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**PREVALENCE OF PERSONALITY DISORDERS AT DETAINEES
IN A ROMANIAN MAXIMUM-SECURITY PENITENTIARY**

Laurențiu-Mihai Săbăreanu (a)*, Victoria Gonța (b)

*Corresponding Author

(a) University of Pitesti, Faculty of Socio-Human Sciences, Pitesti, Romania, mihai.sabareanu@gmail.com

(b) Ion Creanga State Pedagogical University, Chisinau, Republic of Moldova

Abstract

In this study, we aimed to screen personality disorders among detainees. The specialized literature offers well documented studies regarding the high prevalence of personality disorders in the penitentiary population, but few studies are conducted in the Romanian penitentiary environment. The investigation involved 54 detainees, men, convicted of particularly serious crimes who are serving their sentences in a maximum-security penitentiary. Screening for personality disorders was performed using the Structured Clinical Interview for Personality Disorders DSM-IV axis II (SCID-II). The results revealed antisocial personality disorder as the dominant disorder. The prevalence among participants diagnosed with antisocial personality disorder as the primary diagnosis was of 49%. Borderline, narcissistic, paranoid, and obsessive-compulsive personality disorder have been identified as comorbid traits associated with antisocial personality disorder. The results obtained are similar to those of other studies in the literature that demonstrate the association between violent behavior and pathological personality, which draws attention to the need for psychological intervention programs in prisons.

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1. Introduction

Personality usually develops early in a person's life and remains relatively constant over time. In everyday language, personality defines a set of attributes by which people describe themselves and others, engage in relationships, and cope with life's adversities.

Concerns for grouping individuals according to common characteristics have existed since antiquity, but the idea of personality as a stable trait of individuals appeared only a hundred years ago. The first attempts to understand the personality were guided by psychoanalytic ideas. Subsequently, psychological and psychiatric approaches to personality have changed, with recent work based on the psychometric approach emphasizing differences between individuals in terms of social behavior, attitudes or beliefs, and emotional characteristics (Alwin et al., 2006).

Four elements are identified in the functioning of the personality: two indicators of individual functioning, identity and self-control and two indicators of interpersonal functioning, empathy and intimacy. Impairment of personality functioning in these four elements leads to personality disorders (Sperry, 2018).

The majority of personality disorder definitions highlight the chronic, ongoing and pervasive aspect of distress response characteristics and patterns, often limited in variability and applied in a rigid, context-inappropriate manner (Blatt et al., 1997, as cited in Levy & Johnson, 2016). In the Diagnostic and Statistical Manual of Mental Disorders, personality disorders are described as patterns of inner feelings and behaviour that deviate significantly from the specific norms of the individual's cultural background (American Psychiatric Association, 2016). These patterns of perceiving, relating and thinking about the environment and the self are pervasive, inflexible and stable in time and lead to stress or deterioration in an individual's functioning. (American Psychiatric Association, 2003). Personality disorders trap individuals in a vicious cycle that perpetuates the disorder, in that they are acting out the very negative experiences they are trying to avoid (Wachtel, 1997, as cited in Levy & Johnson, 2016). Thus, the way the individual thinks, feels, acts and relates to others is affected and limits their intimate relationships, their ability to work and pursue goals (Levy & Johnson, 2016).

The conceptualization of personality disorders shows that they are primarily disorders of the self and of relationships. The DSM-5 lists criteria for each of these disorders, focusing on sense of self and/or interpersonal problems. For example, lack of interest in interpersonal relationships is a cardinal feature of both schizoid and avoidant personality disorder; such individuals neither desire nor enjoy close relationships. Also in both dependent personality disorder and borderline personality disorder, there is a pervasive pattern characterized by difficulties with loneliness, fear of abandonment and dissolution of close relationships and self-image (e.g., Gunderson, 1996; Zanarini et al., 2007). Histrionic and narcissistic individuals seek the attention of others and feel uncomfortable in situations where they are not the centre of attention (Levy & Johnson, 2016).

In assessing the psychopathology of the personality, DSM-5 considers an important factor in predicting current dysfunction and perspective of personality pathology, affecting conceptions and feelings about oneself and interpersonal relationships, with symptoms organized along each of these two areas. Mental representations about oneself and interpersonal relationships influence each other and are inextricably linked. These representations can lead to an underestimation of the importance of assessing

the individual's characteristic conception of himself, as well as the way he looks at others and their relationships with them. For example, chronic feelings of inner emptiness and self-doubt can lead people with borderline personality disorder to seek to define themselves through their relationships. Considering the emotional instability related to this disorder, how these individuals view themselves in relation to others may depend largely on the affective context. In addition, such intense, unstable and conflicting close relationships and anxious concerns about real abandonment can lead to the feeling that the self is threatened, which triggers impulsive reactions (American Psychiatric Association, 2016). DSM-5 specifies personality disorders in a dimensional or continuous manner derived from the Model of the Five Personality Factors (Big-Five) and personality psychopathology (American Psychiatric Association, 2016).

Trait domains contain 25 facets of specific personality traits: Negative affectivity versus Emotional stability, Detachment versus Extraversion, Antagonism vs. Agreeableness, Disinhibition versus Conscientiousness, and Psychoticism versus Lucidity.

Although personality disorders have appeared in every DSM from the beginning. In DSM-5 personality disorders are grouped into three clusters, A, B and C based on criteria describing each disorder (American Psychiatric Association, 2016).

Studies suggest that personality disorders affect more than 10% of the general population, while psychiatric patients suffer from 30% to 50% of a personality disorder, although their prevalence has not been studied with the same intensity as other psychiatric disorders (Alwin et al., 2006).

In recent decades, there has been a growing interest in researchers for the mental health of individuals in general, especially those who commit crimes. In this regard, a considerable amount of studies have focused on the prevalence rates of personality disorders in persons sentenced to custodial sentences. However, few studies of the prevalence of personality disorders have been conducted in Romanian prisons to assess the psychopathological rates of criminals and the need for intervention in mental health.

In the literature, studies have indicated that the prevalence rate of personality disorders among incarcerated people is elevated, reaching up to 80% (Black et al., 2007; de Ruiter & Trestman, 2006; Fazel & Danesh, 2002; Roberts & Coid, 2010). Antisocial personality disorder has been identified as the most common DSM diagnosis, with the prevalence rates ranging from 46 to 84% (Coid, 2002; Fazel & Danesh, 2002; Kjelsberg et al., 2006). Cluster B has mainly identified borderline personality disorder (Black et al., 2007; Coid, 2002; de Ruiter & Trestman, 2006; Sansone & Sansone, 2009).

Although most people with a personality disorder are not involved in criminal behavior, criminals with a personality disorder have a higher risk of committing serious crimes (Blackburn, 2000). A UK study examining the factors associated with serious harm to different types of offenders found correlations between personality disorders and crimes of general violence, domestic violence, sex offenses, harassment and arson (Alwin et al., 2006).

The association between personality disorders and violent crime is well known and has been reported in several studies (Logan & Johnstone, 2010; Roberts & Coid, 2010; Yu et al., 2012). However, some personality disorders are more strongly associated with violent behaviour than others, namely

antisocial and borderline personality disorder (American Psychiatric Association, 2016), which explicitly include diagnostic criteria of aggression (Brazão et al., 2015).

2. Problem Statement

Although there is a consistent body of work recognizing the association of personality disorders with violent behavior, and clinical recommendations emphasize the importance of assessing them according to DSM criteria for identifying the risk of violent behavior in inmates, little is known about the extent to which they are recognized by caregivers of health in prisons. In general, in prisons, abnormal behavior is either perceived as a disciplinary problem and punished, or is tolerated or ignored, and is little investigated (Brazão et al., 2015).

3. Research Questions

In the present study, we question the opportunity of treating and rehabilitating people with personality disorders as a result of a screening procedure for the personality pathology of detainees in Romanian penitentiaries. At present, rehabilitation procedures and case management practices in Romanian prisons are primarily concerned with increasing educational and professional qualifications.

4. Purpose of the Study

The aim of this study was to identify the prevalence rates of personality disorders in prison inmates through a structured clinical interview for personality disorders.

5. Research Methods

The study was approved by the director of the penitentiary concerned and approved by the deontological commission. The data were collected by the author of the study, a clinical psychologist in the national penitentiary system with training in the diagnosis of personality disorders and in the administration of the SCID-II interview. Participation in the study was done on a voluntary basis, and the Informed Consent Form was completed. The purpose of the investigation was explained to each detainee.

The study enrolled 60 adult subjects out of a total population of 114 people held in the maximum-security section of a maximum-security penitentiary in Argeș County. The maximum-security regime applies to persons sentenced to life imprisonment and those sentenced to more than 13 years, but also to persons who have committed serious misconduct in the penitentiary and who were initially held in sections with “gentler” ones (semi-open and open mode).

The change of the regime to a more severe one is made if the detainee has committed a crime or has been disciplined for a very serious misconduct or several serious misconduct.

All subjects in the study are male. The criteria for including the subjects in the study were represented by: 1) an educational level at least related to the 8th grade, gymnasium level; 2) the length of service of at least one month from the moment of incarceration, in order to avoid the psychological stress of the recent incarceration and 3) the lack of disciplinary offenses that result in the punishment of

isolation. As a result, a total of six detainees who did not meet the criteria for participation in the study were excluded from the total number of volunteers.

Table 1 shows the main demographic and legal characteristics of the sample. Study participants ranged in age from 21 to 68, most of whom were married and had an elementary education. 57.4% of the subjects are repeat offenders. The vast majority of detainees in the group of subjects serve sentences as a result of committing crimes mainly against persons (murder, attempted murder), followed by drug-related offenses and the formation of a criminal group. Only 13% of the detainees in the group of subjects serve their sentences on time, 87% of them serving sentences of postponement. The postponement sentence refers to the moment of execution of the custodial sentence in which, following the fulfillment of the mandatory fraction or the deduction of the number of days of detention (through work, participation in activities in the field of education and psychosocial assistance, etc.), the person in custody is reasonably denied conditional release in support of the undesirable conduct of the internal regulations.

Table 1. Demographic and criminological characteristic

Variable		Mean (M)	Standard Deviation (SD)
Age		37.74	11.09
		<i>N</i>	%
Education	Graduated school form 8	33	61.1
	Graduated school form 8	12	22.2
	Graduated school form 8 faculty	7	13
Status marital	married	2	3.7
	unmarried	19	35.2
	divorced	4	7.4
	widower	7	13
Fapta săvârșită	in a relationship	3	5.6
	murder	21	38.9
	attempted murder	38	70,4
	robber	5	9.3
	fatal blow	4	7.4
Criminal record	drug trafficking	1	1.9
	criminal group	3	5.6
	Non-recidivist	3	5.6
	recidivist	23	42.6
Sentence	on time	31	57.4
	in procrastination	7	13
		47	87

For the evaluation of the personality traits and somatic-functional characteristics of the subjects we used the SCID II Questionnaire - Structured Clinical Interview for Clinical Disorders on Axis II of DSM-IV (First, Gibbon, Spitzer, Williams & Benjamin, 1997, Romanian version), a well-known semi-structured diagnostic interview that assesses the 10 Axis II personality disorders in DSM-IV (American Psychiatric Association, 2003). The questionnaire can be used to diagnose categorical (present or absent) and dimensional Axis II disorders (depending on the number of criteria met for each diagnosis) and is considered the “gold standard” for diagnosing Personality Disorders. SCID-II also provides a pathological

summary of scores on assessed personality disorders, allowing the interviewer to decide which disorder should be the focus of clinical attention (primary diagnosis).

6. Findings

The results showed an extremely high prevalence of personality disorders, with the study subjects meeting the criteria for at least one personality disorder. Antisocial personality disorder has the highest prevalence rate (46%), followed by borderline personality disorder (38%) and narcissistic disorder (35%). Obsessive-compulsive and paranoid personality disorder were also prevalent. The main diagnosis is that of antisocial personality disorder, which loads cluster B with disorders. The limits of the confidence intervals of the mean demonstrate a high accuracy of the estimate. Prevalence rates, frequency and descriptive statistical indicators used to classify each personality disorder are reported in Table 2.

Table 2. Prevalence of personality disorders

PD	Prevalence		Statistic		
	n	%	Mean	SD	95% CI
Avoidant	5	9	2.15	1.57	[1.72-2.58]
Dependent	7	14	2.87	2.38	[2.22-3.52]
Obsessive-compulsive	17	32	3.85	1.96	[3.35-4.39]
Passive-aggressive	11	20	2.61	2.01	[2.06-3.16]
Depressive	6	12	2.37	2.12	[1.79-2.95]
Paranoid	17	31	3.80	2.08	[3.23-4.37]
Schizotypal	10	19	3.54	2.38	[2.89-4.19]
Schizoid	6	11	2.39	1.67	[1.93-2.85]
Histrionic	4	8	2.35	1.67	[1.90-2.81]
Narcissistic	19	35	6.30	15.23	[5.23-7.36]
Borderline	20	38	5.85	3.43	[4.91-6.79]
Antisocial	24	46	5.87	3.21	[4.99-6.75]

CI=Confidence Interval.

The comparison between the two subgroups, recidivists and non-recidivists, did not reveal significant differences in terms of antisocial personality disorder ($M_r = 5.77$ and $M_{nr} = 6$, $p = .804$). In both groups, comorbidity rates were high, with criteria for several personality disorders being met (39.1% of non-repeat offenders met the criteria for two or more personality disorders, and 58.1% of repeat offenders met the criteria for more than one personality disorder. much of a personality disorder).

7. Conclusions

In the present study, we aimed to perform a screening analysis of personality disorders in persons deprived of their liberty, who are in a maximum-security penitentiary. The results of the study showed that antisocial personality disorder has the highest prevalence rate, with almost half of the subjects investigated meeting the criteria for this disorder. Also, the results showed that mainly in the investigated group there are personality disorders that load cluster B of disorders, respectively borderline, narcissistic, histrionic and antisocial personality disorder. The vast majority of subjects participating in the study serve

custodial sentences for "murder", which demonstrates the association between violence and aggressive behavior and pathological personality traits. Borderline, narcissistic, paranoid, and obsessive-compulsive personality disorder were high prevalence disorders, results that are consistent with those of other similar studies (Black et al., 2007; Brazão et al., 2015). The obtained results highlight the need for psychological programs to target the treatment of pathological personality disorders in Romanian penitentiaries.

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References

- Alwin, N., Blackburn, R., Davidson, K., Hilton, M., Logan, C., & Shine, J. (2006). Understanding Personality Disorder: A Professional Practice Board Report by the British Psychological Society. *The British Psychological Society*.
<https://www.infocoponline.es/pdf/documentopersonalidadbps1.pdf>
- American Psychiatric Association. (2003). *Manual de Diagnostic și Statistică a Tulburărilor Mentale, DSM-IV-TR, [Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR], Ediția a patra, Text revizuit*. A. Romilă (coordonator științific). București: Editura Asociației Psihiatrilor Liberi din România.
- American Psychiatric Association. (2016). *DSM-5 Manualul de Diagnostic și Clasificare Statistică a Tulburărilor Mintale, [Diagnostic and Statistical Manual of Mental Disorders, DSM-5], Ediția a 5-a*. București: Editura Medicală Callisto.
- Black, D. W., Gunter, T., Allen, J., Blum, N., Arndt, S., Wenman, G., & Sieleni, B. (2007). Borderline personality disorder in male and female offenders newly committed to prison. *Comprehensive Psychiatry*, 48(5), 400-405. <https://doi.org/10.1016/j.comppsy.2007.04.006>
- Blackburn, R. (2000). Treatment or incapacitation? Implications of research on personality disorder for the management of dangerous offenders. *Legal and Criminological Psychology*, 5, 1–21. <https://doi.org/10.1348/135532500167921>
- Brazão, N., da Motta, C., Rijo, D., & Pinto-Gouveia, J. (2015). The prevalence of personality disorders in Portuguese male prison inmates: Implications for penitentiary treatment. *Analise Psicologica*, 33(3), 279-290. <https://doi.org/10.14417/ap.975>
- Coid, J. W. (2002). Personality disorders in prisoners and their motivation for dangerous and disruptive behaviour. *Criminal Behaviour and Mental Health*, 12(3), 209-226. <https://doi.org/10.1002/cbm.497>
- de Ruiter, C. D., & Trestman, R. L. (2006). Prevalence and treatment of personality disorders in Dutch forensic mental health services. *The journal of the American Academy of Psychiatry and the Law*, 35(1), 92-97. https://www.researchgate.net/publication/6418855_Prevalence_and_treatment_of_personality_disorders_in_Dutch_forensic_mental_health_services
- Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23000 prisoners: A systematic review of 62 surveys. *The Lancet*, 359(9306), 545-550. [https://doi.org/10.1016/S0140-6736\(02\)07740-1](https://doi.org/10.1016/S0140-6736(02)07740-1)
- Gunderson, J. G. (1996). The borderline patient's intolerance of aloneness: insecure attachments and therapist availability. *American Journal of Psychiatry*, 153(6), 752-758. <https://doi.org/10.1176/ajp.153.6.752>
- Kjelsberg, E., Harting, P., Bowitz, H., Kuisma, I., Norbeck, P., Rustad, A., Seem, M., & Vik, T. (2006). Mental health consultations in a prison population: A descriptive study. *BMC Psychiatry*, 153(6), 1-9. <https://doi.org/10.1186/1471-244x-6-27>

- Levy, K. N., & Johnson, B. N. (2016). Personality Disorders, In book: *APA Handbook of Clinical Psychology Publisher*. APA Editors: J. C. Norcross, G. R. VandenBos, D. K. Freeheim. https://www.researchgate.net/publication/303407377_Personality_Disorders
- Logan, C., & Johnstone, L. (2010). Personality Disorder and Violence: Making the Link Through Risk Formulation. *Journal of Personality Disorders*, 24(5), 610-633. <https://doi.org/10.1521/pedi.2010.24.5.610>
- Roberts, A., & Coid, J. (2010). Personality disorder and offending behaviour: Findings from the national survey of male prisoners in England and Wales. *Journal of Forensic Psychiatry and Psychology*, 21(2). <https://doi.org/10.1080/14789940903303811>
- Sansone, R. A., & Sansone, L. A. (2009). Borderline personality and criminality. *Psychiatry*, 6(10), 16-20. https://www.researchgate.net/publication/40689063_Borderline_Personality_and_Criminality
- Sperry, L. (2018). *Tulburările de personalitate din DSM-5: evaluare, conceptualizare de caz și tratament, [Handbook of Diagnosis and Treatment of DSM-5 Personality Disorders, 3rd Edition]* (trad. din engleză de Camelia Dumitru). București: Editura Trei.
- Yu, R., Geddes, J. R., & Fazel, S. (2012). Personality disorders, violence and antisocial behavior: A systematic review and meta-regression analyses. *Journal of Personality Disorders*, 26(5), 775-792. <https://doi.org/10.1521/pedi.2012.26.5.775>
- Zanarini, M. C., Frankenburg, F. R., Reich, D. B., & Silk, K. R. (2007). The Subsyndromal Phenomenology of Borderline Personality Disorder: A 10-Year Follow-Up Study. *American Journal of Psychiatry*, 164(6), 929-935. <https://doi.org/10.1176/appi.ajp.164.6.929>