



NARRATIVE REVIEW

Antisocial and borderline Personality disorder, violent behavior and covid-19

Transtorno de personalidade antisocial e borderline, comportamento violento e Covid-19

Trastorno de personalidad antisocial y limítrofe, comportamiento violento y Covid-19

Alexandre M. Valença ^{a,b}, Lisieux E. de Borba Telles ^c, Antônio Geraldo da Silva ^d, Alcina J. S. Barros ^e

^a Federal University of Rio de Janeiro (UFRJ), Instituto de Psiquiatria – Rio de Janeiro/RJ – Brazil. ^b Fluminense Federal University, Department of Psychiatry and Mental Health – Niteroi/RJ – Brazil. ^c Federal University of Rio Grande do Sul (UFRGS), Department of Psychiatry and Legal Medicine, Faculty of Medicine – Porto Alegre/RS – Brazil. ^d Faculty of Medicine, ^e University of Porto – Porto – Portugal. ^e Federal University of Rio Grande do Sul (UFRGS), Post Graduate Program in Psychiatry and behavioral Sciences – Porto Alegre/RS – Brazil.

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Abstract

The combination of severe personality disorders and violence poses a challenge for mental health services, including forensic services and community mental health services. In the context of COVID-19 pandemic, after observing the alarming number of cases of coronavirus and deaths in Brazil, we aimed to discuss the potential increase in hostile behavior, violence and crime in individuals with personality disorders. A literature review was conducted on antisocial and borderline personality disorders and the possible implications on violent behavior of these personality disorders, during the Covid-19 pandemic. We reviewed Medline database articles on these topics between the years 2000 and 2020. During the pandemic it is important that these services be attentive and prepared for new demands and worsening of previously stabilized individuals of borderline personality disorder and antisocial personality disorder.

Keywords: Personality; Violence; Coronavirus; Borderline personality disorder; Antisocial personality disorder

Resumo

A combinação de transtornos de personalidade grave e violência representa um desafio para os serviços de saúde mental, incluindo os serviços forenses e os serviços comunitários de saúde mental. No contexto da pandemia do COVID-19, após observar o número alarmante de casos de coronavírus e mortes no Brasil, objetivamos discutir o potencial aumento do comportamento hostil, da violência e da criminalidade em indivíduos com transtornos de personalidade. Foi realizada uma revisão da literatura sobre os transtornos borderline e antisocial e as possíveis implicações no comportamento violento desses transtornos de personalidade durante a pandemia do Covid-19. Revisamos artigos da base de dados Medline sobre esses temas, entre os anos 2000 e 2020. Durante a pandemia é importante que esses serviços fiquem atentos e estejam preparados para novas demandas e agravamento de indivíduos previamente estabilizados de transtorno borderline de personalidade e transtorno de personalidade antissocial.

Palavras-chaves: Personalidade; Violência; Transtorno da personalidade Borderline; Coronavírus; Transtorno da personalidade antissocial

Resumen

La combinación de trastornos graves de personalidad y violencia plantea un desafío para los servicios de salud mental, incluidos los servicios forenses y los servicios comunitarios de salud mental. En el contexto de la pandemia COVID-19, después de observar el alarmante número de casos y muertes de coronavirus en Brasil, nos propusimos discutir el posible aumento de la conducta hostil, la violencia y la delincuencia en individuos con trastornos de personalidad. Se realizó una revisión de la literatura sobre trastornos limítrofes y antisociales y las posibles implicaciones en el comportamiento violento de estos trastornos de la personalidad durante la pandemia de Covid-19. Se revisaron artículos de la base de datos Medline sobre estos temas entre los años 2000 y 2020. Durante la pandemia es importante que estos servicios estén atentos y preparados para nuevas demandas y el empeoramiento de individuos previamente estabilizados de trastorno límite de la personalidad y trastorno antisocial de la personalidad.

Palabras clave: Personalidad; Violencia; Coronavirus; Trastorno de personalidad limítrofe; Trastorno de personalidad antisocial

Violence represents one of the major public health problems in the world, being an important cause of mortality and disability, depending on the region of the world in which it occurs¹. It can happen in several ways, considering the location, relationship between victim and aggressor and type of violent act.

The COVID-19 pandemic has been accompanied by economic crisis, recession, social disruption and various deprivations, bringing stress and damage to almost everyone's mental health. Most economic sectors had reduced workforce, schools were closed down and the need for commodities and manufactured products have decreased². Individuals with previous emotional and behavioral problems, such as those with personality

disorders, may be even more sensitive to this context, presenting maladaptive reactions with greater frequency and intensity, since their features involve progressively more rigid and extreme personality traits, following the severity of the pathology. From a descriptive perspective, an individual whose personality rigidity reaches the point in which it significantly, consistently and chronically interferes with daily functioning and/ or causes significant suffering to the individual, or to those around him/her, he/she would be considering as having a personality disorder³.

If normal personality functioning individuals have been struggling with many difficult challenges during this pandemic, it is possible that cluster B personality disorders, especially borderline and antisocial disorders, may be the most problematic to deal with this problem, since they have a higher risk of violent behavior, due to their risk-taking, hostility, manipulateness, impulsivity, difficulty in dealing with aggression and negative feelings, such as frustration⁴⁻⁵.

According to the alternative model of personality disorders, published in section III of DSM-5⁵, the individual with antisocial personality disorder (ASPD) is characterized by self-centeredness and the use of domination or intimidation to control other people. The individual with borderline personality disorder (BPD), on the other hand, has an unstable identity, inordinate anger, impulsivity, a tendency to stress-related paranoid ideation, interpersonal hypersensitivity, establishes intense, and conflicting relationships⁶. In particular, impulsivity refers to exposed behaviors that are carried out as reactions to internal or external stimuli, without premeditation or conscious judgment and without considering the consequences of these behaviors. Alcohol and substance use disorders are also problematic comorbidities associated with these disorders⁷⁻¹⁰.

Personality disorder is substantially overrepresented in offending populations.¹¹ Individuals with BPD and ASPD perpetrate more violent acts against strangers, although some of them perpetrate also intimate partner violence (IPV)¹¹⁻¹⁴. These two personality disorders are associated with general and violent criminal recurrence, both in men and women and ASPD is the most common personality disorder in criminal justice settings^{11,15-16}. In the COVID-19 pandemic, they may feel frustrated by having to spend more time at home, due to the restrictions imposed, not being able to seduce, manipulate and harass others, in addition to the increased coexistence with intimate partners and other family members, especially those most vulnerable, such as women and children, hence these are the main victims of their violent behavior. History of child abuse and testimony of domestic violence seems to be related to the manifestation of violent behavior of those children when they become adults, feeding this pathological cycle¹⁷⁻¹⁹.

The use of violence to escape vulnerable emotions such as shame, abandonment, and loneliness represents a possible mechanism within a range of personality disorders, including ASPD and BPD²⁰. Then, these severe personality disorders may contribute to the maintenance of high levels of violence in urban communities, even in times of social isolation. The consequences for the victims of these individuals, such as depression, posttraumatic stress disorder (PTSD) and substance abuse are worth considering²¹. In the COVID-19 context, we, Brazilian forensic psychiatrists, after observing the alarming number of coronavirus cases and deaths in our continental dimension's country, would like to discuss the potential increase in hostile behavior, violence

and criminality in this specific population, through this theoretical literature review study. A literature review was conducted on antisocial and borderline personality disorders and the possible implications on violent behavior of these personality disorders, during the Covid-19 pandemic. We reviewed Medline database articles on these topics between the years 2000 and 2020.

Characteristics related to violence, interpersonal relations and confinement response

Borderline personality disorder: the “impulsive aggression”

BPD is a severe psychiatric condition found in ~1.7% of the general population, while in psychiatric clinics or hospitals it is present in 15-28% of patients and in a large proportion of individuals seeking help for psychological problems in general health facilities. Extreme sensitivity to perceived interpersonal slights, an unstable sense of self, intense and volatile emotionality, disturbed social functioning and impulsive behaviors are remarkable characteristics of BPD²²⁻²³.

Individuals with BPD are associated with violence toward self and others, and combined violence (i.e., toward both self and others), including suicide, suicidal behavior, recurrent physical fights, displays of temper, and anger. They may exhibit violent behavior due to their psychopathological manifestations and maladaptive behavior: identity disturbance, marked difficulty in controlling impulses, with an emphasis on aggressive and self-destructive behaviors and self-harm; establishment of chaotic, poorly differentiated, manipulative and aggressive interpersonal relationships, accompanied by great sensitivity to separation, fear of abandonment and feelings of rejection; affective instability, with oscillations between idealization and devaluation of partners and people with whom they live^{22,24-25}.

Aggression in BPD is typically of the reactive type, triggered by provocation, and a core problem in BPD is control of the aggressive drive. Some hypothesize that BPD has an “impulsive aggression”²⁶. Anger can be outer-directed in destroyed relationships or internalized in self-damaging behaviors, acute depressions, and chronic dysthymia. Another foundational symptom of BPD is the inability to achieve and sustain an intimate, empathic, and reciprocal love relationship^{22,25}. It is important to note that some BPD individuals may be aggressive to others, while some not²⁶.

Identity diffusion, characterized by problems with self-other boundaries, also expressed in binary thinking about self and others, is thought to explain many of the interpersonal turbulence that BPD patients experience²⁷. An empirical study on the relationship between BPD and violence, including a sample of arrested violent criminals, suggested that identity diffusion, primitive defense mechanisms, impaired reality tests, fear of proximity, antisocial characteristics, neuroticism and interpersonal problems were related to violence²⁸.

If the life's ordinary stresses are often too much for people with BPD, with periods of depression, anxiety, substance abuse, dissociative and psychotic-like episodes, impulsivity, irritability, anger, suicidality and emotional dysregulation, we may hypothesize that the confinement, and all the challenging changes occurred during the current global health crisis can generate the escalation of their symptoms²⁸⁻²⁹.

The borderline unstable self activates improper reactions to common and stressful interactions with others. Since all affective activations represent, at the same time, the activation of a relationship, in reality or fantasy, with an important other, the abnormality of the internal world of relationship with significant others, a core BPD feature, is expressed in present interpersonal interactions of these subjects³⁰. Considering that violence in BPD patients is more expressed towards intimate partners and known persons, usually in the homes of perpetrators, risks may rise in confinement and social distancing. Their violent behavior is associated with traits such as anger, impulsivity and avoiding abandonment³¹.

Pucker and colleagues have described that borderline patients were significantly more likely to be socially isolated than personality-disordered comparison subjects over time, strongly associated with enduring aspects of their competence and temperament³². Among borderline subjects studied, lower childhood competence, lower trait extraversion, and lower trait agreeableness were significant multivariate predictors of social isolation³².

Additionally, BPD requires treatment with a long-term psychotherapeutic approach (cognitive-behavioral, dialectic behavioral therapy, mentalization-based therapy, and transference-focused psychotherapy), during 12 to 18 months of weekly or twice weekly sessions. Psychopharmacologic treatment may have an auxiliary function for specific situations, symptoms or complications²⁹. These patients should not interrupt their treatment during the COVID-10 pandemic, adjusting psychiatric care with the current reality. A recent Spanish exploratory, naturalistic study investigated the clinical course of patients with BPD during 2.5 months of home confinement and restrictions due to the COVID-19 outbreak and found that living alone was the most relevant predictor of a poorer clinical course³³.

Antisocial personality disorder: deficient moral functioning

ASPD has a lifetime prevalence rate of 3.6 % in the general population, with estimates of approximately 3% in men and 1% in women and has robust associations with crime and violence³⁴⁻³⁶. Studies have found rates in prison samples of ASPD to be 47% in men and 21% in women³⁶.

ASPD is characterized by a pervasive disregard for, and violation of, the rights of others, typically callous antisocial behavior, that begins in childhood and continues into adulthood^{32,36-37}. This personality disorder has important negative impacts on the affected individuals, their families and society. Egocentric, they value others for what they can earn. Their infidelity and failure to fulfill obligations are inconsistent with the ability to function as a spouse or parent. They can practice cruelty, sadism and violence, regardless of the effects on other people³⁸.

Criminal behavior, deceitfulness and conning, impulsivity and lack of planning, aggression and violence, reckless disregard for safety, irresponsibility, and a noteworthy lack of remorse or guilt for their actions (as these individuals appear to be devoid of moral conscience) are the seven features of ASPD³⁷. Other characteristics include lying, making threats, self-centered behavior, externalization and lack of empathy. ASPD has high rates of comorbidity with several psychiatric disorders, including psychopathy, substance abuse, anxiety, depression,

bipolar disorder, attention-deficit hyperactive disorder, gambling disorder, BPD and paraphilic disorders. Studies have reported that 80-85% of ASPD subjects also meet criteria for a substance use disorder (SUD)^{36,38}.

Since multiple researches have indicated a concentration of antisocial traits and behaviors that cluster among families, with a small number of families responsible for a disproportionate share of crime, the confinement of these individuals may create a potential for diverse forms of conflict and violence³⁹. Antisocial parents may use more harsh and inconsistent discipline, less supervision, lack of warmth toward the children and be less able to provide satisfactory resources for their children in normal times³⁵. In the COVID-19 period, the potential increased stress derived from home confinement may worsen this intimate living situation and escalate to physical and psychological child abuses.

The antisocial aggressive acts can be impulsive, precipitated by provocation, threat, stress and associated with anger and frustration, or predatory/organized, a planned behavior with clear goals in mind (eg, intimidation, retribution, monetary or material gains)⁴⁰. Antisocial perpetrators of IPV are violent either toward others than their partner. They have an early onset of violent and antisocial behavior, use more severe (or deadly) and frequent general violence, more psychological abuse toward their partner (e.g., threats of death), have more prior arrests, substance use problems, and are following a life-course trajectory characterized by generally violent behavior and IPV perpetration into adulthood, when compared with the family-only perpetrators of IPV. Accurate identification of IPV perpetrators as antisocial may help to predict the perpetrator's level of risk for reoffending and guide decisions about interventions, in order to prevent future IPV⁴¹. During this coronavirus pandemic, the Brazilian number of calls denouncing violence against women have been rising^{13,42}.

Individuals with ASPD rarely seek treatment and even when in treatment, therapists report difficulty to establish a therapeutic alliance and describe poor compliance with treatment. Mentalization-based treatment, originally developed for BPD, has preliminary evidence suggesting that this treatment may be effective in reducing self-reported aggressive behavior in individuals with ASPD and moderate levels of psychopathic traits³⁵. However, the individuals with high degree of severity of antisocial pathology, the antisocial personality proper, has a poor prognosis for effective psychotherapeutic treatment⁴³.

Even if social isolation leads antisocial patients to experience psychological distress by reducing their chance to manifest their hostility toward others, in this COVID-19 prolonged crisis, the concern about violent behavior should be expanded to other confinement environments, in addition to homes, such as prisons and forensic psychiatric institutions, where individuals with ASPD and BPD may be socially segregated²⁹. Moreover, these severe personality disorders are greatly overrepresented in prison populations (25% of female and 47% of male offenders) and they are particularly at risk of suicide attempts and self-inflicted injuries⁴⁴⁻⁴⁵. The confinement of regular times, however, has been different from the current COVID-19 pandemic one. Visits have been suspended or restricted and the potential negative repercussions for these inmates should be examined.

Conclusion

The combination of severe personality disorders and violence represents a challenge for mental health services, including the forensic psychiatric ones, due to the complexity of psychopathology and environmental features involved in that association. During the COVID-19 pandemic, it is important that whether external to the community, or internal to prison or custodial institutions, these services stay attentive and be prepared for new demands and worsening of previously stabilized BPD and ASPD individuals.

Treatment for individuals who demonstrate some motivation for emotional and behavioral change, whether through face-to-face or telemedicine care, must remain available, in order to reduce the distress intolerance, impulsivity, and emotional instability present in BPD, the dysfunctional ASPD traits, and treat comorbid conditions⁴⁶. It is also important to offer psychiatric treatment to their victims.

As limitations of the study, we can mention the scarcity of specific studies on the subject during COVID-19, the non-use of explicit and systematic criteria for the search and analysis of the literature and that the information collected may be subject to the authors' subjectivity.

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Contributions: Alexandre Martins Valença – Writing – Review & Editing;

Lisieux E. B. Telles – Writing – Review & Editing;

Antonio Geraldo da Silva – Writing – Review & Editing;

Alcina J. S. Barros – Writing – Review & Editing.

Correspondence

Alexandre Martins Valença

avalen@uol.com.br

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