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Research Article

The clinical boundary between deviant behavior and criminal conduct: From maladaptive positions to pathological dysfunctionality using the "Graded Antisociality Model" (GA-M), the "Antisocial Severity Scale" (AS-S) and "Perrotta-Marciano questionnaire on the grade of awareness of one's deviant and criminal behaviors" (ADCB-Q)

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Abstract

The concepts of deviance and criminality are often confused or grouped, following a sociological logic. In the clinic, there is a need to distinguish them, speaking of "deviant behaviors" as active human acts that result in a violation of a social norm determined by the community and that do not provide a sanction of a legal nature (e.g., personal use of drugs)", while from "criminal behaviors" as active human acts that result in a violation of an exclusively legal norm and that provides a sanction of a civil-administrative nature (compensation for damages, restitution, demolition, suspension, disbarment, and administrative detention) or criminal (fine, fine, imprisonment and arrest)". Even more succinctly, we can consider "deviant and criminal behavior" (DCB) as all those active human acts that constitute a violation of a social and/or legal rule, and their transgression provides for the application of a punitive sanction. Based on this assumption, we propose a) the Graded Antisocial Model (GA-M), which considers antisociality as a graded phenomenon that is reinforced over time through active behaviors that are not limited by the social context of reference, becoming then a structured personality disorder only when the individual's self-centeredness becomes rigid and dysfunctional; b) the Antisocial Severity Scale (AS-S), which draws the pathological and dysfunctional evolution of antisociality, in five levels (yellow for emotional dysfunctionality, orange for self-centeredness, red for violation of social rules and violence to property, animals, and people, purple for severe violation of legal rules and black for structured psychopathology); c) the Perrotta-Marciano Questionnaire on the state of awareness of one's deviant and criminal behaviors (ADCB-Q), in 30 items on L1-6 scale, which defines both deviant and criminal tendency and the grade of awareness of one's pathological state.

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Contents of the manuscript

Introduction. General profiles and definitions

"Deviance" is a complex phenomenon influencing both macro and micro-level aspects, which has been widely studied by social scientists. The results of studies have highlighted four main groups of topics, namely predictors of deviance (among the most frequent: family patterns, socio-demographic aspects, socialization, victimization, and school and individual factors), online deviance, socio-constructivist theories, and research-based theories of deviant behavior; moreover, the results showed that researchers often use strain theory, social learning, self-control, and social control in their studies [1].

Very often the sociology of deviance has dealt with criminal phenomena, generating in many people the misconception of identification between crime and deviance. In reality, while it is true that crime is part of deviance, the two phenomena nevertheless do not coincide. "Crime," in fact, refers to those activities in concrete terms that break a criminal legal norm and are subject to the application of penalties. The term "deviance," on the other hand, is broader and inclusive not only of criminal phenomena but also of other behaviors, as advocated by Dinitz, who identifies five categories of deviance: deviance as a contrast to the prevailing physical, physiological or intellectual pattern (this is the case with deformed individuals and the mentally handicapped); deviance as an infraction of religious and ideological norms and rejecting orthodoxy (this is the case with heretics and dissidents); deviance as an infraction of legal norms (this is the case of thieves and murderers);- deviance as behavior that differs from the cultural definition of mental health (this is the case of psychopathic individuals and neurotics); deviance as a rejection of dominant cultural values (this is the case of hippies or punks) [2].

According to this definition, what is normally referred to by the term "criminality" is nothing more than one of several aspects of a broader phenomenon that, for simplicity's sake, could be summarized as the implementation of behavior contrary to a social and legal norm imposed by the community to which it belongs [3] and which may underlie one or more psychological and psychiatric disorders, such as behavioral addictions [4-10], bipolarity [11], suicide risk [12], borderline [13], narcissism [14], histrionicism [15], intrafamilial abuse [16], effective dependence [17] and psychotic spectrum disorders [18].

In the clinical approach, however: <<(...) When we talk about distress, disorder, and/or deviance there is often confusion about the meaning of these terms. They are three different expressions that pertain to three different concepts. Therefore, a clear distinction allows a better diagnosis for effective and efficient treatment. The etymology of the word discomfort derives from the Latin dis-, which indicates negativity, and from agio, which in turn descends from adjacent ("near"): thus the word "discomfort" alludes to the concept of "far away". In psychological terms, discomfort is described as a feeling of discomfort, or restlessness, connected to a thought. It is a momentary condition of distress related to difficulties of various kinds or negative life events and not an emotional state related to disorders of a psychopathological nature. Even the word disorder is derived from the Latin word "disturbatio", meaning disarray. In more scientific terms, it is a disruption in the normal functioning and course of a phenomenon. The disorder presents with a series of symptoms for a distinctly persistent period that greatly impacts one or more spheres of the person. In psychology, it is defined as a pathological condition that affects, precisely, the behavioral, relational, cognitive, and affective spheres of an individual in a dysfunctional manner making the perception of self, others, and the world problematic. Currently, disorders are classified within the DSM-V (Diagnostic Statistical Manual of Mental Disorders), which is oriented toward scientific research to create a classification methodology that is as comprehensive as possible. The DSM is not the only manual that classifies mental disorders; the PDM-II (Psychodynamic Diagnostic Manual) also has the same goal. Compared to the DSM, it uses a non-categorical approach with psychodynamic reflections; finally, the ICD-11 also classifies mental disorders but, unlike, the DSM-V emphasizes more the importance of improving the so-called Clinical Utility (the clinical utility) of diagnoses in ordinary clinical practice. The etymology of the word deviance, on the other hand, comes from the word derivation with the suffix of bearing, it is a term used to refer to those behaviors that violate compliance with norms, a non-compliance with normative standards. The cause of deviance was initially juxtaposed by Cesare Lombroso with a natural phenomenon, according to which the origin of criminal behavior is dictated by abnormal morphological and anatomical features and atavisms that are determinants of the emergence of socially deviant behavior. Only in his later years did Lombroso also take into consideration environmental, educational, and social factors in addition to morphological characteristics. When a crime occurs, one must always take into account the geographical, cultural, and judicial context in which it was committed. Indeed, deviant conduct is defined as such, not because of the act itself but because of the response, it elicits in its socio-cultural environment. Sociologist E. Durkheim himself considered an act to be deviant regarding a particular socio-cultural context, while it might not be so in other contexts. To give an example, in Italy, people who drink alcohol are not prosecuted under the law unless they have committed infractions or crimes after consuming alcohol. In Iran, on the other hand, drinkers are liable to corporal punishment up to death if they are caught in the act more than once. Deviance, then, is not dictated by the act itself, but by the attribution of meaning, it has in the context where the person lives. Indeed, to date, there is no complete and exhaustive list of deviant behaviors, as they are not considered as such in all societies. Similarly, the reaction to rule-breaking can also take various forms (as in the example above). Becker, the most famous sociological theorist of the 1960s gave a new definition of deviance by stating that it becomes such in the face of a social reaction in which the act is codified, named, and classified, and then a label is assigned to the individual. Becker was convinced that labeling triggers a process in the person that can transform him or her from a perpetrator of a single offense to a chronic deviant (labeling theory). The mistrust and stigmatization of society can change

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the perception of the individual; the most fragile individuals are those who are at risk of embarking on criminal life in the future. Based on these premises, strategic psychotherapy also does not label an individual deviant but places him or her within a dysfunctional social framework. Seen from a strategic eye, psychological distress originates from the perceptual-reactive dysfunction with which a subject views the reality he or she has constructed through the choice of his or her actions. Changing the perceptual mode will also change his reactions. Given the multicausal nature of distress, disturbance, and deviance and, in parallel, psychopathology, the therapist needs to be able to identify the most compromised sphere, if any, and to identify whether the patient is moving more to a neurotic or psychotic side (...)>> [19].

For reasons of argumentative simplicity and conciseness, therefore, the writers prefer to distinguish even more sharply between "deviant behavior" and "criminal behavior", defining the former as "active behaviors that result in a violation of a social norm determined by the community and that does not provide for a sanction of a legal nature (e.g. personal use of drugs)", while the latter as "active behaviors that result in a violation of an exclusively legal norm and that provides for a sanction of a civil-administrative nature (compensation for damages, restitution, demolition, suspension, disbarment, and administrative detention) or criminal nature (fine, fine, imprisonment and arrest)" [20]. And even more succinctly, we can consider "deviant and criminal behavior" (DCB) as all those "actual and active human acts that constitute a violation of a social and/or legal rule, and their transgression provides for the application of a punitive sanction".

Perrotta-Marciano Graded Antisociality Model (GA-M)

Based on the previous definition, relating to "deviant and criminal behavior" (DCB), the writers propose a new interpretive model of a human agency concerning antisociality (GA-M), understood as an "all-encompassing phenomenon of conduct aimed at the violation of one or more social and legal norms, imposed by a predefined authority or social group" [20].

This phenomenon then turns out to underlie a specific personality disorder, termed "antisocial," characterized by a continuous aversion to laws and rules, and a consequent propensity to violate them repeatedly without the slightest second thought. The so-called sociopath is particularly prone to isolating himself, ignoring others and not perceiving the need for help or support, and feeling capable of doing everything even on his own. The disorder also involves strong impulsivity and anger at the slightest provocation and a rather limited ability to feel or demonstrate empathy and form emotional bonds, although, unlike psychopathy, one is still capable of feeling empathy, remorse, and forming close relationships. The DSM-V diagnostic criteria are the age of majority (as one cannot diagnose a personality disorder before age 18, having to talk about conduct disorders), presence of a conduct disorder with onset before age 15, absence of manic or schizophrenia during antisocial behavior, and at least three elements present among the limitation of feeling remorseful, irresponsibility, disregard for safety regulations, irritability and aggressiveness, impulsivity (or inability to plan), dishonesty, and inability to conform to social norms with a tendency for judicial problems. The differential diagnosis distinguishes it from narcissistic, borderline, schizoid, bipolar, and manic disorder [21-23].

The proposed model (GA-M) is based on the notion that antisociality is a graded phenomenon that is reinforced over time through active behaviors that are not limited by the social context of reference, becoming then a structured personality disorder only when the individual's egocentricity becomes rigid and dysfunctional. This model thus describes the psychopathological evolution of antisociality, which turns out to be the most extreme and severe form, the opposite pole of the maladaptive behaviors of childhood and preadolescence, which we will see in the severity scale proposed in the next section.

Perrotta-Marciano Antisocial Severity Scale (AS-S)

Based on the previous theoretical model (GA-M) regarding the graduation of antisociality, the writers propose a scale of severity of antisociality that originates from the dysfunctional management of anxious emotion from which the feelings of frustration, anger, rage, and wrath originate (level 1, yellow color); such moments are characterized by strong aggression and impulsivity but are still contained in their manifestation except in private and familiar contexts. When such behaviors are also externalized in more extended contexts and the presence of strangers, the subject begins to become more self-centered, feeding the narcissistic core; he also learns to use deception and manipulation as active tools to obtain his own goals, thus procuring the centrality of attention through the transgression of rules that are still social and not legal (level 2, orange color). Verbal violence and minor attempts at physical violence, adopted in childhood and pre-adolescence, mostly deviant and non-criminal acts, become increasingly serious and structured, just as systematic intolerance of family and social rules becomes the springboard for beginning to transgress more and more important rules; this stage is characterized by an exacerbation of one's level of violence, which can also become physical and be unleashed against objects, animals and even people (level 3, color red). Violence is now systematically verbal and physical, pre-set social boundaries are broken down and self-centeredness is total and the subject is already approaching adolescence; the narcissistic core becomes preponderant over the boundaries of others and the subject feels compelled (as if it were a real vital necessity) to get what he or she wants even by violating the rights and legal rules imposed by society to live civilly (level 4, purple color). At this point, the subject is self-centered and his antisociality easily merges and blends with the narcissistic traits nurtured over time, effectively becoming a cluster B patient, egosyntonic and unable to recognize in his conduct the deep reasons for the personality disorder (level 5, black color). Taking into account, however, that deviant acting out can coexist with criminal acting out, this graded scale provides a developmental snapshot of the fourth and fifth-level antisocial traits, but they can both coexist, reinforcing each other.

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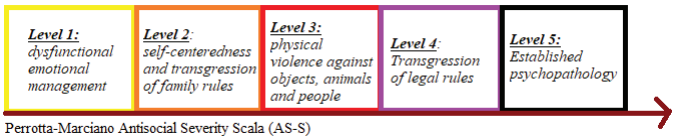

Perrotta-Marciano Antisocial Severity Scale (AS-S)

Perrotta-Marciano Questionnaire on the state of awareness of one's deviant and criminal behaviors (ADCB-Q)

Based on the previous definition related to "deviant and criminal behavior" (DCB) and the related graded model of antisociality (GA-M), the writers propose a questionnaire on the state of awareness of one's deviant and criminal behavior (ADCB-Q), which does not diagnose personality disorders (such as narcissistic, antisocial or borderline) or structure disorders (such as psychopathy) but defines the presence or absence of deviant and criminal behavior and the degree of the subject's awareness and consciousness concerning his or her deviant or criminal actions.

It is therefore a questionnaire that is placed at a diagnostic stage before the overt manifestation of psychopathology and is intended to encourage a better systematic approach to the definition of antisociality, starting precisely from dysfunctional traits and the degree of functional impairment, since the presence of antisocial and psychopathic traits present in one's personality framework may not always give rise later to the actual personality disorder, perhaps because these traits are well compensated for or the subject has a calibrated and less dysfunctional egocentric.

The questionnaire is structured in two parts: the first part (Section A) is devoted to preliminary data on sexual gender, age, parental and personal family status, and lists of internet activities and personal motives that lead the subject to consciously engage in deviant and criminal behavior; the second part (Section B), on the other hand, is devoted to the actual questionnaire. Specifically, the questionnaire consists of 30 items on the L1-6 scale, and lists for each item a deviant and/or criminal hypothesis. Among the listed hypotheses, one must select in column "1" those that reflect one's individual history, indicating a numerical value according to a severity scale: 1 = Never, under any circumstances; 2 = Occasionally, only when solicited or otherwise at festive or social events, with a frequency of not less than one month; 3 = Bi-weekly frequency; 4 = Weekly frequency; 5 = Daily frequency; 6 = Multi-day frequency. If the answer is a number between 2 and 5, the writer is asked to enter in the "2" column, for each answer, the letter A if the writer thinks that behavior is wrong (even if he or she continues to do it) or the letter B if the writer thinks that behavior is still correct. Ex.1: The writer enters number 1 in column 1 for the behavior "Smoking cigarettes in an enclosed public place." In that case, he does not have to enter any letter in the second column. Ex. 2: The writer enters number 2 on column 1 for the behavior "Smoking cigarettes in an enclosed public place." In that case, he should enter the letter A or B: A if that behavior is wrong for him but he does it anyway, B if he thinks it is correct despite the ban or the fact that others think it is wrong. In the case of initialing with the letter B in the second column, each of the answers so given should be accompanied by reasons, to be entered in column "3."

The outcome of the questionnaire depends on two sums to be made at the end of the initialing. To obtain the numerical value representing the *deviant, dysfunctional and pathological tendency* of the subject, it is necessary to sum all the figures in the first column to form the final total expressed in one hundred and eightieth (_____/180). The sum cannot have a value less than 30 and more than 180: a) 30 = The subject has no deviant or criminal tendencies; b) 31-60 = The subject has a minimal deviant but not pathological tendency; c) 61-90 = The subject has a deviant but not pathological tendency; d) 91-120 = The subject has a deviant, dysfunctional but not pathological tendency; e) 121-150 = The subject has a marked deviant, dysfunctional and pathological tendency; f) 151-180 = The subject has a significant deviant, dysfunctional and pathological tendency. However, it is necessary to correct the final value with a "bonus": 1) for each response initialed with the number "3", bonus points equal to "+20" are added; 2) for each response initialed with the number "4", bonus points equal to "+30" are added; 3) for each response initialed with the number "5", bonus points equal to "+40" are added; 4) for each response initialed with the number "6", bonus points equal to "+50" are added. In any case, the sum of individual scores and the application of bonuses must not exceed a total of 180/180, which is always considered the maximum dysfunctional score.

To obtain the numerical value representing the *grade of awareness of one's subjective deviant dysfunctional and pathological tendency*, it is necessary to add up all the letters B in the second column to form the final total expressed in thirtieths (_____/30). The sum cannot have a value less than 0 and more than 30: (a) 0 = Absence of deviant or criminal tendencies; (b) 1-2 = The subject presents moderate awareness of his or her deviant tendency; (c) 3-4 = The subject presents modest awareness of his or her deviant tendency; (d) 5-6 = The subject presents superficial awareness of his or her deviant tendency; (e) 7-8 = The subject presents insufficient awareness of his or her deviant tendency; (f) 9-10 = The subject presents poor awareness of his or her deviant tendency; (g) >10 = The subject presents inconsistent awareness of his or her deviant tendency.

Conclusion

The proposed model, accompanied by a graded scale and questionnaire, provides the therapist with an accurate snapshot of both the patient's deviant and criminal tendencies and his or her level of awareness of his or her condition, while also offering an organized and structured view of subjective deviant and criminal tendencies.

(Appendix)

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