

Antisocial personality disorder case study case study

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Antisocial Personality Disorder: Case Study

Antisocial Personality Disorder (ASPD) is a type of condition that corrupts an individual mind, emotions, thoughts and behavior. The affected person develops behaviors destructive and harmful to others and generally poses as a danger to society. The individuals tend to have long histories of violating peoples' rights; they are always aggressive, show no remorse and usually do not know the distinction between truths and lie (Barlow and Durand, 2009).

Frances and Ross (2001) cite that ASPD is meant to describe a pattern of behavior beginning in early life that would have warranted a pure diagnosis of conduct disorder.

The most common reason to why individuals with ASPD, end up in psychotherapeutic treatment is because quite number of individuals are basically forced to participate in this therapy by law, parents and even employers. Some patients seek treatment for another psychological disorder with the knowledge that they are experiencing ASPD. This is vividly illustrated by Jack as he seeks admission to the hospital claiming that he is in a deep stressful situation due to the problems he is facing.

Prior to Jack's admission to the hospital, he was depressed and had thoughts of committing suicide by for instance trying to jump off and overpass. Jack even averments that he had unbearable problems he no longer wanted to live with; the reason why he direly wanted to commit suicide. With reference to his explanation, he told the psychiatrist on call, that the mother was staidly ill, he had no job, and his beloved girlfriend had dumped him. His stay

in the hospital raised many eyebrows, because it was not to the expectations of the doctors. He seemed calm and exited with no signs of dismay. Besides, his behavior was unpredictable and not in any case, he appeared disturbed. The second bit of his story, narrated to Dr. Selina Harris, was quite a contradiction to the first story. He told, the doctor in charge of his treatment; Dr. Harris that he lost his job due to lack of seniority in the jointure, the mother was to be hospitalized because her condition was getting worse which resulted to the loss of their apartment. The girlfriend was also tired of him because he was not responsible and could not pay the bills in the house. He also confessed to the doctor that he was a junk, and at some point, he was arrested for petty theft. He further added that his admission to the hospital was a better idea to cope with his problems.

His movement and the idea to stay in the hospital was a brilliant scheme, and it depicted his nature of frequent mobility and lack of a permanent home. During his stay in the hospital, his mode behavior was quite asocial. He was quite skeptical and ever inhuman. This was evident when he took a patient's food, and eating it all. Instead of apologizing to the patient, he laughed and mocked the patient. He was very repulsive and never initiated any kind of treatment, as he could pretend that he was sad and never liked any conversation that triggered his past. Jack and the girlfriend had frequent fights, and wrangles, a common behavior to people suffering from antisocial disorder (Moran 1999). In line with this, he had much trouble with the police. He was arrested a couple of times and charged with different offences, which included petty theft, possession of stolen vehicles, drug abuse and

possession.

From the mother's story, Jack had a rough and a rogue child hood. He participated in a lot of petty theft as it could be observed through the jewelries he stole from his parents and sold out to older boys in school. When the parents could not contain him anymore and hid the remaining pieces, he decided to break into neighbors' houses and stole the gems he could access. This actually made him a potential candidate. As asserted by Moran (1999), childhood behavior could be a major predictor to antisocial personality adjustment in adults.

His frequent visits to penitentiary and correction facilities due to crimes committed over minor reasons confirmed that he was likely to have a personality disorder when he becomes an adult. His involvement with the neighbor's daughter, and the threats he issued to the woman after she turned down the bribe, presented him as aggressive and it was enough to confirm that Jack had a likelihood of becoming an adult with a pathetic and disoriented personality.

Dr. Harris was very observatory and she was capable of analyzing Jack's characters before formulating accurate conclusions. With reference to Rodgers and Maniaci (2006), Dr. Harris possessed observation ego, which is a part of the therapist mind that observes, and deduces the format of interaction between the patient and the doctor. This enabled her to establish the criteria that certified Jack's health problem to be ASPD. She used the Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV). Barlow (2009) asserts that the use of DMS-IV criteria focuses entirely on observable

behaviors. Hence this facilitated the idea that Jack was a pathological liar. He was a very good cheat as it is affirmed from the stories he narrated. He told the doctor that the mother was very sick which was untrue. He also talked about losing his job because he was not among the senior members of the union and it happened not to be true because it was just a cover up technique.

Another incident that convinced the doctor was that Jack had grandiose sense of self worth as described by Barlow (2009) was that he had characteristic sense of selfishness and meanness. This trait was seen in Jack when he ate a patient's food and mocking the patient in return. Jack lacked a sense of remorsefulness, for instance he was never sorry for whatever evil he did to the patient at the hall. And this illustrated him as an individual with a personality disorder. He was also manipulative as he was able to unlock the doctor's door and then pretend to be offended when the door was locked. He even went to the extent of accusing the doctor of lacking trust in him. In light with this, he had the desire for stimulation and lots of fun as seen in the television viewing area. He laughed a lot to the comedy, and he never bothered about others or what they felt for him.

Individuals with personality disorder end up in various conditions and situations. With regards to Barlow (2009), the individuals may end up developing paranoia, schizoid or schizotypal disorders. When paranoid, the persons become very mistrustful and suspicious of others without any justification (Barlow, 2009). They never confide in other people, and tend to harm and trick them because they possess the feeling sadism. In addition,

they develop schizoid disorder, which is an aspect of loneliness. They tend to put a lot of preference on isolation and their relationship with loved ones especially spouses never work. At this stage, they always seem aloof, cold and indifferent from other people. Consequently, other individuals may end up with schizotypal disorder. This is a situation whereby the affected person tends to have many delusions and hallucinations. They generally hold strong odd beliefs, and the victims are always suspicious, which according to Kantor (2006), may threaten other people's happiness and, further, their entire civilization. All these characteristics were seen in Jack; a further justification that Jack was experiencing Antisocial Personality Disorder.

This sort of disorder may result to most of the patients taken to jail or in psychiatric hospitals. Due to the fact that, most of the crimes committed are purely of little or no motivation. In addition to this, adults who often begin criminal careers as teenagers, significantly reduce their level of criminal activity after attaining the age of forty. The cause of the drastic decrease in such behavior is not yet known. Unfortunately, the only hope of improvement may lie on an individual trait and through therapy, some of these patients may recover from the disorder and they become responsible people in the society.

In most cases, the treatment for antisocial personality disorder is usually ineffective because most of the patients have no clue that their behavior is problematic and every time subjected to psychology therapy and treatment, they never see any value of it. Moreover, they tend to be very passive in initiating the treatment and in most cases they adhere to treatment for a

long period of time. When confronted with treatment, hostility on the part of the patient usually ensue (Popp, & Deshaies, 2008). In turn, the effectiveness of the treatment is greatly jeopardized.

Dr. Robert Hare (1999) emphasizes on the differences between individuals who have antisocial personality disorder and psychopaths. He asserts that there is a clear distinction between the two characters. He talks about ASPD being common among criminals, and those affected are discordant in accordance to attitude personality and motivations that justify their criminal behavior. He also affirms that the prognosis of Antisocial personality disorder had insignificant use in matters concerning the treatment of the disorder, adjustment in institutions and modification of behavior after a release from penitentiary or any correction facility. In relation to this, Jack's stay in the hospital was of no relevance at all since he barely got any treatment.

References

Barlow, D. H, and Durand V. M. (2009). *Abnormal Psychology: An Integrative Approach*. Wilson Boulevard: American Psychiatric Publishing, Inc.

Frances, A and Ross, R. (2001). *DSM-IV-TR case studies: a clinical guide to differential diagnosis*. Wilson Boulevard: American Psychiatric Publishing, Inc.

Hare, R. D., (February 1, 1996). Psychopathy and Antisocial Personality Disorder: A Case of Diagnostic Confusion. *Psychiatric Times* 3(2). Retrieved from <http://www.psychiatrictimes.com/dsm-iv/content/article/10168/54831>

Kantor, M.(2006). *The Psychopathy of Everyday Life: How Antisocial Personality Disorder affects all of us*. Westport: Greenwood Publishing Group,

<https://assignbuster.com/antisocial-personality-disorder-case-study-case-study/>

Inc.

Livesley, W. J. (1995). The DSM-IV personality disorders. New York: The Guilford Press.

Moran, P. (1999). Antisocial Personality Disorder: An Epidemiological Perspective. London: Royal college of psychiatric.

Popp, A. J., Deshaies, E. M. (2008). A Guide to the Primary Care of Neurological Disorders. New York, NY: Thieme Medical Publishers, Inc.