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The violent accounts of men diagnosed with co-morbid anti-social and borderline personality disorders

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Abstract

This study explored the violent offence accounts of life sentenced prisoners diagnosed with co-morbid Anti-social Personality Disorder (ASPD) and Borderline Personality Disorder (BPD). The aim of the current study was to gain needed clinical insight into the mechanisms involved in this specific group offenders' use of violence against others. Six adult male personality disordered offenders were interviewed via a semi-structured interview schedule to collate individual offence accounts. Interview transcripts were analyzed by the lead researcher (first author) using interpretative phenomenological analysis (IPA) who compared and contrasted findings to develop superordinate themes across the group. External auditing analysis was conducted by the second researcher. Four superordinate themes resulted. These were "A victim of a hostile and rejecting world", "Self as unacceptable to others", "Unwanted emotions that cannot be tolerated or controlled" and "Violent revenge as catharsis".   The results support the view that emotional dysregulation is central in driving acts of violence in those with co-morbid ASPD/BPD, nevertheless shame was particularly prevalent. Thus an argument is made for the adaptation of evidence based treatments for this specific forensic population to ensure a particular focus on helping men tolerate feelings of shame. The limitations of the study are also discussed.

Introduction

Antisocial personality disorder (ASPD) and borderline personality disorder (BPD) have consistently been found to be highly co-morbid in forensic samples (Coid et al., 2009). Indeed reviews of admissions of prisoners who met criteria for 'dangerous and severe personality disorder' have shown particularly high rates of ASPD and BPD co-morbidity, 62% in male prisoners assessed at The Peaks Unit within Rampton Hospital (Duggan & Howard, 2009) and 58% in male prisoners

assessed at the Westgate Unit within HMP Frankland (A. L. Bennett, personal

communication, 18 June, 2015). Whilst there is growing body of evidence

highlighting the high-risk nature of ASPD and BPD co-morbidity within offenders,

particularly their use of aggression (Freestone, Howard, Coid, & Ullrich, 2013;

Howard, Huband, Duggan, & Mannion, 2008; Newhill, Eack, & Mulvey, 2009) little

is known about the key mechanisms underpinning this specific group of offenders'

use of violence.

The role of emotional dysregulation as the primary mechanism that places this

group at risk of engaging violence has been proposed (Howard et al., 2008; Newhill et

al., 2009; Newhill, Eack, & Mulvey, 2012) and specifically difficulties regulating

anger (Scott, Stepp, & Pilkonis, 2014). It has also been argued that the association

between ASPD/BPD co-morbidity and violence is likely to be as a result of

impulsiveness, or more specifically hostile impulsivity, reflecting belligerence, non-

compliance and emotional under-control (Blackburn, 2009; Freestone et al., 2013). In

relation to BPD there has been some research assessing features of this disorder in a

small forensic sample, which found that unstable intense relationships and affective

instability were the traits linked to extreme violence (Raine, 1993).

The use of violence to escape vulnerable emotions such as shame,

abandonment and loneliness have been posited as possible mechanisms within a

range of personality disorders, including ASPD and BPD (Keulen-de Vos et al., 2014;

Schoenleber & Berenbaum, 2012; Velotti, Ellison, & Garofalo, 2014). It has also been

proposed that this specific forensic population share a pattern of externalizing

behaviour (Declercq et al., 2011; Warren & Burnette, 2012).

Whilst findings from these studies have yielded valuable insight, it has been argued that a focus on observable risk factors such as substance abuse, emotional control or impulsivity has resulted in the neglect of the subjective states of those who engage in violence and thus restricting clinical insight (Yang & Mulvey, 2012). Exploring the first person perspective of past offending will aid clinical understanding into the wider psychological processes that could act to increase the likelihood of violence. It will provide understanding and access to the thoughts and emotional states involved in violence, providing insight into offender's subjective experiences of the social situations and circumstances. Developing insight into the violent experiences of men with co-morbid ASPD/BPD may aid clinicians' formulation and assessment of risk. In addition, whilst there is now emerging evidence supporting the effectiveness of psychotherapies with this specific forensic population (Arntz, 2012; Paris, 2015; Yeomans, Clarkin, & Kernberg, 2002) further clinical insight into the mechanisms of violence may provide needed evidence to direct treatment specifically aimed at reducing levels of interpersonal violence. Thus given the restricted evidence base and clinical insight into the underpinning mechanisms of co-morbid ASPD/BPD offenders' use of violence, the study aimed, from a phenomenological perspective, to explore this specific group of offenders' subjective accounts of their violent offences.

Method

Participants

Six adult male prisoners all of whom were purposefully sampled, with the aim to identify participants with a diagnosis of co-morbid ASPD/BPD and a history of convicted violence. Those identified as suffering from psychosis at the time of their offences were excluded from the study. All of the participants had previously been assessed by a multidisciplinary team upon admission to personality disorder services

using a standardized assessment procedure. Axis I disorders were assessed using the

Structured Clinical Interview for DSM-IV (SCID-I; First et al., 1997). Axis II

disorders were assessed using the International Personality Disorder Examination

(IPDE; Loranger, 1999). Potential participants were then prioritized based on length

of stay on the unit, with those on the unit the longest given priority. The decision was

based on a rationale that these men had completed a significant proportion of their

recommended treatment plans and had worked extensively on identifying and

addressing violent cycles.   All of the participants were resident on a high secure

forensic personality disorder treatment unit, classed themselves as White British and

were serving indeterminate prison sentences (See Table 1 for the participant details,

identified here by pseudonyms). Participants included within the research sample all

provided fully informed written consent.

Data Collection

A semi-structured interview was developed to elicit the participants' violent

accounts. For the purpose of this study violence was defined as actual, attempted, or

threatened harm to another person. All interviews were conducted by the first author

and moved through the topics in a natural conversational manner. Open questions and

prompts were used to encourage the participants to share their experiences. The

interviews varied in length from approximately 30 to 65 minutes. All completed

interviews were transcribed verbatim; transcripts were anonymized and pseudonyms

used.

Data Analysis

The study was designed and analyzed using interpretative phenomenological

approach (IPA) (Smith & Osborn, 2014). We considered IPA the most appropriate

methodology as the study sought to understand participant's experiences and meaning

making of their past use of violence (Eatough & Smith, 2006; Willig, 2009). IPA is

considered a suitable approach when exploring the contextual subtleties of

phenomena such as emotion, interpersonal conflict and violence (Eatough & Smith,

2008), and when investigating areas which have ongoing significance and are

emotionally charged (Eatough & Smith, 2008).

Although there is no prescriptive methodology with IPA, this study has

followed recommended guidelines (Smith & Osborn, 2014). The process of analysis

involved treating each participant's interview as one data set, reading each transcript a

number of times, using the left hand margin to record what is considered important or

interesting content or language. The second stage took the form of using the right

hand margin to identify emergent themes, often using more psychological concepts.

Further refinement of these themes was achieved by identifying connections between

the emergent themes and clustering them appropriately into higher order themes. This

was done for each participant. Finally a table of super-ordinate themes was produced

through cross case comparison.

External auditing analysis was conducted by the second researcher. This

involved secondary analysis for objectivity to ensure the analysis was not confined to

one perspective (Smith, 2015). It included the scrutiny of all transcripts and the

analysis process to verify evaluations of the data and to examine whether the findings,

interpretations and conclusions were supported by the data to ensure dependability

and conformability (Creswell, 2013). This process allowed for suggested minor

modifications to some of the established themes and therefore assisted in the

verification and confirmation themes.

Researcher reflexivity

The main researcher (first author) was an adult male therapist working within

the high-secure personality disorder treatment service in which the study was based.

The researcher is known to some of the participants of this study and is actively

involved within the wider treatment environment of the personality disorder unit.

Whilst this could be construed positively or negatively for the purpose this research,

the implication of this are considered further within the Discussion. The second

researcher, also adult male, independent to the treatment service conducted external

auditing analysis to evaluate potential research bias and to provide external

perspective to which helped the lead researcher further question their perspective on

the data as whole.

Results

The analysis resulted in four super-ordinate themes. These overarching themes

and the corresponding sub-themes are summarized in Table 2. The themes and

associated sub-themes have been chosen for presentation based on their prevalence

across participants and the richness of data available. Quotations from participants are

used as evidence so the reader can determine the usefulness of the interpretations

(Smith and Eatough, 2006).

A victim of a hostile and rejecting world

This theme was central and reflected participant's perception of

victimization as being a fundamental stimulus to their use of violence. The

participants' accounts described a general sense of rejection, hostility and

alienation from other people. For some this hostility and rejection was seen as

almost societal, for others it is more specific, for example, intimate partners,

family or the authorities. This sense of hostility was related to a sense of

powerlessness and a view of self as a victim. The participants appear to see

powerful others as responsible for events unfolding and their subsequent distress.

There is no awareness or acknowledgement of their contribution to an undesirable

outcome, externalizing responsibility was a pertinent feature of the accounts:

"I just justified it all to myself right they knew what they were doing with

me they knew pushing it with me and they got their just rewards"

(Howard, lines 533-539)

"this person was to blame for everything, like in a way that my body has

been used" (Alan, lines 129-139-132)

Within the accounts there is evidence that once the men experienced a sense of

victimization this triggered memories of previous mistreatment, rejection and abuse.

These memories served to reinforce a sense of self as victim and others as abusive and

rejecting. For most these recollections occurred in the build up to their violence and

for some these memories are present during the course of their violence:

"with all the run in's I'd had with the police growing up and err and all the

other things I've endured during my life I just thought you know what I'm

just going to do what I want fuck the consequences and I did" (Ian, lines

153-155)

"All I was thinking about was all these things that had happened in my

past back when I was a kid I brought it all there it was there within me I

got dressed, went into the kitchen got some knives and a pan" (Alan, lines

135-137)

"it was basically every person who had done me wrong, every social

worker, every carer that had ever done me wrong it was like a flood"

(Peter, lines 95-96)

Of all the participants, only Scott's account did not include the super-ordinate theme 'a victim of a hostile and rejecting world'. Despite this omission, Scott's decision to engage in violence was driven by a desire to avoid rejection and potential retaliation from his peers. It could be argued that in this sense, he acts to prevent a triggering event, which he fears would result in the hostility, rejection and subsequent feelings described by the other participants.

"Well, being rejected was one of my biggest fears, I'm a person that likes

to be liked, so fear of rejection is the main part but also physically violent

as well, because they could have thought that this fucker is going to do a

runner and tell the police, or phone somebody you know what I mean"

(Scott, lines 119-121)

Self as unacceptable to others

In the build up to their violence, all six of the participants' accounts revealed an increasing sense of themselves as being unacceptable to others. This included feeling that one is bad, unwanted, inferior or invalid thus implying a sense of personal shame. For some, thoughts and feelings about their own self-worth were made explicit:

"It made me feel worthless" (Peter, line 53)

"Yeah it was difficult at that time because you have those feelings of self-

worth or the lack of self-worth you know and being rejected and feeling down

(Bernard, lines 60-61)

The accounts also revealed that participants showed a reliance on relationships and friendships to create a sense of self as worthwhile, lovable and acceptable. Without a relationship many of the participants reported to struggle with feelings of

loneliness and emptiness. As a result they expressed a general pre-occupation with

and fear of rejection:

> "if I have no one in my life I just feel empty, there is just that empty
>
> feeling" (Howard, line 293)
>
> "I don't like being alone, I feel isolated and worthless, as though I've got
>
> no meaning (Scott, lines 148-151)

The accounts did not reveal any prolonged process of self-criticism that

might be expected with the activation of a sense of self as unacceptable to others.

Instead, participants tended to ruminate, focusing externally towards those who

they saw as responsible for their suffering.

Unwanted emotions that cannot be tolerated or controlled

This theme was present in all cases.   The range of emotions present was

extensive and evidently become intolerable and distressing. Various attempts are

made to manage these emotions, most commonly through attempts to suppress

unwanted thoughts and feelings and through the use of alcohol and illegal substances.

These are inevitably unsuccessful and the men describe an escalation resulting in

them making a conscious decision to force a change in their situation and escape their

emotions. The language used by the participants also implies that their emotions are

experienced as overwhelming and uncontrollable, resulting in an inevitable outcome:

> "The only thing I can think of is I'd had enough. I thought fuck it" (Ian, line
>
> 125)
>
> "I walked around, I was angry, infuriated, highly depressed, highly
>
> anxious, I just thought fuck it I'm going back to prison it's easier" (Peter,
>
> lines 36-37)

"I couldn't cope emotionally I couldn't cope with what's going on, I was

immature emotionally I didn't know how to deal with it so the best way to

do it was is to get rid of it" (Howard, lines 190-191)

"come out in one explosion" (Peter, line 120)

Violent revenge as catharsis

The desire to take revenge is expressed in five of the six accounts, and often

follows a period of angry rumination. In most cases the men refer to periods of

rumination explicitly within their accounts, while in others it is inferred. For some

these ruminations last for a matter of hours, for others this process can be ongoing for

weeks and months. The rumination always involves thoughts and images of revenge,

and does not appear to result in relief for any of the participants:

"I'm going to hurt them, I'm going to hurt them back. I was going to go

into the flat and smash him to pieces in front of her and say that's what

happens when you play with fire" (Howard, lines, 342-345)

"sat in the corner for a bit and was wanting to do all sorts of damage, I

wanted revenge, to kill both of them that was what I was planning and

plotting and stuff" (Alan, lines 112-113)

The participants described their violence as primarily a means of securing

relief from their emotional turmoil, with violent revenge a means of regaining some

semblance of control or power, restoring pride and escaping from painful emotions

such as shame and loneliness:

"It was a relief it was a way of venting all of that I've suppressed

everything that's happened" (Howard, lines 377-378)

"for some reason I just took all of the anger and all of the frustration, it

was like fuck it I'm going to take it all out on you, I just started thrusting

the knives" (Peter, lines 68-69)

After the violence, the men described their sense of relief, thus reflecting

violence as being an opportunity for catharsis and participants describe a sense of

calmness or numbness, replacing the emotional tension which had gone before:

"I don't know what happened I think I just shut down, blanked everything

out" (Ian, lines 184-185)

"within a short period it was gone, just went, I felt calm" (Bernard, lines

197-204)

Given the violent histories of the participants of this study prior learning that

violence provides relief from such negative emotions may already exist. As well as a

release from negative emotions, the violence transforms a sense of self as

unacceptable, with a shameful self-view replaced with a powerful malevolent self,

which is more acceptable to the participants:

"I just wanted to put the pillow over his head and take him out completely

and be that bastard, that monster"; "that's what I thought I needed to do at

the time"; "be the person that is strong not weak, who is in control"; "it

was the only way, shed this stuff that has actually happened and take

revenge on people" (Alan, lines 144-152)

Discussion

The violent offence accounts analyzed in this study provide support for those

who have identified emotional dysregulation as a key mechanism in driving acts of

violence in men with co-morbid ASPD and BPD (Howard et al., 2008; Newhill et al.,

2012). In terms of specific emotions, shame was particularly prevalent within the

offence accounts. In all but one case, feelings of shame were triggered by a variety of

forms of real or predicted rejection which resulted in the activation of an unacceptable

self-view. In the one case where shame was not triggered, the participant engaged in a

process of affective or shame forecasting (Wilson & Gilbert, 2003), where a fear of

rejection from his peers and desire to remain an accepted drove his decision to take

part in the violent act of murder.

Internalized shame and maladaptive shame-regulation have been described as

key factors leading to aggression and violence (Velotti et al., 2014). It has also been

argued that maladaptive shame regulation is at the core of many pathological

personality features, and that it is the inability of individuals to regulate feelings of

shame that maintains personality pathology (Schoenleber et al., 2011). From the

offence accounts, it is clear that the participants were unable to successfully use

emotion regulation strategies to avoid or alleviate shame. A loss of status or

threatened self-esteem have been identified as key fears for aggressive patients

diagnosed with ASPD, that have to be dealt with by demanding respect from others,

controlling those around them and through acts of violence (Bateman, Bolton, &

Fonagy, 2013; Gilligan, 2003). Shame has also been identified as a central feature of

BPD (Crowe, 2004; Nathanson, 1994). Rusch et al., (2007) found that those with

BPD reported higher levels of state shame and shame proneness than healthy controls

and individuals with Axis I disorders.

Raine (1993) found that affective instability and unstable intense relationships

were the traits of BPD linked to extreme violence. In the current study, a number of

the participants described relationships as vehicles through which they sought to feel

acceptable and avoid feelings of loneliness, emptiness and shame. It maybe that men

who have such unstable intense relationships are more frequently exposed to rejection

and subsequently shame. This may explain why men with these particular traits

appear at a greater risk of shaming experiences and subsequently of engaging in

violence.

The process by which personal shame resulted in violence as evidenced within

the offence accounts began with the adoption of a victim stance and the externalization

of responsibility. This is consistent with the finding that shame is associated with

aggression towards others in individuals who demonstrate a greater tendency to

externalize blame (Stuewig, Tangney, Heigel, & McCloskey, 2010). The

externalization of responsibility for personal distress combined with feelings of

victimization have also been identified as potentially facilitating violence in a previous

case study where a diagnosis of BPD and secondary psychopathy has been suggested

(Declercq et al., 2011). The participants in the current study reinforced a sense of self

as victim by ruminating and reliving previous real or perceived victimization and

unfair treatment. For them, in the build up to their violence, the world and other

people are seen as increasingly malevolent, rejecting and controlling.

The participants in this study used violent revenge as a means of catharsis,

where violence acts primarily to provide relief from unbearable emotional and

psychological tension (Schlesinger, 1996, 2007). From the perspective of those who

support the shame aggression link, violence is thought to occur when feelings of

shame are so overwhelming that the individual refocuses self-hatred onto others, who

they come to see as malevolent, controlling and responsible for their suffering (Lewis,

1971; Schoenleber et al, 2011; Velotti et al., 2014). In the current study victims were

either viewed as the source of the participants suffering or violent revenge was

displaced onto others. This process of refocussing self-hatred onto others has been

described as a form of projective identification, which is thought to stem from a

disorder of attachment, with threats of abandonment in the present acting to trigger

memories of early experiences of abandonment and neglect (Meloy, 1992). A process

of projective identification is also described in the literature relating to pathological

forms of revenge and again links are made to early problems in development

(Grobbink, Derksen & van Marle, 2014).

Implications for Clinical Practice

The use of structured professional judgment guidelines in complex cases is

considered central to risk assessment and management in forensic services. These

guidelines work as analytical tools to help professionals deconstruct their cases, focus

their attention onto key risk factors and then use that information to produce a

practically useful formulation grounded in theory and research (Cook, Murray, Amat,

& Hart, 2014). The findings from this study would suggest that when engaged in the

formulation of complex violent offenders diagnosed with co-morbid ASPD/BPD

particular attention should be given to emotional regulation, and more specifically the

regulation of shame. In the current study, an inability to tolerate and regulate a range

of feelings including shame coupled with the externalization of responsibility resulted

in violence being used to achieve relief, both emotional and psychological.

In terms of treatment, a recent review of psychotherapies for BPD concluded

that patients benefit from clear and structured approaches that can involve different

techniques and different theories, and that in practice all therapies for BPD share

common features, in particular a focus on emotion regulation and behavioural and

interpersonal skills (Paris, 2015). This includes therapies such as dialectical behavior

therapy (DBT; Linehan, 1993) and mentalization-based treatment (MBT; Bateman &

Fonagy, 2009). These existing treatments do not focus explicitly on shame. We

would argue that for the men with co-morbid ASPD and BPD who took part in this

study, therapies which focus specifically on the regulation of shame seem an

appropriate intervention aimed at reducing the risk of violent recidivism. Some have

argued that such interventions can be provided by adapting current evidence based

therapies such as DBT, for example, focusing more explicitly on shame during distress

tolerance work (Schoenleber et al., 2011). It has also been argued that the goal of

shame focused therapies in offender populations should be to reduce offenders'

tendency to experience shame, while increasing their capacity to experience shame

free guilt (Velotti et al., 2014).

Limitations of the current study

It is acknowledged that a number of limitations exist and conclusions must be

drawn with caution. The current study involved six participants, whilst an appropriate

number for IPA (Smith & Osborn, 2014) restrictions on the generalizability of the

findings must be acknowledged. All of the men in this study were diagnosed with

ASPD and BPD, yet other personality diagnoses were also present (see Table 1) which

may have influenced the results. All of the participants chose to discuss acts of

violence which were serious and life threatening, which we would predict is not

typical of the majority of violent acts committed by men with co-morbid ASPD/BPD.

As a result, these findings may not generalize to less serious or non-threatening acts of

violence.   All of the participants were adult males, and whether the same themes

would emerge in the violent accounts of women diagnosed with co-morbid

ASPD/BPD remains an unknown. As highlighted previously, the researcher, has an

active role within the unit. Therefore, whilst a positive rapport existed with some of

the participants, true objectivity was not possible to achieve as this rapport may have

increased demand characteristics.

Future Research

Although the finding that shame is central feature within the violent offence accounts of men diagnosed with co-morbid ASPD/BPD is important in itself, further research would be needed to determine whether shame and the themes that emerged are unique to this group. We would suggest exploring the violent accounts of men diagnosed with ASPD without BPD and BPD without ASPD to establish if co-morbidity changes the violent narrative or account in anyway. The same studies could be carried out with women, to establish if there are gender differences. Exploratory research into the first person perspective or violent accounts of a number of groups including those diagnosed with other personality disorders or developmental disorders may well provide information to help us understand the thoughts and emotional states involved in their use of violence.

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Participant	Age (at time of violence)	Personality Disorder Diagnosis	PCL-R score Total (Factor I/Factor 2)	Offence Type	Diagnosed co-morbid Axis I Disorders
Scott	31	Antisocial, borderline	27 (11/15)	Murder	Amphetamine abuse lifetime, cannabis abuse lifetime
Bernard	24	Antisocial, borderline	24 (10/18)	Murder	Alcohol dependence lifetime, alcohol abuse lifetime, substance abuse lifetime
Howard	35	Antisocial, borderline, histrionic, avoidant	25 (8/15)	Section 18 Wounding W/I to cause GBH x2	Major depressive disorder lifetime, alcohol dependence lifetime, post traumatic stress disorder lifetime
Alan	22	Antisocial, borderline	27 (7/18)	Section 18 Wounding W/I	Alcohol abuse lifetime, substance abuse lifetime
Ian	29	Antisocial, borderline, probable paranoid	29 (7/19)	Arson	Alcohol dependence lifetime, alcohol abuse lifetime, Inhalant dependence lifetime, inhalant abuse lifetime
Peter	19	Antisocial, borderline, probable paranoid	18.9 (7/11.9)	Section 18 Wounding W/I to cause GBH	Major depressive disorder lifetime, alcohol abuse lifetime, cannabis abuse lifetime, hallucinogen abuse lifetime, post traumatic stress disorder current and lifetime, agoraphobia without history of panic disorder

Table 1. Participant Characteristics

Note. PCL-R = Psychopathy Checklist-Revised.

Table 2. Table of themes

Super-ordinate themes	Sub-themes
A victim of a hostile an rejecting world	Self as victim The world is against me Reliving rejections and abuse
Self as unacceptable to others	Self as defective Relationships as self-worth
Unwanted emotions that cannot be tolerated or controlled	Unwanted negative emotions Emotions that are intolerable and uncontrollable
Violent Revenge as Catharsis	I am hurting they need to be hurt Rumination Violence to achieve relief Violence to transform self