

THE RELATIONSHIP BETWEEN GENERAL AGGRESSION MODEL AND COMORBIDITY OF ANTISOCIAL PERSONALITY DISORDER AND BIPOLAR AFFECTIVE DISORDER

POVEZANOST OPŠTEG MODELA AGRESIVNOSTI SA KOMORBIDITETOM ANTISOCIJALNOG POREMEĆAJA LIČNOSTI I BIPOLARNOG AFEKTIVNOG POREMEĆAJA

Viktorija Popović¹, Nikolina Banjanin², Milena Milanović³, Aleksandar Damjanović^{1,4}

Summary

The General Aggression Model (GAM model) is a dynamic, social and cognitive development model that includes situational, individual and biological variables, based on the theories of social learning and social cognitive theories, as well as on a large number of theoretical and empirical arguments of many authors who are engaged in the study of aggression. The subject of our interest is the phenomenon of aggression in patients with bipolar affective disorder with the presence of antisocial personality disorder. The combined factors of aggressiveness in GAM model can be used to determine the presence, intensity or prediction of aggression in these patients. The General Aggression Model provides the division factors of aggressiveness into direct and indirect, such as personality factors, situations, environmental factors and biological factors.

Keywords: General Aggression Model, antisocial personality disorder, bipolar affective disorder.

Sažetak

Opšti model agresivnosti (GAM model) je dinamički, socijalno kognitivni, razvojni model koji uključuje situacione, individualne i biološke varijable, a zasnovan je na teorijama socijalnog učenja i socijalno kognitivnim teorijama, kao i na osnovu velikog broja teorijskih i empirijskih argumentacija brojnih autora koji su se bavili proučavanjem agresivnosti. Predmet našeg interesovanja je fenomen agresivnosti kod pacijenata obolelih od bipolarnog afektivnog poremećaja sa prisustvom antisocijalnog poremećaja ličnosti. Objedinjeni faktori agresivnosti u GAM modelu se mogu koristiti za utvrđivanje prisustva, intenziteta ali i predikciju agresije kod pacijenata. Opšti model agresivnosti nudi podelu faktora agresivnosti na neposredne i posredne, odnosno na faktore ličnosti, situacije, sredinske faktore i biološke činioce.

Ključne reči: Opšti model agresivnosti, antisocijalni poremećaj ličnosti, bipolarni afektivni poremećaj

INTRODUCTION

Aggression is a personality trait that is most striking in people with antisocial personality disorder. Most authors define it as willingness to take action and behaviour with intent to cause injury to others or any sort of damage. According to some authors aggression is a learned behaviour, and it is learned in early years of child's development. Eron (1) often uses the terms aggression and violence interchangeably in his papers, which makes sense when it is considered the dominant content of antisocial personality disorder. The most common definition of violence that we find in literature (2) explains violence as specific behaviour of a person to other persons, including threats, attacks or both for the purpose of causing physical or psychological harm. Most of research deals with physical violence, probably because psychological violence is much harder to monitor, observe, measure. Both of these types of violence are essential features of a person suffering from antisocial personality disorder. The definition of aggression says that this is behaviour with intent to cause injury to another person. This definition is also used by Eron (1)

as the definition of antisocial personality disorder in the research of acquiring aggressive behaviour. The author notes that we must distinguish between aggression in sport (when the sport takes place according to pre-determined rules), and in a war when some extremely aggressive behaviour patterns are more prosocial than antisocial coming from the aggressiveness of people with antisocial personality disorder.

COMORBIDITY OF ANTISOCIAL PERSONALITY DISORDER AND BIPOLAR AFFECTIVE DISORDER

Mood disorders and personality disorders are often present at the same time thereby forming sometimes quite a different clinical picture in relation to the primary disorder. According to the criteria of the Tenth Revision of the International Classification of Diseases (3) bipolar affective disorder belongs to the group of mood disorder diseases characterized by episodes of elevated mood, increased energy and activity (mania and hypomania) and low mood accompanied by stages of grief and reduced activity (depression). The phases of mania

and depression alternate in the clinical picture of bipolar affective disorder and its basic characteristics. Antisocial personality disorder is classified in cluster “B” personality disorders according to the diagnostic criteria of the American Psychiatric Association (4). Antisocial personality disorder is defined by behavioural indicators such as violations of social and legal norms; manipulative behaviour, cheating, lying, impulsiveness, aggressiveness, recklessness, irresponsibility, insensitivity, etc.

In patients with bipolar affective disorder some of the personality disorders are often present. Antisocial personality disorder, according to some authors, (5) is relatively frequent with bipolar affective disorder. One of the main common characteristics of these disorders is aggressive behaviour, which becomes more radical and dangerous in destructive personality disorder such as antisocial personality disorder. Antisocial personality disorder is relatively frequent in this category of patients and we pointed out that a number of patients with bipolar affective disorder in the stages of mania and hypomania, which follows already high energy potential, also develop extreme forms of impulsive and aggressive behaviour, which is often in conflict with social and legal standards (6, 7).

AGGRESSIVE BEHAVIOUR

Aggression is affected by social, psychodynamic and genetic factors. Aggressive behaviour in children and adults is a long process because no one becomes aggressive all of a sudden, or “gets aggressive behaviour”. Aggressive behaviour is affected by a wide range of factors, such as genetic, neuroanatomical, endocrine, physiological impacts on society, family, peer group, abuse of opiates (8). Aggressive behaviour does not occur simply, it is not, as some people believe, a “childhood disease”, but people who say so are “programmed” to think this way on the basis of previous experience and learning (1). Therefore, alternative prosocial behaviour is either not trained or is not trained as well as aggressive behaviour. Aggressiveness that is common at the beginning of adolescence is not the behaviour that occurs spontaneously (9). This behaviour had been prepared long before puberty, it was somewhere in that child’s past, who is the product of the above mentioned biological, psychological and social factors. Person “somehow, somewhere learned to solve interpersonal problems, release themselves from frustration and obtain some benefit from aggressive behaviour” (1).

Studies of aggressive behaviour provide a large number of theories that explain different ways and factors of such behaviour. The most important theories of aggression are expressed through psychoanalytic view of aggression, etiological view of aggression, aggression frustrational theory, biological theory of aggression

and learning theory of aggression and aggressive behaviour. Still, one of the most important theories of aggressive behaviour is the General Aggression Model (GAM model), which was presented by Anderson and Carnagey (10).

THE GENERAL AGGRESSION MODEL

Carnagey and Anderson (10) developed the theory of General Aggression Model (GAM model). It is a dynamic, social and cognitive development model that includes situational, individual and biological variables, based on the theories of social learning and social cognitive theories, as well as on a large number of theoretical and empirical arguments of many authors who have studied aggressiveness. This model is very interesting from the point of studying comorbid antisocial personality disorder and bipolar affective disorder because it covers a broad scientific area that deals with studies of aggressive behaviour, which is the main determinant of comorbidity of these disorders.

Violence or aggressive behaviour explained by Carnagey and Anderson (10) is different in different societies according to parameters such as: the availability of weapons; different cultural norms about aggressive behaviour; global warming; exposure to media that promote these sorts of behaviour (Internet, television, computer games). However, none of these factors is able to independently explain the phenomenon of violence and aggressive behaviour. The authors have an opinion that aggressive behaviour occurs in multi-environment as it is environment that offers a multitude of aggressive behaviour models (for repute and learning); frustrating and victimizing environment; environment that encourages aggressive behaviour and teaches people that aggressive behaviour is acceptable, desirable, and that it symbolizes social success.

Like other socio - psychological oriented authors, Anderson and Huesmann (11) see the problem of aggression as behaviour directed towards another individual with the intent to hurt them. In addition, to person who behaves that way must believe that by doing so he/she will hurt the target, and the target is motivated to avoid that behaviour. These authors make a right and clear distinction between aggressive behaviour and violence. Violence is usually defined as physical aggression that leads to extreme end such as murder or assault of high intensity. Any violence is aggression, but not every aggressive behaviour is violence (for example, a child who pushes another child with a bike is aggressive, but not violent). However, when it comes to shooting in schools, which these authors are extremely interested in because of increasingly frequent attacks in schools throughout the United States, it is both aggression and violence. Some authors often use such terms as synonyms in the

Table 1. Proximate causal factors in GAM model

Person	Situation
Unstable high self-esteem	Social stress
Narcissism	Provocation
Self-image	Frustration
Long-term goals	Pain/discomfort
Self-efficacy beliefs for violent and nonviolent behaviour	Bad moods
Normative beliefs about aggression and retaliation	Weapons
Attitudes toward violence	Violent scenes
Hostile attribution, expectation and perception bias	Violent media
Aggression scripts	Noise
Dehumanization of others	Temperature
Cultural stereotypes	Threatening and fearful stimuli
Moral justification	Exercise
Displacement of responsibility	Alcohol and other drugs

study of antisocial personality disorder, whereas others make a difference between them by giving sometimes too narrow a definition of violence (according to Anderson), meaning only a serious physical injury to another person through the perpetration of acts that are not legal. In its aggression dimensional model, Anderson (10) distinguishes the following dimensions that are basic characteristics of aggressiveness: the degree of hostility; automatism; the degree to which primary objective is to hurt the victim in relation to the benefits to the perpetrator; level of understanding the result.

Considering that there are direct and indirect causal factors of aggression, Carnagey and Anderson (10) see personality and situation as direct factors as well, whereas indirect factors are social environment and biological differences. The first factors are current and active in current social situations, while others show their influence after a long period of time.

Indirect factors affect strengthening of direct factors that lead to aggressive behaviour, or minimize the impact on those direct factors that inhibit aggression. As they state, the indirect factors affect willingness of an individual to realize aggressive behaviour. In their considerations it can be noticed that some biological and environmental factors appear both as direct and as indirect factors at the same time, which highlights the problem of aggression in patients with comorbid antisocial personality disorder and bipolar affective disorder.

The subject of our interest is the phenomenon of aggressive behaviour in patients with bipolar affective disorder with the presence of antisocial personality disorder, because we can use factors of aggression in GAM model that can be used to determine the presence and intensity, but also the prediction of aggression in these patients. General Aggressive Model offers a division factors of aggressiveness on the direct and indirect factors, as well as personality factors, sit-

uations, environmental factors and biological factors.

As direct causal factors, the authors distinguish personality and situation. Under the factor of personality in General Aggression Model there are: unrealistically high self-esteem; narcissism; egotism; lack of long-term goals; ability to distinguish between aggressive and non-aggressive behaviour; the presence of normative beliefs about aggression and positive attitudes in general about the aggressiveness and violence; hostility and hostile expectations and perceptions; aggressive scripts; dehumanization of others; cultural stereotypes; disorders of moral judgment and displacement of responsibility. Situation factor means: social stress; provocation; frustration; pain and discomfort; bad mood; possession and availability of weapons; violent scenes and violent media; noise; high outdoor temperature; a threatening or fearful stimuli, alcohol and drugs (Table 1).

Carnagey and Anderson (10) include environmental and biological factors into indirect causal factors. Environmental factors that stand out are the following: dysfunctional families; inadequate parental functions; poor and violent neighbourhoods; cultural norms that support violence and aggressive behaviour; the experience of the victim; deprivation; difficult living conditions; conflicts in the group; traumatic, terrible events; lack of persons who would react in violent situations; diffusion of responsibility; exposure to aggression and violence by media; contact and hanging out with antisocial and problematic people. Biological factors are related to low levels of excitation; low serotonin; presence of ADHD (attention deficit hyperactivity disorder); hormonal imbalance; as well as the deficit function of performance (Table 2).

GAM model is based on numerous theories of aggressiveness (12, 13, 14, 15, 16) and through it refracts personality factors and social environment factors which are

Table 2. Distal causal factors in GAM model

Environmental modifiers	Biological modifiers
Maladaptive families and parenting	Low arousal
Violent neighbourhood	Low serotonin
Cultural norms that support violence	ADHD
Victimization experiences	Hormone imbalances
Deprivation	Executive functioning deficits
Difficult life conditions	
Group conflict	
Fear including events	
Lack of bystander intervention in violent encounters	
Diffusion of responsibility	
Exposure to violent media	
Association antisocial peers	

particularly important for the study of antisocial personality disorder. This model includes biological factors that in conjunction with social environment prepare a person to react aggressively in a certain situation. GAM also explains how multiple levels of the enumerated factors of aggression act on an individual through some social factors. However, the authors believe that all the responsibility is not, nor it can be in the social environment, which is often used as a justification of such behaviour, particularly in terms of violent and aggressive individuals who mostly believe that someone else is always responsible - bad society, violent video games or, for example, violence on TV (17, 18, 19). GAM model has a preventive character because it indicates risk factors, and prevention is always better than intervention, with a much greater chance of success if it is taken earlier (at a young age if possible).

CONCLUSION

The presence of aggressive and violent behaviour in patients with comorbidity of antisocial personality disorder and bipolar affective disorder could be observed at the right time and may be partially prevented by using General Aggression Model. This model is significant because on the basis of the integrated model of aggression and multiple levels of the factors of aggressive behaviour it indicates the mode of action of risk factors not only for vulnerable groups, such as patients with comorbidity of these disorders, but also for mass population. Many patients with comorbidity of antisocial personality disorder and bipolar affective disorder have accepted aggression as a behavioural model from direct sources such as family, school, peers, as well as some indirect sources such as, for example, mass media, and this aggression is even upgraded with their personality pathology. A direct consequence of aggression as a model of behaviour, and not only as personality pathology, is an increased number of serious crimes which are committed by these patients.

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