How Personality Disorder Traits Relate to the Experience of Romantic Love in Prisoners

W jaki sposób cechy zaburzeń osobowości wiążą się z doświadczaniem romantycznej miłości u więźniów

How to quote this paper: Czubak, K., Gawda, B. (2020). How Personality Disorder Traits Relate to the Experience of Romantic Love in Prisoners. Annales Universitatis Mariae Curie-Skłodowska. Sectio J, Paedagogia-Psychologia, 33(3).

ABSTRACT

The present paper is focused on the analysis of relationship between personality disorder traits and the experience of romantic love in prisoners. The literature reveals that a wide range of personal and social pathologies stem from love pathology. The paper is focused on individuals with personality disorder traits, which trigger many social and personal problems. The study included 185 inmates from four different state prisons displaying personality disorder traits. These traits were measured through the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Axis II Disorders (4th edition). The experience of love was analysed basing on a narrative technique. The multiple regression analyses show how specified personality disorder traits explain the different ways of experiencing love in prisoners. Personality disorder traits generally contribute to an altered experience of love, usually making it negative, ambivalent, or unclear, positivity of love is negatively associated with personality disorder traits. Experiencing of love in prisoners indicates a greater sense of denial of love, they withdraw from love experience. Personality disorder traits in prisoners are associated with rejection of love.

Keywords: experience of love; withdrawal from love; personality disorders; inmates

INTRODUCTION

The ability to build mutual relations with another person, associated with a sense of happiness and empathy, is a test of human maturity and a rich store of
emotional competencies. This capacity is associated with romantic love. The way how this emotion is experienced in relation to another person depends on a number of factors (de Boer, van Buel, Ter Horst, 2012). The factors potentially affecting the interrelatedness of these components may include personality pathology. Indeed, personality disorder traits tend to be recognised as one of the important factors linked to a dysfunctional experience of love (Gawda, 2017; Gawda, Bochyńska, 2016). Personality disorders (PD) are defined as “permanent patterns of human inner experience and behaviour which deviate from the norms and expectations of the culture in which people live, where the manifestation of these patterns applies to at least two of the following spheres: cognitive, affective, interpersonal, and control of impulses” (DSM-5, 2013, p. 311). The literature reports data concerning various personality disorder traits as associated with dysfunctional romantic love experience. For instance, individuals with antisocial personality disorder traits produce stories about love containing more negative elements, ambivalence, unclear perception of the partner or themselves or excessive focus on themselves. In particular, their stories about love exhibit excessive self-focus and a lack of clarity with regard to the valence of the love situation (Gawda, 2012; Gawda, 2013). In the case of other personality disorders, people with borderline personality disorder, exhibiting inconsistent behaviours, ambivalence, changing moods, impulsiveness, abandonment anxiety, and at the same time a sense of guilt or worthlessness, it may be assumed that they can experience love in dysfunctional ways (Graham, Clark, 2006; Morey, 1997; Morey, Zanarini, 2000; Selby, Braithwaite, Joiner Jr., Fincham, 2008). It has been confirmed that these people’s romantic relationships are linked with many conflicts and that they are less satisfied with the partner; other problematic aspects include unpredictable behaviours, a high level of aggression, communication difficulties, and inadequate understanding of other people’s emotions (Clifton, Pilkonis, McCarty, 2007; Daley, Burge, Hammem, 2000; Whipple, Fowler, 2011). Due to this kind of affective atmosphere in the relationship, love narratives may, to a considerable degree, reflect anxiety and hostility (Hill, Pilkonis, Morse, Feske, Reynolds, Hope, 2008; Trull, 2001). In turn, narcissistic individuals characterized by a compensatory sense of their own worth, recognition, and status (Patrick, Hobson, Castle, Howard, Maughan, 1994), and employing an additional strategy of defence against a loss of high self-esteem, may devalue other people and may experience problems in close relationship. Moreover, poor self-esteem accompanied by a strategy of compensatory grandiosity may contribute to narcissistic individuals’ tendency to treat love as a game or, otherwise, as a possessive form of love (Campbell, Foster, Finkel, 2002). Furthermore, people with obsessive-compulsive personality disorder can experience love dysfunctional because they, on the one hand, exhibit a tendency to dominate in interpersonal relationships, and on the other – seclude themselves from relationships. They are also characterized by a conflict between insubor-
dination and obedience, and a tendency for excessive control, low dynamics of feelings, high anxiety, and low self-confidence (Dobbert, 2010; Sperry, 2003). In the case of dependent personality disorder, whose characteristic features include a deep-rooted sense of maladjustment and a fear of losing the partner, the person focuses on ensuring that they are surrounded by love and are caringly attended to. They perceive themselves as helpless and abandoned which results in anxiety, excessive worry, or even panic attacks. Passive-aggressive individuals incessantly complain about their bad luck causing numerous conflicts in relationships (Dobbert, 2010; Butcher, Hooley, Mineka, 2016). Furthermore, individuals with histrionic personality disorder have a feeling that they are charming and that they make a great impression on others, thus, seeking adoration and admiration (Butcher et al., 2016). While building an intimate relationship, they become demanding, show no consideration for others, and are egocentric, self-absorbed, and superficial (Seligman, Walker, Rosenhan, 2003). Moreover, they easily succumb to suggestions and face difficulties when trying to realistically evaluate their relations with others (Beck, Freeman, Davis, 2004). In the case of individuals with avoidant personality disorder, their functioning is dominated by a pattern of extremely inhibited social behaviours (Millon, Davis, 2005), but this does not mean that they like solitude and isolation. On the contrary, they strongly desire the closeness of others, even though they are afraid of relationships and love (Connors, 1997).

The presented findings about problems in close relationships in people with personality disorder refer only to some types of personality disorders while other types have not been examined. Thus, we aim to investigate all types of personality disorders and their relationship to romantic love in prisoner population. This is because this population is thought to present a high occurrence of personality disorders (Gawda, 2018; Tyrer, Mulder, Crawford, Newton-Howes, Simonsen, Ndetei, Barrett, 2010). Related data suggest that approximately 65% of male prisoners are diagnosed with at least one personality disorder, including 47% with antisocial PD, while 42% of female prisoners are diagnosed with a PD, including 21% with antisocial PD (Fazel, Danesh, 2002, p. 545).

HYPOTHESES

Given the above it can be assumed that there is some evidence showing a relationship between the experience of romantic love and personality disorder trait, yet the reported evidence does not cover all personality disorder traits in the group of offenders (Gawda, 2017; Trzebińska, Jakubiak, Kołakowski, Struś, 2015). To our knowledge, a narrative method of exploring the experience of love has not been used in previous studies in the context of all types of personality disorders. Thus, we focused on the narrative analysis about experience of love. We hypothesized that personality disorder traits are linked with a negative way of experi-
encing love, expressed in narratives about love. Taking into account the fact that prisoners are characterised by destabilised experience of complex emotions and generally more negative emotionality, it was assumed that associations between personality disorder traits and the ways of experiencing love will be negative in prisoners. This is based in the data indicating that personality disorders among prisoners are associated with drugs abuse, alcohol abuse, a risk of self-harm, violent behaviour, accidents and mortality, as well as criminal and suicidal behaviours (Bulten, Nijman, van deer Staak, 2009). Then, prisoners with personality disorders experience inadaptable emotions, have problems with controlling them, they also have distorted perception and interpretation of themselves and others, and tend to enter dysfunctional relationships (Fowler, O’Donohue, Lilenfeld, 2007; Tackett, Silberschmidt, Krueger, Sponheim, 2008). Moreover, we expect that there are the disparities in the relationships between personality disorder traits and experience of love in relation to the dominant types of disorders in prisoners’ population. For instance, antisocial personality disorder and borderline disorder will prevail among prisoners (Gawda, Czubak, 2018).

METHOD

Participants

Sample of prisoners comprised 185 criminal offenders (male prisoners), all of them presenting similar educational background. Their average age was 33.05 years ($SD = 9.55$). The participants were interviewed in various state prisons. The data on their neuropsychiatric disorders and demographic data were collected through an interview. The inclusion criteria were: age between 18 and 65, history of serious offences, absence of acute psychotic and neurological disorders (individuals with disorders were excluded due to the fact that they would not have been able to participate in the trials; additionally, scores in narrative tasks to a large degree depend on cognitive and language impairments). Therefore, during the screening procedure no prisoners with neurological disorders or central nervous system injuries were qualified for the study. Although, in the past, symptoms of affective disorders and addictions had been diagnosed in many subjects included in the group, during the trials none of them were affected by any substances. The interviews and examinations were conducted individually by the trained psychologist.

Procedure and measures

Each participant was asked to complete a self-report questionnaire, designed to identify relevant characteristics such as age, education, occupation, mental disorders, somatic disorders and so on. Then, each participant was interviewed
with the use of the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM-4), Axis II Disorders (First, Gibbon, Spitzer, Williams, Benjamin, Zawadzki, Praglowska, 2010). At the next stage, each participant was asked to write a narrative/story about love. Each person wrote a text after hearing the following instruction: “Try to think about what love means for you. Think of an event in your life that was or is connected with love. Write a story about it.” All the methods met psychometric standards.

### Personality disorders traits

The Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders (4th edition), Axis II Disorders (First et al., 2010) is a standardised tool designed to diagnose 10 personality disorders in accordance with the DSM-IV, plus two additional disorders. The psychometric properties of the SCID-II are appropriate (First, Spitzer, Gibbon, Williams, 1997; First et al., 2010). We used 12 scales of personality disorder traits. All variables were numeric. Table 1 presents the descriptive data related to all personality disorder traits scales. This shows that the most frequent are narcissistic, borderline, and antisocial personality disorder traits among prisoners. We estimated reliability of this tool in this study by Cronbach’s alpha measures and it was found that for each personality disorder scale reliability was accurate: schizoid (.732), schizotypal (.705), paranoid (.743), narcissistic (.789), histrionic (.694), antisocial (.802), borderline (.882), avoidant (.712), dependent (.703), and obsessive-compulsive (.712).

| Variables          | Min. | Max. | M    | SD   |
|-------------------|------|------|------|------|
| Avoidant          | 0    | 7    | 1.57 | 1.78 |
| Dependent         | 0    | 8    | 2.11 | 1.67 |
| Obsessive-compulsive | 0   | 8    | 2.93 | 1.77 |
| Passive-aggressive | 0   | 8    | 2.46 | 1.90 |
| Depressive        | 0    | 8    | 2.25 | 2.07 |
| Paranoid          | 0    | 8    | 2.69 | 2.18 |
| Schizotypal       | 0    | 10   | 2.61 | 2.18 |
| Schizoid          | 0    | 6    | 1.79 | 1.32 |
| Histrionic        | 0    | 7    | 2.46 | 2.01 |
| Narcissistic      | 0    | 16   | 4.76 | 3.26 |
| Borderline        | 0    | 15   | 4.62 | 3.75 |
| Antisocial        | 0    | 14   | 4.18 | 3.77 |

*M – means, SD – standard deviation
Source: Authors’ own study.
Analysis of narratives about love

The narratives were analysed by competent judges, who were trained psychologists. Each judge had to read and analyse a given story about love, identify the appropriate indicators according to the instruction, highlight them, and count them. The technique of narrative analysis had been applied many times with regard to stories of love as well as other emotions (Gawda, 2008, 2010). It was found that the agreement between judges is high; inter-rater agreement is reflected by Kendall’s $W$ in the range from .88 to .99, depending on the indicator.

Based on former analyses and studies, a group of emotional narrative indicators was listed taking into account specific aspects of the experience of love, and distinguishing 18 indicators (Gawda, 2012). The method of identifying the indicators was presented by Gawda (2008). Each indicator was numeric variables, i.e. a number of words or phrases were counted for a person. Then, the narrative scores for each indicator were checked if they are inter-correlated. In order to establish the inter-correlations, we performed exploratory factor analysis and we obtained four factors.

The narratives about love were examined for the following indicators:

- positive emotions in the actor (e.g. *I am happy*),
- acknowledgement of positive emotions in the partner (e.g. *She is happy*),
- positive description/evaluation of the partner (e.g. *She is good*),
- positive description/evaluation of the actor (e.g. *I am honest*),
- actor’s negative emotions (e.g. *I am sad*),
- negative description of the actor (e.g. *I am stupid*),
- negative emotions of the partner (e.g. *She is worried*),
- negative description of the partner (e.g. *She is mean*),
- activity “towards” (e.g. *I want to kiss her*),
- activity “from” (e.g. *I want to avoid this situation*),
- activity “against” (e.g. *I want to kill this nasty bitch*),
- importance of love (e.g. *This is the most important day in my life*),
- positive ending of the story (e.g. *Everything will be fine*),
- negative ending of the story (e.g. *It will be disaster*).

Statistical analyses

First, narrative indicators were checked whether they are inter-correlated and exploratory factor analysis was conducted. This revealed there are four factors. Then, because we also expected that personality disorder traits can be inter-correlated, we also checked this assumption. To verify the hypothesis, exploratory factor analysis was conducted. The factors from exploratory factor analysis of personality disorder traits were treated as independent variables in regression analyses, while factors encompassing narrative indicators were dependent variables.
RESULTS

First, each narrative about love was examined in terms of identification of the indicators; then, we checked if these were inter-correlated. Our aim was to avoid analysis of single narrative features and to examine the complex patterns of narrative expressions. The exploratory factor analysis showed there are four main factors (Table 2, in total they explain about 63% of variance, Kaiser-Meyer-Olkin Measure of Sampling Adequacy = .851, Bartlett’s test of sphericity = 1254.71; \( p < .001 \)). The first factor, can be labelled “positivity”, it encompasses positive aspects of the experience of love, such as perception of positive emotions in the actor, perception of positive emotions in the partner, positive evaluation of the partner, and positive ending of love story. The second factor can be labelled “commitment”, covered positive description of actor, positive emotions of actor, positive description of partner, positive emotions of partner, activity “towards” and the awareness of the importance of love. The third factor labelled “ambivalence” includes partly positive partly negative aspects of the experience of love, including lack of the actor’s negative description, positive description of the actor, and negative description of the partner. The fourth factor labelled “withdrawal” (separation), covered activity “against” and negative description of partner. At the next stage, we used the above factors variables as dependent variables in four multiple regression analyses.

Table 2. Exploratory factor analysis of narrative indicators (\( N = 185 \))

| Narrative indicators | Factors          |
|----------------------|------------------|
|                      | Positivity       | Commitment | Ambivalence | Withdrawal |
| Actor – negative     | -.777            |            |             |            |
| Actor – positive     | .597             | .414       |             |            |
| Actor – em. neg.     | -.816            |            |             |            |
| Actor – em. pos.     | .705             | .695       |             |            |
| Partner – negative   | -.657            | .329       | .341        |            |
| Partner – positive   | .446             | .590       |             |            |
| Partner – em. neg.   | -.394            |            | -.546       |            |
| Partner – em. pos.   | .583             | .739       |             |            |
| Activity “towards”   | .654             |            |             |            |
| Activity “from”      | -.673            |            |             |            |
| Activity “against”   |                  |            |             | .820       |
| Importance           |                  |            | .565        |            |
| Positive ending      | .898             |            |             |            |
| Negative ending      | -.902            |            |             |            |

em – emotions
Source: Authors’ own study.
To verify the hypothesis related to potential inter-correlation of personality disorder (PD) traits, exploratory factor analysis was conducted (Table 3). This analysis revealed that 12 PD traits constitute two main factors (in total they explain about 57% of variance (Kaiser-Meyer-Olkin Measure of Sampling Adequacy = .902, Bartlett’s test of sphericity = 958.17; \( p < .001 \)). The first factor “ABC” comprised almost all personality disorder traits, i.e. avoidant, dependent, obsessive-compulsive, passive-aggressive, depressive, paranoid, schizotypal, schizoid, narcissistic, borderline and antisocial. The second factor was labelled “His-Nar” encompassing histrionic and narcissistic personality disorder traits.

### Table 3. Exploratory factor analysis of PDs traits \((N = 185)\)

| Personality disorders | Factor 1 ABC | Factor 2 His-Nar |
|-----------------------|--------------|-----------------|
| Avoidant              | .69          |                 |
| Dependent             | .67          |                 |
| Obsessive-compulsive  | .62          |                 |
| Passive-aggressive    | .77          |                 |
| Depressive            | .81          |                 |
| Paranoid              | .74          |                 |
| Schizotypal           | .72          |                 |
| Schizoid              | .44          |                 |
| Histrionic            | .77          | .68             |
| Narcissistic          | .69          | .68             |
| Borderline            | .83          |                 |
| Antisocial            | .59          |                 |

PD – personality disorder traits
Source: Authors’ own study.

All of the above factors were included separately in four regression analyses. As we grouped narrative indicators and personality disorder traits we used the multiple regression analyses to explain whether or not and to what extent personality disorder trait factors can predict positivity, commitment, ambivalence, and withdrawal in the experience of love.

### Regression analyses

Regression analyses took into account factors encompassing groups of personality disorder traits (factor ABC, His-Nar) and it showed that they, to a small degree, explained the variance related to the experience of love (Table 4).
Table 4. Multiple regression analyses: (dependent variable – experience of love; independent variable – personality disorder traits) ($N = 185$)

| Experience of love | Personality disorder traits | B    | Beta   | SE  | $R$ | $R^2$ | $F_{(2, 184)}$ |
|-------------------|-----------------------------|------|--------|-----|-----|-------|----------------|
| Positivity        | Factor ABC                  | -.48 | -.17*  | .21 | .17 | .03   | 2.66*          |
|                   | Factor His-Nar              | .03  | .01    | .21 | .17 | .03   | 2.66*          |
| Ambivalence       | Factor ABC                  | .21  | .09    | .07 | .14 | .02   | 1.31           |
|                   | Factor His-Nar              | .26  | .10    | .07 | .14 | .02   | 1.31           |
| Commitment        | Factor ABC                  | .17  | .09    | .05 | .12 | .02   | 1.34           |
|                   | Factor His-Nar              | -.09 | -.09   | .06 | .12 | .02   | 1.34           |
| Withdrawal        | Factor ABC                  | .19  | .19**  | .07 | .28 | .08   | 9.59***        |
|                   | Factor His-Nar              | .19  | .19**  | .07 | .28 | .08   | 9.59***        |

* – $p < 0.05$; *** – $p < 0.001$; SE – standard error
Source: Authors’ own research.

Personality disorder traits encompassed in cluster ABC explained 8% of the variance in the results related to the experience of withdrawal from love. Higher results in ABC personality disorder traits corresponded to greater withdrawal in the narratives about love. Furthermore, factor His-Nar representing histrionic and narcissistic PD traits explained 5% of the variances in the results related to withdrawal from love in such a way that higher intensity of personality disorder traits encompassed in this factor coincided with higher rejection expressed in stories about love. The factor “positivity” of love is negatively associated with ABC personality disorder traits, while ambivalence and commitment are not associated with PD traits. Regression analyses showed that avoidant, dependent, obsessive-compulsive, passive-aggressive, depressive, paranoid, schizotypal, narcissistic, borderline and antisocial personality disorder traits explained significant variance in withdrawal in the experience of love, as expressed in the narratives. Higher personality disorder traits are linked to lower positivity of love and higher withdrawal from love.

DISCUSSION

The analysis of the above studies made it possible to identify the model of relations between personality disorder traits and love story indicators in imprisoned offenders. Almost all personality disorders are related to the contents of love stories. Factor ABC personality disorder traits predict withdrawal in the experience of love. Higher results in ABC personality disorder traits corresponded to greater withdrawal in the narratives about love. Histrionic and narcissistic personality disorder traits are also associated with a rejection of love. Higher levels of...
All personality disorder traits are accompanied with a lower level of positivity of love. Generally, it can be concluded that the narratives about love produced by the prisoners with personality disorder traits show that personality traits impact the experience of love in the way to make it less positive and associated with greater withdrawal. Prisoners with personality disorders do not perceive positive aspects of the experience of love; it is mixed with strongly negative perception. This confirms that their experience of love seems to them to be particularly unclear and therefore contrary to the essence of love (Gawda, 2012; Gawda, 2017). This finding refers to almost all specified PD traits. In the case of some personality disorder traits the results of the study are consistent with the available data related to the emotional functioning of people with personality disorders. All personality disorder traits are associated with low intimacy and commitment in love (Gawda, 2017; Trzebińska et al., 2015). More specifically, individuals with a high level of passive-aggressive personality disorder traits more frequently experience negative emotions. The difficulties found in the domain of love may stem from the fact that these people are unable to tune in to another person’s feelings, imagine his or her state of mind, and understand that they have a specific kind of influence over that person (Butcher et al., 2016). Individuals with a higher level of borderline personality disorder traits often experience emptiness combined with a sense of meaninglessness and with the inability to define their own mental state, which increases emotional ambivalence (Baer, Sauer, 2011). Due to the extreme character of their affective states, people with borderline personality disorders experience both abandonment anxiety (Hill et al., 2008) and a fear of engaging in a relationship (Millon, Davis, 2005). This upsets harmony in the affective domain and thereby increases extreme emotional climate in their relationships. Individuals with a borderline personality disorder show a tendency to engage in intense and unstable relationships, often leading to emotional crises (Baer, Sauer, 2011). The related literature shows that people with obsessive-compulsive personality disorder traits exhibit an excessive sense of control over the environment combined with a belief in their infallibility and rightness (Millon, Davis, 2005). They are also characterised by a strong tendency to strive for perfection (Beck et al., 2004). Their problems in intimate relationships are linked to their characteristic workaholism, perfectionism, persistence, and possessiveness (Skodol, 2009; Sperry, 2003). Individuals with obsessive-compulsive traits experience many negative feelings of anger and frustration resulting from their rigid perfectionism, which makes it impossible for them to achieve a flawless, idealized form of interpersonal relationship (Pfohl, Blum, 1995; Skodol, 2009). Similarly, the experience of love in schizoid people is marked by negativity and problems in commitment, which reflect the core patterns of their dysfunctional personality (Leedom, Geislin, Haroonian Almas, 2013). The relationship between antisocial personality traits and the experience of love in prisoners is particular, they are characterized in the lit-
erature as unable to experience closeness and such mutual feelings as love (Lee-
dom et al., 2013). Their impairments in this domain are thought to be based on
a neurobiological mechanism; there is strong positive arousal and at the same time
insufficient inhibition of negative arousal (Newman, MacCoon, Vaughn, Sadeh,
2005). As a result, emotional experience involving arousal is unclear and indefi-
nite; individuals with antisocial personality disorder traits are unable to accurately
determine whether the emotion is positive or negative, which makes it difficult for
them to experience it in a clear way (Gawda, 2012; Gawda, 2015). In antisocial
personality disorder uncertainty is replaced by an attitude of nonchalance and by
ignoring the negative aspects of situations (Lynam, Derefermiko, 2007). Moreover,
antisocial personality disorders are characterized, on the one hand, by high ex-
pressiveness and emotional sensitivity to social stimuli, and on the other, by poor
understanding of others, social prejudices, and suppression of negative emotions
(Sutker, Allain, 2001). People with antisocial personality disorders are character-
ized by strong self-focus, experience of unclear and incomprehensible feelings,
and inability to identify the valence of emotions experienced, which gives rise to
the belief that emotions are useless in relations with other people and in attempts
to solve problems (Hare, 2003; Leedom, Bass, Almas, 2013; Lynam, Derefermiko,
2007). Thus, their reaction to love is frequently withdrawal.

The results of the presented research focusing on the experience of love point
to dysfunctionality can be interpreted in terms of the specificity of cognitive and
affective schemas as well as behaviour patterns characteristic. Due to these pat-
terns, the behaviours of people exhibiting the above disorders are socially det-
imental, contributing to intra- and interpersonal dysfunctions of the disordered
person and marked by inability to build a stable and satisfying relationship (Beck
et al., 2004; Butcher et al., 2016). The mechanism of maintaining such patterns
comprises various mental processes, takes place at various levels of information
processing and is based on various codes, in line with the concept of Interactive
Cognitive Subsystems (Barnard, Teasdale, 1991). Because of this multi-level sys-
tem supporting an individual’s dysfunctional behaviours, the individual behaves
in line with the contents of and the strategies determined by affective patterns.

Attempts to interpret the described experience of withdrawal from love by
individuals with personality disorder traits can make reference to the concept of
mentalisation according to which personality disorders are associated with dys-
functional mentalisation. A model of mentalisation assumes that difficulties in
acquisition of affective competences are linked to development of personality dis-
orders. Causes of difficulties in identifying, differentiating and verbalising one’s
emotional states are rooted in abnormal early-life relationship between mother
and child (Bateman, Fonagy, 2006). As a result, contrary to the essence of love, in-
dividuals with personality disorders experience numerous negative emotions and
difficulties in intimate relationships.
The prisoner group is particular because of high level of the symptoms of antisocial, borderline, and narcissistic personality disorders traits and potentially these traits strongly impact the experience of love which is a non-accepted feeling or event for them. This may also correlate with imprisonment as a significant factor influencing the experience of love.

CONCLUSIONS

The findings suggest that personality disorder traits are associated with various aspects of the experience of love. It has been shown that the identified factors related to personality disorders encompassing almost all personality disorders traits predict negative experience of love, particularly high withdrawal and low positivity. The current study has shown that prisoners with personality disorder traits experience love in an unfavorable way, characterized by generally more negative emotional state often accompanied by devaluation of love.

Limitations. The present findings may be affected by certain limitations. It may be linked to the potential effect of prison life situation on the style of constructing the stories during the trials among prisoners.

Future directions. Future research could be designed to replicate the findings with the use of DSM-5 tool and could take into account other clinical samples.

REFERENCES

Baer, R.A., Sauer, S.E. (2011). Relationships between depressive rumination, anger, rumination and borderline personality features. Personality Disorders: Theory, Research and Treatment, 2(2), 142–150.

Barnard, P.J., Teasdale, J.D. (1991). Interacting cognitive subsystems: A systemic approach to cognitive-affective interaction and change. Cognition & Emotion, 5(1), 1–39.

Bateman, A.I., Fonagy, F. (2006). Mentalization-Based Treatment for Borderline Personality Disorder: A Practical Guide. Oxford: Oxford University Press.

Beck, A.T., Freeman, A., Davis, D.D. (2004). The Cognitive Therapy of Personality Disorders. New York: Guilford.

de Boer, A., van Buel, E.M., Ter Horst, G.J. (2012). Love is more than just a kiss: A neurobiological perspective on love and affection. Neuroscience, 201, 114–124.

Bulten, E., Nijman, H., van der Staak, C. (2009). Psychiatric disorders and personality characteristics of prisoners of regular prison wards. International Journal of Law and Psychiatry, 32(2), 115–119. doi:10.1016/j.ijlp.2009.01.007

Butcher, J.N., Hooley, J.M., Mineka, S. (2016). Abnormal psychology (16th ed.). Essex: Pearson Education.

Campbell, W.K., Foster, C.A., Finkel, E.J. (2002). Does self-love lead to love for others? A story of narcissistic game playing. Journal of Personality and Social Psychology, 83(2), 340–354.

Clifton, A., Pilkonis, P.A., McCarty, C. (2007). Social networks in borderline personality disorder. Journal of Personality Disorders, 21, 434–441.

Connors, M.E. (1997). The renunciation of love: Dismissive attachment and its treatment. Psychoanalytic Psychology, 14(4), 475–493.
Daley, S., Burge, D., Hammen, C. (2000). Borderline personality disorder symptoms as predictors of 4-year romantic relationship dysfunction in young women: Addressing issues of specificity. *Journal of Abnormal Psychology, 109*, 451–460.

Dobbert, D.L. (2010). *Understanding Personality Disorders*. London: Rowman & Littlefield.

DSM-5 (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th edition). Washington, DC: APA.

Fazel, S., Danesh, J. (2002). Serious mental disorder in 23,000 prisoners: A systematic review of 62 surveys. *The Lancet, 359*(9306), 545–550. doi:10.1016/s0140-6736(02)07740-1

First, M.B., Spitzer, R.L., Gibbon, M., Williams, J.B. (1997). *The Structured Clinical Interview for DSM-IV (SCID-I) – Clinical Version*. Washington, DC: American Psychiatric Press.

First, M.B., Gibbon, M., Spitzer, R.L., Williams, J.B.W., Benjamin, L.S., Zawadzki, B., Pragłowska, E. (2010). *Ustrukturalizowany Wywiad Kliniczny do Badania Zaburzeń Osobowości z osi II DSM-IV*. Warszawa: PTP.

Fowler, K.A., O’Donohue, W.T., Lilienfeld, S.O. (2007). Personality disorders in perspectives. In: T. O’Donohue, K.A. Fowler, S.O. Lilienfeld (eds.), *Personality Disorders. Toward the DSM-V* (pp. 1–20). Los Angeles: Sage.

Gawda, B. (2008). Love scripts of person with antisocial personality. *Psychological Reports, 103*, 371–380.

Gawda, B. (2010). Syntax of emotional narratives of persons diagnosed with antisocial personality. *Journal of Psycholinguistic Research, 39*(4), 273–283.

Gawda, B. (2012). Dysfunctional love in psychopathic criminals – the neural basis. *NeuroQuantology, 10*(4), 725–732.

Gawda, B. (2013). The emotional lexicon of individuals diagnosed with antisocial personality disorder. *Journal of Psycholinguistic Research, 42*(6), 571–580.

Gawda, B. (2015). Model of love, hate and anxiety scripts in psychopathic individuals. *Frontiers in Psychology, 6*(1722). doi.org/10.3389/fpsyg.2015.01722

Gawda, B. (2017). Komponenty miłości według Sternberga w zaburzeniach osobowości. *Studia Społeczne, 19*(4), 5–12.

Gawda, B. (2018). Cross-cultural studies on the prevalence of personality disorders. *Current Issues in Personality Psychology, 6*(4), 318–329.

Gawda, B., Bochyńska, K. (2016). Love in the multicultural world. *Social Studies, 2*, 5–13.

Gawda, B., Czubak, K. (2018). Trait anxiety not acting as mediator in relationship between attachment and Cluster B personality disorders in criminal offenders. *Current Psychology, Online First, doi:10.1007/s12144-018-0063-9*

Graham, S.M., Clark, M.S. (2006). Self-esteem and organization of valenced information about others: The “Jekyll and Hyde”-ing of relationships partners. *Journal of Personality and Social Psychology, 90*, 652–665.

Hare, R.D. (2003). *Manual for the Psychopathy Checklist-Revised* (3rd ed.). Toronto: Multi-Health System, Inc.

Hill, J., Pilkonis, P., Morse, J., Feske, U., Reynolds, S., Hope, H. (2008). Social domain dysfunction and disorganization in borderline personality disorder. *Psychological Medicine, 38*, 135–146.

Leedom, L.J., Bass, A., Almas, L.H. (2013). The problem of parental psychopathy. *Journal of Child Custody, 10*(2), 154–184.

Leedom, L.J., Geislin, E., Hartoonian Almas, L. (2013). “Did he ever love me?” A qualitative study of life with a psychopathic husband. *Family & Intimate Partner Violence Quarterly, 5*(2), 103–135.

Lynam, D.R., Dereckko, K.J. (2007). Psychopathy and personality. In: C.J. Patrick (ed.), *Handbook of Psychopathy* (pp. 133–155). New York–London: The Guilford Press.

Millon, T., Davis, R. (2005). *Personality Disorders in Modern Life*. Warszawa: Institute of Health Psychology of the Polish Psychological Association.
Morey, L. (1997). Personality diagnosis and personality disorders. In: R. Hogan, J. Johnson, S. Briggs (eds.), *Handbook of Personality Psychology* (pp. 917–947). San Diego: Academic Press.

Morey, L.C., Zanarini, M.C. (2000). Borderline personality: Traits and disorder. *Journal of Abnormal Psychology, 109*(4), 733–737.

Newman, J.P., MacCoon, D.G., Vaughn, L.J., Sadeh, N. (2005). Validating a distinction between primary and secondary psychopathy with measures of Gray’s BIS and BAS constructs. *Journal of Abnormal Psychology, 114*, 319–323.

Patrick, M., Hobson, R.P., Castle, D., Howard, R., Maughan, B. (1994). Personality disorder and the mental representation of early social experience. *Development and Psychopathology, 6*, 375–388.

Pfohl, B., Blum, N. (1995). Obsessive-compulsive personality disorder. In: W.J. Livesley (eds.), *The DSM-IV Personality Disorders* (pp. 261–276). New York: Guilford.

Selby, E.A., Braithwaite, S.R., Joiner Jr., T.E., Fincham, F.D. (2008). Features of borderline personality disorder, perceived childhood emotional invalidation, and dysfunction within current romantic relationships. *Journal of Family Psychology, 22*(6), 885–893.

Seligman, M.E.P., Walker, E.F., Rosenhan, D.L. (2003). *Psychopathology*. Poznań: Wydawnictwo Zysk i S-ka.

Skodol, A.E. (2009). Manifestations, clinical diagnosis, and comorbidity. In: J.M. Oldham, A.E. Skodol, D.S. Bender (eds.). *Essentials of Personality Disorders* (pp. 37–61). Washington, DS: American Psychiatric Press.

Sperry, L. (2003). *Handbook of Diagnosis and Treatment of DSM-IV-TR Personality Disorders*. New York–Hove: Brunner–Routledge.

Sutker, P.B., Allain, A.N. Jr. (2001). Antisocial personality disorders. In: P.B. Sutker, H.E. Adams (eds.), *Comprehensive Handbook of Psychopathology* (pp. 445–490). New York: Kluwer Academic/Plenum Publishers.

Tackett, J.L., Silberschmidt, A.L., Krueger, R.F., Sponheim, S.R. (2008). A Dimensional Model of Personality Disorder: Incorporating DSM Cluster A Characteristics. *Journal of Abnormal Psychology, 117*(2), 454–459.

Trull, T. (2001). Structural relations between borderline personality disorder and putative etiological correlates. *Journal of Abnormal Psychology, 110*, 471–481.

Trzebińska, E., Jakubiak, M., Kolakowski, J.P., Straś, M. (2015). Miłość w zaburzeniach osobowości. *Przegląd Psychologiczny, 58*(3), 365–381.

Tyrer, P., Mulder, R., Crawford, M., Newton-Howes, G., Simonsen, E., Ndetei, D., Barrett, B. (2010). Personality disorder: A new global perspective. *World Psychiatry, 9*(1), 56–60.

Whipple, R., Fowler, J.Ch. (2011). Affect, relationship schemas, and social cognition: Self-injuring borderline personality disorder inpatients. *Psychoanalytic Psychology, 28*(2), 183–195.

**STRESZCZENIE**

Niniejszy artykuł koncentruje się na analizie związku między cechami zaburzeń osobowości a doświadczaniem romantycznej miłości u więźniów. Na podstawie literatury przedmiotu należy wskazać, że szeroka gama patologii w sferze osobistej i społecznej wynika z patologii miłości. W opracowaniu skoncentrowano się na osobach z cechami zaburzeń osobowości, gdyż przyczyniają się one do wyzwalań wielu problemów społecznych i osobistych. Badaniem objęto 185 więźniów z czterech różnych więzień wykazujących cechy zaburzeń osobowości. Cechy te zostały zmierniane za pomocą Ustrukturyzowanego Wywiadu Klinicznego do Badania Zaburzeń Osobowości z osi II (wydanie 4). Doświadczenie miłości analizowano za pomocą techniki narracyjnej. Analizy regres-
ji wielokrotniej wykazały, w jaki sposób określone cechy zaburzeń osobowości wyjaśniają różne sposoby doświadczania miłości u więźniów. Cechy zaburzeń osobowości na ogół przyczyniają się do zmian w doświadczaniu miłości, czyniąc go zwykle negatywnym, ambiwalentnym lub niejasnym, natomiast pozytywne aspekty miłości są negatywnie powiązane z cechami zaburzeń osobowości. Doświadczanie miłości u więźniów wskazuje na większe poczucie zaprzeczania miłości, wycofania się z jej doświadczania. Cechy zaburzeń osobowości u więźniów wiążą się z odrzuceniem miłości.

**Słowa kluczowe:** doświadczenie miłości; wycofanie się z miłości; zaburzenia osobowości; więźniowie