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## CASE STUDY

# AN ANTISOCIAL PERSONALITY: CASE OF A NEVER – INCARCERATED MAN

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This case study revolves around a 32 years old middle aged married man referred for drug addiction and criminal behaviors and for the purpose of psychological assessment and anger management. His symptoms fulfilled the DSM-IV-TR criteria of antisocial personality and substance abuse (APA, 2000). His family background and personal history served as a precipitating factor leading to drug addiction and criminal activities. The psychological assessment included informal (Mental State Examination, Opiate Withdrawal Symptoms Scale and Subjective Ratings) and formal (Psychopathy Checklist: screening version, The Hand Test, House Tree Person test and State Trait Anger Expression Inventory (STAXI) assessment. The results of the assessment indicated extreme aggression, withdrawal and evasive attitude towards his environment, poor interpersonal skills, lack of empathy; antisocial and psychopathic tendencies. Management plan included motivational interviewing, relaxation training, narrative therapy, letter writing and techniques for anger management and self control techniques for drug dependence. Twelve therapeutic sessions indicated significant improvement in dealing with client's problem of aggression and impulse control along with his dependency on drugs. Overall, the therapy remained very effective with positive satisfactory results at post-treatment assessment.

*Keywords:* antisocial personality, drug addiction, aggression, baradari culture

Every society has its own culture, a distinction that differentiates it from other societies. Although Islam plays the most important role in developing the ideological and practical infrastructure of all Muslim societies, each can be recognized distinctly because of their peculiar characteristics influenced by the atmosphere, the environment, and the geography etc of their specific regions. Traditional practices, seen in this perspective, undeniably hold immense value yet we need to be careful that we do not revere an inherent practice merely on the basis that it is a tradition. The tenets of baradari system show the true essence of Pathan culture and these rules are followed religiously. It incorporates the following major practices: "melmastia" (hospitality and protecttion to every guest); "nanawati" (the right of a fugitive to seek a place of refuge, and acceptance of his bonafide offer of peace); "badal" (the right of blood feuds or revenge); "tureh" (bravery); "sabar" (steadfastness); "imandari" (righteousness); "isteqamat" (persistence); "ghayrat" (defense of property and honor); and "namus" (defense of one's women) (Raza, 2004).

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Mr. G. K. 32 years old married male was referred by his employer due to his problem of aggression and drug dependence. Clinical interview revealed that client belonged to a Pathan family and his father was the head of the baradari, strict, abusive and aggressive by nature. His father is eldest among his siblings, so every member of the baradari has to obey his rules. His mother is also very strict and she has the authority to take all the decisions about children's issues and problems. The client's problem of aggression is directly related to his underlying problems of extreme thinking and withdrawal attitude towards his environment. Similarly, the history reveals that the environment of his baradari itself provokes such antisocial tendencies in him. He reported that he killed his parental uncle with the knife when he was just 7 years old because his uncle did not obey his father's command and his baradari took no legal action against him. The clinical interview revealed that the client stayed after this incidence with his maternal aunt in Lahore because his uncle's son wanted to kill him. He reported that his aunt was very strict and she used to beat him severely and did not allow him to play with his friends. The triggering factor of his problem started when he ran away from his maternal aunt and while going back to his village, some people kidnapped him and misguided him. According to him, they were terrorists and had a large community. Initially, he resisted working with them but later he joined them resigned to his fate. He reported that he did trafficking of drugs (heroine, hashish, and opium) and got arrested first time when he was just 15 years old and the juvenile court released him for his innocence. He reported that he started taking charas when he joined the terrorist group but he became addicted afterwards. He got married when he was just 18 years old in his family. After four years of happy married life, his cousin killed his two years old son and again nobody in the baradari took legal action.

In the interview, the client appeared nonchalant and composed, with an apparent equanimity that was incongruent with the seriousness of his situation. There were no major disturbances in thought perception or mood, with the exception of a lack of remorse or anxiety. He was confronted with his lifelong pattern of destructive behavior and the seriousness of the charges presently lodged against him. In informal psychological assessment, Short Opiate Withdrawal Scale (SOWS; Gossop, 1990) was used for the pre and post assessment of withdrawal symptoms and subjective ratings by the client whereas for formal assessment, Psychopathy Checklist: Screening Version (PCL: SV; Hare, 1998), The Hand Test (Wagner, 1983), Strait-Trait Anger Expression Inventory (STAXI; Spielberger, 1996) and House-Tree-Person (HTP; Buck, 1992) were administered. His score on the PCL: SV was 20 which is above the cut-off score (17) for forensic/non-psychiatric population, which revealed that client was closely associated with a socially deviant life style, as characterized by impulsiveness, poor planning and lack of realistic goals. He was very defensive, lacked emotional control

(aggression), had need for dependency, frustration, conflicts related to home environment, withdrawal and evasive attitude in social relations and poor interpersonal relations. His scores on STAXI indicated extreme aggression and anger outbursts. The overall profile on the Hand Test suggested antisocial behaviors along with extreme aggression and withdrawal from his environment. According to DSM-IV $^{TR}$ (APA, 2000), antisocial personalities evolve from a focus on the lack of emotional attachment in relationships with others to a greater focus on external behaviors, especially aggression and impulsive behaviors. The pre-therapeutic assessment suggested that early exposure to aggression and hostility had become a part of client's personality which was also consistent over the period of time. Similarly, traumatic life events such as being kidnapped by a group of terrorists, possibility of sexual and emotional abuse, torturous attitude by the law enforcements, death of the son, all play significant role in maintaining the antisocial and psychopathic tendencies in the client. The research evidence suggests that many children with conduct disorder become juvenile offenders (Eppright, Kashani, Robinson, & Reid, 1993) and tend to become involved with drugs (VanKammen, Loeber, & Stouthamer-Loeber, 1991). Childhood victimization was a significant predictor of the number of lifetime symptoms of antisocial tendencies and of a diagnosis of antisocial personality disorder (Luntz & Widom, 1994).

The role of the parenting practices itself inculcated many deviant patterns in the client's personality; there may be an interactional style that actually encourages antisocial behavior (Wootton, Frick, Shelton, & Silverthorn, 1997). Client claimed to be perfect and had only problems of aggression and substance dependence for which he wanted treatment, is an indication of one of the major problems in treating the antisocial personalities that they rarely identify themselves as needing treatment (Kadzin & Mazurick, 1994). Individuals with antisocial personality disorder tend to have long histories of violating the rights of others (Widiger & Corbitt, 1995). They are often described as being aggressive because they take what they want, indifferent to the concerns of other people. Substance dependence is common, occurring in 83% of people with antisocial personality disorder (Dulit, 1993). The prognosis of the client was good as he managed to control his anger in the work place and also within his family.

## *Therapeutic Intervention*

Based on the case formulation, the predisposing, precipitating and perpetuating factors, a multipronged therapeutic intervention was designed. The therapy was started with motivational interviewing in order to develop rapport through a warm, talking relationship (therapeutic alliance) with the client to encourage him to get involved in the therapeutic process. The client was referred by his employ-

er and was at the contemplation stage for the last six years, so in order to break this stage, cost and benefit analysis was used to influence the client towards therapy and also encouraged him to construct his own inventory of problems and express his concerns.

Management Plan was based on the client's somatic complaints and also his problem of anger and substance dependence. Relaxation training techniques were practiced in sessions to help client relax mentally and physically and he was instructed to carry out these at home. Meditative techniques as a part of relaxation training were also taught for his somatic complaints and withdrawal symptoms. Narrative therapy was used to encourage the client to consider the positive aspects of his life. In narrative therapy a person's belief's, skills, principles, and knowledge in the end help them regain their life from a problem. Narrative therapist helps client examine, evaluate, and change their relationship to a problem by acting as an "investigative reporter". The rationale of using narrative therapy with the client was to re-shaped his negative accounts of life with some positive outcomes. Self-instructional training along with the role play was used to teach the client to cope with his anger arousing situations. Self-control training was used to manage client's excessive use of drugs and also enhance the coping abilities of the client to control his self in social gatherings and high-risk places such as work place and at home. Problem solving skills were also taught to the client to develop confidence in his own ability to help himself meet daily challenges. Assertive training was used to teach the client to teach him alternative responses to situations that typically evoke anger and aggression. Home-based exercises were also given to the client as mini-strategies to deal with his anger and impulsivity.

## *Therapeutic Outcome*

The therapeutic outcome indicated significant improvement in the client's presenting complaints that were congruent with the client's verbal account and behavioral observation also. The client was able to manage his anger in the pre (36) and post (28) therapeutic intervention scores of the STAXI as shown in Figure 1. These scores indicated marked improvement in the client's coping abilities to control his anger outbursts.

Short Opiate Withdrawal Scale also showed significant improvement in client's somatic and withdrawal symptoms following the intervention (Figure 2). He mentioned that he never thought to limit his drug taking habit but gradually he reduced his charas intake to only two packets of charas which is half of the previous intake that cost him only 60-75 rupees per day. Similarly, the client was asked to rate the intensity of his presenting complaints at both pre and post therapeutic assessment. The subjective ratings of the client, shown

Figure 1
*Pre and Post STAXI Score*

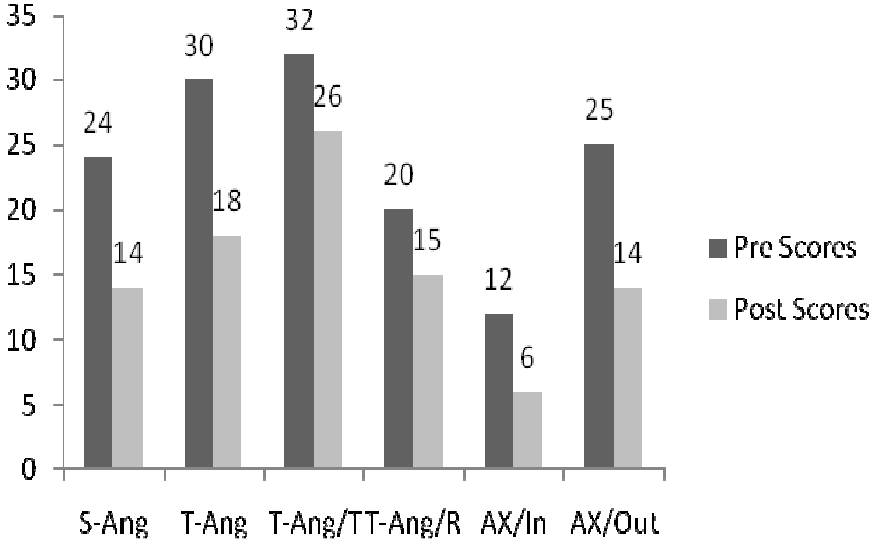



Figure 2
*Pre and Post symptoms on Short Opiate Withdrawal Scale*

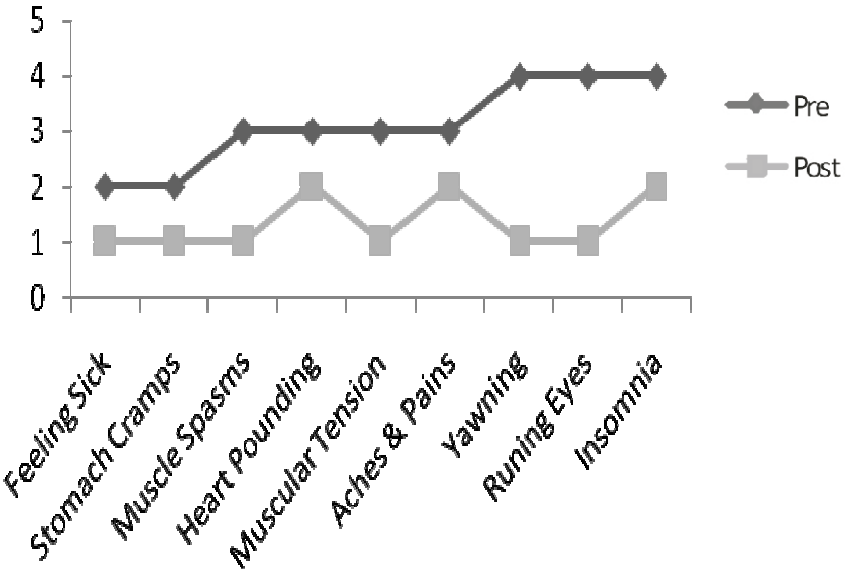
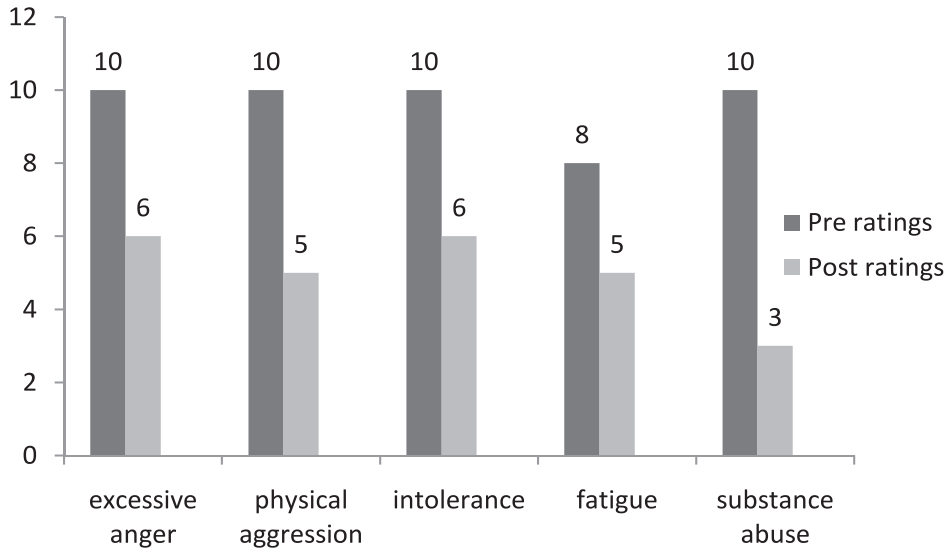


Figure 3
*Pre and Post Subjective Ratings*




in Figure 3, are depicting a great decrease in the client's aggressive behavior.

If we look at the client's motivation through process of change, then we consider him in the action stage which also suggests positive therapeutic outcome; because the client was successful in breaking the rigid chain of stages from contemplation to action stage. This case study scanned many crucial aspects of society and their self made tradition which can lead a normal person to psychopathic end. The overall therapeutic intervention plan proved prolific in client dealing with his problem of aggression and substance dependence.

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