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Original Article

Challenges of Parents of Youth with Antisocial Personality Disorder: A Qualitative Content Analysis

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Abstract

Introduction: A patient with antisocial personality disorder can impoverish the energy of the family and might cause the occurrence or aggravation of psychosomatic disorders in the family members especially parents. Therefore, determining the challenges for this group of parents can create a context for appropriate planning to meet their needs. The present study aimed to explore the challenges faced by parents of youth with antisocial personality disorder.

Methods: This study employed a qualitative research design with a content analysis approach. The participants were 12 parents of youth with antisocial personality disorder from Shahrekord who were selected using purposive sampling. The data were collected using semi-structured in-depth interviews. The collected data were first recorded and then analyzed using conventional content analysis method.

Results: The results of the present study revealed 5 themes and 10 categories including social isolation (parental rejection and social discredit), inadequate control and management (the parents' inability to control the situation and the patient's behaviors), homelessness (family's frustration and indifference to those around the patient), constant distress (parental concerns and support), and helplessness (unsuccessful effort to control and treat the patient and mother's mental and psychological suffering).

Conclusion: According to the results of this study, parents of youth with antisocial personality disorder face many challenges to deal with the patients and control the conditions that require the attention of health care providers, including psychiatric nurses.

Keywords: Antisocial Personality Disorder, Parents, Qualitative Study

Introduction

Antisocial personality disorder as a long-term pattern of disregard for or violation of the rights of others begins in childhood or early adolescence and continues into adulthood. The average age of developing this disorder is 14 to 17 years with a prevalence of 8.7 per 1,000 (1, 2). However, statistics on the prevalence of antisocial behaviors are not accurate and these behaviors are underestimated in official reports released by police and judicial authorities (3).

Patients with this disorder are characterized by seductive and satisfying behaviors that convey the sense of trustworthiness to the audience, but irritability, anger, and tension lie behind this deceptive and justified appearance. These people are unable to conform to social conventions and norms and frequently commit illegal acts (4). These patients are also abused and treated violently by their family members and feel lonely at home. Tough laws resulting from inappropriate patient behaviors in the family environment reduced

parental relationship with the community, dissatisfactory relationship between family members, and family dysfunctions exacerbate conditions for violence against these patients (5). These families often have to spend much of their time to care for the patient. Besides, these families have a constant fear of unexpected changes in their lives. Patient care wastes the energy of the family and this can lead to despair, helplessness, depression, burnout, or development or exacerbation of psychosomatic disorders in family members (6). Steele et al. reported depression and anxiety symptoms in members of a family that take care of chronic psychiatric patients between 40% and 55% (7). Ae-Ngibise et al. also showed that caregivers of patients with mental disorders experience feelings of frustration and hopelessness due to their multiple responsibilities for patient care (8).

Therefore, supporting the families of patients with mental disorders and meeting their needs is the duty of all members of the care team including nurses. Although the results of studies have shown that in critical circumstances, nursing knowledge is devoted to patient care; it is essential to consider the challenges and needs of the patient's family. Given that mental health nurses have a direct relationship with these families, they can help them by identifying their challenges and planning properly in order to meet their needs (9). It seems that one of the most effective ways to identify deeply the challenges of parents of youth with personality disorders is to use a qualitative approach because it is believed that comprehensive and in-depth information can enhance nursing knowledge through qualitative research that is not obtainable by quantitative studies (10).

A review of the literature showed that there is no qualitative or even quantitative study dealing with problems faced by parents of a patient with antisocial personality. However, a few quantitative studies have addressed only some behavioral aspects in this group of patients (11, 12). Besides, during his career in the psychiatric ward, the researcher has witnessed numerous problems faced by parents of patients with antisocial personality disorder. Accordingly, using a qualitative approach, the present study aims to explain the challenges faced by parents of young people with antisocial personality disorder.

Methods

This qualitative study employed a content analysis approach to explore the challenges of parents of youth with antisocial personality disorder. The inclusion criteria included having a youth with antisocial personality disorder as diagnosed by a psychiatrist, lack of other physical and mental illnesses in the young person, lack of hearing and speech disorders or known mental illnesses in parents, lack of parental divorce, and willingness to participate in the study.

The data were collected using semi-structured, face-to-face, and individual interviews with 12 participants who were selected through purposive sampling. The interview time was between 40 and 90 minutes. The interviews began by asking initial questions (e.g., What problems do you have with your child's illness? When did these problems begin? Please talk about your child's problems, and What steps did you take to address these problems?). The interviews continued until the data saturation as the point when no new data was obtained after 10 interviews. However, to ensure data saturation, two further interviews were conducted, which showed no new data. In total, 12 interviews were conducted with 12 participants (Table 1). The interviews were conducted with the consent of the participants, in one of the rooms or classrooms in the psychiatric ward of Hajar Hospital in Shahrekord. The data were analyzed by conventional content analysis method. All interviews were recorded, transcribed verbatim, and analyzed immediately after the interview. Then, the transcribed interviews were read line by line and the terms or words related to the concept under study were underlined. Accordingly, a total of 400 codes were extracted. After the initial codes were formed, they were placed into 76 subcategories based on how they were related to each other. Afterward, the subcategories were placed into 10 main categories based on their similarities and differences. Finally, 5 themes were extracted by putting together similar categories. The data analysis process was performed by both researchers separately and then the necessary

agreements were made to resolve any possible inconsistencies.

To increase the validity of the findings, the extracted codes, categories, and themes were checked and confirmed by a reviewer holding a doctoral degree in nursing. The reviewer was familiar with the qualitative research method and was not a member of the research team. Moreover, the extracted categories and themes were provided to two participants and the accuracy of interpretation of their statements was confirmed by the researcher. The long-term involvement of the researcher with the research problem (for 5 months) was also considered. At the time of conducting the study, the researcher had 14 years of experience in psychiatric ward and was familiar with patients, their families, and their problems and this increased the validity of the data. For external check, the validity of the codes and categories were reviewed by 3 professors experienced in qualitative research. To increase the transferability of the findings, the participants in the research sample were selected with maximum diversity in terms of age, sex, duration of the child's illness, criminal records, and a history of conflict (13).

for the researcher to participate in the research environment, obtaining informed consent from the participants, maintaining the confidentiality of the participants' data, and ensuring the participants of their right to withdraw from the study at any time they wished.

Results

The mean age of the parents was 55-70 years, the average age of the child was 27-35 years, the duration of the child's illness was 5 to 15 years, and the average number of children was 4 persons (Table 1). The results of the study showed that challenges faced by the parents of patients with antisocial personality disorder were divided into 10 categories and 5 themes (Table 2).

Table 1. Demographic characteristics of the participants

Participants	Age (y)	Duration of the child's illness (y)	Age of the child (y)	Number of Children
M1	56	10	27	4
M2	56	7	30	6
M3	63	3	29	7
M4	66	8	33	6
M5	57	9	29	6
M6	62	12	32	5
M7	59	8	27	8
M8	63	6	32	5
M9	55	8	28	4
M10	62	10	34	5
F1	67	3	29	7
F2	70	8	35	6

Table 2. The extracted categories and themes

Subcategories	Categories	Themes
Parental loneliness, the mother crying for loneliness, parental alienation, child abandonment by the family, close family members' disregard for the patient's family, the mother breaking up with siblings, abandonment of parents by other children, other children's disregard for parents, breaking up with relatives	Parental rejection	Social isolation
The parents' humiliation by other people because of their child's engagement in theft, the patient having bad friends who disgrace the family, frequent police presence at home discrediting the parents, frequent neighbors' complaining to police that disgraces the parents, the retribution of the patient disgracing the family, the relatives and the immediate family acknowledging the patient's disgracing behavior	Social discredit	
The patient's street fights and the parents' inability to handle others' complaints, people damaging the parents' house due to street fights with the patient, the parents' continuous conflicts with neighbors because of the patient's strife with the patients, the patient's street fights and strife and the parents' inability to pay compensations	The parents' inability to control the situation	Inadequate control and management
The patient breaking the mother's hand after injecting drugs, throwing objects at the mother, making a fuss over the parents' behavior, the mother's unhappiness for repeated beatings by her child, the mother being hospitalized for injuries made by her child, the child insulting and cursing the parents	The parents' inability to control the patient's behavior	
The family being blamed by relatives, the sister's suicide for being blamed by her husband about her brother's behaviors, the patient's spouse blaming their child because of the father's illness, the patient's sisters being blamed by their husbands, the patient's sisters' fear of visiting their parents because of their husbands' belittling behavior	Family frustration	Homelessness
The patient being abandoned while at the hospital, the ineffectiveness of the father's attempts resulting in the patient going unnoticed, the patient's being abandoned by the father, neglect of brothers, the patient being beaten by his/her brothers, the patient's receiving no attention while he/she is in prison, the father's confession for beating the patient, the patient being abandoned by the spouse, the patient's brothers' desire for the patient's stay in prison, the patient's sister's wish to die	The family members' indifference to the patient	
Parental stress for the patient's future, the father's stress due to his inability to care for his child, the parents' mental involvement due to old age and inability to care for their child, parental discomfort from constant conflict during the old age, maternal fear of inability to tolerate the current conditions due to her old age, maternal stress of dying and leaving the child alone, aging of parents and inability to meet their financial needs, the mother's stress for the patient's fate after her death, maternal fear of inadequate sibling support	Parental concerns	Constant distress
The mother pleading the patient's brothers to support her child, the mother's constant control of the patient's conditions in prison, parental insomnia to control the patient, mother's indifference to her patient's situation, mother's attempt to support her child to prevent further problems, the parents' multiple visits to the doctor to treat their child, the parents' follow-up visits to the welfare department to care for the patient, the mother's support for her child to reduce street fights	Parental support	
Ineffective treatment, the parents' ineffective efforts to treat the patient, the ineffectiveness of psychological counseling, post-release theft, engaging in strife after being discharged from the hospital, stealing and selling home appliances and objects after hospital discharge, frequent shoplifting	Ineffective efforts to treat the patient	Helplessness
Life turning into agony for the mother, the mother's eye disease due to repeated crying, the mother's sadness, the mother's unhappiness with life at her old age, the mother's boredom of cooking, the mother's crying to relieve stress, the mother's complaint to God over the current situation, the mother's dissatisfaction with her fate	The mother's mental distress	

Social isolation

Social isolation was subdivided into two categories of "parental rejection" and "social discredit". The results of the study showed that inappropriate social behaviors of the child led to the rejection of parents by their relatives and close friends. One of the participants stated, "*We have no reputation in the family anymore. All people know that my son is a thief. Nobody likes him. My brothers and sisters have broken with us for several years*" (F1). One of the participating mothers who was in tears stated, "*Nobody supports me. My mother and brothers are always blaming me. My brother-in-law wouldn't even let me call him. He believes that we have disgraced them*" (M1).

According to one of the participants, the patient's engagement in theft and street fights and his relations with bad friends discredited their family members before those around them, "*My husband was a reputed man and gave advice to all people who referred to him but now the situation is so bad that he cannot show up. The police are always coming to our house and we have no reputation*" (M3).

The family members' rejection on the part of relatives and close friends on the one hand and the patient's disregard for their parents' and the patient's conditions on the other, were two cases highlighted by one of the participants, "*My daughters visit us every few months but they get very sad when they come to our house*" (M5).

Inadequate control and management

The second theme emerged from our data was "inadequate control and management". The results of the study showed that the constant involvement of parents with people who have repeated conflicts with their child and the harm brought about by their child to the community members resulted in their inability to respond to the complaints raised by the people around them. One of the parents stated, "*I do not know what to say about my son's frequent fights and strife with others. He stuck a screwdriver in the eye of our neighbor's son and we had to frequently go to the police station for two years*" (M10). One of the mothers sighed and stated, "My husband and I are old. We cannot be accountable before people who are harmed by our son. Whenever he goes out, he starts a new fight. Several people have come to our house and said they are bullied by our son" (M6). In some cases, the patient's strife with the parents resulted in injury and hospitalization of the parents. One of the mothers said, "I was hospitalized for 3 months. When I was trying to stop him going out, he beat me by hitting a pot on my head" (M4).

Homelessness

The third theme emerged in this study was "homelessness" that was divided into two categories: "family frustration" and "the family members' indifference to the patient". The results of the study showed that having a child with antisocial personality can lead to family members being blamed by other people. For instance, one of the participants stated, "*My daughter is always blamed by her husband's family. Her husband belittled her and stated that her brother was a thief and hooligan. So my daughter attempted suicide by taking several methadone pills together*" (M5). On the other hand, the commitment of antisocial behaviors by the patient leads to the rejection of the patient by family and friends, to the extent that in some cases, such as hospitalization, the patient may be abandoned and neglected by his parents, brothers, and sisters. One participant said, "*Today, my husband didn't want to meet our child. I told him we cannot leave him alone*" (M3).

Constant distress

Constant distress as another theme identified in this study was divided into two categories of "parental concerns" and "parental support". The results of the study indicated that the parents especially the mother were concerned about the conditions of the patients after their death. One of the participating mothers stated, "*If both of us die, no one cares about our child and he will go through more difficult conditions*" (M8). Another participant stated, "*When I get out of the house I don't remember where to go. I'm always thinking of my child and what will happen to him/her if we die. And who will take care of him*" (M5).

Helplessness

The last theme emerged from our data was "helplessness" that was placed into two categories of "ineffective attempts to control and treat the patient" and "the mother's mental distress". Our findings indicated that the ineffectiveness of the patient's frequent hospitalizations, imprisonment, and the relapse of their antisocial behaviors would disappoint the parents. One of the participants stated, "*All we do are useless. All our punishments, advice, and love do not affect him*" (F1). Another participating mother stated, "*A few days after release from the prison, he [her child] went to the park and fought with louts and they stabbed him in the back*" (M9).

Discussion

This study aimed to explain the challenges faced by parents of youth with antisocial personality

disorder. Based on the results of the study, 5 themes were identified including social isolation, inadequate control and management, homelessness, constant distress, and helplessness which are discussed below.

Social isolation

As was pointed out by the participants, the patient's illness causes parents to be rejected by their relatives and close friends. Besides, the parents' loss of reputation would disgrace them before other people, leading to their embarrassment and humiliation. Studies show that members of families of patients with chronic illnesses become socially isolated. Such illnesses adversely affect the relationships between family members, and also their associations with relatives, friends, and neighbors (14, 15). Gallaway's study showed that the stigma associated with mental illnesses leads to family members' social isolation and loneliness (16). Moreover, the results of a study by Ambikile et al. showed that the social life of parents of patients with mental disabilities is disturbed and parents sometimes abandon their social and leisure activities because of the patient's abnormal behaviors, leading to their further isolation (17). The presence of such patients in the family disrupts other family members' social relations, and regardless of the huge expenses and considerable time spent for treating the patient, puts severe stress on family members, depriving the family members of individual joy and social activities. Thus, supporting parents of patients with antisocial personality disorder to increase their social vitality, to enable them to communicate with the community members, and to reduce their social isolation is one of the functions of nurses working in psychiatric wards.

Inadequate control and management

Parents' continued involvement with relatives due to the patient's repeated strife and harm to community members makes them unable to respond to the complaints raised by the people around them. Accordingly, the results of a study by Feizi et al. showed that parents considered the control of the behaviors of their mentally ill child is the most important challenge they face (18). Another study by Dardas showed that having a child with a disability is a source of problems and stress for the family members, which disables parents to meet the social, economic and psychological needs of child care (19). Besides, Ravindranadan and Raju showed that parents of patients with special needs spend extra physical energy to care for and manage the needs of the patients. In fact, much of the stress experienced by these parents is caused by their patients' behavioral problems (20). Therefore, given the parents' inability to control the patient and their behaviors, providing psychological support to these parents after the patient's discharge from the hospital and the follow-up measures taken by psychiatric nurses are essential.

Homelessness

The results of the present study showed that the presence of a child with antisocial personality disorder results in the frustration of other family members. Moreover, antisocial behaviors lead to rejection of the patient by the family members and those around him. A study by Vicente et al. showed that the presence of a patient with mental disorders in the family causes feelings of anxiety about child behavior, fear, insecurity, and discomfort (21). The results of a study by Pisula et al. also showed that families with autistic patients show dysfunctions due to behavioral problems because the patient's illness imposes an additional burden of care on the family members. Besides, insufficient resources to meet other family members' needs add to family problems (22). Similarly, Yamaoka et al. found that almost half of caregivers of patients with disabilities experience psychosocial distress, and those who experienced restricted social activities following high-stress care receive less social support and go through greater psychological stress. In contrast, positive family support reduced the negative effects of child care on parents' mental health (23). Therefore, there is a need for health care providers to consider family and patient support to partially overcome their problems.

Constant distress

The results of this study indicated that parents are concerned about the patient's conditions after their death. Also, the parents'

preoccupation with the inability to care for the patients at their old age has led to their permanent concern. According to the participants, the development of abnormal behaviors and the rejection by society and other family members as well as the inadequacy of social services are other sources of concern for parents. Ambikile and Outwater showed that lack of social support, lack of public awareness, stigma, and caring responsibilities are the causes of concern for parents caring for a mentally ill child. Inadequate social support for this group of patients was the most common concern among parents (17). Also, Meltzer et al. found that parental concern about the patient's condition had a significant impact on their physical and psychological conditions (24). Ultimately, the constant concern of parents of patients with antisocial personality disorder and their efforts to provide comprehensive support for their child will lead to frustration. Therefore, the support provided by psychiatric nurses can be vital for reducing these challenges.

Helplessness

The results of the present study showed that parents' efforts for treatment of the patient's illness and the ineffectiveness of these efforts lead to their helplessness. The results of a study by Thomas Rey et al. showed that emotional and psychological challenges faced by parents in their daily care of their mentally ill child include disturbing thoughts, dysfunctional emotions, and communication problems. The authors also indicated disturbing parental thoughts as a result of the patient's aggressive and destructive behaviors and disturbing the peace of people around them create problems not only for the parents but also for close relatives and nearby people like neighbors (25). Another study showed that emotions such as helplessness and hopelessness as a result of the multiple responsibilities of caregivers of people with mental illnesses adversely affect the emotional health, social activities, and leisure time of caregivers (8). The ineffectiveness of repeated hospitalization and imprisonment on the patient's recovery results in the parent's helplessness and frustration. Besides, the mother, as the main person involved in the care of the patient, is more likely to experience psychological problems and subsequently the stress caused by her patient's conditions. Therefore, it is necessary to pay attention to the emotional conditions of the mother and provide mental support to her.

One of the limitations of the present study was the lack of similar studies with a similar research problem, method, and findings to support the results of the current study. Moreover, given that a high percentage of the patients under study had a history of imprisonment, their parents avoided providing sufficient information about the patient. Therefore, the researcher tried to extract rich data by winning their trust.

Conclusion

To the authors' best knowledge, this is the first study on the challenges of caring for patients with antisocial personality disorder. Despite the mentioned limitations, this study provides a new perspective on the challenges of parents with young people with antisocial personality disorder. According to our findings, the problems caused by the abnormal behaviors of these patients in the family and society can lead to isolation and frustration of parents, and may also result in reduced family and community support for the patient. On the other hand, parents' futile attempts to treat the patient and control the current situation create constant parental concerns for the future of the child. These findings are important for health care providers, including psychiatric nurses, as they can raise their knowledge and awareness of the challenges of this group of parents and make subsequent efforts to implement programs which lead to taking measures to adequately support this group of patients and their families, reduce or eliminate the challenges faced by their parents and ultimately improve their quality of life. Furthermore, given the paucity of studies in this area, researchers are recommended to conduct quantitative studies to assess the quality of life of parents of patients with antisocial personality disorder and also to determine the impact of mental health nursing interventions on their functions and health from different perspectives.

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Conflicts of Interest

no conflict of interest.

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