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THE CONSTRUCT OF ANTISOCIAL PERSONALITIES AS IT RELATES TO THE INFORMATION AGE WE ARE CURRENTLY LIVING IN

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DECLARATION

I do hereby attest that I am the sole author of this thesis and that its contents are only the result of the readings and research I have done.

Farouk Mobara

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I would like to begin by expressing my gratitude to God for all his mercies and favors, without which I would not have been able to begin and complete my research project. Without HIS help, I would not have been able to do either of those things. Both of those tasks would have been impossible for me to complete without his assistance. My research project was assisted by members of the department's faculty who guided me in an academic, literary, and intellectual manner. Their assistance was invaluable to me throughout the entirety of the project. My supervisor is among the most qualified people I've ever worked with, and I'd like to use this opportunity to thank all the other faculty members in the department as well.

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ABSTRACT

In previous studies, attention deficit hyperactivity disorder (ASPD) has been linked to a variety of distinct traits; therefore, the goal of this study was to identify and describe those components of the condition. Investigating whether there are distinct differences in the ASPD symptoms experienced by males and females was one of the secondary goals of this study. The scant amount of research that has been conducted on the connection between ASPD characteristics and GPA at the end of the academic year is analogous to the scant amount of research that has been conducted on the connection between FFM characteristics and GPA.

To characterize ASPD, researchers have investigated a number of its aspects, including the association that exists between ASPD and psychopathy, the frequency with which it is diagnosed, and the components that make up ASPD. In conclusion, it is essential to be aware that even if a person exhibits one of the seven symptoms that are specified in the diagnostic criteria for the DSM-5, they will not be labeled as having a conduct disorder until they are at least 18 years old and have had one since before they are 15 years old. This should be kept in mind because it is essential to be aware of this fact.

The reason for this is that the diagnostic criteria established by the DSM-5 stipulate that a person must have had symptoms of the illness before the age of 15. It's possible that correlation studies between the FFM and the ASPD's agreeableness facts can greatly assist in achieving this research's objectives. The assumption that a person's empathy or concern for others decreases with higher ASPD scores may be supported or refuted by the findings of correlation analyses, which may provide compelling evidence either way. It would appear that dishonesty, manipulation, aggressiveness, antagonism, hurriedness, and apathy are being emphasized, combined with a lack of sorrow or empathy. It is unknown whether high scores on the STAB questionnaire are associated with specific criteria, such as grade point average, gender, and the degree of facet agreement on the FFM questionnaire.

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CHAPTER 1.0 INTRODUCTION

1.1. Introduction

One of the components of antisocial personality disorder is a pattern of behavior that begins before the age of adulthood. In addition to this, this disregard for the rights of other people begins at a very young age. Another characteristic that is associated with this illness is impulsivity. The study that was carried out by the Psychiatric Society of the United States of America in 2013 made in the public country, revealed the following list of seven characteristics; A history of irresponsibility, a lack of remorse, and a disdain for one's own or others' safety are all examples of "disobedience to authority by indulging in criminal activities; deception, lying,".

Another example of "disobedience to authority by indulging in criminal activities; deception, lying" is a disregard for one's own or others' The practice of disobeying the law by participating in unlawful activities; lying, cheating, or manipulating others for one's own personal advantage disobedience to authority by engaging in criminal activity; lying, cheating, or manipulating someone else for one's own personal gain These seven characteristics are indicative of a person who may have a problem and supporting qualities help physicians identify the essential components of an ASPD diagnosis and provide a framework for determining whether a patient suffers from the condition (APA, 2013).

In addition, people frequently view the condition as an ongoing issue that is founded on lies, manipulation, and dishonesty. Antisocial personality disorder (ASPD), as opposed to psychopathy, is typically diagnosed by observing a person's behavior and estimating. Psychopathy, on the other hand, is diagnosed through neurological testing. The DSM-V diagnosis criteria leave out major cognitive, social, and emotional elements that might be present in the ASPD concept, although they do include these features. A lack of emotional stimulation, which leaves them feeling depleted all the time, a tendency to remove themselves from those who can no longer entertain or support them, and a shallow affective profile are some of the characteristics that characterize people with this condition. Two imaginary case studies were created, one for the psychopathy theory, and one for the ASPD theory, so that the researcher could compare the two different hypotheses (APA, 2013).

1.1.1. ASPD EXAMPLE

Joe, who is now 28 years old and was incarcerated for a period of two years for the crime of robbery, was just recently released from prison. Joe spent those two years behind bars for the crime of robbery. Robbery was Joe's offence, and he was given a prison sentence as a result. He makes no attempt to hide the fact that he has, in the past, engaged in the vices of drug use and petty theft. He also steals nothing of significant value. He also admits that he has been guilty of stealing a few dollars here and there. He admitted without the slightest hint of embarrassment that when he was a younger man, he had been arrested on multiple occasions for relatively minor offences such as theft, vandalism, and truancy.

He said that these offences had occurred when he was younger. Their transgressions included stealing, vandalizing, and skipping school without permission. He was originally sentenced to a total of 12 different prison terms for a variety of offences, and he is currently serving all of them simultaneously in prison. According to the reports, a psychologist who works in a prison diagnosed him with ASPD after conducting a comprehensive psychiatric evaluation on him and determining that he exhibited the symptoms of the disorder. This determination was since the psychologist determined that he exhibited the symptoms of the disorder. When he is acting in a manner that is dishonest, manipulative, and self-absorbed because he is looking out for his own self-interest, he can do so. Although he exhibits some of the symptoms that are associated with the illness, he has been given the diagnosis of ASPD; despite this, he maintains that his antisocial behaviour is the primary reason for his feelings of despair.

1.1.2. Psychopathy Example

Jack, who is 35 years old, was found guilty of committing fraud by the judge. Before he could start serving his term for committing a federal crime and being sentenced to two years in a federal prison, he was mandated to go through psychological evaluations as part of his sentencing requirements. Prior to his conviction on federal charges, he spent the first ten years of his career working as a financial counselor for a variety of different clientele. Because he has only been in trouble with the law once, nobody knows that he has a problem with abusing substances because he has never been arrested before. Jack is not only the proud holder of several honors, but he is also a qualified expert, and he earned his degree from an educational organization that is held

in very high respect. The psychologist conveyed the news to him at the very beginning of their sessions together that the court required a risk evaluation of him. The psychologist used a tool called the PCLR, which is also known as the revised Hare psychopathy inventory, in order to arrive at this particular result. In the end, Jack's scores were lower than the required minimum for both antisocial behaviors and interpersonal-affective behaviors.

In addition to this, his scores dropped below the threshold of what is an acceptable level for antisocial behaviors. Jack exhibited characteristics that are consistent with an interpersonal-affective psychopath, such as a lack of empathy and remorse, as well as a lack of a weak character or a desire for social connection. These characteristics include a lack of a weak character or a desire for social connection. These traits include the absence of a weak character as well as a desire for social interaction. These characteristics include incapacity to empathize with other people and an unwillingness to feel guilty for one's own acts. Jack lacked both a sense of empathy for other people and regret for the wrong things that he had done in the past, therefore he was unable to help other people. During the investigation, the psychologist mentioned feeling "chilled" and uneasy because of the man's emotional numbness, blankness, and denial of guilt. She attributed these feelings to the man's behavior. She explained these sensations away by saying that they were caused by the fact that the man continued to reject his guilt. She dismissed these feelings by claiming that it was because the man was attempting to hide his guilt from her. She disregarded these sentiments by asserting that it was because the man was attempting to conceal his guilt from her. This was her way of rationalizing her behavior.

Typically, a diagnosis of ASPD will be made when there is evidence of criminal behavior, criminal adaptability, and criminality. The presentation included two different case studies, each of which served to illustrate the point that was being made. [Case studies] People who have been diagnosed with this condition typically lack empathy and compassion for the experiences and feelings of others. [Clarification needed] They could also have a hard time empathizing with the struggles that others are going through.

In spite of this, it is probable that a lack of empathy and guilt are more prevalent than psychopathy. According to Dunne, Lloyd, Lee, and Daffern (2019), psychopaths

are immune to the rehabilitative benefits of punishment ". It is obvious that diagnosing ASPD is frequently based on a distinct pattern of behaviors, in contrast to psychopathy, which is normally diagnosed based on more interpersonal and emotional criteria in addition to solely cognitive features. Psychopathy is distinguished from ASPD by qualities such as blatant self-interest, impulsivity, and an inability or unwillingness to retreat from a dominant position (Patrick, Venables & Drislane, 2013). Differences in anxiety and distress are diagnostic indicators for issues with impulse control when it comes to impulse control, psychopathy is a form of externalizing that is characterized by an absence of distress and dysphoria (Patrick et al., 2013).

As a result, a psychopath may be more inclined to seek solace both before and after engaging in an impulsive act. Examining the answers people supplied to a questionnaire about their personalities, this study aims to draw conclusions on four possible relationships. Some other possible associations between ASPD and demographic variables include gender, grade point average in college, agreeableness on the Big Five, and social aggression. We explore all of these possible relationships in further depth below. Each of these connections has been postulated as existing, and there is some evidence to back up these speculations. A study of the possible link between ASPD and the agreeableness subcategory of the Big 5 could provide evidence for or against the idea that emotional under-arousal is central to the ASPD construct.

The behavioral differences between ASPD and psychopathy make it difficult to draw direct comparisons between the two, although this does not mean that a correlation should not be explored. Research investigating the correlation between scholastic performance and antisocial personality disorder (ASPD) can shed light on an individual's prognostic skills, moral judgment, and ability to focus on the long run. Study results on the association between gender and ASPD can tell readers whether the disorder is more common in male or female clinical populations. The purpose of these investigations was to examine assumptions about the association between gender and ASPD. The correlational study will provide credence to the claim that males are more likely to be affected by ASPD than females.

1.2. Research Objectives

Following are the research objectives:

1. To explore the construct of Antisocial Personalities as it relates to the information age, we live in.
2. To find out the symptoms of antisocial personalities as it relates to the information age, we live in.
3. To investigate the difference between the perceptions of gender regarding the antisocial personalities.

1.3. Research Questions

Following are the research question of the study:

1. What is the constructs of Antisocial Personalities as it relates to the information age we live in?
2. What are the symptoms of antisocial personalities as it relates to the information age we live in?
3. What is the difference between the perceptions of gender regarding the antisocial personalities?

1.4. Significance of the Study

Efforts being made in the domain of social work When social workers have more information regarding antisocial personality disorder, they may have a greater propensity to adjust if it turns out that those adjustments are warranted. If we find out what the local authorities' points of view are, we will be able to have a deeper understanding of the people who make their homes in this region. It is imperative that a thorough inquiry into this matter be carried out to guarantee that customers will receive the highest level of service that is humanly possible. One of the guiding concepts that the National Association of Social Workers (NASW) promotes is competency, which is one of numerous guiding principles. According to this notion, social workers have a responsibility to "constantly seek to develop their professional knowledge and talents and utilize them in practice." This would mean that those who operate in the field of social work ought to make an attempt to add fresh material to the existing body of knowledge that is associated with their profession. You will be able to grasp the reasoning that underpins the clinical way of thinking if you have a suitable quantity of knowledge regarding this subject.

It is essential for you to investigate the factors that may have contributed to the formation of negative attitudes if you wish to have a better understanding of the people who hold certain views. This will allow you to have a better understanding of the people who hold certain views. If you want to have a deeper comprehension of the people who hold opinions, you should hold those same views yourself. As a result of this, you will have the opportunity to get a more in-depth understanding of the people who have various points of view. There is a good chance that some of these causes are attributable to factors such as ignorance, a lack of knowledge, bias, or even countertransference. If you want to have a better grasp of the types of people who subscribe to points of view, it is vital that you perform study on the factors that have been outlined above. To achieve mental well-being, it is of the utmost importance to have a comprehensive awareness of the factors that contribute to mental well-being.

If there is a requirement to change the way things are done in the present, then making those changes in the future will not be difficult if there is a requirement to do so in the present. If there is a requirement to change the way things are done in the present, then making those changes in the future will not be difficult. It is imperative that social workers, clinicians, and therapists who do not know enough about this population receive further training for them to be able to support persons who belong to this demographic and for whom they are providing aid. It is possible that those who provide support to people who have antisocial personality disorders will need to attend additional training sessions if they do not already possess skills. This is the case if they do not already possess these skills. If they do not already possess these skills, this is the scenario that will play out. If they do not already possess these skills, then they will find themselves in the predicament described above. Because they do not possess the necessary abilities, this is what may be expected as a direct result of their situation. Increasing your level of competence in a certain area can result in a deeper comprehension of the subject at hand, which, in turn, can be beneficial to your own personal development and accomplishments.

It is essential to learn how medical professionals who treat patients diagnosed with antisocial personality disorder conceptualize the condition and whether they are able to view it as existing on a continuum. It is also essential to learn whether these medical professionals can view the condition as having varying degrees of severity. In addition

to this, it is of the utmost importance to find out whether these medical specialists can assess the ailment as having varied levels of severity. In addition to this, it is of the utmost importance to determine whether these medical specialists are able to categorize the illness into varying degrees of severity. This is because the severity of the condition can vary greatly. In addition to this, it is of the utmost importance to determine whether these medical specialists can classify the illness into varying degrees of severity. This is because the severity of the illness can have a significant impact on treatment options. This is since the severity of the illness can vary substantially from patient to patient. In addition to this, it is of the highest essential to ascertain whether these medical specialists can categorize the condition into a variety of different degrees of severity. This is since the degree of severity of the condition can have a considerable bearing on the treatment options that are available. This is because the intensity of the condition can vary quite a little from patient to patient, which is part of the reason for this phenomenon. In addition to this, it is of the highest essential to ascertain whether these medical specialists can categorize the condition into a variety of different degrees of severity. This is since the degree of severity of the ailment may have a significant bearing on the numerous treatment options that are open to the patient and that are available to them. This is because the severity of the condition can vary quite a bit from one patient to the next, which is one of the factors that contributes to the occurrence of this phenomenon. The reason for this is since the severity of the condition can vary quite a bit. To put it another way, the degree to which an individual is affected by the illness might vary quite a little from person to person. This is because the severity of the condition can play a role in the occurrence of this phenomenon.

  This is since the severity of the condition can play a role in the occurrence of this phenomenon. In addition to this, it is of the utmost importance to determine whether these medical specialists can view the ailment as progressing through stages. This can be done by asking them whether they can see the progression of the illness. To accomplish this, you can inquire as to whether they are able to observe the development of the disease in the patient. To achieve this goal, you should question as to whether they are able to watch the progression of the condition in the patient. To accomplish this objective, you need to inquire as to whether they can monitor the patient's condition as it worsens over time. For you to achieve this goal, you will need to question as to

whether or not they are able to monitor the patient's status even as it deteriorates over the course of time. If you want to be successful in reaching this objective, you will need to investigate whether they are able to continue monitoring the patient's condition even if it worsens over the course of time. If you want to be successful in reaching this goal, you will need to investigate whether they are able to continue monitoring the patient's condition even if it deteriorates over the course of time. This is necessary if you want to be successful in reaching this goal. This is since various manifestations of the disease can be observed at various points along the course of the illness, and the phases reflect these changes as they take place. Moreover, the disease can manifest in a variety of ways at various points along the course of the illness. The fact that different phases reflect different manifestations of the disease is the reason for this. Each phase corresponds to a different stage of the disease. This occurrence of that phenomenon can be traced back to that component in its entirety.

CHAPTER 2.0 LITERATURE REVIEW

There are a total of six criteria that need to be met in order for a person to be given a diagnosis of a personality disorder in accordance with the DSM-5. This is necessary before a person can be given a diagnosis of a personality disorder. A brief description of each of the six different classes is as follows: A considerable and ongoing departure, both in terms of the beliefs and actions of a person, from the standards that are usually recognized within one's society as being the standard for that society. This pattern needs to be explored in at least two different situations, such as an individual's mental and emotional states, an individual's ability to regulate impulses, and interpersonal relationships, among other issues. The pattern that is currently prevalent will not in any way shift because of the fact that it will continue to exist in the foreseeable future. The person may experience considerable distress or a loss of function in social, occupational, or other contexts because of the pattern. Because of how things have been going, this might be the case.

This has been a pattern that has persisted for a considerable amount of time, and it most likely started when the person was a young adult or when they were in the waning years of their teenage years. It has been determined that the pattern cannot be explained by any other form of mental illness that has been studied. This cyclical pattern is exclusive to drug use and does not in any way correspond to any other health condition or symptom that is physically apparent. Use of illicit drugs is the only element that can account for this pattern.   According to an alternative model for personality disorders, to diagnose a person with a personality disorder, it is necessary for that person to display symptoms of dysfunction in both the interpersonal and self-care domains. This is the prerequisite for making a diagnosis of a personality disorder. For a person to be diagnosed with a personality disorder, they must exhibit certain characteristics. (APA, 2013)

Examples of self-functioning include having an identity and the freedom to chart the own course, whereas examples of interpersonal functioning include being close to others and showing empathy. If a patient is to be diagnosed with ASPD, he or she must meet four APA-established criteria. Each of the four prerequisites has been assigned a letter, A to D, as shown below: The person must be at least 18 years old, show signs of

disrespect and violation of others' rights by the age of 15, be diagnosed with conduct disorder before the age of 15, and not exhibit antisocial behavior during episodes of schizophrenia or bipolar disorder. An interesting aspect of the ASPD diagnostic criteria is that they give greater weight to the patient's own objective descriptions of the disorder than to the patient's own subjective explanations of the disorder. This suggests that observing antisocial behavior may be significantly more important than carefully assessing cognitive-based personality traits in the diagnosis of ASPD. A persistent absence of emotion and an inability to develop appropriate emotional relationships with other people are the primary characteristics that differentiate patients with psychopathy from attention deficit hyperactivity disorder (ASPD). (Lynam & Vachon, 2012)

On the other hand, the existence of antisocial and criminal behavior is the most important factor to consider when making a diagnosis of ASPD. Although some individuals may fit the diagnostic criteria for ASPD, it is possible that they do not demonstrate the lack of empathy that is characteristic of psychopaths. The alternate perspective, which contends that a person can exhibit some of a psychopath's emotional features without committing any severe crimes, is another viewpoint that a lot of people take into consideration. The presence of three different psychopathic characteristics as well as the presence of the four primary ASPD characteristics of antagonism, which include lying, manipulating, being hostile, and having no heart. A low level of anxiety and a strong necessity for attention are some examples of these traits. The DSM-V is characterized by a lack of social anxiety and an ostensibly confident manner, and these characteristics can be utilized to cover less commendable characteristics (Few et al., 2014).

Because of this, it is not unreasonable to think of ASPD as a type of psychopathy or the evolutionary progeny of this trait. Only 15–25% of inmates meet the criteria for psychopathy, whereas 75% meet the criteria for ASPD. This makes it abundantly evident that psychopathy is really an extreme version of ASPD (Newman, 2012).

To fulfil the antisocial behavioral profile of ASPD, the psychopath will typically lack the capacity to experience fear or anxiety, be incapable of forming close relationships, and be highly impulsive or willing to take risks. All of these characteristics are necessary for the psychopath to exhibit antisocial behavior. Psychologists argue that ASPD and psychopath sufferers seek out intense stimulation or impulsivity to fill a gap

within themselves and "feel alive." These disorders are characterized by a patient's extreme lack of emotional and cognitive activation. Both diagnoses are centered on the patient, even though the two frameworks are slightly different. Those with high levels of both interpersonal-affective and disinhibited behavioral traits (sometimes called antisocial conduct) showed less emotional responsiveness to emotional stimuli than those with lower levels of both sets of attributes. (Kyrnen & Liu, 2019).

This finding may support the idea that most psychopathic people have difficulty managing their feelings and recognizing potential dangers. Even though psychopathy includes emotional, interpersonal, and antisocial abnormalities. The ASPD diagnostic criteria concentrate major emphasis on antisocial behaviors. Many people with ASPD, like the DSM, put more emphasis on the disorder's behavioral symptoms than on its social and emotional ones (Riser & Koser, 2013).

2.1   ASPD and Five Factor Model

Antisocial Personality Disorder (ASPD) is a personality disorder characterized by a pervasive disregard for and violation of the rights of others. The Five Factor Model (FFM) is a widely used model of personality that posits five broad dimensions of personality: extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience. Research has examined the relationship between ASPD and the FFM, with a focus on how ASPD is related to these five dimensions of personality.

Antisocial Personality Disorder (ASPD) is characterized by a pervasive pattern of disregard for and violation of the rights of others, as well as a lack of empathy and remorse. The Five Factor Model (FFM) is a framework for understanding personality that consists of five broad dimensions: openness, conscientiousness, extraversion, agreeableness, and neuroticism. The relationship between ASPD and the FFM has been explored in numerous studies. (American Psychiatric Association, 2013).

One study found that individuals with ASPD tend to score low on agreeableness and conscientiousness and high on neuroticism, while their scores on openness and extraversion vary widely. The study found that individuals with ASPD scored significantly lower on agreeableness and conscientiousness than individuals without the disorder, and that these differences remained even after controlling for substance use disorders (Widiger, & Leukefeld, 2001).

Samuel and Widiger (2006) found that individuals with ASPD scored significantly higher on measures of individuals without the disorder. Overall, the relationship between ASPD and the FFM is complex, with different studies highlighting different dimensions of personality that may be relevant to the disorder. However, most research suggests that individuals with ASPD tend to score low on agreeableness and conscientiousness and high on neuroticism.

The five-factor model is typically used as the starting point for profiling an individual's unique traits. It classifies people into five groups based on their levels of openness, conscientiousness, extraversion, agreeableness, and neuroticism. Our primary objective in this study is to establish whether there is a connection between levels of agreeableness and the presence of antisocial personality disorder (ASPD). It seems that many of the traits associated with FFM are covered by or accounted for by the DSM-5 ASPD criteria. (Krueger, 1999).

Lynam and Vachon (2013) explored the diagnostic criteria that were incorporated into the DSM-5 construct considered a total of FFM characteristics. After conducting additional inquiries, they uncovered evidence that ultimately led them to the following conclusions, which are as follows: There are a variety of unfavorable traits that need to be addressed, including hostility, impulsivity, a craving for excitement, indirectness, a lack of compassion, a lack of tenderness, a lack of obligation, and a lack of reflection. All of these are problems that call for consideration and answers to be found. These are some of the problematic traits that call for prompt attention and control in order to be fixed, and they should be avoided wherever possible.

Lack of trust, lack of compassion, lack of obedience, and lack of self-discipline are not included as diagnostic criteria for mental diseases in the DSM-5. The diagnostic process for all personality disorders is based on this concept. This framework provides an additional method for determining the ASPD, which is that it can also be utilized in the process. This is what is meant by the phrase "can also be utilized in the process." Problems relating to mental health will still exist even if this strategy is utilized as part of a larger plan to uncover them as part of an overall attempt to improve mental health awareness. (Widiger, & Leukefeld, 2001).

On the other hand, attention deficit hyperactivity disorder is not associated with any of the other personality disorders. However, schizotypal disorder, which may be linked to social paranoia, is not associated with these symptoms in any way. The condition that is now commonly referred to as "attention deficit hyperactivity disorder" (or simply "ADHD") is characterized by the phrase "attention deficit hyperactivity disorder," which is also used to refer to the illness itself. "ADHD" is an abbreviation for "attention deficit hyperactivity disorder," which describes the condition (Lynam & Vachon, 2012).

All PD diagnoses necessitate an individual's inability to self-function and empathize, which is reflected in the ASPD criteria as well as the DSM-5 alternative criteria. Independent functioning is impossible for people with ASPD without personal goals for happiness and prosaically rules for controlling behavior. A lack of empathy exists when one does not care about the suffering of others or when one does not feel remorse for having caused that suffering (Lynam & Vachon, 2012).

The connection between agreeableness and higher ASPD trait scores using correlation analyses. Because they care about the feelings of others and take pleasure in seeing them smile, people who consider themselves to be agreeable tend to be more selfless. Faith, sincerity, altruism, conformity, modesty, and a docile mind are all components of FFM agreeableness. (Waters et al., 2019).

The goal of the research is to find out whether or not individuals who engage in antisocial conduct also report high levels of ASPD. They discovered that the incidence of ASPD was much higher in men as compared to women. Because the outcome agrees with findings from earlier studies, it was to be anticipated that this would be the case. The overall population is affected with Asperger's syndrome and similar disorders between 1% and 3% of the time. Moreover, 10% to 30% of clinical populations are impacted by this condition. As a result, it is reasonable to draw the conclusion that the ASPD model takes into consideration all of the complexities that are associated with PD problems. (Chun, A., et al 2016).

2.2   Gender and ASPD

Gender and Antisocial Personality Disorder (ASPD) have been studied extensively in the field of psychology. ASPD is a personality disorder characterized by

a pattern of disregard for others' rights and feelings, impulsivity, and a lack of remorse or guilt. Gender differences have been found in the prevalence and manifestation of ASPD. The study found that men are more likely to be diagnosed with ASPD than women. However, other research has suggested that women may be underdiagnosed due to gender bias in the diagnostic criteria for ASPD. Women with ASPD may be more likely to exhibit covert forms of aggression and manipulation, whereas men may display more overt aggression and violence (Vitacco et al., 2017).

Another study found that women with ASPD were more likely to have experienced childhood abuse and neglect and were more likely to have co-occurring mental health issues such as anxiety and depression. Men with ASPD were more likely to have a history of criminal behavior and substance abuse. Overall, research suggests that gender plays a role in the manifestation and diagnosis of ASPD. More research is needed to understand the specific ways in which gender influences the development and expression of ASPD. (Wiesner & Silbereisen, 2003).

Male with ASPD are more disposed to participate in criminal or violent behavior, studies reveal that women with ASPD are more likely to engage in nonviolent but socially damaging behaviors like skipping work or school. These results go counter to the widespread belief that men with ASPD are prone to antisocial and maybe criminal behavior. Studies have shown that women with ASPD are more likely to engage in behaviors that are not violent but have negative consequences for their interpersonal relationships. That's probably because men with antisocial inclinations have a lower tolerance for stress. (Shorey & Stuart, 2018).

Using the standard male ASPD profile in a therapeutic setting can lead to false positives because the typical female ASPD profile does not include violent behavior. Due to what appears to be a lack of aggression in the profile, the woman with ASPD may be able to create an emotional connection, come across as sincere, and mask her penchant for lying and manipulating. This finding is significant because it suggests that the DSM-5's ASPD diagnostic criteria, which are centered entirely on affect and interpersonal functioning, may not be adequate to make a diagnosis in some cases. The final conclusion seems to be that the stereotypical aggressive, antisocial male patient may become more apparent when violent inclinations become more visible among male patients. (Alegria et al., 2013).

On the other hand, emotional expression may provide temporary cover for the typical ASPD female. Women are more prone to be impulsive and lack planning skills, whereas men are more likely to be violent, impatient, and unconcerned with the safety of others. Variations in ASPD symptoms support the idea that men are more prone to be extroverted and interested in trying new things. One could expect a more aggressive ASPD profile in the normal man. Yet, it seems that, as has always been the case, there are a few core traits that are common to both sexes. Women, on the other hand, tend to make rapid decisions, whereas men are more likely to resort to violence while still looking for emotional satisfaction. Individuals with ASPD are more likely to act on impulse and be curious about novel experiences. This is because those who have ASPD tend to share many characteristics. When men experience a sudden need for stimulation, they may act more aggressively than women. (Alegria et al., 2013).

2.3   Personality and GPA

Personality is a better predictor of academic and professional success than intelligence and cognitive ability, even when these factors are considered. The strongest correlation between the FFM and GPA was found to exist between diligence, academic success, and GPA. Additionally, high school grades demonstrate the value of diligence in achieving academic success. But it appears that a desire to succeed academically in college is the best indicator. When examining the relationships between high school and college GPA and FFM personality traits, it was found that the conscientiousness aspects of diligence (r. 24), prudence (r. 21), and perfectionism (r. 19) were significantly linked to GPA. This was the case when looking at both high school and college GPA. There was a statistically significant correlation between talent (r = 19), the drive to achieve one's goals (r = 19), and self-control (r = 15).

These data sets illustrate the connection between a person's level of responsibility and excitement about their potential future employment and their likelihood of succeeding academically. It would appear from the findings that aspects of conscientiousness perform much better than any other personality attributes when it comes to their capacity to predict college grade point average. If we have this knowledge, we should be able to accurately predict that the individual will have a high college GPA, regardless of how their other personality traits present themselves in their life. An example of this

would be a person whose agreeableness is low tending to favor a confrontational worldview, which is consistent with ASPD. (Noftle & Robins, 2007).

Richardson, Abraham and Bond (2012) found that personality traits such as conscientiousness, emotional stability, and openness to experience were positively correlated with academic achievement. Specifically, they found that students who scored higher in these traits tended to have higher GPA. There have been numerous studies examining the relationship between personality and GPA, with mixed findings. Some studies have found a positive correlation between personality traits and academic achievement, while others have found no significant relationship.

Another study conducted by Poropat (2009) found a similar positive relationship between conscientiousness and academic achievement. In addition, found that other personality traits, such as agreeableness, openness, and neuroticism, were not significantly related to academic achievement. However, other studies have found no significant relationship between personality and GPA. Overall, while there may be some positive correlation between personality traits and academic achievement, the relationship is relatively small and other factors, such as study habits and intelligence, may play a larger role in determining academic success.

2.4   Social Aggression, ASPD & Psychopathy

Liu (2018) explained that social aggression is a behavior that intends to cause harm or injury to another person's reputation, social status, or relationships. It includes spreading rumors, making derogatory comments, manipulating others, and other forms of hostile behavior. Social aggression is commonly observed in individuals with antisocial personality disorder (ASPD) and psychopathy. ASPD is a mental health condition characterized by a pattern of disregard for the rights of others, impulsivity, and lack of empathy. Psychopathy is a more severe form of ASPD that involves additional features such as manipulativeness, superficial charm, and a grandiose sense of self-worth. Research has shown that individuals with ASPD and psychopathy are more likely to engage in social aggression than those without these conditions. Individuals with psychopathy scored higher on measures of social aggression than individuals without psychopathy. Similarly, found that individuals with ASPD had higher levels of social aggression than individuals without ASPD.

There are several theories about why individuals with ASPD and psychopathy are more likely to engage in social aggression. One theory suggests that these individuals have a reduced capacity for empathy and are less able to understand how their behavior affects others. Another theory suggests that individuals with ASPD and psychopathy are motivated by a desire for power, control, and dominance over others. (Burt & Donnellon, 2009).

When you interact with other people in a way that is harmful to them, you are committing social aggression. Some actions that fall under this category include telling lies, cutting individuals out of your life, and snatching pals. Both overt and covert manifestations of this behavior are subject to the same rules. The theory was developed to explain why people with ASPD behave in such a way. This is demonstrated by the persistent use of overt or covert social aggression to harm others in a social context, even when doing so means putting the target's emotional well-being last. This can take the form of physical aggression, verbal aggression, or a combination of the two. Individuals who have high levels of both affective and interpersonal psychopathy don't want to have close connections and will only have ones that are superficial and to their advantage It is interesting to note that a diagnosis of conduct disorder or ASPD has a strong correlation with high scores on the antisocial portion of the psychopathy screening device (PSD) and the psychopathy checklist revised. This is something that should be taken into consideration. (Van Nostrand, 2019).

Social aggression is more strongly correlated with psychopathy's affective and interpersonal traits. This hypothesis posits that ASD social aggression is more strongly correlated with psychopathy than it is with antisocial personality disorder. To put it another way, it is reasonable to suppose that psychopathic patients regularly go through substantial emotional suffering, as this is an indication of both overt and covert forms of social aggressiveness. However, research suggests that one of the symptoms of ASPD is social aggression. It would be fascinating to investigate whether social aggression in people who suffer from ASPD is more comparable to psychopathy, which is a mental condition that causes changes in a person's feelings and thoughts. This is the case because antisocial personality disorder (ASPD) social aggressiveness requires the offender to be heartless, callous, and unconcerned with the victim. (Manion, & Marrison, 2011).

In conclusion, social aggression is a behavior commonly observed in individuals with ASPD and psychopathy. Research has shown that these individuals are more likely to engage in social aggression than those without these conditions. Understanding the underlying causes of social aggression in individuals with ASPD and psychopathy can help develop effective interventions to reduce this harmful behavior.

2.5 Antisocial Attitudes and Beliefs

Antisocial refers to a set of beliefs and attitudes that motivates individuals to engage in antisocial behavior. These notions are evaluated according to how they make the individual feel, how socially acceptable they are, and how likely they are to result in antisocial behavior. Disruptive or dangerous actions are examples of antisocial behavior (Berger, 2018).

Antisocial attitudes and beliefs refer to a set of negative beliefs and attitudes that individuals may hold about themselves, others, and the world around them. These beliefs are often associated with antisocial behavior, such as aggression, criminality, and substance abuse. The following is a brief overview of some of the literature on antisocial attitudes and beliefs: Cognitive-behavioral therapy (CBT) has been found to be effective in reducing antisocial attitudes and beliefs. CBT aims to help individuals identify and challenge their negative thought patterns and beliefs, and to replace them with more positive and adaptive ones. Social learning theory suggests that individuals acquire antisocial attitudes and beliefs through observation and imitation of others who engage in antisocial behavior. This theory has been supported by research showing that exposure to antisocial models, such as violent media or deviant peers, is associated with the development of antisocial attitudes and behavior. The concept of "moral disengagement" has been proposed as a framework for understanding how individuals can justify and rationalize their antisocial behavior. Moral disengagement involves a process of dehumanizing the victims of one's actions, minimizing the harm caused, and shifting responsibility for the behavior onto external factors. The General Strain Theory posits that individuals who experience strain, such as poverty or victimization, may develop antisocial attitudes and behaviors to cope with their circumstances. This theory suggests that addressing the underlying sources of strain, such as through economic or social policies, may help to reduce antisocial behavior. (Gleason et al., 2019).

Research has also found that certain personality traits, such as impulsivity and low empathy, are associated with antisocial attitudes and behavior. Interventions that target these personality traits, such as mindfulness-based interventions or emotion regulation training, may be effective in reducing antisocial behavior. Overall, the literature suggests that antisocial attitudes and beliefs are complex and multifaceted, and may be influenced by a variety of individual, social, and environmental factors. Interventions that address these factors holistically, through approaches such as CBT, social learning theory, and addressing sources of strain, may be most effective in reducing antisocial behavior. (Morizot & Kazemian, 2014).

As a result, many behaviors that are uncomfortable and unconventional are labelled as anti-social. This is known as "offending behavior," which is also known as "criminal behavior" for adults and "delinquent behavior" for teenagers. Extensive research on the mindsets and actions of antisocial people led to the initial classification of antisocial behavior as a separate personality disorder. According to the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, people with antisocial personality disorder struggle with a wide range of psychological and interpersonal functioning difficulties. Epidemiological research is a well-developed subfield of clinical research in correctional facilities, and studies of the incidence of psychopathological diagnostic clusters in prison populations have been undertaken as part of this. The findings of these studies instantly modify the conceptual framework we developed. There are far too many people with antisocial personality disorder in prison. (Faulkner et al., 2017).

2.6. Measuring anti-social beliefs and attitudes in adults

Anti-social beliefs and attitudes are beliefs and attitudes that are harmful to society and its members. These beliefs and attitudes can lead to aggression, violence, and criminal behavior. Measuring anti-social beliefs and attitudes in adults is important for understanding the factors that contribute to criminal behavior and developing effective interventions to reduce it. One commonly used measure of anti-social beliefs and attitudes is the Attitudes Toward Violence Scale (ATVS). The ATVS measures attitudes toward violence and includes items such as "It is sometimes necessary to use violence to get what you want" and "I would use violence if someone tried to harm me or my family." (Riggs et al., 2017).

The Psychopathy Checklist-Revised (PCL-R) is another measure used to assess anti-social beliefs and attitudes in adults. The PCL-R measures psychopathy, which is characterized by a lack of empathy, remorse, and impulsivity. The PCL-R has been found to be reliable and valid in numerous studies. Overall, these measures provide important insights into anti-social beliefs and attitudes in adults and can help inform interventions to reduce criminal behavior (Neumann et al., 2017).

Many factors, including epistemological stances, academic disciplines, and theoretical frameworks for determining meaning, play a part in shaping the nature of a given field of study. The same holds true when it comes to learning the truth about harmful ideas and attitudes in the community and acting on that knowledge to improve people's lives. Beck's cognitive model is a psychology theory that explicitly links mental processes like thinking and reasoning (beliefs) to behavioral and emotional outcomes. Your contribution to the study of cognitive psychology is immense. It was employed in an earnest attempt to standardize the evaluation of antisocial attitudes, and it achieved its goal admirably. When asked who initially proposed the concept of cognitive therapy in 1979, it was Beck who got the credit. That he did it while experiencing depression is evidence of the power of the mind over body (Beck, 1979).

Cognitive behavioral therapy (1991) was evolved as the paradigm received widespread and sustained support. Since this approach has gained traction throughout time, cognitive behavioral therapy (CBT) has emerged as a viable therapeutic option. This inspired the development of cognitive behavioral therapy. (McCarthy & Stewart, 1998).

Neutralization is an attempt to provide an explanation for criminal behavior, hence this subscale seeks to measure this process. Tolerance for law breaking is the name of one of the subscales used to assess neutralization. Many studies have used earlier versions of the measure on a wide range of populations, including as probationers, provincial offenders, juvenile offenders, forensic inmates, and college students. (Andrews & Wormith, 1984).

2.7 Measuring Anti-Social Beliefs and Attitudes in Childhood and Adolescents

Research has been done on the beliefs and attitudes of antisocial people in the age ranges of older children and teenagers. The only exceptions to this are a few scattered

references to the use of the Criminal Sentiments Scale in samples of antisocial individuals in these age groups. Given the high rates of antisocial behavior that were seen in these age ranges, this conclusion comes as a particularly big surprise. This comes as a great surprise considering how widespread antisocial behavior is among people of these ages. When researching a group that is so different from the one that is being researched, it is not the instrument that would be most suited to use a scale that has been established, verified, and is mostly used for examining adult criminals'-social beliefs and attitudes in childhood and adolescence can have a significant impact on behavioral and social outcomes in later life. Therefore, measuring these beliefs and attitudes is crucial for identifying at-risk individuals and designing effective interventions. The following are some commonly used measures of anti-social beliefs and attitudes in childhood and adolescence. (Simourd & Ven 1999).

2.7.1. The Antisocial Attitudes and Values Scale (AAVS)

The AAVS is a self-report measure that assesses attitudes and values related to aggression, criminal behavior, and deviance in adolescents aged 12-18 years, the scale consists of 20 items, with responses ranging from strongly agree to strongly disagree. Higher scores indicate a greater endorsement of antisocial attitudes and values. (Emler, Renwick, & Malone, 1983).

2.7.2. The Child Behavior Checklist (CBCL)

The CBCL is a widely used parent-reported measure of child behavior and emotional problems in children aged 6-18 years. The CBCL includes a subscale for aggressive behavior, which assesses behaviors such as fighting, bullying, and threatening others. Higher scores on this subscale indicate more frequent and severe aggressive behaviors. (Achenbach & Rescorla, 2001).

2.7.3. The Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a multi-informant measure of child behavior and emotional problems in children aged 4-16 years. The SDQ includes a subscale for conduct problems, which assesses behaviors such as lying, stealing, and disobedience. Higher scores on this subscale indicate a greater frequency and severity of conduct problems. (Goodman, 1997).

2.7.4. The Youth Self-Report (YSR)

The YSR is a self-report measure of emotional and behavioral problems in adolescents aged 11-18 years. The YSR includes a subscale for aggressive behavior, which assesses behaviors such as fighting, bullying, and threatening others. Higher scores on this subscale indicate more frequent and severe aggressive behaviors. In conclusion, measuring anti-social beliefs and attitudes in childhood and adolescence is essential for identifying individuals at risk of negative social and behavioral outcomes. The above measures are commonly used to assess these beliefs and attitudes and can aid in the development of targeted interventions. (Achenbach & Rescorla, 2001).

2.8. Social Theories of Behavioral Prediction based on Beliefs and Attitudes

Academic enthusiasm: rather, they shifted the focus of social psychology towards developing a deeper comprehension of the contexts in which attitudes and beliefs might adequately explain the results of people's actions. Extensive research into the connection between attitude and conduct led to research into potential moderating and mediating factors in this relationship, which in turn led to the development of two well-established theories that offered a more in-depth explanation of the attitude-behavior link. Thus, researchers have also investigated what might act as a moderator or mediator of the relationship between attitudes and actions. There are various social theories that attempt to explain and predict human behavior based on beliefs and attitudes. The following are some of the most prominent social theories of behavioral prediction (Montano & Kasprzyk, 2015).

2.8.1. Theory of Planned Behavior (TPB)

This theory posits that behavior is primarily determined by an individual's intentions, which are shaped by three factors: attitude toward the behavior, subjective norms (i.e., the perceived social pressure to perform or not perform the behavior), and perceived behavioral control (i.e., the extent to which an individual believes they have control over performing the behavior). TPB has been widely used in predicting health behaviors such as exercise, diet, and smoking cessation (Ajzen, 1991).

2.8.2. Health Belief Model (HBM)

This model is based on the premise that people's health behaviors are influenced by their perceptions of the severity and susceptibility of a health problem, perceived

benefits, and barriers of adopting a certain behavior, and cues to action (i.e., external triggers that prompt a behavior change). HBM has been applied to various health behaviors such as vaccination uptake, cancer screening, and condom use (Rosenstock, Strecher, & Becker, 1988).

2.8.3. Social Cognitive Theory (SCT)

This theory emphasizes the role of observational learning, self-efficacy (i.e., belief in one's ability to perform a behavior), and outcome expectations (i.e., belief in the likely outcomes of a behavior) in shaping behavior. SCT has been used to explain and predict a wide range of behaviors, including physical activity, drug use, and safe driving (Bandura, 1986).

2.8.4. Cognitive Dissonance Theory (CDT):

This theory suggests that people experience discomfort or dissonance when their beliefs, attitudes, or behaviors are inconsistent with each other. As a result, individuals are motivated to reduce this dissonance by changing their beliefs or behaviors. CDT has been applied to various domains, including persuasion, attitude change, and decision-making (Festinger, 1957).

2.9 Theories of Reactive and Instrumental Antisocial Behavior in Adolescent

Research on the study of antisocial behavior has, to the best of our knowledge, not explicitly utilized any social theories that try to predict behavior. This is the case despite the significant amount of research that has been put into these hypotheses. In spite of this, there have been attempts made to explain the antisocial behaviors of adolescents in terms of the ways in which they ingest social information. The focus of these justifications is on the way young people consume various forms of media and other types of social information. They have concentrated their efforts on the many different engagement avenues available via social media. (Fontaine, 2007).

There are two main theoretical perspectives on antisocial behavior in adolescence: reactive and instrumental. These theories suggest different underlying motivations for engaging in such behaviors. The reactive theory suggests that individuals engage in antisocial behavior as a reaction to their environment, often in response to stressors such as poverty, abuse, or neglect. According to this theory, individuals who engage in reactive aggression are more impulsive and have a harder time regulating their

emotions, leading them to lash out in response to perceived threats. On the other hand, the instrumental theory suggests that individuals engage in antisocial behavior as a means to an end, often to achieve a specific goal such as obtaining material possessions or gaining social status. This theory suggests that individuals who engage in instrumental aggression are more calculating and deliberate in their actions and may use aggressive behavior as a tool to manipulate others to achieve their goals. Both theories have received empirical support, and it is likely that a combination of both reactive and instrumental factors contribute to antisocial behavior in adolescence. (Becker, 1988).

2.9.1 Social Information Processing Model

Crick and Dodge (1996) developed and tested the model once more, this time in relation to both proactive (instrumental) and reactive (hostile) kinds of aggression. The emphasis this time around was on assertive types of hostility. With this iteration, the model's development and testing were complete. The authors showed that children who engaged in proactive aggression tended to view aggression and its effects favorably rather than negatively. They also showed that children who were reactively aggressive tended to show a hostility bias towards social cues. One of the study's more intriguing findings was this. The authors used two alternative strategies to highlight this idea. First, they were able to demonstrate that young children who reacted violently to social cues tended to exhibit a hostile bias towards those cues. This was demonstrated by the finding that kids with reactive aggressiveness were more likely to have a negative bias towards social norms.

The Social Information Processing (SIP), model with the goal of explaining how children and adolescents develop antisocial inclinations and behaviors. The model predicts that adolescents who engage in reactive violence are more likely to detect threats in ambiguous cues. The use of aggression as a justified response to perceived hostility in the environment would therefore result from this. The discovery was described using many words, one of which was "hostile attribution bias." (Neumann et al., 2017).

CHAPTER 3.0 RESEARCH METHODOLOGHY

3.1 Introduction

This study will evaluate the construct of antisocial personalities as it relates to the information age, we live in. I made use of the entirety of the procedure in addition to my own personal experience gained from the wider world. This allowed me to arrive at results that I felt confident putting my faith in. This chapter delves deeply into several topics, including the paradigm, the technique, the sample, the sampling method, the process of collecting data, determining what the data mean, and analyzing the data. Among the other topics covered in this chapter are: The interpretation of the data is discussed here as well. These examples help to clarify not only the connections between the open-ended questions and the study's goals, but also the process of data collection, analysis, and interpretation that will be carried out afterward. This will be accomplished using the following:

According to Leedy and Ormrod (2013) a researcher's methodology is their all-encompassing game plan for carrying out operations such as data collection, data analysis, and sample selection. Without following the methods outlined in this research manual, none of the research may be conducted, maintained, or evaluated. The plan was carried out so that it could be of assistance in resolving the most significant issues relating to the research in order to arrive at the conclusion that was intended to be the result of the investigation. This was done so that the investigation could be concluded successfully.

3.2 Research Paradigm

The period that is the focus of this investigation is referred to by the label "Positivism." Paradigm. One way to think of the research paradigm is as the adhesive that binds together several robust concepts. Many people think that the books that Guba and Linken (1994) wrote the most significant works in the field of paradigm, and they attribute this belief to the fact. Scientists typically make use of the term "paradigm" when they are addressing the fundamental notions about the world that serve as a framework for their research. Those who are well-versed in the subject matter and those who take pleasure in reading will find the book "Paradigm" to be quite enjoyable. When talking about the most important ideas and theories that are widely accepted in

academic circles, the word "paradigm" comes up a lot in conversations. A research paradigm is built around four distinct philosophical foundations: ontology, epistemology, methodology, and axiology. The overarching objective of a research paradigm is referred to as axiology. According to Kivunja and Kuyini (2017) it is extremely important for researchers to demonstrate that they have a strong knowledge of the research paradigm. So, researchers are at liberty to adopt any methodology that, in their professional judgments, will result in the most beneficial conclusions.

3.3 Nature of the Study

The study is based on quantitative method of research known as descriptive research since its primary focus is on the current state of the issue.

3.4 Quantitative Research Design

In this study, a quantitative approach was taken to investigate the construct of antisocial personalities as it relates to the information age, we live in. A survey was used to collect the necessary data for the investigation, even though providing descriptive information was the primary objective of this study.

3.5 Population of the Study

According to Silverman, (2010) "population" refers to the individuals to whom the study's objectives pertain and upon whom the researcher intends to apply the study's findings. This is the population that the study's results are intended to help. When the study is complete, the researcher will use the results on this same group of people. When the study's data collection is complete, the researcher will utilize the collected information to assess the same group of persons who took part in the study. The phrase "target population" describes the group of people who are expected to contribute most to the success of the study.

3.6 Sample of the Study

Silverman (2010) explained the term population, according to his definition, is a sample taken from a larger group that is referred to as a population. The needs for the study have been outlined in detail, and the collection of all of the resources that are going to be necessary for the investigation has already taken place.

The fundamental aspect of this inquiry is a contrast between the results of two quantitative samples taken from the same population. The initial group of participants are the students of Bachelor and Masters. These participants came from three universities.

3.7   Sampling Technique

Because it is difficult to obtain information from the entire population, sampling is the only method that can be used to select the truly representative sample and collect information and data. This is because it is the only method that can be used to collect information and data. This is because it is the only technique that can be utilized for the purpose of gathering information and data. This is because sampling makes it feasible to gain the most accurate image possible of the population in question (Fraenkel and Wallen, 2003).

Because of this challenge, the procedure of sampling is the one and only method that can be used to get around this obstacle. There is no other approach that can do it. This is because sampling is the only method that can be used to choose a genuine sample that is representative of the whole. As a result, this is why sampling is so important. As a result of this, simple random sampling is the only approach that can be utilized to select an actual sample that is representative of the entire amount. The technique of sampling is the one and only way that can be utilized to go around this challenge because it is the only method that can circumvent this hurdle. There is no other approach that can be taken.

3.8   Instrument of the Study

Doing surveys with the people whose thoughts and feelings you are interested in is, according to Cohen, Manion, and Marrison (2011), the most effective approach for getting information about the thoughts and feelings of individuals in a condensed amount of time in a timely manner. The reason for this is that those who take part in the survey are given the option to respond whenever it is most suitable for them to do so based on their own schedules. Throughout the entirety of this investigation, data was gathered by means of questionnaires that were developed with college students and the experiences that are unique to them in mind. This ensured that the data collected was as accurate and relevant as possible. The data collection process consisted of using these

questionnaires. The questionnaire has two sections. The names, genders, and names of the educational institutions that the respondents had attended are listed in the first section of the report. This section also includes the first part of the report. Also, some background information about the people who replied to the poll is included in this section. You should start your reading of the report with the very first part of the document that you have been given to access this section of the study. You may go to it by clicking on this link right here. Each of these three groups can serve as a springboard for an investigation into the subsequent three portions, which have a combined total of 15 statements.

3.9 Ethical Consideration of the Study

Arifin (2018) reveal that the breadth of the study makes the inclusion of an ethical component an even more urgent necessity than it was already. This is in comparison to the fact that the inclusion of such a component was already a necessity. When researchers conduct studies on volunteers to obtain accurate data, the ethical concern assumes a much greater weight than it otherwise would have had. This is because volunteers are more likely to be honest about their experiences. This is because people who give their time are more willing to speak openly about their experiences. This is because individuals who volunteer their time are more likely to be open and honest when discussing their past experiences. This is because people who give their time are more inclined to be forthright and honest when talking about their previous experiences.

In this investigation, the researchers focused on a particular set of characteristics and gathered both quantitative and qualitative data to fulfil the requirements of the study. In addition, the researchers took into consideration the fact that the study was conducted in a foreign country. In addition to this, the researchers took into consideration the location of the research, which was carried out in the United Kingdom. The researchers also took into consideration the fact that the investigation was conducted out in a country other than the United States of America. The researchers also considered the fact that the investigation was carried out in a nation that was not the same as the one in which they maintained their primary place of residence.

3.10   Pilot Study

Beck, and Hungler, (2001) "A test run of a smaller version in order to prepare for the larger research. Before beginning the in-depth analysis, a pilot experiment was conducted as a preliminary test. In the initial phase of the pilot project, a questionnaire was used to collect data for further analysis.

According to Baker (1994), the number of people who participated in a pilot study can be considered valid, and a pilot study's sample size should be between 10 and 20 percent of the sample size for the actual study. For a pilot study, Baker recommends using 10–20% of the final sample size. Moreover, Baker suggests allocating 10% - 20% of the whole study's population to a "pilot" study. Baker also recommends having between 10 and 20 percent of the primary research's subjects take part in the pilot trial. All told, twenty students filled out questionnaires as part of the pilot study's early phase. As a direct result of their feedback, the questionnaire's structure has been adjusted to make it appear more organized, as well as shorter and easier to read. These alterations were made to provide a more user-friendly experience for those filling out the questionnaire. Modifications were done to improve the overall user experience. The questionnaire was simplified to make it more accessible to a wider audience.

Investigations into the surveys were started to ascertain the reliability of the survey results. The reliability of the questionnaire was calculated using Cronbach's coefficient, and the calculated findings are shown here. This coefficient was developed to evaluate the consistency and trustworthiness of the responses. A Cronbach's alpha of 0.828 was selected as adequate for capturing all the primary data. All our deliberation has led us to this conclusion.

3.11   Data Collection

The significance of the data was collected and analyzed by the researcher   through the surveys to gather the necessary information. The collection of information from students who are enrolled and the target of an inquiry that will be sent to those students along with an invitation to take part in an online poll that has been prepared using Google Sheets. It is critical for students to have access to the connection to Google Sheets, and this can be accomplished by utilizing a variety of social media platforms.

3.12   Data Analysis

Calculating percentages is one of the steps involved in the process of analyzing data, but it is also necessary to make use of statistical software such as SPSS. These two activities are both essential parts of the whole picture that needs to be painted. "Data analysis" is defined as "the practice of getting to understand from data in order to solve research difficulties," according to Webster's. The term "data analysis" is defined by Merriam-Webster as "the practice of gaining understanding from data in order to address research challenges." The technique is referred to as "the practice of acquiring insight from data in order to overcome research challenges," which is also how it is explained. Since it was the most up-to-date version of SPSS that could be accessed at the time, version 24.0 of SPSS was utilized to do the analysis of the data obtained from the quantitative research study. Researchers can obtain answers to important research questions by utilizing descriptive statistics (mean, standard deviation, frequency, and percentage), as well as by understanding how to evaluate quantitative data. These two factors combined allow researchers to obtain answers to important research questions. These two components are inseparable from the whole.

CHAPTER 4.0 DATA ANALYSIS AND INTERPRETATION

This chapter is the next step in the research process, and it is responsible for presenting, analyzing, defining, and interpreting the data that was gathered from the mixed-method research in an organized manner. Additionally, this chapter is responsible for presenting the findings of the research. The method that is used to collect and analyze the data aims to present the information in a format that is both understandable and capable of being interpreted. This is done with the intention of locating patterns and correlations that are pertinent to the aim of the study.

4.1 Statistical Analysis

The quantitative information that was gathered from the replies of students to surveys served as the major source of support for the later statistical analysis that was carried out. The subsequent statistical analysis used this information as its starting point so that it could better understand the data. With the assistance of a questionnaire that made use of a Likert scale that included five points each, the viewpoints of the students regarding the routines that are followed by educational institutions and instances of plagiarism were investigated and analyzed. This scale was utilized to determine the degree to which respondents agreed or disagreed with each statement. We were able to carry out the analysis of the data with the assistance of (SPSS Ver. 24.0). The findings themselves are presented and discussed in this section, as well as a table that provides a summary of the findings that can be found lower down below this paragraph.

Table 4.1

Table 1 Gender

Variables			centage
Gender	Male	110	55%
	Female	90	45%

The table 4.1 shows that 45% male and 55% participated in the study.
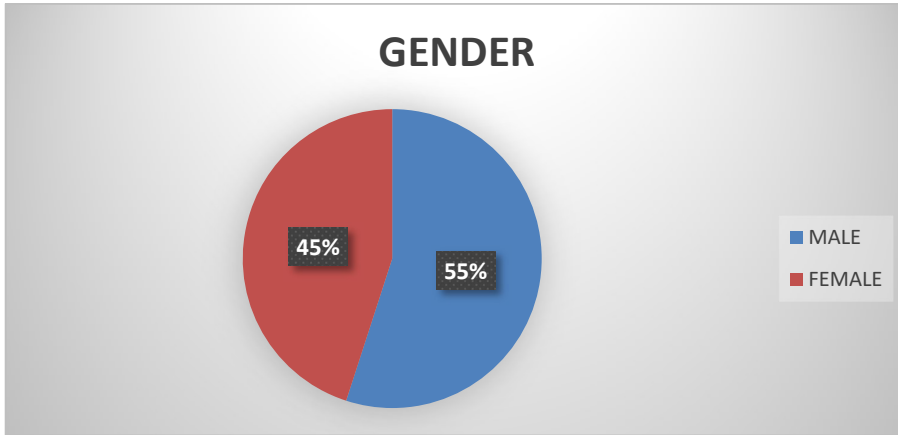
Table 4.2

Table 2 Qualification

Demographic Variables	Level	Frequency	Percentage
Qualification	M.A	110	55%
	Bachelors	90	45%
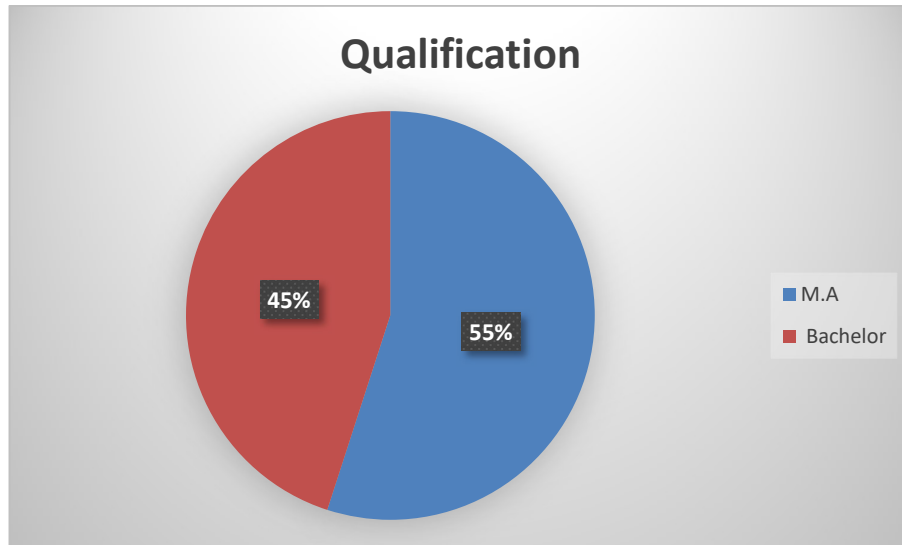
The table 4.2 shows that 45% of Masters and 55%   of Bachelors program holders
Participated in the study.

Table 4.3

Table 3 Socio –Economic

Demographic Variables	Level	Frequency	Percentage
Socio –Economic Status	Low	55	27%
	Medium	110	55%
	High	35	18%

The table 4.3 shows that 27% of low, 55%medium and 55% participants respectively
having socio economic status participated in the study   .
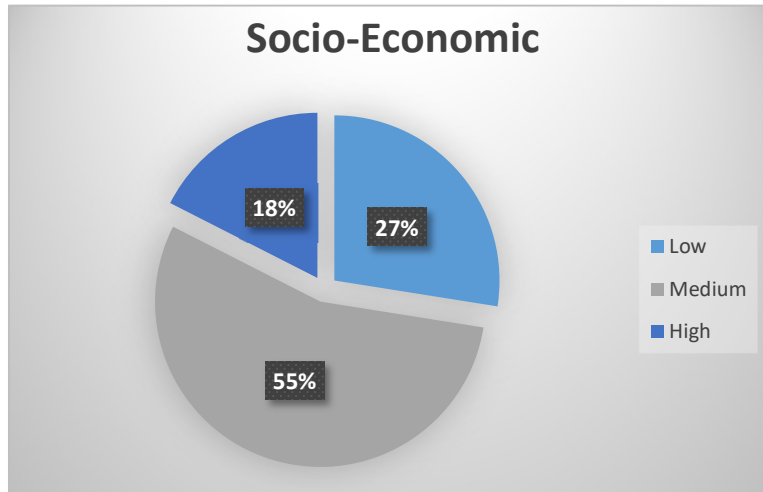
Table 4.4

Table 4 Percentage of Statement 1

	Statement	F(Frequency)	SA %	A %	UN %	D %	SD %
1S	I feel difficult to manage temper in problems.	**200**	42	21	19	8	10

The table 4.4 shows that the statement no 1 "I feel difficult to manage temper in problems." In which 42% participants strongly agreed. 10% participants disagreed and 19% participants have no perception regarding this statement. It means they have difficult to manage temper in their social problems.

Table 4.5

Table 5 Percentage of Statement 2

	Statement	F(Frequency)	SA %	A %	UN %	D %	SD %
2S	When I broke things in the store and blame others.	200	37	18	22	14	9

The table 4.5 shows that the statement no 1 "When I broke things in the store and blame others." In which 37% participants strongly agreed. 9% participants disagreed and 22% participants have no perception regarding this statement. It means they blame others when broke things in the store.

Table 4.6

Table 6 Percentage of Statement 3

	Statement	F(Frequency)	SA %	A %	UN %	D %	SD %
3S	I get angry but never tried to tease anyone.	200	51	17	16	9	7

The table 4.6 shows that the statement no 3 "I get angry but never tried to tease anyone." In which 51% participants strongly agreed. 7% participants disagreed and 16% participants have no perception regarding this statement. It means that they never hurts in angry situation.

Table 4.7

Table 7 Percentage of Statement 4

	Statement	F(Frequency)	SA %	A %	UN %	D %	SD %
4S	I always make fun about other persons on their back.	**200**	22	63	6	3	6

The table 4.7 shows that the statement no 4 "I always make fun about other persons on their back. In which 22% participants strongly agreed. 6% participants disagreed and 6% participants have no perception regarding this statement. It means that they make fun about others.

Table 4.8

Table 8 Percentage of Statement 5

	Statement	F(Frequency)	SA %	A %	UN %	D %	SD %
5S	I leave the house for a long time without informing the family.	**200**	67	11	9	2	11

The table 4.8 shows that the statement no 5 "I leave the house for a long time without informing the family." In which 67% participants strongly agreed. 11% participants disagreed and 9% participants have no perception regarding this statement. It means that they without informing the family leave the house for long time.

Table 4.9

Table 9 Percentage of Statement 6

	Statement	F(Frequency)	SA %	A %	UN %	D %	SD %
6S	I argue with friends and resolve it with physical fight.	**200**	22	39	16	11	12

The table 4.9 shows that the statement no 6 "I argue with friends and resolve it with physical fight." In which 22% participants strongly agreed. 11% participants disagreed and 16% participants have no perception regarding this statement. It means that they resolve issue through fight.

Table 4.10

Table 10 Percentage of Statement 7

	Statement	F(Frequency)	SA %	A %	UN %	D %	SD %
7S	I suspended from school due to aggressive behavior.	**200**	59	18	8	12	3

The table 4.10 shows that the statement no 7 "I suspended from school due to aggressive behavior." In which 59% participants strongly agreed. 3% participants disagreed and 8% participants have no perception regarding this statement. It means that they suspended from school due to antisocial behavior.

Table 4.11

Table 11 Percentage of Statement 8

	Statement	F(Frequency)	SA %	A %	UN %	D %	SD %
8S	I cooperate with others work and never put negative comment on their appearance.	**200**	43	18	32	5	2

The table 4.11shows that the statement no 8 "I cooperate with others work and never put negative comment on their appearance." In which 43% participants strongly agreed. 2% participants disagreed and 32% participants have no perception regarding this statement. It means that they not produce negative and believe in cooperative work.

Table 4.12

Table 12 Percentage of Statement 9

	Statement	F(Frequency)	SA %	A %	UN %	D %	SD %
9S	I never include anyone in the activities of group work.	**200**	21	49	16	9	5

The table 4.12 shows that the statement no 9 "I never include anyone in the activities of group work." In which 21% participants strongly agreed. 5% participants disagreed and 16% participants have no perception regarding this statement. It means that they never include others in the activities of group.

Table 4.13

Table 13 Percentage of Statement 10

	Statement	F(Frequency)	SA %	A %	UN %	D %	SD %
10S	I reveal the secrets of others in angry condition.	**200**	28	22	43	1	6

The table 4.13 shows that the statement no 10 "I reveal the secrets of others in angry condition." In which 28% participants strongly agreed. 1% participants disagreed and 43% participants have no perception regarding this statement. It means that they reveal the secrets in the angry condition

5.0   SUMMARY, FINDINGS, CONCLUSION and RECOMMENDATIONS

The whole research report was the main idea behind the chapter. After summarizing the key findings to answer the research questions, combining the data, and judging the findings based on other related literature, the chapter ends with ideas for more research.

5.1   SUMMARY

The fundamental objective of the research was to analyze and provide an answer to the question, "How does the concept of antisocial personalities link with the digital age in which we live?" They were able to take part in the investigation because two hundred college students who are currently enrolled in programs leading to bachelor's degrees or master's degrees volunteered to take part in the investigation. These students are currently enrolled in programs that lead to bachelor's degrees or master's degrees. The individuals who made up the cohort were comprised of the student population, which included all of the people who had registered for one or more of the programs.

This population included all of the people who made up the cohort. The researchers relied on the data that the students themselves had provided for the quantitative portion of the investigation by way of the questionnaires that they had independently filled out. This was done so that the researchers could get an accurate picture of the students' experiences. This was done in order to provide the researchers with an accurate picture of the experiences that the pupils had. These questionnaires were distributed to the students to be filled out and returned. The questionnaire was divided into two parts, and each of those parts was assigned a number in the range of one to two. The overall score for the questionnaire was three. The questionnaire received an overall score of three points.

A questionnaire was distributed to the students in order to facilitate the quantitative component of the research, and it was anticipated that the students would complete out and return the questionnaire. Because the researchers were interested in the respondents' perspectives, they provided them with a questionnaire that they requested them to complete out and then return. In order to carry out an analysis of the data, the most recent version of SPSS, which at the time of writing is 24.0, was utilized. This allowed for the analysis to be carried out. When doing the data analysis and coming up

with a solution to the study topic, we relied heavily on descriptive statistics. The frequency as well as the percentages are included in these data. Because of a number of factors, including the following statistics, we were able to:

5.2 FINDINGS OF THE STUDY

The main conclusions of the study, based on the data, are:

1. According to Table 4.1, 55% of the people who took part were women and 45% were men.

2. Table 4.1 shows that 45% of the people in the study had a Master's degree and that 55% had a Bachelor's degree.

3. Table 4.3 shows that 27% of the people in the study were from low-income families, 55% were from middle-income families, and 55% were from high-income families.

4. The first statement says that it's hard for me to keep my temper in check when I'm stressed. 42% of the people who responded said they agreed a lot. 10% of the people polled agreed with the statement, while 19% weren't sure. This shows that people have a hard time controlling their feelings in social situations.

5. "When I break things in the store and blame other people," says the second comment. When asked, 37% of the people asked said they completely agreed. Only 9% of the people who took part agreed with this comment, and 22% had nothing to say. It means that if something breaks in the store, they blame someone else.

6. "I get angry, but I've never tried to make fun of someone," says the next accusation. 51% of the people who replied said they agreed a lot. Only 7% of the people who took part agreed with this comment, and 16% had nothing to say. That means they never get hurt when they are mad.

7. "I spend a lot of time away from home without telling my family." 67 percent of the people asked agreed very much. 11% of the people who were asked disagreed with this statement, and 9% weren't sure. That means they haven't been in touch with their family for a long time.

8. "When I fight with a friend, I use violence to settle it," writes the fifth person. When asked, 22% of the people asked said they completely agreed. 11% of the people asked didn't agree with this statement, and 16% weren't sure. In other words, people fight to find solutions to their problems.

9. Sixth sentence: "I was mean, so I was kicked out of school." 59% of the people who replied said they agreed a lot. Only 3% of the people polled agreed with the statement, while 8% weren't sure. It means that they were kicked out of school for being bad.

10. The seventh declaration says, "I help other people with their work and never say anything bad about how it looks." 43% of the people who replied said they agreed a lot. Only 2% of the people who were asked agreed, and 32% didn't know. It shows that they don't make anything bad and that they like working together.

11. "I never ask anyone to do group work with me," says statement number 8. 21% of the people asked said that they completely agreed. Only 5% of the people surveyed agreed with the statement, and 16% weren't sure. This means that they never do anything with a group of other people.

12. "When I'm upset, I tell other people's secrets," says number 10. When people were asked, 28% of them said they totally agreed. Only 1% of the people polled didn't agree with this statement, and 43% didn't have an opinion. That is, they tell the secrets when they are made.

5.3   CONCLUSION

The construct of antisocial personalities is a complex and multifaceted concept that has evolved over time. In the information age we live in, advances in technology have provided new avenues for individuals with antisocial tendencies to engage in harmful behaviors, such as cyberbullying, online harassment, and identity theft. While the internet has provided new challenges for law enforcement and mental health professionals to identify and treat individuals with antisocial personalities, it has also provided new tools to track and prevent such behavior. For example, social media companies can use algorithms to detect and remove harmful content, and law enforcement can use digital forensic techniques to track down cybercriminals.

However, it is important to recognize that not all individuals with antisocial tendencies will engage in harmful behaviors online, and not all harmful online behaviors are committed by individuals with antisocial personalities. Additionally, the online world is not a separate entity from the physical world, and individuals with antisocial personalities can and do engage in harmful behaviors in both spaces. Overall, the construct of antisocial personalities as it relates to the information age we live in is complex and requires a multifaceted approach that includes education, prevention, identification, and treatment. It is important for individuals, organizations, and governments to work together to address the challenges posed by the intersection of technology and antisocial behavior.

The primary findings of the research have been discovered when the data were analyzed in order to make sense of them. In this section, we will discuss the findings and how they connect to the information that has been presented thus far. The findings of the study also make it clear that individuals engage in behaviors that are detrimental to society. The research done in the past has shown that psychopathy is not as widespread as other personality traits, such as a lack of empathy or a sense of guilt. People who have psychopathy are self-absorbed, they act rashly, and they either can't or won't give up a dominant position.

This distinguishes psychopathy from antisocial personality disorder, or ASPD (Patrick, Venables & Drislane, 2013). The purpose of the study appears to be to determine whether or not individuals who have a high level of ASPD also engage in

behaviors that are detrimental to society. They came to the conclusion that ASPD was significantly more prevalent in men than in women. According to the findings of the study, the aspects of their personalities that are most significant are how they behave when they are being aggressive and when they are working together. When a greater proportion of male patients exhibit violent tendencies, the archetypal aggressive and antisocial male patient may become more noticeable. On the other side, a typical girl with ASPD may utilize displaying emotions as a short-term cover for their disorder. The study was able to confirm some fascinating linkages between the socially aggressive ASPD features that are found in women, which is both the last and the least important finding. Because it demonstrated that there is a correlation between women scoring higher than males on socially aggressive traits, this section of his research was the most crucial aspect of his overall investigation.

5.4   RECOMMENDATIONS

The third piece of guidance that is provided in the report is for the field of psychology to conduct additional research into the connection between neuroticism and APSD. This is the third piece of guidance that is provided in the report.

On the other hand, the results of further research into the connection between neuroticism and ASPD will either corroborate or disprove the predictions that were made regarding the "entire" population. To phrase this another way, the response to the question of whether or not there is sufficient statistical proof could have an effect on the future capacity we have to comprehend the idea.

The report recommends that the field of psychology should conduct additional research into the connection between neuroticism and ASPD. This is a crucial step in understanding the relationship between these two constructs, and it could potentially have significant implications for the diagnosis and treatment of individuals with ASPD.

The report suggests that the results of further research could either support or disprove the predictions that were made regarding the entire population. This means that the findings of this research could have a significant impact on our understanding of ASPD, and could potentially lead to changes in how the disorder is diagnosed and treated.

Furthermore, the report suggests that the findings of this research could have broader implications for our understanding of neuroticism and its relationship with other personality disorders. By better understanding the relationship between neuroticism and ASPD, we may also gain a deeper understanding of the underlying mechanisms that contribute to the development of personality disorders more generally.

Overall, the guidance provided in the report underscores the importance of continued research into the connection between neuroticism and ASPD. By conducting further studies in this area, we may be able to gain new insights into the nature of personality disorders, and ultimately develop more effective treatments for individuals with these conditions.

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