An Empirical Case Study on The Influence of Digital Content on Dissocial Personality Disorder

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***Abstract*—This empirical case study examines the effects of digital content on the onset and expression of Dissocial Personality Disorder. Growing access to violent videos, internet gaming, and antisocial digital media, which are largely unregulated, has sparked concern for their effects on the reinforcement of dissocial and psychopathic tendencies. Using the multi-method approach, this study integrates clinical assessments by standardized instruments, including the Young Mania Rating Scale (YMRS), Brief Psychiatric Rating Scale (BPRS), and the International Personality Disorder Examination (IPDE), with psychosocial observations and extensive case analyses. Findings indicate that prolonged exposure to violent and antisocial digital content results in difficulties controlling emotions, diminished capacity for empathy, and altered moral functioning, increasing vulnerability to dissocial and psychopathic tendencies. The study highlights digital engagement as a psychological enhancer increasing dissocial personality features and promoting their ontogenetic propulsion toward psychopathic features, according to neurodevelopmental paradigms. It also features the complex interplay between environmental stimuli and personality pathology. Implications of the case evidence include the likely increased vulnerability of young adults, suggesting this demographic as the most important to monitor and protect. In conclusion, this study highlights the importance of early detection, prevention of psychoeducation, and follow-up interventions customized to eliminate digital risks. It advocates responsible content moderation, increased clinical vigilance, and multidisciplinary interventions to mitigate the psychosocial risks of unlimited digital exposure. Through the integration of case-level analysis and theoretical constructs, the study adds to the emerging understanding of the effects of digital worlds on personality formation and psychopathology.**

***Index Terms*—Dissocial Personality Disorder, Online Content, Psychopathy, Emotion Regulation, Case Study**

I. INTRODUCTION

In today's world of hyperconnectivity, technology has become increasingly accessible and affordable for all socioeconomic classes. The advancement in technology has given easy access to digital content, online gaming, social connectivity, and entertainment; however, the lack of monitoring and regulation over this content has affected the perception of young adults. Individuals are exposed to a wide range of digital stimuli excessively and in an unfiltered manner, which has shown concern over the mental and behavioural health of an individual, such as depression, anxiety, lack of attention, and deluded perception of the world. Furthermore, the same has also been linked to behavioural changes, such as impulsivity, aggression, digital addiction, and a reduction of in-person social interaction. The excessive intake of digital content stimuli leads to dependency on the virtual world for emotional and motivational validation.

Digital content covers the full spectrum of categories, ranging from internet gambling and virtual gaming to social networking sites and entertainment media containing explicit videos. However, prolonged exposure to violent and antisocial digital content can cause emotional regulation deficit, empathic response reduction, and moral reasoning shift, ultimately making individuals more vulnerable to dissocial and psychopathic features. The excess use of digital media

represents a psychological amplifier effect, solidifying dissocial personality features and propelling them toward psychopathic features. Through the use of neurodevelopmental models, it underscores the complex interaction of the environmental stimuli and personality disorder developmental processes.

Gaming Disorder (6C51.1, ICD-11) is defined by a consistent or recurring pattern of behaviour that may occur in both 'online' and 'offline' contexts, which includes diminished control over gaming activities, an escalating prioritization of gaming that supersedes other life interests and daily obligations, as well as the persistence or intensification of gaming despite the manifestation of adverse consequences. The severity of this behavioural pattern leads to considerable impairment in various domains, including personal, familial, educational, occupational, or other significant areas of functioning. These patterns may present as either continuous or episodic and recurrent in nature. For a diagnosis to be made, the gaming behaviour and associated features typically need to be observable for a duration of at least 12 months. Nonetheless, the requisite duration for diagnosis can be abbreviated if all diagnostic criteria are fulfilled and the symptoms are particularly severe.
Throughout the years, interactive digital content has revealed an alarming trend concerning the psychological impact it has upon individuals, which later passes down to the rest of the society. Earlier case studies indicate that the increase in maladaptive behaviours due to the over-interaction of digital content leads to the development of Dissocial Personality Disorder (F60.2, ICD-10), a personality disorder which shows gross disparity between behaviour and the prevailing social norms.

Anti-Social Personality Disorder (301.7, DSM-5) is a steady pattern of disregard for and violation of the rights of others, beginning in early childhood or early adolescence and continuing through adulthood. This behavioural style has been, on occasion, referred to as psychopathy, sociopathy, or dissocial personality disorder. Since lying and manipulation are inherent traits of Anti-Social Personality Disorder, it might be useful to combine observations drawn from systematic clinical assessments with information drawn from collateral informants. People suffering from Anti-Social Personality Disorder are typically devoid of empathy and have callousness, cynicism, and contempt for the sentiments, rights, and sufferings of others. They have an exaggerated and haughty self-evaluation, often featuring excessive opinionated, selfassertion, or arrogance. They are also likely to be impulsive in their plans, and irritable and aggressive, manifested by frequent physical fights or assaults, and deceitfulness, which is distinguished by chronic mendacity, the use of aliases, or manipulating others for personal benefit or pleasure.

II. REVIEW OF LITERATURE

1. H. Berghel: "Social Media, Cognitive Dysfunction, and Social Disruption" 2024- In the paper, "Social Media, Cognitive Dysfunction, and Social Disruption," the author talks about how social media has brought about an existential crisis for society by significantly disturbing communication, behaviour, and social relationships.
2. John D. Haltigan, Tamara M. Pringsheim, Gayathiri Rajkumar: social media as an incubator of personality and behavioural psychopathology: Symptom and disorder authenticity or psychosomatic social contagion (2023)- discusses the role of social media in the formation and dissemination of personality and behavioural disorders. The paper questions the symptoms and disorders observed on the internet are actual psychological disorders or are products of psychosomatic contagion, where the internet facilitates and propagates certain behaviours and characteristics.
3. Kim EJ, Namkoong K, Ku T, Kim SJ: The Relationship Between Online Game Addiction and Aggression, Self-Control and Narcissistic Personality Traits- The inquiry posits that psychological tendencies (particularly high aggressiveness and narcissism, weak self-control) have the predisposition to induce online game addiction among certain individuals. Findings of the study shall be useful for identifying vulnerable populations and contributing towards the development of prevention interventions against online game addiction.
4. Kim D, Nam JK, Keum C (2022): Personality traits of adolescent internet gaming addiction and game type- Both the sum of internet gaming addiction and the respective specific symptoms of tolerance,

withdrawal, and neglect of everyday life were significantly higher for players than for non-players, regardless of game type.
Nevertheless, players of the game type RTS (Real-Time Strategy) and FPS (FirstPerson Shooter) showed particularly elevated values of these symptoms.

5. Maladaptive Personality Functioning and Psychopathological Symptoms Among Problematic Video Game Players: A Person-Centred Investigation, Frontiers in Psychology - This paper examines the correlation between maladaptive personality traits, psychopathological symptoms, preference for game type, and the different modes of video game use among young adults and adolescents. This person-centred study aims to describe the subgroups of video game players and examine the difference in their psychological profile.
6. Orsolya Király, Patrik Koncz, Mark D. Griffiths, Zsolt Demetrovics: Gaming disorder: A summary of its characteristics and aetiology, Comprehensive Psychiatry- The paper gives an extensive description of gaming disorder (GD), highlighting characteristics and causes of the disorder. It stresses the fact that GD arises through the interaction of the three primary factors: gaming-related factors, individual factors, and environmental factors, each of which by itself would be insufficient to yield the disorder. However, whenever all three coexist in certain patterns, they have the ability to give rise to problematic behaviour of game playing which affects personal, family, social, and occupational functioning.
7. Zubair U, Khan MK, Albashari M.: Association of excessive social networking and psychiatric illness. - Excessive use of social networking sites have been strongly correlated with numerous psychiatric disorders, i.e., anxiety, depression, insomnia, and stress. Occurrence of these disorders has been found to be directly correlated to the time spent on social networking sites, the frequency of the sites, and the sites utilized.
8. Sublette, V.A., Mullan, B. Consequences of Play: A Systematic Review of the Effects of Online Gaming. Int J Ment Health Addiction (2012). The review covers the impact of Massively Multiplayer Online Games (MMOGs) on players, reporting that while extreme examples of death through excessive gaming have hit the media headlines, but more frequent negative effects are social isolation, heightened aggressiveness, and undesirable academic and employment outcomes. The review examined sixteen studies and reported significant negative effects were largely experienced by players defined as "addicted" or participating in "problematic game play."
9. Kamal, N. S. Z., & Wok, S. (2020): The Impact of Online Gaming Addiction on Mental Health among IIUM Students - discusses how online gaming addiction has an impact on the aspects of mental health including depression, anxiety, and loneliness among students of the International Islamic University Malaysia (IIUM). There exists a strong positive correlation between online gaming addiction and mental health issues including depression, anxiety, and loneliness. Although both addiction level and mental illness level were low, online gaming addiction was significantly associated with poor mental health results among students of the IIUM.
10. Király O, Urbán R, Griffiths MD, Ágoston C, Nagygyörgy K, Kökönyei G, Demetrovics Z: The Mediating Role of Gaming Motivation between Psychiatric

Symptoms and Problematic Online Gaming:
An Online Survey Psychiatric symptoms play a significant role in problematic online gaming, influencing it both directly and indirectly, predominantly via motives related to escape and competition. The mediation effect of the escape motive appears to be particularly pronounced among female gamers, indicating that they may face an elevated risk when utilizing gaming as a means of evading real-world challenges.

Conversely, recreational gaming that lacks underlying psychiatric symptoms or intense escape or competition motives does not correlate with problematic usage, underscoring that moderate engagement is not inherently detrimental. These findings can guide prevention and intervention strategies by emphasizing the necessity of evaluating psychiatric symptoms and specific gaming motivations when addressing issues of problematic online gaming.

III. METHODOLOGY

The study used clinical interviews, standardized psychiatric assessment tools, and diagnostic criteria from the DSM-5 and ICD-10 to identify the presence of dissocial personality disorder traits in an individual with psychiatric symptoms. The information came from both primary sources (the case study) and secondary sources (research papers and reference books).

Three main assessment tools were used:

1. International Personality Disorder Examination (IPDE)

The IPDE was used as the primary tool for diagnosing Dissocial Personality Disorder, as it is specifically designed to evaluate personality disorders based on ICD-10 and DSM-5 criteria.

2. Young Mania Rating Scale (YMRS)

The YMRS was used to assess manic symptoms that may resemble or coexist with dissocial features, such as impulsivity, grandiosity, and a decreased need for sleep.

3. Brief Psychiatric Rating Scale (BPRS)

The BPRS was used to evaluate the severity of general psychopathology, including symptoms that may overlap or mask dissocial traits, such as hostility, suspiciousness, or emotional withdrawal.

IV. ETHICAL CONSIDERATIONS

All procedures followed ethical guidelines for research involving human subjects. Case analyses evaluated the relationship between general psychopathology (BPRS), manic symptoms (YMRS), and dissocial personality features (IPDE).

Case Presentation:

Patient, MR, a 21-year-old male, from Nuh, Haryana, came in a manic state. Patient was apparently asymptomatic until 5 years ago, until he started playing the 'Free Fire' game during the COVID-19 pandemic.

During the pandemic, the subject became dependent on the game for a sense of self-validation to regulate his anger and frustration, as he had faced neglect in his childhood and was bullied by his peers.

Over time, the informants observed that the subject lost his sense of sympathy and belongingness towards family and society. He showed a firm belief in his religion and shared that he aims to eliminate the "bhagwa" believers, taught by the Maulvi in the mosque of their village. Gradually, he developed the symptoms of sleeplessness, being agitated and an elevated self-esteem ("mein mard mujahid hun, mein kisi ko bhi maar skta hu"). The subject shared an inclination towards his ex-girlfriend and expressed his desire to marry her despite him being married and having a child of 1.5 years old. On questioning the consequences of contacting his ex-girlfriend, the subject said, "mein apni biwi aur bache ko maar dunga aur ex-girlfriend ko lekar aaunga." He also threatened the female clinical interviewer, "agar aap mujhe pasand agye to apko chhodunga nahi."

The informants, the subject's father and brother, reported that the subject was very calm and an introvert by nature but post COVID-19 as he got addicted to digital games, the subject developed a dependence on video games, violent content, is now sleep-deprived and has a high degree of hostility. The subject gets into physical altercations with people, due to which suffered a sprain in the neck. He is stubborn in nature and doesn't calm down unless his desires are fulfilled. When asked about the video games, the subject stated that he was highly motivated by the skills of the characters and that he would like to undergo "commando-style" training to increase his self-confidence and gain the physical capacity to subdue others. He also expressed his wish to be in a position of authority and influence others by running for his village's Sarpanch position.

Observations

The information of the Clinical Interview, the Psychometric tools that were used to assess the mental health of the subject are International Personality Disorder Examination (IPDE), Brief Psychotic Rating Scale (BPRS), and Young Mania Rating Scale (YMRS).

Before treatment

According to the IPDE, the patient showed characteristics of personality traits such as Schizoid, Impulsive, Anankastic, and Histrionic. Consequently, the person was characterized by social isolation, emotional detachment and a limited range of

expression. His behaviour was impulsive, and he acted in a hot-tempered and reckless manner with relatives and friends which resulted in physical altercations. He exhibited attention-seeking behaviour and was emotionally reactive. He firmly believed that he could easily influence others, was absorbed in his own thoughts, and was very stubborn in his way of thinking.

The BPRS score was 57 indicating that the person was experiencing somatic observations of low physical strength and a feeling of emptiness in the chest. He thought he was above everyone else and that he had a unique ability or superpower which made him the leader of others. He showed deep hostility and lack of trust. The individual was irritated, looked for a fight and spoke loudly in a manner that was filled with extreme anger. He could not sit still, his emotions were at a high level, and he was more reactive than usual.

The YMRS score was 53, indicating that the individual was in a state of extreme mania. The person was responsible for major threats in the ward through his/her elevated and inappropriate behaviour, being very angry, and situational hyperactivity.

After the above-mentioned assessments, Bipolar Personality Disorder was diagnosed in the patient. Following the diagnosis, the patient was given mood stabilizing drugs which included lithium carbonate, sodium valproate, and an antipsychotic - aripiprazole.

Treatment Phase

After two weeks of medication, the informants noticed a change in the subject's aggressiveness, physical restlessness, and energy level. The subject also exhibited signs of behavioural improvement, but he still had violent thoughts. The subject claimed to have better control over his anger, but he saw it as a reduction in his energy levels.

After one week, BPRS and YMRS assessments were again performed on the subject to measure his progress. The BPRS score was 40, indicating the improvement of somatic concerns about emptiness in his chest. Still, the person had an exaggerated idea of his worth and one extraordinary ability or superpower that gave him the dominance over others. Although at moderate levels, he still showed hostility and mistrust towards the interviewer. The person was not showing signs of confrontation, and his talking was in a normal tone. However, he was still quite nervous and restless in his demeanour.

The score on the YMRS test was 33 (which was lower than the first test) which indicated acute mania. The person was still making inappropriate jokes, was overactive and inattentive. The subject stated that he had no sleep improvement since he was persistently involved in online gaming.

V. CONCLUSION

The case is about the influence of digital content and violent content on the human mind. Digital content may not be the main factor, but it is a compounding factor that influences the behaviour and personality of an individual. While the origins of the disorder are usually due to early environmental adversity, genetic predisposition and socio-cultural conditioning, the digital environment has now become a major source that not only contributes but also intensifies the existing vulnerabilities. Clinical findings through the International Personality Disorder Examination (IPDE), the Brief Psychiatric Rating Scale (BPRS) and the Young Mania Rating Scale (YMRS) reveal that the emotional regulation of the person deteriorated due to the extended exposure to violent and antisocial digital material.

The subject's clinical course observation points to the fact that violent gaming and extremist online content served as psychological reinforcers. They seemed to confirm the aggressive thoughts, reduced interpersonal sensitivity and increased distorted self-perceptions. Such exposure not only influenced behavioural patterns but also affected the individual's cognitive and emotional frameworks by making hostility and moral disengagement seem normal. Gradually, the reliance on digital content substituted real social validation with virtual affirmation, thereby increasing the emotional disconnection and weakening self-control.

This research led to the realization of the importance of digital media acknowledgment as a psychosocial factor that influences the root causes of and the progression of dissocial traits. The digital influence should not alone be considered as the main cause of the disorder, yet it acts as a strong trigger that deepens the maladaptive tendencies and speeds up the loss of empathy and social responsibility. The incorporation of preventive psychoeducation, clinical awareness and responsible content monitoring is a good measure to lessen the risk of such cases among vulnerable

individuals. Awareness of the psychological burden brought by digital exposure can be of great help to clinicians, educators, and policymakers in crafting more enlightened guidance to protect mental health under the rising trend of virtual lifestyle.

VI. SCOPE OF THE STUDY

This study is an extension of the ongoing discussions about the influence of digital content and online games that can adversely affect the behavioural and psychological aspects of a person, eventually leading to the development of Dissocial Personality Disorder. A case study is cited as a source of evidence regarding the intensification of the escape from reality, emotional instability, and the development of disengagement due to unregulated digital environments, especially those with violent and antisocial content, which affects one's thinking patterns negatively.

This research provides useful cues to practitioners, teachers, and decision-makers and thus facilitates the recognition of media usage as a factor in the personality assessment, treatment planning, and mental health promotion strategies.

Consequently, early interventions can contribute to lessening the effects of digital exposure. Although digital content is regulated to some extent, for example by restricting access to A-rated content over digital platforms including the gaming industry, the need for a detailed code of conduct is there that can regulate violent or sexually explicit content so that it would not be easily accessible to different age groups.

VII. LIMITATIONS

The case study offers a look inside the mind of a person who is psychologically affected by digital content and has dissocial traits. However, the limitations of the study are equally significant to look at. This research revolves around one case study only; thus, the outcomes cannot be generalized to a wider population. Besides, the authors indicate that behavioural and emotional changes could be the result of biological pre-disposition or life experiences as well as socio-cultural factors.

Another limitation is the short span of time that the subject has spared for the treatment and the information given by the family can be biased. This creates a challenge in the assessment. Though clinical assessment instruments were employed, they cannot be considered as a mirror of the progression of personality impairment due to digital interference. Lack of long-term follow-ups also restricts observation to note whether symptoms were temporary or sustained. The current literature on the effects of digital content on personality leaves gaps in understanding the triggers, disorder development, and methodology and treatment.

Improved research in this field should include larger samples, diverse demographic and integrating neurocognitive and behavioural measures. Such a study would provide more in-depth mechanisms through which digital content leads to personality change and, therefore, would facilitate the design of preventive and therapeutic approaches aimed at lessening these psychological risks.

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