



# Antisocial Personality Disorders: The Heart of Serial Killing in Modern Scenario-Role of Socio Cultural Influences

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## Abstract

Antisocial Personality Disorders (ASPD) are the core of serial killers. Such individuals often manipulate others for personal gain, lack empathy, and seldom feel remorse for their actions. It is difficult for them to establish stable interpersonal relationships and experience significant impairments in social and occupational functioning throughout their lifetime. Legal issues often arise from their repeated inability to learn from the repercussions of their behavior, mostly involving criminal acts. Antisocial behaviors lie on a spectrum. Here we discuss the various sociocultural influences governing its expression and its impact on the clinical implications.

**Keywords:** ASPD; Serial Killing; Socio-Cultural Influences

## Introduction

Antisocial Personality Disorder (ASPD) is an adult diagnosis characterized by a persistent pattern of disregard for and violation of others' rights, beginning in childhood or early adolescence. Such individuals often manipulate others for personal gain, lack empathy, and seldom feel remorse for their actions. It is difficult for them to establish stable interpersonal relationships and experience significant impairments in social and occupational functioning throughout their lifetime. Legal issues often arise from their repeated inability to learn from the repercussions of their behavior, mostly involving criminal acts [1]. Antisocial behaviors lie on a spectrum. Conduct disorder, a condition specific to childhood, manifests as children and adolescents with a repetitive and persistent pattern of behavior violating the fundamental rights of others or significant societal norms or rules. There are variations in the trajectory of youth diagnosed with conduct disorder where the males are more likely to progress to ASPD in adulthood than females

[2,3]. There are a lot of role of socio cultural factors in not only development of personality but also its disorders [4].

## Discussion

Both empirical and theoretical accounts indicate that environmental and sociocultural factors are integral to the development, expression, and maintenance of PDs. Non-shared environmental influences like those accounting for differences between siblings are responsible for significant variation in prevalence of ASPDs [5,6]. Studies conducted in various communities highlight an elevated prevalence of ASPDs among those who are socially disadvantaged, mostly those who have lower income and educational attainment and who settle in more urban and high-risk neighborhoods [7].

Cross national and cross-cultural comparisons suggest that, basic constructs that underline normative and maladaptive personality tend to have cross-cultural validity and utility.

The expression, and impact of specific personality traits may differ across gender roles, and cultural groups. So, understanding the implications of personality traits for a person's adequate functioning requires interpreting symptoms and traits through an environmental and cultural lens [8,9]. Applying current diagnostic guidelines for ASPDs require knowledge and experience on whether behaviors are sufficiently persistent and pathological to merit a PD diagnosis. Clinical errors result from dogmatic assumption. Keeping one's own culture as a reference or, or, applying broad cultural stereotypes to evaluate a client's behavior, can lead clinicians to overpathologize behaviors that are following norms of a specific culture or under-pathologize behaviors that are clinically significant. Clinicians should be aware of their cultural competency and seek training, and supervision as required [9].

Influence of authority figures mostly guardians have a major role in shaping and reshaping personality development of an individual [10]. Extreme marital disharmony, maltreatment of a growing child has severe repercussions on their mental development and propensity of triggering ASPD traits and eventually full blown ASPD [11,12]. Because of these as well as peer pressure which act as a double edged source such children and adolescent are thrown into shackles of depression, anxiety and suicidal behaviors [13,14].

Experiences of immigration and acculturation, gendered expectations for behavior, disabilities, marginalization, and discrimination can all modify symptom presentation and interpretation. Treatment planning should highlight cultural issues, including patterns of help-seeking behavior and adaptations to treatment [15-17].

## Conclusion

ASPDs are the main crux of the numerous cases of serial killing we observe. Till now a lot of environmental influences Analysing the socio cultural influences behind development of such mindset and behavioral consequences and turmoil that follows is vital from treatment point of view.

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