SPECIFIC PERSONALITY DISORDER AS A RESULT OF NEGATIVE EVENTS IN CHILDHOOD AND ADOLESCENCE

review article

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SOUHRN

Fischer S, Žukov I, Kuželová H, Ptáček R. Specifická porucha osobnosti jako důsledek negativních zkušeností v průběhu dětství a dospívání

Obsahem článku je prezentace výsledků výzkumu, v jehož rámci byly zjišťovány souvislosti mezi negativními zkušenostmi v dětství a dospívání a následnými potížemi se společenským uplatněním. Stejná souvislost byla zjišťována ve vztahu k rozvoji antisociálních forem chování. Šetření byly podrobeny vybrané skupiny delikventní mládeže. Dosažené výsledky ukazují na statisticky významné souvislosti mezi traumatizací a následně sníženými adaptačnímu schopnostmi. Konstatujeme, že byly prokázány důsledky negativního vývoje v dětství a dospívání, které spočívají v celkově snížených schopnostech se později ve společnosti uplatňovat sociálně přijatelným způsobem. Tyto potíže dokonce mohou ústit až v typické příznaky specifických poruch osobnosti, a také v maladaptaci, kdy způsob seberealizace spočívá u šetřených osob v jiných typech strategií. Tyto strategie jsou pro normální společenské fungování nepotřebné. Při dosahování potřeb se bohužel jedná často o antisociální formy chování.

Ze zjištění vyplývá, že traumatizace se může stát významnou příčinou nejen delikvence, ale také příčinou rozvoje specifické poruchy osobnosti. Zjištění a výsledky jsou využitelné pro forenzní psychologickou praxi. Jsou využitelné pro diagnostiku, a pro následnou terapeutickou práci s delikventní mládeží.

SUMMARY

Fischer S, Žukov I, Kuželová H, Ptáček R. Specific personality disorder as a result of negative events in child-hood and adolescence

The article is an analysis of antisocial behaviour of delinquent youth. The relationships between negative events in childhood and adolescence, and subsequent problems in self-realization were studied. The relationships were analyzed in relation to the development of forms of antisocial behaviour. Psychological characteristics in the selected groups of juvenile delinquents and a control group were compared. Methods based on RSTI (Risk Sophistication Treatment Inventory), HARE PCL (Hare Psychopathy Checklist), and TSC 40 (Trauma Symptom Checklist) were used. Statistically significant differences were observed between trauma and the subsequently lower adaptation skills and development of typical symptoms of specific personality disorders. The findings suggest that negative events in childhood and adolescence may be a significant predictor of personality disorders in adulthood. The findings are in accordance with previous studies. Clinicians and researchers should be highly aware of stress and trauma in childhood as a risk factor for later psychopathological development.

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Key words: psychological abuse, emotional deprivation, traumatization, ag-

Klíčová slova: psychické týrání, emoční deprivace, traumatizace, agresivita, poruchy chování, specifické poruchy osobnosti, problémy se společenským uplatněním.

gression, behavioural disorders, specific personality disorders, problems to selfrealization.

INTRODUCTION

Specific personality disorder is a serious disturbance in individual personality structure and behaviour.^{1,2} Specific personality disorder is diagnosed when rigid and maladapted personality traits seriously impair the ability to work. Related problems lead to inappropriate problemsolving and impair functioning and self-realization. Specific personality disorder is almost always connected with social failure. It is persistent and generally has a permanent effect on almost every area of an individual's life.

People with specific personality disorders do not feel anxious, do not lose contact with reality, and have no motivation to change their behaviour, which has a negative effect on treatment. Impulsiveness, absence of guilt, egocentrism, and a permanent disrespect for social norms are typical features of dissocial personality disorder.² The causes of the disorder are explained on the basis of genetic³ and biological influences^{4,5} and a hostile and negative environment in the family. Emotionally unstable personality disorder is manifested by difficulties in self-conception and self-esteem and difficulties in social relationships. The causes include an unstable family environment, frustration, and deprivation due to an extremely unstable, challenging, and hostile environment.²

It is difficult to distinguish biological causes^{6,7,8} from negative family environment. According to Cloninger,⁹ classical bio-criminological theories have several deficiencies, mainly in the interpretation of delinquent behaviour originating on the basis of biological factors. An unanswered question is how to correct unacceptable behaviour in the case of major effect of personal features on personality disorder development.¹⁰ The present article points to these connections.

Many studies have analyzed relations between psychic trauma and subsequent personality disorder.^{11, 12} One of the causes of personality disorder is trauma. Symptoms of dissocial, emotionally unstable, and persistent personality disorders have been investigated.^{13, 14}

Few studies have focused on social employment as connected with trauma. Theoretically, the need of self-realization can influence, compensate for, or reduce the symptoms of personality disorder. From this point of view the results of the present study can be useful. According to several studies, ^{13, 15} the most important goal is to find optimal therapeutic programs.

This article presents the results from research performed with the aid of a grant from the Czech Science Foundation, aimed to analyzing antisocial behaviour of delinquent youths. As results of negative events during childhood and adolescence, especially psychological abuse and deprivation, in practice we can observe generally lower levels of adaptability in individuals who were exposed to these stressful situations. They generally have problems with self-realization through socially acceptable means.

These adjustment problems may manifest as different forms of behavioural disorders. They often develop into various forms of antisocial behaviour. The most important include impulsiveness and aggression, addictive behaviour, delinquency and crime. Diagnosis of these problems is very important, especially if it is focused on individual perspectives: in terms of corrections of antisocial behaviour and social employment demands solving; as well as in the prognosis of social assertion and self-realization according to social norms and demands.

MATERIALS AND METHODS

Associations between negative development, previously described, and subsequent consequences of reduced adaptability were analyzed. Specifically, the following issues were compared:

- Negative experiences during childhood and adolescence, mainly psychological abuse (trauma) and psychological deprivation
- Symptoms of personality disorder (antisocial; emotionally instable; persistent)
- Difficulties in partner relationships
- Difficulties with working
- Evaluation of general predispositions to socially acceptable self-realization.

Our own version of a personality questionnaire, using the foreign experience with the diagnostic methods RSTI (Risk Sophistication Treatment Inventory)¹⁶, HARE PCL (Hare Psychopathy Checklist)¹⁷ and TSC 40 (Trauma Symptom Check List)¹⁸ were used for research.

To determine statistically significant differences in the investigated factors, Fisher's LSD test was used at the significance level of α -0,05 (for multiple comparisons). Research was conducted in the juvenile population of delinquents and in a control group (N = 544; age 15-26 years):

delinquent youth in institutional and protective institutional care (N = 144)

- young offenders prisoners (N = 110)
- individuals dependent on psychoactive non-alcoholic substances (N = 74)
- unemployed individuals (N = 66), (control group on the question of self-realization versus personality disorder)
- control group (N = 150)

RESULTS

The research found statistically significant differences among observed groups of delinquent youth, unemployed group and the control group. Effects of intensive, repeated and long-term neglect and psychological abuse (characterized as a significant psychological trauma) were found in delinquent individuals. Statistically significant differences were found among youths in institutional and protective institutional care, dependent individuals and prisoners. These differences depend on the age at which defence mechanisms (a displacement and more intensive development of personality disorder symptoms) were developed. (See Figure 1, 2).

All groups of the delinquent population show symptoms of specific personality disorder. Anti-sociality and emotional instability are to the main symptoms, including: rationalization of own behaviour, feeling free to follow social standards, cunning and manipulative behaviour, lack of remorse or guilt, shallow emotional relationships and egocentrism, callousness, lack of empathy, aggression, impulsiveness, lack of self-control, and criminal tendencies. Equally as serious is the fact that in the researched

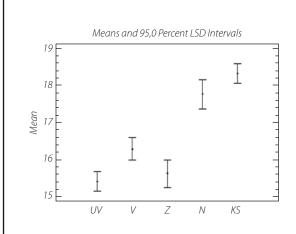
individuals, persistent maladaptive features damaging interpersonal relationships and functioning in society and in employment (self-realization) were statistically significant. They are hostile or have a distrustful attitude towards the world, have feelings of emptiness and hopelessness, and a sense of constant threat and alienation from society.

The results point to problems in partner relationships, statistically significant in the delinquent population and in comparison to the control group and unemployed individuals. These findings can be interpreted as a result of personal features of delinquent individuals: low empathy, egocentrism, emotional shallowness and feedback in cases of problems with social employment (unemployment).

Problems with working are confirmed by previous studies, but they were not found in young individuals because they do not yet have much employment experience. The results point to the importance of comparisons between delinquent and control populations with unemployed individuals. This group has importance as a control group in assessment of differences in personality disorder symptoms and problems in relationships and self-realization in employment. The findings have the required validity.

Research findings clearly indicate that people with personality disorders have a distrustful attitude towards the world, feelings of emptiness and hopelessness, a sense of constant threat and alienation from society (reflected indefence mechanisms, particularly self-depreciation, and lack of faith in the possibility of achieving a socially acceptable position in society). Again, statistically significant differences were found.

The connections between trauma and its impact, which were emphatically verified, can be observed from corre-



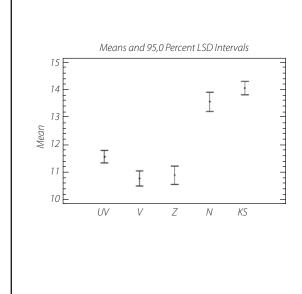
	Count	Mean	Homogeneous Groups	
UV	144	15,41	Х	
Z	74	15,62	XX	
V	110	16,29	X	
N	66	17,75	X	
KS	150	18,32	Х	
KS	150	18,32	X	

Contrast	Sig.	Difference	+/- Limits
UV - V	*	-0,87	0,57
UV - Z		-0,20	0,64
UV - N	*	-2,34	0,67
UV - KS	*	-2,91	0,52
V - Z		0,66	0,67
V - N	*	-1,46	0,70
V - KS	*	-2,03	0,56
Z - N	*	-2,13	0,76
Z - KS	*	-2,70	0,64
N - KS		-0,56	0,66

Legend: UV (institutional care); V (prisoners), Z (addicts); N (unemployed); KS (control group)

* (p<0.05)

Figure 1. Negative experiences during childhood and adolescence, mainly psychological abuse (trauma)

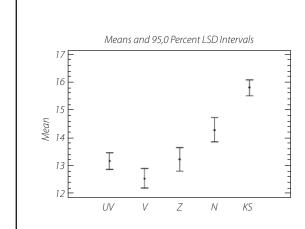


	Count	Mean	Homogeneous Groups	
٧	110	10,80	X	
Z	74	10,91	X	
UV	144	11,58	X	
N	66	13,57	X	
KS	150	14,06	X	

Contrast	Sig.	Difference	+/- Limits
UV - V	*	0,78	0,50
UV - Z	*	0,66	0,57
UV - N	*	-1,90	0,59
UV - KS	*	-2,47	0,46
V - Z		-0,11	0,60
V - N	*	-2,77	0,62
V - KS	*	-3,26	0,50
Z - N	*	-2,65	0,67
Z - KS	*	-3,14	0,56
N - KS		-0,48	0,59

Legend: UV (institutional care); V (prisoners), Z (addicts); N (unemployed); KS (control group)

Figure 2. Symptoms of personality disorder



	Count	Mean	Homogeneous Groups	
V	110	12,56	X	
UV	144	13,18	X	
Z	74	13,24	X	
N	66	14,30	X	
KS	150	15,80	X	

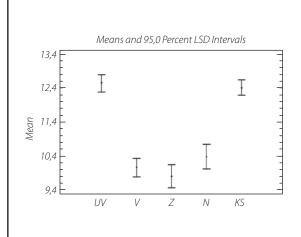
Contrast	Sig.	Difference	+/- Limits
UV - V		0,61	0,65
UV - Z		-0,07	0,73
UV - N	*	-1,12	0,76
UV - KS	*	-2,62	0,60
V - Z		-0,67	0,77
V - N	*	-1,73	0,80
V - KS	*	-3,24	0,64
Z - N	*	-1,05	0,87
Z - KS	*	-2,56	0,73
N - KS	*	-1,50	0,76

Legend: UV (institutional care); V (prisoners), Z (addicts); N (unemployed); KS (control group)

* (p<0.05)

* (p<0.05)

Figure 3. **Difficulties in partnerships**



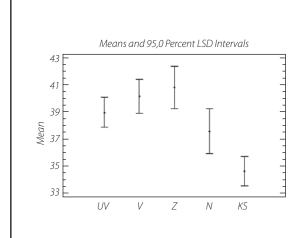
	Count	Mean	Homogeneous Groups
Z	74	9,81	X
V	110	10,07	X
N	66	10,39	X
KS	150	12,42	X
UV	144	12,54	X

Contrast	Sig.	Difference	+/- Limits	
UV - V	*	2,46	0,52	
UV - Z	*	2,73	0,58	
UV - N	*	2,14	0,61	
UV - KS		0,12	0,47	
V - Z		0,26	0,61	
V - N		-0,32	0,63	
V - KS	*	-2,34	0,51	
Z-N		-0,58	0,69	
Z - KS	*	-2,60	0,58	
N - KS	*	-2,02	0,60	

Legend: UV (institutional care); V (prisoners), Z (addicts); N (unemployed); KS (control group)

* (p<0.05)

Figure 4. Difficulties with working application



	Count	Mean	Homogeneous Groups	
KS	150	34,63	Х	
N	66	37,60	Х	
UV	144	38,97	XX	
V	110	40,14	XX	
Z	74	40,81	Х	

Contrast	Sig.	Difference	+/- Limits	
UV - V		-1,17	2,37	
UV - Z		-1,83	2,68	
UV - N		1,36	2,78	
UV - KS	*	4,33	2,18	
V - Z		-0,66	2,81	
V - N		2,53	2,91	
V - KS	*	5,51	2,35	
Z - N	*	3,20	3,17	
Z - KS	*	6,17	2,66	
N - KS	*	2,97	2,76	

Legend: UV (institutional care); V (prisoners), Z (addicts); N (unemployed); KS (control group)

* (p<0.05)

 ${\it Figure~5.} \ \textbf{\it Evaluation~of~general~predispositions~to~socially~acceptable~self-realization}$

Table 1. Correlation of tested indicators with negative experiences (trauma)

Trauma consequences	Fault partnerships	Difficulties with employment	Personality disorder symptoms	Assumption assessment
Institutional care	0.160	0.116	*0.451	-0.180
Prisoners	0.410	0.272	*0.576	-0.344
Dependent individuals	0.293	0.277	*0.587	-0.154
Unemployed individuals	0.373	0.397	0.322	-0.312
Control group	0.221	0.230	0.195	-0.412

^{* (}p < 0.05)

lations. The relationship between negative childhood and adolescent experiences and personality disorder symptoms were proved in the present study. Relationships were also found between these symptoms and generally lower social realization.

Statistically significant differences were found in observed delinquent youth compared to controls. The main reason for socially unacceptable behaviour is negative experiences from childhood and adolescence (psychological abuse and deprivation). Statistically significant differences were found in all groups: significant differences in all factors were found between the control group and delinquent youth. In unemployed individuals, difficulties were found in evaluation of general predispositions and working application, but without connections to other factors.

Statistically significant differences were found between offenders in the ability to engage in social interactions, but not in the control group and the unemployed. Unfortunately, desired forms of social self-realization were insufficient. For all groups of delinquent youths, there is substantial risk. The outlook is statistically more favorable for youths in institutional care, in which the important factor of "efficiency" of following institutional care is often discussed among experts.

DISCUSSION AND CONCLUSION

During the study, statistically significant negative consequences caused by negative experiences in childhood and adolescence were observed; these stem from the generally poor ability to develop later in socially acceptable ways. These problems may develop into the typical symptoms of specific personality disorders, and thus cannot be attributed to brain damage or disease. They can be characterized as a permanent change in perception of and relationship to one's surroundings and in self-assessment, and in change in skills for self-realization in society. Ways of self-realization often consist of forms of antisocial behaviour.

Unfortunately, the prognosis for these individuals is poor. The findings indicate long-term effects of personality disorder as a result of trauma during childhood and adolescence. One possible solution, but with uncertain prospects, is long-term psychotherapy. This should focus on the correction of antisocial behaviour and compensating for the original underlying cause, but this is a very difficult goal. The prediction of an individual's subsequent social development could serve as a diagnostic instrument. The results of the present study should be useful in assessing the discriminatory ability of such an instrument.

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