



## Neuropsychological features personalities with deviant behavior

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**Article info**

*Tkach, B. (2018). Neuropsychological features personalities with deviant behavior. Fundamental and applied researches in practice of leading scientific schools, 27 (3), 201-206*

Received 16.03.2018

Accepted 29.06.2018

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In article presents the casual structure of deviant behavior, created on the basis of complex and systematic neuropsychological research. Neuropsychological research is proposed to be carried out together with Eye tracking and EEG, to eliminate the subjectivity element in interpreting diagnostic results. Three components of the symptom-complex of the mental stage of deviation are formed. It is shown that the primary symptom complex is represented by minimal disruption of the functioning in anterior part of brain: the orbitofrontal cortex part prefrontal cortex; dorsolateral prefrontal cortex; anterior cingulate cortex; ventromedial prefrontal cortex. It is established that the secondary symptom complex is due to the finding of an individual under the influence naive realism, the dominance of heuristic thinking and the inability to use expert thinking in everyday life; by a subzero communicative competence; disadaptation from inability in time to see the alternative ways of decision of problem. It is shown that the tertiary symptom complex - it, actually, an addiction - by a pathological homeostasis. It is set that a choice of form of addictive behavior is not a stochastic process, and depends on a social origin, valued-normative standards, material possibilities and the information environment. It was found that the normal functional state of the hippocampus is hedonistic motivation, and with weakened - attracted motivation.

*Key words: deviant behavior; neuropsychological diagnostics; personality neuroscience; symptom complex; cerebral dysfunction; motivation; highly emotional sphere.*

### Introduction

Deviant behavior is behavior that deviates from the values-normative standards accepted in society, was, is and probably will be one of the most pressing problems in elite societies. As dynamism of time, complication of social practice and progress of humanity, constantly change rules and norms in certain society. Globalization and intensification of migration of people intensify the problem of conflict of world views. In addition, digital expansion and robotics fundamentally change the human being's life in the historical, cultural and axiological contexts. In addition, more and more often one has to deal with psychologists with a cultural, civilization pathology. Given this problematic of deviant behavior requires an in-depth neuropsychological study.

### Theoretical foundations of research

If based on the research of Specker, Carlson, Christenson and Marcotte (1995), Bechara et al. (2001), Potenza (2001), Cavedini et al. (2002), Regard, Knoch, Gutling & Landis (2003), Mendelevich (2003), Tkach (2006), Egorov (2006), Andrukh (2011) and others make a simple taxonomy of individual psychological peculiarities that are inherent to individuals with deviant behavior, it is more likely to resemble the questionnaire T. Leary "Diagnosis of interpersonal relationships", rather than "averaged portrait of deviant". It is clear that one person is not able to combine all of these properties in himself, therefore, it makes no sense to create an integral profile of a deviant person based on a combination of non-combinable, as did previous investigators. As Jackson (2015) notes, it will have no practical or scientific value because of the mono-causal principle of its construction.

**Volume 27, Number 3, 2018**

Due to the fact that the structure the deviant substratum of activity in modern society and the elements of subjectivity are not taken into account in the procedure neuropsychological studies, an incorrect interpretation of the current data of neuropsychological diagnosis does not appear. An integral profile of a deviant personality does not allow developing adequate approaches to neuropsychological correction.

### Goal

The purpose article is to study neuropsychological peculiarities of persons with deviant behavior in modern society for constructing a neuropsychological concept of deviant behavior.

### Materials and Methods

For the study, a sample was formed that consisted of 400 people with deviant behavior, with a uniform gender distribution and a uniform age distribution from 18 to 55 years with typical deviations for our society. Methods of research: clinical conversation, collection of anamnestic data and observation; the study of motor and sensory asymmetry due to the methodology of the lateral organization E.D. Khomskaya, I.V. Efimova; general medical examination. The methodological basis of our neuropsychological diagnostics is the theory of systemic dynamic localization of the VFT by L. S. Vygotsky and A.R. Luria. By the central method of research is a syndromic analysis of the violation Higher Mental Functions by diagnosing the state of neuropsychological factors. The formed neuropsychological battery which included selected methods and samples. For the study of stereognosis, tactile and somato-gnostic functions, the following techniques were used: a sample of tactile recognition of objects, a test for excellent tactile sensitivity, contact localization, a DermaLexia test, a muscle-joint feeling, a vibrating feeling, a sense of pressure, a sense of mass. For the research of visual gnosia, a stimulus material was used and the National Geographic web magazine to evaluate the perception of realistic images, colored gnosia, crossed out images, Poppelreiter figures, alphabetic and digital gnosia, unfinished images, bizarre images, disguised figures, integrity and attention switching, test for fluctuations in visual attention, facial gnosia (identification of acquaintances and strangers), emotional gnosia, plot pictures, optic-spatial gnosia (localization objects in space, orientation in real space, recognition of time on a schematic clock, road test drawing of complex figures, a test for the analysis of spatial relations, a method of mental rotation R. Shepard). For the research of auditory gnosia next methodologies were used: perception of domestic and natural noises, recognition of the acquainted melodies, perception and reproducing of rhythms. To research the asymmetry of olfactory gnosia, a ruler and such familiar smells as mustard, vinegar, valerian, lavender, orange, pine needles, peanut oil. For the research of kinesthetic praxis, the following techniques were used: the execution of simple instructions, actions with real objects, actions with imaginary objects, the performance of symbolic actions, the transfer of poses by the kinetic pattern, oral praxis. To research the kinetic (dynamic) praxis, the

following techniques were used: a fist-rib-palm test, a palm-hand, a choice reaction (conflict selection reaction), drawing figures, a graphic test "Fence". For the research of spatial praxis, the Head's test was used, the reproduction is correlated with the position of the hands of both hands, and for the study a constructive definition of praxis: the visual motor test of L. Bender, the copying of voluminous geometric figures by L.I. Vaserman. Neurological tests were also used to study the state of the cerebellum: stairs, maintaining balance, coordinating limb movements. In the neuropsychological study of memory, the following techniques were used: the reproduction of events, the memorization of visual images, the trial of the triplet, the test for associative memory, the semantic memory, the memorization of meaningless words, the memorization of stories. In the neuropsychological research of attention, the following techniques were used: B. Burdon's proofs, John Ridley Stroop "Color-words" test, labyrinths, confused lines, Hugo Munsterberg's test. In the neuropsychological research of speech functions, the following methods / tests were used: understanding of complex logical and grammatical constructions (inflectional relations, introverted constructions, double negation, spatial relations, synonyms, antonyms, homonyms, intonation), reading aloud, reading silent (speed), writing under dictation and independent, account (elementary, automated, serial, triple). In the neuropsychological research of the intellectual processes of functions, the following techniques were used: the third one, the understanding of the plot pictures, the selection of the picture according to the story of the researcher, the understanding of the pictures with the conflicted meaning, the establishment of opposites, the classification of object images, the Raven's Progressive Matrices (RPM), the double stimulation method in L.S. Vygotsky's and L.S. Sakharov's (generalization, abstraction, classification and concept formation). In the neuropsychological research of the formation of concepts, the following methods were used: the definition of concepts, the comparison of concepts, the establishment of relations, the selection of concepts, verbal analogies, the exclusion of superfluous, the search for essential features, associative experiment, limited flow of associations. In the neuropsychological research of discursive thinking, the following methods were used: the continuation of a numerical series, the solution of arithmetic problems, the filling of a mathematical material, the understanding of the conditions of problems, and the solution of the syllogistic problems (T.V. Chernigivskaya, V.L. Deglin). Research of cognitive distortions associated with lack of information, information surplus, lack of meaning, memory features was carried out during a conversation with the use of the journal «National Geographic». In the neuropsychological research of the emotional sphere, the following techniques were used: reaction to failure and character, perception of the emotional tone of the story, perception of the emotional tone of the stories, the method of free associations, the method of studying empathy. A conscientious test (an ethical dilemma with two situations on the railroad track) was also used to study the relationship between cognitive processes and the emotional sphere. As complex methodology was separately used test of drawing of clock. The Rosenzweig Picture Frustration test. Since neuropsychological research is a

reasoning research, other tests and tests were used if necessary (Bizyuk, 2005; Burlachuk, 2006; Maksimenko 2006; Khomskaya, 2008; Luria; 2008; Nikolaenko 2013; Kolb & Whishaw, 2015). To eliminate the subjectivity element in the interpretation of the results of neuropsychological research, biometric instruments were used: the EMOTIV Epoc + mobile neurointerface and the GP3 HD Eye Tracker 150Hz ambulatory infrared oscillography. As well as the corresponding software EmotivPRO, EMOTIV Brain Activity Map, Gazepoint Analisis Tryal v.4.1.0. (Clerc, Bougrain & Lotte, 2016, Duchowski, 2017. This allows you to know where the researcher looks and what he has at that

moment cognitive and emotional indicators, as well as to know in which areas of the brain is active. At the present stage in neuropsychology, the diagnosis of cognitive disorders by excluding alternatives (differential diagnosis) has not lost its relevance in the qualification of symptoms. Using this approach, three components of the symptom-complex of the mental stage of deviation were formed. Based on the cluster analysis, four groups of people with nuclear symptoms were identified, responsible for minimal disruption of the functioning of the anterior part of the brain. Actually, this is the primary symptom complex (see Table No. 1).

Tab. 1

**The prevalence of the primary symptom complex among the study sample**

<i>Syndromes of the functioning the Frontal Lobe</i>	<i>Male</i>	<i>Female</i>
the orbitofrontal cortex (OFC) part prefrontal cortex	53%	41%
dorsolateral prefrontal cortex (DLPFC or DL-PFC)	28%	37%
anterior cingulate cortex (ACC)	10%	10%
ventromedial prefrontal cortex (vmPFC).	9%	12%

**Results & Discussions**

For the first group with manifestations of dysfunction, the orbitofrontal cortex (OFC) part prefrontal cortex was characterized by: infantilism; impulsiveness; emotional lability; hedonistic motivation; moral agnosia; moral apraxia; search activity; risk appetite.

Infantilism looks in this case, as a delay (excalation) or regression to the earliest stages of development. It shows the infantilism of impulsive reactions inherent in children. Very similar to the protective mechanism for anxiety, frustrating effects, intrapersonal conflict. Also characteristic is restlessness (hyperactivity), weakness of willful attitudes and carelessness, talkativeness, naive fantasies. Impulsiveness is manifested by increased cheekiness, hyperactivity, explosiveness, active direct aggression (conflict, rudeness). Over time, aggression acquires an addictive and pathological character. In this category of persons, emotional lability is specific: a fast and frequent low-motivated changeable emotion from neutral to euphoric. This emotional liveliness, so to speak, often makes these people leaders in the group. Lability of attention is also characteristic. Hedonistic motivation is manifested by an irresistible desire to immediately achieve what was conceived. Such impatient persons depend not only on the object, but also on time. Constantly there is a desire for events to be carried out as quickly and often as possible. Impatience, lack of self-control, inability to wait in situations with a lack of structuring of time (for example, a day off) causes frequent conflicts. Moral agnosia arises from the uncritically of thinking, the absence of critical self-esteem and one's own state, and not taking into account the desires of others, and the inability to compare one's actions with the real situation leads to a lack of moral experience, security, frivolity and a tendency to unreasoned and peculiar immoral acts. Often such aims that obviously for them is difficult put before itself. Inability to a complex and long-term relationship, causes a constant search for new sex partners, you can even say "hunting for them." Also characteristic is a living imagination / fantasy, or rather an uncontrolled

imagination, devoid of censorship makes these people interesting, easily overstepped through taboos, rules and norms. Moral apraxia is manifested by the inability to comply with the rules / law, with its knowledge, and is manifested by irresponsibility, delinquency, vulgarity, grumbling and sexual promiscuity.

The search activity (interest), which consists in the constant striving for novelty, as well as sensory hunger (the taste of danger) with hedonistic motivation prompts the search for more and more complex ways of achieving satisfaction with extreme activities, experimenting with new psychoactive substances, sexual deviations are also present the desire for diversity, experimentation and dominance.

For the second group with manifestations of dysfunction dorsolateral prefrontal cortex (DLPFC or DL-PFC), the following characteristics were characteristic: weakness, conformism, suggestibility, imitation, simplicity, naiveté, attention reduced. Weakness was manifested by the inability to actively and purposefully work without external influence, helplessness, lack of independence in making everyday decisions, and also the ease of inclusion in any activity without weighing all the pros and cons. Characterized by disorientation in everyday life, reduced motivating motivation, defenselessness. They do not work for themselves, but for someone, they help to realize other people's dreams, not their own, do not create their own model of the world, but they use the created mythologizers. Almost not apt at an introspection.

Very pronounced conformism in relation to others / society. There is a fear of potential separation, or the fear of being abandoned by a person with whom there is a close relationship. Because of this, there is obsession, passive submissiveness, yielding and refusal of any requirements to others. In addition, obedience is sent yet to shifting off to responsibility for behavior and for a decision in vitally important questions, planning of the future. But it is worth noting, on the dominance of self-centered, rather than altruistic motivation. Therefore, often this conformism, to preserve belonging to the group, is transformed into deceit and servility. Masochism and obedience prevail in sexual

preferences. Because of low criticality and compliance to group influence are very vulnerable to auto-aggression and instrumental aggression to others, without personal motives.

Under suggestibility, as a personality trait, we understand increased sensitivity to psychological influence from the outside with a lack of critical judgment and a lack of desire to resist this influence. They do not think independently, but translate / reproduce the opinions of others under the guise of their own. Everyone is taken for granted, not deeply analyzed. Because of the frivolity among them, many fans, but fanaticism is of a conformal nature, not axiological.

By heredity we mean the ease of assimilation of other people's beliefs, desires, aspirations, assessments, as well as the imitation of manners and style of behavior / languages. Mine-out stereotypes fall short of to one's own convictions. Are prone to collecting various items, accumulation, kleptomania and overeating.

Simple-heartedness is an inaccurate understanding of the meaning of understanding the actions of others and excessive gullibility through superficial thinking. Characteristic shyness, shyness, deepening guilt. Naivety is caused by inexperience, ignorance and insult for the differences in expectation with reality. Because of the reduced attention to activity, mono-tasking and suggestibility are dominant.

The experiments of S. Ash and S. Milgram, as well as the theory of social impetus B. Laten explain the normative pressure of the society and authorities in the propagation of addictions, which leads to public concessions of the individual, even without personal acceptance. However, with the same parameters of the group, some individuals obey the group, even if they do not share her beliefs, while others are not inferior to their convictions. It is persons with dysfunction of the dorsolateral prefrontal cortex (DLPFC or DL-PFC) that are easily influenced and become the first among deviants. It is this category of people inherent dissociation of deviations depending on external influences.

Individuals with this disorder, like "modeling clay" are easily amenable to correction, but the effect is short-lived when returning to the deviant environment. For the third group, with manifestations of dysfunction of the anterior cingulate cortex (ACC), characteristic was: antipathy incompetence, stiffness, stasis at a certain kind of activity / emotions or personality / quasi personality, prognostic failure, intellectual weakness, conservatism. Anticipation competence is the ability to fully adequately plan and predict the future. However, it does not show up in typical situations. Knowing about their intellectual insolvency, in new situations, there arises an uncritical attitude and a tendency to act without understanding the consequences of their actions. This is not due to the loss of skills or the ability to acquire new ones, but because of the inability to compare one's own or another's experience with the current situation and to predict the behavior of one's own and others in the future. Rigidity (inertia) is the inflexibility / stiffness of all mental activity. The inability of a person to change his behavior (thought, attitude, attitude, motives, modus of experience, etc.) in accordance with changes in the situation, but stick to one mode of action in all situations - the context of an independent decision-making style in uncertain

situations with free choice. It touches fixing on certain objects, maintenance of their emotional value, and it generates jealousy. Characteristic obstinacy, absence of compromises, alarm, timidity and unpleasant expectations, suspicious, contemptuous, hostile attitude toward other, obtrusive doubts result in alienation and social isolation. However, in the part of the subjects (male 62%, female 37%), because of the presence of the illusion of superiority over others in group activities, there is a desire for leadership. Because of low emotionality, lack of empathy, indifference, motor disinhibition, irritability, increased aggressiveness - are prone to unlawful actions. For mentally healthy people probability of prognostication is present with many variants of development of events. Then, as this group of deviants has a univariate forecast, which is built exclusively on one subjectively significant forecast of the development of events. Even if to offer other variants of development of events, then however gravitate exceptionally to the only. This inert reiteration of the same actions, at the change of circumstances of context easily reveals in tests with serial arithmetic operations. There are two extremes in a prognosis: "all will be good" and repeat, as a mantra, or "all will be badly" and combines with sense of inferiority. The picture of the future is absent and an orientation prevails on present tense. A maximalism is also characteristic, that shows up in extremes in relation to looks, emotions, desires - or all, or nothing. In neutral conditions, these intellectual perseverations are not visible to others and are regarded as confusion or strangeness. When performing tests for intelligence, when time is limited, artificially created controlled stress (a state of tension) - the disorder manifests itself very clearly. Narrowing difficulties of distribution and switching of attention appears the first. In stressful situations are completely maladjusted, unable not something to help another, or to call for help, and incapable of self-control, errors of perception, memory disorder, disturbed timing, broken complex movements and the like. Habitual behavior is supplanted by a stereotype, which can be manifested in extreme excitement, or lethargy.

Superficial judgement and absence of variants of model of life become durable soil for orthodox fanaticism with steady vital persuasions and principles. Love, it be possible to say, even obsessed by the observance of ceremonies, rituals and templates of behavior, styles of clothing, languages and rules. Terrible does not love a novelty. Sexual fetishism is characteristic. In the implementation of deviant action there is an emotional discharge. In this group, most of all bright gamers, gamblers (game addiction), persons with overeating and drinking alcohol.

The structure of deviance, figuratively speaking, is "iron-concrete", and it is very difficult to correct. There is connection between the display of syndrome and level of social adaptation. At minimum displays well adapted in society. At the maximum manifestations of the dynamism of social processes is clearly maladjusted and neurotic. Therefore, persons with this dysfunction of brain search shelter in conservative and steady environments (religious organizations, public institutions, societies etc.).

For the fourth group with manifestations of dysfunction of the ventromedial parts of the prefrontal cortex, the characteristic was: charismatic, lack of conscience, lack of empathy, and good intellectual abilities.

We consider charisma as the integration of egocentrism, overestimated self-esteem and the desire for publicity. Self-centeredness manifests itself by fixing attention on oneself, one's interests, desires, feelings. Excessive self-centeredness, which in some situations is not noticeable. Behind the seeming charm and friendliness in fact hiding coldness, cruelty and mercantile spirit. The sense of excellence, selectivity, originality changes the structure of the "One's self-concept" and self-esteem. The thirst for recognition, excessive need for admiration of others, vivid self-affirmation, vanity, desire to differ is realized by rank games in the society (power structures), gnomonic activity, or in show business. After all, the brightness of imagination, impressions and fantasies makes it easy to transform into other images, to ignore reality and to sink into the world of dreams. Conscience, we examine as a complex of capacities for pliability, to sense of guilt and stability to temptations. But there is an overestimated self-esteem, hypocrisy, irresponsibility, deepening guilt, self-confidence, selfishness, violence (preferring delayed aggression and indirect), actions are impulsive, inclined to manipulate and intimidate. The absence of shame of feeling, duty and responsibility makes such persons dangerous for society.

Developed intelligence allows exploiting, manipulating and parasitizing others. In this state of greatness, sexual preferences are sadism and swinging. Often, demonstrative suicide is used to create feelings of guilt and control over others. Characteristic is the impulsive (delayed), instrumental (independent) and mediated aggression.

When longitudinal observation, an interesting mental phenomenon was discovered-selfish shame, which arises from the discomfort between the contrived self and the real, as in such individuals the intellect is medium and high. Very often, this critical self-evaluation becomes the cause of genuine suicidal behavior, self-abasement and a tendency to sexual masochism. During this period preference is given to psychoactive substances with an overwhelming effect. In the period of getting out of the state preference is given to psychostimulants and hallucinogens. In the test for the diagnosis of conscience (an ethical dilemma with two situations on the railroad track). Mentally healthy people with consciousness and a sense of moral responsibility for their behavior, their actions to themselves and society in 60-80% will switch the arrow, and 20% - will push the plump man with a sense of guilt, in this far-fetched diagnostic situation. Individuals without conscience, in all cases, will switch the arrow and push the person. Most importantly, they do not see any difference between the two situations and they do not have any emotion when deciding this test. In life follow mercantile, but not moral principles only. It is these people in society who are often promoters of addictions and deviations and very often are in leadership positions.

So, **four most typical profiles (syndromology of basal cores)** of deviants associated with dysfunctions are distinguished:

- A. The orbitofrontal cortex (OFC) part prefrontal cortex;
- B. Dorsolateral prefrontal cortex (DLPFC or DL-PFC);
- C. Anterior cingulate cortex (ACC);
- D. Ventromedial prefrontal cortex (vmPFC).

According to their life experience, it is not difficult to guess in which industry / field of activity and on which hierarchical levels of society, positions, professions, you can often meet people with certain neuropsychological features.

**The secondary symptom complex** is represented by being under the influence of naive realism, domination of heuristic (intuitive) thinking and inability to use expert thinking (insufficient knowledge of traditional logic) in everyday life; low communicative competence (insufficient knowledge of symbolic logic) disadaptation (inability to see in time alternative ways of solving the problem). It is worth noting that the secondary symptom complex is not a multilevel diagnosis (the tradition of American psychiatry), but the disturbances resulting from the presence of the primary symptom complex are minimal disruptions in the functioning of the anterior part of the brain.

Actually secondary symptom complex within a social context of circumstances, it becomes the immediate cause of the formation of deviancy. It was believed that the choice of the form of addictive behavior is supposedly stochastic. In fact, it depends on social origin, value-normative standards, material capacities and the information environment. There is a definite tendency in the preferences of various deviations for certain neuropsychological features. Deviations acceptable / traditional for society / groups are typical for persons with (DLPFC or DL-PFC); deviations that are unacceptable and are of a conflict nature for the society are inherent in the persons of (OFC); instead of the declaration of one behavior, and to live on the diametrically opposite - deviant is inherent for people with (vmPFC); the most indiscriminate and "fixated" on certain deviations are persons with (ACC). The level of total brain activity determines the tendency of deviation. Persons with a lower level of brain activity are looking for a psych stimulating activity / substance, a person with a heightened - calming.

**The motivational component of deviant behavior.** There was a direct link between low frustration tolerance and atactic motivation. The functional state of the Hippocampus determines what motivation will be. Ataractic motivation is inherent in persons with a lowered function, and hedonic motivation is normal and increased function. In addition, it cannot be said that men in general are more vulnerable to the appearance of deviations - all very individually.

**Tertiary symptom complex** - actually there is an addiction - pathological homeostasis (a constant desire to receive pleasure), and addictive actions lose the conscious component and become an automated process.

Convenient for diagnosis criteria Griffiths (2000) for the definition of addictions: Priority - the favorite activity is of paramount importance and prevails in the cognitive, emotional and behavioral spheres; a change in mood - accompanied by emotional upsurge or a transition to calm when moving to a favorite activity; tolerance - a quantitative increase in parameters (time, intensity, introduction of novelty) activities to achieve the usual effect; withdrawal symptoms - the appearance of unpleasant sensations (physiological reactions) with the loss or sudden restriction of the ability to engage in your favorite activities; conflict -

confrontation intrapsychic, interpersonal due to the dominance of your favorite activities before other activities (social life, personal life, work, etc.); relapse - return to your favorite activity after the withdrawal period.

**The affective component of deviant behavior.** From the anamnesis it became known that most of the subjects already had established deviations at the age of 12-17. The formation of deviation occurred on emotions, and not on the basis of conscious choice. The level of co-dependence is not constant, it is considered variable under the influence of the current emotional state, somatic state, life circumstances and changing worldview patterns. There are often remissions, some additions are superseded by others. However, the periodic desire to feel the change of states of consciousness and the desire for situational happiness remains constant. A mathematical model could be created if the brain were not so volatile as to be influenced by psychological and cognitive events in the environment. Applying EEG monitoring, it was found that the control group mainly has an active left hemisphere during the day and a sufficient level of brain activity, whereas those with deviation during the day are dominated by the right hemisphere, while the left hemisphere is activated at the moment of waiting and implementing deviant actions.

## Conclusions

On the basis of complex and systematic neuropsychological research, a causal structure of deviant behavior has been identified, it makes it possible to form components of the hierarchy of universality (properties of the central nervous system) in neuropsychological concepts of deviant behavior: Local dysfunction of the brain: the orbitofrontal cortex (OFC) part prefrontal cortex; dorsolateral prefrontal cortex (DLPFC or DL-PFC); anterior cingulate cortex (ACC); ventromedial prefrontal cortex (vmPFC) of the brain tonsils. This applies exclusively nominalism - the only thing that exists is the specific syndromes of destruction of different parts of the brain (partiality). Intermediate forms do not exist, only multiple lesions are possible, which generates a combination of syndromes. Functional state of the Hippocampus. With a normal functional state - hedonistic motivation, and with weakened - ataractic motivation. There are mutually exclusive attributes, that is, attributes that cannot be simultaneously. However, this state can be, as a leading trend in the individual psychological characteristics of the personality, or it can be dynamic when in the first half of the day ataractic motivation dominates, and in the second - hedonistic. Taking these two arguments into account makes it possible to understand its functional features.

Gnostic, cognitive, mnemonic violations - a hostile attribution. Congenital and acquired cognitive distortions can occur due to listed brain dysfunctions / features or have a somatic origin (anxiety mechanism). The ratio can be single (mono-system) and multi-site (poly-system).

Emotional sphere. The increased activity of the pleasure center, the weakening of the center and the ways of suppressing pleasure. The end result is abnormal homeostasis / addiction.

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