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Identity disorders and aggression

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Summary

Identity is the conscious feeling of oneself that each individual develops through social interaction. Erikson describes the "identity" as a subjective feeling and a measurable variable of the personality, associated with self -cohesion. Identity crisis presents itself during adolescence where the individual is fighting with emotions regarding their identity and confusion about the role they want to adopt.

Dissociative personality disorder is a rare psychiatric condition where a person has more than one, sometimes conflicting, personalities, which are present alternatively, and sometimes the individual is conscious of their existence. Other (more common) personality disorders like borderline and histrionic personality disorders, which are associated with aggression, can also present with dissociative symptoms

Another disorder of identity is gender identity. This term refers to all conditions that the biological gender as defined by male/female genitalia and secondary sex characteristics differ to the personal feeling of sex identity. Though not directly associated with aggression, research has shown that individuals ambivalent about their own sexuality sometimes react with violence and aggression when faced with a diversity that causes them intense anxiety.

Key words: dissociative disorder, identity, aggression, sex

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Introduction

"Identity" is a general term that includes characteristics which identify and differentiate or classify the individuals in groups or subgroups.

The importance of the concept of identity in adult development was underlined by Erik Erikson (1902-1994). Erikson proposed a theory of identity formation in childhood and adolescence that, while based on the Freudian view of development, extended Freud's ideas through recognising the role identity played across a person's adult life (Erikson, 1963). Erikson suggested that humans advanced through eight stages during their lives, with progression through levels contingent on solving some crisis. Erikson identified identity as a critical issue faced by adolescents in particular. He introduced the terms "identity crisis" and "role confusion" to explain the nexus between childhood and adulthood that needed to be resolved by a person in order to define their role and purpose in life and, ultimately, their identity as an adult (Erikson, 1963). Shaffer (1979) noted that Erikson had addressed the idea of shared identities, where individuals become intimate with others, experiencing mutual trust and an ability to care about others. Pervin (1984) suggested that Erikson made a major contribution to personality theory in three ways: by emphasizing the psychosocial aspects of personality; through extending stages of development to encompass individuals entire life cycles; and in recognizing that both the past and the future have a major impact on how people constructed their identities at different times in their lives.

Educational psychologists Vander Zanden and Pace (1984) applied Erikson's ideas in defining identity as: '… an individual's sense of placement within the world—the meaning one attaches to oneself as reflected in the answers one provides to the questions, "Who am I" and, "Who am I to be?"' Atchley (1989) also drew on the work of Erikson when he suggested that identity was '… a set of characteristics that differentiates self from others and that persists over time. Identity can also be a goal through which people try to arrive at a conception of themselves as loving, competent, and good'.

Erikson (1950, 1968) describes identity as a subjective and observable quality of personal similarity and consistency, which matches a certain understanding of the similarity and cohesion of a common global image. In adolescence , (a period of great importance in shaping the identity) occurs a unique integration of what is given irrevocably- the body type and temperament, charisma and vulnerability, children's standards and acquired ideals- with the open options granted to him in the roles available, professional capabilities, accomplishments, meetings with mentors, friendships and his first sexual encounters. Undoubtedly, a key determinant of identity is sex.

A synthesized sense of identification is necessary to facilitate "doing well" in life. **Several studies have shown that developing a synthesized sense of identity facilitates well being and protects against internalizing symptoms, externalizing problems and health risk behaviors.**

At a recent study based on Erikson's theory about identity formation, published in the Journal of Applied Developmental Psychology (2015), the researchers described four identity profiles; the synthesized profile, the diffused profile, the moderate and the elevated profile.

Synthesized individuals are exploring, committed and not engaged in unproductive rumination about their identity choices.

Diffused individuals have low identification with commitment, exploration in breadth and depth and high ruminative exploration and aggression.

Individuals with an elevated identity profile have characteristics that would not be expected, given the identity status theory. They have high identification with commitment and exploration in breadth and depth, but especially in the beginning of the identity developing process there is a high probability of rumination, which hinders their commitment with the identity.

A moderate identity profile describes individuals that are in between the identity profiles described above.

The identity crisis occurs during adolescence, when teens struggle between identity and role confusion. According to James Marcia, who has extended Erikson's theory, the balance between identity and confusion lies in the **commitment** with an identity.

Marcia described four different identity profiles, resulting from the analysis of three different factors: a) vocational direction, b) beliefs and values, and c) sexuality.

James Marcia, based on Erikson's theory, argues that the type of identity, which ultimately the individual forms, depends on the presence or absence of two characteristics, commitment and crisis-search. The crisis is the period in the creation of identity in which the teenager explores alternative courses of action and makes decisions. This commitment is the psychological investment in a course of action or an ideology.

Marcia has proposed four categories of adolescent identity:

1. Identity Achievement: the teenager with this form of identity has passed through a period of crisis, during which he has successfully undergone identity exploration and made commitments. The teenager who has achieved this form of identity tends to be psychologically healthier and have higher motivation to succeed and higher-level moral reasoning, compared with the adolescent of any other category.

2. Identity Foreclosure: this form of identity includes the teenagers who commit to a certain identity, without experiencing a period of crisis. Instead, they tend to conform to the expectations of others regarding their future. Representative example in this category is the son, who enters the family business, because of others expectations for him, or the daughter, who decides to become a doctor because of her mother's medical career. Even though individuals in this category are not necessarily unhappy, they are characterized by what is described as "rigid vigor". In other words, those people are happy and satisfied with themselves and yet have a strong need for social acceptance and are usually authoritarian.

3. Moratorium: Although the teenager of this category has explored alternative identities to some extent, he has not yet made any commitment. Therefore, according to Marcia, he presents high levels of stress and experiences psychological conflicts. On the other hand, he is often full of life, attractive and seeks intimacy. Eventually, after great effort, the teenager concludes to an identity.

4. Identity Diffusion: Teenagers in this category neither investigate alternative identities nor commit to the examination of a particular one. They are usually unstable and move from one option to the next. Although they may seem carefree, the lack of commitment reduces their ability to form close relationships. In fact these people are socially isolated and likely to have aggressive behavior.

It is important to emphasize the fact that teenagers do not necessarily adhere permanently to one of the four categories of identity. Indeed some move back and forth from the moratorium to identity achievement, in what is called a "M-A-M-A cycle" (Moratorium-identity Achievement-Moratorium- identity Achievement). For some people, the configuration of the identity may be completed after puberty. However, for most people the identity is formed by the end of the second and the beginning of the third decade of life.

Aggression

Human aggression and violence is a widespread phenomenon.

According to the World Health Organization about 1.5 million people die every year from either self-directed or hetero-directed aggression. In this article “aggression” refers to a behavior manifested within the society that goes beyond the expected norms, causing problems and should not be confused with the evolutionary important type of aggression. Aggressive behavior in general population peaks in late adolescence and early adulthood, typically between the ages of 15-25, while the aggressive behavior of psychiatric patients seems to peak at a slightly older age. Aggression is a complex phenomenon in which several factors are implicated.

Depending on their origin, these factors can be: a) Environmental b) Biological.

The first category includes family factors, such as exposure to aggression during childhood and adolescence (physical abuse, verbal abuse and mockery) as well as cultural and socioeconomic factors.

Types

Aggression can be classified, based on the objective, as aggression towards oneself (self-harming behavior), or others, based on the means, as physical or verbal, direct or indirect, based on whether they are impulsive or premeditated or based on the causation, due to neurological or psychiatric disease.

Self-harming behavior includes aggressive behaviors directed against oneself, such as the stroke of the head, the bite of the person himself, the scratching of wounds, pulling off hair, nails etc. It can also be divided into "direct" and "indirect". Behaviors, such as excessive use of drink, food or tobacco, which are considered normal, are forms of indirect self-destructive behavior. Furthermore, suicidal behavior can be recognized as "social" and "antisocial". On the other hand, aggression toward others is defined as an aggressive behavior directed towards other persons or objects. Such behaviors may include beating, insulting, destroying private and public property and others.

The most common and perhaps the most reliable classification relates to the preplanned and impulsive aggression. The premeditated aggression-related behavior is not typically associated with cancellation or with response to an immediate threat.

The impulsive aggression is characterized by high levels of arousal of the autonomic nervous system, and by negative emotions such as anger or fear. The impulsive aggression is also referred as reactive, emotional or hostile aggression and is considered abnormal, when the aggressive response is excessive in relation to the emotional challenge.

Aggression and violence can occur in various clinical situations where violence erupts, when the balance between impulses and internal control collapses.

There are some **mental disorders** more related to violent behavior than other, such as Organic mental disorders, Intoxication by substances, Psychotic disorders, aggression caused by a Psychosocial stressor, Personality disorders characterized by anger and poor impulse control, etc.

Aggression and identity disorders

In today's rapidly changing world, the crisis of identity is more and more frequent. The diffusion of identity, as seen in several researches, is found in some of the Personality Disorders such as Borderline Personality Disorder, Narcissistic Disorder, Antisocial etc. In psychiatry and through the Diagnostic Manual DSM-5 two main categories can be found related to Identity Disorder: the Dissociative Disorders and Gender Identity Disorders.

Aggressiveness in personality disorders

All personality disorders associated with aggression have in common what O. Kernberg called identity diffusion. It is the lack of a consolidated sense of self (self-representation) and a consolidated sense of significant others (object representation). This means that the person is unable to make an in-depth decision about his life or to understand others in depth as far as connecting the different (opposing) sides of others is concerned. These individuals are governed by primitive emotions: impulsivity, primitive instinctual waves. What Kernberg calls the power of the Ego (Ego strength) seems to be inefficient. There is difficulty in narrow object relations and at work. Two basic types of Personality Disorders:

The Narcissistic Personality or Narcissistic Personality Disorder: Individuals with an unusual idea of grandeur, self-centeredness, need to be admired. If there are not absolute objects of admiration, their confidence is completely deducted. They envy others consciously and unconsciously. They tend to be highly exploitative and underestimate others because of their envy. They always feel "empty." Because of the self-idealization, they are unable to learn from their experiences and remain superficial. This is a child-like idea of "greatness."

Paranoid Personality: These people feel great ag-

gression which they always attribute to others. They are suspicious, "awake", full of "legitimate" indignation and a feeling that they are always right. They have a kind of self-inflated value but not the same as that of the "Narcissus". This self-inflated value coexists with the beliefs of being the only one who is logical, right and fair in a unfair and aggressive world. These people struggle in a constantly prosecuting and paranoid world. Both personality disorders are fixated in paranoid-schizoid position (M. Klein). Kernberg describes some extreme cases where severe narcissistic personality disorder and severe paranoid disorder coexist. This is the syndrome of malignant narcissism: extremely unstable people with grandious and narcissistic ideas along with self indulgence. They need to be admired and are governed simultaneously by the aggressiveness of the paranoid individual. They feel that aggression gives them their true value and strength. They are characterized by aggressiveness, suspicion, grandeur, envy, all together.

Syndrome of malignant narcissism (psychopathy): narcissistic personality coexists with strong paranoid traits and antisocial behavior. Those individuals express brute force as a result of their failure in the development of super-ego operation.

Borderline Personality Disorder: Personality is identified as a stable manner and form of perception, thoughts and relationships concerning the environment and ourselves, as manifested at a personal and social level.

The individual with borderline personality disorder has low tolerance on frustration, presents difficulty in managing anger, rages and gets involved in fights. He is often impulsive and expresses a potentially self-destructive behavior such as recurring self-harm, expenditure of money, sex, reckless driving, bulimia episodes, substance and alcohol abuse which often leads to dissociative episodes. **In addition, a diffuse and constant pattern of instability on the self-image (identity disorder) is presented.**

Dissociative identity disorder

Dissociative disorders have as a main symptom the separation (or "decoupling") of one of the functions of consciousness, memory, identity and perception of the environment. The term "decoupling" refers to the mechanism of defense against intense trauma which helps the patient to distance himself from the stressful event, while it is happening, but also delays the mental processing. In dissociative disorders belongs the dissociative amnesia, the dissociative identity disorder and dissociative flight.

The dissociative flight is a rare disorder characterized by sudden and unexpected escape from the usual place of the subject. During this time there is no memory of the past and usually a new identity is created.

The dissociative identity disorder, which was called multiple personality disorder before 1994, refers to the existence within the individual of different, often contradictory personalities, that take control alternately and can be aware or not of the existence of other personalities. The number of different personalities, each of which is characterized as “alternative-alter”, can be from two to hundreds.

The alternate personality of the individual suffering from this disorder is usually contradictory of the other. Thus, it is often, a shy and timid personality to succeed a liberalized and bold. The differentiation of these personalities is not confined in behavior and memory. Characteristic phenomenon of this disorder are memory gaps of the patient, which occur when alternating from one personality to the other. Thus, it is likely an «alter» to ignore events in another «alter».

The appearance of the symptoms of this disorder, which becomes apparent particularly in adolescence, is sudden, usually when the person founds himself in a stressful situation, psychosocial stress situations, whereat an alternative, bogus self, preferred to face them, arises. Personalities may not realize the existence of each other or collide, struggling for control, causing hallucinations and heard as "voices" giving commands.

Personalities are giving different names to themselves, with different characteristics (perception, behavior, memory), and can even indicate different gender, origin or age (which is usually less than the actual).

As a consequence of mental dissociation, the patient often suffers from depression, suicidality, impulsive violence, difficulty in sleeping, anxiety, interpersonal difficulties and abuses.

The skepticism regarding the existence of dissociative identity disorder as well as the abuse that engenders it persists for lack of objective documentation. . This is doubly so for the disorder in murderers because of issues of suspected malingering. An objective verification of both dissociative symptoms and severe abuse during childhood in a series of adult murderers with dissociative identity disorder is presented in a recent article (Objective Documentation of Child Abuse and Dissociation in 12 Murderers With Dissociative Identity Disorder, 2012). This study consists of a review of clinical records of eleven men and one woman with dissociative identity disorder, who had committed murder. The symptoms of dissociative identity disorder in childhood and adulthood independently corroborated from various sources in 12 cases. Objective evidence of serious abuse was obtained in 11 cases. It is noteworthy that all twelve murderers studied had partial or total amnesia

about the abuse they experienced as children. This study demonstrates the link between early severe abuse and dissociative identity disorder. Further, the data demonstrate that the disorder can be distinguished from malingering and other disorders. The study shows that it is possible, with great effort, to obtain objective evidence e of both the symptoms of dissociative identity disorder and the abuse that engenders it.

Gender identity disorders

Gender Identity Disorders includes all situations in which the anatomical sex of a person differentiates from the sense of gender and the role of gender. Separate types of disorders within this diagnostic module is the *Gender Identity Disorder in Children, the Gender Identity Disorder in Adolescents and Adults and Gender Identity Disorder Not Otherwise Specified.*

Gender identity is called the special feeling that a child gets when it realizes in which sex it belongs.

Gender identity is the private expression of the gender role and gender role is the public expression of gender identity. The identity and role of sex are two sides of the same coin and compose the whole "identity and role of sex".

Gender identity is the steady, persistent and general expression of individuality as male, female or androgynous, especially as expressed in the self-esteem and behavior. Role of sex consists of the actions and words of a person to show to others and to himself whether it is male or female. It contains erotic and sexual arousal and response but is not limited to them. (J. Money, 1994).

The development of the identity and role of gender is multifactorial, multifaceted and timeless. It begins at the conception with the chromosomal combination and continues with the racial differentiation of body and brain. At the same time these biological processes are affected by social factors and are ultimately expressed as personality needs, also involving factors that contribute to the development of the identity and role of gender.

For most people, the gender identity and gender role is firmly and permanently intertwined. The gender identity disorders are characterized by precisely this lack of stability and systematic relationship of identity and gender role in an individual.

The development of sexual identity is multifactorial and timeless, begins in utero and continues after birth, as with the development of our body. From the psychosocial factors, social learning plays the most important role in establishing and reinforcing a behavior determined by biological factors. The ability to integrate human sexuality into the general interpersonal relations, such as in love, that gives us emotional compensation, also plays an important role.

The gender identity disorders first appeared as a psychopathological entity in the third edition (DSM-III, 1980), in the category of psychosexual disorders. In DSM-III-R (1987) they were categorized as a disorder with onset in infancy, childhood or adolescence called transsexualism. In the fourth edition of the Manual (DSM-IV, 1994), the gender identity disorders along with sexual disorders are a separate category, while the term transsexualism is abandoned, as it refers to complete gender reassignment surgery because of discomfort about sex and does not include people with gender identity disorder or racial discomfort, unwilling to or have not complete the sex change process.

The gender identity disorders are not associated directly with aggression. Through clinical experience, however, some self-destructive behaviors have been observed as a result of grief, anger and frustration caused by social discrimination, difficulties in interpersonal relationships, even the difficulty of the medical system in the diagnosis and treatment of these disorders.

In the current social and economic circumstances, as a result of the relaxation of family ties, moral values and social ties in general and the reduction in the sense of "community" and socialization, factors associated with the identity of people, some aggressive behaviors have been observed by individuals and groups associated with gender identity disorders.

Research has shown that homophobic behaviors are directly associated with low self-esteem, **insecure social identity** as well as homoerotic repressed emotions. People ambivalent to their own identity, perceive homosexuality as a threat and react with violence when confronted with difference, that causes them great anxiety and aggression (Simoni & Walters 2001).

Types of Homophobia:

• Personal Homophobia: The idea that homosexuals are immoral, sinful, sick and inferior to heterosexuals. When this phenomenon is observed in homosexuals, it is called externalizing Homophobia.

• Interpersonal Homophobia: Is the fear and hatred toward homosexuals, expressed with negative attitudes and aggressive tendencies.

• Homophobia of Culture: Refers to social structures and unwritten norms suggesting that being heterosexual is the only normal and acceptable sexual preference to the community.

• Institutional Homophobia: The phenomenon where the government, the church, education and various businesses discriminate based on sexual orientation.

A recent research shows that in Greece, although

17% of the sample says it has gay friends, 84% disagrees with gay marriage and 89% disagrees with the adoption of children by same-sex couples (Eurobarometer 2006-2008).

These rates are much higher than in the rest of Europe, so that Greece can be placed among the most homophobic countries in the European Union (Paulou, 2009). The commonly reported in the media attacks against people other than heterosexually oriented; can be explained by the aspect of the existed psychopathology among offenders.

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