

The application of new social determinants in forensic psychiatric practice: the vital poverty

Alberto Siracusano^{1,2}, Alberto D'Argenio², Michele Ribolsi³

¹ Cattedra di Psichiatria, Dipartimento di Medicina dei Sistemi, Università degli Studi di Roma Tor Vergata, Rome, Italy; ² UOC di Psichiatria, Dipartimento DAI del Benessere e della salute mentale, neurologica, degli organi di senso e dentale, Fondazione Policlinico Tor Vergata, Rome, Italy; ³ Servizio di Psichiatria, Università degli Studi Campus Bio-Medico di Roma, Rome, Italy

SUMMARY

Vital poverty is a novel concept which concerns a form of impoverishment that is not only economic or material, but rather relational, value, affective.

The vital poverty, although not regardless of the material and economic aspects, mostly represents the subjective moral, spiritual, social and empathic dimensions of the life of individuals. To this regard, we hypothesize that the vital poverty is a new social determinant of mental health and preliminary data suggest that the level of vital poverty can mediate the development of psychopathological disorders. A typical example of vital poverty is bullying and in general many forms of antisocial behavior can be linked to this form of vital impoverishment. The application of the concept of vital poverty to forensic psychiatry can concern various fields, such as femicide and interpersonal violence, stalking, the evaluation of parenting skills. Therefore, studying the "level" of vital poverty may be particularly helpful in forensic psychiatric practice. In this article, we will present a clinical case in which we will analyze and demonstrate the usefulness of investigating this new social determinant, the vital poverty, in order to establish a possible causal link between this condition of psychopathological vulnerability and abnormal behavior.

Key words: forensic psychopathology, socio-economic status, vital poverty, poverty, psychopathy

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Correspondence

Michele Ribolsi

Servizio di Psichiatria, Unirvesità Campus Bio-Medico di Roma, via A. del Portillo 200, 00128 Rome, Italy. E-mail: michele.ribolsi@unicampus.it

Conflict of interest

The Authors declare no conflict of interest

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Introduction

Mental health and most common mental disorders are shaped by the social, economic, and physical environments in which people live ¹.

An increasing number of historical contributions investigated the link between poverty and mental health, especially the effects of poverty on children's cognitive and emotional development ^{2,3}.

Numerous studies document an impact of poverty on brain development in childhood ⁴. In particular, there is evidence that adverse socio-environmental conditions during pregnancy cause inflammatory responses that negatively affect the brain development of the unborn child ⁵. Furthermore, social inequalities and the environmental factors related to them may induce changes in neuronal development ^{6,7}.

However, it's increasingly clear that the link between poverty and physical and mental health is not only economic.

The updated literature is shifting the focus of its attention from the mere economic income to other variables, such as the level of social inequality within the same country, or cultural and social variables ⁸. Today, modern mental health studies are replacing the traditional concept of economic poverty (socio-economic status) with the concept of Social Determinants of Mental Health ^{9,10}. Social determinants of mental health represent a broader container of factors than merely economic and income related ¹¹. Research on social determinants focuses on the environmental and social

circumstances in which people live and within which their health is affected¹².

In this regard, we have suggested the introduction of a new social determinant of mental health, the vital poverty^{13,14}. The vital poverty represents a broad concept, which includes cultural, moral, relational and emotional aspects. Preliminary data show that the vital poverty is a social determinant that correlates with the individual's resilience independently of material economic factors¹⁵. In this article, we investigate the possible application of the concept of vital poverty to forensic psychiatry. The application of the concept of vital poverty to forensic psychiatry can concern various fields, such as femicide and interpersonal violence, stalking, the evaluation of parenting skills. Therefore, studying the "level" of vital poverty may be particularly helpful in forensic psychiatric practice. In this article, we will present a clinical case in which we will analyze and demonstrate the usefulness of investigating this new social determinant, the vital poverty, in order to establish a possible causal link between this condition of psychopathological vulnerability and abnormal behavior.

The concept of vital poverty

The traditional definitions of poverty (absolute poverty and relative poverty) refer to purely statistic factors, in which the main criterion is related to deprivation or lack of resources, in absolute terms or in relation to the others. As mentioned, a person's well-being is a wider phenomenon that goes beyond the greater or lesser economic availability.

Referring to childhood, UNICEF in 2007 established general indices of well-being among which the economic aspect is only one of the elements to be considered¹⁶:

- material well-being: percentage of children living in conditions of relative poverty;
- health & safety: health level in the first year of life (index of mortality and low birth weight); presence in the context of services of preventive medicine (vaccinations); child safety (number of deaths from accidents and injuries);
- educational well-being: scholastic obligation up to 15 years;
- family and peer relations: family structure, family relationships (percentage of families whose children eat the main meal with parents at least once a week, percentage of children who report that their parents spend time with them to "talk") and relationships with friends;
- behaviors: health risk behaviors (smoking, alcohol, cannabis, number of unexpected pregnancies in adolescence) and experiences of violence suffered;
- subjective well-being: percentage of children who define their health as "good" or "bad", percentage of children who love to go to school.

In order to overcome the conceptual limits deriving from the mere economic definition of poverty, absolute or relative, we introduced a new concept, the "vital poverty", which considers not only material deprivation, but also restriction of relational, emotional, value and moral capacity. The concept of vital poverty can help us to understand in deeper the non-material dimension of poverty.

The vital poverty, in fact, although theoretically conditioned by economic poverty, is a broader concept, which refers an impoverishment of general qualities and human resources of the individual, to a social involution incapable of having long-term perspective. This condition is characterized by a feeling of inner emptiness and a lack of meaning of one's life.

Poverty of relationships, emotional poverty, meaninglessness, loss of values, loss of moral and religious sense are the indexes of this new form of poverty, which we called "vital" and constitute a risk factor, a substrate of vulnerability, psychopathological.

Anxiety, depression, adaptation disorders, some psychotic reactions can find in vital poverty not a causal element, but a psychopathological vulnerability factor due to the conditions of general weakening of the individual's resources.

A typical example of vital poverty is bullying. Bullying is an ancient phenomenon, but in post-modern society acquires new characteristics as it mixes the use of social networks, the viral diffusion of videos and photos with the aim of humiliating the victim. The bully becomes a hero of the web, his performance may be emulated by the other friends^{13,15}.

The hypothesis that we put forward concerns the possibility of connecting bullying to vital poverty, considering that vital poverty (a moral, emotional and relational impoverishment) can constitute the psychological basis of aggressive behavior against the other¹⁴.

Statistics on the spread of bullying in schools do not indicate any causal link between the type of school and the class social affiliation and violence¹⁷.

It is striking that the aggressive action is experienced by the bully without feelings of guilt or empathy. On the contrary, the aggression against the other seems to increase a feeling of pleasure in the bully. The experience of bullying could be explained according to the general impoverishment of institutions and schools in our society. To this regard, it may be related to the hypothesis of the vital poverty, Modernity implies the crisis of symbolic figures (eg, teachers) and the inability of the subjects to assume a symbolic mandate. Moreover, young people frequently don't trust in the law; as the philosopher Žižek argues, they see obscene enjoyment (*jouissance*) in the Great Other of the Law, a form of sadism and repression by social and political institutions¹⁸. If moral and political authorities are stained with obscene and abusive

enjoyment, why should young people respect them and the law? The decay of the symbolic authorities and the more and more frequent manifestations of violence towards the others may be correlates of the vital poverty. Another example of vital poverty is the actual spread of the fake news across western societies. With the explosion of the Internet and social networks, it is now much easier to spread these fake news.

"The flu vaccine facilitates contagion with the new coronavirus", "Ayurvedic treatments fortify and therefore protect me and do not make me ill with COVID-19", "The beard exposes to a greater risk of becoming infected with the new coronavirus", "Drinking methanol or ethanol protects against new coronavirus infection", "Children are not at risk of being infected with the new coronavirus" are some examples of most common fake news during this period of COVID-19 pandemic in Italy¹⁹. The fake news may easily develop on the fertile ground of the passion for ignorance and simplification typical of the post-modern age²⁰. The passion for ignorance and vital poverty share many aspects in common, such as the refusal of moral and scientific authorities, the search for the enemy and easy simplification.

The application of the vital poverty to forensic psychiatry

Some typical aspects of vital poverty, such as, for example, the rejection of moral values, emotional indifference, the attention to material rather than ideal aspects, represent a fertile ground for the development of antisocial or deviant behavior.

For this reason, we have tried to investigate the possible application of this concept in forensic psychiatry. In this article, we will show the case of an offender who underwent a psychiatric evaluation. He completed a self-report questionnaire to assess the level of vital poverty (Siracusano and Ribolsi, unsubmitted). We will report some extracts of the psychiatric forensic assessment in order to discuss the possible correlation between vital poverty and forensic psychopathological evaluation.

Clinical history

The patient C. is 23 years old. When he was four years old, the parents divorced for unclear reasons. He describe his mother as a present and overall affectionate woman; the father is described as a severe, often violent man ("he hit me with his belt when I was disobedient"). During the second half of childhood when, a series of dysfunctional behaviors began to emerge ("I was often aggressive with my peers"). He obtained his lower secondary school certificate and subsequently, after several failures during his high school studies, he left his studies at the age of about 18aa.

Currently, C. consumes medium amounts of cannabis

(3-4 times a week); in the past he used MDMA and cocaine. He was evaluated several times during childhood and adolescence. In particular, a diagnosis of "oppositional defiant disorder" was made when the patients was 14 years old. At the age of 17, following persistent episodes of emotional dysregulation and psychomotor agitation (not better described by the patient), he was admitted to the SPDC at the OSP. San Camillo de Lellis: he was discharged with a diagnosis of Antisocial Personality Disorder.

In 2014 he started a romantic relationship with a girl he met through social networks. A few months later, the girl became pregnant. In the meantime, he started to be aggressive towards the girl ("*I behaved badly, I was very jealous*"): after several quarrels, he received a complaint for stalking.

Extracts from the "forensic psychiatric assessment":

"From the evaluation carried out it emerges very clearly that the patient is affected by a personality disorder with prevalent traits of borderline disorder, a pervasive pattern of instability in interpersonal relationships, mood and impulsivity characterized by labile and precarious affectivity, marked reactivity of the mood, irritability, difficulty to control impulses, poor frustration tolerance and involvement in potentially harmful activities such as in particular substance abuse, mixed with antisocial aspects. These characteristics appear stable in the patient since the late adolescence. There are mood swings of the depressive type and more frequently hypomanic which have frequently characterized, as illustrated above, the clinical history of the accused. Surely the temperamental characteristics of the subject are in close causal connection with the behaviors such as the one for which he is accused, causing a decrease in the ability to understand the unfairness of certain actions and in particular to curb impulsive behaviors related to frustrations, in particular those related to relationships.

[...] The patients is a socially dangerous person in forensic psychiatric terms".

Conclusions: the application of the vital poverty concept to the forensic assessment

In order to quantify the level of the vital poverty we have created a self-report scale. The Vital Poverty Scale (VPS) consists of four dimensions: a material dimension, a value dimension, a relational dimension, an affective dimension (Siracusano and Ribolsi, in preparation).

C. has compiled the VPS for the assessment of vital poverty. The score achieved is 21/32. It is higher than the average score we verified in a transdiagnostic sample with a psychiatric diagnosis¹⁵. In particular, this patient

showed high scores in the value and relational dimension, while the score in the material dimension was low. This data confirms the possibility of applying the concept of vital poverty in forensic psychiatric practice. C. has a high level of vital poverty in line with the psychiatrist's assessment. In particular, the high scores in the value and relational dimension correlate with antisocial, impulsive behaviors.

The forensic psychiatric assessment reported:

“decrease in the ability to understand the unfairness of certain actions and in particular to curb impulsive behaviors related to frustrations”.

Such a difficulty to recognize the rules and consequences of one's actions represents a characteristic element of vital poverty, in particular of the affective and relational dimensions.

An essential element of this patient's story is the educational poverty. As can be deduced from the clinical history, this patient had severe school difficulties. The lack of adequate cultural and cognitive stimuli represents a “vital” impoverishment different from the economic one, although

obviously in many cases there is a correlation between these two forms. Today many authors speak more and more often about this form of educational poverty²¹.

The story of this patient indicates traumatic events in childhood (divorce of parents, abusive father) and it is likely that these elements represent a risk factor for the development of deviant psychopathological behaviors and high levels of vital poverty. The poverty of ideals, the low value of the paternal figure (violent father) represent forms of non-economic impoverishment. As we said in the previous paragraphs, vital poverty is related to the symbolic crisis of moral authority and the consequent absence of remorse and feelings of guilt.

Future research is needed to correlate living poverty and levels of psychopathy. Psychopathy is a socially devastating personality disorder defined by a constellation of affective, interpersonal, and behavioral characteristics, including egocentricity, manipulateness, deceitfulness, lack of empathy, guilt or remorse, and a propensity to violate social and legal expectations and norms²²⁻²⁴.

In the future, it will be necessary to study in a wider forensic sample the ability of the vital poverty level to predict psychopathy and deviant behavior.

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