

# Causes and prevention methods of antisocial personality disorder

Yijing Fang<sup>1,\*</sup>

<sup>1</sup>Shenghua zizhu Academy, Shanghai, 200000, China

**Abstract.** The study of antisocial personality disorder (ASPD) is essential to recognize the psychological and behavioral causes of a portion of perpetrators. This study simply reviews past research on ASPD. Summarizes the causes of ASPD, treatment, shortcomings of existing research, and suggestions for future research. The literature review describes the possible causes of antisocial personality disorder from internal factors (genetic and familial factors) and external factors (family and childhood experiences). To be specific, the influence of family and genes on ASPD is discussed in this paper. In addition, external influences addressed in this paper include childhood experiences and the influence of family members' behaviors. In the discussion section, some methods for the prevention and treatment of ASPD are given, and some shortcomings of existing research are pointed out. Finally, some suggestions for future research are put forward. This review paper aims to help more people understand ASPD and pay more attention to these people with mental illness.

## 1 Introduction

In recent years, with the popularization of electronic devices and the rise of living standards, people have become increasingly aware of the importance of maintaining mental health. Several mental illness terms have been trending on social media, such as "depression" and "APSD." People are voicing their opinions about these mental illnesses on the Internet. Celebrities with mental illnesses have become the subject of heated discussions online. But rather than making people more aware of these mental illnesses, such phenomena have increased the stigma of those who suffer from them. A plethora of misinformation on the Internet has led to false perceptions of people suffering from mental illness, and some false labels are attached to these people who are supposed to be protected. For example, people realize that long-term low mood may mean depression. In the same way, antisocial personality disorder is often discussed. People keep away from and fear people they think have sociopathic tendencies since they think that people with antisocial personality disorder are bound to become murderers. At the same time, the children of murderers are bound to become people with ASPD. But in fact, most people do not understand the causes of ASPD, nor do they realize that they or those around them are potential patients with ASPD. The causes of ASPD, as well as prevention and treatment methods, will be specified below to help more people understand the group of ASPD.

ASPD is a psychological disorder. Typically, people with a disrespect for the lives of others, a disregard for the rules of society, and a lack of empathy are often identified by society as having ASPD. People with this psychological disorder are often very irritable and often get involved in fights and aggression. They also often deceive others for their gain or pleasure. And these behaviors have caused no small harm to society. There are highly intelligent people in the ASPD, but due to their deep-rooted anti-social outlook on life and morality, and their lack of judgment of good and evil, they are always able to justify their anti-social behavior without repentance [1]. Although prevalence estimates of ASPD in the population differ from study to study and country to country, most studies indicate a prevalence of 2-3 % in the population and that the prevalence is generally more common in males compared to females [2]. ASPD is a disease that may remain with the patient for the rest of his or her life. If ASPD appears at a young age, there is a great likelihood that it will continue into the mature years of life. This lifestyle of long-term co-existence with psychological disorders means that people with ASPD often do not consider themselves sick and do not need treatment. This is one of the reasons SASPD is so difficult to treat. Unfortunately, only patients over the age of 18 can be accurately identified as having ASPD. The following will focus on the factors that cause ASPD.

## 3 Impact factors

### 3.1 Internal causes (genetic and familial factors)

## 2. Research object

\* Corresponding author: [frhodes73279@student.napavalley.edu](mailto:frhodes73279@student.napavalley.edu)

### 3.1.1 First evidence from meta-analysis

Genetic Factors Contributing to ASPD A meta-analysis of studies on the genetics of ASPD suggests that approximately 40-50% of the variance can be accounted for by genetic influences [3]. These studies also suggest that genetics are instrumental in the development of ASPD. To put it simply, antisocial personality disorder is the inevitable negative effect of the genetic and developmental process of aggressive behavior in humans. Nowadays, when people mention ASPD, they will associate words such as "violence" and "aggression", and some people will easily equate aggressive behavior with antisocial personality disorder, or even think that aggressive behavior is entirely caused by antisocial personality disorder. But it's not true that a person with ASPD is bound to engage in hurtful, disrespectful behavior, such as theft or fighting. However, people with ASPD cannot be considered to have aggressive behavior only at certain times and can control their behavior, such as defense when life is threatened. So antisocial personality disorder must be accompanied by some aggressive behavior, but it does not necessarily mean that all people with aggressive behavior have antisocial personality disorder. Researchers need to make a distinction between these two concepts because to equate the two is to stigmatize people with antisocial personality disorder.

An admirable summary of the basic presuppositions for comprehending the evolution of attacking behavior has been reviewed by Buss and Shackelford (1997), who argued that attacking behavior can be viewed as an adaptive response that can lead to certain benefits like selecting for as well as conserving available sources, increasing choice of copulation and fidelity of spouses, and enhancing position [4]. So aggressive behavior may not be a bad thing, rather, it's the way humans protect themselves to cope with stressful situations. Only with certain aggressive behavior can people better protect themselves. That is, in this predator-prey world, members of a species with a genotype associated with aggression have a greater likelihood of staying alive and reproducing [5]. If a person has too many genes that predispose to aggressive behavior, or too few genes that inhibit aggressive behavior, his behavior will be out of control. In 2002, Caspi et al. conducted a longitudinal study that showed that males having a genotype with low Mid-Atlantic Ophelia Association (MAOA) activation had a greater likelihood of displaying childhood conduct disorder and developing anti-social behavior as an adult, including criminal arrests in adulthood. Although being genotype with low MOOA does not increase the occurrence of ASPD, its presence appears to place a person at risk for ASPD [6]. These genes exist because of human genetics and evolution, are chosen by the human self, but ultimately have the side effect of ASPD. At this point, aggressive behavior is no longer a benefit, and it is replaced by violent behavior that indiscriminately harms others.

### 3.1.2 Second evidence from meta-analysis

In the Christopher & Ferguson study, 38 published studies were used, including 53 independent observations. The study lists the age, sex, and criteria used in various studies of ASPD according to DSM-IV criteria. Pearson's  $r$  was used for the estimate of the effect size. A comprehensive extraction analysis (CMA) software program is used to fit models of fixed effects. The results showed a meta-analysis of the entire study group by genetic, shared non-genetic, and unique non-genetic variation components. The results showed that genetic influences accounted for the largest component of the antisocial personality and behavior (APB) variance, accounting for 56%, shared non-genetic influences explained 11% of the APB variance, and unique non-genetic influences explained 31% [5]. The study also provides evidence of a strong genetic link to the development of ASPD, especially in childhood. The influence of genes is almost decisive. With age, the influence of genes on antisocial personality disorder declines, and some of it is replaced by the environment.

## 3.2 External causes (family and childhood experiences)

### 3.2.1 Role of family

The emergence of ASPD cannot be separated from the influence of the environment. The essence of the antisocial personality is a personality defect, an inability to understand the departure of others, and an inability to digest their own emotions. The formation of a person's character is closely related to the living environment and experience of childhood. For example, the parenting style of parents plays a great role in the individual growth of children. A good education can help a child form a positive personality. Even if the child shows some signs of ASPD in childhood, such as difficulty empathizing with others, it can be guided in time to ensure the healthy growth of the individual. On the contrary, if the parents' parenting style is extreme, or they do not care about their children at all, the individual will suffer physical abuse or emotional neglect in childhood. This will make them emotionally unstable, and individuals are easy to form negative personalities. Traumatic experiences in childhood, especially abuse, can lead to the development of ASPD. There are two main causes of this disease. On the one hand, children's social imitation. In the process of socialization, many values, attitudes toward others and society, and views on good and evil are first acquired through observation and imitation of others, and parents are the first and longest "teachers" they can contact. Children who have been abused by their parents for a long time will gradually start to imitate their parents' behavior, failing to realize that hitting and name-calling are bad things, because this is what they are given by their closest family members. For example, a child grows up in a home where the father is abusive to the mother. The father's behavior and the mother's inaction will give him the wrong indication. But His father would tell him that this was a way of expressing his love for his mother and that her mother

simply chose to be silent. Gradually he will have some violent behavior, but he is completely unaware of what is wrong because his father loves his mother so he beat her. This misconception will continue to surround him and eventually evolve into antisocial personality disorder. On the other hand, children may have some adaptability problems after receiving abuse. This increases their sense of shame, decreases their ability to empathize, and so on. Numerous studies have shown that traumatic childhood experiences are indeed closely related to empathy deficits and feelings of shame in ASPD.

### 3.2.2 Role of empathy

Empathy refers to the ability to experience another person's situation in order to feel and understand their emotions. As an ability, it can be changed in the environment in which you grow up. If they did not receive the right guidance in childhood and were raised in an environment of jealousy and lack of love, such people tend to have low empathy. When a person lacks the ability to empathize, he cannot understand the pain of

others, let alone the feelings of others. So even if they do something that hurts others, they do not realize their mistake. Fengqin et al. used the main effect test to conduct a meta-analysis on empathy and prosocial behavior in 20352 subjects, selecting 77 independent effect sizes and 76 studies. The results showed that there was a significant positive correlation between empathy and prosocial behavior [7]. The inability to empathize as a result of childhood experiences will stay with them, making it difficult to relate to others in the future as they grow up. This bad cycle only exacerbates their social derailment, eventually leading to antisocial personality disorder. Previous studies have measured 182 ASPD prisoners with an interpersonal reactivity index (IRI), and The results suggest that the emergence and progression of personal capacity for empathy is highly associated with the occurrence of tragic events in pregnancy and childhood traumatic experiences. The relationship between traumatic childhood experiences and empathy is shown in Table 1. Awful situations in childhood may precipitate the development of ASPD. It can be seen that empathy deficit also plays an important role in ASPD [8].

**Table 1.** The relationship between traumatic childhood experiences and empathy [8]

	Emotional Abuse	Physical Abuse	Sexual Abuse	Emotional Neglect	Physical Neglect	Fantasy	Empathic Attention	Perspective Taking
Physical Abuse	.57 <sup>a</sup>							
Sexual Abuse	.52 <sup>a</sup>	.30 <sup>a</sup>						
Emotional Neglect	.25 <sup>a</sup>	.27 <sup>a</sup>	.06					
Physical Neglect	.26 <sup>a</sup>	.22 <sup>a</sup>	.27 <sup>b</sup>	.44 <sup>a</sup>				
Fantasy	.05	.09	.05	-.04	.03			
Perspective Taking	-.14	-.22 <sup>a</sup>	-.05	-.10	-.18 <sup>b</sup>			
Empathic Attention	-.17 <sup>b</sup>	-.10	-.03	-.13	-.08	.28 <sup>a</sup>		
Self-experienced distress	.17 <sup>b</sup>	.19 <sup>b</sup>	.22 <sup>a</sup>	.17 <sup>a</sup>	.26 <sup>a</sup>	.25 <sup>a</sup>	.01	-.27 <sup>a</sup>

a:  $p < .01$  b:  $p < .05$

Shame is a negative emotional experience directed at the self. People who have had bad childhood experiences are more sensitive, tend to deny themselves, and fear that others will know what they are thinking. This makes them experience higher levels of shame and are more likely to experience shame in contact with the outside world. In order to maintain their self-image or as a self-protection mechanism, they show aggressive tendencies.

Many studies have proved that children who suffer from abusive parents or a family environment that is not

conducive to growth will have a strong sense of self-directed shame and self-condemnation when they grow up [7]. Yao Li et al. used the shame experience scale (SES) to measure 2690 valid subjects, and the results showed that ASPD was positively correlated with shame. That is to say, shame plays a mediating effect. When an individual suffers a certain degree of abuse, the self-directed shame caused by it leads to the formation of ASPD in the future growth of the individual [9].

## 4. Discussion and suggestions

Generally speaking, the formation of ASPD is inseparable from both genetic and environmental causes. In order to reduce the occurrence of ASPD, people should do effective prevention. Parents play a very important role in children's childhood development. Parents' values and education methods determine children's cognitive patterns to a certain extent. Parents should pay attention to their children's psychological conditions, correctly guide their children to eliminate negative emotions and remove the signs of aggressive behavior. At the same time, schools should also cooperate with the role of education and guidance. The role of the school is not only to teach students theoretical knowledge but also to help students form healthy and positive personalities. Schools can set up cognitive classes to teach children to distinguish between good and evil. Lessons can use easy-to-understand examples to teach children to think from the perspective of others and improve their empathy. Teachers should also try their best to create a relaxed learning atmosphere and treat every student equally. In the face of students' talk, people should listen carefully, express their understanding of students' feelings, and give sincere opinions. The government should enhance the social awareness of ASPD and give some help to this kind of patient. It is possible to organize volunteer teams in the community and establish community psychological safety stations to guide those with extreme ideas and possible crimes and eliminate their potential criminal intentions. If the person around us has the tendency of antisocial disorder, people should help and guide them within their ability, and recommend them for relevant treatment, such as psychochemotherapy. Psychochemotherapy promotes an effective response to life's challenges by creating a psychological understanding of the underlying thoughts and feelings of an individual's behavior and the behavior of others. It concerns the integration of perceived and emotive reactions to challenges, recognition of one's own and others' present experiences, and attention to observable external and visceral subjective dimensions of intrapersonal communication [10].

People should guide them to positive and healthy thoughts that inhibit violent behavior. Helping people with antisocial personality is also a form of social protection because it reduces the potential for crime and violence.

The current research on antisocial personality disorder still has shortcomings. Here are two areas that could be improved. The first point is that the current research is largely based on men, and very few studies have looked at antisocial personality disorder in women. As an important part of society, women's mental health problems should also be paid attention to. The second point is that most of the research on antisocial personality disorder was published earlier, and the applicability of these articles decreases over time. Now people's conditions may not be able to match the research at that time, and more research should be

conducted based on the psychological state of people today.

## 5. Conclusion

The formation mechanism of antisocial personality disorder is not only related to congenital factors but also closely related to the acquired environment. A child who lives in terrible circumstances, surrounded by looting and burning, does not necessarily become a sufferer of antisocial personality disorder. A child born with difficulty in empathy who grows up in a home surrounded by love may also escape becoming an antisocial personality disorder sufferer. This suggests that both internal and external conditions are necessary for the formation of antisocial personality disorder. It is hoped that future research will focus on how the two interact to eventually lead to the formation of antisocial personality disorder, so as to conduct targeted and scientific prevention and treatment. People should be more rational about people suffering from mental illness, and not blame those who suffer from ASPD. No one is born to get sick, suffering from mental illness is an irresistible result of the individual. Mental illness is never far away from us, it is all around us, and that is why we should have some knowledge about mental illness to help ourselves and others maintain a good mental state. In other words, tolerance for people with mental illness is also tolerance for themselves. It is hoped that mental illnesses such as antisocial personality disorder can be more widely understood.

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