ARAŞTIRMA MAKALESİ / *RESEARCH ARTICLE*

Methods of Coping With Psychological Pain and Stress in Antisocial Personality Disorder

Antisosyal Kişilik Bozukluğunda Psikolojik Acı ve Stresle Başa Çıkma Yöntemleri

Burcu Sirlier Emir[1], Sevler Yildiz[2], Asli Kazgan Kilicaslan[3], Seyma Sehlikoglu[4], Osman Kurt[5], Kerim Ugur[6]

[1]Department of Psychiatry, Elazig Fethi Sekin City Hospital, Elazig; [2]Department of Psychiatry, Binali Yildirim University, Erzincan; [3]Department of Psychiatry, Bozok University, Yozgat; [4]Department of Psychiatry, Adiyaman Training and Research Hospital; [5]Public Health, Adiyaman Provincial Health Directorate, Adiyaman; [6]Department of Psychiatry, Malatya Turgut Ozal University, Malatya, Türkiye

ABSTRACT

Aim: *Antisocial Personality Disorder (ASPD) is a personality disorder in which the person has difficulty controlling his behaviors and impulses, harming both himself and his environment. In our study, we aimed to examine the psychological pain experienced by people with ASPD and the methods of coping with the stress they use to combat it.*

Material and Method: *Forty patients and 40 healthy control groups were included in the study. Sociodemographic Data Form, Beck Depression Scale (BDI), Beck Suicide Scale (BSS), Psychache Scale (PS), and Styles of Coping with Stress (SCSS) were administered to the participants.*

Results: *The BDI (p=0.037), BSS (p=0.009), PS (p=0.008) and SCSS-helpless approach (p=0.01) scores of the patients in the patient group were significantly higher than the scores of the control group. On the other hand, the scores of SCSS-self-confident approach (p=0.001) and SCSS-searching for social support (p<0.001) were found to be significantly lower than the scores of the control group. In the patient group, there was a positive correlation between BDI and BSS, PS and SCSS-optimistic approach. On the other hand, there was a significant negative correlation between BDI and SCSS-self-confident approach and SCSS-seeking social support*

Conclusion: *In our study, depression, suicide, and psychological pain were found to be significantly higher in people with ASPD compared to the control group, and it was determined that they used ineffective coping strategies. We think that early interventions for the treatment of psychological pain, such as suicidal ideation, determination of depression, and providing support for using effective coping strategies, may be effective in preventing self-destructive behaviors or suicides in ASPD, and therefore may change the course of the disease.*

Key words: *antisocial personality disorder; psychache; depression; suicide; coping with stress*

ÖZET

Amaç: *Antisosyal Kişilik Bozukluğu (ASKB), kişinin davranış ve dürtülerini kontrol etmekte zorlandığı hem kendisine hem çevresine zarar verdiği bir kişilik bozukluğudur. Yaptığımız çalışmada ASKB tanılı kişilerde yaşadıkları psikolojik acıyı, bununla mücadele için kullandıkları stresle başa çıkabilme yöntemlerini incelemeyi amaçladık.*

Materyal ve Metot: *Çalışmaya 40 hasta ve 40 sağlıklı kontrol grubu dâhil edildi. Katılımcılara Sosyodemografik Veri Formu, Beck Depresyon Ölçeği (BDÖ), Beck İntihar Düşüncesi Ölçeği (BİDÖ), Psikolojik Acı Ölçeği (PAÖ), Stresle Başa Çıkma Tarzları ölçeği (SBÇTÖ) uygulandı.*

Bulgular: *Hasta grubunda bulunanların BDÖ (p=0,037), BİDÖ (p=0,009), PAÖ (p=0,008) ve SBÇTÖ-çaresiz yaklaşım (p=0,01) puanı kontrol grubunun puanından anlamlı şekilde yüksek; SBÇTÖ-kendine güvenli yaklaşım (p=0,001) ve SBÇTÖ-sosyal destek arama (p<0,001) puanı ise kontrol grubunun puanlarından anlamlı şekilde düşük bulunmuştur. Hasta grubunda bulunanlarda BDÖ ile BİDÖ, PAÖ ve SBÇTÖ-iyimser yaklaşım arasında pozitif yönde; BDÖ ile SBÇTÖ-kendine güvenli yaklaşım ve SBÇTÖ-sosyal destek arama arasında ise negatif yönde anlamlı bir korelasyon görülmüştür.*

Sonuç: *Yaptığımız çalışmada ASKB tanılı kişilerde depresyon, intihar ve psikolojik acının kontrol grubuna göre anlamlı olarak yüksek bulunmuş ve etkin olmayan başa çıkma stratejilerini kullandıkları tespit edilmiştir. Psikolojik acının, intihar düşüncesi, depresyonun belirlenmesi, etkin başa çıkma stratejilerini kullanmaları için destek verilmesi gibi tedavisine yönelik erken müdahalelerin, ASKB'de kendine ve çevreye zarar verici davranışlarının veya intiharların önlemesinde etkin olabileceği bu nedenle hastalığın gidişatını değiştirebileceğini düşünmekteyiz.*

Anahtar kelimeler: *antisosyal kişilik bozukluğu; psikolojik acı; depresyon; intihar; stresle başa çıkma*

İletişim/Contact: *Burcu Sırlıer Emir, Elazığ Fethi Sekin Şehir Hastanesi, 23100 Elazığ, Türkiye* • ***Tel:*** *0533 391 33 61* • ***E-mail:*** *bsirlier@hotmail.com* • ***Geliş/Received:*** *10.03.2023* • ***Kabul/Accepted:*** *14.07.2023*

ORCID: *Burcu Sırlıer Emir, 0000-0002-3389-5790* • *Sevler Yıldız, 0000-0002-9951-9093* • *Aslı Kazğan Kılıçaslan, 0000-0002-0312-0476* • *Şeyma Sehlikoğlu, 0000-0002-9512-713X* • *Osman Kurt, 0000-0003-4164-3611* • *Kerim Uğur, 0000-0002-3131-6564*

Introduction

Antisocial personality disorder (ASPD) is a personality trait that could be observed in childhood, characterized by difficulties in impulse control, leading to suicidal or harmful behavior[1]. Self-harm or self-mutilation is repetitive attempts that result in self-damage to the body[2]. Self-harm behavior sometimes could be prevented by simple interventions; however, it could lead to life-threatening injuries or death. Thus, the suicide rate, high in most personality disorders, is higher in ASPD[3]. A study reported that self-harm was higher especially in criminals with ASPDs, compared to non-criminal individuals[4]. Antisocial personality disorder was characterized by dangerous impulsive behavior and associated with premature death[5].

Statements such as 'I can' t bear the pain,' which are often observed in suicide notes, accurately describe psychological pain[6]. Psychological pain, which Bolger[7] described as the breakdown of the ego, entails negative emotions such as grief, sadness, shame, anger, loneliness, and despair[8]. Mental suffering could be so severe as to impair social, professional, and daily functions[9]. When it is intense and severe, suicide could be perceived as the only way to salvation[10]. Psychological pain has been accepted as the most significant predictor of suicide, resulting from the interaction between several factors[11]. Psychological pain could lead to physical pain due to the self-harm behavior, frequently observed in ASPD[12]. The patient often concentrates on the physical pain to alleviate and bear the severity of the pain[13]. In a study conducted with patients with a fatal physical disease and depressive disorder, most patients stated that psychological pain was more intolerable than physical pain[14].

Stress occurs when an individual cannot cope with an event or situation. The individual struggles to prevent psychological or physiological harm due to this disturbing emotion or to reduce its effects[15]. Cognitive and behavioral efforts to prevent the destructive effects of stress's and restore balance were called coping with stress[16]. While these efforts could sometimes reduce stress, they fail due to ineffective coping strategies[17]. It is known that coping with stress and coping strategies are associated with personality[18]. Based on personality traits or coping methods, similar events could lead to different consequences[19].

The present study investigates the correlation between psychological pain and coping strategies in antisocial personality disorder.

Materials and Methods

The Faculty of Medicine ethics committee approved the present study (no: 2021/12-16). This study was conducted in accordance with the Declaration of Helsinki (1983) standards. The study was conducted at Elazığ Fethi Sekin City Hospital Mental Health and Disorders Clinic between March and September 2022. The study was conducted with 40 antisocial personality disorder patients who presented to the Mental Health and Disorders outpatient clinic and were diagnosed based on DSM-5 criteria and met the study criteria, and 40 healthy controls without any mental disorder based on DSM-5. Structured interviews with the participants lasted about 30 minutes with the psychiatrist. The study data were collected with a sociodemographic data form, Beck Depression Inventory, Beck Scale for Suicidal Ideation, Psychache Scale, and Ways of Coping Scale and all participants signed a written consent form.

Antisocial personality disorder patients who were 18–65 years old, and without a known metabolic disease, physical pathology or any neurological disease were included in the study.

Data Collection Instruments

1. Sociodemographic Data Form: It was developed by the authors based on the aim of the study. The form aimed to collect demographic data such as age, marital status, education level, residency, employment, and economic status, and clinical evaluation data such as inpatient treatment anamnesis, smoking or alcohol use.

***2. Beck Depression Inventory (BDI)*:** The Turkish validity and reliability of the inventory was determined by Hisli[20] and the cut-off point of the scale was determined as 17.

***3. Beck Scale for Suicidal Ideation (BSSI)*:** It is a five-section scale developed to assess the severity of suicidal ideation[21]. The total score equals to the arithmetic sum of the subsection scores. The highest scale score is 38, and a high score indicates the severity of suicidal ideation. The Cronbach's alpha coefficient was determined as 0.84 in the Turkish language validity and reliability study[22].

***4. Psychache Scale (PS)*:** It is a 13-item self-report scale developed by Holden et al.[23] It was based on Shneidman's description of chronic, free-floating, non-situational, psychological pain observed due to the inability to fulfill vital psychological needs. The scale was applied to psychology students, and it was observed that it successfully separated those who had attempted suicide and those who had not. Psychache scale reveals the frequency of psychological pain rather than its severity. Turkish validity and reliability were established[24].

5. Styles of Coping with Stress (SCSS): It was developed by Folkman and Lazarus[25] in 1980 and adapted into the Turkish language by Şahin and Durak[26]. The scale includes 30 items and five sub-dimensions. The scale's reliability was determined as high (Cronbach Alpha coefficient=0.70).

Statistical Analysis

The study data were analyzed with Statistical Package for Social Sciences (SPSS) program version 22 software (SPSS Inc., Chicago, IL). Descriptive categorical data are presented in counts and percentages, and continuous data are presented in means and standard deviations. Chi-square analysis (Pearson chi-square) was conducted to compare the intra-group categorical data. Compliance of the continuous data to normal distribution was analyzed with the Shapiro-Wilk test.

Tablo 1. *Comparison of patient and control group demographics*

		Patient		Control		p*
		n	%	n	%	
Age, Mean ± SD		36.2±10.9		37.9±11.2		0.491**
Marital status	Unmarried	24	60.0	15	37.5	0.075
	Married	12	30.0	22	55.0	
	Divorced	4	10.0	3	7.5	
Education	Middle school or lower	23	57.5	15	37.5	0.073
	High school or higher	17	42.5	25	62.5	
Residence	Township	10	25.0	10	25.0	1.000
	Urban center	30	75.0	30	75.0	
Income	Low	30	75.0	8	20.0	<0.001
	Medium	8	20.0	29	72.5	
	High	2	5.0	3	7.5	
Employment	Yes	14	35.0	25	62.5	0.014
	No	26	65.0	15	37.5	
Smoking	Yes	23	57.5	15	37.5	0.073
	No	17	42.5	25	62.5	
Alcohol	Yes	16	40.0	3	7.5	0.001
	No	24	60.0	37	92.5	
Substance	Yes	19	47.5	1	2.5	<0.001
	No	21	52.5	39	97.5	
Mental disorder	Yes	27	67.5	4	10.0	<0.001
	No	13	32.5	36	90.0	
Mental disorder in the family	Yes	19	47.5	0	0	<0.001
	No	21	52.5	40	100.0	
Self-mutilation	Yes	29	72.5	2	5.0	<0.001
	No	11	27.5	38	95.0	
Suicide	Yes	18	45.0	2	5.0	<0.001
	No	22	55.0	38	95.0	
Medication	Yes	28	70.0	0	0	<0.001
	No	12	30.0	40	100.0	
Drug used	Mood stabilizer	4	14.3	-		-
	Antidepressant	3	10.7			
	Antipsychotic	1	3.6			
	Other	3	10.7			
	Multiple	17	60.7			

*Chi-square analysis; **Mann-Whitney U test; SD: Standard deviation.

Mann-Whitney U test was conducted to compare the paired group data. The Spearman correlation test was employed to investigate the correlations between continuous variables. The statistical significance level was accepted as $p<0.05$.

Results

The study was conducted with 80 participants (40 patients and 40 healthy controls). The mean age of the patients was 36.2±10.9, and it was 37.9±11 in the control group; there was no significant difference between the mean ages of the groups (p=0.491). The income level of the patient group was significantly lower when compared to that of the control group (p<0.001). The employment rate in the patient group (35%) was significantly lower when compared to the control group (62.5%) (p=0.014). Alcohol consumption (40%) was significantly higher rate in the patient group when compared to the control group (7.5%) (p=0.001). The substance abuse rate was significantly higher in the patient group (47.5%) when compared to the control group (2.5%) (p<0.001). The mental disorder rate was significantly higher in the patient group (67.5%) when compared to the control group (10%) (p<0.001). The prevalence of psychiatric disease in patient families (47.5%) was significantly higher when compared to the control group (0%) (p<0.001). The self-mutilation rate was significantly higher in the patient group (72.5%) when compared to the control group (5%) (p<0.001). The suicide rate was significantly higher in the patient group (45%) when compared to the control group (5%) (p<0.001). The drug use rate was significantly higher in the patient group (70%) when compared to the control group (0%) (p<0.001). Four (14.3%) out of 28 patients under medication used DDD, 3 (10.7%) used antidepressants, 1 (3.6%) used an antipsychotic, 3 (10.7%) used other medication, and 17 (60.7%) used multiple drugs (Table 1).

Tablo 2. *Comparison of the scale scores of the groups*

	Patient	Control	p*
	Mean ± SD	Mean ± SD	
BDI	10.9±6.5	7.9±6.4	0.037
BSSI	6.5±5.2	3.4±3.2	0.009
PS	24.3±10.3	18.7±7.6	0.008
SCSS-self-confidence approach	18.3±4.8	22.1±4.2	0.001
SCSS-optimism approach	11.0±3.4	11.9±1.9	0.149
SCSS-despair approach	15.2±3.8	12.8±4.8	0.01
SCSS-submissive approach	9.9±2.7	10.4±3.8	0.546
SCSS-social support	6.4±2.1	9.1±1.6	<0.001

* Mann-Whitney U test was applied; SD: Standard deviation; BDI: Beck Depression Scale; BSSI: Beck Scale for Suicidal Ideation; PS: Psychache Scale; SCSS: Styles of Coping with Stress.

The BDI (p=0.037), BSSI (p=0.009), PS (p=0.008), and SCSS-despair (p=0.01) scores of the patients were significantly higher when compared to the control group. However, SCSS-self-confidence (p=0.001) and SCSS-social support (p<0.001) scores were significantly lower in the patient group when compared to the control group (Table 2).

There were positive correlations between BDI and BSSI, PS and SCSS-optimism scores in the patient group. At the same time, there were significant negative correlations between BDI and SCSS-self-confidence and WCS-social support scores. There were positive correlations between BDI and PS and SCSS-despair, and a significant negative correlation between PS and SCSS-social support scores. There was a positive correlation between PS and SCSS-optimism, and significant negative correlations between PS and SCSS-self-confidence and SCSS-social support scores. There was a negative and significant correlation between the SCSS-self-confidence and SCSS-optimism subdimension scores (Table 3).

Discussion

Behavioral disorders and impulsivity in individuals with ASPD negatively affect their academic and professional achievements[27]. Similar to the findings reported in the literature, the present study demonstrated that the income levels and employment of the individuals with ASPD were lower when compared to healthy individuals.

It is known that substance abuse could lead to an antisocial lifestyle[28]. Furthermore, it was reported that aggressive behavior and impulse control disorder could lead to substance abuse[29]. Previous studies demonstrated that 80–85% of ASPD patients also meet the substance abuse disorder criteria[30,31]. In the present study, substance abuse disorder was identified in 47.5% of the ASPD patients, and a significant difference was determined when compared to the control group. Several traits associated with mood disorders such as emotional reactivity and impulsivity, are consistent with ASPD[30]. In a study investigating anxiety disorders in criminals with ASPD, it was reported that two-thirds of the participants exhibited anxiety symptoms at some point in their lives. Furthermore, it was observed that suicidal ideation and attempts were more common among

Tablo 3. *Correlation of scale scores in the patient group*

		BDI	1	2	3	4	5	6
BSSI (1)	r	0.714						
	p	0.000						
PS (2)	r	0.604	0.450					
	p	0.000	0.004					
SCSS-self-confidence approach (3)	r	-0.336	-0.120	-0.359				
	p	0.034	0.462	0.023				
SCSS-optimism approach (4)	r	0.354	0.307	0.548	-0.396			
	p	0.025	0.054	0.000	0.011			
SCSS-despair approach (5)	r	0.291	0.408	0.236	-0.021	0.104		
	p	0.068	0.009	0.143	0.898	0.524		
SCSS-submissive approach (6)	r	-0.063	0.083	-0.187	0.006	-0.230	0.129	
	p	0.700	0.612	0.247	0.970	0.154	0.426	
SCSS-social support (7)	r	-0.425	-0.394	-0.361	-0.141	0.097	-0.292	-0.008
	p	0.006	0.012	0.022	0.387	0.551	0.067	0.962

BDI: Beck Depression Scale; BSSI: Beck Scale for Suicidal Ideation; PS: Psychache Scale; SCSS: Styles of Coping with Stress.

criminals with anxiety disorders[31]. It was observed that self-mutilation attempts without suicidal ideation were more common in individuals with ASPD[32]. The present study determined that the patient group was diagnosed with more psychiatric diseases, exposed to pharmacotherapy compared to the control group. Thus, suicide and self-mutilation attempts were more frequent in this group. It could be suggested that the follow-up and treatment of psychiatric comorbidities in ASPD patients is important for patient functions.

The correlation between ASPD and depression could be due to environmental factors in a negative household. Antisocial personality disorder symptoms in adulthood are more likely in children with harsh, punitive parents or who experienced a traumatic childhood; not all individuals who were abused in childhood experience depressive symptoms in adulthood. In conclusion, genetic differences indeed play a key role[33]. In a study conducted with university students, it was reported that students with ASPD were more depressed[34]. Similarly, since the patient group experienced a significantly higher number of depressive symptoms when compared to the control group in our study, this finding was consistent with the literature.

Antisocial personality disorder leads to a higher number of suicidal attempts when compared to other personality disorders[35]. Negative emotions, low restraint, and impulsive and irresponsible behavior explain the correlation between ASPD and suicide[36]. In a study, the risk of suicide-induced mortality was almost three times higher for individuals with ASPD when compared to those without ASPD. Antisocial personality disorder patients are predominantly male, and ASPS is directly correlated with aggression, impulsivity, suicide risk level, and successful suicide[5]. A study conducted with prisoners reported that suicidal behavior was associated with impulsive and aggressive tendencies of highly antisocial individuals[37]. Similarly, the Beck suicidal ideation scale scores of individuals with ASPD were significantly higher when compared to the control group in the current study. Individuals with ASPD are often considered untreatable; however, early diagnosis and treatment could reduce behavioral problems and prevent suicide. We believe that public health interventions that address suicide risk should be developed for these individuals.

Psychological pain is the awareness of the impairment of an individual's ability to maintain personal integrity and social harmony. Most individuals experience psychological pain at some point in their lives. Psychological pain is frequently observed due to a terminal illness, grief, the end of a romantic relationship, traumatic childhood experiences, and significantly in personality disorders with impaired social conformity[38]. Psychological pain has been associated with a high prevalence of childhood abuse in women who suffer from borderline personality disorder[13]. A study comparing 50 female patients with borderline personality disorder and a healthy control group reported that the patient group experienced higher neutral and psychologically painful states compared to healthy controls[39]. This was associated with individuals with borderline personality disorder who experience difficulties in self-determination of emotional state, are biased in their perception of certain social stimuli, and are hypersensitive

to rejection[39,40]. Borderline individuals who are narcissistic might think that no one is interested in them and that everyone rejects them[41]. Similarly, individuals with ASPD feel lonely and depressed due to narcissistic tendencies[40]. In contrast, Caes et al.[42] reported that psychopathic traits reduce the ability to perceive the pain experienced by others, psychopathic individuals tolerate physical pain better, and most antisocial individuals self-mutilate to suppress psychological pain. The present study determined that individuals with ASPD experienced significantly higher psychological pain than the control group, and depression patients experienced more psychological pain when compared to non-depressed patients. It was determined that antisocial individuals with suicidal ideation experienced more psychological pain and were desperate. It was observed that antisocial individuals who felt psychological pain adopted a more optimistic approach and sought less social support. It could be suggested that depression symptoms could lead to psychological pain due to narcissistic disorder in ASPD patients, similar to those with borderline personality disorder.

Antisocial individuals are angry with themselves and others in stressful situations and generally avoid thinking about and experiencing them. Antisocial individuals are egocentric and react aggressively to any obstacle or disappointment. Avoiding the facts, they hide in fantasies, which sometimes take the form of pathological lies[43]. A previous study reported that coping does not play a significant role in distress experienced by prisoners with antisocial maladaptive personalities[44]. Another study found that these individuals were fearless and had social needs[45]. Evidence suggested that ASPD patients sought social support less[46]. Similarly, it was determined that individuals with ASPD sought less social support and adopted a less self-confident approach in our study. It should be noted that coping with maladaptive stress is a mediator between maladaptive personality and psychological distress, and interventions that encourage the adoption of more adaptive coping styles should be prioritized.

The present study has certain limitations. The present research was a cross-sectional study, limiting the conclusions on the causality between the variables. The data was only collected with self-report scales and the coping styles analysis could have been more objective if it had been based on third party observations and judgments. Although the number of participants provided an adequate sample size, studies that would be conducted with different traits and a larger sample size would contribute further to the literature.

In conclusion, the study findings demonstrated that although individuals with ASPD lack empathy and are irresponsible and reckless, these individuals (especially those with depression) could feel psychological pain and require social support. It could be suggested that early treatment of psychological pain, such as its identification, insight, and support for effective coping strategies, could prevent self-harm behavior or suicide in ASPD, changing the prognosis.

Statement of Ethics

The research was approved by Fırat University, Faculty of Medicine ethics committee (Approval no:2021/12-16).

Conflict of Interest Statement

All the authors declare no conflict of interest.

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