Abstract:
Highly mediatized and sometimes glorified for the traits that give rise to admiration, the persons with personality disorders are sometimes also found in prisons. These are most frequently the ones with antisocial personality disorder. "The failure to conform to social norms, deceitfulness, impulsivity, lack of remorse, aggressiveness, hurting or mistreating others" are some of the common traits of the individual with psychopathic tendencies (DSM IV-TR).

The difference between the reactive aggression (impulsive) and the instrumental aggression (goal directed behaviour – theft, fraud, etc) must be taken into consideration. Considering the individuals’ age, we can talk about: the conduct disorder with childhood onset, the conduct disorder that is adolescent limited, the antisocial personality disorder.

Persons that commit antisocial acts are a heterogeneous population, that do not share a common etiology. Etiology can include factors such as: genetic factors (these explain the reactive aggression, the emotional dysfunction – the empathic response, the level of anxiety), dysfunctions related to the neural systems (the amigdala, the frontal cortex), traumatic injuries at birth, ambient stressors, familial variables (dysfunctions of the attachment).

Analysing these elements enables us to better understand the conduct disorder and the antisocial personality disorder and to differentiate them from other disorders they can coexist with: ADHD, the anxiety disorders, PTSD, the major depressive disorder, substance-related disorders.

Keywords: conduct disorder, antisocial personality disorder, etiology

Conduct disorder and antisocial personality disorder - Etiopathogenic and clinical considerations

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Placed somewhere between normality and pathology, personality disorders are caused by the abnormal development of the individual due to multiple factors. This has always been an area that has raised interest both within the medical field (psychiatry) and outside it (psychology, sociology).

I will refer to the following aspects, one by one: common features, characteristics, antisocial personality disorder and conduct disorder (definitions, classification), etiology (factors), differential diagnosis, evolution, comorbidities, therapeutic approaches.

The individuals with psychopathic tendencies have some common features such as (DSM-IV-TR): the incapacity to conform to social norms, deceitfulness, impulsivity, lack of remorse, aggressiveness, hurting or mistreating others.
Lately, there has been increased interest towards certain characteristics of antisocial individuals and their antisocial behaviour. Therefore, there is an interest towards aggression, which is classified into two types: the reactive aggression and, another type, the instrumental aggression.

The reactive aggression is also called impulsive or affective and can be understood if we refer to the threat related behaviour: at low level threats, when the stressor is at a distance, the reaction is to freeze; at higher levels, at closer threats, the reaction is to try to escape the environment, to run away; the reactive aggression appears at even higher levels, when the threat is even closer and when escape is impossible. (Gregg et al, 2001).

The instrumental aggression is the goal directed, premeditated one. We can talk about, as examples, of: robbery, theft, fraud. The individual is interested in obtaining money or raising his status within a group. It is important to mention that moral socialization prevents antisocial behaviour, so this type of aggression can be socially influenced.

Another special feature that has also been of increased interest lately is the emotional dysfunction. This refers to several aspects that have been approached experimentally. Therefore, it has been demonstrated that psychopathic individuals show abnormal responses to threat stimuli, that is they experiment feelings of fear in lower levels than normal individuals; they also show a lower response to the perception of suffering of others (sadness and fear); another modified element is the presence of a lower emphatic response; the anxiety level can be both reduced, as well as increased. That is, reduced anxiety is linked to antisocial behaviour. Meanwhile, increased anxiety is linked to the reactive aggression (Hare, cited by Cooke, 1998).

Considering the age of individuals, we can talk about:
- Conduct disorder, childhood-onset type (at least one criterion prior to the age of 10)
- Conduct disorder, adolescent-onset type (absence of any criteria prior to the age of 10)
- Conduct disorder, adolescent-limited (there are problems only during adolescence, not in childhood, also not in adulthood); there is the possibility of a social explanation; it has been shown that there is a peak of the delinquency at the age of 17 that decreases abruptly in young adults;
- Antisocial personality disorder

I will continue by mentioning the criteria used to classify antisocial psychopaths according to DSM-IV-TR and I will integrate it among the other types of personality disorders, in the B cluster, along with the borderline, the histrionic and the narcissistic personality disorder. As we will see, the existence of a conduct disorder before the age of 15 (C) must be specified in the antecedents of the antisocial personality disorder. We will therefore also remind you the criteria that refer to the conduct disorder in order for you to be able to have a thorough look on these pathologies.

**ANTISOCIAL PERSONALITY DISORDER – DIAGNOSTIC CRITERIA (DSM-IV-TR)**

A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since the age of 15, as indicated by three (or more) of the following:
1. Failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest
2. Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
3. Impulsivity or failure to plan ahead
4. Irritability or aggressiveness, as indicated by repeated physical fights or assaults
5. Reckless disregard for safety of self or others
6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behaviour or honour financial obligations.
7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated or stolen from another

B. The individual is at least 18 years old

C. There is evidence of conduct disorder with onset before the age of 15

D. Antisocial behaviour does not exclusively occur during the course of schizophrenia or a manic episode.

**PERSONALITY DISORDERS – CLASSIFICATION**

- Cluster A:
  - schizotypal
  - schizoid
  - paranoid
- Cluster B:
  - narcissistic
  - borderline
  - antisocial
  - histrionic
- Cluster C:
  - obsessive-compulsive
  - dependent
  - avoidant.
There have also been discussions about the depressive personality disorder and the passive-aggressive personality disorder, which are not validated at this moment (Ionescu, 1997).

CONDUCT DISORDER – DIAGNOSTIC CRITERIA (DSM-IV-TR)

A. A repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months.

Aggression towards people and animals
(1) often bullies, threatens, or intimidates others
(2) often initiates physical fights
(3) has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
(4) has been physically cruel to people
(5) has been physically cruel to animals
(6) has stolen while confronting a victim (e.g. mugging, purse snatching, extortion, armed robbery)
(7) has forced someone into sexual activity

Destruction of property
(8) has deliberately engaged in fire setting with the intention of causing serious damage
(9) has deliberately destroyed others' property (other than by fire setting)

Deceitfulness or theft
(10) has broken into someone else’s house, building or car
(11) often lies to obtain goods or favours or to avoid obligations (i.e., “cons” others)
(12) has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

Serious violations of rules
(13) often stays out at night despite parental prohibitions, beginning before the age of 13
(14) has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
(15) is often truant from school, beginning before the age of 13

B. The disturbance in behaviour causes clinically significant impairment in social, academic or occupational functioning

C. If the individual is 18 or older, criteria are not met for antisocial personality disorder.

There have been many classifications of the particular features of the psychopaths. Another example is “The bifactorial psychopathy model” (Harpur et al., 1989, cited by Blair, 2010).

Several factors can be involved in the etiology of the personality disorder. An interesting approach is that of J. Blair that talks about:
1. genetic factors;
2. dis-regulations of the neural systems;
3. traumatic injuries at birth;
4. ambiental stressors;
5. dis-regulation of the attachment;
6. familial variables (Blair et al, 2010).

It is known that genetic factors can explain the reactive aggression; this one can be hereditary influenced by the variability of the threat reactivity and of the regulatory circuits sensitivity. Heredity also influences the emotional dysfunction such as the empathic response or the anxiety level.

<table>
<thead>
<tr>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Items that do not match either of the 2 factors</th>
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<tbody>
<tr>
<td>The interpersonal /affective items</td>
<td>Need for stimulation/ inclination towards boredom</td>
<td>Promiscuity in the sexual behaviour</td>
</tr>
<tr>
<td>The impulsive/antisocial lifestyle items</td>
<td>Parasitic lifestyle</td>
<td>Lots of short love affairs</td>
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<tr>
<td>Deceiving discourse / superficial charm</td>
<td>Poor behaviour control</td>
<td>Multiple criminality</td>
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<tr>
<td>Exaggerated perception of personal value</td>
<td>Early behaviour problems</td>
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<tr>
<td>Pathological liar</td>
<td>Impulsivity</td>
<td></td>
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<tr>
<td>Conning/manipulative</td>
<td>Lack of realistic long-term objectives</td>
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<tr>
<td>Lack of feelings of remorse or guilt</td>
<td>Irresponsibility</td>
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<td>Superficial affect</td>
<td>Juvenile delinquency</td>
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<td>Ruthless/lack of empathy</td>
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<td>Fails in accepting the responsibility for his/her own acts</td>
<td>Revocation of conditionate liberation</td>
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Certain disregulations of the neural circuitry are under discussion in the case of psychopathic individuals. There is an emphasis on circuits that regulate the reactive aggression. Cortical structures such as the amygdala and the prefrontal cortex are linked to the circuits that regulate the aggression expression (Newman, 1998).

Other factors are traumatic injuries at birth, such as: anoxia, preeclampsia, infection or bleeding.

Ambient stressors can determine hormonal modifications that can affect cerebral development (variations of the cortisol level, than, by negative feed-back, the ACTH level, etc). These variations can influence the way one reacts to threats.

Attachment disregulation refers to the child’s establishing his/her first affective relationship with the persons that take care of him/her. A correlation can be established between the initial relationship and the establishment of certain relationships in adulthood (Gelder et al, 2001). Empathy is the normal reaction to other’s suffering or sadness, but those with attachment issues, coming from failed past relations, are incapable of showing empathy.

As for the familial variables, some elements can increase the risk for developing an antisocial behaviour, such as: parental alcoholism, antisocial behaviour of the parents, excessive and brutal authority, physical punishments, child neglect.

The differential diagnosis can include: other types of personality disorders (borderline, narcissistic, histrionic, paranoid personality disorder), substance-related disorders, schizophrenia, bipolar affective disorder – manic episode.

If we refer to the evolution of the antisocial personality disorder, we can say that it is a chronic one. Amelioration may appear once these children grow up, as it is shown by studies that observed individuals bearing this disorder for longer periods of time (Moffit et al, 2002).

Speaking about comorbidities, we can find: depressive disorders, anxiety disorders, somatisation disorder, ADHD, substance-related disorders, pathological gambling, impulse control disorders, PTSD.

The therapeutic possibilities can be approached only when necessary, including a pharmacological treatment with mood-stabilizers, antidepressants, antipsychotics, as well as psychotherapy – cognitive-behaviour therapy, group therapy, interpersonal therapy (Berman, 2009).

As a conclusion, we can say that this topic opens up new perspectives for evaluating and understanding the persons that surround us, as the antisocial psychopath is also around us, not only in prisons and he sometimes tries to allure us with his superficial charm and to manipulate us in order to achieve his goal.

REFERENCES:


