

## Personality Disorders Among Individuals Sentenced to Prison: Psychiatric Comorbidity

Mehdi Zemestani <sup>1,\*</sup>, Naser Ghasemzadeh <sup>2</sup>

<sup>1</sup> Department of Clinical Psychology, University of Kurdistan, Sanandaj, Iran

<sup>2</sup> Criminal Law and Criminology, Iran

\* Corresponding author: Mehdi Zemestani, Department of Clinical Psychology, University of Kurdistan, Sanandaj, Iran. E-mail: m.zemestani@uok.ac.ir

DOI: 10.21859/ajlsr-0402092

Submitted: 14.12.2015

Accepted: 23.02.2016

### Keywords:

Personality Disorders

Diagnostic and Statistical Manual of Mental Disorders Disease

© 2016. American Journal of Life Science Researches.

### Abstract

**Introduction:** The present study aimed to comprise personality characteristics among individuals sentenced to prison and normal people.

**Methods:** The design of study was causal-comparative. The sample included 100 men (100 prisoners, and 100 normal who were living in Tabriz city) that by considering of entry criteria's selected by convenience sampling. Both groups matched on age, gender, marital status, social- economic status, residential area. Data were gathered by millon clinical multiaxial Inventory-II (MCMI-II) and structured clinical interview for DSM-IV axis II personality disorders (SCID-II), that administered among selected samples.

**Results:** The results showed the clinical scale figure in both groups there was a significant difference, so that the scale of schizoid (23.85), avoidant (22.72), dependent (24.55), antisocial (36.74), aggressive-sadistic (31.74), borderline (31.86) and paranoid (26.03) significant differences were observed between the two groups. Also, the highest score in individuals sentenced to prison allocated to antisocial personality disorder.

**Conclusions:** These findings have some implications; according to the results it seems considering of Antisocial Personality cues can be useful in preventive programs of crime.

## INTRODUCTION

Delinquency is a phenomenon that has affected the personal and social aspects of human being's life throughout human history. Committing crime and community infringement on the one hand destroy the desirable coexistence of individuals and community and is followed by community's reaction; and on the other hand it challenges the philosophy of human being's social life (providing security, welfare and meeting mutual needs) [1]. Criminal behavior which is a synonym for crime and delinquency is a voluntary action done by an individual; because they are in a position that understand the crime and allow themselves to do it; but this action is against the common norms and values in the community [2]. Different studies have shown that the incidence of crime in many countries is increasing. In most of these studies, the relation between personality disorders and committing a crime has been proved. This fact has been proved that crime is a multidimensional phenomenon and ignoring each one of these factors problematize fighting against it. Currently, most psychologists and psychiatrists consider crime as biological, mental and social phenomenon under the influence of environmental and social factors in individuals' personality [2]. Kinberg considers bio-psychological structure as the main and central axis of their behavior. Kinberg states that each individual's behavior is a reaction against the environmental stimuli and according to their personality structure [3]. Stefani et al. states that one of the important factors that could help us explain the crime and criminal behavior and is considered as the only

appropriate method existing for surveying criminal behavior is detecting the criminals' personality [4]. Calvo and Eysenck believes that delinquent behaviors are resulted from specific personality traits. Combination of environmental conditions and neurological and personality factors results in creation of different types of crimes [5]. This assumption indicates that some characteristics are disposed to committing crime more than others [6]. Several surveys have shown that criminals usually have serious personality disorders and these problems could have root in basic personality traits [7]. Personality could be defined as relatively stable mental and physical tendencies; tendencies determining the individual's compliance with the mental and social environment [8]. According to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) personality disorder is lasting mental and behavioral experience which does not match cultural criteria and it has an uncompromising influence; starting from adolescence or young adulthood; it does not change over time and results in individual's dissatisfaction and disturbing their performances [9]. In Iran few researches have been conducted regarding the criminals' personality. In a research conducted by Palahang named surveying the prevalence rate of personality disorders in imprisoned criminals of Sharekord, conducted on a 216-individual sample, results showed that prevalence rate of personality disorders in the studied sample is 55.2% and antisocial personality disorder with 18.2% is the most common disorder [10]. In another

research the results showed that 96% of murderers have antisocial personality disorder [11]. Aghanwa [12] concluded that antisocial personality disorder has been connected with delinquent behavior and suicide in a number of researches. Achieved research results up to now indicate that there is a significant difference between personality traits of prisoners and normal individuals; and in Iran few researches have been conducted regarding the criminals' personality and its cures. Since individuals sentenced to imprisonment have personality disorders and suffer from more disorders compared to normal individuals, the question is that what type of personality disorders exist in the individuals sentenced to imprisonment and which of them have the highest frequency?

**METHODS**

Regarding the nature of the subject, the research design is descriptive, causal-comparative. The research statistical population consists of two parts: male individuals sentenced to imprisonment in Tabriz prison and male non-criminal normal individuals with no history of convictions. Among the individuals of both populations, ultimately 200 individuals were chosen as the research sample according to the research entry criteria and by the use of convenience sampling method. The sampling method of individuals sentenced to imprisonment was in way that, 150 criminal males in Tabriz central prison passing their sentence that had the criteria required for the study were chosen. The sampling method for normal males was in a way that firstly regarding the research criteria, 120 males who had no history of convictions were chosen and then from this numbers the individuals who had the criteria required for entering the research were chosen and then they were matched with the normal group in terms of age, gender, marital status, socio-economic status and living area. The research entry criteria include: male gender, age range of 20-45, living in Tabriz, and no history of conviction for normal individuals group. From 270 examinees in two groups, 50 individuals from the group sentenced to imprisonment and 20 individuals from normal group were eliminated from the statistical population due to lack of cooperation, incomplete questionnaire or not filling out the questionnaire. From 200 remaining examinees, 100 individuals were sentenced to imprisonment and 100 individuals were from normal individuals and they were chosen as the research sample.

**Tools**

1) Millon Clinical Multiaxial Inventory-II (MCMI-II) [13]. This is a self-assessment scale with 175 Yes/No items which measure 14 clinical model of personality and 10 clinical symptoms and is used for over 18 adults. This questionnaire is one of the most important instruments used in objective assessment of clinical symptoms represented in axis one and personality disorders of axis two of DSM-IV-IR. Scores on the personality and clinical syndromes scales run from 0 to 115, with those above 85 suggesting pathology in the disordered range. The validity of the scales of this test was determined by diagnostic reliability and by using characteristics of the factor. The diagnostic validity of all the scales was computed in relation to the predictive ability of positive and negative. The reliability of this questionnaire for personality disorder scales with the correlation coefficient between 0.58 and 0.93 and with the average of

0.78 was computed by test-retest method and for scales of clinical symptoms with correlation between 0.44 and 0.95 with the average of 0.8013. In this research the personality scales have been used.

2) Structured Clinical Interview for DSM-IV axis II Personality Disorders (SCID-II) [14]: The SCID-II is a diagnostic exam used to determine DSM-IV personality disorders. The Diagnostic Interview for DSM-IV Personality Disorders has demonstrated good inter-rater and test-retest reliability [15]. Interviews were conducted by trained master-level clinical assessor. All interviews were reviewed by a PhD-level psychologist, with diagnoses confirmed in consensus meetings.

**RESULTS**

Regarding the research design which is causal-descriptive, two groups needed to match for comparison; to this aim in this research two groups were matched in terms of variables of age, gender, marital status, socio-economic status and living area. Independent t-test was used for surveying the conformity of groups in terms of age. Results indicated that two studied groups had conformity in terms of age ( $t = 1.213, P > 0.05$ ). Two-variable Chi-square was used for surveying the conformity of groups in terms of socio-economic status. Chi-square test results indicated the lack of relation between two variables (Chi-square = 1.080,  $P > 0.05$ ); in other words in terms of income variable two groups had conformity.

Data analysis results are shown in Tables 1-3; in terms of marital status most criminals were single (68.6%) and the rest (31.4%) were married. According to Table 1, total number of studied criminals in this research is 100 individuals; from 100 individuals, 52% of criminals had primary school degree, 23% had guidance school degree, 18% had diploma, 5% had associate degree and 2 %had bachelors' degree and higher. As it is observable, primary school degree and guidance school degree had the highest frequency, respectively and bachelors' degree and higher had the lowest frequency.

**Table 1:** Frequency and Percentage of Respondents Based on Criminals' Education Level

Education Level	Frequency (%)	Cumulative Frequency
Primary School	52 (52)	52
Guidance School	23 (23)	75
Diploma	18 (18)	93
Associate Degree	5 (5)	98
bachelor Degree & Higher	2 (2)	100

**Table 2:** Frequency Distribution and Percentage of Respondents Based on Criminals' Age

Age	Frequency (%)	Cumulative Percentage
25-30	27 (27)	27.3
30-35	48 (48)	75.8
35-40	20 (20)	96
40-45	4 (4)	100
Total	100 (100)	-

**Table 3:** Mean and Standard Deviation of Scores in Individuals Sentenced to Imprisonment and Normal Individuals Based on Personality Characteristics

Subscale	Mean ± SD	t	df	P Value
<b>Schizoid</b>		-2.23	188	0.02
Normal	23.03 ± 2.84			
Criminal	23.85 ± 2.21			
<b>Avoidant</b>		-2.83	185	0.00
Normal	21.72 ± 2.69			
Criminal	22.73 ± 2.10			
<b>Dependent</b>		-2.25	185	0.02
Normal	23.67 ± 3.02			
Criminal	24.55 ± 2.23			
<b>Histrionic</b>		-1.24	182	0.21
Normal	24.86 ± 3.12			
Criminal	25.32 ± 1.81			
<b>Narcissistic</b>		-1.47	185	0.14
Normal	24.68 ± 2.91			
Criminal	25.27 ± 2.56			
<b>Antisocial</b>		-3.37	182	0.00
Normal	34.83 ± 4.28			
Criminal	36.76 ± 3.40			
<b>Aggressive/Abusive</b>		-2.36	185	0.01
Normal	30.75 ± 3.00			
Criminal	31.74 ± 2.70			
<b>Obsessive/Compulsive</b>		-0.67	187	0.50
Normal	25.45 ± 3.05			
Criminal	25.71 ± 2.15			
<b>Passive/Aggressive</b>		-0.09	175	0.92
Normal	23.32 ± 3.14			
Criminal	23.36 ± 2.52			
<b>Self-defeating</b>		-1.40	181	0.16
Normal	23.76 ± 2.24			
Criminal	24.20 ± 1.96			
<b>Schizotypal</b>		0.14	181	0.89
Normal	24.22 ± 3.31			
Criminal	24.16 ± 3.02			
<b>Borderline</b>		-2.80	184	0.00
Normal	24.74 ± 2.99			
Criminal	31.86 ± 2.40			
<b>Paranoid</b>		-1.37	184	0.00
Normal	25.49 ± 2.57			
Criminal	32.03 ± 2.76			

As Table 2 shows, among criminals, age range of 30-35 years has the highest frequency (48%) Frequency of other age ranges was: 25-30 (27%), 35-40 (20%) and 40-45 (4%). And one case was no answer.

Independent t-test was used for testing the research main hypothesis of difference between personality disorders of indi-

viduals sentenced to imprisonment and normal individuals. Based on Table 3, the personality disorders rate (schizoid, avoidant, dependent, antisocial, aggressive/abusive, borderline and paranoid) is different for individuals sentenced to imprisonment and normal individuals; because the results are significant referring to the t-test amount at error lev-

el smaller than 0.05; thus with 95% confidence it could be stated that there is a significant difference between the mentioned personality traits of individuals sentenced to imprisonment and normal individuals; and the mean of mentioned disorders among imprisoned criminals is higher.

Table 3 shows that in imprisoned criminal individuals, the highest score belonged to antisocial (36.76), aggressive/abusive (31.74), borderline (31.86) and paranoid personality disorder (32.03), respectively. Also, as we could see the highest score in individuals sentenced to prison allocated to antisocial personality disorder. This finding was validated by the Structured Clinical Interview for DSM-IV axis II Personality Disorders.

## DISCUSSION

In general the aim of this research was examining the personality traits of criminal individuals. Research results showed that antisocial, aggressive/abusive, borderline and paranoid personality disorders was higher than normal for individuals sentenced to imprisonment, and the highest personality disorder among criminals, was antisocial personality disorder. This finding is consistent with research results of Aghanwa [12], Assadi et al. [16], Coid et al. [17] and Mazaheri et al. [18].

According to the current research results, paying attention to individuals sentenced to imprisonment who have antisocial personality disorder (that had the highest frequency in the current research) is very important. According to Black et al. [19], some criminals are more subject to recommitting a crime; and the possibility of committing acts of violence is higher in antisocial criminals after being released. In fact, individuals with antisocial personality disorder have characteristics such as telling lies, escaping school and home, theft, quarrel, alcohol abuse, drug abuse, self-indulgence and illegal behaviors. One of the main characteristics of these individuals is lack of remorse and sense of guilt for committing crimes; and it seems that these individuals do not have conscience. These features (audacity, lack of conscience and also irritability) increase the possibility of criminal behavior [20, 21]. Thus there is a necessity for introducing these individuals to care centers after being released from prison so that they receive mental health services and attend group therapy sessions in order to eliminate antisocial personality disorder which has been the main disorder of the sample in this study. The current research had some limitations; Lack of cooperation of some of the respondents (criminals) for participating and answering the whole test and/or answering some of the test questions and the research sample including the male criminals of Tabriz prison; thus it is necessary to be careful in generalizing the current research results to other geographical zones; thus due to lack of presence of women in sampling, the results have generalizability for men. It is suggested to avoid commutation of sentence for mental patients (especially criminals with antisocial personality disorder); because their prognosis is very weak and after being released they are more prepared for recommitting crimes compared to other criminals. It is suggested to use female samples in the future researches. Teaching the appropriate parenting styles to parents regarding how to deal with children, general methods of behaving and dealing with problems of life, explaining the needs and demands of adolescence, young adulthood and

adulthood through print or non-print media and providing methods for meeting these needs and dealing with them establishing technical support centers in different fields such as financial, career, counseling support such as family, psychological, legal, social counseling and leading different individuals toward appropriate paths of life according to their conditions and needs; raising the level of public culture in how to deal with criminals and mental patients that are prepared for committing crimes; economic and legal support from families with specific conditions and making efforts for reducing mental illnesses are also some other ways suggested regarding the necessity of preventing from social issues.

## ACKNOWLEDGEMENTS

None declared.

## CONFLICTS OF INTEREST

There is no conflict of interests.

## REFERENCES

1. Mahdavi M. Preventing crime. 1st ed. Tehran: Samt publications; 2011.
2. Sotodeh HA. Psychology of crime. 7th ed. Tehran: Avay-e Nour Publications; 2011.
3. Gassin R. Theoretical criminology. Translated by Keynia. Tehran: Majd Publications; 2010.
4. Levine SZ, Jackson CJ. Eysenck's theory of crime revisited: Factors or primary scales? *Legal Criminol Psychol.* 2004;9(1):135-52.
5. Calvo MG, Eysenck MW. Phonological working memory and reading in test anxiety. *Memory.* 1996;4(3):289-305. DOI: [10.1080/096582196388960](https://doi.org/10.1080/096582196388960) PMID: [8735612](https://pubmed.ncbi.nlm.nih.gov/8735612/)
6. Pot Whine D, Simona AP. Psychology and crime. Translated by Najafi Tavana D. Tehran: Bonyad-e Hoghoughi Mizan Publication; 2012.
7. Jazayeri AR. Surveying and comparing the relation between components of personality traits and coping strategies in 30-36 year old individuals addicted to opium. *J Res Addict.* 2003;3:1-7.
8. Sadock BJ, Sadock VA. Kaplan and Sadock's comprehensive textbook of psychiatry. 10th ed. Philadelphia: Lippincott: Williams & Wilkins; 2016.
9. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, VA: American Psychiatric Association; 2013.
10. Bashari Olad AH. Surveying the frequency of personality disorders among female prisoners of Tehran and Karaj. *Iran J Psy.* 2003.
11. Rasmussen K, Storsaeeter O, Levander S. Personality disorders, psychopathy, and crime in a Norwegian prison population. *Int J Law Psychiatry.* 1999;22(1):91-7. PMID: [10086294](https://pubmed.ncbi.nlm.nih.gov/10086294/)
12. Aghanwa HS. The characteristics of suicide attempters admitted to the main general hospital in Fiji Islands. *J Psychosom Res.* 2000;49(6):439-45. PMID: [11182438](https://pubmed.ncbi.nlm.nih.gov/11182438/)
13. Millon T. Manual for the MCMI-II. Minneapolis. MN National computer; 1987.
14. First MB, Spitzer RL, Gibbons M, Williams JBW, Benjamin L. Structured clinical interview for DSM-IV axis II personality disorders (SCID-II). New York: Biometrics Research Department, New York State Psychiatric Institute; 1996.
15. Zanarini MC, Skodol AE, Bender D, Dolan R, Sanislow C, Schaefer E, et al. The Collaborative Longitudinal Personality Disorders Study: reliability of axis I and II diagnoses. *J Pers Disord.* 2000;14(4):291-9. PMID: [11213787](https://pubmed.ncbi.nlm.nih.gov/11213787/)
16. Assadi SM, Noroozian M, Pakravannejad M, Yahyazadeh O, Aghayan S, Shariat SV, et al. Psychiatric morbidity among sentenced prisoners: prevalence study in Iran. *Br J Psychiatry.* 2006;188:159-64. DOI: [10.1192/bjp.188.2.159](https://doi.org/10.1192/bjp.188.2.159) PMID: [16449704](https://pubmed.ncbi.nlm.nih.gov/16449704/)
17. Coid J, Yang M, Ullrich S, Roberts A, Moran P, Bebbington P, et al. Psychopathy among prisoners in England and Wales. *Int J Law Psychiatry.* 2009;32(3):134-41. DOI: [10.1016/j.ijlp.2009.02.008](https://doi.org/10.1016/j.ijlp.2009.02.008) PMID: [19345418](https://pubmed.ncbi.nlm.nih.gov/19345418/)
18. Mazaheri M, Khalighi N, Raghbi M, Sarabandi H. Prevalence of personality disorders among female prisoners of Zahedan prison. *Zahedan*

- J Res Med Sci. 2011;13(3):46-9.
19. Black DW, Gunter T, Loveless P, Allen J, Sieleni B. Antisocial personality disorder in incarcerated offenders: Psychiatric comorbidity and quality of life. *Ann Clin Psychiatry*. 2010;22(2):113-20. [PMID: 20445838](#)
  20. Rice ME. Violent offender research and implications for the criminal justice system. *Am Psychol*. 1997;52(4):414-23. [PMID: 9109349](#)
  21. Warren JI, Burnette SC, Chaaahan P. The Relationship between Narcissism and antisocial personalities. Saint Bonaventure Uni. 2002.