

Assessment of Mental Disorder as a Predictor of Criminal Behaviours in Nigeria

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Abstract. The study examined mental disorder as a predictor of criminal behaviours among young adults. Sectional design was adopted and convenience sampling technique was used to draw the sample. A total of 141 participants were used. An average age of 21.50 years ($SD = 2.19$) was found. One hundred and seven (107) (75.9%) of all participants were male and thirty four (34) (24.1%) were female. Two instruments were used for data collection: NPD subscale of the Personality Diagnostic Questionnaire (PDQ-4+) and antisocial behavior questionnaire (ASBQ). It was hypothesized that narcissistic personality disorder will not significantly predict antisocial behavior among young adults. Regression results showed that Narcissistic Personality Disorder (NPD) ($\beta = .570$, $t = 8.17$, $p < .001$) is a significant predictor of Antisocial Behaviour (ASB) among young adults, therefore, the null hypothesis was rejected. In Conclusion, Mental illness is a very broad concept; however, various mental illnesses have been linked to criminal behavior. This implies that individuals with narcissistic personality disorders are predisposed to criminal behaviours. Based on the findings of the study, it was recommended that the services of psychologists should be employed in the law courts to examine the mental health of offenders, to aid the jury in deciding if they should be sent to prison or a psychiatric hospital for rehabilitation.

Keywords: Criminal behavior, Mental disorder, Narcissistic, Nigeria, Personality

1. Introduction

A mental disorder is a major disturbance in an individual's thinking, feelings, or behavior that reflects a problem in mental function. Mental disorders cause distress or disability in social, work,

or family activities (APA, 2013). The association between crime and mental disorders has been the focus of research for many decades (Penrose 1939). The interest in this topic has grown parallel to the widespread deinstitutionalization in many Western countries, whereby mentally disordered persons are increasingly living in the community rather than in asylums (Aderibigbe 1997). The importance of this topic is undeniable – both in terms of the societal aim of reducing crime and spending resources in doing so wisely, and in terms of alleviating the individual consequences and expenses of those affected (Torrey 2011). Much research has inquired into the possible relationship between mental disorders and criminality and has successfully documented findings which prove this special relationship (Hodgins, 1992; Hodgins et al., 1996; Wallace et al., 1998). However, this is not to say that all psychiatric patients are offenders or all offenders suffer from a psychiatric disorder (Gunn, 1977). Many mental illnesses are listed in the DSM. The DSM-V is a multiracial diagnostic tool, meaning that diagnoses are based on assessments in five categories, referred to as Axes. Axis I includes clinical psychological disorders, such as depression or anxiety. Axis II includes personality disorders, such as narcissism or antisocial personality as well as mental retardation. The remaining axes list general medical conditions, psychosocial conditions, and level of functional impairment. However, it is beyond the scope of this study to consider all categories of mental illnesses.

This essay will now explore Narcissistic Personality Disorder (NPD), a personality disorder from Axis II listed in the DSM-V in order to illustrate that there is in fact a special relationship between mental disorders and criminality peculiar to these disorders and crime.

Narcissism is often seen as a problematic and socially aversive personality trait. Although narcissism shows common features with other socially aversive personalities such as psychopathy, it is still suggested to be a separate construct (Fossati, Pincus, Borroni, Munteanu, & Maffei, 2014).

Narcissism is seen as patterns of grandiosity, which reflects on the behavioral attitudes towards oneself and others (Raskin & Terry, 1988). Self-love, self-admiration, and self-aggrandizement are examples of attitudes towards oneself within the concept of narcissism. Self-aggrandizement can be defined as the exaggerating of one's importance towards others. Narcissism attitudes includes: feeling of entitlement, intolerance for criticism, and defensive orientation towards their grandiose self-image (Raskin & Terry, 1988). The DSM-5 explains the concept of narcissistic personality disorder especially by these grandiose symptoms. (American Psychiatric Association, 2013). However, as a concept used by Freud, narcissists are also marked by the fear or vulnerabilities related to self-esteem. This fear is mostly expressed as a fear of loss of love and fear of failure (Raskin & Terry, 1988).

Narcissism is related to antisocial behavior due to the behavior expressions of the narcissistic individual. Antisocial behaviors are marked by behavior that harm others, violate societal norms, and could infringe on the personal or property rights of others (Burt & Donnellan, 2009). These behaviors express themselves in acts of vandalism, theft, and assault. The expression of antisocial behavior varies greatly from individual to individual. A distinction is often made between overt and covert antisocial behavior. Overt antisocial behavior is explained as aggressive/oppositional behavior (assault) where covert is seen as non-aggressive/rule-breaking behavior (theft) (Frick et al., 1993).

In line with the general concept of narcissism, both vulnerable and grandiose narcissism are linked to antisocial behavior. Both concepts are suggested to be associated with aggression and low empathy (Pincus et al., 2009). However, antisocial behavioral expression varies due to distinct interpersonal problems. Grandiose narcissism is positively related with vindictive, domineering, intrusive, and overly nurturing interpersonal problems. This could indicate more overt antisocial behavior. On the contrary, vulnerable narcissism is more positively related with cold, exploitable interpersonal problems (Pincus et al., 2009), which could indicate more covert antisocial behavior.

Although narcissistic individuals depend on other people's praise and respect to feed their ego, they lack communal motivation and fail to consider the effect they have on others (Morf, Horvath, & Techetti, 2011; Sedikides, Campbell, Reeder, Elliot, & Gregg, 2002).

Accordingly, narcissism is associated with antisocial characteristics such as low empathy (Watson & Morris, 1991), exploitativeness (Campbell, Bush, Brunell, & Shelton, 2005), and aggressive reactions to threat (Bushman & Baumeister, 1998). Together, these characteristics may predispose narcissistic individuals to a range of criminal behaviours by increasing motivation to gain resources or power and by decreasing regard for conventional social consequences. Entitlement and exploitativeness are the most socially toxic or "maladaptive" ingredients of narcissism (Campbell & Foster, 2007) and so should relate most closely to criminality.

1.1 Statement of Problem

The world's prisons are overcrowded. Occupancy rates are over 100% of official capacity in Australia, Britain, Nigeria, the USA, and many other countries (International Centre for Prison Studies, 2012). Evidently, this level of criminal behaviour impacts negatively on society. Moreover, approximately half of those released from prison reoffend within a year, according to British justice sources (Ministry of Justice, 2012). The ability to recognize at risk individuals before they commit offences would enable authorities to target and tailor interventions. Thus, it is useful to identify key individual difference variables that predict offending. Next to socio-demographic factors and mental capacity, personality variables are especially relevant. This study examines narcissistic personality disorder as a predictor of antisocial behavior.

1.2 Objective of the Study

The study is aimed at examining whether narcissistic personality disorder will significantly predict antisocial behavior.

1.3 Hypothesis

Narcissistic personality disorder will not significantly predict antisocial behaviours among young adults.

2. Conceptual Review

2.1 Antisocial Behaviour

Antisocial behaviour is described primarily as the inability to respect the rights of others (Frick, 1998), leading to the violation of societal norms (Gaik Abdullah, Elias, & Uli, 2010). It is characterized by a variety of acts that can be viewed from quite minor to more severe, including; assault, theft, fraud, physical and psychological aggression, truancy and bullying (Farrington, 2005). Antisocial behaviour can be considered a socially constructed concept, varying across cultures (Baker, 2006). Although some antisocial acts may appear inconsequential or normal, expected adolescent behaviour, there remains a growing concern about the amount of antisocial behaviour recorded by adolescents in today's society because it is a strong predictor of adjustment difficulties in adulthood. Adolescents who exhibit relentless antisocial behaviours are likely to experience a greater number of difficulties in adulthood compared to their non-antisocial peers. Such difficulties include problems with employment (Millie, Jacobson, McDonald & Hough, 2005), interpersonal relationships (marriage, friendships, parenting), and substance misuse (Farrington, 1991). Antisocial behaviour in adolescence is also a strong precursor to adulthood criminality (Harrington, Fudge, Rutter, Pickles, & Hill, 1991), which is also strongly associated with adult mental health difficulties (Colman, Murray, Abbott, Maughan, Kuh, Croudace, & Jones, 2009). Antisocial adolescents are commonly excluded from society, leading to disengagement, which perpetuates problem behaviours (Millie et al., 2006) and increases the financial burden on society (Scott, Knapp, Henderson & Maughan, 2001).

2.2 Narcissistic Personality Disorder

Narcissistic personality disorder (NPD) is one the group of cluster B disorders that also includes antisocial, histrionic, and borderline. NPD involves three elements: an inflated view of the self, a lack of warmth or empathy in relationships, and the use of a variety of strategies for maintaining the inflated self-views.

The inflated self-views of those with NPD can include the general sense of specialness, uniqueness, self-esteem, and entitlement coupled with specific inflated self-beliefs (Campbell, Bonacci, Shelton, Exline, & Bushman, 2004; Emmons, 1984). For example, there may be the belief that one is smarter, more attractive, or more creative than others. These inflated views tend to fall in the area of social dominance rather than social warmth. Narcissism is not associated with seeing oneself as more caring and kind than others (Campbell, Rudich, & Sedikides,

2002). Instead they want to be seen as beings with high status and competence.

Consistent with the view that narcissists are less concerned with warmth and intimacy than with other admirable attributes, they exhibit a relative disinterest in caring and selflessness in romantic relationships (Campbell, Foster, & Finkel, 2002). They score low on self-report measures of agreeableness (Bradlee & Emmons, 1992) and on projective measures of intimacy such as the TAT (Carroll, 1987). The lack of warmth, however, does not mean that those with NPD are not social. Quite the contrary, narcissism is associated with social extraversion (Bradlee & Emmons, 1992). Indeed, more narcissistic individuals tend to be well-liked in initial social meetings (Paulhus, 1998).

Narcissism is associated with the use of a wide range of strategies for maintaining inflated self-views. These strategies can be categorized as either intra psychic or interpersonal. Intra psychically, narcissism is associated with fantasies of success and power (Raskin & Novacek, 1991) as well as the self-serving bias (that is, taking credit for success but blaming the situation for failure) (e.g., Campbell, Reeder, Sedikides, & Elliot, 2000). Interpersonally, narcissism is associated with the use of social situations for enhancing status and esteem. Such strategies include bragging and boasting (Buss & Chiodo, 1991), competing (Raskin & Terry, 1988), and striving (often successfully to excel at challenging tasks when others are watching (Wallace & Baumeister, 2002). Narcissism is also associated with indirect strategies for gaining status and esteem, such as acquiring "trophy" romantic partners (Campbell, 1999) and expensive material goods (Vohs & Campbell, 2004).

When faced with the threatening information about the self, such as negative feedback, narcissism can be linked to violence or aggression against those who criticize the narcissist (Bushman & Baumeister, 1998) or who socially reject the narcissist (Twenge & Campbell, 2003).

Narcissists will also derogate those who are critical of them (Kernis & Sun, 1994). On group tasks, narcissists are quick to blame their coworkers for any failure or poor performance, rather than risk taking blame themselves (Campbell, et al., 2000).

According to the DSM-V, NPD includes: A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety

of contexts, as indicated by five (or more) of the following:

- has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
- is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
- believes that he or she is “special” and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
- requires excessive admiration
- has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations
- is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
- lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
- is often envious of others or believes that others are envious of him or her shows arrogant, haughty behaviors or attitudes.

3. Theoretical Review

3.1 Confluence Theory

The concept of confluence provided by Dishion et al (1994) describes the processes which facilitates a young person’s engagement with ASB peers through rejection from pro-social peers. When rejected by positive peers, young people are more likely to engage with negative peers who themselves are likely to have been rejected and negative behaviours are mutually reinforcing. Patterson’s (1992) theory of coercion outlines how ASB, for some young people can be instrumental, that is, serve as a functional behaviour whereby young people achieve something of value. It might be a place in a group, a sense of belonging, or a sense of fun. There are many incentives. This is important to acknowledge because these things may be more rewarding than the risks associated with engaging in them. For example, one of the reasons why deterrent programmes have been such a failure is that they do not take into account the natural pull towards social rewards even at the expense of criminal records and isolation.

3.2 Social Learning Theory

Social Learning (Bandura, 1977) theories have had a significant impact on behavioural interventions. It illustrates the reciprocity of social and cognitive processes and suggests that we primarily learn behaviour through observation, testing and making sense of the feedback we receive. Social learning theories suggest as a child, a young person observes the world around him or her, develops attitudes and beliefs related to those observations and engages in behaviour congruent with those observations and attitudes. This process of continual learning can be positively or negatively applied. For example, a child who develops in an environment where basic needs are met, where affection is provided consistently and where problems are solved rationally and unemotionally, will be more likely to develop a particular view of their environment and a range of skills for responding to perceived problems.

On the other hand, a child who grows in an environment characterised by fear, inconsistency and aggression will be more likely to develop a view of the world defined by threat and fear. Whilst these young people will also develop skills, they will be limited and the skills required for that particular environment.

3.3 Theory of Reasoned Action

This theory looks at behaviour intentions rather than attitudes as the main predictors of behaviour. The researcher assumed that individuals are usually quite rational and make systematic use of information available to them. People consider the implications of their action before they decide to engage or not engage in a given behaviour (Ajzen & Fishbein, 1985, 2005). According to the theory, the most important determinant of a person’s behaviour is a combination of attitude toward performing the behaviour and subjective norm. If a person perceives that the outcome from performing behaviour is positive, he or she will have a positive attitude towards performing that behaviour.

The opposite can also be stated if the behaviour is thought to be negative. Subjective norm is seen as a combination of perceived expectations from relevant individuals or groups along with intentions to comply with these expectations. In other words, the person’s perception that most people who are important to him or her think he should or should not perform the behaviour in question (Ajzen & Fishbein, 2005). TRA works most successfully when applied to behaviours that are under a person’s volition or control. If behaviours are not fully under control, even though a person may be highly motivated by his

or her own attitudes and subjective norm, he or she may not actually perform the behaviour due to intervening environmental conditions.

4. Empirical Review

Coid et al (1999) investigated patients admitted to secure forensic psychiatry services in England and Wales. Data were collected from 18 sites, including three high secure hospitals, 11 medium secure units and four private hospitals, on all patients admitted between 1st January 1988 and 31st December 1994. Participants' case files were analyzed and diagnoses made according to ICD-10 criteria. The sample comprised 511 (16%) participants with personality disorder and 2,575 (84%) participants with mental illness. If more than one disorder was present, the researchers made a decision regarding the primary diagnosis based on the initial assessment undertaken at admission and the clinical team's management of the patient.

They found that, of those diagnosed with personality disorder, most suffered from Cluster B personality disorders, with 224 (44%) diagnoses of ASPD and 177 (35%) diagnoses of borderline personality disorder.

They observed that those with borderline personality disorder were 24 times (OR 24.41; 95% CI 15-39.71) more likely to be female than male and were significantly younger than other participants. In relation to criminal charges or convictions leading to admission, 115 (23%) of the 504 participants with personality disorder were admitted for attempted murder/wounding, 94 (18%) for actual bodily harm/weapons/threats, and 68 (14%) for homicide. Of the 233 participants with ASPD, 50 (22%) had previous convictions for major violence, 117 (52%) for minor violence and 131 (59%) for any violence. The authors noted that those with ASPD were three times more likely than those without the diagnosis to have previous convictions for both major (OR 2.57; 95% CI 1.57-4.22) and minor violence (OR 2.91; 95% CI 2.01-4.20). However, it must be noted that the study focused on samples drawn from secure forensic psychiatry settings, thus likely representing those most severely ill and violent. This study was also dependent on examining participants' records and therefore may be subject to clinical bias and inconsistencies in recording key data.

Warren et al (2002) conducted a study on female prisoners at a maximum security prison in the USA. They identified 200 participants who met the criteria for one of the Cluster B personality disorders and 50

participants who did not. Interviews were conducted using the SCID II (First et al, 1997). Prison files and self-reports were used to analyze offence information and behaviour in prison. The authors reported that, of all participants with personality disorder, ASPD was most prevalent (75 participants, 43%), followed by 47 (27%) with paranoid personality disorder and 42 (24%) with borderline personality disorder. They reported that co-morbidity was common, with ASPD most commonly co-morbid with paranoid personality disorder (120 participants, 69%) and borderline personality disorder most commonly co-morbid with schizotypal personality disorder (116 participants, 67%). The authors investigated specific personality disorder clusters and individual personality disorders in relation to reported violence, concluding "a powerful relationship" between narcissistic personality disorder and violent behaviour; those with narcissistic personality disorder were reported as being eight times (OR 7.57; 95% CI not reported) more likely to have a current conviction for a violent offence (including homicide) and five times (OR 4.92) more likely to have a current conviction for a violent offence (excluding homicide).

Those with Cluster A personality disorders were two and a half times (OR 2.5) more likely to have current convictions for violent offences.

The authors observed that those with ASPD and borderline personality disorder were three times (OR 2.88) more likely to self-report institutional violence. The findings from this study may not be generalizable to males, as the study sample included only female participants. Also as the study only included a prison sample the results may not be generalizable to a community or other forensic setting.

Coid (2002) studied the behaviour of prisoners diagnosed with personality disorder. Interviews were conducted with 81 male prisoners transferred to specialist personality disorder units in HMPs Hull, Lincoln and Park Hurst. Measures used included the Schizophrenia and Affective Disorders – Lifetime Version Schedule, the Structured Clinical Interview for DSM-IV Axis II Personality Disorders, an item sheet developed by the author to measure disruptive behaviours and motivations, and demographics pro forma gathering information on family history, personal history, index offence and criminal history. Information was also gathered from prison files and discussions with staff. Sixty-eight (84%) had ASPD, 54 (67%) had paranoid personality disorder, 51 (63%) narcissistic personality disorder, 45 (56%) borderline personality disorder, 35 (43%) histrionic

personality disorder, 22 (27%) schizotypal personality disorder, 17 (21%) avoidant personality disorder, 11 (14%) dependent personality disorder and nine (11%) schizoid personality disorder. Eight-five percent of participants also had a lifetime diagnosis of an axis I mental disorder. The authors found that prisoners with paranoid personality disorder were six times (OR 6.4; 95% CI 2.28-17.92) more likely to commit violence against an inmate. Prisoners with narcissistic personality disorder were nearly three times (OR 2.84) more likely to be violent to inmates (95% CI 1.08-7.47) and violent to self (95% CI 1.08-7.42). Borderline personality disorder was associated with hostage taking (OR 4.11; 95% CI 1.57-10.70). As a result the author argued that narcissistic characteristics of grandiosity and over-inflated self-confidence corresponded to prisoners' beliefs that violence was their only solution to interpersonal problems. Although this study suggested that personality disorders, in particular paranoid and narcissistic personality typologies were associated with violence, the focus was on behaviour of participants whilst they were in prison and not on their offending behaviour in the community. As a result, this study only gives an indication of the sample's propensity for violence and their behaviour type as opposed to identifying a causal connection between personality disorders and offending.

It must also be acknowledged that personality disorders may not have been present at the commission of the offence that led to their imprisonment.

Johnson et al (2000) investigated violence and personality disorders in a community sample of adolescents in New York, USA. The authors conducted interviews with randomly selected adolescents and their mothers in 1983, 1985- 1986, and 1991-1993. Measures used included the Personality Diagnostic Questionnaire (Hyler et al, 1988), Disorganizing Poverty Interview (Kogan et al, 1977), and parent and youth versions of the Diagnostic Interview Schedule for Children (Costello et al, 1984). Their sample comprised 717 participants of which 351 (49%) were male and 366 (51%) female. Of the 717 participants, 103 (14%) met the criteria for personality disorder; of these 51 (50%) had a single personality disorder, and 52 (50%) had two or more. For those with at least one personality disorder, violent acts had been committed by 39 (38%). This contrasted with violent acts carried out by 117 (19%) of the remaining 614 participants without personality disorder. When analyzing for specific personality disorder clusters, the authors reported 42 (6%) participants had Cluster A, 51 (7%)

Cluster B, and 35 (5%) Cluster C disorders. Those with Cluster B disorders were five times more likely to initiate physical fights (OR 4.64; 95% CI 2.24-9.63), seven times (OR 7.26; 95% CI 1.98-25.56) more likely to commit mugging/robbery, and four times OR 4.24; 95% CI 2.20-8.18) more likely to engage in violent acts against others than those without such disorders. In relation to Cluster A disorders, the authors reported they were five times (OR 5.37; 95% CI 1.80-16.03) more likely to assault others and five times (OR 5.04; 95% CI 1.26-20.14) more likely to commit mugging/robbery. They reported that Cluster C personality disorders were not associated with an increased risk of violence. With regards to specific symptoms, those with paranoid symptoms were twice (OR 1.91; 95% CI not reported) as likely to initiate physical fights and those with narcissistic symptoms were twice (OR 2.31) as likely to assault others, initiate physical fights (OR 1.86), and threaten to injure others (OR 2.31). They reported that those with passive aggressive symptoms were twice (Or 2.07) as likely to threaten to injure others and initiate physical fights (OR 1.85). The study focused on adolescents only and therefore its generalizability is limited.

5. Method

5.1 Design

Sectional design was adopted and convenience sampling technique was used to draw the sample.

5.2 Participants

This study was conducted with a sample of 141 participants. The participants were made up of young adults selected from Abuja metropolis with ages ranging from 18 to 25 years. An average age of 21.90 years (SD = 2.19) was found. One hundred and seven (107) (75.9%) of all participants were male and thirty four (34) (24.1%) were female. All participants were single. All participants were educated to an SSCE level or higher.

5.3 Instruments

Antisocial Behaviour: Antisocial-behavior was measured with the antisocial Behavior Questionnaire (STAB; Burt & Donnellan, 2009). This questionnaire was used to measure antisocial behavior over three subscales: physical aggression, rule-breaking, and social aggression. The STAB consists of 32 items scored on a 5-point scale (never, "hardly ever", "sometimes", "frequently", and "nearly all the time"). The STAB is a freely available self-report

questionnaire that is suitable for clinical and non-clinical samples (Burt & Donnellan, 2009). Item examples by subscale were respectively: “Had trouble controlling temper” (physical aggression), “Stole property from school or work” (rule-breaking), and “Madenegative comments about other’s appearance” (Social aggression). High scores on the STAB indicate a high prevalence of self-reported antisocial behavior. Alpha values ranged from .84 to .91 for physical aggression, from .83 to .90 for social aggression, and from .71 to .87 for rule breaking depending on sample sort (Burt & Donnellan, 2009). In this study a total STAB Alpha value of .87 was found.

Narcissistic Personality Disorder: The NPD subscale of the Personality Diagnostic Questionnaire (PDQ-4+; Hyler, 1994) contains 9 true/false items based on the diagnostic symptoms of NPD (e.g., “I have accomplished far more than others give me credit for”; $\alpha = .61$). This alpha is similar to past non-clinical samples (Chabrol, Rousseau, Callahan, & Hyler, 2007; Miller & Campbell, 2008). In clinical settings, an individual who gives 4 or more “true” responses would be interviewed for possible diagnosis of NPD. The PDQ is one of the most commonly-used self-report PD measures (Widiger & Coker, 2001) and has also been used as a continuous

measure in non-clinical samples (Miller & Campbell, 2008).

In the present study, NPD symptoms correlated weakly to moderately with NPI subscales, $r(144) = .14-.47$, $ps = .0001-.095$, $Mr = .33$, and moderately with the total NPI score, $r(144) = .48$, $p < .001$. This NPI-NPD correlation is similar to past non-clinical samples (Miller & Campbell, 2008: $r = .43$, $p < .01$).

5.4 Procedure

The participants were made up of young adults who were selected conveniently from Abuja metropolis. The participants were informed of the purpose of the study and their consent was sought and gotten. This study relies on questionnaires based on self-report. Questionnaires were distributed by the researcher. Participants were asked to finish the questionnaires in one go. The researcher distributing the questionnaires was on location if help was needed. No reward was given to participants for completing the questionnaire.

5.5 Data Analysis

The study used simple linear regression was used to carry out the data analysis with the aid of the Statistical Package of Social Sciences version 20.

6. Results

Table 1: Descriptive Statistics

	N	%	M	SD
Age	141		21.50	2.19
Sex	141			
Male	107	75.9		
Female	34	24.1		
NPD	141		4.99	1.97
ASB	141		73.90	22.81

Table 2: Pearson Correlation Coefficients

Variables	1	2
1 ASB	-	.57***
2 NPD		-

*** $p < .001$

Results of the correlation table (table 2) shows that antisocial behavior (ASB) is significantly positively correlated with Narcissistic personality disorder (NPD)($r = .57$, $p < .001$). This implies that an increase in narcissistic personality disorder scores leads to a corresponding increase in the likelihood to carry out antisocial/criminal acts.

Table 3: Linear Regression Results; Showing the prediction of antisocial behaviours from narcissistic personality disorders

	R	R2	R2Δ	B	Beta(β)	T
Model 1	.570***	.325***	.325***			
NPD				6.61***	.570***	8.174***

*** $p < .001$

The regression results show that Narcissistic Personality Disorder (NPD) ($\beta = .570$, $t = 8.17$, $p < .001$) is a significant predictor of Antisocial Behaviour (ASB) among young adults.

7. Discussion

The aim of the current study was to get a better understanding of the relationship between narcissism and antisocial behavior. The result of the study shows that narcissistic personality disorder is a significant predictor of antisocial behavior. This result disagrees with our null hypothesis which states that narcissistic personality disorder will not significantly predict antisocial behavior among young adults; therefore, the null hypothesis was rejected. The result implies that individuals with symptoms of narcissistic personality disorder are more likely to engage in criminal behavior than others who are without the disorder. The findings of this research is supported by the findings of Watson and Morris (1994) which established that narcissism is associated with antisocial characteristics such as low empathy, exploitativeness (Campbell, Bush, Brunell, & Shelton, 2005), and aggressive reactions to threat (Bushman & Baumeister, 1998). Together, these characteristics may predispose narcissistic individuals to a range of criminal behaviours by increasing motivation to gain resources or power and by decreasing regard for conventional social consequences.

8. Conclusion

Mental illness is a very broad concept, however, various mental illnesses have been linked to criminal behavior. This study focused on narcissistic personality disorder and antisocial behavior. Narcissistic personality disorder significantly predicted antisocial behavior among young adults. The result implies that individuals with narcissistic personality disorders are predisposed to criminal behaviours. Social workers, educators, prison/correctional and probation staff, as well as psychologists, can target interventions to narcissistic individuals who are at risk of offending or re-offending.

9. Recommendations

Based on the findings of the study, the following recommendations were made:

- Further studies might incorporate additional risk factors for offending, such as conduct

disorder, schizophrenia, anxiety, and other mental illnesses.

- The services of psychologists should be employed in the law courts to examine the mental health of offenders, to aid the jury in deciding if they should be sent to prison or a psychiatric hospital for rehabilitation.
- Evidence indicates that narcissism levels decrease with age. Future work, then, should extend the present findings to those in mid- or later-adulthood.

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