

Antisocial Personality Disorder and Borderline Personality Disorder

Norhidayati Binti Abdul Rahman (13M0313)
SHBIE, Universiti Brunei Darussalam
Gooh Mo Lee
Fakulti Pendidikan, UTM Malaysia

PERSONALITY DISORDERS

Personality disorder is defined by the Diagnostic and Statistical Manual of Mental Disorders (2000) (DSM-IV) as "enduring pattern[s] of inner experience and behavior" which causes person into repeated conflicts with his or her social and occupational environment. According to *DSM-IV*, these dysfunctional patterns must be considered as nonconforming or deviant by the person's culture, and cause significant emotional pain and/or difficulties in relationships and occupational performance. This is because, they usually sees the disorder as being consistent with his or her self-image (ego-syntonic). Meaning to say, these individuals do not see themselves as abnormal/out of ordinary. Instead, they may blame the people around him/her for his/her condition; social, educational, or work-related problems(ibid). There are many types of personality disorder, namely, schizoid, paranoid, historic as well as narcissistic, among others. In this essay, I will focus on two types of personality disorder; the antisocial personality disorder and borderline personality disorder.

ANTISOCIAL PERSONALITY DISORDER

Antisocial personality disorder is "a type of chronic mental condition in which a person's ways of thinking, perceiving situations and relating to others are dysfunctional — and destructive (Mayoclinic, 2013). This is because the individuals with this disorder usually behave irresponsibly in which their behaviours are against the society's norm. They do not have it in them the principles or morality on what is right and what is wrong. They are also known as psychopath and sociopath (Azizi, Y. & Tan, S. Y. ,2007). The quote below illustrates well how the world is from the spectacle of an antisocial personality: "Imagine living entirely in a cold, heartless world where everyone is conniving and suspicious, power over others is the overriding measure of success cruelty and abuse are accepted facts of life, and the proverbial nice guy does indeed finish last." (Friedland, 1991) From the above, we can see how fallacious the minds of antisocial' views of the world are. This inevitably explains why they behave the way they do; lack of empathy, mistrust, hostile, aggressive and manipulative, among others. They see their antisocial behaviour is the way of life. Therefore, it is important for us to understand their behaviours so that we would not have mistaken them as being rebellious as well as being law/norm braker. These individuals need to be understood and helped, not punish.

Characteristics:

This personality disorder may begin in childhood itself (Friedland, 1991). In children, when they are being cruel to animals, bullying behavior, impulsive or explosive anger, social

isolation, and poor performance may be, in some cases, are the early signs of the disorder. However, they are fully evident for most people during their 20s and 30s.

According to Azizi, Y. & Tan, S. Y. (2007), individuals who have antisocial personality disorder could be seen as having at least three of the characteristics below:

Firstly, these individuals could not fit in the social norms (Azizi, Y. & Tan, S. Y. ,2007).

Meaning to say, they could not conform to the rules and regulations of the society. Their actions would go against the values of the society. i.e vandalism. They would also disregard the rights and feelings of others. Hence when they do wrong, they do not have the feeling of guilt, anxiety or remorse. As a result, they seem to have no conscience. Instead, they may feel justified for their actions due to their view of the world.

Second characteristic of these individuals are manipulative and deceitful. They would persistently lie exploit others to get money or power (Azizi, Y. & Tan, S. Y. ,2007). They are at an advantage as they are inevitably charming and seemingly befriend others (Friedland, 1991). However, behind the mask, they have hidden agenda and calculating to gain what they want even if it means recurring difficulties with the law and also violating the rights of others.

Thirdly, they are also the type of individuals who are very impulsive. They do not plan or have the ability to think deeply (Azizi, Y. & Tan, S. Y. ,2007). Therefore, they have the tendency of not thinking the results of their actions both to themselves as well as the people around them. One of the examples is by driving recklessly fast as well as driving under the influence ie. Beer.

Other than not having any guilty conscience for whatever they do wrong as well as impulsive, they have hot-tempered and extremely aggressive (Azizi, Y. & Tan, S. Y. ,2007 & Friedland 1991). This as a result, frequently leads to arguments. Hence, due to this nature, together with their tendency to be impulsive, they tend to hit their own partners as well as their own children. (Azizi Yahaya et.al 2006)

Other than that, these individuals are also irresponsible. They do not want to work as well as fulfilling their roles and duties. For example, as fathers, they fail to give financial support for the survival of their wives and children (Azizi, Y. & Tan, S. Y. ,2007).

Above anything else, the most important characteristic of individuals with this disorder which explains why they do/have the aforementioned characters is that they fail to realise their actions as being immoral, wrong and should not be done (Azizi Yahaya et.al 2006)). This in turn, prevents them to actually change and better themselves to be functional in the society as well as to the people around them. Not only change, but also learning from their past mistakes (Morton, 1978 as cited by Azizi, Y. & Tan, S. Y. ,2007).

Other characteristics of the antisocial are intense egocentrism, sense of superiority as well as exhibitionism. This is why they are extremely aggressive, competitive, and quick to argue and quick to anger. This is because they are risk takers and thrill seekers which may go to the point of recklessness (Friedland, 1991). They also need to control over their environment and the people. (ibid)

Causes:

Like anything else, the cause of personality disorder is debated between nurture and nature. That is between genetics (passed on by parents) and by environment which means it is learnt. When talking about genetics, it is argued that the disorder is hereditary. According to Friedland (1991), studies have suggested that there is indeed strong link for the disorder especially between fathers and their male offspring. He states that even though the father and son lived different home, fathers with antisocial personality disorder will pass the disorder to their sons. Sociopathic or alcohol fathers are a powerful indicator that his son will also have the disorder. He says that “antisocial personality disorder is 5times more common among

first-degree biologic relatives of males with the disorder than among the general population” Friedland (1991). Since they tend to surrender to their impulses, alcoholism may be a reflection of an antisocial personality disorder. However, this is not to say that, everyone with antisocial personality disorder is an alcoholic and all alcoholic have an antisocial disorder. Other than that, Black (2013) in its website mentions 3 theories of the causes of antisocial personality behaviours. Firstly, it states the abnormality in development of the nervous system is a cause of the disorder. This results in abnormal nervous system development which affects the learning disorders of individuals which could be seen from its persistent bedwetting and hyperactivity.

The second theory is that the individuals have the need of greater sensory input for normal brain function. It argues that there is evidence that antisocials have low resting pulse rates and low skin conductance. To support the theory, it is stated that there is a decreased amplitude on certain brain measures. Hence, to fulfil their desire for excitement, these individuals search for potentially dangerous or risky situations as they have chronically low arousal. The third theory is by brain imaging studies. Black (2013) states that the studies suggested that abnormal brain function is a cause of antisocial behaviour due a functional abnormality in serotonin levels or in the brain regions. It explains that the neurotransmitter serotonin has been linked with impulsive and aggressive behavior. Hence, it is the abnormalities that cause the individuals with the disorder behave the way they do.

The nurture side, on the other hand, argues that dysfunctional family life also increases the likelihood of antisocial personality disorder (Black, 2013). During childhood, it is the parents who create social and home environment of their children. It is found that parents of troubled children frequently show a high level of antisocial behavior themselves. This is could be supported by Friedland (1991) in which he argues that antisocial personalities mimicked their antisocial fathers. In one large study, the parents of delinquent boys were more often alcoholic or criminal, and their homes were frequently disrupted by divorce, separation or the absence of a parent. (Psych Central, 2013). Hence, according to the behaviorists, it is believe that people learn from their antisocial fathers (Friedland, 1991).

Other than that, it maybe due to maternal deprivation/parents hostility during first years of life (ibid). These lead to acute mistrust and hostility. For example, according to Black (2013), in the case of foster care and adoption, they frequently move from one foster parents/caregivers to others. This may deprive them from forming significant emotional bond. As a result, this could damage his ability to form intimate and trusting relationships, which may explain why some adopted children have the tendency to develop antisocial behavior (ibid). In my opinion, this may be true as socialization is an important process for any individuals, especially primary socialization where the people who raise the children have very important roles in shaping the children. The main agents of primary socialization of a child are usually the parents. Hence, it is the parents who the children learn how to behave from; be it good or bad behaviors.

Other theory is that it is due to inconsistent discipline by parents. Therefore the children grow up without clear understanding of what is right and what is wrong (Friedland, 1991). This is also highlighted by Black (2013) where “erratic or inappropriate discipline and inadequate supervision have been linked to antisocial behavior in children. Involved parents tend to monitor their child’s behavior, setting rules and seeing that they are obeyed, checking on the child’s whereabouts, and steering them away from troubled playmates. Good supervision is less likely in broken homes because parents may not be available, and antisocial parents often lack the motivation to keep an eye on their children. The importance of parental supervision is also underscored when antisocials grow up in large families where each child gets proportionately less attention.” (Black, 2013). Lack of attention means lack of strong bonds. This leads to the children being self-absorbed and indifferent to each other (ibid). Meaning to

say, he doesn't care about others but himself/herself. Therefore, He/she fails to develop empathy and concern for those around him. Delay gratification may then develops in which when they want something, they will get it eventhough they have to get it in the means of violence.

Other findings for the causes of antisocial is when the situations of the individuals during childhood. It is believed that during childhood, children tend to choose similar children as playmates during the elementary school years (Black, 2013). When peer group acceptance and the need to belong first become important, aggressive children are the most likely to be rejected by others. This rejection makes them as social outcasts. Therefore, the rejected ones unite and form bonds with one another. Friends, who acted as the agents of secondary socialisation, influence them to be more violence and set their mindsets that violence is accepted. Thus, the relationships between them further encourage their behaviours even to the extent of getting reward for the aggression that they do as well as other antisocial behavior. These associations may later lead to gang membership. From this, we could see the importance of peers and how not well behave children should be approach and not being left out.

Next finding is regarding child abuse in which it has been linked with antisocial behavior. Individuals with this disorder are more likely than others to have been abused as children (ibid). This is not surprising since many of them grow up with neglectful and sometimes violent antisocial parents. In many cases, abuse becomes a learned behavior that formerly abused adults perpetuate with their own children as aforementioned above (ibid). Other than that, it has been argued that early abuse (such as vigorously shaking a child) is particularly harmful, because it can result in brain injury (ibid). Traumatic events can disrupt normal development of the central nervous system, a process that continues through the adolescent years. By triggering a release of hormones and other brain chemicals, stressful events could alter the pattern of normal development.

Conclusion

To conclude, it is important us to understand these personality disorders. This is because these people need to be understood especially by counsellors so that we can help not only these people but also the people around the individuals. Awareness of these disorders is very important so that misjudgements could be prevented.

References:

- Azizi, Y. & Tan, S., Y, (2007). *Kesihatan Mental*. Universiti Teknologi Malaysia: Johor Darul Ta'zim Malaysia.
- Azizi Yahaya et.al (2006) *Punca & Rawatan Kecelaruan Tingkah* . Penerbit PTS Pahang
- Black, D. (2006). What Causes Antisocial Personality Disorder?. *Psych Central*. Retrieved on November 18, 2013, from <http://psychcentral.com/lib/what-causes-antisocial-personality-disorder/000652>
- DSM (2000). Personality Disorder. Retrived on 18th November 2013 from <http://medical-dictionary.thefreedictionary.com/Personality+Disorders>

Friedland, B. (1991). *Personality Disorders*. Chelsea House Publisher: NY

Healthguideinfo (2013). *Health Guide Info*. Retrieved on 18th November 2013 from <http://www.healthguideinfo.com/personality-disorders/p86638/#sthash.YvBJqzIJ.dpuf>

Mayoclinic (2013). *Borderline Personality Disorder*. Retrieved from 19th November 2013 from <http://www.mayoclinic.com/health/borderline-personality-disorder/DS00442>

Mayoclinic (2013). *Antisocial Personality Disorder; Risk Factor*. Retrieved from 19th November 2013 from <http://www.mayoclinic.com/health/antisocial-personality-disorder/DS00829/DSECTION=risk-factors>