

Self-Reflected Developmental Antecedents of Antisocial Personality Disorder: A Case Study

Sakshi Patidar^{1*}, Dr. Garima Singh², Dr. Maha Bhushan Singh³,
Abhishek Singh⁴

ABSTRACT

Background- People with Antisocial Personality Disorder (ASPD) Shares the outstanding specific characteristics of their tendency to persistently disregard and violate the rights of others, through a combination of deceitful, aggressive, and asocial actions. Further when it adds with the co-morbidity of alcohol use disorder, the personality triggers the consumption of alcohol increasing the severity level and leading to the restrictions during the treatment course. The present study focuses on the study of the reflected antecedents to the development of the antisocial personality disorder of the case under study with the co-morbidity of alcohol used disorder. **Methods-** The present study uses a sample of 52 years old male as a case study, where he's been diagnosed with antisocial personality disorder and alcohol use disorder by the psychiatrist, the methodology used here as Qualitative research method, a case study method, where sampling has purposive sampling method, and also a tool the PID- 5 the test for personality disorder for DSM- 5 is used, and further narrative analysis is used for data analysis, **Result** –This study is based on the qualitative research methodology and does not include any statistical measures. The results shows the personality traits that came out through the narrative analysis of the case as being largely dishonesty, lack of guilt, impulsivity perversity, hostility and aggressiveness, manipulateness and threat-taking actions. **Conclusion-** The result and discussion shows that the studied case shows the traits of dishonesty, lack of guilt, impulsivity perversity, hostility and aggressiveness, manipulateness and threat- taking actions, further when under the influence of alcohol worsen the traits even to a greater severity.

Keywords: *Qualitative Research Methodology, Case Study, Antisocial Personality Disorder, Alcohol Use Disorder*

Antisocial Personality Disorder

Individual with antisocial personality disorder (ASPD) continually violate and show casualness for the rights of others through deceitful, aggressive, or asocial behavior, generally without guilt or fidelity to anyone. They tend to be impulsive, perverse, and

^{1,4} PGDRP, M.A Clinical Psychology Barkatullah University, Bhopal, M.P.

²Assistant Professor, Department of Psychology Shri Guru Ram Rai University Dehradun, Uttarakhand

³Assistant Professor, Ram Krishna college of Homeopathy and Medical Science RKDF University, Bhopal

*Corresponding Author

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Self-Reflected Developmental Antecedents of Antisocial Personality Disorder: A Case Study

aggressive and to show a pattern of generally reckless behavior. This pattern of behavior must have been being since the age of 15, and before age 15 the person must have had symptoms of conduct complaint, a analogous complaint being in children and youthful adolescents who show patient patterns of aggression toward people or animals, destruction of property, deceitfulness or theft, and serious violation of rules at home or in school.

Diagnostic Criteria - According to DSM- 5 301.7(F 60.2)

- A. A pervasive pattern of disregard for and violation of the rights of others, being since age 15 times, as indicated by three (or further) of the following
 - 1) Failure to conform to social morals with respect to legal actions, as indicated by constantly performing acts that are grounds for arrest.
 - 2) Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for particular profit or pleasure.
 - 3) Impulsivity or failure to plan ahead.
 - 4) Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
 - 5) Reckless casualness for safety of to self or others.
 - 6) Consistent irresponsibility, as indicated by repeated failure to sustain harmonious work behavior or recognize financial obligations.
 - 7) Lack of guilt, as indicated by being indifferent to or attributing having hurt, manhandled, or stolen from another.
- B. The individual is at least age 18 years.
- C. There's substantiation of conduct complaint with onset before age 15 times.
- D. The circumstance of antisocial behavior is not simply during the course of schizophrenia or bipolar complaint.

Another study by *J., Ladera, V., Perea, V., et.al (2015)*. Verbal Functions in Psychopathy. In International journal of offender therapy and relative criminology, the aim of this study was to compare the verbal functions and language skills of manly psychopathic individuals (in prison and outside) with on-psychopaths. The results showed that the verbal functions and language skills between psychopaths and non-psychopaths are veritably analogous, showing a common profile. The data presented indicate the need for further specific work opportunities for both groups within the corrective setting, with the use of applicable language and personalized programs as necessary.

Another study by *Hackett, S. S., & Aaffes- van Doorn, K. (2019)*, Psychodynamic art psychotherapy for the treatment of aggression in an individual with antisocial personality disorder in a secure forensic hospital a single- case design study. They probe the responses to psychodynamic art psychotherapy from a man who had a diagnosis of asocial personality disorder and ongoing aggressive behavior in a secure care setting. The intervention was 19 sessions of psychodynamic art psychotherapy lasting up to 1 hour per week. This study uses a single- case design with pretreatment, treatment, and post treatment follow- up assessment of symptoms using multiple methods reported by the therapist, other staff members, and the case. The patient showed a clinically significant reduction pre – post and pre – follow- up in symptoms. Behavioral observations indicated a reduction of overt aggression and risk-related incidents. Comparison of the Core Conflictual Relationship Theme pre – post treatment indicated positive changes in interpersonal schemas.

Self-Reflected Developmental Antecedents of Antisocial Personality Disorder: A Case Study

Susmita Pandey, Ingeborg Bolstad, et.al, (2021), in their work *Antisocial Personality Disorder among Patients in Treatment for Alcohol Use Disorder (AUD) Characteristics and Predictors of Early Relapse or Drop- Out, Substance Abuse and Rehabilitation*, studied Patients with alcohol use disorders (AUD) vary significantly in numerous clinically important characteristics making them a heterogeneous group. Thus, aimed to probe the characteristics of AUD in patients with Comorbid ASPD and identify predictors of early relapse or treatment drop- out in these patients. It concludes that AUD patients with ASPD had different clinical characteristics to other AUD patients and they had specific predictors of early relapse or drop- out. Our findings indicate that the early relapse or drop- out among AUD patients with ASPD may be attributed to environmental and conceivably natural vulnerability.

METHODS

A Qualitative study involving a case study method approach (the Intrinsic study approach); to explore the self reflected Antecedents to the development of antisocial personality disorder. The sampling method used here non-probability(purposive sampling method), where the inclusion criteria includes a male(middle adulthood) age of 52 years, with antisocial personality disorder co morbidity with alcohol use disorder, as diagnosed by a psychiatrist, with the presence of diabetes and fatty liver condition, With no presence of other mental condition and any disability, no history of any divorce or remarriage or separation, no condition of mental illness in parents or their marital failure, and patient's willingness and concern to participate in the study. The data was collected using semi-structured interview, and face- to- face, and individual case taking from the patient and family members. Individual interview taken from the patient involving several sessions of 45 minutes durations. The interview Sessions involves self reflection and insight working for the patient to reflect upon, for case history taking a case history and MSE format is applied.

Further a PID- 5 tools the personality Inventory for DSM- 5 adult form is used by the researcher to assess the personality of the patient. Interview sessions were conducted with the patient and total 12 sessions were conducted to get the in-depth and applicable information and to maintain the reliability of the given information three other interviewers have also taken the interview and there was consistency and transparency in the information. The interview was successfully conducted by taking the proper consent with the patient and the family in the registered Psychiatric Hospital and Rehabilitation center.

The Data is analyzed by narrative analysis method, here the interviews what conducted and recorded in verbatim and analyzed after that. Originally the purpose of the study is identified and the individual is named to enable the researcher to understand the patient's personal and social experiences. To gather data in chronological form and sequence of the events, which will help in creating a picture of the experiences of the individual. Also paraphrasing is done for the patient, thereafter summarizing and concluding the purpose, patient's experiences, and through the application of the tool (PID- 5) to confirm and give the interpretation and conclusion.

To validate the findings, The patient's history is been collaborated with the patient himself and his family members, and further cross validated by the interviewers involved in the study, and further for an external validity the case history is been checked by the researcher holding experiences in qualitative research methodology.

RESULTS

Result- Following is the case presentation of the case where the in-depth history is taken from the case who was admitted with the history of alcohol consumption but when analyzed further has given an history of his personality whom he thought seems to be a driving factors for him all through his life and which affected him during his early and middle developmental periods. The case taken from the patient along with the informants as his mother and his wife.

CASE PRESENTATION

Demographic Details- The Name of the case is Xyz, Age/ Sex is 52 Years/ M. His father's name is Vxx, is post graduate, is unemployed from last 9 years, patient is married, belonging from a middle socio economic class. Is right handed, the source of referral of the patient for the treatment is been persuaded by the family members, his informant is his mother and wife, who hold reliable information regarding him.

CHIEF COMPLAINT-

According to patient: I'm having a problem of severe alcohol consumption, and I'm not able to control it currently that's why my son and wife admitted me here. I'm having problems with sleep and appetite. Every time my mother and my wife used to admit me forcefully and I did not want to be treated, I like to enjoy my drinking habits. Drinking makes my personality more powerful,

According to the informant: he consumes alcohol a lot and is highly stubborn, we're treating him from last 7 years, and had been under rehabilitation for almost 15 and more times, he's very manipulative and is highly aggressive, abusive and violent, has multiple police cases on him, he's fearless and is highly hostile.

History of Present Illness: The onset is insidious, the duration of the illness is from last 30 years, the course is continuous from the last since his adolescence and the presentation is severe. The location of the symptoms shown is home and outdoors and usually the symptoms are present all the time. The precipitating factor for patient's symptoms has been started performing conduct behavior since he's 9- 10 years of age and for alcohol it emerged with adolescence during his school days under peer influence.

PAST ILLNESS HISTORY

- **Medical illness-** patient has fatty liver grade II since last 3- 4 years, he's diabetic, and has cholesterol issues, as verified by the pathological report taken in the hospital where he's admitted during case taking.
- **Psychiatric Illness-** No significant history found.
- **Drug History-** Patient is under the influence of alcohol from last 30 years and is under rehabilitation procedure and has also was being a part of an alcohol anonymous group since 2018, he has nearly went for rehab for 15 times in the current rehabilitation, and was also admitted for 2 times in another where he planned to run with 14 patients taking along, and was been successful there, he's under legal custody matters for that. As informed by the family members and the patient himself.

Family History- Consanguinity is present in parent's relationship. He lives in a nuclear family. His current social situation is good. Head of the family is his mother. Communication pattern and social support system is good in family. Patient's father died at

Self-Reflected Developmental Antecedents of Antisocial Personality Disorder: A Case Study

the age of 66 was being retired from govt. services in agriculture department, his mother is 85 years old, is retired from depute director post from govt. services, Patient has one 6 years elder sister who is married. The patient's relationship with his mother is good, and is very disagreeing with his sister. The patient's father died due to cardiac arrest and his mother has elderly age related physiological issues. There's no history of any psychological or psychoactive substance overuse in Patient's family, his father is an occasional drinker who used to drink in parties.

Personal History-There is no prominent history was been found with the problems in the antenatal and postnatal of the patient's mother and after birth of the patient.

Childhood History- Patient is the last child in the birth order. Not been set up with any febrile illness during childhood, and has normally developed developmental milestones.

BEHAVIORAL AND EMOTIONAL PROBLEMS;

There's a history of destructive, disruptive and conduct behavior of the patient as informed by the patient and his mother which shows by the following events that's explained by the patient are,

Age 7- 11 years- When he was in his second standard he beated a girl who's elder and stronger than him along with his fellow friends with a metal box as she used to bully them, she got hurt so poorly and got 16 stitches on her head.

Patient when was in his teens he has gun fired his sister where they were playing and he says that he was being provoked by his sister, his sister did not Got hurt but it was a very feared Event where he himself got afraid.

Patient mentioned that during his childhood he used to make a group gang and with them, he used to roam in the neighborhood and the neighbor's kids are highly afraid of them.

Age 15- 18 years- Patient mentioned the incident where during school on the occasion of the Dussehra, Ravan is to be burnt by the guest where the patient along with his fellow friend mischievously burnt it, before the school authority does, and later he was being rusticated too.

Another incident that took place when he was 15 years old during school Annual functions, The school authority did not accepted him as school volunteers and he got so revengeful that he has set the backyard school area on fire, as the result it felt on the audience and the entire function got flopped.

When patient was 16 to 18 years old, He had developed the habit of hunting where he used to hunt wild animals including deers and wild rabbits and others.

During his 18 years of age in his farm house there had been thieves who had entered in his house where he caught them and decided to punish them by tiering them with the rope and taking them to the nearby river on boat doing having a hole inside, The patient's intention from that was to set an example by killing them by drowning with the boat, but the thieves survived.

Self-Reflected Developmental Antecedents of Antisocial Personality Disorder: A Case Study

Age 20 years and more- By the age of 20 patient had another incident where he has started considering himself as a professional gangster, where during Dussehra he with his fellow friends open fired during the celebration.

By the age of 20 he himself confronted that people started getting afraid of him and his image got deteriorated and he himself as organized the crime group where they use to make fire arms, explosives and use to threatened people.

During his early adulthood patient had several behavior where he attacked police officer and others.

There was also a major where he planned to kill a person who has been an eye witness against him where he planned a bomb and tried to kill him, as the result the man had lost his both legs and after that he had a half murder case on him.

During his 50s he tried to run from a rehabilitation centre taking 15 peoples along, where he was admitted for 1 month and he successfully completed, but harmed numerous workers and staffs members there, a case is also registered of this and is currently undergoing investigation.

Currently form last 15 years according to him he has been admitted to rehabs form the treatment and management of alcohol use disorder but the patient did not have any insight to get himself relieved form consumptions, rather according to him it is his favourite habit which will end with his death only. He very rigidly consumes alcohol and is largely ambivalent towards medication and treatment.

Educational History: Patient's age at the beginning of formal education was 3 years and his education was finished at the age of 25 years. He's a graduate of B.com and has done diploma in advertising and public relation. And also did diploma in counter terrorism studies. Patient had average performance and has generally conflicting relations with teachers and peers, patient is highly irregular at school and was also been rusticated from school many times.

Occupational History: The patient started working from the age of 28, as advertising job, for MTv and others, and had a change in the jobs, and patient is not working from 2015, due to the organizational working culture he cannot handle the working rule and authority, patient had conflicting relations with superior, peers and subordinators, patient did not had good work record, as it is deteriorated by the excessive consumption of alcohol and due to his personality of not being under anyone's control and authority.

Psychosexual History: The patient's wife confirmed that they did not had healthy sexual life from last 12- 13 years, and it's deteriorated due to the heavy alcohol consumption but according to the patient he's having a normal sexual life, the patient had 2 premarital affairs and he himself confirms of having his extra marital affairs.

Marital History: The patient got married in his late early adulthood, is married from last 18 years, type of marriage is love, and patient marital adjustments seems to be highly unsatisfactory from the wife's side as she's highly distressed with his habits and actions.

Self-Reflected Developmental Antecedents of Antisocial Personality Disorder: A Case Study

Premorbid Personality: Interpersonal relationship shows the patient is largely vigilant and reckless towards his family members, work mates and superiors rarely feels connected with others only when they're obeying him. He's highly extroverted, and outspoken, patient's hobbies include hunting, and partying. The Attitude to self and others the patient is dominating and controlling to others and has a tendency of high self- appreciation towards his abilities, the patient is not religious. And also lacks moral understanding and attitudes as it's been evident from his unlawful acts and behaviors. Patient always assumes to be the most daring and fearless person.

Forensic History: Patient has a history of various legal case proceedings and court cases, with the complaints threatening people, drank and drive, and also a half murder case, and a case of violation of the legal authority procedures and protocol.

Mental Status Examination: The client was a male age 52yrs. Name Xyz, His age was appropriate as his other age mate of his years and has good height and is under weight. Facial expression is pleasant. He was normally dressed and level of cleanliness is adequate, he was fully conscious, was been persuaded to come to the treatment and investigation, maintained eye contact and was cooperative. His speech stream showed flight of ideas. He was coherent and comprehensible and was fully relevant to the topic, patient's mood and affect seems pleasant in the beginning but got agitated later (I'm ok I just want to get discharged soon). The predominant mood of the patient was seemed labile. His mood was appropriate to the situation and congruent to the thought. His stream of thought shows flight of ideas; his form is delusion of grandiose like tendencies. He was conscious, has person, place and time orientation, seems attenuative during the test and as the testing precedes his level of consciousness was maintained. His level of insight is grading .4 Awareness of being sick but due to something unknown in him.

DISCUSSION

Tools

- **The Personality Inventory for DSM- 5(PID- 5- adult):** The test is used to assess and measures at the initial patient interview the personality traits at the clinical diagnosis as mentioned in DSM- 5, developed by American Psychiatric Association.
- **Test's Interpretation:** patient's total score as per the norms of the test shows the personality traits, as Antagonism, and disinhibition, which is been indicated by the traits such as manipulateness, deceitfulness, grandiosity, irresponsibility, impulsivity, and distractibility. Further also shows the traits of callousness, hostility, and risk taking.

Table no.1.1 shows the mean score of the personality traits reflected through the Personality Inventory for DSM- 5(PID- 5- adult) test.

Sno.	Traits	Mean score
1	Antagonism	3
2	Disinhibition	2
3	Manipulativeness	4.4
4	Deceitfulness	3.3
5	Grandiosity	5
6	Impulsivity, and Distractibility	4.6
7	Irresponsibility	4
8	Traits of callousness	5
9	Hostility, and Risk taking	4.1

Self-Reflected Developmental Antecedents of Antisocial Personality Disorder: A Case Study

As indicated by the Table no.1.1 showing the mean score of the personality traits reflected through the Personality Inventory for DSM- 5(PID- 5- adult) test, which classify the following personality traits manipulativeness, deceitfulness, grandiosity, irresponsibility, impulsivity, and distractibility, traits of callousness, hostility, and risk taking.

CONCLUSION

The above case analysis states the self reflected antecedents of the patient's life to the development of his personality traits as where he share all the developmental milestones in the chronological order which concludes the traits similar as fails to conform to social norms with respect to lawful behaviors such as patients has many legal custody cases and had half murder case on him and others. Patient is highly deceitful towards his family members and others, largely impulsive to take decisions and seems highly irritable and aggressive and hostile that seems to get on his nerves easily and very frequently gets into physical fights and others. Performs reckless behaviors similar as his plan to run from a rehabilitation center taking many people along where he made a master plan involving explosive acts. Patient seems largely irresponsible towards friends and family as he never bowed any responsibility towards them, the lack of remorse as been reflected through his stories as he performed acts which are easily on the grounds which are largely damaging for others but case had no guilt feelings for and shows no emotions for the same. His rigidity towards alcohol and stubbornness to not to stop it emerges from his personality as been highly rigidity and seems so much self absorbed with himself. All of these behaviors are from his late childhood during his 10 years of age and further are been still continued. The above research has its strengths as its has a clear practical evidence on the grounds of the personality traits a person with antisocial personality disorder can have, and it'll help the psychiatrist and psychologist, medical practitioners, clinical trainers, for better treatment and management of the individual, study also limits on the basis of the sample size as further can be enhance with the increase in the sample size.

Authors' Contribution

- Conceptualization: Sakshi Patidar and Garima Singh
- Data curation: Sakshi Patidar and Garima Singh
- Formal analysis: Sakshi Patidar and Garima Singh
- Funding acquisition: nil
- Investigation: Garima Singh and Sakshi Patidar
- Methodology: Sakshi Patidar
- Project administration: Maha Bhushan Singh
- Resources: Maha Bhushan Singh and Abhishek Singh
- Software: Abhishek Singh
- Supervision: Garima Singh and Maha Bhushan Singh
- Validation: Garima Singh and Maha Bhushan Singh
- Visualization: Garima Singh and Abhishek Singh
- Writing—original draft: Abhishek Singh and Sakshi Patidar

Ethical Approval

This paper is consisting of an case undergoing rehabilitation and psychiatric management and treatment, has given his consent to participate as a subject and patient's credits are been kept highly confidential, the study is independently done by the authors, hence is been given ethical consent from the hospital under which the patient is belonged. We didn't have any official ethical code to mention, but got an official permission to continue our work with the

patient. Here by all the authors, considered the principles include voluntary participation, informed consent, anonymity, confidentiality, potential for harm, and results confidentiality. The authors independent work is been approved by the hospital authority.

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Self-Reflected Developmental Antecedents of Antisocial Personality Disorder: A Case Study

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Conflict of Interest

The author(s) declared no conflict of interest.

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