Editorial

Al-Baltagah (Delinquency)

Psycho-Social Problem

Lately, Al-Baltagah has occupied the mass media including newspapers and audiovisual media as a social problem, though denied by the authorities to be amounting to a phenomenon. In the same time, legislations are being prepared by the government to be presented to the parlement strengthening the punishments according to the severity of the offence. Specialists in psychology, sociology, psychiatry, criminology and legal science are discussing Al-Baltagah, every one from his own point of view, analyzing its causes and offering possible solutions for its control. Among the causes of this problem is the progressive increase in the number of population despite genuine attempts to limit this increase through governmental and nongovernmental efforts. At the same time, the problem of unemployment which escalated with the return of thousands of workers from the Gulf countries following the 1991 Gulf-war.

Drug trading, distribution and abuse are important factors in resorting to Al-Baltagah either as a job or a mean to obtain the cost of drug abuse and addiction.

Delay in settling legal disputes and cases in courts due to defects in legislation allowing for many ways through the law which could be manipulated by lawyers to delay judgement, beside the undeterrent penalties, either financial or imprisonment, which do not discourage offenders from resorting to Al-Baltagah. It has been reported in newspapers that these criminals, resorting to Al-Baltagah, attack policemen, tear their clothes, beat them and causing serious wounds necessitating hospitalization, thus humiliating the prestige of the police authorities. I remember, when we were young, that parents used to threaten their kids when they are naughty that they will call the policeman; this was enough to put every thing in order. The same when any quarrel happens in the street, especially in low class districts, the mere appearance of a policeman was enough to end the problem peacefully. So, delay in judgement together with deterioration of prestige of police authority led to the appearance of a new job established illegally by some businessmen appointing persons practicing Al-Baltagah in various ways, using the so called "white weapons", including knives, swords and firearms, to threaten people and enforce what they could not obtain through the official judicial sources and believe to be their rights.

From the psychiatric point of view, Al-Baltagah could be discussed according to ICD-10 under, "Disorders of Adult Personality and Behaviour".

These disorders include a variety of clinically significant conditions and behaviour patterns which tend to be persistent and are the expression of an individual's characteristic lifestyle and mode of relation to self and others. Some of these conditions and patterns of behaviour emerge early in the course of individual development as a result of both constitutional factors and social experience, while others are acquired later in life. These types of personality disorders comprise deeply ingrained and enduring behaviour patterns manifesting themselves as inflexible responses to a broad range of personal and social situations. They represent either extreme or significant deviations from the way the average individual in a given culture perceives,

thinks, feels, and particularly relates to others.

Such behaviour patterns tend to be stable to encompass multiple domains of behaviour and psychological functioning. They are frequently, but not always, associated with various degrees of subjective distress and problems in social functioning and performance.

Personality disorders differ from personality change in their timing and the mode of their emergence: they are developmental conditions, which appear in childhood or adolescence and continue into adulthood. They are not secondary to another mental disorder or brain disease, although they may precede and coexist with other disorders. In contrast, personality change is acquired, usually during adult - life, following severe or prolonged stress, extreme environmental deprivation, serious psychiatric disorder, or brain disease or injury.

Personality disorders are subdivided according to clusters of traits that correspond to the most frequent or conspicuous behavioural manifestation. The type and subtypes of personality disorders are not mutually exclusive and overlap in some of their characteristics. Thus in making a diagnosis of personality disorder, the clinician should consider all aspects of personal functioning and the assessment should be based on as many sources of information as possible. Although it is sometimes possible to evaluate a personality condition in a single interview with the patient,it is often necessary to have more than one interview and to collect history data from informants.

General diagnostic guidelines applying to all personality disorders are:

(a) markedly disharmonious attitudes and behaviour, involving usually several areas of functioning, e.g. affectivity, arousal, impulse control, ways of perceiving and thinking, and style of relating to others;

(b) the abnormal behaviour pattern is enduring, long standing, and not limited to episodes of mental illness;

(c) the abnormal behaviour pattern is pervasive and clearly maladaptive to a broad range of personal and social situation;

(d) the above manifestations always appear during childhood or adolescence and continue into adulthood;

(e) the disorder leads to considerable personal distress but this may only become apparent late in its course;

(f) the disorder is usually, but not invariably, associated with significant problems in occupational and social performance.

Al-Baltagah is a type of "Dissocial Personality Disorder". In this disorder there is a gross disparity between behaviour and the prevailing social norms, and is characterized by:

(a) callous unconcern for the feelings of others;

(b) gross and persistent attitude of irresponsibility and disregard for social norms, rules and obligations;

(c) incapacity to maintain enduring relationships, though having no difficulty in establishing them;

(d) very low tolerance to frustration and a low threshold for discharge of aggression including violence;

(e) incapacity to experience guilt or to profit from experience, particularly punishment;

(f) marked proneness to blame others or to offer plausible rationalizations for the behaviour that has brought the patient into conflict with society.

Dissocial personality disorder includes : amoral, antisocial, asocial, psychopathic, and sociopathic personality disorder.

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