



Recent life events and subjective well-being of personality disordered forensic outpatients

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ABSTRACT

Purpose: The majority of patients treated at forensic psychiatric outpatient facilities suffer from personality disorders, especially Cluster B disorders. Life events have been shown to influence subjective well-being, severity of psychopathology and delinquent behaviour of patients with different personality disorders. However, the influence of life events on subjective well-being of patients suffering from Cluster B personality disorders has rarely been studied. Following General Strain Theory and the dynamic equilibrium model, we hypothesised that negative life events would negatively influence subjective well-being, and that subjective well-being would change when an instability of life events occurs.

Methods: Fifty-six adult male forensic psychiatric outpatients were interviewed on their subjective well-being and filled out a self-report life event questionnaire, at three time-points, with an interval of three months. Life events were categorized along two dimensions: positive / negative and controllable / uncontrollable.

Results: Patients had a stable pattern of positive, negative controllable and uncontrollable life events. Positive controllable events did not have a stable pattern. Results indicated that only negative controllable events correlated negatively with subjective well-being. Furthermore, positive and positive controllable events correlated with a positive change in subjective well-being and uncontrollable events correlated negatively with this change.

Conclusions: Forensic psychiatric outpatients seem to experience a relatively stable 'load' of stressful life events, that does not influence change in subjective well-being. We did not find unequivocal support for General Strain Theory. In line with the dynamic equilibrium model, forensic outpatients seemed less used to positive controllable life events, which influenced positive change in subjective well-being. In outpatient forensic treatment, attempts to limit negative life events together with enhancing behaviour which results in positive events should be targeted. This might result in better lives for patients and in reduced criminal behaviour.

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1. Introduction

It is well known that stressful life events influence the subjective well-being of people in general (Lu, 1999; Lucas, Clark, Georgellis, & Diener, 2004; Lucas, Georgellis, Clark, & Diener, 2003; Suh, Diener, & Fujita, 1996; Zautra & Majo, 1981), and of patients suffering from mental disorders such as schizophrenia (Chan, Ungvari, Shek, & Leung, 2003), bipolar disorder (Chand, Mattoo, & Sharan, 2004) and depression

(Roy, 1996), in particular. Besides subjective well-being, life events (LE) also influence the severity of psychopathology. For instance, positive and negative LE correlated with depression in college students (Dixon & Reid, 2000) and in patients with personality disorders (PD; Perry, Lavori, Pagano, Hoke, & O'Connell, 1992), and negative LE are related to an increased symptom count in Cluster B PD patients (Taylor, 2005).

The majority of individuals treated at forensic outpatient facilities in The Netherlands suffer from a personality disorder, especially Cluster B PD, that is, antisocial, narcissistic, borderline and histrionic PD (American Psychiatric Association, 2000; Hildebrand & de Ruiter, 2004). In this field of psychiatry, preventing criminal recidivism is the main treatment goal, and several studies have indicated that life events in general (Steadman & Ribner, 1982; Vaux & Ruggiero, 1983) and specific life events in particular (such as witnessing violence, receiving traumatic news, marriage; Eitle & Turner, 2002; Ouimet & Le

Abbreviations: LE, life events; PD, personality disorder; SWB, subjective well-being; LQoLP, Lancashire Quality of Life Profile; QREE, Questionnaire of Recently Experienced Events; P/N, positive / negative (life events); C/U, controllable / uncontrollable (life events); LCU, Life Change Units.

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Blanc, 1996) influence delinquent behaviour and criminal recidivism. In this study, we examined life events and subjective well-being in a group of 56 male forensic psychiatric outpatients.

1.1. Life events in patients with a personality disorder

Previous research has demonstrated that PD patients experienced more LE than patients without PD (Heikkinen et al., 1997; Leaf, Alington, Mass, DiGiuseppe, & Ellis, 1991; Samuels, Nestad, Romanoski, Folstein, & McHugh, 1994). In particular, PD patients encountered more positive LE (Leaf et al., 1991), and more dependent LE (i.e., controllable by the individual; Heikkinen et al., 1997). In studies relating LE to categories of PD, patients with a Borderline PD seemed to experience different LE compared to patients with other PDs (Jovev & Jackson, 2006; Leaf et al., 1991; Pagano et al., 2004). Borderline patients reported more LE in total (Jovev & Jackson, 2006), more negative LE, fewer positive LE (Pagano et al., 2004) and more health-related and social stressors (Jovev & Jackson, 2006; Pagano et al., 2004) than patients with other PDs. Furthermore, Jovev and Jackson (2006) found that patients with Borderline PD experienced more LE in the criminal and financial domains than patients with an Axis 1 disorder or with another PD.

Heikkinen et al. (1997) compared patients with Cluster B and Cluster C (avoidant, dependent, obsessive-compulsive) PDs, and reported that Cluster B patients displayed more negative financial life events. The LE mentioned by all PD patients were mainly difficulties in interpersonal relationships (such as involvement in fights, conflict with neighbours, family arguments, and extramarital affairs) and with maladaptive behaviours (such as alcohol- and drug-related problems, criminal activities, divorce; Samuels et al., 1994).

Several studies targeted the relationship between LE and global subjective well-being of PD patients. Pagano et al. (2004) studied the influence of LE on psychosocial functioning and overall life satisfaction in patients who suffered from one of four categories of PD, namely Schizotypal (cluster A), Borderline (Cluster B), and Avoidant and Obsessive-Compulsive (Cluster C). They concluded that PD diagnosis had only a small effect on the relationship between recent LE and psychosocial functioning. However, another study (Jovev & Jackson, 2006) showed that total LE did not influence global subjective well-being of patients with a Borderline PD, whereas the influence of LE in patients with an Axis 1 disorder or with another PD (mainly Avoidant and Obsessive-Compulsive PD) was negative.

Forensic psychiatric patients suffer mainly from a Cluster B personality disorder, especially Antisocial, Narcissistic and Borderline (Hildebrand & de Ruiter, 2004). Studies on the relationship between life events and subjective well-being have rarely focussed on Cluster B disorders or traits, with the exception of Borderline PD.

1.2. Possible mechanisms relating life events to subjective well-being

For forensic patients, negative life events could serve as important risk factors for criminal offending according to general theories of crime such as General Strain Theory (Agnew, 1992, 1997). Following this theory, strain may lead to aggressive or criminal behaviour as a consequence of an increase in negative affect. Several kinds of negative affect have been identified, such as disappointment, depression, despair, fear, and anger. Anger is the most important type of negative affect in relation to aggression and delinquent behaviour. Agnew (1992) identifies three sources of strain, also labelled negative or adverse relations: failure to achieve positively valued goals; removal of positively valued stimuli (actual or anticipated); and presentation of negative stimuli. The latter two sources of strain involve life events, but the difference between the two is small: the removal of a positive stimulus, generally, results in the presentation of a negative stimulus. Strain has different dimensions: magnitude, recency, duration, and clustering of stressful events. Besides strain and the appraisal of strain as expressed in negative affect, General Strain Theory focuses on

coping strategies which the individual employs in dealing with strain. Cognitive and contextual factors codetermine whether the chosen strategy is criminal behaviour or not. In forensic psychiatry, the prevention of strain and learning to employ different coping strategies in handling strain, are important treatment goals (Agnew, 1997).

Following General Strain Theory, LE, especially negative events, can be a source of strain and therefore negatively influence subjective well-being, because of the strong relationship between negative affect and subjective well-being (Fakhoury & Priebe, 2002). The relationship between life events and subjective well-being is studied here.

In clinical forensic psychiatry, General Strain Theory has been used to study recidivism during leave by forensic inpatients (Hilterman, 2000). He confirmed several hypotheses derived from this theory, and deemed the model useful in Dutch forensic psychiatry. In other studies aiming at different samples, assumptions from General Strain Theory have been tested. In a sample of persons selected from family practices, positive life events did not correlate with strain, but negative life events, that is, undesirable, uncontrollable, and unanticipated events, did (Streiner, Norman, McFarlane, & Roy, 1981). For (ex-) psychiatric patients, high life stress was associated with more frequent verbal, minor physical, major physical, and weapon disputes, during the same year the life events occurred (Steadman & Ribner, 1982). In this group, the total number of life events, and the undesirable and controllable events predicted the total number of disputes.

Whereas the General Strain Theory postulates that negative LE have a negative influence on subjective well-being (SWB), the dynamic equilibrium model (Headey & Wearing, 1989) of SWB is built around the assumption that people have a normal pattern of LE and a normal level of SWB, and both are predictable on the basis of stable personality characteristics. Only deviations from the normal pattern of LE change the normal level of SWB. According to the dynamic equilibrium model, the same life events keep happening to the same persons. Some are exogenous, and some are internally driven (endogenous), resulting from stable characteristics of the person.

2. Aims of the study

Assumptions based on both the General Strain Theory and the dynamic equilibrium model were studied. Firstly, stability of LE categories was examined, since change in LE should lead to change in SWB. Secondly, we studied the relationship of negative (categories of) LE with SWB, and of the total number of LE with SWB, since the General Strain Theory assumes a negative relation between strain or negative life events and SWB. Thirdly, we studied the influence of LE on change in SWB. Following the General Strain Theory, negative LE would result in a negative change in SWB. From the dynamic equilibrium model, on the other hand, it follows that LE would only lead to a change in SWB if the category of LE was unstable, that is, has changed. We explored the role of both negative and other categories of LE, and used a median split in (categories of) LE (for use of median split in LE research see e.g., Burns, Carroll, Ring, Harrison, & Drayson, 2002; Klein & Boals, 2001; Steadman & Ribner, 1982; Zalsman et al., 2006; and for discussion on median split, see Maxwell & Delaney, 1993) by which our sample is divided into patients with a low level of LE and patients with a high level of LE, per category of LE. Furthermore, we examined whether severity of psychopathology (operationalised as having either a PD or PD traits) and whether type of disorder (having a Borderline PD or BPD traits or not) had an effect on the relationship between LE and change in global SWB.

3. Methods

3.1. Procedure

The inclusion criteria were: male, 18 years or older, IQ > 70, predominant PD or PD traits. Excluded were patients predominantly

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