

Conceptual Framework of Antisocial Behavior: in the Light of Contributing Factors (CONFLICT)

Published: 14-04-2021

Last updated: 13-05-2024

Antisocial behavior has a significant impact on society and affects antisocial individuals themselves and their environment in terms of interpersonal, financial, and emotional consequences (Quinsey et al., 1998; Moffitt et al., 2002; Rijckmans, Van...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Personality disorders and disturbances in behaviour
Study type	Observational non invasive

Summary

ID

NL-OMON54007

Source

ToetsingOnline

Brief title

CONFLICT

Condition

- Personality disorders and disturbances in behaviour

Synonym

Antisocial behavior

Research involving

Human

Sponsors and support

Primary sponsor: Universiteit van Tilburg

Source(s) of monetary or material Support: GGZ Westelijk Noord-Brabant (Halsteren),GGZ Westelijk Noord-Brabant;GGZ-instelling

Intervention

Keyword: Antisocial, Mentalizing, Personality, Trauma

Outcome measures

Primary outcome

The main study parameter is differentiating in antisocial behavior-clusters.

Antisocial behavior will be measured by self-report questionnaires (ESI, RPQ,

PNR, SVO). Predictors that are hypothesized to have influence on the

development and maintenance of antisocial behavior are: trauma, mentalizing

ability, personality, and callous-unemotional traits. The predictors trauma,

personality and callous-unemotional traits will be measured by self-report

questionnaires (VBE, NEO-PI-3, SRP-III, PPI-R, SOMI and UPPS-P). mentalizing

ability will be measured by an attachment interview with scoring on reflective

functioning (AAI/RFS), a computerized task (ERART) and Virtual Reality-task.

Based on the scoring on different predictors, features of each antisocial

cluster will be described.

Secondary outcome

n.a.

Study description

Background summary

Antisocial behavior is behavior that brings harm to another person and encompasses behavior that violates the rights of others (Tuvblad & Beaver, 2013). This behavior is the main feature of Antisocial Personality Disorder (ASPD; APA, 2015), Conduct Disorder (CD; APA, 2013) and psychopathy (Hare, 2003) and can also be part of or co-occur with several other psychological disorders, such as cluster B personality disorders, substance abuse and

attention deficit hyperactivity disorder (Tuvblad et al., 2009; Rijckmans, Van Dam & Van den Bosch, 2020).

Antisocial behavior has a significant impact on society and affects antisocial individuals themselves and their environment in terms of interpersonal, financial, and emotional consequences (Quinsey et al., 1998; Moffitt et al., 2002; Rijckmans, Van Dam & Van den Bosch, 2020). Within mental health organizations, antisocial behavior is often an exclusion criterion for treatment and in scientific research also for participation in research groups. This impacts the understanding of antisocial behavior. Moreover, it leads to the fact that evidence-based treatment is scarce for these individuals and gives that scientific evidence is limited for existing treatments (Rijckmans, Van Dam & Van den Bosch, 2020; Van den Bosch et al., 2018).

A considerable amount of literature has been published, describing theories related to the factors that contribute to the development and maintenance of antisocial behavior. These theories describe various explanatory factors. However, there is much controversy about these models* scientific evidence, and there is no general agreement about a comprehensive model (Hamilton et al., 2015). A reason for these contradictory findings and a lack of general agreement among researchers may be the heterogeneity of antisocial behavior and the multiple pathways that may lead to it (Rutter et al., 1997; Curtis, 2016; Burt et al., 2011). The definition of antisocial behavior varies in the literature and therefore leads to conceptual confusion.

A way to get a better conceptual understanding of antisocial behavior may be to start with a better understanding of why most people behave prosocially and are willing to cooperate and empathize with each other. Prosocial behavior includes *concern for others* wellbeing, empathic (*) and moral focused behaviors, joy at relieving suffering, distress at causing suffering and capacities for remorse and guilt* (Gilbert & Basran, 2019). Antisocial behavior can then subsequently be described as a lack of prosocial abilities to engage in functional relationships with others.

An influential theory based on the evolution theory, the reciprocal altruism theory, explains why most people show prosocial behavior (Trivers 1971). This theory states that altruism can be seen as an act of helping another person, while this act is incurring some costs. Altruism could evolve regarding it would be beneficial to make these costs, when there is a change that, in a reverse situation, the receiver would altruistically act towards the person that helped him initially. Specific, altruistic behavior contains small costs for the giver and great benefit for the taker. It can be seen as prosocial behavior needed to survive in a social environment (Trivers, 1971).

Central processes for understanding prosocial behavior are trust and reciprocity (Nowak, 2006; Walker & Ostrom, 2009; Balliet & Van Lange, 2013). Ibáñez and colleagues (2016) suggest that individuals will exhibit prosocial

behavior if they trust the other person and can understand how they can behave reciprocally towards others. Therefore, a likely explanation for antisocial behavior would be a lack of trust and reciprocity within antisocial persons. However, placing trust and reciprocity as central factors for the current research does not implicate that other factors, such as IQ (Loney et al., 1998; Lykken, 1995; Ribera et al., 2019) and impulsivity (Mann et al., 2017; Swann et al., 2009), are of less importance in the explanation of the development of antisocial behavior. Nevertheless, this research focusses on examining central pathways to antisocial behavior in the light of prosocial behavior, namely trust and reciprocity.

The degree of trust towards others depends on several factors, such as the ability to detect trust cues and which prior trust situations a person has experienced (Thielmann & Hilbig, 2015). Individuals can differentiate in their degree of trusting others due to attribution errors in detecting (dis)trust cues (e.g., facial expressions) and as a result of negative prior trust experiences (e.g., interpersonal trauma). A possible explanation for the lack of prosocial behavior is that exhibiting antisocial behavior may be a consequence of a negative prediction of others' trustworthiness (i.e., hostile bias; Smeijers et al., 2017). Specifically, antisocial behavior as result of earlier traumatic experiences in which trust has been challenged, is hypothesized to represent the first pathway to antisocial behavior.

Reciprocity, on the other hand, is a component of social functioning and includes the ability to initiate and maintain relationships and acting in a socially appropriate way (Ayaz et al., 2013), which is closely associated with prosocial behavior. Prosocial behavior requires both skill and will (Van Doesem, Van Lange & Van Lange, 2013). The skill to exhibit prosocial behavior includes the ability to attribute mental states (beliefs, intentions, desires, knowledge) to oneself and others, and to understand that those are different from one's own (Van Doesem, Van Lange & Van Lange, 2013), also known as the ability to mentalize. A reduced capacity to mentalize, hypomentalization, refers to a reduction in mental state awareness and can be influenced by both genetic (e.g., impulsivity, IQ, low theory of mind) as well as environmental factors (e.g., emotional or physical neglect). Antisocial behavior is linked in literature to a weaker ability to take another's perspective and determining their mental state (Newbury-Helps, Feigenbaum & Fonagy, 2017). There can be hypothesized that the second pathway to antisocial behavior is based on a reduced ability to mentalize; hypomentalization.

Even though trust and reciprocity seem to be central processes in the development and maintenance of antisocial behavior, there seems to be a small group of persons who present a high amount of callous-unemotionality (Cleckley, 1988). Subsequently, in contrast with above mentioned traumatized persons, they show diminished experience of threat (i.e., fearlessness; Hicks et al., 2004). It can be hypothesized that a small number of antisocial persons with diminished mentalizing ability also have a genetic predisposition for

callous-unemotional traits, which together with a fearlessness, may lead to *scheming* antisocial behavior. High callous-unemotionality is therefore hypothesized as a subgroup of pathway 2 which leads to more intentional antisocial behavior (e.g., masterful and strategized manipulation) due to a high level of callous-unemotionality.

The question raises why only a specific group of individuals with a high amount of distrust, a deficient ability to mentalize or a high level of callous-unemotionality show antisocial behavior. For example, some individuals who experience high distrust show more anxious and conflict-avoidant behavior and are not known with antisocial behavior. A possible explanatory factor for these various behavioral responses (e.g., avoidant, anxious, antisocial) may be the Big 5 personality trait *antagonism*. The dimension Agreeable-Antagonism is a well-researched personality construct and represents someone's orientation toward others, which ranges from an antagonistic to an agreeable interpersonal focus (Miller & Lynam, 2001; Jones, Miller & Lynam, 2011). Antagonism can be described as giving no value to interpersonal contact and sacrificing harmony for goals that are more *proself* (Lynam & Miller, 2019). Being antagonistic can be influenced by genetic and environmental factors (Jones, Miller & Lynam, 2011). In the current research, the extent of antagonism serves as a fundamental component for the development of antisocial behavior. We hypothesize that not only distrust or a deficient mentalizing ability itself leads to antisocial behavior, but the combination of these factors with an antagonistic personality evokes behavior that violates legal and social norms. Specifically, being more antagonistic possibly pushes the tendency to use, for example, a fight-reaction instead of avoiding interpersonal conflicts.

Regarding that trust and reciprocity can be seen as central processes for prosocial behavior, we propose a conceptual framework in which we hypothesize that there may be two central pathways leading to antisocial behavior, namely antisocial behavior arising from (1) distrust as a result of traumatic experiences, or (2) a diminished ability to reciprocate due to hypomentalizing, which can be seen with extreme high callous-unemotionality. However, this proposed structure is not intended to be a fixed model with two non-overlapping categories, but as a dimensional framework in which people may differ to the extent in which specific factors contribute to the development of antisocial behavior. This means that a single person, for example, could have a high amount of distrust and a reduced capacity to mentalize, which both can lead to antisocial behavior, or even can be mutually reinforcing. This framework is intended to give more insight into several pathways leading to antisocial behavior and make implications for further research. More importantly, this framework is intended to support the individual diagnostic process of antisocial behavior and subsequently assists in adapting therapeutic interventions to these specific antisocial behavior structures.

Study objective

Antisocial behavior has a significant impact on society and affects antisocial individuals themselves and their environment in terms of interpersonal, financial, and emotional consequences (Quinsey et al., 1998; Moffitt et al., 2002; Rijckmans, Van Dam & Van den Bosch, 2020). Within mental health organizations, antisocial behavior is often an exclusion criterion for treatment and in scientific research also for participation in research groups. This impacts the understanding of antisocial behavior. Moreover, it leads to the fact that evidence-based treatment is scarce for these individuals and gives that scientific evidence is limited for existing treatments (Rijckmans, Van Dam & Van den Bosch, 2020; Van den Bosch et al., 2018).

A considerable amount of literature has been published, describing theories related to the developing and maintaining antisocial behavior. These theories describe various explanatory factors. However, there is much controversy about these models* scientific evidence, and there is no general agreement about a comprehensive model (Hamilton et al., 2015).

In this research line, we examine a new conceptual framework, based on existing research, to give more insight into several pathways leading to antisocial behavior. A better understanding of developing and maintaining antisocial behavior, gives foundation for the development of thorough diagnostic and treatment programs for antisocial behavior. Specifically, this framework is intended to support the individual diagnostic procedure of antisocial behavior by differentiating within antisocial behavior problems, and subsequently it assists in adapting therapeutic interventions to these specific antisocial behavior structures.

Study design

Cross-sectional study with data collection of antisocial behavior and contributing factors in a (forensic) mental health-setting.

Study burden and risks

For participating, the expected burden is primarily time. The measurement (1a + b) will take approximately 3-4 hours for each participant (for a select group of participants with a second administration it takes 1 additional hour of measurement) Participants will be asked about traumatic life experiences which can lead to temporal emotional feelings.

Contacts

Public

Universiteit van Tilburg

Professor Cobbenhagenlaan 125
Tilburg 5037 DB
NL
Scientific
Universiteit van Tilburg

Professor Cobbenhagenlaan 125
Tilburg 5037 DB
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Inclusion criteria

1. Age between 18 and 65 years old;
2. Having a mental illness, treated in inpatient or outpatient community mental health care (diagnosis of psychiatric disorder);
3. The participant shows a minimum of one of the following forms of antisocial behavior (subtle antisocial behavior is sufficient for inclusion) screened by the Externalizing Spectrum Inventory:
 - a. Social aggression: making negative comments, being rude towards others, trying to hurt someone's feelings, calling someone names behind his/her back, revealing secrets etc.
 - b. Rule-breaking: dangerous driving, lying, vandalism, incendiarism, stealing, being fired for misconduct, destroy others' property, etc.
 - c. Physical aggression: threatening others, getting into fights more than the average person, yelling at others, getting angry quickly, etc.
4. Participants are known with antisocial behavior for a minimum of 1 year and antisocial behavior is also presented between acute episodes of psychiatric disorders (e.g., acute episodes of psychosis, use of narcotics).

Exclusion criteria

A potential subject who meets any of the following criteria will be excluded from participation in this study:

1. Antisocial behavior is primary related to an acute episode of a psychiatric disorder (e.g., psychosis, addiction);
2. Florid psychotic (experiencing positive symptoms of a psychotic disorder at the moment of participation);
3. Actual (para)suicidal ideation;
4. Illiteracy;
5. Not mastering the Dutch language;

Note: participants who have, or had, the medical condition *epilepsy* can take part of the study, but will be excluded from testing with Virtual Reality.

Study design

Design

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Other

Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 27-05-2021

Enrollment: 140

Type: Actual

Ethics review

Approved WMO

Date: 14-04-2021

Application type: First submission

Review commission: METC Brabant (Tilburg)

Approved WMO	
Date:	02-05-2022
Application type:	Amendment
Review commission:	METC Brabant (Tilburg)
Approved WMO	
Date:	25-07-2022
Application type:	Amendment
Review commission:	METC Brabant (Tilburg)
Approved WMO	
Date:	18-12-2023
Application type:	Amendment
Review commission:	METC Brabant (Tilburg)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL76121.028.21