to ensuring the treatment is effective [14]. This study found that the environment, history, and stigmas toward ASPD are all barriers to developing a therapeutic relationship.

Family and peers also influence the social relationships of individuals with ASPD. In the second study, the objective focused on analyzing family and friends' effect on antisocial behavior [15]. As well a family and peers have an impact on mediating the role of adolescent impulsivity and empathy. Antisocial friendships and parental behavior control, affection, and communication were looked at in this study to determine their influence on people developing symptoms of ASPD in adulthood [15]. This looked at both indirect and direct influences on adolescent's impulsivity and empathy. Communication had a direct effect on antisocial behavior, influencing the way they act impulsively. Parental behavior control showed an indirect and direct impact on antisocial friendships and low empathy towards others. Depending on the type of parental control relates to the behavior of the child or adolescent. Positive aspects of parental control and restrictions could increase the child's awareness of appropriate behavior, contributing to them learning to control their behavior [15]. The negative aspect of parental control is when parents exhibit little affection and high control because this leads the child or adolescent to act impulsively. Impulsive parents may also initiate an ineffective educational pattern, which provokes anxiety and impulsivity in their children.

Furthermore, another risk factor is antisocial friendships. The effect of friendships is mainly direct but can be indirect due to it being a risk factor for impulsivity and low empathy in adolescents [15]. The study also found that antisocial friendships have a more significant effect on individuals' behavior than parental controls. Furthermore, peer groups often encourage and approve of more risky behaviors than families despite the parents placing appropriate

restrictions. As previously stated, parents putting more pressure on children can cause them not to listen and act out even more. Peer pressure also leads individuals to ignore parents and participate in risky behavior [15]. All these factors combined play a role in the type of behavior the child shows, influencing ASPD diagnosis.

Stigmatized as Misbehaved or Violent

The knowledge among mental health research is low, making for the generalization of mental health disorders to become highly stigmatized. The public knowledge of personality disorders is among the lowest researched. People living with this type of disorder are commonly perceived as misbehavior rather than someone who is suffering from an illness [16]. A stigma is a social rejection that results from negatively perceived characteristics. The stigmatized group is seen as the outgroup; individual differences are recognized, and usually, the person has an opportunity lost. Stigmas of a person usually include the cognitive, affective, and behavioral components, categorized as stereotypes, prejudice, and discrimination [16].

Those who have a mental illness are often stigmatized as those who have made choices to exhibit types of symptoms associated with personality disorders and have chosen not to make a recovery effort. The study indicated a meta-analysis was completed, and even with all the efforts to combat the stigma of mental illness, it has been shown that the attitudes of mental illness have not improved over time and rather those who have a mental illness are considered to be "crazy" [16]. It has been shown that with the lack of knowledge from the public, it is considered that personality disorders are among those that may even be more stigmatized than other psychiatric disorders. The public believes that those with behaviors of such can gain control and that these behaviors are a gain of manipulation [16]. Among the highest prevalence of personality disorders is ASPD. As discussed before, a person who has this shows a lack of remorse and empathy, aggressiveness and recklessness that begins in childhood into adolescence. The low knowledge and high prevalence of stigmatization lead the children with ASPD to be characterized as delinquents, and the child believes that he/she is a bad person leading to a future of crime for this person [16].

The prevalence of stigmatizing someone suffering from ASPD has been noted as the person is more violent. Many court officials tend not to consider ASPD as a mental illness. The decreased

knowledge of this illness leads ASPD persons to be unable to complete rehabilitation programs in the prison systems. As new research and knowledge about this illness come to light, the stigma towards this can be greatly decreased [16]. The study stated that those who are suffering from ASPD might ultimately have some association with specific brain abnormalities. It is talked about how interventions are needed to help with the stigma, which may include; education, personal contact, brain image studies, and brief training in the neurology of PD to increase the knowledge about this illness [16].

DISCUSSION

As illustrated in Figure 2, after analyzing and interpreting these studies, the most important intervention was to stop harming the individual and others. Individuals with ASPD fall into the category of high risk for violence to self or others. This makes it imperative to address that issue and find interventions that execute safety and stopping harm. People with ASPD have often grown up in fractured families with many negative environmental factors, including abuse and neglect. Many individuals with ASPD have criminal charges and are incarcerated because of reckless behavior. They tend to rely on impulsive and aggressive behavior and cannot regulate their feelings resulting in the aggression seen in most diagnosed with ASPD. Few interventions are seen as useful, as the individual lacks remorse and no disregard for others' safety.

Throughout multiple literature reviews and studies, the interventions consisted of controlling the symptoms of ASPD, exploring treatment options, developing a plan, and promoting safety. One study found that staff working with ASPD people should recognize that a positive and rewarding approach is more likely to be successful than a punitive approach in engaging and retaining people in treatment [17]. This is imperative as it attempts to retrain the person’s brain and implement a system where they are rewarded for good behavior and promotes safety through teaching and employing a reward system. Another study found that for people with ASPD, offering group-based cognitive interventions such as rehabilitation programs to address problems such as impulsivity and antisocial behaviors has shown beneficial outcomes that include minimized reckless behaviors and a higher rate of peer relationships [18]. This is an important study because although most ASPD treatments and interventions are lacking, there is hope for functioning in society.

Another intervention that studies have shown to be effective in establishing a treatment plan. Many individuals with ASPD suffer from drug and alcohol misuse. This is likely to aggravate the risk of harm to self and others. Interventions for individuals' misusing substances consist of offering contingency management programs [17]. This behavioral therapy uses tangible rewards to help a person abstain from drugs or alcohol. As seen through studies, individuals with ASPD who abuse drugs or alcohol are more likely to be violent and aggressive than individuals who do not. Refraining from these substances can help these individuals with their aggression and risk of harming themselves and others.

While it is exceedingly difficult to control ASPD symptoms as these individuals struggle with impulsive behavior, irresponsible tendencies, being manipulative and deceitful, along with recklessness, it is not impossible. Any symptom related to depression or anxiety is shown to improve with a prescription for antidepressants, such as selective serotonin reuptake inhibitors [17]. Unfortunately, for the other symptoms, there are no proven pharmacological interventions shown to improve them. While refraining from substances have been shown to improve reckless behavior, it is not a fix-all solution. Teaching effective communication skills such as eye contact, active listening, validating another person's feelings have shown to improve one's manipulative behavior. Studies have shown that reshaping thinking patterns through cognitive restructuring is a technique that is useful in helping the individual recognize negative thoughts and replace them with positive patterns of thinking [17]. This improves the impulsive nature of ASPD and can help control their actions and function in daily life.

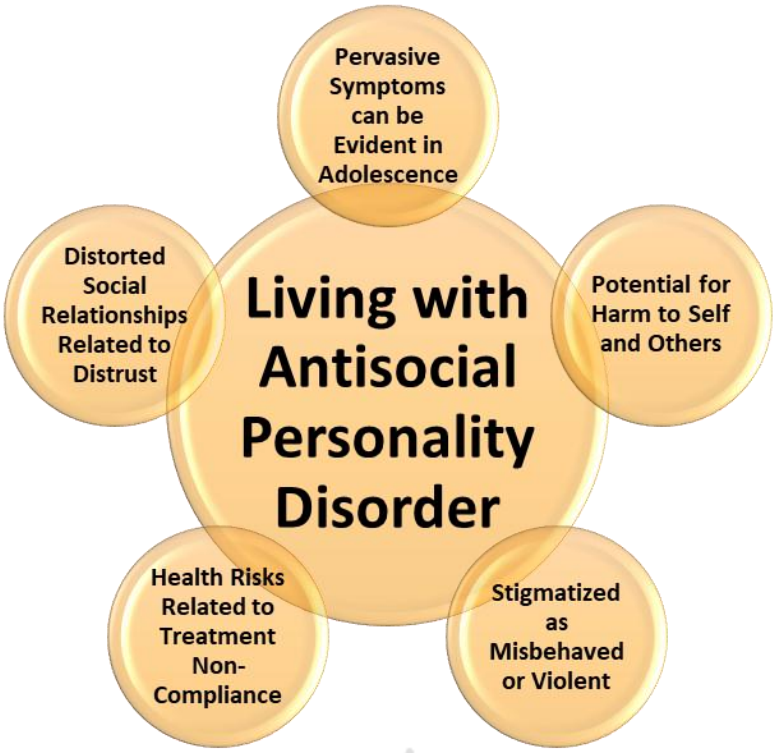

Figure No 2. Characteristics of Individuals Living with ASPD.

CONCLUSION

ASPD has a significant impact on a person's behavior and affects many aspects of one's life. The literature review revealed many topics related to a person who has this personality disorder, including social relationships, harm to self and others, health risks when symptoms start to develop, and stigmas (see Figure 2). An individual can show ASPD symptoms in early childhood or adolescence, and certain relationships can influence a person's behavior. The most important intervention of these individuals would be to stop self-harm and harm to others. Especially with this disorder, these individuals can be very violent and manipulative.

Furthermore, this disorder is tough to treat, and developing therapeutic relationships can be complicated. There are many barriers to developing a relationship with these individuals, and once knowing what they are can help enhance therapeutic relationships. Understanding this in its entirety is important in nursing because it allows nurses to adequately care for patients with

ASPD. This disease is overly complex, and research is still being done today to improve the quality of life for individuals living with ASPD. Well, for the question, "Am I labeled corrupt?" The ASPD individual may not agree; unfortunately, some people do give that label!

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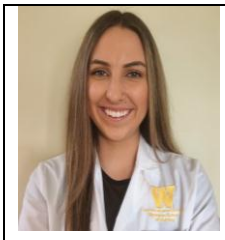	**Madeline A. Kelsey** *Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA*
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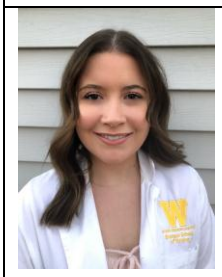	**Madelynn J. Collar** *Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA*
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