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Psychosocial Particularities of Violent Acts in Personality Disorders

Anamaria CIUBARA[1], Roxana CHIRITA[2], Lucian Stefan BURLEA[3], Valeriu Vasile LUPU[4], Cozmin MIHAI[5], Stefana Maria MOISA[6], Ilinca UNTU[7]

Abstract

Personality disorders are represented by a behavioural pattern associated with recurrent violation of moral principles and social rules. Personality disorders – especially antisocial and borderline, but also the others, usually in unpredictable ways – are frequent diagnostics among the individuals psychiatrically analyzed at the request of authorities for committing violent infractions. Through their features are centred on maladjustment and on the desire to alter the environment according to their own structure, personality disorders lead to violent acts, sometimes extremely serious. Maladjustment pattern is part of a real vicious circle, which leads almost invariably to a socio-familial integrative deficit and to professional adjustment issues. In their turn, they entail increased frustrations, aggravated impulsive tendencies, as well as higher interpretability (when it is already present). Consequently, all these aspects favour the commission of violent, criminal acts, which end up compromising irremediably the social integration of individuals who suffer from a personality disorder. It is necessary to pinpoint the certain predictors of criminal behaviour, by the characteristics of each personality disorder, in order to assess their aggravating or intensifying factors and to prevent it effectively, for both the protection of potential victims and a better social integration of individuals diagnosed with various psychopathies.

Keywords: personality disorder, violent behaviour, criminal population, maladjustment, infractions, social integration.

[1] University of Medicine and Pharmacy "Grigore T. Popa", Iasi, ROMANIA. E-mail:anamburlea@yahoo.com

[2] University of Medicine and Pharmacy "Grigore T. Popa", Iasi, ROMANIA. E-mail:d.stigma@gmail.com

[3] University of Medicine and Pharmacy "Grigore T. Popa", Iasi, ROMANIA. E-mail:lucianburlea@yhoo.com

[4] University of Medicine and Pharmacy "Grigore T. Popa", Iasi, ROMANIA. E-mail:valeriulupu@yahoo.com

[5] University of Medicine and Pharmacy "Grigore T. Popa", Iasi, ROMANIA. E-mail: cozu_mih@yahoo.com (corresponding author)

[6] University of Medicine and Pharmacy "Grigore T. Popa", Iasi, ROMANIA. E-mail: stephaniemed@yahoo.com

[7] University of Medicine and Pharmacy "Grigore T. Popa", Iasi, ROMANIA. E-mail:ilinca_tzutzu@yahoo.com

Introduction

In the diversity of his versions pertaining to normality and abnormality, human individual represents a subject situated on the territory of interferences between somatic medicine and psychiatry; therefore, biological limits are exceeded (Nirestean, 2013a). Starting with the eighteenth century, the concept of person became centred on that of personality (Lazarescu, 2011); currently, the latter is defined as a hypercomplex and dynamic structure, with biologic, psychological, social and spiritual foundations (Nirestean, 2013a). Pathological personalities can be assimilated as expressions of anthropological diversities that - unlike the rest of psychiatric patients – pertain to the community; they live alongside the others, but not "with them" (Nirestean, 2013b). This literature synthesis aims to highlight the specific features of the criminal behaviour in individuals with personality disorders; thus demystifying those personality disorders that are looked upon without circumspection while taking into account the potential criminal behaviours. Therefore, it is taken into account an attempt to create some crime prevention systems among individuals with personality disorders, eliminating the clichés which are associated with the almost unanimous beliefs that crimes are committed only by borderline and antisocial individual, the risk being very small for the other personality disorders. The final purpose is to offer social protection by prevention and to favour a better socio-familial and professional integration of individuals diagnosed with various psychopathies.

Aspects of social impact of psychopathies

Individuals with personality disorders have a hard time controlling their impulses and emotions; they often have a wrong perception of themselves and the others. Consequently, such persons have various degrees of adjustment deficits concerning their familial, professional life, and their social integration in general. Their families are often forced to witness impulsive-explosive manifestations, self-mutilation, extreme depression with suicidal or parasuicidal behaviour, and they may even be direct victims of these individuals' hetero-aggressiveness (Beckwith, Moran, & Reilly, 2014). Maladaptive personality traits are a pregnant risk factor for low family integration, for minimal professional adjustment that often ends in unemployment, for early retirement, all of them with complex social impact. At the same time, if another psychiatric pathology is also present, the issue of therapeutic adherence becomes essential; in the entire maladaptive context of such patients, adherence is often very low (Samuels, 2011).

Diagnostic particularities of personality disorders

Personality disorders – psychopathies, in generic terms – designate a series of personality traits involving a behavioural pattern characterized by the recurrent violation of social norms, from disrespecting moral principles to serious crimes. Therefore, personality disorders are behavioural patterns involving a significant deviation from socio-cultural requirements, characterized by inflexibility and pervasiveness (Tyrer, Reed, & Crawford, 2015). Individuals with personality disorders deny their adjustment issues; beyond the seeming normality, most such people show depressive-anxious elements (Sadock, 2015). Typically, signs appear in adolescence or young adulthood; in time, they damage global functionality. Hence, in order to diagnose a personality disorder, the characteristic features must be continual; they must affect most action areas of the patient, not exclusively within an episode of a psychiatric disorder placed on axis I (DSM 5).

Personality disorders are grouped into three main clusters, based on certain similarities. Cluster A includes Paranoid, Schizoid and Schizotypal Personality Disorders; cluster B includes borderline, antisocial, narcissistic and histrionic personality disorders; cluster C comprises obsessive-compulsive, dependent and avoidant personality disorders. The first cluster is characterized by awkwardness; the paranoid is suspicious, he distrusts others and he interprets things; the schizoid is characterized by a pattern of social detachment and a restricted range of emotional expression; the schizotypal experiences cognitive distortions expressed in eccentric behaviour (Sadock, 2015; (Li & Wong, 2015). As for cluster B, antisocial disregard the rights of other people; individuals with Borderline Personality Disorder experience unstable emotions and often change relationships and self-image, being known for their impulsive behaviour; histrionics show a pattern of excessive emotionality and attention seeking, while narcissists are dominated by the need to be admired and by lack of empathy. Cluster C is dominated by anxiety: persons with Obsessive-Compulsive Personality Disorder are perfectionists concerned with rules, regulations and orderliness; avoidant show social inhibition, feelings of inadequacy and hypersensitivity to negative evaluation; dependents express a strong need to be taken care of by other people (DSM 5). Before determining the diagnostic of personality disorder, the person must show enduring behaviour pattern, with a marked deviance from socio-cultural expectations, affecting two or more areas of global functionality, such as thinking patterns, emotional responses, interpersonal relationships and impulse control, extending inflexibly in most social situations (DSM 5).

Anger – catalyser of violence – bio-psycho-social mechanisms

The importance of medico-legal implications associated to personality disorders is incontestable. This nosological category per se is a predictor of violent behaviour, manifested under diverse forms. The core element that determines violent behaviour is anger. The physical effects of anger include increased heart rate and blood pressure, as well as increase in the level of epinephrine and norepinephrine (Sadock, 2015). Therefore, anger can be considered an integrant part of the response to a potential aggression / potential danger from the environment. Several general circumstances can activate anger (Tyrer, Reed, & Crawford, 2015). They are as follows: suspicion, fanaticism, jealousy or vengeance, characteristics of Paranoid Personality Disorder; repulsion of physical contact with other persons in Schizotypal Personality Disorder; intolerance to frustration and discomfort caused by the fact that people do not treat him/her as deserved, most frequently in Narcissistic Personality Disorder; the need to let inner tensions out, in Borderline Personality Disorder; the felling of exclusion and rejection in Avoidant Personality Disorder; dehumanizing feelings, lack of empathy and the need to hold power in Antisocial Personality Disorder; vital attention seeking in Histrionic and Dependent Personality Disorder; not least, bizarre experiences and inadequate cognitions in Schizotypal Personality Disorder (Esbec, 2006). At the same time, besides the adrenergic mechanism of anger – comprising the aforementioned determinants – it can be influenced significantly by alcohol and psychoactive substance use and abuse, which have an effect of disinhibition per se. This leads to a bidirectional relation between anger within personality disorders and the use of alcohol and psychoactive substances (Tyrer, Reed, & Crawford, 2015). The individual gets extra stimulation, including through their psychopharmacological properties, thus exacerbating anger. At the same time, the difficulty of procuring such substances triggers frustration that leads to anger (Duggan & Howard, 2009). The personality traits prone to stir violent acts are impulsivity, emotional instability and distrust, narcissism, paranoid elements, introversion and disinhibition. In contrast, schizotypy and compulsivity are only rarely involved in such behaviours (Esbec, 2006).

Personality disorders and the medico-legally tested population

The legal evaluation of persons with personality disorders is extremely difficult, considering the lack of collaboration and the manipulative tendencies, as well the simulation/ dissimulation phenomena. There is increased prevalence of persons with personality disorders among the population with medico-legal implications (Tyrer, Reed, & Crawford, 2015). Large-scale studies have found that, in criminal population, men with personality disorders represent 65% (especially

with Antisocial Personality Disorder – 47%), while women comprise 42% (the most common is Borderline – 25% and Antisocial Personality Disorder – 21%) (Fazel & Danesh, 2002). There is also an overwhelming prevalence of alcohol and psychoactive substance use and abuse in comorbidity with personality disorders (mainly antisocial), among the criminal population (60%) (Howard *et al.*, 2008). Cluster B is beyond doubt the closest related to violent and criminal acts; it is in close connection with alcohol and psychoactive substance use and abuse, elements which exacerbate incontestably the aggressive and maladjustment tendencies (Esbec, 2006). On the contrary, cluster C is only rarely associated to violent behaviours; however, usually, anxiety and obsessive elements are negatively correlated with anger, thus with violent acts (Duggan & Howard, 2009).

Particularities of violent behaviour among individuals with personality disorders

The Paranoid Personality Disorder is the second most frequent among men within criminal population and the third most frequent among women pertaining to the same category. In paranoids, the dynamic of violent behaviour is based on premeditation; they develop elaborate plans and strategies (Gonzalez-Guerrero, 2007). Usually, there is a period of latency between the first violent acts and homicide: this aspect is crucial in terms of prevention. Through their behaviour, individuals with Paranoid Personality Disorder send warning signals concerning the imminence of such a supremely serious act. They act violently following situations perceived as stressful, created by real or imaginary aggressions against them. It can be concluded that paranoids commit violent acts following distorted interpretations of the others' behaviour (Coid, 2005). Though typically, persons with Schizoid Personality Disorder are not violent, their criminal acts can be extreme. They are mediated by their significant emotional wear and by their phantasmagorical ideas. These individuals have very low self-esteem and high difficulties in relating to others, which determines resentments toward society. Isolation and lack of basic communication skills lead to the rejection of these persons, which can cause violent acts (Stone, 1996).

Persons with Schizotypal Personality Disorder are only very rarely involved in violent acts; when they do occur, they are due to extravagant, imaginary interpretations and thoughts, only slightly related to reality. Schizotypals do not plan violent behaviour, reason for which it is hard to predict (Girolamo & Reich, 1996). The violent behaviour of antisocial – a common feature – is based on the incapacity of observing social norms, on impulsivity and on the absence of perspective. Their violent acts usually target strangers, because they do not experience remorse (Torrubia & Cuquerella, 2008). The Borderline Personality Disorder – characterized by impulsivity, psycho emotional instability and

predisposition to addictive behaviours – often leads to violent behaviours that emerge as a response to situations that individuals perceive as adverse. Violence helps them letting tension out (Duggan & Howard, 2009). In case of narcissists, their violent acts come as a reply to an injury brought to their ego. The Narcissistic Personality Disorder is often diagnosed among persons having committed sexual abuses, considering the direct satisfaction of their narcissistic needs, based on their belief that the entire world is nothing but an instrument through which they attain their goals (Logan, 2009). Histrionics – often with a hyper protective familial background – are oversensitive and they tend to ascribe catastrophic importance to common events. Violent behaviour occurs in this personality disorder only in comorbidity with antisocial or narcissistic elements. Histrionics have great capacity of seducing the masses and they can easily instigate others to violent actions (Echeburua, 2000).

In case of Obsessive-Compulsive Personality Disorder, violence is a rare thing; when it does occur, it is in comorbidity with alcohol abuse and it is intensified by intolerance to criticism and failure (Esbec, 2006). Similarly, in Dependent Personality Disorder, violent acts are rare, and usually comorbid with alcohol abuse; the target is usually the person who abandoned or rejected them. They are highly prone to suicide (Duggan & Howard, 2009). The Avoidant Personality Disorder is a commonplace – along with Antisocial and Borderline Personality Disorder – among persons having committed sexual infractions. They commit violent acts because they feel that their emotional needs are not understood and acknowledged. Their victims are, generally, persons close to them who rejected them or strangers who symbolize the image of rejection (Esbec, 1999).

Conclusions

Personality disorders range between genuine psychiatric diagnostics and disapproving moral verdicts, considering their consequences that include severe medico-legal implications, with a powerful social impact, beyond the purely psychiatric signs indicating a certain nosological category. It is imperative to study the criminal consequences of the behaviour exhibited by people with personality disorders and the underlying reasons for their violent acts, considering the frequency of such diagnostics – especially of Antisocial and Borderline Personality Disorders – among the medico-legally evaluated population. It is also necessary to conduct future studies focusing on the underlying causes of violence in personality disorders, as well as on the warning signs of potential violent acts, considering that personality disorders alone often cannot explain criminality. This means that it is important to assess their aggravating or intensifying factors, with a significant component targeting social adjustment.

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References

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders DSM-5*. Washington, DC: American Psychiatric Association.

Beckwith, H., Moran, P.F., & Reilly, J. (2014). Personality disorder prevalence in psychiatric outpatients: a systematic literature review. *Personality and Mental Health*, *8*(2), 91-101.

Coid, J. (2005). Correctional Populations: *Criminal Careers and Recidivism*. In Oldham, J.M., Skodol, A.E., Bender, D.S. (Eds.). *Textbook of Personality Disorders*. Washington: American Psychiatric Publishing, pp. 579-606

Duggan, C., & Howard, R.C. (2009). The 'functional link' between personality disorder and violence: A critical appraisal**.** In McMurran, M, Howard, R.C. (Eds.), *Personality, personality disorder and violence*. Chichester: Wiley, pp. 19-38.

Echeburua, E. (2000). *Personalidades Violentas*. Madrid: Piramide.

Esbec, E. (1999). Clinical profile of violent people. In G Gómez-Jarabo (Ed.). Violence, antithesis of aggression. Valencia: Promolibro.

Esbec, E. (2006). *Violencia y trastorno mental. In Psiquiatría criminal y comportamientos violentos*. Cuadernos de Derecho Judicial.Madrid: Consejo General del Poder Judicial, pp. 57-154.

Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23 000 prisoners: a systematic review of 62 surveys. *Lancet,* 359, 545-550.

Girolamo, G., & Reich, J.H. (1996). *TP and the behavior*. Madrid: Meditor.

Gonzalez-Guerrero, L. (2007). Características descriptivas de los delitos cometidos por sujetos con TP: motivaciones subyacentes, "modus operandi" y relaciones víctima-victimario. *Psicopat Clinic Leg Foren*, *7,* 19-39.

Howard, R.C., Huband, N., Duggan, C., & Mannion, A. (2008). Exploring the link between personality disorder and criminality in a community sample. *Journal of Personal Disorders*, *22*, 589-603.

Lazarescu, M. (2011). *Psychiatry, sociology and anthropology*. Timioara: Brumar.

Li, T.M.H, & Wong, P.W.C. (2015) Youth social withdrawal behavior (hikikomori): A systematic review of qualitative and quantitative studies. *Australian and New Zealand Journal of Psychiatry*, 49(7), 595-609.

Logan, C. (2009). Narcissism. In M McMurran, R. Howard (Eds.), *Personality, personality disorder, and violence: An evidence-based approach*, Chichester, United Kingdom: Wiley-Blackwell Publishing, pp. 85-112.

Nirestean, A. (2013a). *Personality and spiritual opening*. Targu. Mures: University Press.
Nirestean, A. (2013b). *Person and personality*. Targu. Mures: University Press.
Samuels, J. (2011). Personality disorders: epidemiology and public health issues. *International Review of Psychiatry*, *23*(3), 223-233.
Stone, M.H. (1996). Violence. In: JM Oldham, AE Skodol, DS Bender (Eds.). *Textbook of Personality Disorders*. Washington: American Psychiatric Publishing, pp. 477-492.
Torrubia, R., & Cuquerella, A. (2008). Psychopaty: a clinical entity necessary in forensic psychiatry. *Revista Española de Medicina Legal*, *34*, 25-35
Tyrer, P., Reed, G.M., & Crawford, M..J. (2015) . Classification, assessment, prevalence, and effect of personality disorder. *Lancet , 385*(9969), 717-726.