

Diagnosis and Research of Antisocial Personality Disorder

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DESCRIPTION

Antisocial personality disorder, sometimes called sociopathy, is a mental disorder in which a person consistently shows no regard for right and wrong and ignores the rights and feelings of others. People with antisocial personality disorder tend to antagonize, manipulate or treat others harshly or with callous indifference. They show no guilt or remorse for their behavior.

Individuals with antisocial personality disorder often violate the law, becoming criminals. They may lie, behave violently or impulsively, and have problems with drug and alcohol use. Because of these characteristics, people with this disorder typically can't fulfill responsibilities related to family, work or school.

Personality is the combination of thoughts, emotions and behaviors that makes everyone unique. It's the way people view, understand and relate to the outside world, as well as how they see themselves. Personality forms during childhood, shaped through an interaction of inherited tendencies and environmental factors.

Neuroscience research is beginning to uncover significant neurobiological impairments in antisocial, violent, and aggressive groups. The neurophysiologic basis of antisocial behavior is complex many structures have been implicated, each of which may be related to antisocial behavior in different ways. Research in social neuroscience is helping us to better understand the role of many of these regions in normal social behavior, and thus why abnormality would result in a disruption of appropriate social behavior. This chapter highlights neuroscience data on antisocial individuals and provides interpretation based on the knowledge that has been gained in recent years in the field of social neuroscience.

People with Anti-Social Personality Disorder (ASPD) can be witty, charming, and fun to be around but they also lie and

exploit others. ASPD makes people uncaring. Someone with the disorder may act rashly, destructively, and unsafely without feeling guilty when their actions hurt other people.

Modern diagnostic systems consider ASPD to include two related but not identical conditions: A "psychopath" is someone whose hurtful actions toward others tend to reflect calculation, manipulation and cunning; they also tend not to feel emotion and mimic (rather than experience) empathy for others. It is a severe form of ASPD. They can be deceptively charismatic and charming. By contrast, "sociopaths" are somewhat more able to form attachments to others but still disregard social rules; they tend to be more impulsive, haphazard, and easily agitated than people with psychopathy. ASPD affects 2% to 4% of the population and is more common in men.

When treatment is sought, behavioral therapy or psychotherapy in individual or group settings may help. Doctors sometimes use certain psychiatric medications like mood stabilizers or some atypical antipsychotics (off label) to treat symptoms like impulsive aggression. The FDA has not approved any medications specifically for antisocial personality disorder.

If someone close to you has ASPD, consider attending a support group, or seek help from a psychiatrist, social worker, or psychologist. You won't be able to change your loved one's behavior, but you can learn coping skills to help you set boundaries and protect yourself from harm.

To be diagnosed with ASPD, a person would have to have shown symptoms of conduct disorder before age 15. A diagnosis can't be made until age 18, though. Often, adults with ASPD will have shown signs of conduct disorder in childhood or early adolescence. Symptoms are usually at their worst during a person's late teenage years and in their 20s, but may improve on their own over time.

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