

# [History of antisocial personality disorder](https://assignbuster.com/history-of-antisocial-personality-disorder/)

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History of Antisocial Personality Disorder History of Antisocial Personality Disorder Antisocial Personality Disorder (ASPD) is one of the 10 personality disorders contained in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000). The identification of this disorder is done by tracing evident antisocial behavior over a persons lifetime coupled with irritability, ruthlessness, remorselessness and impulsive behavior. People who are diagnosed, as patients of ASPD have to be first diagnosed with Conduct Disorder before the age of 15, this is important because ASPD is a strictly lifelong disorder that is evident from childhood. Conduct Disorder is characterized by destruction of property, robbery, violence towards animals and other people and abusing rules. (Chapter 7-Stephane A De Brito&SheilaghHodgins, 2009) The history of Antisocial Personality Disorder entails two aspects, the history of the development and understanding of the disorder over the past century and the family history of the disorder found in patients of ASPD. The book Personality and Dangerousness (David McCalluM, 2005) tries to establish the need to understand ASPD. According to the book the need to comprehend such behavior arose after the Port Arthur shootings, Dunblane and the schoolyard murders in America, when societies grappled with private and communal disturbance. The author believes that the concept of what constitutes ‘ Dangerousness’ develops from the definitions, which are adopted by the mental health system and the criminal justice system. It is the decision of these two structures as to what constitutes dangerousness, which then leads an established standard of the word and its applicability to civilian life. The author pronounces that antisocial personality disorder is linked to the different kinds of governments of a nation, which establish certain criterions for public life and therefore affect daily existence. If governments are, for example, supportive of the poor, destitute and underprivileged then the probability of potentially criminal nature arising from antisocial personality behavior is reduced. The book moves from the understanding of the disorder by mental institutions in the 19th Century where the bodies were unable to establish clear frontal lobe abnormal activity in earlier studies. Later in the1930’s and 1950’s the disorder was approached as a psychological problem, which was not inherent and had no physiological basis but result from problematic relationships. The book In Darkest London: Antisocial Behaviour-1900-1939 (Steve Jones, 1994) underlines the fact that poor conditions and poverty in London led to moral depravity, individual deficiencies and inferiority complexes which were in part the onset of anti-social instances. The author emphasizes the fact that uncontrolled events and circumstances, such as occupational and living conditions, were devastating to people who had to constantly deal with absolute poverty. Similarly it goes onto say that the ‘ deviant’ behavior of that time was by today’s standards a will to survive. And that the concept of what comprised deviant has changed. For example: In the early 19th Century a woman who was a mother and a prostitute was considered an abnormality or deviancy but the author says that early diagnosis of personality disorders were unfounded because these people also possessed attributes such as ‘ kindness, generosity and honesty’. The effects of a familial history of ASPD on children can be drawn from the article‘ Family Functioning and Peer Affiliation in Children of Fathers With Antisocial Personality Disorder and Substance Dependence: Associations With Problem Behaviors’ (Howard B. Moss, M. D.; Kevin G. Lynch, Ph. D.; Thomas L. Hardie, Ed. D., R. N.; David A. Baron, M. S. Ed., D. O, 2002). The article tries to study child psychopathology of children whosefathers had substance dependence and divided the sample into two groups: children of fathers with antisocial personality disorder and children whose fathers were not patients of ASPD. The study was conducted in a group of preadolescent boys whose mean age was 10. 92 years and a sample of girls whose mean age was 10. 98 years. The method included lifetime psychiatric diagnoses based on the DSM-III-R criteria. Furthermore, the mother and teachers of the study subjects independently filed out different accounts of the Child Behavior Checklist reporting on the characteristics of the child. The assessment included measuring internalizing and externalizing behavior, total behavioral problems, social skills and psychopathology. The third measure was The Family Assessment Measure, version III that provided numerical guides of how the family unit functioned. It is a general scale of the family’s task accomplishment, role performance, communication, affective expression, affective involvement, control, values and norms, and overall rating that offers acollectivevaluation of the family. Finally, the peer delinquency scale of the Pittsburgh Youth Study Interview was used which includes 15 questions on a 5-point scale regarding the amount of friends that subject has who were involved in a range of antisocial and disruptive behaviors over the past 6 months. These range from skipping school without an excuse, to use of weapons, and using force to encourage stealing. Higher scores suggest that more friends were employed in such behaviors. The results of the study showed that families with paternal substance addiction and antisocial personality disorder fared worse than families with paternal substance addiction and absence of paternal substance addiction. In addition children with fathers who were patients of ASPD has fewer friends and a greater number of friends who has behaved in deviant ways. These children were also found to internalize and externalize problems on a larger scale. Therefore, the study concluded that children from families of paternal substance abuse and antisocial personality disorder were more likely to be at a risk of developing adult anti sociability. In conclusion, family history of the disorder affects children’s behavior and increases the possibility of ASPD. References: Mary McMurran& Richard Howard. 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