Personality disorders amongst inmatesas a distorting factor in the prison social climate

JM Arroyo[1], E Ortega[2]

[1] Clinician at the Saragossa Prison
[2] Psychiatrist in the healthcare centre La Rebolería, Saragossa. Consultant psychiatrist in Saragossa prison.

ABSTRACT

The prevalence of Personality Disorders (PD) in a prison and its effect on prison social climate are studied. Our research shows a statistically significant relationship between diagnosis of PD and indicators of social climate disruption such as aggressive interpersonal conduct or compulsive demand for psychoactive drugs in medical consultations. PD is one of the most common mental disorders in prison, and requires special attention from health services, while management of the disorder is a tremendously complex issue in the prison context.

Key words: Personality Disorders; Prison; Interpersonal Relations.

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INTRODUCTION

A large number of people are admitted to prison due to social maladjustment, caused in some cases by a pathological process which leads them to come into conflict with the law. In prison, inmates will find themselves in an environment marked by affective isolation, permanent surveillance, lack of intimacy, routine, repeated frustration and a new scale of values which among other things will produce interpersonal relations based on mistrust and aggressiveness. All these factors can contribute to an emotional overload in inmates, which could bring about maladjusted behaviours in the best of cases, or real pathological behaviours if a disturbed personality already existed when entering prison.

Coid, in an exhaustive meta-analysis collecting works on psychiatric morbidity amongst deliquents[1] in the 1980's, had already come to the conclusion that prisons showed a higher level of psychiatric morbidity than the general population or even higher than the anti-social population not incarcerated, studied while they were still on trial before being admitted into prison. More recently a multi-centre study carried out in our country verified that the prevalence rates for mental disorders are much higher than those usually found in the general population[2].

Studies on the prevalence of mental illnesses in prison[3, 4] show differences in severe pathologies such as psychosis, between the prison population and the general population, as well as an important increase in adjustment problems such as Personality Disorder, drug use and Anxiety Disorders compared to individuals outside prisons[5]. Imprisonment sets off a process of adjustment to the prison environment that many authors have called prisonization and which can be divided into three levels of affectedness. The first level consists basically in a regressive, immature, anxious and unstable behaviour from an affective point of view, as an answer to imprisonment in a *total institution*[6]. In the case of an adjustment failure, a second stage would lead to real behavioural disorders, marked mainly by aggressive behaviours (self-aggression or hetero-aggression), the first appearance of a deterioration in an affective depression or the presence of anxiety related attacks which could be in the form of somatic complaints or severe anxiety attacks. Within the third level of this process of deterioration, a severe mental illness will appear, accompanied by psychotic episodes, severe affective disorders, abnor-

mal reactions to life or severe anxiety attacks and maladjustment to prison. At this stage, admission of the inmate to hospital would be recommended. In this process of adjustment to prison life, it is difficult to distinguish the influence of individual from environmental factors[7]. What seems obvious though is that if an inmate shows any minor illness or dysfunction, or if he suffered from dysfunction before his incarceration, without appropriate treatment, symptoms will worsen progressively as long as he continues to be in this setting, which, from the point of view of maintaining mental health, is a truly demanding one[8, 9]. The existence of a large number of inmates with mental illnesses, which are not severe, but which cause behavioural maladjustment have a dysfunctional effect on the social climate within the prison due to their lack of capacity to adjust to the setting and which transmit stress to the inmates as well as to the prison staff members who are in contact with those patients.

This work focuses on the study of one of the most prevalent mental health problems in Prisons, the Personality Disorders (PD), put forward here as one of the causes of maladjusted interpersonal relations in a Prison.

Personality Disorders, which can be described as a way of relating to other people, behaving, thinking or facing difficulties, which is in fact a special sort of pathological personality, is a source of permanent social conflicts[10] for those who suffer from them since they show the following main characteristics:

1. Little emotional as well as cognitive stability, which leads to quick and frequent changes of mood and distorted interpretations of the reality.
2. Adaptive inflexibility in interpersonal relations and with the prison environment, with great difficulties in reacting moderately to circumstances, in facing stress or in reacting appropriately when frustrated.
3. Tendency to enter vicious or self-destructive circle as a consequence of the great limitations of their personality in the capacity to adapt to the prison environment.

In a closed institution, where security prevails, together with restriction of movements and spaces for exercising, high control over inmates, isolation, absence of intimacy and where one is forced to live with others, interpersonal relations, usually heavily loaded with emotions, are one of the main sources of tension for inmates as well as for the prison staff members they live with. In ordinary conditions, an individual going through some sort of life crisis who consequently commits a serious crime, together with the actual experience of incarceration, must make a great effort of adaptation in order to overcome environmental and individual conditions which can be really adverse. If instead of a stable personality we have an individual who shows previous adjustment disorders, the difficulties in accepting the situation can be insurmountable. In these cases, failure of mental health will usually result in pathological interpersonal relations. The repetition of dysfunctional interactions between inmates who show adjustment problems and the prison staff members can involve from aggressive behaviours, labile or incoherent, to really inappropriate reactions to life, conversion reactions or the cause of a psychotic behaviour. If these inmates were correctly diagnosed and treated, or if at least, prison staff members were informed of the illness that this type of inmates shows as well as the reactions to be expected from them, the emotional overload in this type of interactions would be significantly diminished, which would without a doubt contribute to improve the social climate at work, at all times difficult[11]. Since the symptomatology of Personality Disorders appears mainly in the fields of interpersonal relations and in that of behaviour that one can observe in different circumstances and environments, it is normal that its diagnosis proves to be complex[12-14]. It is surely necessary to continuously evaluate the same patient in order to observe consistently maladjusted behaviours typical of this process. On the other hand, authors are divided amongst those who consider Personality Disorder as a quantitative problem, in which the personality dimensions are altered, showing scores below or above average range, and those who consider it as a qualitative diagnosis, in which specific pathological traits indicate the presence of the disorder. In our experience, this last model, supported by the American Psychiatric Association in its manual of classification DSM IV, has been the most effective in resolving the diagnosis and classification of these patients[15]. The division of these disorders into three clusters, A (paranoid, schizoid and schizotypal), B (anti-social, borderline, histrionic and narcissistic) and C (avoidant, dependant and obsessive-compulsive) aims to clarify the polymorphic expression of these symptom patterns. Another additional difficulty in the diagnosis of these processes is that they can be associated with one another or to other psychiatric symptom patterns, which is often the case amongst inmates where dual diagnosis is common. A cross-sectional study carried out in prison amongst a sample of more than 2000 inmates, showed that use of drugs such as cocaine or heroin was prevalent in 40.6% of cases[17]. Co-morbi-

dity is equally frequent amongst inmates, that is to say the co-existence of at least two mental disorders in an individual. Different studies describe this dual diagnosis in PD[18, 19].

MATERIAL AND METHODS

This study was carried out in a "standard" Prison with 14 independent cell blocks. At the moment of the study the prison housed 793 inmates. A cross-sectional analysis was conducted amongst a randomized sample of 60 inmates, divided into two groups of 30 individuals, in two different blocks of the prison. One block was occupied by individuals classified as well-adjusted to the lifestyle of the centre, and the other was occupied by individuals classified as maladjusted, on account of their difficulties to live together with other people and their criminal profile. All the inmates were male.

In order to evaluate the deterioration of the prison social climate, different indicators were used. One measured the relationship between each individual and the rest of inmates in the same block as well as the relationship with the prison staff members in terms of the number of disciplinary sanctions on account of aggressive conduct. Another indicator measured compulsive demand for psychoactive drugs in medical consultations, a cause of stress amongst health staff since it is related to the number of visits and aggressive behaviours during consultation. Both indicators were collected during a period of three months.

Presence of PD was analysed in both samples and blocks.

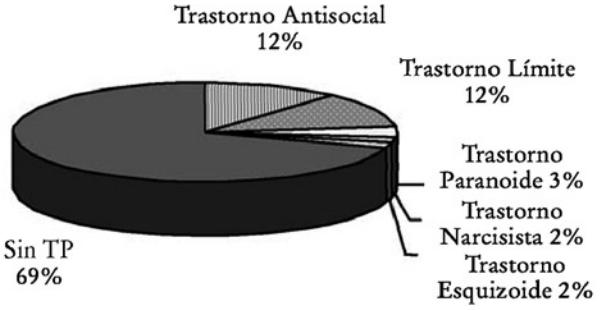
Owing to the difficulty of diagnosis, to be considered a PD in this study, cases had to reach consensus amongst the prison Medical Services, the centre's team of psychologists and the consultant psychiatrist. Inmates showing organic mental disorder, mental retardation, anxiety, affective or psychotic disorders at first diagnosis were excluded. Drug use was also collected in order to relate it to Personality disorder. The Spanish version of the International Personality Disorder Examination[20] (IPDE) questionnaire was used, together with non-structured individual interviews which examined the significant symptomatology in order to establish diagnosis.

The Chi-square test was used to determine the statistical significance of equality or differences between the values of the indicators of the deterioration of the social climate amongst individuals diagnosed with PD and those of the control group.

RESULTS

A PD was observed in 30% of the individuals of our sample (18/60) at first diagnosis and were distributed according to the following occurrence: Antisocial Disorder 11.6% (7/60), Borderline Disorder 11.6% (7/60), Paranoid Disorder 3,3% (2/60), Narcissistic Disorder 1,6% (1/60), and Schizoid disorder 1,6% (1/60). Therefore, cluster B Personality Disorders are more prevalent.

When comparing inmates in blocks of well-adjusted individuals with those of maladjusted individuals, we observed significant differences in the number of drug users. We found that 90% of drug users (27/30) were in the blocks of maladjusted individuals and 23.3% (7/30) were in the blocks of well-adjusted individuals (P=0.0000007). Nevertheless, no significant statistical differences were found in the number of Personality Disorders in both types of blocks, (P=0.398) since 36.6% (11/13) of individuals with PD were found within the maladjusted group and 23.3% (7/30) of them in the block of well-adjusted inmates. 100% of them, as all the individuals were diagnosed with Personality Disorder, were also drug users (Figure 1).

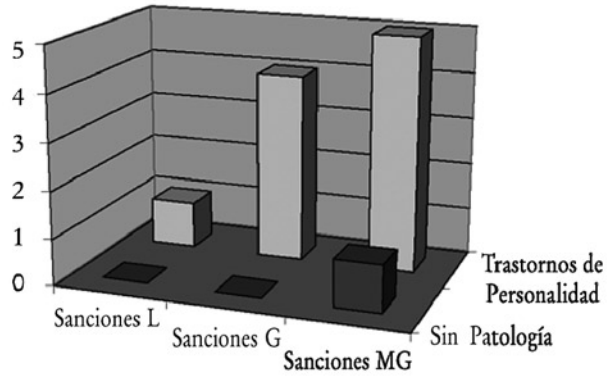


Anti-social Disorder 12%
Borderline Disorder 12%
Paranoid Disorder 3%
Narcissistic Disorder 2%
Schizoid Disorder 2%

Figure 1. Distribution of PD.

Associating the number of disciplinary sanctions due to aggressive conduct as well as behaviours involving maladjusted interpersonal reactions, 11 in total, with the presence or not of Personality Disorder, we observed that 90.9% of total sanctions (10/11) corresponded to the group of individuals with those disorders, whereas 9.09% (1/10) of them corresponded to the rest of individuals. (P=0.007) 50% of the sanctions corresponded to Borderline PD (5/10), 40%

to Anti-social PD (4/10) and 10% corresponded to Narcissistic PD (1/10) (Figure 2).



Personality Disorder
No Pathology
Mild Sanctions
Severe Sanctions
Very Severe Sanctions

Figure 2. Sanctions and Personality Disorder.

Regarding Psychoactive drugs, 26.6% (16/60) of the sampled individuals demanded them, and within this group 75% (12/16) were diagnosed with PD, a difference which is statistically significant (P=0.04).

DISCUSSION

One of the factors that groups together the prison population differentiating it from the population outside prison is precisely their illegal conduct. It seems obvious, as a consequence of this illegal conduct, that personalities with adjustment problems have a greater presence amongst inmates. This can be explained by two important reasons amongst others. The first reason is that histories of maladjusted behaviours are much more frequent in delinquents, before they enter prison, since this maladjustment is the basic cause of their criminal act. The second reason is that imprisonment makes a permanent effort of adjustment necessary and in this setting, the capacities of psychosocial adaptation of each individual are continuously put to the test and many times exceeded.

The prevalence of PD we have found in our sample corresponds to that described in other works[21]. We expected to find differences with respect to the number of inmates with PD within the block of maladjusted individuals compared to those in the block of well-adjusted, however this never happened, probably because amongst the reasons to classify an inmate in one block or another, not only is his personality profile taken into consideration but also his criminal prognosis, the type of crime committed or the time left to serve. These factors do not have to correlate with the level of adjustment of the individual to his immediate social environment.

There was a statistically significant relationship between diagnosis of PD and indicators of social climate disruption in prison, such as aggressive interpersonal conduct or compulsive demand for psychoactive drugs in medical consultations. The number of inmates with PD who have not been diagnosed or treated in prisons, see their symptomatology progressively worsen and consequently produce a deterioration in the social climate of the prison, which becomes increasingly intense. Such a climate will have repercussions not only on the good functioning of the prison and on the security of every day life in the blocks but also on the good functioning of the health team who must frequently deal with incoherent, impulsive or really aggressive behaviours from those patients. We found especially important the fact that dual pathology in PD in prison is highly present. The inadequate prognosis of this interaction[22-23] represents a problem and could suggest that amongst the group of drug users, a high number of them also present personality disorders, which will have an effect on their management.

The presence of Borderline PD in our sample is especially striking, since it is comparable to that found in the population attending psychiatric services[24], and Anti-social PD is also above average within inmates.

CORRESPONDENCE

josemarroyo@ono.com

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