

**Effect of Treatment based on Wish Actualization View on Reduction Symptoms of Antisocial Personality Disorder as an Effective Step to Prevent these Individuals from Joining Terrorist Groups (Case Study)**

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### Abstract

Today, extremist thoughts have been successful in attracting many individuals all around the world by relying on religious beliefs. One of its factors is the fact that these groups suffer from *antisocial personality disorder*. Damaging behaviors, including violation of rules, social order, violence of rights, aggression, rebellion against authorities, dispute, irresponsibility and absence of regret, are factors encouraging these individuals to join terrorist groups. Hence, treatment of these individuals can remove the process of recruitment and training. The purpose of the present research is to examine the effect of treatment based on *wish actualization* on *antisocial personality disorder*. Method of the research is case study and data are collected by *structured clinical interview* (SCID) and interventions in therapy sessions. In this research, a 27-year-old male suffering from *antisocial personality disorder* was treated based on *wish actualization*. The main hypothesis of the research was that this approach improves and reduces symptoms of *antisocial personality disorder*. Treatment process was performed in 20 sessions. Findings showed that after therapy sessions, a significant decrease was observed in the symptoms of *antisocial personality disorder* in terms of DSM 5. The results supported all hypotheses of the research. It seems that ultra-religious views can be considered as a new approach to treat this disorder such as *wish actualization* view, and future researches with larger samples can present more valid results. Finally, comparison of these findings with those of other researches and the employed treatment protocol are discussed.

**Keywords:** wish actualization, antisocial, ultra-religious, extremist

## Introduction

*Antisocial personality disorder* is a type of personality disorder. A person who suffers from this disorder cannot adapt to social standards and has no feelings of guilt and anxiety in relation to his or her behavior. The term *anti-social* character has always been used as a synonym for psychopaths. This label or term describes this behavior outside of the community's common ethical standards and considers it one of the most serious psychiatric disorders.

Patients with personality disorder have abnormal mental, emotional, and behavioral patterns that go back to adolescence or early adulthood. These people are mentally or functionally defective, because their interactive methods to others are invulnerable and maladaptive. Most people are not aware of their disorder, and therefore immediate treatment for these disorders is not possible (Sadock & Sadock, 2015).

This diagnosis is usually more common in adults, although it is sometimes prescribed in children. Untreated personality disorders remain constant over time and are thus highly resistant to treatment. *Antisocial personality disorder* is characterized by persistent *anti-social* and criminal acts, but not equivalent to crime. It is also an inability to adapt to social standards, which includes many aspects of the growth of adolescents and childhood. Anti-socialists want to get rid of the existing system at any cost. They are looking for legendary values and do not feel the need for braking due to their impulses (Sadock & Sadock, 2015).

Because of the search for pleasures and the weakness of will, they are easily caught up in drugs and alcohol. Sexual deviations are seen in abundance and they commit crimes without feeling the slightest regret. They break into criminality and rule. When they fall into law, their repentances are so affirmative that they are exempted from punishment and given another opportunity; however, they rarely fulfill their promise, and their sayings do not have any relation with their feelings and actions.

The prevalence of *antisocial personality disorder* is 3% in men and 1% in women. This disorder is most prevalent in the poor urban population. This disorder has a family pattern, so that the prevalence of this disorder among male relatives is five times more than control group (Sadock & Sadock, 2015).

A person with *antisocial personality* has a different behavior since childhood, less cautious and therefore more at risk and more susceptible to crime. *Antisocial personality disorder* often has a natural, even warm and loving appearance. But in their history, there are disruptions to many areas of their life's functions. Patients with *antisocial personality disorder* do not show any depression or anxiety.

Usually, the observer is influenced by the good verbal intelligence they have. People known as crooks are good examples of patients with *antisocial personality disorder*. Sexual abortion, spouse abuse, child abuse, and driving while drunk are common occurrences in the lives of these patients.

The causes that are involved in the development of *antisocial behavior* include: 1. Family and social background; 2. Learning impairments; and 3. Probably the hereditary factors because many antisocial people have abnormalities in abnormal brain waves.

Some factors seem to increase the risk of *antisocial personality disorder*. Factors like: detection of conduct disorder in childhood; family history of *antisocial personality disorder* or other personality disorders or mental illness; exposure to childhood abortion or neglect; unstable family life; and violent or disrupted childhood. In this regard, men are more likely at risk to develop *antisocial personality disorder* than women. Girls find signs of a disorder before they reach puberty, and boys sooner than that.

Among prisoners, the prevalence of the disorder may reach up to 75%. The disorder has a family pattern because its prevalence in relatives of a patient is 5 times higher in comparison with the control group.

### Treatment

Psychotherapy is sometimes effective in the treatment of *antisocial personality disorder*. Treatment may include management of anger and violence, treatment of addiction and the other mental health problems.

There is no definite drug that has been approved as standard drug for *anti-social disorder* treatment. In fact, the doctor ordinarily prescribes medication for side effects of *antisocial personality disorder*, such as anxiety or depression or aggression symptoms.

### Causes of Absorption by Terrorist Groups

The lack of emotion in the presence of these terrorists will not make them feel embarrassed and unhappy about the hard times they bring to the victims. In terrorists, there may be a series of mental illnesses and personality disorders.

In the aftermath of acts of terrorism, like any other behavior, there are motives that indicate a defect in the unfulfilled needs that eventually occurs day by day in the form of violence, destruction and assassination.

Terrorist acts can be the result of a lack of satisfaction of needs. Some studies have shown a positive correlation between oppressed sexuality and terrorism; the need for sexual satisfaction is a major physiological need. Unsatisfying this need for men and women will make them more willing to engage in acts that are more suited to suicide.

The motive of terrorists is mainly the need for belonging, the need for gaining identity, the desire for social status, and so on. Searching for identity may push individuals to terrorist organizations or extremism in a variety of ways.

Field research has shown that the presence of mental illness has the greatest impact on terrorists in creating terrorist attacks. Preventing terrorism requires mental health of the community. Therefore, the policies of prevention of terrorism should include the treatment of the state of mental and psychological injuries and restoration of mental and psychological health within the community. And terrorism cannot be prevented just by punishing terrorists. Hence, treatment of these individuals can remove the process of recruitment and training of individuals.

The purpose of the present research is to examine the effect of treatment based on wish actualization on *antisocial personality disorder*. Method of the research is case study and data are collected by *structured clinical interview* (SCID) and interventions in therapy sessions. In this research, a 27-year-old male suffering from *antisocial personality disorder* was treated based on *wish actualization*. The main hypothesis of the research was that this approach improves and reduces symptoms of *antisocial personality disorder*. Treatment process was performed in 20 sessions. Findings showed that after therapy sessions, a significant decrease was observed in the symptoms of *antisocial personality disorder* in terms of DSM 5.

In the present study, an adult was studied and treated based on clinical interview results, MCMI test, psychiatrist's opinion and diagnostic criteria of DSM 5. The patient was studied and treated using the *wish actualization* method. During the treatment sessions, the MCMI test was performed and interpreted for the subject twice, one time before treatment and one after treatment. MMPI test was used to diagnose abnormalities with personality disorder.

### Therapy Sessions Based on the Wish Actualization Method

The treatment process was performed in twenty sessions. The findings indicated that after the treatment sessions, there was a significant reduction in the symptoms of *antisocial personality disorder* according to the diagnostic criteria of the American Psychiatric Association (DSM). The treatment of this patient was done with the *wish actualization* method, emphasizing the following two areas: redefining patient identity and emphasis on creating a common identity learning to control anger and impulsivity using the *wish actualization* method.

Those patients who fail because of society rejection and who are likely to join the terrorist groups to have a place there are openly embraced without discrimination. In this view, only human beings are sufficient to bring value and respect and it makes the lost identity of people redefined, while creating a feeling of belonging. The need for belonging, feeling safe, accepting others, feeling the control and personal success, and feeling secure in interacting with others to create a sense of self-awareness, are the important needs of these patients. Group solidarity makes it possible to respond to many of these needs over time. Group solidarity does not just mean attracting others and feeling interested in other group members. Solidarity refers to the feeling of a relationship among members of the group, which includes mutual trust, interest in other members of the group, and acceptance of other members' positive perceptions. The feeling of belonging to the group is essential to change. Acceptance of yourself and other members of the group, even accepting those who differ from us, is necessary in solidarity. The members of the group who are in solidarity must accept each other and the patient will feel a new identity. Group correlations lead to positive changes in the patient. Therefore, accepting each other, despite all the differences, respecting these differences and working with the group, creates a group belonging and solidarity, and eventually cause changes to occur in these individuals.

It seems that ultra-religious views, such as *wish actualization*, can be considered as a new way of treating this disorder, and future research with larger samples can bring more credible results.

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