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# Defense Mechanisms of Antisocial Personality Disorder Prone Individuals and Normal Control

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## Abstract

In the present study, researcher aimed to investigate the various defense mechanisms in terms of mature, neurotic and immature factors used by antisocial personality disorder prone individuals and normal controls. It comprised 200 subjects (100 males and 100 females) within the age range of 18 to 25 years from a non clinical population. A total score equal to or greater than 3 on ASPD scale of IPDE (International Personality Disorder Examination) was suggestive of the presence of ASPD proneness and Defense Style Questionnaire – 40 (DSQ – 40) (Andrews, Singh, and Bond, 1993) was used for measuring defense mechanisms. Results indicated that ASPD prone individuals significantly differed from normal controls on defense mechanisms i.e. they use less mature and more immature defenses mechanisms than normal controls and for neurotic factor none of the main effects were found to be significant. These results are in contradiction to the present hypothesis and previous literature.

Keywords: Personality, Antisocial Personality Disorder, Defense Mechanisms.

## Introduction

An individual's personality can be defined as those emotional and behavioral traits that characterize day-to-day living under normative conditions; an individual's personality is relatively predictable (Kaplan & Sadock ,2004; Widiger & Costa,1994**).** A personality disorder is seen as a variant of character traits going far beyond the normative range found in most people. When these traits are extremely inflexible and maladaptive, and cause significant functional impairment or subjective distress, they constitute a personality disorder. Individuals characterized by a personality disorder exhibit deeply ingrained, inflexible, rigid, problematic, and maladaptive patterns of relating to others and in perceiving themselves (Kaplan & Sadock, 2004) .The DSM-IV defines personality disorder as "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment" (APA, 2000, p. 685). The DSM-IV noted ten distinct personality disorders, grouped into three clusters- A, B and C. In the present study the researcher has focused on antisocial personality from cluster B of personality disorders.

The DSM-IV-TR defines Antisocial personality disorder as, "a pervasive pattern of disregard for, and violation of, the right of others that begins in childhood or early adolescence and continues into adulthood" (APA, 2000). Such individuals demonstrate: lack of remorse, social irresponsibility, deceitfulness, repeated, or frequent lying, lack of empathy, and aggressiveness etc. The DSM-V notes that ASPD cannot be diagnosed before age 18, even though an adolescent may display antisocial features, prior to this age. If diagnostic criteria are met earlier, then the appropriate diagnosis would be Conduct Disorder (APA, 2013)

According to the DSM-V, the annual prevalence of ASPD IS .02% to 3.3% when the criteria from prior DSM editions are applied (APA, 2013). The prevalence of this disorder in the general population varies depending on the methodology used, and the countries studied. A cross sectional study conducted in a psychiatric unit of a tertiary care teaching hospital in south India reported prevalence of antisocial personality disorder was 5.17% among study population (Gupta S, et al.) This is much higher in men than women.Co morbidity of APD with other psychiatric disorders is very common. The disorders which commonly coexist with antisocial personality disorder are - Anxiety, Depression, Impulse control, Substance-related and Somatization disorders. (Adrian 2010) .The most common co-occurring personality disorders are borderline, narcissistic and histrionic.While talking about the causes of ASPD various factors that underlie the development of ASPD are: genetic, neurobiological, psychological and environmental factors. These factors are referred to risk factors. Not a single factor contributes disorder, but a combination of these.

**DEFENSE MECHANISMS-** These are psychological strategies used unconsciously by people to cope with reality and maintain self image. These are the methods through which the ego can solve the conflicts between the superego and the id. Defense mechanisms are helpful if moderately used. The use of defense mechanisms can reduce the conflict between the id and super-ego, but their excessive use or reuse rather than confrontation can lead to either anxiety or guilt, which may also result in psychological disorders such as depression. Healthy individuals normally use different defense mechanisms. An ego defense mechanism becomes pathological only when its persistent use leads to maladaptive behavior such that mental health and the physical health of the individual are badly affected. There are many defense mechanisms some of them are include 1) repression (originally known as suppression), 2) regression, 3) reaction formation, 4) projection, 5) rationalization, 6) displacement, and 7) denial. All these defense mechanisms can be mature, neurotic or immature.

Several empirical studies have been conducted on the relationship between defense mechanisms and antisocial personality disorder. According to Kernberg individuals with APD present with identity diffusion, primitive defenses, and maintained reality testing. APD is also characterized by significant superego deterioration and this result in decreased lack of the capacity for feelings of guilt or concern for others, as well as an inability to identify with ethical or moral values (Kernberg, 1996). These clusters of defenses prevent an individual with APD from experiencing their natural state of inner emptiness and worthlessness. When these defenses begin to fail individual with APD will begin acting out through aggressive and/or criminal acts to reduce the experience of these negative feelings (Gacono & Meloy, 1988).

## Methodology

**Design-** To compare antisocial personality disorder and normal controls from a non –clinical sample on *Defense mechanism,* a two way ANOVA, with two levels of disease proneness (ASPD and normal controls) and gender (male and female) was applied. Main effects of disease proneness, gender as well as interaction between disease proneness and gender was also calculated.

**Sample-** The sample comprised 200 subjects (100 males and 100 females) within the age range of 18 to 25 years from a non clinical population. They were randomly selected from different departments of Punjabi University Patiala (Punjab) and were matched on gender, age and educational backgrounds i.e. the subjects were pursuing either bachelor or masters degree. Following criteria was used to select the subjects: Inclusion criteria for ASPD: A total score equal to or greater than 3 on ASPD scale of IPDE (International Personality Disorder Examination) was suggestive of the presence of ASPD proneness. Inclusion criteria for normal control group: A total score of less than 3 on ASPD scale of IPDE were included in this sample.

**Measures**

IPDE- International Personality Disorder Examination (Loranger,1999). It is a multidimensional psychometric traits instrument intended for the clinical psycho- diagnostic assessment of personality disorders. It comprises both a paper – pencil self report screening questionnaire and a separate semi structured diagnostic interview. It measures ten personality disorders- Paranoid, Schizoid, Schizotypal, Antisocial, Borderline, Histrionic, Naracisstic , Avoidant, Dependent and Obsessive Compulsive Disorder. It comprises 77 true / false self report items.

Reliability and Validity: The reliability coefficients for the IPDE scale ranged from 0.82 to 0.91. This has been successfully used on Indian population by Nath et al., (2008); Chandrasekaran et al., (2003). For the present study, this questionnaire was used only as a screening measure for Antisocial Personality Disorder from a non clinical sample.

**Defense Style Questionnaire – 40 (DSQ – 40) (Andrews, Singh, and Bond, 1993).** This is a self report questionnaire with 40 items. It measures twenty individual defense mechanisms grouped into three factors: Immature, Neurotic, and Mature.. All the items are answered on a nine point Likert scale ranging from strongly agrees to strongly disagree. Scores determine an individual's tendency towards twenty individual defense mechanisms and their use of Immature, Neurotic, and Mature defenses. The DSQ-40 is internally and adequate construct validity. Watson and Sinha (1998) report relatively high equaling .801 and a split-half reliability α internal reliability estimates with Cronbach"s .78 were also found for the twenty of r = .706 Test-retest reliability was .66 for the twenty individual defense mechanisms and scores of .75 for the Mature factor, .78 for the Neurotic factor, and .85 for the Immature factor (Andrews et al. 1993). Construct validity has been established through using the DSQ – 40 scales to differentiate between clinical and normal populations.

**Procedure:** For the present research subjects were contacted personally and initial rapport building was done. Instructions were given related to the tests and subjects were requested to cooperate and answer the questions given in various testing schedules accurately and truthfully. They were assured that their personal information would keep confidential.

**Results** Analysis of variance for mature defense mechanisms (Table 1a) revealed significant main effects of disease proneness [F (1, 196) = 5.910** p< 0.01], gender [F (1,196) = 6.47**, p<0.01] as well as interaction of disease proneness with gender [F (1,196) = 3.747* p<0.05]. These results suggest that antisocial prone individuals differ from the normal controls on defense mechanisms i.e. they use mature defense mechanisms much less than normal controls. Females in ASPD group obtained higher mean scores on mature defense mechanisms than males indicating making use of mature defense mechanisms more than males. No such differences could be observed in the normal control group.

Neurotic- The main effects of disease proneness [F (1,196) = 0.687], gender [F (1,196) = 1.204], and as well as interaction between disease proneness and gender were not found to be significant (Table 1a).

Immature –Table 1a reveals significant main effect of only disease proneness [F (1, 196=36.836** p< 0.01], but gender [F (1, 196) = 0.098] as well as interaction of disease proneness [F (1, 196) = 0.011] were not found to be significant. The mean score reveal ASPD to be higher on immature defense mechanisms (ASPD mean= 5.920) than normal controls (mean=5.063). The summaries of findings on different variables are presented in Table 1a, 1b,

**Table 1a: Summary of Analysis of Variance for Defense Mechanisms**

| MATURE | | | | NEUROTIC | | IMMATURE | |
|---|---|---|---|---|---|---|---|
| SOURCE OF VARIANCE | Df | Means sum of squares | F | Means sum of squares | F | Means sum of squares | F |
| Disease Proness (A) | 1 | 7.932 | 5.910** | 1.064 | 0.687 | 36.750 | **36.836**** |
| Gender (B) | 1 | 8.684 | **6.47**** | 1.863 | 1.204 | 0.098 | 0.098 |
| A x B (Disease Proness* Gender) | 1 | 5.029 | 3.747* | 0.022 | 0.014 | 0.011 | 0.011 |
| Within | 196 | 1.342 | | 1.547 | | 0.998 | |

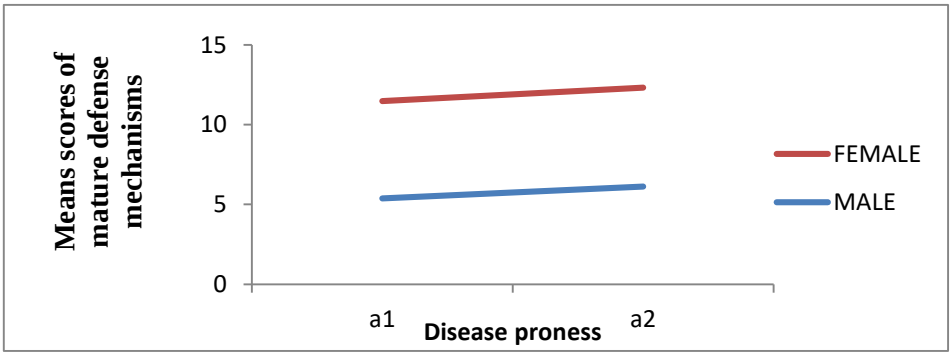
**p<0.01 *p<0.0

**Table 1b: Mean score of Males and Females of Antisocial personality prone disorder and normal controls on Defense Mechanisms**

| | **MATURE** | | **NEUROTIC** | | **IMMATURE** | |
|---|---|---|---|---|---|---|
| | ASPD | NORMAL CONTROLS | ASPD | NORMAL CONTROLS | ASPD | NORMAL CONTROLS |
| **MALE** | 5.384 | 6.099 | 5.870 | 5.745 | 5.905 | 5.033 |
| **FEMALE** | 6.118 | 6.199 | 6.084 | 5.917 | 5.935 | 5.092 |
| **TOTAL** | 5.758 | 6.149 | 5.978 | 5.831 | 5.920 | 5.063 |

**Figure I: A x B Interaction Group for Mature defense mechanisms**

| Gender (B) | Disease Proness (A) | |
|---|---|---|
| | ASPD($a_1$) | N C ($a_2$) |
| MALES($b_1$) | 5.38 | 6.10 |
| FEMALES($b_2$) | 6.12 | 6.20 |
| TOTAL | 5.76 | 6.15 |



## DISCUSSION

**Defense Mechanisms** Defense mechanisms are unconscious mental operations that function to defend against excessive anxiety. Valliant classified them into lowest to higher levels which include "psychotic "and "mature" respectively. **Mature: -** The obtained results show that the main effect of disease proneness, gender and interaction of disease proneness with gender are significant. As hypothesized, it reveals that antisocial prone individuals use much less mature defense mechanisms i.e. suppression, altruism, humor, sublimation as compared to normal controls. Gender differences indicated that antisocial females use more mature defense mechanisms than males. Amongst the mature defenses most highly associated with mental health is suppression, by which individuals deal with emotional conflict or internal or external stressors through stoicism, by postponing but not ignoring wishes, and by subjectively minimizing but not ignoring disturbing problems, feelings, and experiences.

The reason why antisocial prone individuals use less mature defenses could be due to many reasons such as neurobiological or psychological problems. Neurobiological disorders such as high levels of adrenaline and the hormone DHEAS, a low level of serotonin, low resting cortisol levels, low cortisol response to stress as well as lowered excitability of the autonomic nervous system also contribute to antisocial behavior. There could be a family history of either antisocial behavior or other psychological problems.

Frisell and colleagues (2011) found that first-degree relatives (e.g., parents and siblings) were 4.3 times more likely to engage in violent crime and more distant relatives were nearly two times more likely to commit violence than matched controls. Also, the family effects were strongest for the most severe forms of crime, including homicide, arson, kidnapping, and robbery. Another important reason could be the family environment. As previous researchers report, ASPD could be from distorted families where there is excessive use of coercive and corporal punishment by parents. There can also be some role of negative peer influences. Moss et.al. (2002) examined associations between the child's psychopathology, paternal substance dependence/antisocial personality disorder status, and measures of family and peer environments. They found that paternal substance dependence/antisocial personality disorder status and the child's affiliation with deviant peers were most robustly associated with the child's psychopathology. As compared to antisocial personality disorder individuals the reason why normal controls use more mature defense mechanisms is because may be they come from better family environment, good parenting which enables them to keep healthy relationship and endorse use of mature coping strategies during stress. They also tend to have better physical health and psychological adjustment (Valliant, 1978).

**Neurotic: -** None of the main effects were found to be significant on these types of defense mechanisms. These results are in contradiction to the present hypothesis and previous literature. May be on a larger sample size such differences can emerge clearly.

**Immature: -** The obtained results show significant main effects of disease proneness which indicates that antisocial prone individuals differ from normal controls on this type of defense mechanisms. It supports the present hypotheses that immature defenses i.e. projection, passive-aggression, acting-out, isolation, devaluation, autistic fantasy, denial, displacement, dissociation, splitting, rationalization and somatization are used more by antisocial prone individuals. The present findings can be supported by the study of Larsen (2009). According to him greater maturity of psychological defenses was associated with higher level of psychological functioning and there were strong associations between presence of psychopathology and the three defense clusters.. Perry et al., (2013) found that that individuals with antisocial personality disorder shared minor image-distorting defenses, such as omnipotence or devaluation. They also used disavowal defenses, like denial. Kernberg (1996) also describes Denial as very characteristic of ASPD because the Denial stops the individuals from experiencing the negative feelings (e.g., guilt) that may arise from any of the behaviors that may have a negative consequence on another object or person (Gacono and Meloy, 1988). Comparing the defense mechanisms of BPD and ASPD, Presniak et al., (2010) found that antisocial individual's defenses have more emphasis on egocentricity, interpersonal exploitation, and a tendency to direct aggression toward others. Few researchers (Gacono et al., 1992; Presnaik et al., 2010) explain why such defense mechanisms are used by individuals with personality disorder is because all these defenses closely associated with personality disorders as it allows such individuals to deal with sudden stress by discrete styles of denial or self – deception. They have a split-off self image, wherein negative image is denied. The use of denial and omnipotence/ grandiosity helps them keep this experience away from

awareness. Thus, the hypothesis of the present investigation was partly proved. Immature defense mechanisms such as Splitting, Devaluation, Idealization, Denial, Projective, and Identification are more strongly associated with antisocial prone individuals as compared to normal controls i.e. normal controls use more mature defense mechanisms. However the results for neurotic defense mechanisms were found to be non- significant. Summarizing the gender differences, females in ASPD group use more mature defense mechanisms like suppression which indicates that females consciously and deliberately push down thoughts, desires and actions that leads to anxiety, in order to cope with disturbing situations.

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