

The Relationship between Childhood Trauma, Parenting Styles and Brain-Behavioral Systems with Antisocial Personality Disorder

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Introduction:

Personality disorder is a long-term pattern of inner and behavioral experience that is far from one's cultural expectations, is inflexible and pervasive, and begins during adolescence or early adulthood, remains constant over time, and causes discomfort or decline in performance (Martin, 2019). Diagnosis of personality disorders requires evaluation of the person's long-term patterns of functioning, and specific personality traits should be evident from early adulthood. Antisocial personality disorder is a debilitating condition and is a major mental health concern. Antisocial personality disorder in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders as a pervasive pattern of disregard and violation of the rights of others that began in childhood or early adolescence and continues into adulthood. These people are selfish, heartless, disorderly and promiscuous, irritable and reckless. They can't stick to the rules, and breaking the rules over and over again creates a lot of problems. These people don't feel guilty about breaking the law or making others uncomfortable, and in society the disorder is more likely to be seen among those who have gone to prison (Anderson, 2022).

One of the factors affecting antisocial personality disorder, styleThe Birth of Fathers (2014). Method Sort Phrase Is Of SetsAny Of Behavior To Also Continuous. That Interaction Father – Child the Noble T Zinc Spectrum Special. Show May.S ُ Interaction Total the Noble T Create May. SLOW (Yafa, 2020). Bamerend Three Method Sort the Noble T Pose the

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On the other hand, one of the variables of childhood that has a significant impact on the future of the individual and also the formation of his personality are childhood traumas and traumas. Children who have experienced abuse are more likely to experience trauma in adulthood including depression, anxiety, psychosis, substance use, and personality disorders (Popovic, 2019). Infantile abuse and neglect have been associated with various forms of trauma, including both internalizing and externalizing symptoms (Watters, 2023). In this regard, some research has shown that antisocial personality disorder is associated with childhood abuse and neglect (Schower, 2021). Dilisi et al. (19-20) showed that trauma plays a role in borderline personality disorder. Schore (0 202) showed that childhood trauma is one of the predictors of borderline personality disorder.

Another factor affecting antisocial personality disorder is brain-behavioral systems. These brain systems include the behavioral inhibition system, the behavioral activation system, and the fight-flight-stop (freeze) system (FFFS). The behavioral inhibition system is sensitive to the symptoms of punishment, lack of reward, novelty and uncertainty, as well as negative emotional and emotional states, including anxiety and depression (Merchan, 2019). In contrast, the behavioral tendency system is sensitive to reward symptoms, lack of punishment and avoidance of punishment, and is associated with positive emotions and emotions such as hope, happiness and euphoria (Kim, 2017). Zandanpanah and Chalabianloo (2016) showed that brain and behavioral systems can play a role in predicting narcissistic personality traits. Street Dougher (2014) showed that there is a significant relationship between brain-behavioral systems and personality disorders.

Research Methodology

The present study is descriptive of correlation in terms of data collection. The statistical population of this study is all undergraduate students of Tabriz University and Cohen formula was used to calculate sample size, and according to this formula, sample size was 370 people who were selected by cluster random sampling.

Brain-Behavioral Systems Questionnaire: This scale consists of 24 self-report questions prepared by Carver and White in 1994. The BIS subscale in this questionnaire consists of seven items that measure the sensitivity of the behavioral inhibition system or response to threats and feelings of anxiety when dreaming with threatening symptoms. The BAS scale consists of 13 items and measures the sensitivity of the behavior activation system. This subscale includes three other subscales: drive (4 items), reward responsiveness (5 items),

and joy and entertainment search (4 items). Reward response measures the degree to which rewards lead to positive emotions. It is scored on a 5-point Likert scale from 1 for completely disagree to 5 for completely agree (Pourmohseni, 2016). Whereas drive measures the individual's willingness to actively pursue desired goals and subscale of pleasure seeking measures the individual's willingness to pursue desired goals and the individual's willingness to pursue new rewards and turn to potentially rewarding events in momentary stimulation. Four additional items (options 17, 11, 6, and 1) have been presented as cover items on the scale and have no role in BAS-BIS assessment (Abdollahi Majleshen, 2010). According to Carver and White (1994), the internal stability of the BIS subscale is 0.74 and the internal consistency of the three subscales of responsiveness to reward, drive and hobby search are 0.73, 0.76 and 0.66 respectively (Abdollahi Majreishen, 91-13).

Childhood trauma questionnaire (CTQ):

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Bamrind Parenting Styles Questionnaire: This questionnaire was designed by Diana Bamerind in 1971 and translated into Persian by Esfandiari in 1995. Thirty questions measure three parenting styles: ten questions, authoritative style, ten questions, a despotic way, and ten questions, a simple approach. The pattern of answering questions is 5-degree Likert scale (from completely disagree to fully agree) (Ahmadi and Ghoreishi Rad, 2014). This questionnaire has been studied in several studies and its validity and validity have been reported to be good. In Ahmadi and Ghoreishi Rad (2014), the validity coefficient of the questionnaire was 0.78, 0.71 and 0.81 for the whole questionnaire by calculating Cronbach's alpha coefficient for the whole questionnaire and 0.78 for the three styles of laxity, arbitrariness and authoritative styles, respectively.

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Research findings:

A total of 370 samples participated in the current PeugeotHash. 90.5% (335 people) were 18-23 years old, 6.2% (23 patients) were 24-29 years old, 3.2% (12 patients) were 30 years old. Also, 34.6% (128 people) were from the Faculty of Humanities, 37% (137 people) from the Faculty of Engineering and 28.4% (105 people) from the Department of Basic Sciences. Random description of subjects showed that 54.9% (203) were male and 45.1% (P 167) were women.

In order to explain the findings more explicitly, descriptive statistics (mean and deviation of condensation) of subjects in the studied variables are presented in Table 1.

Table 1.Description of research variables

Variable	Variable Parameters	Average	Standard Deviation
Brain-behavioral systems	UNTIL	68/25	99/1
	driver	99/16	28/1
	Responding to Rewards	51/18	36/1
	Search for Joy and Fun	29/27	02/1
Childhood trauma.	Physical abuse.	32/20	21/3
	Emotional abuse.	48/20	93/2
	Neglect or physical neglect.	18/20	32/3
	Neglect or emotional neglect.	02/22	58/1
	Sexual abuse.	1/23	7/1
Parenting styles	Powerful Style	37/46	08/2
	Arbitrary Style	18/45	014/3
	Easy-to-use	27/44	88/2

As shown in Table 1, the average and standard deviation of the parameters of the variables are listed in Table 1.

Inferential findings of the research:

Validity and reliability

To assess the fitness of the measurement model, three criteria of reliability, convergent validity and divergent validity were used. Reliability was assessed by factor load factor, Cronbach's alpha coefficients and combined reliability.

Table 2. Validity and Reliability of Research Structure

Variable	Cronbach's alpha coefficient Alpha>0.7	Combined reliability coefficient CR>0.7	Average variance AVE>0.5
Anti-social personality disorder	772/0	854/0	593/0
Child trauma	894/0	919/0	653/0
Parenting Styles	711/0	871/0	772/0
Brain-behavioralsystems	770/0	842/0	518/0

According to Table 2, the values of factor load, combined reliability coefficient, extracted variance and Cronbach's alpha are greater than threshold values, so validity and reliability of the questionnaire were confirmed.

Another criteria for evaluating the model is divergence validity which includes investigating the correlation between one construct and its indices versus the correlation of that construct with other structures (Fornell and Locker method).

Table 3. Validity of Validation of Research Constructs

Variable	Anti-social personality disorder	Child trauma	Parenting Styles	Brain-behavioralsystems
Anti-social personality disorder	770/0			
Childhood trauma	768/0	808/0		
Parenting Styles	604/0	710/0	879/0	
Brain-behavioralsystems	628/0	590/0	720/0	720/0

As shown in Table 3, the value of the root AVE of the latent variables located in the main diameter must be higher than the correlation between those located in the sub cells in order to confirm the divergent validity and this has been achieved and the divergence validity of the model is confirmed.

Structural Model Fitting

Three criteria R^2 , Q^2 and GOF were used to examine the structural model fit, each of which is explained below.

The value R^2 specifies the effect of an exogenous variable on an endogenous variable. This coefficient is applied only to dependent variables and is zero for independent variables. The three values (0.19, 0.33 and 0.67) were considered as criterion values for weak, moderate and strong fit of structural part of the R^2 model.

Q^2 model is another measure of predictive power. Hensler et al. (2009) have defined three values of 0.02, 0.15 and 0.35 to indicate weak, moderate and strong predictive power of the structure or exogenous structures related to it.

Table 4. Structural Model Fit Criteria

Dependent variable	R^2	Q^2
Antisocial Personality Disorder	637/0	357/0

Fitting the overall model

The GOF criterion is used to evaluate the overall strength of the model. The GOF criteria was developed by Tennhaus et al. (2004) which is calculated from the square multiplication of the common values and the mean of R^2 . This value is 0.476.

Structural model

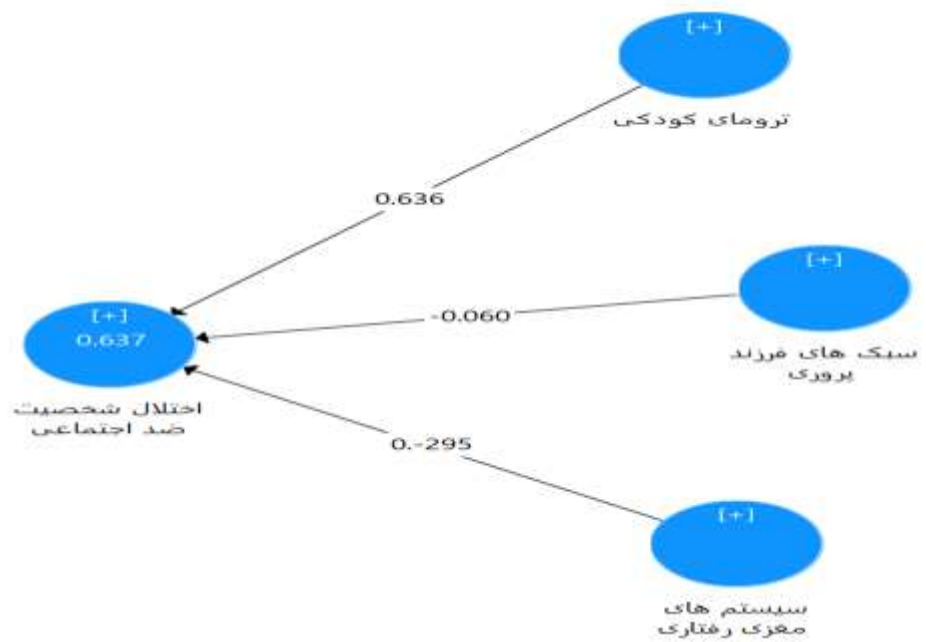


Figure 1. Research model in standard mode

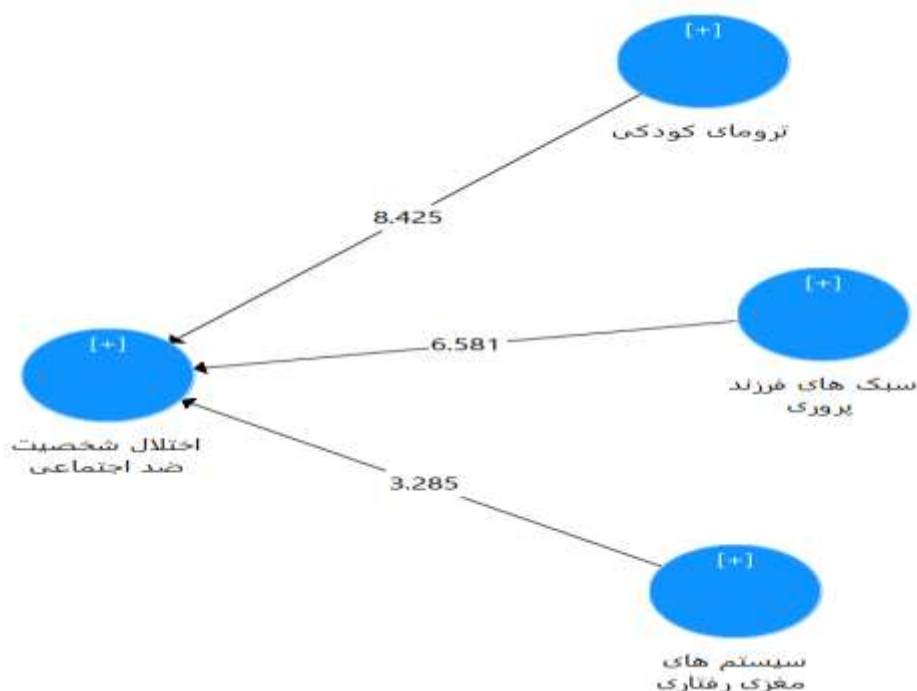


Figure 2. Research model in the state of significant coefficients

Discussion and Conclusion

The beta coefficient between child trauma and antisocial personality disorder was 0.636 and the T_Value value for this relationship was 8.425 which indicates that there is a positive and significant relationship between child trauma and antisocial personality disorder. The results of this study are in line with the results of the Noroozi and Winter Research (2020) Jarreh et al. (1401) Be. This finding can be explained by Kernberg's (1984) object relations theory that adverse childhood experiences lead to a deficit in interpersonal and social relationships, which instills feelings of inferiority and low self-esteem, and the person is exposed to problems with confidence, self-esteem and adjustment to social situations (Tanis 2018). In other words, neglected children are not understood, apparently have not experienced empathy or affection in the past, and their caregivers have ignored their needs. They feel that no one loves them. In the future, they may develop narcissistic traits such as isolation and lack of empathy due to inattention to try to make up for the past that has been neglected. Such people are likely to want to regain the lost position and be in the circuit of attention. In addition, people who are most likely to have acted against the criteria of their caregivers during childhood and have been physically abused may in the future lead to the formation of traits such as antisocial personality disorder, distrust of the need for dominance and exploitation in their personality. About etiology of personality disorder, the field related to complex childhood trauma Types of physical abuse, sexual abuse, emotional abuse, physical and emotional neglect are among the most important There are factors that can occur alone or in combination with other circumstances and cause a person's adult life to be affected by a variety of disorders in childhood, usually due to low ability and undeveloped cognitive abilities of children, physical abuse of adults and especially close relatives. The exploitation

of children, work, and activities that are not as old as they can produce physical trauma. Many children are subjected to sexual abuse by their close relatives. Some of them are neglected emotionally and communicatively by their parents due to excessive preoccupation or due to low awareness, and face severe emotional scarcity that produces trauma. In general, it can be said that trauma in a person when a child whose ego is not fully formed or poorly formed can lead to personality injuries. According to research, trauma occurs in a person's initial relationship when the ego is not yet mature enough to represent the causes and effects of the injury, and its ability as a strategic center has not yet expanded. The result of this lack of distinction is confusion, confusion and an unformed feeling of shame and guilt from their psychological point of view, early relational traumas affect how they form and thereby play a role in the development of pathology and continuity in later years of life. Thus, experiencing childhood trauma with its negative impact as a central environmental factor provides the basis for antisocial personality disorder.

The beta coefficient between parenting styles and antisocial personality disorder was 0.601 and the T_Value value for this relationship was 6.581, which shows that there is a significant relationship between parenting styles and antisocial personality disorder. The findings are consistent with the research of Bozatello et al. (2021), Afshari(2017), Aliasgari and Monirpour (2017) and Mohammadi (1400). Bozatello et al . (2021) There was a significant relationship between trauma in borderline personality disorder and early onset. Afshari (2017) showed that there is a significant relationship between depression personality disorder and authoritarian parenting style, dependent personality disorder with easy and authoritarian parenting style, antisocial personality disorders with authoritarian parenting style and between obsessive personality disorders and authoritarian parenting style. Aliasgari and Monirpour (2017) showed that there is a significant relationship between antisocial personality , mood, parenting styles and early maladaptive schemas. Mohammadi (1400) showed that there is a negative relationship between authoritative parenting style and antisocial personality disorder and there is a significant positive relationship between authoritarian and easy parenting styles with antisocial personality disorder. In explaining the effect of parenting styles on antisocial personality, it can be said that in the stages of social and emotional development, the capacities of regulation and attention to human attraction and social exchange, formation of ideas and bridging between ideas (thinking) as basic human capabilities are created, and by them self-awareness, empathy language, creativity, thinking and social and emotional skills in children gradually emerge. In the comprehensive approach and process of integrated family transformation the first and foremost responsible Parents' as the most important and key people of the child' are of great importance. This finding is consistent with the results of previous studies' as Morovati et al. (2016) showed that authoritative parenting style was positively correlated with social development. In another explanation of these findings, it should be said that parenting style can be considered by providing a clear and serious education method characterized by flexibility reasoning and verbal dialogue. Authoritative parents set boundaries and control their children's actions, but at the same time they establish good verbal relationships with their children, and parents use reasoning to achieve their educational goals, but they don't regulate their behavior based solely on the child's wishes. This method increases responsibility for independence of social adjustment and self-confidence in children. Parents who take authoritarian practices are very controlling and expect unquestioning obedience from children. This style is characterized by parental withdrawal and lack of attachment to the child' lack of warmth in relationships and

parental use of punishment to control the child's behavior. According to Baumrind (1967), parents try to control a child's attitude and behavior by completely abstract standards. In this style, there is a one-way interaction between parents and the child so that the parent is considered to be a guide that fully determines the child's attitudes and behaviors and is not effective in any way. The autocratic parent restricts the child's autonomy to obtain complete obedience. Free parents have very low expectations and desires for their children and believe that their child can guide their behavior. These parents use the least punishment for their child. These parents may be very warm and receptive or careless and airy. In general, it can be said that the discipline of powerful parents who are consistent about their child offers them patterns of self-assertiveness and trust behaviors; they listen to their children and promote dialogue with them. Their disciplinary approach is also accompanied by a warmth of logic and flexibility that helps reduce behavioral disorder and increase Progress helps in different dimensions. Authoritative parents are compassionate and friendly in their interactions with children strong parents have expectations that are reasonable given their child's developing abilities. In addition, these types of parents have high degrees of "warmth" and "accountability." Therefore, it is also expected that parenting style has the greatest impact on the optimal and quality development of children, especially in the early childhood and golden years of growth (under 8 years), rather than the fact that parents who have immature parenting styles are warm and responsive to their children has positive effects on children. - Finally, although the authoritarian parenting style plays an important role in the social problems of the child, but this role is relative and within the framework of environmental factors that encompass the child and the biological characteristics of the child although the authoritative and somewhat relaxed parenting style of parents, especially the mother, can play an important role in improving the child's antisocial personality. The better the interactions between mother and child, the better social development of the child. But along with the mother of other members of the family, the baby's own biological characteristics, the sex of the baby also play a role.

The beta coefficient between brain behavioral systems and antisocial personality disorder was -0.295 and the T_Value value for this relationship was 3.285 , which shows that there is a negative and significant relationship between brain behavioral systems and antisocial personality disorder. This finding is consistent with the findings of Johnson's (2003) and Ververt (2010), Street Dougher (2014) and Pezdanpanah and Chalabianloo (2016). Street Dougher (2014) showed that there is a direct and positive relationship between behavioral activation system and personality disorders of cluster B, but the relationship between behavioral inhibition system and cluster B disorders is negative and inverse. Pezdanpanah and Chalabianloo (2016) showed that there is a significant relationship between narcissistic personality and nature and 4 dimensions including novelty, injury of piety, attachment reward, perseverance, and 2 dimensions of character including self-transcendence, cooperation, and also two behavioral activation dimensions including reward response and pursuit of entertainment. This finding can be explained by the theory of reinforcement sensitivity. Gray introduces the activating system with positive emotions and behavioral tendencies such as extraversion and impulsivity, and the system inhibition system with negative emotions and behavioral tendencies such as fear, passivity, introversion, hopelessness, depression and anxiety (Domitris, 2010). Based on this theory, the function of anxiety refers to two mechanisms of inhibition system. First, hypersensitivity of some neuroanatomical areas, except the parietal hippocampus, increases the intrinsic

destructive input of aversion and creates anxiety. Second, hypersensitivity of the parietal system of the hippocampus or overactivity of the amygdala areas connected to this system causes an over-estimation of threatening environmental stimuli, resulting in risk assessment and increased associations and negative evaluation of the situation. In coordination with this explanation, this cognitive behavioral explanation can be presented that individuals with anxiety disorders and among them personality disorder Antisocial is hypersensitive and has a relatively low threshold for danger perception, and tends to interpret events threateningly, especially when ambiguous. In explaining this finding, it can be said that the activity of the behavioral inhibition system evokes an emotional state of anxiety, passive avoidance behavioral inhibition, silence, increased attention and setup. The neuroanatomical foundations of this system suggest that its high activity is associated with antisocial personality experience. Another finding of the research confirmed that behavioral activation system (behavioral activation system) has an effect on the persistence of antisocial personality symptoms. This finding means that the weaker the behavioral activation system, the more symptoms of social anxiety disorder will be. Among individuals with high sensitivity behavioral activation system and low behavioral inhibition system, response to reward is more while response to punishment is seen in those with high behavioral inhibition system and low behavioral activation system. Behavioral outcomes such as motivational effects that are interactive in nature are influenced by both the behavioral inhibition system and the behavioral activation system, the low sensitivity of the behavioral activation system should facilitate the high sensitivity of the behavioral inhibition system and lead to more anxiety and avoidance in response to threatening social stimulus. Theoretical and research evidence indicates the relationship between brain-behavioral systems and antisocial personality. As high levels of sensitivity behavioral inhibition system and fight-and-flight system and low levels of sensitivity behavioral activation system contribute to the development of social anxiety disorder. According to the findings of the research, it is suggested that counselors and psychologists pay attention to parenting styles of their parents to treat antisocial personality disorders and also counsellors for the treatment of antisocial personality disorders. Treating people with antisocial personhood, consider the past of these people in terms of having a child's term so that if they have a child's term, they adjust their treatments accordingly.

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