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## Occurrence of personality disorders among inmates and their social rehabilitation

**Abstract:** The paper is focused on inmates with personality disorder traits which trigger many social and personal problems. The aim of the analyses was to describe types of personality disorder traits in inmates. In addition, the authors investigated if there is any diversity in personality pathology depending on the number of years in prison and the number of sentences. The study involved one sample of inmates (N = 314). The authors measured personality disorder traits using the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Axis II Disorders 4th edition and analyzed the files of the convicted. The results indicate that the most frequent are antisocial, narcissistic, and borderline personality disorder traits as well as the phenomenon of co-occurrence of disorders traits could be found most frequently. Inmates who have longer sentences and more convictions have a higher level of antisocial personality disorder traits.

**Key words:** personality disorders, inmates, antisocial personality.

### Introduction

Personality, alongside biological and environmental aspects, is one of the three main factors explaining human behavior. It is both the basis for the repeatability of an individual's behavior as well as his or her individuality (Mayer 2005). Personality is considered as a complex pattern of deeply rooted psychological traits, manifesting itself in almost every sphere of human psychological functioning. These behavior patterns are a reflection of interpersonal strategies developed

in the process of interaction between innate tendencies and environmental stimuli (Beck et al. 2005). In a situation where this relatively constant pattern of behavior and experience differs significantly from that adopted in a given culture, without being incidental and reflecting over a longer period of human life, it indicates the occurrence of personality disorders (Butcher et al. 2016). This is then described as a rigid pattern, most often manifested during adolescence or early adulthood and slowly increasing. At the same time, its occurrence cannot be explained by other disorders, the effects of substances or general neurological damage. This pattern becomes a cause of suffering for the affected person as well as for those staying in a relationship with them (Meyer 2003).

Personality disorders are characterized by different forms of deviation in the emotional, impulsive, imaginative and volitional sphere and determine the specific way of experiencing and feeling as well as responding to external stimuli (Aleksandrowicz 2002). In addition, they may consist in excessive susceptibility to the influence of other people or environments, the formation and consolidation of emotional and objective syndromes, or a lack of integration between individual mental functions. The diagnosis of personality disorders in inmates and clinical populations is justified as they are accompanied by numerous intra- and interpersonal problems. The occurrence of disorders in clinical groups or inmates ranges from 30% to even 50% (Torgersen et al. 2001). The most common disorder in the prison population is antisocial personality (Hare 2006; Tyrer et al. 2010). It is characterized primarily by the inability to establish lasting ties, the predominance of activities at the driving level, and the lack of environmental adaptation, often expressed through criminal behavior (Book, Quinsey 2004; Lorenz, Neumann 2002). Individuals with an antisocial disorder are irresponsible, often have relationships with others, but in general these relationships are short-lived, geared towards exploiting and manipulating people and devoid of intimacy (Hare, Neumann 2008; Lilienfeld 2013). Antisocial people have undeveloped patterns of reciprocity, while hostility, rapaciousness and ruthlessness are largely developed (Gawda 2011). Antisocial personality disorder belongs to cluster B according to DSM-V (2013). Cluster B includes dramatic and inconsistent disorders, which include, in addition to the already mentioned antisocial disorders, narcissistic, borderline and histrionic disorders (DSM-5, 2013, p. 312–319). In general, these disorders are characterized by inadequate affect control, impulsiveness and unpredictability of behavior, although each of these disorders has its own specific differences (DSM-5, 2013). Antisocial people have already been described as having a particular lack of responsibility, unable to properly recognize their goals, intentions and aspirations, misreading the meanings of various affective situations (Gawda 2015). The narcissistic personality, in turn, is characterized by a strong tendency to confirm one's own value, recognition and status (Gawda 2018). Persons with a borderline personality are characterized by convulsiveness, possessiveness, and hostile attitudes when the goal is not achieved (DSM-V, 2013). Their

behavior manifests itself in the form of extreme instability and unpredictability and therefore limited control (Gawda 2018). In turn, the histrionic personality is characterized as theatrical, manifesting emotional instability and self-centered (DSM-2013). In addition, there are also A and C clusters of personality disorders. However, they are not mentioned as the most common in the population of inmates. The first cluster, i.e. cluster A, includes odd and eccentric disorders, which include schizoid, schizotypal and paranoid disorders (DSM-V, 2013). Cluster C, in turn, is fear and anxiety-based disorders, which include dependent, avoidant and obsessive-compulsive disorders (DSM-5, 2013, p. 312–319).

Personality disorders are a factor that greatly hinders social rehabilitation, which consists in the assimilation by a socially-maladjusted individual of acceptable ways of meeting his or her needs and the norms and standards of conduct adopted in a given community. Thus, social rehabilitation is a process of change that is to take place primarily in the area of human behavior and personality, and its primary objective is to eliminate or reduce manifestations of social maladjustment (Sztuka 2018). However, personality disorders intensify the misbehavior, making it difficult or even impossible to adapt to the social environment, often with an adequate intellectual level (Gawda 2011). In addition, personality disorder traits are non-adaptive and inflexible, which contributes significantly to mental suffering, impairment of functioning, manifesting itself in at least two spheres: perception and expression of emotions as well as interpersonal functioning and impulse control (DSM-5, 2013). These factors inhibit the process of social rehabilitation and are additionally connected with negative consequences of functioning in the structures of total institutions, together with forms of responding to isolation, i.e. self-destruction, faulty forms of adaptation, etc. (Wysocka, 2008).

The study group were criminals with features of personality disorder, staying in prisons. Their dysfunctions, due to the high intensity of problems in interpersonal relations, are most harmful to families and society. Therefore, learning about the types of disorder characteristics most commonly found in the prison population and in the context of certain dimensions of the crime potentially related to personality pathology could contribute to capturing the key mechanisms of functioning of inmates. In particular, this can have both important diagnostic and therapeutic implications.

## The issues of own research

The aim of the research was to identify and describe the features of personality disorders in the group of people staying in prison, as well as to determine whether the sentence and the number of repeated offenses differentiate the intensity of personality disorders. Answers were sought to the following research questions: (1) What types of personality disorders are specific to men staying in

prison? (2) Do and how do the degree of punishment and the number of repeated offenses (number of sentences) differentiate the severity of personality disorders?

## Hypotheses

The results of previous studies indicate that personality disorders are quite common; they occur in about 13-18% of general population (Fowler et al. 2007), are most often diagnosed in the conditions of outpatient clinics, psychiatric wards, and sometimes at the moment of committing a crime. Various people, with different types of personality disorders, fall into conflict with the law, however, some of the most common diagnosed, from 20 to 70%, personality pathologies in prisons are antisocial personality disorders. In the prison population, personality disorders most often correlate with aggressive and auto-aggressive tendencies (including suicide), behaviors contributing to accidents, deaths, and all kinds of misconduct and crime (Tyrer et al. 2010).

On the basis of the literature, it is possible to formulate an assumption that the sentence and the number of repeated offenses (number of sentences) depend to a large extent on the personality and character predispositions of the inmate themselves, as well as situational factors (Malec 2006; Przybyliński 2006; Urban 2000). Thus, the process of social rehabilitation is determined by these predispositions. This means that since there is a variation in personality disorder characteristics depending on the sentence (duration) and the number of repeated offenses (measured by the number of sentences), the process of social rehabilitation is related to this in such a way that an increase in the number of repeated offenses means low effectiveness of social rehabilitation.

## The subjects and course of research

The study was carried out between 2015-2017 in six different prisons in the Republic of Poland. It was conducted on a sample of 314 men aged 19-65 ( $M = 33.05$ ;  $SD = 9.55$ ). All subjects showed at least an average level of intelligence, no visual impairment, speech difficulties and neuropsychiatric disorders (the data comes from the convicted persons' records). All subjects are inmates staying in prison.

The selection to the study group was made by randomly selecting cells of inmates who will join the study, which was preceded by their consent to participate in it. All inmates had an equal chance of being included in the study group, the exception being criminals from the wards for the most dangerous criminals with so-called "N" status who could not participate in the study for security reasons.

The Structured Clinical Interview for the Study of Personality Disorders Axis II DSM-IV (SCID-II, First et al. 2010). It is a standardized tool, allowing to diag-

nose 10 personality disorders according to DSM-IV, and two additional ones. The psychometric parameters of this tool are adequate (First et al., 2010). The analyses used 12 scales of personality disorders: avoidant, dependent, obsessive-compulsive, passive-aggressive, depressive, paranoid, schizotypal, schizoid, histrionic, narcissistic, borderline, antisocial. The results were presented in the form of a number of points in each scale.

In addition, the analysis of the files of convicted persons was made oriented towards the state of health, school achievements and difficulties, manifestations of social maladjustment, offenses committed, substance addiction, social relations, the sentence (two categories were created here: persons with sentences below 5 years and persons with sentences above 5 years; the above categories are based on the severity of offenses committed by convicted persons) and the number of sentences received, which constituted the variable 'the number of repeated offenses'.

## Results

Table 1 presents the results in terms of average severity of traits of particular types of personality disorders and the frequency of particular personality disorders in the group of inmates. The types of personality disorders that occur most frequently in the study group of inmates were listed. This was done on the basis of guidelines contained in the Manual for Structured Clinical Interview for the Study of Personality Disorders from Axis II, i.e. SCID-II (First et al. 2010). Due to the fact that there are no Polish standards for this tool, raw results were used in accordance with the instructions. The raw results of each person for each type of personality disorder are compared with the threshold value assigned to the disorder according to the manual. This way of qualification of the intensity of traits is consistent with the general criteria for the diagnosis of personality disorders according to SCID II, where the value of 3 points is the threshold value for antisocial personality traits, and respectively, 4 points for avoidant, obsessive-compulsive, passive-aggressive, paranoid and schizoid personality traits, and 5 points for dependent, depressive, schizotypic, histrionic, narcissistic and borderline personality traits (First et al. 2010). As a result, two categories were obtained for each personality disorder: high intensity of disorder personality traits, i.e. above the threshold provided for a given disorder according to the SCID-II manual, and low, i.e. below the threshold. Additionally, this method of categorization has been confirmed by comparing the raw results to the mean of the group reduced or increased by the standard deviation for each type of personality disorder separately. Individuals who scored higher than the mean plus one standard deviation were qualified as showing high intensity of the traits of a given personality disorder, while those who scored lower than the mean minus one standard deviation were

qualified as showing low intensity of the traits of a given personality disorder. This additional method of qualification, although having significant limitations, proved to be consistent with the general criteria for diagnosing personality disorders according to SCID II (First et al. 2010). In this way, people are identified as having a certain type of disturbed personality. Table 1 shows that in the examined group of inmates the most frequent personality disorders are: antisocial, narcissistic and borderline. The sum of the numbers in particular groups exceeds the total number of examined persons, however, the table does not contain any errors; such a state results from the co-occurrence of many disorders in one subject. The co-occurrence of personality disorders is a phenomenon presented in the literature, however, the analysis of this phenomenon will not be the subject of this article.

Table 1. Descriptive statistics and frequency of personality disorders (n = 314)

Personality traits	Min.	Max.	M	SD	Frequency
Avoidant	0	7	1.54	1.73	45
Dependent	0	8	2.18	1.65	30
Obsessive-compulsive	0	8	2.98	1.79	116
Passive-aggressive	0	8	2.55	1.96	85
Depressive	0	8	2.31	2.09	50
Paranoid	0	8	2.88	2.15	110
Schizotypal	0	11	2.73	2.29	68
Schizoid	0	6	1.83	1.34	36
Histrionic	0	7	2.53	1.88	53
Narcissistic	0	16	4.80	3.33	155
Borderline	0	15	4.81	3.64	151
Antisocial	0	15	4.62	3.96	187

Source: own study.

At the next stage, it was verified whether the degree of penalty and the number of sentences differentiated the intensity of personality disorders. For this purpose, the following statistical tests were used: Mann-Whitney U and Kruskal-Wallis H. The choice of statistical tests was dictated in particular by the nature of the hypotheses formulated. In the first stage of the analysis, a non-parametric Mann-Whitney U test was applied, which is used when two independent groups, i.e. persons with a sentence under 5 years and over 5 years, are compared with each other. The test is used when the distribution of data does not meet the criterion of matching the normal distribution, nor is it required to meet the assumption of equinumerosity of compared groups.

Another statistical test applied was the Kruskal-Wallis test, which is used when more than two groups are compared (five groups divided by the number of sentences: one, two, three, four, five and more), the distribution of variables deviates from the normal distribution. The condition that a person from one group should not be included in another comparable group is also met.

The degree of penalty was divided into two categories: sentence up to five 5 years of imprisonment and over five years of imprisonment. The results of the comparisons have shown that the sentence thus presented differentiates only one type of personality pathology (Table 2). A significant difference in antisocial personality traits between the two categories of the sentence was demonstrated. It turned out that people with sentences of more than 5 years of imprisonment exhibit a higher level of antisocial traits than people staying in prison for up to 5 years. This is consistent with the data that people with antisocial personality disorder usually commit the most serious crimes (Gawda 2011). The sentence did not differentiate the other traits of personality disorder. It cannot therefore be assumed that persons with certain personality traits dominate the group of persons deprived of their liberty for up to five years or more, with the exception of antisocial personality. The group of prisoners with low and high sentences does not differ in other types of personality disorder. Only the antisocial personality dominates among people imprisoned for more than five years.

Table 2. The sentence for committed crimes and personality traits

Personality traits	Sentences of up to 5 years n = 192	Sentences above 5 years n = 122	Test value
	M (SD)	M (SD)	Z
Avoidant	1.58 (1.72)	1.47 (1.75)	-.75
Dependent	2.08 (1.56)	2.32 (1.75)	-1.09
Obsessive-compulsive	3.03 (1.71)	2.91 (1.90)	-.78
Passive-aggressive	2.59 (1.92)	2.49 (2.03)	-.69
Depressive	2.31 (2.01)	2.32 (2.20)	-.27
Paranoid	2.81 (2.07)	2.99 (2.29)	-.46
Schizotypal	2.81 (2.28)	2.58 (2.30)	-1.03
Schizoid	1.85 (1.33)	1.81 (1.36)	-.21
Histrionic	2.51 (1.87)	2.56 (1.89)	-.27
Narcissistic	4.68 (3.41)	4.98 (3.18)	-1.04
Borderline	4.70 (3.59)	4.99 (3.72)	-.61
Antisocial	4.04 (3.80)	5.53 (4.04)	-3.26*

\* –  $p < 0.001$ .

Source: own study.

It was then checked whether the number of sentences, i.e. the recidivism rate, differentiates the intensity of traits of personality disorders. The following numbers of sentences were taken into account: one, two, three, four, five and more. Analyses have shown that the number of sentences significantly, in terms of statistics, differentiates the dependent and antisocial personality traits. This parameter do not differentiate the remaining traits of personality disorders. In order to explain exactly what number of repeated offenses differentiates the intensity of traits of personality disorder, the comparison of pairs using Mann-Whitney's U test was performed. These comparisons showed that the level of antisocial personality traits is significantly different between persons with one sentence and persons with five and more sentences ( $z = -4.67$ ,  $p < 0.001$ ). This means that the antisocial personality traits are linked in a directly proportional way to the number of sentences, i.e. the number of repeated offenses. The highest number of sentences goes hand in hand with a high intensity of antisocial personality traits and, accordingly, a lower number of sentences co-exists with a slightly lower level of antisocial traits. The lowest level of antisocial traits is found in people with one sentence.

Comparisons for dependent persons were made for groups of persons with one sentence, three sentences and five or more sentences. Indeed, Table 3 suggests that persons who have one, three or five sentences and more show a higher level of dependent personality disorder traits than persons who have two or four sentences. However, comparisons in pairs using the Mann-Whitney U test did not show significant differences between the groups of these people. The difference recorded is only a trend ( $p > 0.1$ ) for the different pairs being compared. This means that the intensity of dependent personality traits is not differentiated in people with different number of repeated offenses. Persons with dependent personality do not differ significantly in the number of sentences, there are those with one, two as well as more sentences. This type of personality is not differentiated in terms of the number of repeated offenses (Table 3). The other traits of personality disorders do not differentiate the number of repeated offenses. A key personality disorder in the context of the number of repeated offenses is the antisocial disorder.

Table 3. The number of repeated offenses and personality disorder traits

Personality disorder traits	One sentence n = 89	Two sentences n = 64	Three sentences n = 46	Four sentences n = 33	Five and more n = 82	H test
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	Chi-square
Avoidant	1.71 (1.80)	1.41 (1.67)	1.50 (1.63)	1.03 (1.33)	1.67 (1.87)	4.19
Dependent	2.36 (1.68)	1.98 (1.53)	2.43 (1.69)	1.42 (1.32)	2.28 (1.70)	9.90*



Personality disorder traits	One sentence n = 89	Two sentences n = 64	Three sentences n = 46	Four sentences n = 33	Five and more n = 82	H test
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	Chi-square
Obsessive-compulsive	3.15 (1.59)	2.78 (1.70)	3.02 (1.89)	2.76 (1.80)	3.02 (2.00)	3.07
Passive-aggressive	2.60 (1.94)	2.47 (1.73)	2.61 (1.99)	1.91 (1.75)	2.79 (2.19)	4.27
Depressive	2.38 (2.05)	2.33 (2.00)	2.20 (2.06)	2.06 (1.60)	2.39 (2.39)	.45
Paranoid	2.79 (2.00)	3.11 (2.28)	3.02 (2.08)	2.70 (2.00)	2.80 (2.34)	1.32
Schizotypal	2.87 (2.37)	2.75 (2.34)	3.02 (2.22)	1.73 (1.58)	2.79 (2.39)	7.80
Schizoid	1.76 (1.37)	1.91 (1.37)	1.80 (1.12)	1.94 (1.39)	1.83 (1.39)	.53
Histrionic	2.71 (1.95)	2.48 (1.94)	2.15 (1.87)	2.24 (1.62)	2.68 (1.84)	4.13
Narcissistic	4.91 (3.28)	4.67 (3.24)	4.37 (3.05)	4.27 (3.27)	5.22 (3.61)	2.96
Borderline	4.17 (3.20)	4.97 (3.56)	4.80 (3.78)	4.03 (3.32)	5.71 (4.05)	7.46
Antisocial	3.42 (3.63)	4.34 (4.01)	4.46 (3.75)	4.48 (3.65)	6.29 (4.01)	23.52**

\* –  $p < 0.05$ ; \*\* –  $p < 0.001$ .

Source: own study.

## Discussion

In the group of inmates examined, the following personalities were the most common: narcissistic, borderline and antisocial. Moreover, the phenomenon of co-occurrence of personality disorders traits has been demonstrated, which is an important aspect in relation to the diagnosis and, consequently, the social rehabilitation of inmates with personality disorders and therapy of personality disorders. This is due to a number of diagnostic issues. Firstly, it is shown that identical behavior may accompany different disorders and may have different meanings for each of them. Moreover, the diagnostic categories, due to the universality of some symptoms for separate nosological units, imply the problem of co-occurrence of several personality disorders in one patient (Shedler, Westen 2004; Tryer 1995). According to Widiger and Weissman (1991), about 85% of patients

with one personality disorder meet the criteria of another. The third reason for diagnostic difficulties is that the traits on the basis of which personality disorders are diagnosed are multidimensional in nature and may therefore occur in mild to pathologically intense forms. They occur both in populations of people from the so-called "norm" as well as in groups of different pathological nature (Widiger, Sanderson 1995). Therefore, it is sometimes difficult to determine clearly the type of disorder and the extent to which it characterizes a person. Therefore, the phenomenon of co-occurrence of a disorder in a group of inmates may contribute to difficulties in the diagnosis of personality disorders, and thus poses a challenge for the treatment of people with personality pathology, since even the individual characteristics of the disorder, and even more so combined with others, significantly hinder the process of social rehabilitation.

In this study, most disorders found in inmates belong to the cluster B, and these were in particular traits of antisocial personality disorder. The cluster B includes disorders characterized by dramatic, inconsistent and socially undesirable behaviors with excessive concentration on the Self alone, including antisocial, narcissistic and borderline disorders. The antisocial personality turned out to differentiate the punishment and the number of repeated offense. It is worth noting that this is the only disorder among the examined that is so important for both the sentence and the recidivism rate. It is most likely that the fact that people with such a personality dominate the prisoner population determines the process of their social rehabilitation quite significantly. The traits of this personality make the process of social rehabilitation particularly difficult. A typical feature of individuals with antisocial personality are behavioral disorders appearing already in their youth and a pattern of deeply irresponsible and socially dangerous behaviors that persists in adult life (Beck et al. 2005; Lilienfeld 2013). Persons with this disorder are sensitive, impulsive and aggressive, they are characterized by a well-established pattern of disrespect for other people and a tendency to violate their rights and destroy their goods. The most extreme examples of this type of behavior are fights, thefts, robberies, rapes, dishonesty, fraud (Fowles, Dindo 2009; Radochoński 2000; Weinstein et al. 2012). In addition, people who commit so many regulatory and law offenses as well as crimes do not feel guilty and do not feel remorseful, even when their behavior hurts and harms others (DeAngelo 2012; Hare 2006; Scott 2013). A factor that could prove important in the process of social rehabilitation is the influence of the family environment, but further problems occur in this area. Well, people with this disorder create very shallow interpersonal relationships, involving manipulation or exploitation of another person. They lack the ability to maintain a close emotional relationship, are sometimes insensitive to signs of trust and courtesy, and are characterized by pathological dishonesty. This treatment of others reinforces the illusion of one's own greatness and distances the possibility of experiencing deprivation, which means a sense of suffering (Millon, Davis 2005). The feeling of deprivation could

become a breakthrough in therapeutic or social rehabilitation interactions, but there is also a problem in this area. As a result of childhood trauma, such people have become convinced that contacts with people are too dangerous and therefore do not establish deep ties with others; it is easier for them to exploit people than to become emotionally involved with them. They can find justification for their actions by using various forms of rationalization, various defense mechanisms (Chojnacka, Ustjan 2009; Gawda 2011). A similarly important factor increasing the number of repeated offenses, and thus hindering social rehabilitation, is the persistent lack of responsibility in individuals with an antisocial personality, due to the fact that antisocial individuals lack internalized moral principles that would limit abnormal behavior. The personality is dominated by drive structures as well as objectives and needs closely linked to activity providing direct benefits (Sutker, Allain 2001). The literature indicates that individuals acquire antisocial characteristics as a result of inappropriate socialization, or socialization connected with hostile experiences, mainly due to faulty parental care (Millon, Davis 2005). In the biographies of criminals one can find such educational factors as the lack of coherent, love-based family influences protecting the child. In the history of people with antisocial personality there are depressive or masochistic mothers and temperamental, sometimes sadistic, fathers, this is also accompanied by alcoholism or other addictions, in these conditions it is difficult to feel safe (Millon, Davis 2005). As mentioned, the experience of trauma in the early stages of development very often contributes to this disorder.

To sum up, individuals with antisocial personality disorders represent a huge challenge for both clinicians and the entire justice system. They are the ones who get the highest penalty for serious crimes. They have the highest rates of recidivism, which means that they are extremely resistant to therapeutic and social rehabilitation effects. Such opinions about them are formulated in the literature, and it is worth adding that they are consistent with the results of the research reported in this article. Researchers indicate that antisocial individuals show high resistance to the treatment applied to them or even the possibility of worsening their general state of functioning as a result of incorrect therapeutic measures undertaken (Kent, Hoffmann 2011). The literature often indicates that it is difficult to completely improve the functioning of these people with antisocial personality disorder with the help of currently existing therapeutic models (Kent, Hoffmann 2011), however, the positive changes depend to a large extent on the application of an appropriately intensive therapeutic procedure and the appropriate approach of the therapist (Polaschek, Ross 2010).

The results of the conducted research showed that the sentence and the number of repeated offenses, which was considered to be an indicator of ineffective social rehabilitation, are primarily related to antisocial personality. The other types of personality disorders, although they occur with a high incidence in the prison population, especially disorders from the cluster B, are not a factor that increases

the number of repeated offenses. This is important because other than antisocial personality disorders are not a factor that reduces the effectiveness of social rehabilitation to such an extent as the antisocial disorder. It is also worth noting that the process of social rehabilitation is conditioned not only by personality factors, deprivation of needs is also significant. Negative emotional condition causes great tensions, successive defensive mechanisms are activated, in terms of fighting stress, somatic symptoms, weakening of interpersonal contacts, low motivation to change and thus to the social rehabilitation itself (Ciosek, Pastwa-Wojciechowska 2016). Prison isolation, which is an inherent determinant of the imprisonment sentence, takes on the features of a difficult situation, as it causes alienation and many conditions of deprivation, overload and threats (Urban 2000). It is assumed that the more serious the crime, and therefore the longer the sentence, the greater the psychological and physical costs. It is considered that in a situation of deprivation of basic human needs there is a disintegration of mental life, which, depending on various factors, may be greater or lesser. In the prison conditions, the need for emotional closeness, sexual closeness, partnership, personal dignity, intimacy and independence are subject to deprivation. The disintegration of mental life affects other spheres, including the affective sphere, with the simultaneous collapse of moral strength and life perspectives (Ciosek 1996). People staying in prison for longer periods for serious offenses differ in the specifics of the disorder they manifest and this affects the way they experience feelings (Ciosek 1996; Gawda 2011). Consequently, the interaction of personality and situational factors determines the effectiveness of therapeutic and social rehabilitation measures.

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