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IMPULSIVITY IN ANTISOCIAL PERSONALITY DISORDER AND OBSESSIVE-COMPULSIVE PERSONALITY DISORDER IN PRISON POPULATION

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Abstract

This study examined impulsivity in antisocial personality disorder (ASPD) and obsessive-compulsive personality disorder (OCPD) in the context of criminal offending. Participants completed the Demographic, Criminal, and Institutional Behavior Interview, the International Personality Disorder Examination, the Symptom Checklist-90-Revised, and the Impulsive Behavior Scale, that the APD and OCPD groups can commit the same crimes (against people and against objects). The results revealed that ASPD and OCPD groups can commit the same crimes (against human and against objects), although they differ in terms of impulsivity [Negative Urgency (UN), Sensation Seeking (BS) and Positive Urgency (UP)], with the OCPD group scoring lower on these dimensions. In the ASPD group, those who had committed crimes against human scored higher in UN, BS and UP than those who had committed crimes against objects. In the OCPD group, those who had committed crimes against human scored higher on UN and lower on BS and UP than those who had committed crimes against objects. The importance of analyzing personality disorder profiles for a better understanding of criminal behavior is emphasized.
KEY WORDS: *personality disorders, ASPD, OCPD, impulsivity, crimes*.

Resumen

Este estudio analizó la impulsividad en los trastornos antisocial (TAP) y obsesivo compulsivo de la personalidad (TOCP) con relación a los delitos. Los participantes completaron la "Entrevista demográfica, delictiva y de comportamiento institucional", el "Examen internacional para los trastornos de personalidad", el "Listado de 90 síntomas-revisado" y la "Escala de comportamiento impulsivo". Los resultados revelaron que los grupos TAP y TOCP pueden cometer los mismos delitos (contra personas y contra objetos) aunque difieren en impulsividad [Urgencia negativa (UN), Búsqueda de sensaciones (BS) y Urgencia positiva (UP)], siendo el grupo TOCP el que muestra puntuaciones más bajas en estas dimensiones. En el grupo TAP quienes cometieron delitos contra

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personas puntuaron más alto en UN, BS y UP que los participantes que cometieron delitos contra objetos. En el grupo TOCP quienes cometieron delitos contra personas puntuaron más alto en UN y más bajo en BS y UP que los que cometieron delitos contra objetos. Se destaca la importancia de analizar los perfiles de trastornos de la personalidad para una mayor comprensión de las conductas delictivas.
PALABRAS CLAVE: *trastornos de la personalidad, TAP, TOCP, impulsividad, comisión de delitos.*

Introduction

There are more than 2 million individuals imprisoned in penal institutions worldwide. This situation is particularly serious in certain countries such as Russia (386,1 inmates, per 100,000 inhabitants) or Turkey (329). While overcrowding is a health issue throughout the whole of Europe, the number of inmates in Spain amounts to over 125,7 per 100,000 inhabitants, higher than Belgium (120,6), France (104,5), Italy (99,9), the United Kingdom (91,72) and Germany (76,7, per 100,000 inhabitants). Moreover, the length of prison sentences in Spain is double that of other prisons in Europe. Specifically, the average length of a sentence in Spain is 21 months compared with the 10-month sentences served in Europe (Space, 2019). It is also the case that mental health disorders are more common among inmates than the general population. The prison environment, the strict regime, and the overcrowded conditions in correctional institutions are all thought to be detrimental to mental health (Baćak et al., 2019). To date it is difficult to conclude the role that personality disorders play in this population. All that is known is that the prevalence rates of personality disorders are higher in the prison population than in the community population (Slade and Forrester, 2013) and that antisocial personality disorder (ASPD) and obsessive-compulsive personality disorder (OCPD) are acutely prevalent and underlie many violent behaviors (Fanning et al., 2019). For this reason, and in line with a previous study (Castillo-Fernández et al., 2016), we emphasize the need to further deepen the understanding of personality disorders in the prison population, especially ASPD and OCPD.

According to Fanning et al. (2019), in classic research (Hollander, 1999; Stanford et al., 2003), violent or aggressive behavior has been associated with two different subtypes. The first is impulsive and hostile behavior and the second is premeditated and instrumental behavior. Impulsive aggression is defined as an aggressive response triggered by a provocation that leads to loss of behavioral control, and premeditated (instrumental) aggression is understood as a planned or deliberate aggressive act that is not spontaneous or related to a state of arousal due to anger issues. Therefore, aggression can be conceptualized as impulsive or compulsive behavior, and treatment will differ depending on whether it is impulsive or compulsive behavior.

ASPD and OCPD could share certain impulsive behavior traits. In particular, impulsivity is a conceptual component of ASPD (Lang et al., 2015; Petrich et al., 2020) and in the case of OCPD, although this is commonly associated with behavioral disinhibition, the literature (Villemarette-Pittman et al., 2004) contains

reports of occasional explosive aggressive outbursts, that is, there could be a coexistence of compulsive and impulsive traits in OCPD. APA (2013) defines impulsivity as a predisposition toward rapid, unplanned reactions to either internal or external stimuli, without regard for negative consequences.

The UPPS model of Impulsive Personality (Verdejo-García et al., 2010; Whiteside & Lynam, 2001) has effectively acknowledged dimensions of impulsive personality (Bos et al., 2019) and describes how different dimensions of impulsive personality traits could contribute to impulsive personality and associated psychopathology (Goh et al., 2020). These dimensions have been conceptualized as negative urgency (the tendency to act suddenly while experiencing strong negative emotions), lack of premeditation (the tendency to act without thinking), lack of perseverance (the tendency to become weary with and discontinue a task without finishing), sensation seeking (the tendency to seek out novel exciting experiences), and positive urgency (the tendency to act carelessly while experiencing strong positive emotions).

Recently, a meta-analysis (Bresin, 2019) found a relationship between dimensions of impulsivity (i.e., negative urgency, positive urgency, lack of forethought, lack of persistence, and sensation-seeking) and aggression. Impulsivity (assessed with the UPPS) has been extensively studied for its association with maladaptive behaviors such as alcohol and drug use (Antunes-Jacobs et al., 2022; Caña et al., 2015; Lannoy et al., 2020; Mulhauser et al., 2019; Navas et al., 2017; Peterson & Smith, 2017; Pilatti et al., 2016; Stamates & Lau-Barraco, 2017; Taylor et al., 2016) and less studied is the relationship with illicit drugs and criminal behavior (Frydman et al., 2020; Moreno-Ramos et al., 2016). This growing body of evidence suggests that impulsivity is associated with an increase in maladaptive and health risk behaviors.

Studies in the literature support the idea that impulsivity is strongly associated with maladaptive behaviors (mainly positive and negative urgency). Results regarding lack of premeditation, lack of persistence, and sensation seeking are inconsistent. Most studies use a normalized population (college students, adolescents, or adolescents with moderate use or consumption of substances). We found only one study that used a sample from the prison population, another with veterans, and one that used a small sample of participants in addiction treatment. Since impulsivity is related to maladaptive behaviors (drug use, aggressiveness, and personality disorders) in the clinical population (Helle et al., 2020), it is important to analyze this variable in the prison population. Examining the role of impulsivity in maladaptive behaviors in the prison population requires a better understanding of certain dimensions such as lack of premeditation, lack of persistence, and sensation-seeking. In addition, it is important to consider the personality disorders that are most prevalent in the prison population and are closely related to impulsive, compulsive and aggressive behaviors.

The aim of this study was to analyze the different levels of impulsivity measured by the UPPS-P in personality disorders [antisocial personality disorder (ASPD) and obsessive-compulsive personality disorder (OCPD)] and their relationship to the crimes committed. of individuals from the prison population.

Method

Participants

This study was conducted in a Prison located in Granada, Spain. Initially, a total of 712 participants were screened. The inclusion criteria were to be between 18 and 55 years old, suffering from either ASPD or OCPD and to be literate. Participants were excluded according to the following criteria: being older than 55 years, having a physical impairment, psychiatric illness (schizophrenia or depression) or currently undergoing psychopharmacological treatment. The current study included a final sample of 194 men, 81 of which had been diagnosed with ASPD with a mean age of 36.86 years (*SD*= 9.32) and 112 diagnosed with OCPD with a mean age of 38.78 years (*SD*= 8.47). All the inmates were male.

Instruments

a) *Ad hoc Demographic, Crime, and Institutional Behavior Interview.* The interview was designed specifically for this research with the aim of gathering socio-demographic data, information regarding the types of crimes committed and any punishment or prison sentences received according to the Spanish justice system (Royal Decree 1201/1981, 8 May, Articles 107 & 108).
b) *International Personality Disorder Exam* (IPDE; Loranger et al., 1994), Spanish version developed by López-Ibor et al. (1996). This is a diagnostic instrument based on a semi-structured clinical interview, designed according to DSM-5 criteria (APA, 2013). This instrument consists of open questions, multiple-choice questions, and yes/no questions. The items are classified according to the following six categories: work, self, interpersonal relations, affection, reality check, and impulse control. In addition, the IPDE includes a screening questionnaire that reduces the interview administration time by identifying the personality disorders that the person is unlikely to suffer from and then excluding further questions regarding these disorders. The administration of the IPDE takes between 60 and 90 minutes and must be carried out by trained and experienced professionals. The reliability and stability indices obtained for the IPDE vary between .70 and .96 (Loranger et al., 1994). The instrument is considered one of the most useful and valid tools for assessing personality disorders for research purposes (López-Ibor et al., 1996).
c) *Symptom Checklist-90-Revised* (SCL-90-R; Derogatis & Savitz, 2002), Spanish version by González de Rivera et al. (2002). This symptom scale measures the degree of psychological distress a person has experienced in the past week. The scale consists of 90 items (52 in the reduced version) using Likert scales with five answer options. The scale assesses nine dimensions: Somatizations (SOM); Obsessions and Compulsions (OBS); Interpersonal Sensitivity (IS), Depression (DEP), Anxiety (ANS), Hostility (HOS), Phobic Anxiety (FOB), Paranoid Ideation (PAR), and Psychoticism (PSIC). Seven additional items assess sleep disorders, eating disorders, death-related thoughts, and feelings of guilt. Three global indices of distress can be calculated: an Index of Global Severity (IGS) measuring

current levels of perceived distress, Total Positive Symptoms (TPS) measuring the total number of present symptoms, and the Index of Positive Symptomatic Distress (PSD) measuring the response style towards symptoms. The nine dimensions have documented reliability scores around or greater than $\alpha = .70$ and have shown concurrent and predictive validity against criteria including other clinical evaluation instruments, screening instruments, psychiatric diagnoses, structured evaluation protocols, or indicators of recidivism (Derogatis & Savitz, 2002). We used the Spanish version of the inventory (González de Rivera et al., 2002).

d) *Impulsivity Behavior Scale* (UPPS-P; Whiteside & Lynam, 2001), Spanish adapted version by Verdejo-García et al. (2010). This consists of 59 items that measure five dimensions of impulsivity: Lack of Premeditation (11 items), Negative Urgency (12 items), Lack of Perseverance (10 items), Sensation Seeking (12 items), and Positive Urgency (14 items). The items are scored on a Likert scale from 1 (completely agree) to 4 (completely disagree). In this study, we used the Spanish version (Verdejo-García et al., 2010) which has demonstrated excellent psychometric properties.

Procedure

Potential participants were interviewed individually to check whether they met the inclusion criteria, after which they were offered the opportunity to participate in the research. After agreeing to participate, they completed the IPDE. Based on these results, participants with ASPD and OCPD were then selected. The participants then attended an individual session in which they completed the measures described below. At the beginning of the session, the participants were reminded of their right to abandon the study at any moment and were asked to sign a written informed consent form if they agreed to participate. At the end of the session, participants were debriefed and thanked for their participation. All participants were informed about the aims of the study and provided written informed consent. Ethical approval for this study was obtained from the Research Ethics Committee of the University of Granada.

Data analyses

All analyses were conducted with the SPSS software package. To control and reduce the effect of psychological variables, we conducted a multivariate analysis of variance (MANOVA) using Group (ASPD versus OCPD) as the independent variable and using the variables derived from SCL-90-R (Total score, Total Positives Symptoms, Index Symptomatic Distress, Somatizations, Obsessions and compulsions, Interpersonal sensitivity, Depression, Anxiety, Hostility, Phobic anxiety, Paranoid Ideation, Psychoticism) as dependents. As we found statistically significant between-group differences in Hostility. To achieve the aim of the study, we conducted a multivariate analysis of covariance (MANCOVA) for a between-group bifactorial design, using hostility (SCL-90-R dimension) as a covariate, group (ASPD vs. OCPD) and crimes (C.A. humans vs. C.A. objects) as independent variables, and

the scores of the different dimensions of the Impulsivity Scale (UPPS-P): Lack of Persistence, Negative Urgency, Lack of Premeditation, Sensation Seeking, and Positive Urgency as the five dependent variables.

Results

In the case of SCL-90-R, the results showed statistically significant differences in the interaction (Wilks' lambda= 0.031, $F_{(12,181)}$= 472.519, p< .001) and in the main effect of the group variable (Wilks' lambda= 0.790, $F_{(12,181)}$= 4.020, p< .001). As the MANOVA showed statistically significant results for the interaction and main effect of the group variable, univariate bifactorial ANOVAs were conducted for each of the levels of the dependent variable (SCL-90-R Total; Positive Symptoms Total; Index of Distress; Somatization; Compulsivity; Interpersonal Sensitivity; Depression; Anxiety; Hostility; Phobic Anxiety; Paranoid Ideation; and Psychoticism). These ANOVAs showed that there were statistically significant differences in hostility ($F_{(1,192)}$=33.475, Mce=9677.001, p< .001), with higher scores in the ASPD group than in the OCPD group. No statistically significant differences were found for total SCL-90-R, Total Positive Symptoms, Distress Index, Somatization, Obsessions, Interpersonal Sensitivity, Depression, Anxiety, Phobic Anxiety, Paranoid Ideation and Psychoticism). The means, standard deviations and significance can be seen in Table 1.

Table 1
Mean, standard deviation and significance level and statistical power of the Symptom Checklist-90-Revised (SCL-90-R)

SCL-90-R	Group ASPD		Group OCPD		F	η
	M	*SD*	*M*	*SD*		
Total score	40.34	20.63	38.12	19. 11	0.596	.003
Total Positives Symptoms	52.83	23.85	49.20	23.01	1.141	.006
Index Symptomatic Distress	25.99	18.87	27.08	19.60	0.151	.001
Somatizations	37.59	23.98	40.86	25.06	0.831	.004
Obsessions and compulsions	44.69	21.25	42.88	21.52	.339	.002
Interpersonal sensitivity	42.65	22.45	42.96	20.28	.010	.000
Depression	41.57	20.00	43.54	19.19	.478	.002
Anxiety	40. 03	20.73	35.42	20.10	2.418	.012
Hostility	51. 67	20.26	37.34	14.22	33.475***	.148
Phobic anxiety	40.18	15.49	42.46	16.82	.918	.005
Paranoid Ideation	55. 34	17. 60	54.33	18.18	.149	.001
Psychoticism	47. 78	15. 44	45.15	16.51	1.257	.007

Notes: SCL-90-R= Symptom Checklist-90-Revised. ***p< .001.

In the case of UPPS-P, the results revealed statistically significant differences between interactions group x crimes (Wilks' Lambda= 0.911, $F_{(5, 185)=}$ 3.636, p< .01); the groups (Wilks' Lambda= 0.820, $F_{(5, 185)=}$ 8.142, p< .001) and crimes (Wilks' Lambda= 0.986, $F_{(5, 185)}$= 0.519, p< .01].

As the MANCOVA revealed a statistically significant Group x Crime interaction, we performed bivariates ANCOVAs for each of the levels of the dependent variable (Lack of Premeditation, Negative Urgency, Lack of Persistence, Sensation Seeking, and Positive Urgency). The group x crimes ANCOVAs revealed differences in Negative Urgency ($F_{(4,183)=}$1.623, Mce=93.469, $p<$ .05); Sensation Seeking ($F_{(4,183)=}$5.208, Mce=303.893, $p<$ .01) and Positive Urgency ($F_{(4,183)=}$1.501, Mce=134.657, $p<$ .05). The ASPD group showed higher scores than the OCPD group in in the three variables. In the ASPD group, participants who had committed crimes against human scored higher on Negative Urgency, Sensation Seeking and Positive Urgency than participants who had committed crimes against objects. In the case of the OCPD group, participants who had committed crimes against human scored higher on Negative Urgency and Positive Urgency than participants who had committed crimes against objects. In addition, participants who had committed crimes against human scored lower on Sensation Seeking than participants who had committed crimes against objects. There were no significant differences in lack of premeditation and lack of persistence. The means, standard deviations and significant differences are shown in Table 2.

Table 2
Means, standard deviations, and significant differences in impulsivity dimensions (UPPS-P) between the ASPD and OCPD and crimes against humans (C.A. Humans) and crimes against object (C.A. Objects)

UPPS-P	Group ASPD				Group OCPD				*F*	η
	C.A. Human		C.A. Objets		C.A HUMAN		C.A. OBJETS			
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*		
Lack of Premeditation	22.93	6.16	22.73	7.01	19.63	6.69	19.03	5.45	.080	.000
Negative Urgency	34.97	7.66	32.60	7.70	24.95	7.19	22.28	8.60	4.937*	.025
Lack of Perseverance	20.28	5.77	19.44	6.02	17.95	5.36	18.08	7.79	.176	.001
Sensation Seeking	36.83	7.75	33.94	7.82	24.49	7.20	31.49	8.17	16.744***	.081
Positive Urgency	35.03	10.84	32.19	9.70	24.32	9.22	28.28	9.58	4.776*	.025

Note: UPPS-P= Impulsivity Behavior Scale; ASPD= antisocial personality disorder; OCPD= obsessive-compulsive personality disorder; CA= crimes against. ***$p<$ .001, *$p<$ .05.

Discussion

In this study, the dimensions of impulsivity (assessed with the UPPS-P) in antisocial and obsessive-compulsive personality disorders (ASPD and OCPD) and their relationship with the commission of criminal offences (which were divided into offences against human and offences against objects) were compared.

The results obtained show that participants with ASPD had higher scores in the areas of Negative Urgency, Sensation Seeking and Positive Urgency than those with OCPD. Analysis of the personality disorder groups (ASPD and OCPD) revealed differences in Negative Urgency, Sensation Seeking and Positive Urgency, with the ASPD group scoring higher on all three variables than the OCPD group. These findings are consistent with the results of previous work (Caña et al., 2015; Frydman et al., 2020; Goh et al., 2020; Helle et al., 2020; Lannoy et al., 2020; Moreno-Ramos et al., 2016; Mulhauser et al., 2019; Navas et al., 2017; Peterson et al., 2017; Pilatti et al., 2016; 2017; Stamates & Lau-Barraco, 2017; Taylor et al., 2016), which supports the relevance of impulsive traits as key correlates of personality disorders.

Concerning Negative Urgency, understood as the tendency to engage in risky behavior or rash actions when negatively affective, regardless of the negative consequences that might result, we found that the ASPD group scored higher than the OCPD group. In terms of criminal offenses, we found that both the ASPD and OCPD groups scored higher on committing crimes against human compared to committing crimes against objects. As regards Sensation Seeking, defined as the tendency to engage in and enjoy activities with a high emotional component and to open oneself to new, potentially dangerous experiences, we found that the ASPD group scored higher than the OCPD. When it came to committing crimes, we found that the ASPD group that had committed crimes against human had higher scores than the group that had committed crimes against objects. In the OCPD group, on the other hand, the scores were lower for those who had committed crimes against human than for those who had committed crimes against objects. Relating to Positive Urgency, i.e. the tendency to commit risky acts or to lose control under the influence of intense positive emotions, we found that the ASPD group scored higher than the OCPD group. For the commission of crimes, we found that the ASPD group that had committed crimes against human scored higher than the group that had committed crimes against objects. In the OCPD group, on the other hand, scores were lower for those who had committed crimes against human than for those who had committed crimes against objects. Our findings are novel, as previously the commission of crimes has not been analyzed based on the dimensions of impulsivity and ASPD and OCPD. Although it would make sense to explain the differences found on the basis of the characteristics of the analyzed profiles (ASPD and OCPD).

ASPD is characterized by callous unconcern for the feelings of others. People with ASPD show a gross and persistent attitude of irresponsibility and disregard for social norms, rules and obligations, along with an incapacity to maintain enduring relationships, even though they have no difficulty in establishing them. Therefore, ASPD reflects a deeply ingrained and rigid dysfunctional thought process that is manifest in social irresponsibility with exploitive, delinquent, and criminal behavior without remorse. Disregard for and violation of others' rights are common manifestations of this personality disorder, which displays symptoms that include failure to conform to the law, inability to sustain consistent employment, deception, manipulation for personal gain, and an incapacity to form stable relationships (Black et al., 2010).

OCPD is characterized by a pervasive preoccupation with orderliness and detail and the need for control over one’s environment that leads to significant distress or impairment. People with OCPD find it difficult to relax, feel obliged to plan out their activities to the minute, and find unstructured time intolerable. Further, they are often characterized as rigid and controlling. This need for interpersonal control in OCPD can lead to hostility and occasional explosive outbursts of anger at home and work (Cain et al., 2015).

Despite the prevalence rates in inmates and the negative consequences associated with ASPD and OCPD, relatively little research has systematically examined heft in this prison population. To our knowledge, this study is the first investigation to evaluate impulsive and compulsive impulsivity by comparing personality disorders (ASPD and OCPD) and the relationship with crimes committed

by individuals in the prison population. This is also the first time that impulsivity has been compared with impulsivity (ASPD) and compulsivity (OCPD) within the same group of DSM-5 disorders (APA, 2013).

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