
CONSTRUCTION OF
THE ANTISOCIAL
PERSONALITY: A
SYNTHETIC
PERSPECTIVE

CONSTRUCCIÓN DE LA
PERSONALIDAD
ANTISOCIAL: UNA
PERSPECTIVA SINTÉTICA



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ABSTRACT

Does the antisocial and/or violent personality have characteristics or circumstances that associate it with an abnormal risk of suffering a pathological process or being unfavorably affected by such a process? What makes risk 'antisocial' or 'violent'? Can society protect people from the risky situation that surrounds them or will surround them in the future? What aspects of the violent personality as a high-risk subject must know the professionals that guarantee the safety of citizens, social services, medicine, law, psychology and education, among others, to focus -from their fields of knowledge- in a more effective way in their intervention processes? In this article we'll try to approach all those circumstances that characterize the risky situation of the antisocial and violent personality, to know it better, and to refine our actions and methods to achieve their integration into society.

KEYWORDS

Antisocial Personality; Risk Situation; Social Inclusion; Prevention; Social and Educational Action.

INTRODUCTION: IDENTIFICATION OF VIOLENT PERSONALITY

The aggressive personality has specific characteristics that associate it with an abnormal risk of suffering pathological processes -social, family and/or medical-of a maladaptive nature throughout life (Andrade Salazar, 2012; Caballero-García, 2006). Therefore, early diagnosis is essential for addressing early intervention processes that aim to achieve a minimum of effectiveness and result in the necessary personal benefit of the subject, as well as in reducing the impact of dysfunctional behavior in the collective (Table 1). In the Spanish legal system, the Organic Law 8/2006 of December 4, Regulator of the Criminal Responsibility of Minors, already indicates, in accordance with Recommendation 87 of the European Council, that young people are persons in construction. Thus, all legal and criminal measures adopted with them must have a fundamentally educational character that, beyond the sanction, considers the child's own interests (Millán, 2009; Pérez et al., 2011).

Table 1. Criteria for the diagnosis of Antisocial Personality Disorder (301.7 / F60.2, DSM-5)

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- A. Dominant pattern of inattention and violation of the rights of others, which occurs from 15 years of age, and manifested by three (or more) of the following facts:
1. Failure to comply with social norms regarding legal behaviors, manifested by repeated actions that are grounds for detention.
 2. Deception, which is manifested by repeated lies, use of aliases or fraud for personal gain or pleasure.
 3. Impulsiveness or failure to plan.
 4. Irritability and aggressiveness, which is manifested by fights or repeated physical aggressions.
 5. Reckless neglect of one's own security or that of others.
 6. Constant irresponsibility, which is manifested by the repeated inability to maintain a consistent work behavior or to comply financial obligations.
 7. Absence of remorse, manifested with indifference or rationalization of the fact of having hurt, mistreated or robbed someone.
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B. The individual is at least 18 years old.

C. There is evidence of the presence of a behavior disorder with onset before the age of 15.

D. Antisocial behavior does not occur exclusively during schizophrenia or bipolar disorder.

Source: American Psychiatric Association (APA, 2014).

As can be seen in Table 1, the Antisocial Personality Disorder (or APD) is the result of the consolidation of an inefficient adult personality structure, which appears as the culmination of a pathological process with deep roots in adolescence and even childhood. In the long term, APD manifests behavioral styles that are typically presented in literature and that each individual shows in a peculiar or specific way (De Corral, 2000). Table 2 summarizes them.

Table 2. Typical behavioral style in the APD.

Aspect	Behavior
Global	Impulsive and reckless, with a taste for risk and insensitive to punishment. Unable to take advantage of teachings from past experience.
Relationships	Provocative, with contempt for others and rejection of social compassion and humanitarian values.
Cognitive style	Personalist, with a tendency to translate the behaviors of the others in terms of their own needs.
Affective expression	Hostile and easily excitable. Vengeful and without feelings of guilt. Emotional immaturity.
Self-perception	Competitive, independent and dominant.

Source: Adapted from De Corral (2000).

Authors such as Paulhus and Williams (2002) speak about the 'dark triad of personality' -narcissism, machiavellianism and psychopathy- as decisive elements in the birth, development and consolidation of behavioral manifestations of antisocial personality. This triad tends to show sub-clinically in most individuals, which motivates many of them to meet the criteria to be diagnosed with APD. At the same, they are at risk of showing all kinds of attitudes harmful to themselves, or disruptive to others, but never transgress the laws expressly or go to a specialist's office. They often become highly adapted and successful people. This would explain results such as those obtained by Ferrer Botero et al. (2015), who in a sample of 2109 students enrolled in different degrees taught in Colombian universities found that at least 6.4% - men and women - met basic conditions for the diagnosis of APD.

Contrary to what most people assume, there are no 'good' or 'evil' personality patterns, just as there are no better or worse elements of the above-described triad by themselves (Paulhus et al., 1997). There are personality structures that are efficient and

adaptable to certain contexts (Paulhus & Williams, 2002), which demonstrate great importance of the risk and protective factors that surround these individuals in childhood and youth, as well as the suitability or unsuitability of the environments in which they develop their activities.

For the diagnosis of psychopathic personality disorder, Hare (1991) has proposed 19 criteria that may be broader and more inclusive than those identified by the DSM-5 (APA, 2014), covering two distinct factors (Table 3). This may be useful for early identification.

Table 3. Diagnostic criteria for psychopathic personality.

FACTOR I: Affectivity and interpersonal relationships (personality).	FACTOR II: Lifestyle (social deviance)
Loquacity and superficial charm. Exaggeratedly high self-assessment. Pathological lie. Handling. Total absence of remorse. Surface affection Cruelty / lack of empathy. Does not accept responsibility for their actions.	Need for stimulation. Parasitism. Behavior problems in childhood. Fantastious / unrealistic goals. Absence of self-control Impulsiveness. Juvenile delinquency Irresponsibility. Revocation of probation

Source: Adapted from Hare (1991).

There is a basic theoretical problem that literature does not seem to be able to overcome: the convergence between APD and psychopathy is not as clear as it might seem. Terms such as 'psychopath' or 'psychopathic personality' are used too loosely in non-specialist settings, just as there is no unanimous agreement on this denomination, neither on the construct itself, nor on the definition of psychopathy itself (López & Nuñez, 2008). A dimensional perception of the problem means that, most probably, psychopathy is not a discrete category but a continuous dimension -thereby there would not be psychopathic and non-psychopathic subjects, but different degrees of psychopathy-. This has introduced a new understanding of etiology and approaches to the disorder, and at the same time allowed us to differentiate, at least qualitatively, psychopathy from what might be diagnosed as APD (Blair, 2003; Marcus et al., 2004).

The criteria that define the APD focus more on antisocial behavior and its consequences than on the personality traits itself (Farrington, 2000), so that Hare (2003) himself has gone so far as to claim that psychopathy is a 'special' personality disorder that requires a specific diagnostic characterization. Consequently, psychopathy and APD would not be similar constructs to the classical conceptualizations that would

differentiate so-called 'primary' from 'secondary' psychopaths (Table 4). Hare (1984) added the so-called 'dissocial psychopath' as a special case (López & Nuñez, 2008).

Table 4. The "psychopath" versus the APD.

Psychopath	APD
"Primary psychopath"	"Secondary psychopath" or "Sociopath"
Social maladjustment	Social maladjustment
Active aggression	Reactive aggression
Innate component	Social component
Low anxiety	High anxiety
Absence of guilt	Guilty feeling

Source: Adapted from López & Núñez (2008).

The primary psychopath would be characterized by indicators of behavioral disinhibition (poor judgment, unmotivated antisocial behavior), related to affectivity (absence of shame or feeling of guilt, egocentricity and inability to love and general poverty of affect), and interpersonal relationships (superficial treatment, irresponsibility and falsehood) (Cleckley, 1941; Hicks et al., 2004). The secondary psychopath or neurotic would be characterized by an inability to establish affective relationships, guilt or remorse and high anxiety. Finally, the dissocial - or asocial - psychopath would be an individual from marginalized backgrounds with a subculture of their own, lack of feelings of guilt, loyalty and affection, and antisocial behavior due primarily to environmental factors.

This is how it is explained that, asymmetrically, many offenders who are not properly psychopathic do, in turn, combine the traits to be diagnosed with APD (Pérez et al., 2015). Consequently, depending on whether the legal, criminal or social aspects of the individual's behavior are emphasized, or others related to the subject's own personality are taken into consideration, we would be talking about one or the other¹.

CONSTRUCTION OF VIOLENT PERSONALITY

Antisocial, dissocial, aggressive, and violent personalities are present in all societies, cultures and historical moments, although their actions often do not transcend the public domain. When this happens, they provoke great social alarm, especially because of the very 'debatable' way in which the media are usually

¹This issue is further complicated when other terms that contribute to amplify the conceptual 'noise' as sociopath, dissocial, aggressive personality or, simply, criminal personality are introduced into the debate (López & Nuñez, 2008).

presenting their actions to the public (Albacete Carreño et al., 2014). This does not imply, even remotely, that the expressive forms of this type of disorder are the same in all cultures, societies, or subcultures. Within the same society we can find a great variety of differential aspects (Caballero-García, 2006). Although personality traits, as theoretical and psychometric constructs, are universal, their final behavioral manifestations are modulated by environmental (educational, cultural, ideological, ethical...) and organic factors that are changeable, diverse, and complex and difficult to quantify (Redondo Illescas, 2008).

High-risk subjects, or in a vulnerability situation has characteristics or circumstances that associate him/her with an abnormal risk of suffering a pathological process or being adversely affected (Arizcun, 1992, Caballero-García, 2006). In this case, the diathesis-stress criterion operates in the same way as in the rest of pathologies, and people who experience greater or lesser vulnerability to stressful situations are 'at risk' clinically and socially (Rodríguez Campuzano & Frías, 2005).

The child who manifests the first stages of antisocial behavior is difficult to classify in an isolated and exclusive manner as a child of proven risk, with development problems, or like a person at biological, social, or environmental risk. Most of the time they combine more than one of these problematic situations and there is not a single factor that acts as a trigger for the problem but many. In this sense, current literature suggests the need to overcome partial views that attribute the genesis of antisocial behavior to single motivations, and to accept the fact that there is a complex conglomerate of interacting triggers, referred to as the 'triple criminal risk' (or TCR): people at risk, criminogenic environments, and criminal opportunities (Redondo Illescas, 2008).

A situation of risk occurs when the personal, family and/or social circumstance that prevent the integral development of the individual are not present and requires the adoption of prevention or rehabilitation measures that avoid psychopathological disorders and situations of helplessness or social maladjustment (Caballero-García, 2006). We call a 'risk factor' any condition that increases the likelihood that a person will commit violent actions or crimes (Berkowitz, 1996). Thus, it predisposes or maintains antisocial behaviors and seems to operate both as a precondition for their development and, at the same time, as an event that helps us to predict the evolution and outcome of such behaviors (Mampaso-Desbrow et al., 2014).

The violent person has usually been immersed in a situation of psychosocial conflict due to both personal and environmental circumstances. As a result of the risky situation Mampaso-Desbrow et al. argue that an individual has experienced in their childhood and adolescence, this subject has been exposed to situations of helplessness-

difficulty that deprives them of sufficient moral or material assistance, either due to non-compliance or due to the failure of family and social coverage. Consequently, risk factors, to be predictive of their behavior, must appear in the form of ‘constellations’: the appearance of only one will not allow the prediction of future antisocial behaviors by itself. The persistent influence of these risk factors generates a complex chain of causes and effects that will lead the subject to a situation of conflict with the rules, which is precisely the determining factor in the diagnosis of the APD: the person disdains the general criterion and creates and institutes its own norms that, in general, end up colliding with those of the collective, which makes them worthy of the consequent repression by the social control agencies (Herranz de Rafael, 2003; Navas Collado & Muñoz, 2005).

In the study of young people with social maladjustment problems, three risk factors are usually involved: individual, family, and social (Table 5). These factors do not work in isolation but are related and mutually reinforced. Each factor has its weight in the individual, and they combine to trigger a very specific problem, which stands out as a differentiator of this personality type.

Table 5. Contributing risk factors to APD.

PERSONAL	
<p><i>Constitutional handicaps:</i></p> <ul style="list-style-type: none"> - Perinatal complications. - Underweight. - Sensory disabilities. - Organic handicaps. - Neurochemical imbalance. <p><i>Delay in the development of skills:</i></p> <ul style="list-style-type: none"> - Intelligence below normal. - Low educational level. - Social incompetence. - Attention deficits. - Low response capacity. - Disabilities for reading. - Poor skills and work habits. <p><i>Emotional difficulties:</i></p> <ul style="list-style-type: none"> - Child abuse. - Affective apathy. - Emotional immaturity. 	<ul style="list-style-type: none"> - Stressful life events. - Low self-esteem. - Emotional instability. <p><i>Others:</i></p> <ul style="list-style-type: none"> - Chronic health problems. - Feeding problems. - Hyperactivity. - Lack of physical attractiveness. - Disobedience. - Unstable adult figures and patterns. - Dissatisfaction and work stress. - Low perception of vital opportunities. - Propensity to risk and aggressiveness. - Mythological cultures in which predominates. “machismo”, overvaluation of money, fatalism, peculiar moralities, etc.
FAMILY	
<ul style="list-style-type: none"> - Social status (low). - Family educational level (very low). - History of mental illness. - Paternity / early motherhood. 	<ul style="list-style-type: none"> - Communication patterns are dysfunctional. - Absence of limits. - Authoritarian educational model. - Inadequate regulations.

<ul style="list-style-type: none"> - Single-parent family (separation, divorce, abandonment). - Overcrowding. - Little difference in age between brothers. - Family disorganization (mistreatment, rejection, couple conflicts, etc.). - Family breakdown (abandonment of the home, family reconstitution, single-parent families, etc.). 	<ul style="list-style-type: none"> - Conflict and / or intrafamily violence. - Poor affective ties with parents. - Unwanted and / or rejected children. - Severe neglect. - Serious problems (alcoholism, prison, ...). - Family mobility: emigration, immigration, nomadism.
SOCIAL	
<p><i>School problems:</i></p> <ul style="list-style-type: none"> - Failure in studies. - Demoralization with studies. - Abandonment of studies. <p><i>Interpersonal problems:</i></p> <ul style="list-style-type: none"> - Rejection of colleagues. - Alienation and isolation. <p><i>Ecological context:</i></p> <ul style="list-style-type: none"> - Extreme poverty. 	<ul style="list-style-type: none"> - Lack of housing or overcrowding. - Disorganization in the neighborhood. - Labor conflicts. - Unemployment. - Social isolation. - Injustice and / or social rejection. - Little or no social support. - Social maladjustment.

Source: Adapted from Coie et al. (1993).

Our review of the literature has allowed us to identify at least three types of risk factors, which we will call antecedents, predisposing, and vulnerability or precipitating factors of the disorder (Coie et al., 1993; Howell, 1997; Loeber & Hay, 1997; Loeber et al., 1997):

- Among the most common background factors of the APD are difficulties in adapting to school (school failure, absenteeism, falsification of grades, suspensions, etc.), and its consequences that lead to: academic deficiencies, home leaks, poverty in interpersonal relationships (such as lack of social acceptance), altered cognitive and attribution processes (such as deficits in problem solving, predisposition to attribute hostile intentions to others, etc.), violent behavior and acts of vandalism, cruelty to people and the animals, repeated lies, robberies, delinquency, early sexual promiscuity, and early contact with alcohol and drugs. The common denominator of all these factors is the transgression of the rules of conduct at home and in the social sphere.
- Among the predisposing factors, the literature highlights the family's genetic history, childhood abuse, dysfunctional experiences outside their homes, ineffective family educational models, the passage through host institutions, and, finally, a high score in the personality dimensions' extroversion and neuroticism, which increases the vulnerability of the subject to stress while complicating learning rules.

- Among the factors of vulnerability and/or predisposition to the complex socio-cultural contextual situations that surround -or have surrounded- the subject and accelerate the presence of specific psychopathologies are mentioned depressive episodes and psychotic outbreaks, among others.

From the field of criminology, it has been chosen to speak of: 'crime-impelling' and 'crime-repellent' factors, by their activation; or 'predisposing' factors, 'trainers' and 'triggers', by their function (Di Tullio, 1966). The former stimulates antisocial behavior, while the latter inhibit it. The same factor can act at the same time, in different subjects, as an impeller or as a repellent of behavior. Therefore, for an adequate criminological opinion, both elements should be considered. For treatment it is essential to consider which inhibitors are reinforced and which activators should be removed, because not all activists are harmful and, by reinforcing or creating random inhibitions, collateral damage could be achieved, or the subject could be thrown into crime.

Regarding the predisposing factors, trainers and triggers, we find that the former prepares in advance the initiative of the people for the achievement of a certain purpose. They are endogenous in nature and can be both biological and psychological. Trainers are usually exogenous -such as pre-fight provocation, or alcohol and drug use-. Triggers, in turn, precipitate the facts being the starting point of antisocial behavior in a strict sense. It's interesting to note that triggers can be absurd and even disconcerting for an external observer, having sometimes an endogenous nature - physiological damage, chemical imbalances, hallucinations- or an exogenous origin - verbal and/or physical aggressions, the death of a being dear or a pet, and so on-.

In people at risk, stress and anxiety are not the only causes of 'misfit', 'antisocial' or 'violent' behavior. The complexity of the problems they suffer from means that we speak of a set of risk factors/indicators -or criminogenic factors-. None of them will be sufficient to cause the effect that we study, but a certain combination of factors / indicators makes the unwanted consequences appear at any time, and acts as a predisposing complex (Figure 1). Therefore, any unidimensional approach to the diagnosis of such individuals would only serve to establish false simplifications. The understanding of all these factors -regardless of the criteria used- is important for the specialist, because it will allow to be knowing the sequence followed by the subject until committing a fact, it will help to know the criminal dynamics of each specific case and, of course, to establish their degree of danger and estimate their specific recidivism (Caballero-García, 2006).

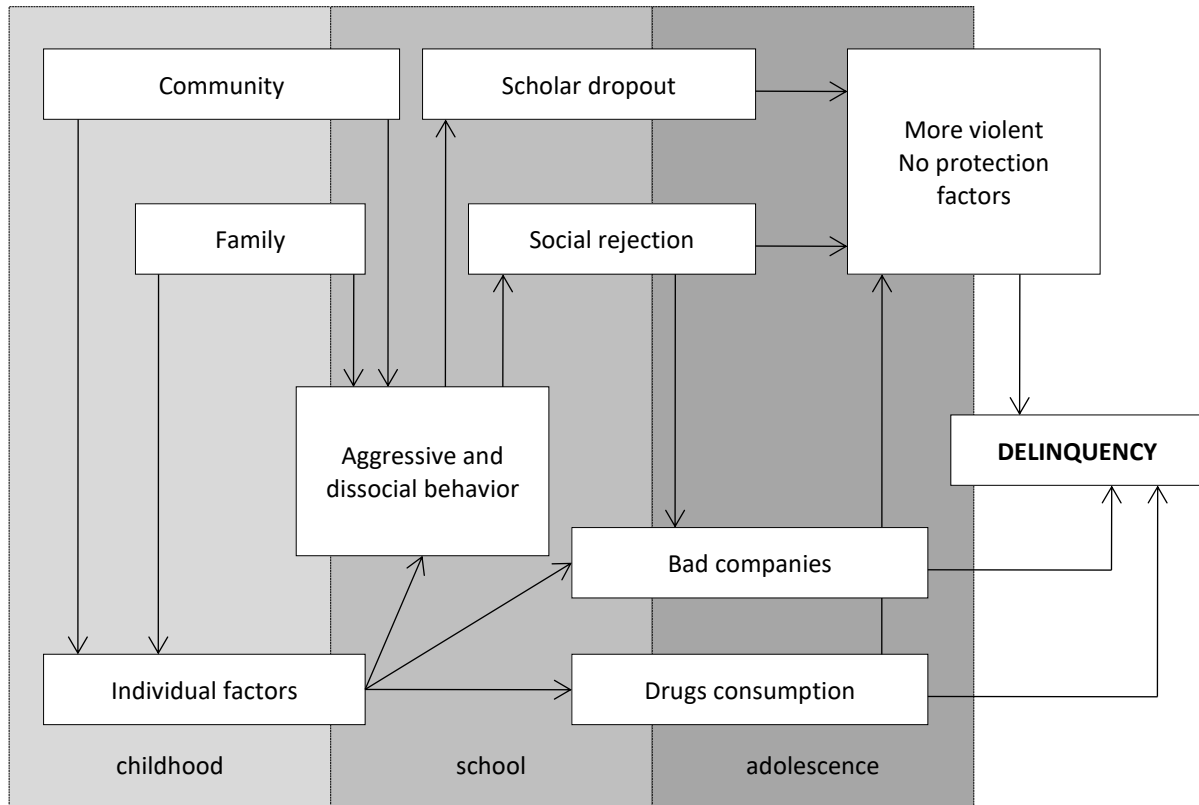


Figure 1. Interaction between the various risk factors (Source: Mampaso-Desbrow, et al., 2014).

Dysfunctional symbolic universe

The process of cerebral maturation during childhood and adolescence has special emphasis on the conformation of language and thought, facts that will significantly influence adult personality and behavior. Language is the basis of human communication processes, and these are essential for proper socialization. It has been established from neuropsychology that experience materially sculpts the brain in the sense that it favors or inhibits the processes of synaptogenesis and neuronal interconnection to which literature usually refers with the name of 'neuronal plasticity' (González Osornio & Ostrosky, 2012).

Brain maturation is regulated physiologically by two parallel processes: apoptosis (or neuronal death) and synaptic pruning. From birth and during early childhood, the speed at the time of establishing interneural connections is huge - an estimated at 700 connections per second-, while the number of neurons far exceeds the

necessary. The processes of apoptosis and synaptic pruning are modulated by experience and are governed by a purely economic criterion: what is not used is lost. And this pruning is especially significant in relation to language, which begins to be generated with the maturation of the angular gyrus, located in the parieto-occipital lobe of the left hemisphere (Figure 2). This implies that inadequate stimulation during early childhood will have very negative consequences in the subsequent development of the processes of language formation: understanding will be inefficient, the expression insufficient, the syntax bad and the pragmatic poor. The genesis of an adequate reading ability and a good aptitude for writing and communication will be truncated. The consequence is that children insufficiently stimulated, or well educated in aggressive and stressful environments, because of the inevitable neuronal pruning will have more problems of learning, communication and thinking (Flores-Lázaro et al., 2014). In fact, many disorders related to brain maturation, such as those related to the autistic spectrum, manifest themselves first in the form of communicative deficits from the first year of life, the moment in which the internal language begins to be configured (González Osornio & Ostrosky, 2012). In this sense, language is already from its physiology a generator and transformer of consciousness in the sense that it allows the acquisition of new knowledge -whether from the world-.

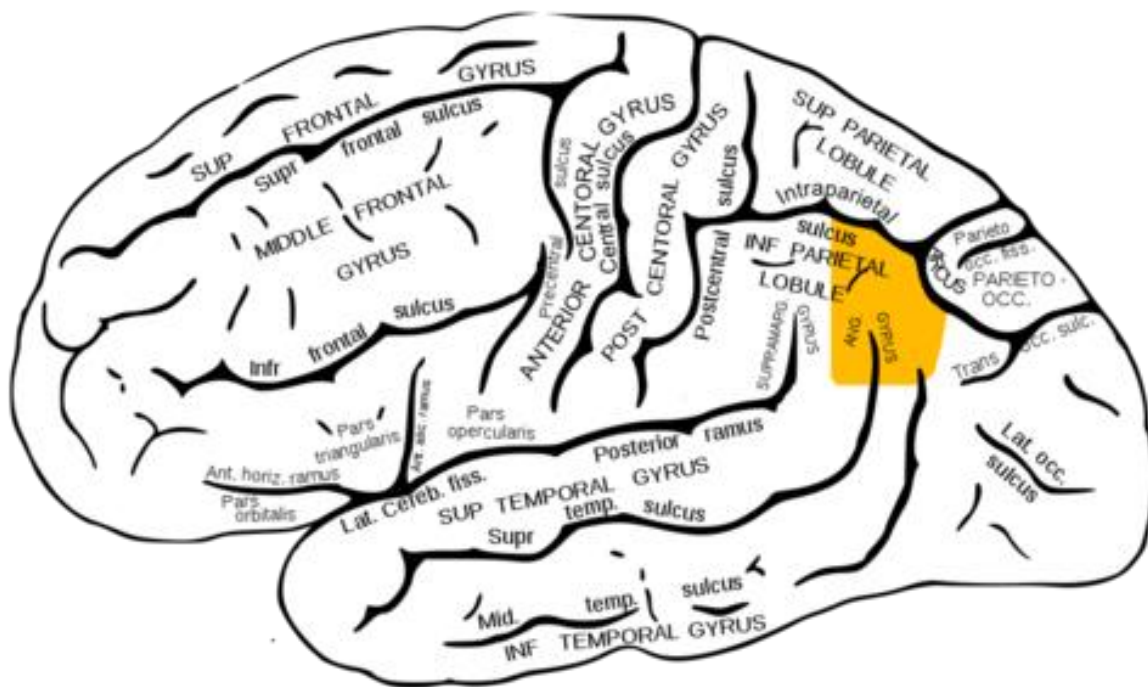


Figure 2. The angular gyrus (Source: Gray, 1918. Public Domain).

The competent use of language -or linguistic competence- requires the correct mastery of three discursive genres (Aguelo Muñoz, 2012):

1. The conversation: understood as a bidirectional interaction between sender and receiver.
2. The narrative: assuming that it is a scheme governed by rules that allow the issuer to construct a story with a logical sense for the receiver.
3. The procedural discourse: that allows the issuer to transfer the listener the precise instructions to carry out an activity.

These discursive genres do not develop equally in all people because, apparently, the 'theory of mind' (ToM) has a great role in its proper conformation. The concept of theory of mind is often confused with 'empathy' when they are not the same thing². ToM is an equivalent of 'metallization', that is psychic representation of one's own mental state, that of others, and understanding of which mental regions are common to both representations without it being necessary to assume that mental states on the other they are like those of oneself (Tirapu-Ustarroz et al., 2007). This allows the person to place himself from the perspective of the other and to put it in relation to his own, being an essential element for good social interaction and correct social intelligence.

The conformation of a good ToM is related, neurologically, with the correct development of the cerebral region known as the prefrontal cortex and the establishment of the so-called 'executive functions' -inhibition and attention, working memory and cognitive flexibility-. A good education during childhood and adolescence provides people with better efficiency in relation to these functions and that is why people who come from complicated and stressful social and family environments tend to experience all sorts of problems in adult life (Flores-Lázaro et al., 2014). In fact, the effectiveness of executive functions and ToM presuppose that the rest of the cognitive functions on which they are based, such as memory or language, function correctly.

The processes of creation of personal identity -self-definition, consolidation of cognitive structures- appear basically in adolescence, having much to do with narrative and argumentative capacity and with the symbolic domain. It's not strange, therefore, that the difficulties to acquire and consolidate language, as well as discursive skills, function as good predictors of school failure, mental health problems, and difficulties with the authority and the judicial system (Donohue et al., 1998). Usually, this deficit manifests itself in the communicative process such as: Reduction

² Empathy is basically the ability to identify with someone and share their feelings.

in speed and efficiency in conversations; problems in the processing of information; poor skill in the management of issues; difficulties to respect the conversational turn; problems in supplying the receiver with pertinent and appropriate information; problems when expressing internal states (emotions, feelings, thoughts) and comprehension problems.

Precisely, people with mental disorders, difficulties in regulating their behavior, delinquent life and / or problems of social adaptation very often experience serious difficulties when communicating and, in a very special way, when they have to transmit emotional or sentimental content (Aguelo Muñoz, 2012; Davis et al., 1991), or when they have to elaborate more or less complex ideas in relation to the motives of their acts, being a perfect manifestation of this problem the question of the so-called 'cognitive distortions'.

Nowadays, it seems common in literature that violent behavior is mediated by psychological variables, personality disorders, addictions, low empathy, and, precisely, those already indicated cognitive distortions (Loinaz, 2014). Such distortions are very closely related to an inefficient ToM resulting from a misconfiguration of symbolic and communicative processes that prevent correct attributions on the meaning of one's own behavior and that of others.

Cognitive distortions are erroneous forms of interpreting reality, that is, cognitions that maintain a dysfunctional behavior whose objective is to avoid responsibility, as well as the consequences of reprehensible behavior, thus adopting the form of topical verbal expressions such as minimization, denial, or attribution of blame to others or external circumstantial factors (Bowen, 2011; Lila et al., 2008, 2012). Unfortunately, and despite the frequency with which they appear in the criminological field, its use and conceptualization is not as clear as it would be desirable because of its intrinsic relationship with such 'slippery' areas as language and symbolic thought. Therefore, the different authors allude to them with a variable terminology: cognitive processes, attitudes, beliefs, situational thoughts or 'post-hoc' justifications (Helmus et al., 2013).

As far as is known, these distortions contribute to a process complementary to what is known as 'hostile attributional bias' (HAB). In this case, the person selectively attends to certain aspects of others, or the environment, which for him have a special meaning, distorting or distorting situations and thereby increasing the possibility of experiencing anger. It happens that their own behaviors are attributed to those external factors, temporary and specific, meanwhile the alien behaviors are attributed to internal, permanent and generalized factors (Maruna & Mann, 2006). The HAB has

a strong linguistic-symbolic component related to the contextual elements that facilitate it (Figure 3).

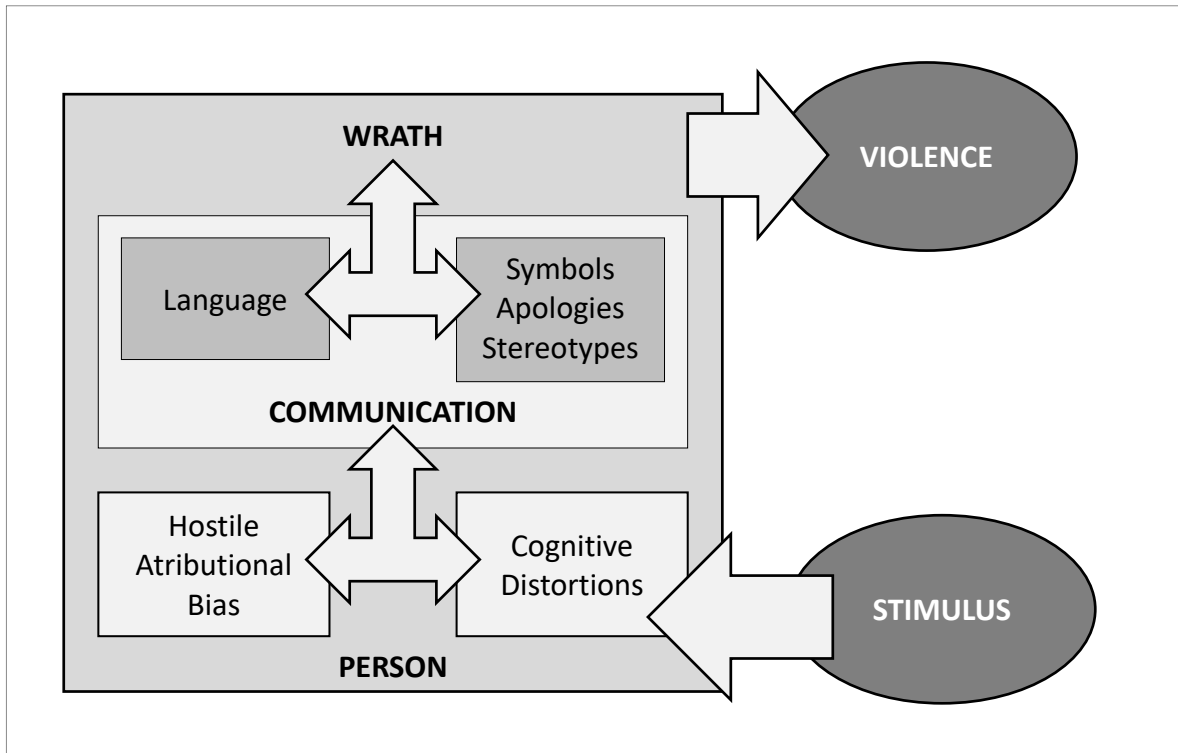


Figure 3. Context, language, thought and violence.

When a person perceives a possible threat, or considers his rights undervalued, tends to experience psychological discomfort and harm, and this seems to affect in a particularly severe way those people wishing to anger (Beck, 2003). After the explosion of anger motivated by the SAH, the subject sets in motion the process of cognitive distortions that, as we see, work 'post-hoc' (Velden et al., 2010) and help the person to cognitively restructure the situation without having to resolve the conflict or take responsibility for it. With this, the subject takes hold in his point of view, avoids guilt, and escapes from the annoying need to seek constructive solutions to a problem that he no longer recognizes as his own. This introduces him into a vicious circle: violent behaviors are not processed and tend to repeat themselves as the increase in stress motivated by HAB induces an increase in aggressiveness immediately (Dobash & Dobash, 2011). Some authors distinguish two types of cognitive distortions (Barriga et al., 2000):

- *Self-servants*: egocentricity, blaming others or circumstances, assuming the worst, minimizing, denying, or justifying. In this case the feeling of guilt and low self-esteem are neutralized, so they operate as facilitators of antisocial behavior. Literature has been focusing on this type of cognitive distortion.
- *Self-humiliating*: selective abstraction, generalization, catastrophism, and personalization. In this case, the subject's anxiety and depression increase, with which they have a very negative impact on personal identity. There are few studies that have an impact on the understanding of these kinds of cognitive distortions and how they can affect violent behavior.

In any case, it is important not to forget that HAB and cognitive distortions, given their strong symbolic component, are not one-dimensional constructs. This implies that they can refer to different aspects, in different contexts and under different circumstances (Peters, 2008). They may well relate to one or several types of people, either with one ethnic group or another, or with only one specific subject, or with a social group without having to be extended to other persons, entities or collectives (Loinaz, 2014).

A common mistake is to standardize language and communication when in fact they are closely interrelated phenomena, but qualitatively different. Several studies have shown, for example, that young delinquents often accumulate a serious school failure when they find themselves below the rest of the adolescents in the development of their linguistic competences, but at the same time they show a good communicative competence and they do not manifest distortions in other cognitive processes (Beichtnab et al., 1999; Davis et al., 1991). Deficits in communication and language can go hand in hand and often, but not necessarily, the problematic behavior of many 'difficult' people could have a communicative function rather than a cognitive one. This has led to the conclusion that, in certain cases, reducing this communication deficit, such behaviors could also be redirected (Aguelo Muñoz, 2012).

Communicative ability has a basic role in the domain of social skills, which explains why people who have difficulties when communicating tend to be integrated into groups in which these dysfunctions are the norm and in which, therefore, they do not experience rejection, distortions and / or cognitive dissonances³. Today it seems

³ Cognitive dissonance refers to the internal tension that individuals experience when they have two simultaneous and conflicting cognitions: Thus, it appears when people experience in their system of ideas, beliefs and emotions two conflicting thoughts, or when they make things that are not according to their habitual beliefs (Festinger, 1957). Normally, the subject who experiences cognitive dissonance feels motivated to minimize it, in turn, the psychological tension that is experiencing. In general, the

clear that the parenting style greatly influences the way in which children develop psychologically, intellectually, and that large differences between parenting styles can generate significant cognitive, behavioral, and personality differences in adult life (Flores-Lázaro et al., 2014). This implies that a bad social environment does not necessarily hinder development, but it has the problem that it is more aggressive and stressful for children and young people, which predicts a worse future in adulthood in the event that there are no adequate protection factors that generate greater resilience while reducing the perceived stress and the consequent vulnerability (González Osornio & Ostrosky, 2012; Uriarte Arciniega, 2006).

A simplified language leads to simplified thinking. The multiplicity of the world is reduced to choose, finally, between two possible options. On the contrary, the assumption of reality as a complex and diffuse entity generates, in turn, a complex and divergent thought that forces the subject to decide between multiple available arguments that must be understood and integrated to decide. Thus, the quality and breadth of verbalization with which a person can expose a situation reflects how much and how he, or she, knows the various legitimate -or illegitimate- points of view around it (Matsumoto et al., 2014).

THE CIRCLE OF VULNERABILITY IN VIOLENT PERSONALITIES

The antisocial young, as a high-risk subject, is an individual who, having been exposed to adverse situations and social distress during childhood and adolescence, will have a high probability of becoming a young or maladjusted adult, who is in permanent conflict social control by not accepting the rules of coexistence standardized in the social context. This induces him to adopt positions thasocietyistence and are dangerous both for society and for himself (Cabieses et al., 2016).

It is not uncommon, precisely for this reason, that the diagnosable personalities of APD in adult life have a criminal record that goes back to early times of life and that, in general, such a criminal career follows an ascending progression regarding the severity of the crimes committed (Romo et al., 2012). However, we can also find ourselves facing subclinical cases in which the individual goes unnoticed and

most common way to resolve this tension is the introduction into the system of beliefs or values all sorts of new cognitions that justify their attitude.

appears to be adapted. Be that as it may, the circle of vulnerability to which the person presenting the APD is subjected could be schematized as shown in Figure 4.

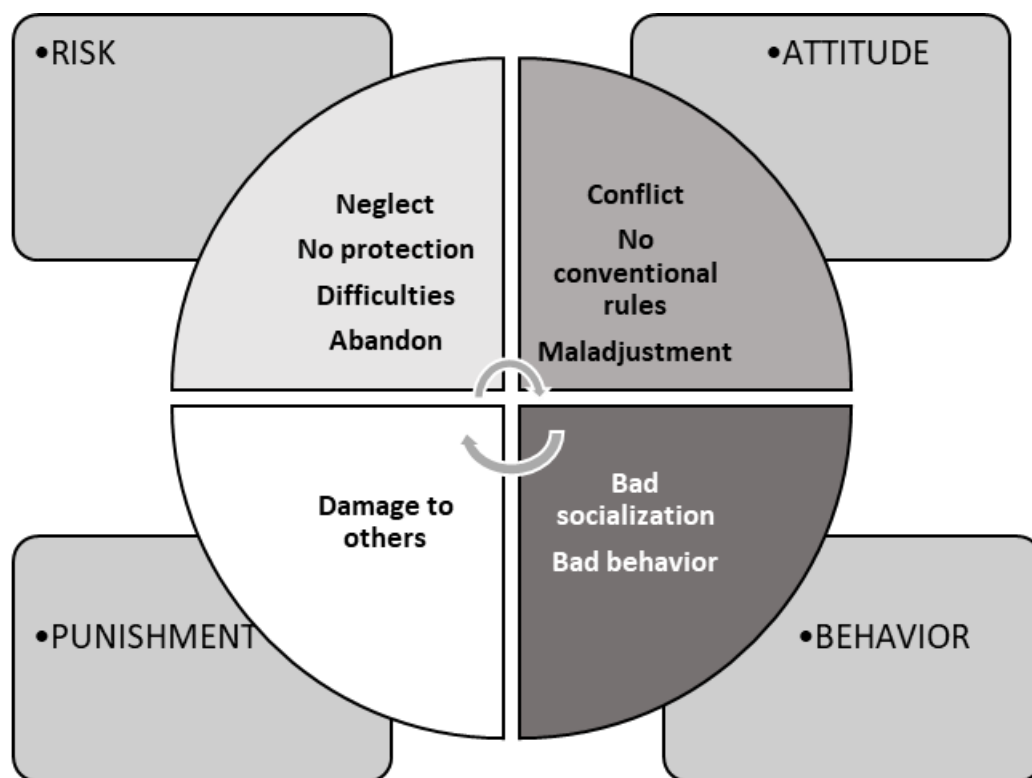


Figure 4. Vulnerability circle.

In general circumstances, the people who show these difficulties adopted all kinds of coercive or repressive measures that, in the end, only aggravate their situation because they neither eliminate the risk nor propose alternative and/or productive models of behavior. When they get caught in the described circle, they arrive at a situation of constant conflict and confrontation with the social norm that follows an ascending course (Caballero-García, 2006). The interesting thing, in any case, is that understanding the sequential chain (criminal dynamics → mediating mechanisms of action of the risk factor → vicious circle) of the violent personality is important for the intervention, since this should not address an isolated element of the whole, but treat the problem globally, facing the concatenation of some elements with others and breaking this vicious circle if possible.

Risk behaviors

The child in a situation of risk becomes progressively vulnerable. Its integral development, especially in cases of low resilience, can be affected, and this atypical development takes several courses: towards endogenous problems such as anxiety, depression, withdrawal, bad eating habits, sedentary lifestyle, psychotic outbreaks, and so on; or towards outsourcing, then entering into the framework of criminal behavior, assault, mistreatment, robbery, polyconsumption, reckless driving, dropping out of school, and so on (Esteban Hernández, 2016) (Table 6). These problematic behaviors have serious consequences in the future because: 1) they interfere in their process of socialization, acculturation, and teaching-learning by feeding back perverse dynamics; 2) alter coexistence in school or in the family; and 3) they are annoying or harmful to themselves and others, which often degenerate into problems with justice.

Table 6. Risk behaviors.

COMMON	RELATED TO HEALTH	IN SCHOOL
Consumption of drugs Delinquency Driving drunk	Unhealthy meals Tobacco use Sedentary Reckless driving	Absenteeism Abandonment of studies Conflicts

Source: Adapted from Esteban Hernández (2016)

As can be seen, when we speak of 'risk behavior' we refer to maladaptive behaviors derived from inadequate confrontations to the situations that the young person lives, and to which he puts insufficient, unnecessary or counterproductive mechanisms with which he tries to reach confused goals that are required. These dysfunctional, anomalous and disruptive behaviors can have an aggressive character and, if not controlled in time, degenerate into antisocial and / or illegal behaviors. That is why at 18 years the manifestations of APD are related to the inability to maintain consistent work behavior, irresponsibility in family duties, constant irritability, absence of fear and guilt, sexual promiscuity, abuse of substances, the need for 'action', and difficulties in adapting to the norms, enduring boredom or adjusting to routines (APA, 2014).

Social control develops and consolidates mechanisms to regulate and guarantee compliance with the different norms and guidelines of individual and / or collective behavior that guarantee the survival of society (Alcázar, 2008; Caballero-

García, 2006; Caicedo Montoya, 2017; Herranz de Rafael, 2003). Therefore, when the person with difficulties of adaptation begins to externalize their disruptive behaviors, it does not take long to face a progressive and growing spiral of conflicts that often places him in the courtyard and into the correctional system. On the contrary, when these attitudes derive towards 'internal problems', the possibilities of the subject ending up in the consultation of a specialist are increased, which, in turn, may be the previous step for a later externalization of that conflict (Caballero-García, 2006). Be that as it may, the results of risky behavior are always compromising for life or health (Table 7).

Table 7. Results of risk behaviors.

HEALTH	SOCIAL ROLES	DEVELOPMENT	TO ADULT AGE
Illness Low fitness	School failure Social isolation Legal problems Early fatherhood	Negative self-concept Depression Suicide	Low social and work skills Unemployment Low motivation Low expectation of achievement

However, we insist that not all people diagnosed with APD commit a crime -not even the majority-, because they remain in the subclinical scope. The problems most frequently projected into adult life are associated with the antisocial personality, appears in the work (85%), couple relations (81%), economic dependence (79%), repeated problems with authorities (75%) and abuse of alcohol and / or drugs (72%) (Robins, 1966).

CONCLUSIONS: FROM TREATMENT TO PREVENTION

The psychological diagnosis of the personalities we have discussed in this article should specify the degree of dangerousness of the subject under study, considering their criminal capacity and level of social adaptation (Caballero-García, 2006). The dangerousness-cause -risk factors or criminogens- and the fear-effect -violent or antisocial behavior- should be measured by the psychological, biological, cultural, and social indices of the individual. To obtain them, it is important to analyze life before and after the crime, considering those meticulous reactions that have been presented repeatedly, circumstantially, or periodically, since childhood; and by the state of motivations, circumstances and antisocial density of the crimes committed (Andrés-Pueyo, 2013).

To determine the degree of adaptation and adaptability of the subject, the dynamic aspects of the personality should be considered, as well as their present situation, their socioeconomic status, or their physical, sensitive, emotional, intellectual, and other aptitudes. In short, what is known in the literature as 'protective factors' should be considered because their consideration will allow a prognosis to be established for each case regarding the possibility of recidivism. In fact, and regrettably, in these cases the repetition in dysfunctional behaviors is very likely, which leads to raise the controversial issue of whether reeducation of this type of subject is possible; a question that usually generates skepticism, not only in public opinion, but also among specialists.

The truth is that, even considering the best of possible scenarios, we cannot draw a false panorama: at the present time we do not know well how to effectively recover the person afflicted with APD (Garrido Genovés, 2002). There are also no preventive programs available that reduce violence in a very significant way and, in general, end up showing efficiency only in certain contexts and with certain individuals. Even so, some preventive and therapeutic measures have shown to have a useful impact in the redirection of the behavior of this type of subject, or at least when it comes to minimizing their manifestations and impact.

For some authors, sociological and economic factors are the most important cause at the global level of violent behavior (Salaberría & Fernández-Montalvo, 1994). Others emphasize individual factors when they state that the development of certain cognitive and moral reasoning skills, as well as the establishment of certain thought styles, can explain the individual's choice to behave in a social or violent way (Baca Baldomero, et al., 2006; Loinaz, 2014). A third group thinks that the treatment of violent personality must be broad spectrum and therefore biopsychosocial (Andrade Salazar, 2012; Rodríguez Moreno, 2016). But, as Casullo (1998) states, it's important to understand that although risk factors are identified in isolation for analysis and understanding, any intervention strategy designed to address and modify it must be elaborated in an integral manner. The interventions must consider the individual, the family and the community context in which they live. It is important to bear in mind the co-variation of the various 'risk factors', as well as the consideration of the so-called 'lifestyles' and the 'coping strategies'. From here, basically, what needs to be known is in what circumstances prevention is a priority and in which cases must be considered the need for specific interventions (Caballero-García, 2006).

Families can present a conglomerate of factors that predispose them to be part of a risky situation and, therefore, may be more on the side of the problem than in the solution. For this reason, it's indicated that the subject with APD starts, very often, from a situation of disadvantage difficult to overcome. But, on the other hand, it's

inserted in an advanced society that tries to protect and combine individual rights with collective rights. This implies that the subjects who are at social risk must receive adequate attention from public and private entities (guardianship, foster care, or adoption); open attitudes to new opportunities; as well as the prevention, reparation or rehabilitation that favor their socialization, and avoid this situation of abandonment or social maladjustment. This would minimize coercive or repressive attitudes and measures that, in practice, only increase the escalation of violence, while at the same time reverting to the collective social benefit (Mampaso-Desbrow et al., 2014).

Antisocial personality will also need clinical intervention, personalized and very specific. The human personality has so many faces that it is difficult to find universally valid standards in this sense. In fact, despite the growing interest in searching for 'profiles', it happens that in reality there are no prototype personalities, but rather complex and multidimensional individual variants that may have similarity to each other. Personality traits are not manifested in the same way in all people and are also shaped by cultural, social, educational and vital standards in which the individual performs. This hinders the possibilities of fine-tuning in the precise diagnosis, as well as in the determination of the ultimate explanatory factors of antisocial behavior. As a starting point for intervention and prognosis, we can only count explanatory approximations that consider personal variables and the educational environment closest to the subject (Caballero-García, 2006).

Nonetheless, and paradoxically, the multidimensional consideration of the phenomenon can stimulate progress in its understanding and treatment. If there is no single cause that explains antisocial behavior, there is no doubt that to overcome the problem in which its protagonists are immersed, it's necessary to establish tailored therapeutic designs and plans -biological, social, behavioral, psychological and psychopathological- (Fariña et al., 2011), as well as working in multiple directions, psycho-affective, educational and social. For example (Caballero-García, 2006):

- Generating in the subjects a greater knowledge about the meaning or purpose that the dysfunctional behaviors that they show may have.
- Providing the individual with coping strategies and / or techniques that improve their assertiveness, self-esteem, self-control, social skills, communication, conflict resolution, management of traumatic or stressful life events, social integration...
- Minimizing the frequency and severity of maladaptive behaviors. It would not be so much about eliminating risks -this is impossible- but also about cushioning them by strengthening the person's power to face situations of risk. For this reason, it is necessary to be creative when designing intervention programs, to generate forms of prevention, and to

provide the individual with strategies so that they can compensate, as much as possible, for physiological contributions and predisposing environments to violence and self-centeredness.

Particular attention must be paid to the ethical-legal dimensions implicit in the various therapeutic actions. However, there are some clues that seem to have fruitful results, such as employing a criminological criterion in the diagnosis of psychopathic and violent offenders; training in cognitive patterns that are not distorted and allowing the development of adapted behaviors that are capable of obtain positive reinforcements to a greater extent than the maladaptive ones (Caballero-García, 2006). As a starting point, the therapist should work with psychopaths and / or antisocial, the lack of awareness of illness, their low empathy, their impulsiveness and their insensitivity. Although the aspects to work will depend on the case, the goal of the process should always be to get the offender to abandon his criminal life because he finds it unworthy. Only then we'll have achieved that his social insertion is real, effective and full.

Throughout history, precisely because of the proliferation of authoritarian politico-legal systems and the consequent development of punitive penitentiary models, psycho-criminological research has focused on the understanding of criminal phenomenology rather than on its therapeutics. But the fact is that the advanced nations are increasingly distancing themselves from this class of positions that are harmful to human rights, which have motivated in recent decades a growing interest in the rehabilitation and reinsertion of the offender. A theme that advances, although not as fast as it requires part of the social body, because inequality is still important and we know more about the psychological mechanics that motivates, for example, a rapist, than the way to intervene in it.

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