



# Mindfulness moderates the relationship between aggression and Antisocial Personality Disorder traits: Preliminary investigation with an offender sample

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## Abstract

**Introduction:** Poor mentalizing has been described as a characteristic of Antisocial Personality Disorder (ASPD), along with the well-established role of aggressiveness. In the current study, we tested this hypothesis focusing on a specific aspect of mentalization (i.e., mindfulness).

**Method:** We explored the unique and joint contribution of aggression dimensions and mindfulness facets to ASPD traits in an offender sample (N = 83).

**Results:** Mindfulness deficits were associated with ASPD traits, and a significant unique association emerged between difficulties in acting with awareness and ASPD traits. Likewise, physical aggression confirmed its association with ASPD traits. Moderation analyses revealed that mindfulness interacted with aggression in predicting ASPD. Specifically, at low levels of mindfulness, the association between aggression and ASPD dropped to nonsignificance.

**Conclusions:** Results suggest that fostering self-mentalizing is a relevant treatment target when treating offenders with ASPD.

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## 1. Introduction

Understanding the psychological mechanisms associated with Antisocial Personality Disorder (ASPD) and related aggression is needed in order to fine tune treatment programs and address the appropriate targets in psychotherapy. Actually, even in the most recent descriptions, the diagnosis of ASPD (DSM-5, [1]) is mostly made according to behavioral indexes, which provide insufficient information to the treating clinician [2]. A deeper understanding of the possible psychological factors underlying ASPD is urgent in

light of recent evidence contradicting the longstanding pessimism about the possibility to treat individuals with antisocial traits or full-blown ASPD. There is increasing evidence that at least some clients with ASPD can be treated, albeit with limited success [3,4]. Thus, a more comprehensive knowledge about what predates antisocial behaviors, and in particular aggression, may guide the clinician in tackling the underpinnings of the disorder with the potential to dismantle the mechanisms leading the person to attack others or violate the rules [5,6].

According to some scholars [7–11], one putative mechanism underlying aggressive behavior in individuals with ASPD is a deficit in aspects of what has been named mentalization [12,41] or metacognition [13,14,51]. Mentalization is defined as the capacity to reflect and think about one's mental states, to distinguish one's own mental states from those of the others, and to understand the actions of oneself and the others as meaningful (i.e., based on intentional mental states) [15]. Mentalizing failures may pave the way for violent acts [16]. When levels of arousal are high, persons with ASPD tend to fail in understanding both

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their own mental states and those of the others. In presence of disturbing bodily sensations elicited by others, a sense of threat and humiliation or shame is likely activated [17], the world is perceived as hostile and malevolent and violent reactions are likely to occur [8,18,19]. Overall, when persons with ASPD feel that their self-worth is threatened, the emotional inability to think about their feelings makes this sensation impossible to be regulated, and physical or psychological aggression may become the only strategies they think can be effective. For example, under the menace of abandonment and the consequent feeling of humiliation, a man with ASPD can think that insulting or threatening the partner is the only meaningful solution to protect himself from these painful feelings [8,17].

In parallel, metacognition [13,14,51] refers to a series of processes that allow people to recognize and think about their own mental states and those of the others. Metacognition includes reflecting about mental states, such as grasping cause–effect connections between relational events, beliefs, emotions, and behaviors; it also involves the capacity to recognize that one’s own beliefs are subjective and that what happens among humans may be seen differently when one looks at thing from a different angle. Metacognition also includes mastery, which is the use of knowledge on mental states for purposeful problem solving [13].

Studies on the role of mentalizing and metacognitive dysfunctions suggest that they actually play a role in aggression and ASPD. Dolan and Fullam [20] found that people with ASPD (both with and without comorbid psychopathy) reported impairments in mentalization, as elicited by a subtle mentalization task (i.e., the *faux pas task*), in spite of intact abilities in cognitive theory of mind; ASPD participants were able to detect and understand faux pas, but showed indifference with regard to the impact of faux pas. Further, mentalization deficits were associated with psychopathic traits and proactive aggression in adolescents, and mentalization also played a moderating role such that among adolescents with high psychopathic traits, those with greater mentalization abilities reported lower rates of aggression [21]. Beyond confirming the role of mentalization deficits in antisociality and aggression, these findings suggested that increased mentalization could serve as a protective factor toward aggression among people with antisocial/psychopathic traits, possibly representing an important treatment target. Beeney et al. [22] further reported that mentalization deficits mediated the relationship between attachment insecurities and ASPD traits in both personality disordered outpatients and community participants. Moreover, poor emotional awareness has been linked to sadistic and antisocial personality features among nonclinical participants [23,24]. Finally, a deficit in mentalized affectivity (i.e., alexithymia) [25,53] was related to both antisocial and psychopathic traits in a sample of addicted patients [26].

At least in patients with psychosis, impaired metacognition mediates the relation between psychopathic tendencies and aggression. In particular, a specific pattern of deficits associated

with psychopathic tendencies and aggression emerged, with relatively intact metacognitive skills in the cognitive domain, and impaired emotional metacognitive abilities [27]. Of note, in patients with schizophrenia and a history of criminal behavior, poor metacognition is also related to poor social functioning [28], suggesting that impairments in this capacity could lead to severe problems in these patients’ life.

One prominent aspect of the metacognitive or mentalizing abilities network is mindfulness. Mindfulness has mainly been conceptualized as the proneness to be attentive to and aware of what is taking place in one’s inner world in the present, as well as the ability to keep one’s consciousness active to the present reality [29,30]. Conversely, a lack of awareness for self-related mental states and impairments in the ability to purposefully regulate attention and to deal with upsetting emotions are features of mindfulness deficit which also describe mentalizing and metacognitive failures. Of note, such impairments in mindfulness abilities are consistent with the abovementioned characteristic of ASPD. More specifically, as defined here, mindfulness encompasses the ability to: attend to external and internal sensory stimuli and associated cognitions and emotions; label and describe inner experiences with words; act with awareness of personal motives (i.e., the capacity to pay an ongoing attention and be aware of present activities as they relate to inner experiences); assume a non-judgmental stance toward one’s own thoughts and emotions while thinking about them; and be able to perceive thoughts and feelings – especially if distressing – without feeling overwhelmed or compelled to emotionally react to them [31]. It is therefore warranted to investigate the role of mindfulness measures as an index of dysfunctions in the mentalizing or metacognitive network. To date, the link between mindfulness and ASPD has rarely, to the best of our knowledge, been investigated. Fossati et al. [32] found that mindfulness deficits were related to self-reported (but not clinician-rated) ASPD traits in an outpatient clinical sample. However, full blown ASPD was only marginally represented in that sample, thus limiting the generalizability of these findings.

In the current study, we tested the following hypotheses in a chronically violent population: first, we expected that mindfulness and aggression dimensions were related to one another, and were in turn associated with ASPD traits. Then, we investigated whether specific dimensions of mindfulness and aggression predicted ASPD traits.

Furthermore, we tested a moderation model in order to elucidate whether mindfulness played a role in the association between trait aggression and ASPD traits, for example if the role of aggressiveness as a core component of ASPD actually depends on mindfulness levels.

## 2. Method

### 2.1. Participants and procedure

The sample comprised 83 Caucasian male inmates recruited from different North Italian prisons. All inmates

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