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The violent accounts of men diagnosed with co-morbid anti-social and borderline personality disorders

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Abstract:	<p>This study explored the violent offence accounts of life sentenced prisoners diagnosed with co-morbid Anti-social Personality Disorder (ASPD) and Borderline Personality Disorder (BPD). The aim of the current study was to gain needed clinical insight into the mechanisms involved in this specific group offenders' use of violence against others. Six adult male personality disordered offenders were interviewed via a semi-structured interview schedule to collate individual offence accounts. Interview transcripts were analyzed by the lead researcher (first author) using interpretative phenomenological analysis (IPA) who compared and contrasted findings to develop superordinate themes across the group. External auditing analysis was conducted by the second researcher. Four superordinate themes resulted. These were "A victim of a hostile and rejecting world", "Self as unacceptable to others", "Unwanted emotions that cannot be tolerated or controlled" and "Violent revenge as catharsis". The results support the view that emotional dysregulation is central in driving acts of violence in those with co-morbid ASPD/BPD, nevertheless shame was particularly prevalent. Thus an argument is made for the adaptation of evidence based treatments for this specific forensic population to ensure a particular focus on helping men tolerate feelings of shame. The limitations of the study are also discussed.</p>

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Abstract

This study explored the violent offence accounts of life sentenced prisoners diagnosed with co-morbid Anti-social Personality Disorder (ASPD) and Borderline Personality Disorder (BPD). The aim of the current study was to gain needed clinical insight into the mechanisms involved in this specific group offenders' use of violence against others. Six adult male personality disordered offenders were interviewed via a semi-structured interview schedule to collate individual offence accounts. Interview transcripts were analyzed by the lead researcher (first author) using interpretative phenomenological analysis (IPA) who compared and contrasted findings to develop superordinate themes across the group. External auditing analysis was conducted by the second researcher. Four superordinate themes resulted. These were "A victim of a hostile and rejecting world", "Self as unacceptable to others", "Unwanted emotions that cannot be tolerated or controlled" and "Violent revenge as catharsis". The results support the view that emotional dysregulation is central in driving acts of violence in those with co-morbid ASPD/BPD, nevertheless shame was particularly prevalent. Thus an argument is made for the adaptation of evidence based treatments for this specific forensic population to ensure a particular focus on helping men tolerate feelings of shame. The limitations of the study are also discussed.

Introduction

Antisocial personality disorder (ASPD) and borderline personality disorder (BPD) have consistently been found to be highly co-morbid in forensic samples (Coid et al., 2009). Indeed reviews of admissions of prisoners who met criteria for 'dangerous and severe personality disorder' have shown particularly high rates of ASPD and BPD co-morbidity, 62% in male prisoners assessed at The Peaks Unit within Rampton Hospital (Duggan & Howard, 2009) and 58% in male prisoners

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3 assessed at the Westgate Unit within HMP Frankland (A. L. Bennett, personal
4 communication, 18 June, 2015). Whilst there is growing body of evidence
5 highlighting the high-risk nature of ASPD and BPD co-morbidity within offenders,
6 particularly their use of aggression (Freestone, Howard, Coid, & Ullrich, 2013;
7 Howard, Huband, Duggan, & Mannion, 2008; Newhill, Eack, & Mulvey, 2009) little
8 is known about the key mechanisms underpinning this specific group of offenders'
9 use of violence.
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19 The role of emotional dysregulation as the primary mechanism that places this
20 group at risk of engaging violence has been proposed (Howard et al., 2008; Newhill et
21 al., 2009; Newhill, Eack, & Mulvey, 2012) and specifically difficulties regulating
22 anger (Scott, Stepp, & Pilkonis, 2014). It has also been argued that the association
23 between ASPD/BPD co-morbidity and violence is likely to be as a result of
24 impulsiveness, or more specifically hostile impulsivity, reflecting belligerence, non-
25 compliance and emotional under-control (Blackburn, 2009; Freestone et al., 2013). In
26 relation to BPD there has been some research assessing features of this disorder in a
27 small forensic sample, which found that unstable intense relationships and affective
28 instability were the traits linked to extreme violence (Raine, 1993).
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41 The use of violence to escape vulnerable emotions such as shame,
42 abandonment and loneliness have been posited as possible mechanisms within a
43 range of personality disorders, including ASPD and BPD (Keulen-de Vos et al., 2014;
44 Schoenleber & Berenbaum, 2012; Velotti, Ellison, & Garofalo, 2014). It has also been
45 proposed that this specific forensic population share a pattern of externalizing
46 behaviour (Declercq et al., 2011; Warren & Burnette, 2012).
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3 Whilst findings from these studies have yielded valuable insight, it has been
4 argued that a focus on observable risk factors such as substance abuse, emotional
5 control or impulsivity has resulted in the neglect of the subjective states of those who
6 engage in violence and thus restricting clinical insight (Yang & Mulvey, 2012).
7 Exploring the first person perspective of past offending will aid clinical understanding
8 into the wider psychological processes that could act to increase the likelihood of
9 violence. It will provide understanding and access to the thoughts and emotional
10 states involved in violence, providing insight into offender's subjective experiences of
11 the social situations and circumstances. Developing insight into the violent
12 experiences of men with co-morbid ASPD/BPD may aid clinicians' formulation and
13 assessment of risk. In addition, whilst there is now emerging evidence supporting the
14 effectiveness of psychotherapies with this specific forensic population (Arntz, 2012;
15 Paris, 2015; Yeomans, Clarkin, & Kernberg, 2002) further clinical insight into the
16 mechanisms of violence may provide needed evidence to direct treatment specifically
17 aimed at reducing levels of interpersonal violence. Thus given the restricted evidence
18 base and clinical insight into the underpinning mechanisms of co-morbid ASPD/BPD
19 offenders' use of violence, the study aimed, from a phenomenological perspective, to
20 explore this specific group of offenders' subjective accounts of their violent offences.
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43 **Method**

44 *Participants*

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46 Six adult male prisoners all of whom were purposefully sampled, with the aim
47 to identify participants with a diagnosis of co-morbid ASPD/BPD and a history of
48 convicted violence. Those identified as suffering from psychosis at the time of their
49 offences were excluded from the study. All of the participants had previously been
50 assessed by a multidisciplinary team upon admission to personality disorder services
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3 using a standardized assessment procedure. Axis I disorders were assessed using the
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5 Structured Clinical Interview for DSM-IV (SCID-I; First et al., 1997). Axis II
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7 disorders were assessed using the International Personality Disorder Examination
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9 (IPDE; Loranger, 1999). Potential participants were then prioritized based on length
10
11 of stay on the unit, with those on the unit the longest given priority. The decision was
12
13 based on a rationale that these men had completed a significant proportion of their
14
15 recommended treatment plans and had worked extensively on identifying and
16
17 addressing violent cycles. All of the participants were resident on a high secure
18
19 forensic personality disorder treatment unit, classed themselves as White British and
20
21 were serving indeterminate prison sentences (See Table 1 for the participant details,
22
23 identified here by pseudonyms). Participants included within the research sample all
24
25 provided fully informed written consent.
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29 30 *Data Collection*

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32 A semi-structured interview was developed to elicit the participants' violent
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34 accounts. For the purpose of this study violence was defined as actual, attempted, or
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36 threatened harm to another person. All interviews were conducted by the first author
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38 and moved through the topics in a natural conversational manner. Open questions and
39
40 prompts were used to encourage the participants to share their experiences. The
41
42 interviews varied in length from approximately 30 to 65 minutes. All completed
43
44 interviews were transcribed verbatim; transcripts were anonymized and pseudonyms
45
46 used.
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49 50 *Data Analysis*

51
52 The study was designed and analyzed using interpretative phenomenological
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54 approach (IPA) (Smith & Osborn, 2014). We considered IPA the most appropriate
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56 methodology as the study sought to understand participant's experiences and meaning
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3 making of their past use of violence (Eatough & Smith, 2006; Willig, 2009). IPA is
4 considered a suitable approach when exploring the contextual subtleties of
5
6 phenomena such as emotion, interpersonal conflict and violence (Eatough & Smith,
7
8 2008), and when investigating areas which have ongoing significance and are
9
10 emotionally charged (Eatough & Smith, 2008).
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14 Although there is no prescriptive methodology with IPA, this study has
15 followed recommended guidelines (Smith & Osborn, 2014). The process of analysis
16 involved treating each participant's interview as one data set, reading each transcript a
17
18 number of times, using the left hand margin to record what is considered important or
19
20 interesting content or language. The second stage took the form of using the right
21
22 hand margin to identify emergent themes, often using more psychological concepts.
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24 Further refinement of these themes was achieved by identifying connections between
25
26 the emergent themes and clustering them appropriately into higher order themes. This
27
28 was done for each participant. Finally a table of super-ordinate themes was produced
29
30 through cross case comparison.
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36 External auditing analysis was conducted by the second researcher. This
37 involved secondary analysis for objectivity to ensure the analysis was not confined to
38
39 one perspective (Smith, 2015). It included the scrutiny of all transcripts and the
40
41 analysis process to verify evaluations of the data and to examine whether the findings,
42
43 interpretations and conclusions were supported by the data to ensure dependability
44
45 and conformability (Creswell, 2013). This process allowed for suggested minor
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47 modifications to some of the established themes and therefore assisted in the
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49 verification and confirmation themes.
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53 54 **Researcher reflexivity**

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3 The main researcher (first author) was an adult male therapist working within
4 the high-secure personality disorder treatment service in which the study was based.
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6 The researcher is known to some of the participants of this study and is actively
7 involved within the wider treatment environment of the personality disorder unit.
8
9 Whilst this could be construed positively or negatively for the purpose this research,
10 the implication of this are considered further within the Discussion. The second
11 researcher, also adult male, independent to the treatment service conducted external
12 auditing analysis to evaluate potential research bias and to provide external
13 perspective to which helped the lead researcher further question their perspective on
14 the data as whole.
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24 **Results**

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26 The analysis resulted in four super-ordinate themes. These overarching themes
27 and the corresponding sub-themes are summarized in Table 2. The themes and
28 associated sub-themes have been chosen for presentation based on their prevalence
29 across participants and the richness of data available. Quotations from participants are
30 used as evidence so the reader can determine the usefulness of the interpretations
31 (Smith and Eatough, 2006).
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40 *A victim of a hostile and rejecting world*

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42 This theme was central and reflected participant's perception of
43 victimization as being a fundamental stimulus to their use of violence. The
44 participants' accounts described a general sense of rejection, hostility and
45 alienation from other people. For some this hostility and rejection was seen as
46 almost societal, for others it is more specific, for example, intimate partners,
47 family or the authorities. This sense of hostility was related to a sense of
48 powerlessness and a view of self as a victim. The participants appear to see
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3 powerful others as responsible for events unfolding and their subsequent distress.
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5 There is no awareness or acknowledgement of their contribution to an undesirable
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7 outcome, externalizing responsibility was a pertinent feature of the accounts:
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10 “I just justified it all to myself right they knew what they were doing with
11
12 me they knew pushing it with me and they got their just rewards”

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14 (Howard, lines 533-539)

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16 “this person was to blame for everything, like in a way that my body has
17
18 been used” (Alan, lines 129-139-132)

19
20 Within the accounts there is evidence that once the men experienced a sense of
21
22 victimization this triggered memories of previous mistreatment, rejection and abuse.
23
24 These memories served to reinforce a sense of self as victim and others as abusive and
25
26 rejecting. For most these recollections occurred in the build up to their violence and
27
28 for some these memories are present during the course of their violence:
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32 “with all the run in’s I’d had with the police growing up and err and all the
33
34 other things I’ve endured during my life I just thought you know what I’m
35
36 just going to do what I want fuck the consequences and I did” (Ian, lines
37
38 153-155)

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40 “All I was thinking about was all these things that had happened in my
41
42 past back when I was a kid I brought it all there it was there within me I
43
44 got dressed, went into the kitchen got some knives and a pan” (Alan, lines
45
46 135-137)

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48 “it was basically every person who had done me wrong, every social
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50 worker, every carer that had ever done me wrong it was like a flood”
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54 (Peter, lines 95-96)

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3 Of all the participants, only Scott's account did not include the super-ordinate
4 theme 'a victim of a hostile and rejecting world'. Despite this omission, Scott's
5 decision to engage in violence was driven by a desire to avoid rejection and potential
6 retaliation from his peers. It could be argued that in this sense, he acts to prevent a
7 triggering event, which he fears would result in the hostility, rejection and subsequent
8 feelings described by the other participants.
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16 "Well, being rejected was one of my biggest fears, I'm a person that likes
17 to be liked, so fear of rejection is the main part but also physically violent
18 as well, because they could have thought that this fucker is going to do a
19 runner and tell the police, or phone somebody you know what I mean"
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25 (Scott, lines 119-121)
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27 *Self as unacceptable to others*
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29 In the build up to their violence, all six of the participants' accounts revealed
30 an increasing sense of themselves as being unacceptable to others. This included
31 feeling that one is bad, unwanted, inferior or invalid thus implying a sense of personal
32 shame. For some, thoughts and feelings about their own self-worth were made
33 explicit:
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40 "It made me feel worthless" (Peter, line 53)
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42 "Yeah it was difficult at that time because you have those feelings of self-
43 worth or the lack of self-worth you know and being rejected and feeling down
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46
47 (Bernard, lines 60-61)
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49 The accounts also revealed that participants showed a reliance on relationships
50 and friendships to create a sense of self as worthwhile, lovable and acceptable.
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52 Without a relationship many of the participants reported to struggle with feelings of
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3 loneliness and emptiness. As a result they expressed a general pre-occupation with
4
5 and fear of rejection:
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7 “if I have no one in my life I just feel empty, there is just that empty
8
9 feeling” (Howard, line 293)
10

11 “I don’t like being alone, I feel isolated and worthless, as though I’ve got
12
13 no meaning (Scott, lines 148-151)
14
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16 The accounts did not reveal any prolonged process of self-criticism that
17
18 might be expected with the activation of a sense of self as unacceptable to others.
19
20 Instead, participants tended to ruminate, focusing externally towards those who
21
22 they saw as responsible for their suffering.
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25 *Unwanted emotions that cannot be tolerated or controlled*
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27 This theme was present in all cases. The range of emotions present was
28
29 extensive and evidently become intolerable and distressing. Various attempts are
30
31 made to manage these emotions, most commonly through attempts to suppress
32
33 unwanted thoughts and feelings and through the use of alcohol and illegal substances.
34
35 These are inevitably unsuccessful and the men describe an escalation resulting in
36
37 them making a conscious decision to force a change in their situation and escape their
38
39 emotions. The language used by the participants also implies that their emotions are
40
41 experienced as overwhelming and uncontrollable, resulting in an inevitable outcome:
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45 “The only thing I can think of is I’d had enough. I thought fuck it” (Ian, line
46
47 125)
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49 “I walked around, I was angry, infuriated, highly depressed, highly
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51 anxious, I just thought fuck it I’m going back to prison it’s easier” (Peter,
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53 lines 36-37)
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3 “I couldn’t cope emotionally I couldn’t cope with what’s going on, I was
4 immature emotionally I didn’t know how to deal with it so the best way to
5 do it was is to get rid of it” (Howard, lines 190-191)
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9 “come out in one explosion” (Peter, line 120)
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11 *Violent revenge as catharsis*

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14 The desire to take revenge is expressed in five of the six accounts, and often
15 follows a period of angry rumination. In most cases the men refer to periods of
16 rumination explicitly within their accounts, while in others it is inferred. For some
17 these ruminations last for a matter of hours, for others this process can be ongoing for
18 weeks and months. The rumination always involves thoughts and images of revenge,
19 and does not appear to result in relief for any of the participants:
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27 “I’m going to hurt them, I’m going to hurt them back. I was going to go
28 into the flat and smash him to pieces in front of her and say that’s what
29 happens when you play with fire” (Howard, lines, 342-345)
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34 “sat in the corner for a bit and was wanting to do all sorts of damage, I
35 wanted revenge, to kill both of them that was what I was planning and
36 plotting and stuff” (Alan, lines 112-113)
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40 The participants described their violence as primarily a means of securing
41 relief from their emotional turmoil, with violent revenge a means of regaining some
42 semblance of control or power, restoring pride and escaping from painful emotions
43 such as shame and loneliness:
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49 “It was a relief it was a way of venting all of that I’ve suppressed
50 everything that’s happened” (Howard, lines 377-378)
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3 “for some reason I just took all of the anger and all of the frustration, it
4 was like fuck it I’m going to take it all out on you, I just started thrusting
5 the knives” (Peter, lines 68-69)
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9
10 After the violence, the men described their sense of relief, thus reflecting
11 violence as being an opportunity for catharsis and participants describe a sense of
12 calmness or numbness, replacing the emotional tension which had gone before:
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16 “I don’t know what happened I think I just shut down, blanked everything
17 out” (Ian, lines 184-185)
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21 “within a short period it was gone, just went, I felt calm” (Bernard, lines
22 197-204)
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25 Given the violent histories of the participants of this study prior learning that
26 violence provides relief from such negative emotions may already exist. As well as a
27 release from negative emotions, the violence transforms a sense of self as
28 unacceptable, with a shameful self-view replaced with a powerful malevolent self,
29 which is more acceptable to the participants:
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37 “I just wanted to put the pillow over his head and take him out completely
38 and be that bastard, that monster”; “that’s what I thought I needed to do at
39 the time”; “be the person that is strong not weak, who is in control”; “it
40 was the only way, shed this stuff that has actually happened and take
41 revenge on people” (Alan, lines 144-152)
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47 **Discussion**

48
49 The violent offence accounts analyzed in this study provide support for those
50 who have identified emotional dysregulation as a key mechanism in driving acts of
51 violence in men with co-morbid ASPD and BPD (Howard et al., 2008; Newhill et al.,
52 2012). In terms of specific emotions, shame was particularly prevalent within the
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3 offence accounts. In all but one case, feelings of shame were triggered by a variety of
4 forms of real or predicted rejection which resulted in the activation of an unacceptable
5 self-view. In the one case where shame was not triggered, the participant engaged in a
6 process of affective or shame forecasting (Wilson & Gilbert, 2003), where a fear of
7 rejection from his peers and desire to remain an accepted drove his decision to take
8 part in the violent act of murder.
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16 Internalized shame and maladaptive shame-regulation have been described as
17 key factors leading to aggression and violence (Velotti et al., 2014). It has also been
18 argued that maladaptive shame regulation is at the core of many pathological
19 personality features, and that it is the inability of individuals to regulate feelings of
20 shame that maintains personality pathology (Schoenleber et al., 2011). From the
21 offence accounts, it is clear that the participants were unable to successfully use
22 emotion regulation strategies to avoid or alleviate shame. A loss of status or
23 threatened self-esteem have been identified as key fears for aggressive patients
24 diagnosed with ASPD, that have to be dealt with by demanding respect from others,
25 controlling those around them and through acts of violence (Bateman, Bolton, &
26 Fonagy, 2013; Gilligan, 2003). Shame has also been identified as a central feature of
27 BPD (Crowe, 2004; Nathanson, 1994). Rusch et al., (2007) found that those with
28 BPD reported higher levels of state shame and shame proneness than healthy controls
29 and individuals with Axis I disorders.
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47 Raine (1993) found that affective instability and unstable intense relationships
48 were the traits of BPD linked to extreme violence. In the current study, a number of
49 the participants described relationships as vehicles through which they sought to feel
50 acceptable and avoid feelings of loneliness, emptiness and shame. It maybe that men
51 who have such unstable intense relationships are more frequently exposed to rejection
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3 and subsequently shame. This may explain why men with these particular traits
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5 appear at a greater risk of shaming experiences and subsequently of engaging in
6
7 violence.
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10 The process by which personal shame resulted in violence as evidenced within
11 the offence accounts began with the adoption of a victim stance and the externalization
12 of responsibility. This is consistent with the finding that shame is associated with
13 aggression towards others in individuals who demonstrate a greater tendency to
14 externalize blame (Stuewig, Tangney, Heigel, & McCloskey, 2010). The
15 externalization of responsibility for personal distress combined with feelings of
16 victimization have also been identified as potentially facilitating violence in a previous
17 case study where a diagnosis of BPD and secondary psychopathy has been suggested
18 (Declercq et al., 2011). The participants in the current study reinforced a sense of self
19 as victim by ruminating and reliving previous real or perceived victimization and
20 unfair treatment. For them, in the build up to their violence, the world and other
21 people are seen as increasingly malevolent, rejecting and controlling.
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36 The participants in this study used violent revenge as a means of catharsis,
37 where violence acts primarily to provide relief from unbearable emotional and
38 psychological tension (Schlesinger, 1996, 2007). From the perspective of those who
39 support the shame aggression link, violence is thought to occur when feelings of
40 shame are so overwhelming that the individual refocuses self-hatred onto others, who
41 they come to see as malevolent, controlling and responsible for their suffering (Lewis,
42 1971; Schoenleber et al, 2011; Velotti et al., 2014). In the current study victims were
43 either viewed as the source of the participants suffering or violent revenge was
44 displaced onto others. This process of refocussing self-hatred onto others has been
45 described as a form of projective identification, which is thought to stem from a
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3 disorder of attachment, with threats of abandonment in the present acting to trigger
4 memories of early experiences of abandonment and neglect (Meloy, 1992). A process
5 of projective identification is also described in the literature relating to pathological
6 forms of revenge and again links are made to early problems in development
7 (Grobbink, Derksen & van Marle, 2014).
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10 11 12 13 *Implications for Clinical Practice*

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15
16 The use of structured professional judgment guidelines in complex cases is
17 considered central to risk assessment and management in forensic services. These
18 guidelines work as analytical tools to help professionals deconstruct their cases, focus
19 their attention onto key risk factors and then use that information to produce a
20 practically useful formulation grounded in theory and research (Cook, Murray, Amat,
21 & Hart, 2014). The findings from this study would suggest that when engaged in the
22 formulation of complex violent offenders diagnosed with co-morbid ASPD/BPD
23 particular attention should be given to emotional regulation, and more specifically the
24 regulation of shame. In the current study, an inability to tolerate and regulate a range
25 of feelings including shame coupled with the externalization of responsibility resulted
26 in violence being used to achieve relief, both emotional and psychological.
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41 In terms of treatment, a recent review of psychotherapies for BPD concluded
42 that patients benefit from clear and structured approaches that can involve different
43 techniques and different theories, and that in practice all therapies for BPD share
44 common features, in particular a focus on emotion regulation and behavioural and
45 interpersonal skills (Paris, 2015). This includes therapies such as dialectical behavior
46 therapy (DBT; Linehan, 1993) and mentalization-based treatment (MBT; Bateman &
47 Fonagy, 2009). These existing treatments do not focus explicitly on shame. We
48 would argue that for the men with co-morbid ASPD and BPD who took part in this
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3 study, therapies which focus specifically on the regulation of shame seem an
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5 appropriate intervention aimed at reducing the risk of violent recidivism. Some have
6
7 argued that such interventions can be provided by adapting current evidence based
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9 therapies such as DBT, for example, focusing more explicitly on shame during distress
10
11 tolerance work (Schoenleber et al., 2011). It has also been argued that the goal of
12
13 shame focused therapies in offender populations should be to reduce offenders'
14
15 tendency to experience shame, while increasing their capacity to experience shame
16
17 free guilt (Velotti et al., 2014).
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20 21 *Limitations of the current study*

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23 It is acknowledged that a number of limitations exist and conclusions must be
24
25 drawn with caution. The current study involved six participants, whilst an appropriate
26
27 number for IPA (Smith & Osborn, 2014) restrictions on the generalizability of the
28
29 findings must be acknowledged. All of the men in this study were diagnosed with
30
31 ASPD and BPD, yet other personality diagnoses were also present (see Table 1) which
32
33 may have influenced the results. All of the participants chose to discuss acts of
34
35 violence which were serious and life threatening, which we would predict is not
36
37 typical of the majority of violent acts committed by men with co-morbid ASPD/BPD.
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39 As a result, these findings may not generalize to less serious or non-threatening acts of
40
41 violence. All of the participants were adult males, and whether the same themes
42
43 would emerge in the violent accounts of women diagnosed with co-morbid
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45 ASPD/BPD remains an unknown. As highlighted previously, the researcher, has an
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47 active role within the unit. Therefore, whilst a positive rapport existed with some of
48
49 the participants, true objectivity was not possible to achieve as this rapport may have
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51 increased demand characteristics.
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55 56 *Future Research*

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3 Although the finding that shame is central feature within the violent offence
4 accounts of men diagnosed with co-morbid ASPD/BPD is important in itself, further
5 research would be needed to determine whether shame and the themes that emerged
6 are unique to this group. We would suggest exploring the violent accounts of men
7 diagnosed with ASPD without BPD and BPD without ASPD to establish if co-
8 morbidity changes the violent narrative or account in anyway. The same studies could
9 be carried out with women, to establish if there are gender differences. Exploratory
10 research into the first person perspective or violent accounts of a number of groups
11 including those diagnosed with other personality disorders or developmental disorders
12 may well provide information to help us understand the thoughts and emotional states
13 involved in their use of violence.
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Participant	Age (at time of violence)	Personality Disorder Diagnosis	PCL-R score Total (Factor 1/Factor 2)	Offence Type	Diagnosed co-morbid Axis I Disorders
Scott	31	Antisocial, borderline	27 (11/15)	Murder	Amphetamine abuse lifetime, cannabis abuse lifetime
Bernard Howard	24 35	Antisocial, borderline Antisocial, borderline, histrionic, avoidant	24 (10/18) 25 (8/15)	Murder Section 18 Wounding W/I to cause GBH x2	Alcohol dependence lifetime, alcohol abuse lifetime, substance abuse lifetime Major depressive disorder lifetime, alcohol dependence lifetime, post traumatic stress disorder lifetime
Alan	22	Antisocial, borderline	27 (7/18)	Section 18 Wounding W/I	Alcohol abuse lifetime, substance abuse lifetime
Ian	29	Antisocial, borderline, probable paranoid	29 (7/19)	Arson	Alcohol dependence lifetime, alcohol abuse lifetime, Inhalant dependence lifetime, inhalant abuse lifetime
Peter	19	Antisocial, borderline, probable paranoid	18.9 (7/11.9)	Section 18 Wounding W/I to cause GBH	Major depressive disorder lifetime, alcohol abuse lifetime, cannabis abuse lifetime, hallucinogen abuse lifetime, post traumatic stress disorder current and lifetime, agoraphobia without history of panic disorder

Table 1. Participant Characteristics

Note. PCL-R = Psychopathy Checklist-Revised.

Table 2. Table of themes

Super-ordinate themes	Sub-themes
A victim of a hostile and rejecting world	Self as victim The world is against me Reliving rejections and abuse
Self as unacceptable to others	Self as defective Relationships as self-worth
Unwanted emotions that cannot be tolerated or controlled	Unwanted negative emotions Emotions that are intolerable and uncontrollable
Violent Revenge as Catharsis	I am hurting they need to be hurt Rumination Violence to achieve relief Violence to transform self