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Undergraduate

Antisocial Personality Disorder: Cognitive and Emotional Functioning

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Abstract

It is currently the case that research on the personality disorder known as antisocial personality disorder, or ASPD, is still making progress. Much about the disorder remains unknown such as its origins and how to properly treat ASPD. The purpose of the following literature review is to examine current research regard ASPD and individuals with the personality disorder. The actions and symptomology of those with the personality disorder have been thoroughly well documented and examined. However, it is essential to have a stronger understanding of the cognition and emotional functions of those with ASPD. With better understanding and research on the ASPD and cognitive and emotional functioning there could perhaps be more beneficial ways to treat those with the disorder. The primary focus of the following literature review will be on ASPD as it relates to cognitive processing and emotional functions and the current research regarding the subject.

Introduction

Individuals with antisocial personality disorder, also known as ASPD, exhibit several symptoms that are listed within the current Diagnostic Statistics Manual (DSM 5). One of the major symptoms includes recklessness and a general disregard for the safety of others; this is often times shown through assaulting or harming others. Another symptom is impulsivity with a lack of future planning. Other characteristics include a disregard for social rules or morals, and exploiting or manipulating others with a without rationalizing why the harm was necessary. These are some examples of characteristics that describe antisocial personality disorder (ASPD) in accordance of the DSM-IV. However, there are many questions regarding the progression of ASPD over time. The behaviors of individuals with ASPD are well recorded, but on an emotional and cognitive level there are many aspects of the disorder that are left to analyze. It is important to examine and understand the emotional and cognitive processes behind those diagnosed with ASPD.

In discussing ASPD it is first important to become familiar with common terminology. When discussing antisocial personality disorder two terms are prevalent: sociopaths and psychopaths. These terms are used to common colloquial language and are not clinically used, however, they represent parts on the ASPD spectrum. Both terms refer to parts on the same scale of antisocial personality disorder. Sociopaths have been conditioned to have show symptoms; such conditions could include abuse during childhood or not being taught empathy (Blair, 2010). These would include those continually incarcerated for petty crimes such as theft or robbery. Conversely,

psychopaths display characteristics of antisocial personality disorder early in life. Conduct disorder is the term for the stage that is a precursor for the diagnosis of ASPD for those under the age of 18. For the purpose of this paper the terms sociopath and psychopath will fall under antisocial personality disorder and will be referred to as such. According to Merriam-Webster emotions are defined as a mental reaction that is subjectively experienced as a strong feeling (2016). Cognition is defined as conscious mental activities that include understanding, thinking, and learning (2016). The goal of this paper is to examine the development of AsPD through both cognitive and emotional approaches.

Antisocial Personality Disorder and Cognitive Processing

Cognition is the key role in how individuals show awareness and process their thoughts. There are several aspects that are examined in the cognitive processes of those with ASPD. These aspects can be broken down in to three levels: perception, interpretation, and beliefs. Perception, the first level, pertains to the sensory system and how information is received. Interpretation, the second level, is how the brain explains, or interprets, a situation or event. Beliefs, the third and final level, are a person's set of standards that are used for evaluating others, themselves, and various situations.

The role of perception is mainly how an individual mentally takes in the external world around them. Domains of perception include field independence and dependence. Both focus on the ability and inability to perform certain tasks and the reliance of factors in their environment (Haimes-Bartolf & Wooldridge, 2006). For example field independent people use their own bodily cues to judge a situation, person, or object.

Someone that is field dependent uses cues from their environment to make similar judgments. Anthony F. Campagna and Susan Harter (1975) studied perception and its early development in mental health. Their early research shows how children develop moral reasoning through six stages. The first stage is the methods of avoiding negative events. The second stage focuses on satisfying needs and systems of exchange. The third stage focuses on normal or conventional methods of moral reasoning with an emphasis of conforming to socially approved behaviors. The fourth stage pertains to maintenance of the third stage. The fifth and six stages refer to recognition of individual rights in accordance to the rights of others and developed moral principles (Campagna et al, 1975). In field independence and dependence these six stages develop an individual's place on the spectrum of ability, inability, and reliance. What can be concluded is that individuals who have ASPD develop these six stages in a self-serving, individual focused, manner. For example, someone with ASPD, or conduct disorder in this part of their development, at stages two and three would develop behaviors that are heavily directed by personal needs and dismissive of their interactions with others based on their perception of their environment. That would then follow in to the third stage in that they would develop a disregard for others, which would then lead to a negative development of moral, ethical, and belief systems. The stages following stage two and three would be a person with APD applying their perception to those around them. Field independent people display autonomy, distance and detachment from others, and have preference for situations that are not highly sociable. It can then be concluded that people with ASPD are field independent people, who are more on the extreme side of the spectrum of field independence.

Interpretation has a role in the brain's ability to explain situations that a person is presented with. Those with ASPD develop interpretation skills that are different from the norm. Interpretation can be observed through adolescents who are given the diagnosis of conduct disorder. When observing interpretation in adolescents with conduct disorder it is important to remember the six stages of perception development mentioned previously. A person with conduct disorder in childhood is extremely field independent and has a self-serving perception. With perception that is highly field independent, an individual with ASPD is likely to interpret and be drawn towards objects and events in that are in their utmost favor. Jason J. Washburn et al. (2007) examined participants with conduct disorder based on the hierarchal development model of ASPD. This model states that adolescents displaying advanced symptoms of conduct disorder have a high risk of developing ASPD. Interpretation heavily refers to an individual's intentions, motivation, and how they view their future. Children displaying symptoms of conduct disorder are generally unfiltered in their displays. This is due to how they have developed a sense of self through social interactions. In this, their interpretations of events are clear. For example, if a child with conduct disorder shoves another child off of a swing repeatedly because they wanted to use the swing and wanted the other child hurt for not allowing them to use the swing, this shows unfiltered motives and interpretation of the event. This hypothetical child with conduct disorder interpreted the other child as withholding a benefit from them and wanted that child hurt. This is directly related to personality and personal characteristics. Kelly's Personal Construct theory suggests that human nature and personal constructs are hugely relevant to a person's interpretations. Personal constructs are individual constructs that one utilizes to interpret events. A person's

construct system is the unique and continuous application of their construct. Washburn et al. support that advanced symptoms of conduct disorder, negative social interaction, and delinquency are precursors for ASPD (2007). In adolescents it is easier to observe their interpretation of events. With those having conduct disorder, their interpretations are geared more towards personal gratification and reward.

Beliefs, or goals, deal with a set of moral codes that is uniquely individual but is highly influenced by societal expectations. Beliefs and goals directly relate to the intentions of the person, as they will strive for what they believe is best. The Response Modulation hypothesis states that the issues for people with ASPD relates to alteration in attention to secondary information when they are involved in behaviors that are directed by their beliefs or goals (Newman JP, Brinkley CA, Lorenz AR, Hiatt KD, MacCoon DG, 2007). James R. Blair (2013) explains the relation between Response Modulation hypothesis and the symptoms of ASPD is the difficulty in maintaining the demand of belief based processing and secondary information. This in turn creates a bias in individuals with ASPD towards their own goals, or beliefs, and to disregard or be less responsive to information that does not benefit them directly. Another theory that supports this is the theory of Regulatory Focus proposed by Dr. Edward Tory Higgins in 1997. Higgins states that goals are regulated in two ways, they are either promotion focused or prevention focused. Promotion focused refers to goals that are directed towards personal advancement, growth, and accomplishments. Prevention focus refers to protection, preventing negative effects, failure, and safety (Higgins, 1997). It can then be concluded that people with ASPD develop promotion focused goal regulation as a result the Response Modulation hypothesis.

Antisocial Personality Disorder and Emotional Processing

Emotions are experienced very differently for each person. The concept of emotions consists in two parts. The first part refers to having distinct conscious subjective feelings; these are the emotions that a person feels within their conscious. The second part is the physical response to emotions. The physical response to emotion is found within in the nervous and cardiovascular systems. Essentially, emotions are observed by feelings and physiological response (Cornelius, 1991). The Appraisal Theory of Emotion is another means to approach emotions. This theory states that emotion is the unconscious result of evaluation of an event as positive or negative, which elicits an emotional response that is different per individual (Roseman & Smith, 2001). Two main approaches to emotion are categorical and dimensional. Categorical involves focusing on a small amount of primary and distinctive emotions. Dimensional is empirical and involves people rating themselves on various emotions that are then statistically analyzed. Emotional processing differs greatly for people with ASPD compared to the general public.

Subjective feelings are presented in people with ASPD differently than the general public. When taking in to consideration the roles of perception, interpretation, and beliefs the connection between cognition and emotions can be made for people with ASPD. A study conducted by Cleckley (Cleckley, H.; Sutton, S. K., Vitale, J. E., & Newman, J. P., 2002) notes that emotions felt by men with ASPD are highly limited in duration and degree across a range of various emotions. In their review of the literature

and study Steven K. Sutton, Jennifer E. Vital, and Joseph P. Newman (2002) noted that women emotionally respond to emotions similarly to men but are less likely to display emotional inhibition. Sutton et al. (2002) noted that women did not display response preservation (Vital and Newman, 2001). It can therefore be concluded that emotional responses are limited for people with ASPD. This can be attributed to the cognitive development of how these individuals perceive emotion, whether it is a hindrance or that they do not feel a great deal emotionally. What can also be inferred is that emotional responses to other people are limited because of the goal focus nature of ASPD and being highly field independent.

Physiologically, emotions are felt differently to people with ASPD than those without the personality disorder. Sutton et al. (2002) examined a group of women with ASPD for any physiological responses when shown images that were designed to provoke an emotional response. Sutton et al found that there were signs of corrugator increase, skin conductance, and cardiac deceleration (2002). This may be evidence that there are similar physical response to emotion in people with ASPD as compared to those without the disorder, however, it is important to note if there is the mental connection towards the physiological response. Edelyn Verona, Jenessa Sprague, and Naomi Sadeh (2012) examined how emotional processing affects people with ASPD physically in comparison to people without the disorder. They found that people without ASPD suppressed negative emotional processing whereas those with ASPD showed reduced neural processing of negative emotions as well as not being able to inhibit these negative emotional responses (2012). Essentially, people with ASPD can feel emotions physically

but the connection towards the mental processing of emotions is often limited, especially in regards to others.

In regards to emotional social interactions, people with ASPD can show varying degrees of emotional response. For example, people with ASPD who have been married for long periods of time are more likely to seek therapy for their disorder (Black 2015). A study conducted by Robins LN (1966) examined married couples with one partner having ASPD. Over half of those with ASPD found symptoms decrease while married compared to unmarried people with ASPD (1966). Married individuals with ASPD were found to be more actively involved with their communities and had stronger family ties as well as an improvement in their condition.

Conclusion

Antisocial personality disorder, or ASPD, is a rare psychological disorder that affects the behavioral, cognitive, and emotional tendencies of those afflicted. People with ASPD display symptoms that do not coincide with the norm of society. These symptoms generally are dismissive of other's emotions, wellbeing, and societal ethics. People with ASPD develop cognitively different than those without the disorder. Development of perception for ASPD individuals differs from others when they form a sense of satisfying needs, exchanging with others, and applying their sense of self-needs to other people. Based on the development of perception in ASPD individuals, how they form interpretations of the world around them differs from the norm. When someone with ASPD interprets a situation where they either benefit or their entire group benefits the person with ASPD is likely going to interpret the situation as them needing to have the

most benefits. These interpretation directly affects their beliefs or goals because they view situations and life as them having to achieve the most at any cost which will lead them to directing their goals in that direction. This in turn affects how people with ASPD interact with society. Emotionally, people with ASPD display differences in physiological and mental processing of emotion. Physically, it is possible for people with ASPD to exhibit signs similar to those without the disorder when presented with emotional stimuli. However, the mental processing of these emotions indicates that there is a disconnection between their perceived emotions and physical response Being that there is a connection to emotional development through the six stages mentioned previously, conduct disorder is more easily recognizable. By recognizing these early symptoms of conduct disorder possible treatment can be given to individuals to prevent the onset of ASPD. Being that those who are married or have close family ties are more likely to seek treatment for ASPD further research can be conducted on how to utilize familial bonds in order to treat those with ASPD. There is currently a plethora of research on ASPD, but there is still further research to conduct. In order to understand what causes ASPD and the outcomes it is of the utmost importance to examine both cognitive and emotional approaches to the disorder.

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