

The interplay between antisocial and obsessive-compulsive personality characteristics in cult-like religious groups: A psychodynamic decoding of the DSM-5

Fateh Rahmani¹ | Azad Hemmati¹ | Shuki J. Cohen² |
J. Reid Meloy³

¹Department of Psychology, University of Kurdistan, Sanandaj, Iran

²Department of Psychology, John Jay College of Criminal Justice, Center on Terrorism, CUNY, New York City, NY

³San Diego Psychoanalytic Center, San Diego, CA

Correspondence

Azad Hemmati, Department of Psychology, University of Kurdistan, Sanandaj, Iran.
Email: A.hemmati@uok.ac.ir

Abstract

The antisocial and violent behaviors of cult-like religious groups (CRGs) and the maladaptive social consequences of their activities suggest clinical or character pathology and invite diagnostic and dynamic formulations of their members' personalities. The current study utilized secondary reports in the commercial media about CRG members, combined with the lived experience method of two of the authors. The resulting core characteristics of CRG members were then classified following the alternative DSM-5 alternative model for personality disorders. The overall clinical picture is then discussed in terms of the shared psychodynamic sources that undergird the behaviors of the antisocial-obsessive-compulsive personality disorders. By tracing the personality characteristics into their unconscious sadomasochistic conflicts, these insights shed light on the paradoxical frequent co-occurrence of antisocial and obsessive-compulsive characteristics among extremists, in contrast to the patient population at large.

KEYWORDS

antisocial-obsessive-compulsive, cults, religious extremism, object relations theory, personality disorder, sadomasochism

1 | INTRODUCTION

Religious extremists often claim to be, and are sometimes even known to be virtuous, sincere, honest, and kind. However, some of them tend at times to be socially problematic, engage in chronic interpersonal conflict and evince paranoid ideation, aggressiveness, and violence, along with a strong sense of entitlement (Juergensmeyer, 2000; Stern, 2003; Terman, 2010). They may also exhibit impaired reality testing, and their subjective experience, beliefs, and inferences may flout those of their peers within their own social and cultural milieu. Belief-based extremists may forfeit reciprocal understanding or congenial interaction with people who do not share their beliefs and may even attempt to restrict and impose their beliefs on them. Many belief-based cult members believe that everyone must obey their rules and subjectively perceive others, however innocuous, as attacking their religion and conspiring against them. These maladaptive attitudinal and behavioral patterns are often puzzling considering their prior functioning as seemingly normal individuals who lead nonauthoritarian lives. As such, these personality characteristics suggest deep-seated intrapsychic conflict or disturbance that are activated by a group-based identity and are promoted and normalized within what we term the “cult-like religious group” (CRG).

The proposed root cause of ideology or religiocentrism (Abu-Nimer, 2004; Francis, 2002; Milton-Edwards, 2006; Ray & Doratis, 1971), contend that the behaviors exhibited by CRG members are merely the effect of abnormal religion on normal people, is a partial, imperfect, and at times tautological point of view. Pathologically narcissistic religious leaders have been shown to both persuade and compel others to adopt their pronounced rules (Gregg, 2003; Meloy, 1988; Popovski, Reichberg, & Turner, 2009)—often by identifying themselves as an agent of God. Fundamentalist religious individuals tend to interpret current events through historical frameworks and often meld fantasies of their past with their perceptions of the present (Ellens, 2002). This has been called a “sociocultural transference” (Bonovitz, 2005; Comas-Diaz & Jacobsen, 1991). Psychological studies also suggest that ideology is not a primary cause for extremist behavior (John, Aron, & Thorisdottir, 2009; Jost & Hunyady, 2003; Taylor & Horgan, 2001; Voland & Schiefenhövel, 2009), but rather serves a psychological need: an organizer of mental functioning, interpersonal relationships, and maintenance of the hierarchy and coherence of communities of belief and practice (Castelli & Carraro, 2011; Dirilen-Gümüş, 2010; Fletcher, 2004).

Religious extremists are typically late adolescent or young adult males, and their religiocentrism may often mask the self-centeredness or normative narcissism of their development stage. Thus, the narcissistic identity features of a juvenile delinquent can be significantly ratified and cemented by providing him access to automatic weapons along with the ideologically-framed identity of a soldier for a global jihadist movement (Meloy, Mohandie, Knoll, & Hoffmann, 2015; Meloy & Yakeley, 2014b). According to Inhelder and Piaget (1958), adolescents try to adjust the environment to fit their ego states, and egocentrism, narcissism, aggressiveness, and ambitiousness are indeed evident in juveniles at large and juvenile delinquents in particular. Similarly, they often resort to opposing others for self-approval (Briggs, 2002; Cipolletta, 2011; Johnson & Bering, 2006). In most normal developmental trajectories, such juvenile peculiarities are age-specific, short-term, and partially situation-dependent. However, it is not clear that the prolonged and powerful effect of CRG group dynamics can be reversed, so they may resume their arrested development and return over time to normal personality functioning.

Considering the malleable identity and personality functioning of young CRG members, psychological explanations, such as personality or psychodynamic processes, may provide a better understanding of their extreme attitudes and behaviors than their conscious reasoning for them. The pattern of mental symptoms and character disturbances of CRG members suggests the presence of personality disorder (PD) and brings to mind psychodynamic models of psychopathology. Even though many newly minted members of CRGs are late adolescent and young adult males, suggesting developmental malleability and possible reversibility, they are deviant enough from most young people in their culture to be considered cognitively and emotionally abnormal and interpersonally maladaptive, which in some cases are traits compounded by impulse control difficulties (Boyd, 2010).

The pattern of maladaptive personality characteristics in CRG members, including ritualized thinking, concrete obedience, inflexibility, carelessness about one's own or others' safety, risk taking, difficulty in engaging in ordinary

social life, fight seeking, intense imaginary threats against one's identity and ideas, and others, strongly suggest personality disturbances (Martens, 2004). The American Psychiatric Association's Diagnostic and Statistical Manual, Fifth Edition (DSM-5) diagnostic criteria of antisocial PD (ASPD) and obsessive-compulsive PD (OCPD; see APA, 2013) can be readily recognized in CRG members, whose personality traits seem entangled with their ideological belief system. Whereas the antisocial symptoms are mainly manifest in their attitude toward outsiders, the OCPD symptoms largely manifest in intragroup attitude and behavior, consistent with hostility toward an outgroup in most extremist movements (Berger, 2018).

The co-occurrence of ASPD and OCPD symptoms is unusual, especially in light of the DSM-5 classification system for PDs (see, APA, 2013; Barrachina et al., 2011; Sher et al., 2015; Winarick & Bornstein, 2015). PDs are classified into three clusters: A, B, and C, with a fairly high rate of co-occurring PDs within the clusters (9.1%; APA, 2013). ASPD tends to co-occur with narcissistic, borderline, and histrionic PDs (Sadock, Sadock, & Ruitz, 2014), to make the so-called "cluster B" PDs. According to the American Psychiatric Association (2013), ASPD includes an aggressive pattern of disregard for and violation of the rights of others, whereas obsessive compulsive personalities are preoccupied with orderliness, perfectionism, and mental and interpersonal controls. These appear on the surface to be contradictory and perhaps mutually exclusive. These and other overlaps among PD symptomatology were one of the reasons for proposing the alternative DSM-5 model for PD that is less categorical and more dimensional (Krueger & Eaton, 2010; Skodol et al., 2011; Widiger, 2011). This hierarchical and dimensional approach to classifying PDs produces less contradictions and is also more compatible with psychodynamic models of the common unconscious drivers underlying them and their comorbidity.

2 | METHOD

This study is an attempt to understand the complex personality pathology that CRG members often exhibit using psychodynamic formulations applied to the alternative DSM-5 model for PDs. The study used secondary reports in the commercial media about CRG members, reconciled with the lived experience methods (Leavy, 2014) of the first two authors. Then, PD classification and diagnostic suggestions were given according to the alternative DSM-5 model (APA, 2013), buttressed by psychodynamic insights.

2.1 | Data sources and analysis

The originality of the data comes from the fact that the first two authors lived in the social context of some CRG members and shared many personal experiences with them. One of the first two authors (the exact identification is not material to the paper's results and is therefore withheld to protect the authors) had an opportunity to camp with the group for a few months and kept in close touch with them for 2 years afterwards, whereas the other author interacted with members of an apolitical (yet nonetheless extremist) religious group as coreligionists in the same small town for an extended period of time. This study aims to reach a deeper and more nuanced understanding of CRG by identifying the commonalities between the two authors' experiences and integrate them into the larger existing framework for understanding personality pathology and cult-like group dynamics. This "lived experienced method" of research is fundamentally qualitative in nature (Leavy, 2014), and capitalizes on an ethnographic approach to data collection (Grossoehme, 2014).

The CRGs that are the focus of this study both belong to the Salafist School of Islamic Ideology and Jurisprudence. This school of thought was ubiquitous in the first two authors' cities and country of origin. This ubiquity, along with the compatibility of several Salafi offshoots with both Al-Qaeda and other militant Jihadi groups in terms of ideology and membership demographics made them popular recruitment hubs for the Jihadi movement throughout the Sunni regions of Middle East. As described above, the first two authors became closely acquainted with such

extremists—as acquaintances, relatives, neighbors, and so forth—and thus had the opportunity to observe their behavior, ideological attitudes, and religious beliefs both within and outside the context of the cult-like group. The aim of this study was to understand a given group's conceptual world as seen from the inside and to explain their manifest behaviors as emanating from their personalities in the context of their CRGs.

This study used the dual aspects of intimate and external sources of knowledge to venture a proxy to the DSM-5 diagnostic criteria of putative PDs among CRG member based on their manifest behavior. It also attempts to explain the unusual comorbidity of antisocial and obsessive-compulsive symptomatology using the more nuanced, experience-near formulation (Schaefer, 2015) of the conflicted psychodynamics in their personality organization.

3 | RESULTS

3.1 | The descriptive facts

CRGs are widely known as rigid and pedantic in their fixation on religious details, highly reactionary in their religious practices, and very strict in their enforcement. They are harsh toward everyone who does not approve of their ideas and/or ways, but are very accepting and congenial to those who submit to them unconditionally. In the Muslim context, CRGs often tout themselves as the only real Muslims in the world and deem all who are not allied with them (including other Muslims) as mendacious or apostates. The reactions of the local people toward them are equally split. Some people envy them for their alleged strong faith, and some hate them for their restricted worldview. This ambivalence echoes in the way in which the news media, however critical, nonetheless reproduces CRG propaganda by, for example, describing the great care for details in which they perform religious rituals, quoting cliché descriptions about most of their affairs, and repeating their version of historical events. Additionally, the news media often mention the CRG's contradictory attitude toward sexual matters, high sensitivity to criticism, and their tendency to over-criticize and humiliate outgroup members.

To mitigate the personal biases of the authors, the explicit beliefs, attitudes and actions of the CRG members in this study were used to infer the presence of relevant symptomatology of PDs according to the DSM-5 and were checked for consistency with the psychodynamic formulation of the unconscious processes undergirding it. Belief systems have been proposed as a tool to discriminate major personality traits (Beck, Davis, & Freeman, 2015; Cohen, 2012; Ellis, 1962).

The following statements represent an attempt, made by the first two authors, to capture, in an explicit verbal form, several key beliefs and attitudes that were prevalent (albeit largely implicitly) in their respective CRGs. The relevance of each statement to the DSM-5 diagnostic criteria for PDs is given in parenthesis.

... I should take a proactive role in overcoming/purifying the current sinful society and the enemies who plague it, and who seem to be gaining dominance over the world. My opponents are worse than animals. I shouldn't have any mercy towards them. Nothing can be allowed to stand as a barrier against my aims. I'll defeat everyone, and it will undoubtedly bring me well-deserved pleasures. ... (Consistent with antisocial tendencies or acts).

... All followers of our religion should join our orthodox branch, otherwise they are no better than our Godless enemies. There is just one way to God and paradise, any other way will only lead to hell and torture. To be pure, I must observe all the details of my religion's rules without exception. Every bad thing that happens to people is directly related to some transgression of God's rules. Everyone must obey God's rules, and everyone must obey those who obey God – otherwise they should be punished. If God's rules are not practiced, the world shouldn't exist. Nobody should be allowed to disobey any of God's orders and if they do, I should force them to obey or eradicate them. God did

promise our victory and if I will be killed on the way to fulfill his wishes, God's heaven awaits me. ... (Consistent with obsessive-compulsive tendencies or acts)

... It is terrible if the ideas I hold true will not be accepted by all others. Ours is the only acceptable religion in the world and it should supplant all other false religions everywhere. We are the chosen 'Umma' (people), deserving the best in this world and the other world ... (Consistent with narcissistic tendencies or acts).

... Everybody is sinful and blameworthy. Enemies do not stop trying to trick and follow insidious purposes against us. Our enemies are all wicked; we frustrate all their tricks ... (Consistent with paranoid tendencies or acts).

These often contradictory, conflict- and aggression-bound beliefs—serving as the de facto creed of the groups with which the first two authors interacted—are common in many other CRGs. Taken together, they underscore not only the relentless psychodynamic conflicts that are borne by extremist belief systems (e.g., the conflict borne by rigid superego in classical psychoanalytic theory), but also their inevitable manifestation in both internalized and externalized aggression. A resulting sadomasochistic personality constellation flourishes.

3.2 | Categorizing PDs according to the DSM-5 alternative model for personality disorders

The DSM-5 hybrid dimensional-categorical model is characterized by impairments in personality functioning and structure (APA, 2013). The impairments of personality functioning (the A criterion) and the presence of the pathological traits (the B criterion) in CRG members are described in Tables 1 and 2, respectively. The C and D criteria are also adopted for these individuals, because of the pervasiveness, inflexibility, and stability of their problems over time.

TABLE 1 Personality functioning in cult-like religious groups based on DSM-5 alternative model-criterion A

Functioning	Area	Description
Self	Identity	Religious based egocentrism; group based self-esteem; dominant group identity against society Sense of self, derived from group identity (e.g., predominantly from work or productivity for jihad); constricted experience and expression of positive strong emotions
	Self-direction	Self-direction merged with group-direction; goal setting based on group gratification; highly critical of modern social and ethical rules Rigid following of religious rituals leading to difficulty completing personal tasks; pursuing goals based on rigid and unreasonably high and inflexible religious standards of behavior; overly conscientious, moralistic and punitive attitudes
Interpersonal	Empathy	Lack of concern for feelings, needs, or suffering of outgroup people; self-admiration for hurting or mistreating out of group individuals, sadism Empathy restricted to group members; difficulty in understanding and appreciating outgroup's religious ideas, feelings, or behaviors; superego sanctioned violence
	Intimacy	Evident polarity in intimacy patterns, a high tendency for closeness with their own group members and lack of intimacy with outgroup persons; preference for coercion and intimidation to dominate others Intimacy restricted to group members; personal relationships are seen as secondary to religious advices; rigidity and stubbornness negatively affect relationships with outgroup individuals; warmth and tenderness constricted due to rigidity of thought

TABLE 2 Pathological traits of DSM-5 alternative model-criterion B for antisocial-obsessive-compulsive personality disorder within CRG subjects observed

Pathological trait		Common Manifestations in CRGs
Antagonism	Callousness	Cruel, aggressive, and merciless behavior toward outgroup people (e.g., permission to kill) without guilt or remorse and often with sadism
	Hostility	Dominance of resentment and anger against outgroup individuals for no reason; unforgiving in punishment; intense anger in response to any oppositions
	Manipulativeness	Frequent use of social media to publish scenes of torturing and killing captives to frighten, influence, and control opponents; a theater of necrosadism that also self-traumatizes the voluntary viewers of such atrocities
	Deceitfulness	Deceitfulness encouraged against opponents and rationalized as advancing the belief system
	Grandiosity	Believing in themselves and their group superiority to others and deserving special place; self-centeredness; feelings of entitlement; condescension toward outgroup people
	Attention seeking	Designing their behaviors to attract outgroup attention and to seek within-group admiration
Disinhibition	Risk taking	Engagement in dangerous, risky, and potentially self-damaging activities to advance group operations (e.g., suicide attacks); lack of concern for one's limitations and denial of the reality of personal danger
	Impulsivity	Impulsive participation in jihad attacks without appropriate personally plan; prefer to act without thought; tactics subsume any coherent strategy following group aims
	Rigid perfectionism (lack of)	Rigid insistence on imitation of religious rituals or rules, including one's own and others' acts; insistence on perfection of beliefs and spiritual sanctioning of the word by a deity; critical analysis punished and considered heresy; sacrifice of timeliness to ensure correctness in every detail; belief that there is only one right way to do things; difficulty changing ideas and/or viewpoints; preoccupation with details, form, and order
Negative affectivity	Perseveration	Persistence at tasks long after the behavior has ceased to be functional or effective; continuance of the same behavior despite repeated failures supported by idealization of the past and devaluation of modernity
	Submissiveness	Adaptation of one's behavior to the actual or perceived orders and expectations of group even when doing so is antithetical to one's own interests, needs, or desires
Detachment	Intimacy avoidance	Prefers rules over persons; avoidance of close, romantic or intimate sexual relationships, interpersonal attachments other than within group brotherhood; sexual relationships without intimacy are encouraged especially with the female captives (e.g., unbounded and aggressive sexuality with them)
	Restricted affectivity	Little positive reaction to emotionally arousing situations; constricted positive emotional experience and expression along with harsh sexual/aggressive behaviors; apparent indifference or coldness; socially acceptable sadism (teasing) embraced, especially by young men; absence of tenderness.
	Withdrawal	Their withdrawal is group-withdrawal; their social contacts and activity is restricted to their group members; whereas with out of group people, it is restricted to preaching and propagating their groups and their ideas

(Continues)

TABLE 2 (Continued)

Pathological trait		Common Manifestations in CRGs
	Suspiciousness	Expecting and highly sensitive to every signs of interpersonal contradictions as harmful; doubts about loyalty and fidelity of others and determining intense executions for apostates of their group; feelings of being mistreated, used, and/or persecuted by others
Psychoticism	Eccentricity	Bizarre harshness against dissimilar people; unusual appearance, and/or speech; having strange and unpredictable thoughts

Abbreviation: CRG, cult-like religious group.

Criteria E–G that are exclusionary (another mental disorder, substance abuse, or other medical condition and developmental stage or sociocultural environment) are hypothesized to be present in some individuals, but are outside the scope of this note.

3.3 | Impairments of personality functioning (“A” criterion of the DSM-5 alternative model): Self-identity and self-direction

CRGs are collectives that are formed around ideals. Their identity is anchored in idealized mythology and heroes and hostility toward the outgroup (Berger, 2018). There is often an evident difference between the member and the leaders' identity, with the members exhibiting a stronger level of belief and devotion, as well as identity fusion with the group. This imbues communally held ideas with the certainty of manifest truths.

CRG members' identity is subsumed by the egocentrism of the group vis-à-vis their own society and foreign countries, whose power is often overestimated. This may hint at problems with authority. With the ensuing loss of humor and playfulness, the egocentrism of the group often manifest consciously in a preoccupation with the ongoing hurdles that the enemies are believed to be mounting to derail CRG members from the right path. Their identity is attached to past glorified objects. Accordingly, the modern world should be forcefully and diligently altered, and a future paradise will be ushered in by one's sacrifice for the group—what Saucier, Akers, Shen-Miller, Knezevic, and Stankov (2009) call “utopianizing.” This could explain why most of the personality impairments in CRG members are frequently centered around their unclear boundaries between self and group.

CRG members' self-direction is often dictated by the group's goals and ideals through their obedience to the group and its cause, namely to annihilating the evil of “others” and purifying the world. Complicating the diagnostic picture is the fact that this vehemently and explicitly antisocial stance toward outsiders is rarely preceded by a personal history of antisocial sentiments or acts in their original communities prior to joining the CRG.

3.4 | Interpersonal functioning: Empathy and intimacy

CRG members tend to be dichotomous in their attitudes toward empathy and intimacy. The first two authors observed few or no manifestations of “empathy” or expressions of “intimacy” for people outside their CRGs, undergirded by the lack of tolerance for incompatible or merely dissimilar views. Moreover, they seemed to have limited understanding of the effects of their own aversive behaviors on others. This lack of empathy, moreover, often presents as psychopathic (Meloy, 1988); it is often non-normative and utilizes extreme measures, including predatory violence and sadism. Empathy is restricted to members of the CRG. Similarly, the depth and duration of their attachments to others, as well as their desire and capacity for closeness and mutuality of regard are selective. Their capacity for intimacy is subjugated to their ideological pairing with another like-minded member, and others are

judged solely by their ideological compatibility. Unbridled sexuality with a female unbeliever may substitute for intimacy among the young men and may include rape, which is sometimes sanctified by the religious authority of the CRG (Meloy, 2018). Contrasting the above symptoms and characteristics of CRG members vis-à-vis, Table 1 indicates that a hybrid of antisocial-obsessive-compulsive functioning is the most appropriate diagnostic classification for CRG members.

3.5 | Pathological personality traits (“B” criterion of the DSM-5 alternative model): Personality structure

As demonstrated above, CRG members exhibit contradictory pathologic behaviors within and outside of their group. Within the group they exhibit rigid, obsessive compulsive characteristics, whereas they display hostile, antisocial characters toward others outside the group. Other PDs in the DSM-5 alternative model—avoidant, borderline, narcissistic, and schizotypal—do not seem to fit CRG members as adequately. Therefore, we will anchor the thrust of our exploration of the underlying common psychodynamics of CRG members in this manifest comorbidity of obsessive-compulsive and antisocial personality symptomatology.

As Table 2 shows, some of the pathological traits of the APD and OCPD are shared also by paranoid, borderline, narcissistic, and schizotypal PDs, in addition to submissiveness as a stand-alone trait. Such complex symptomatology can partially be a result of both individual character pathology and pathological group dynamics. Some members may have individual traits that may manifest only outside the context of the CRG, while exhibiting different, and even opposite pathological traits while in the context of the CRG. However, consistent with our model, most pathological traits of our subjects are represented in the DSM-5 alternative model of PDs and fit the symptomatology of APD and OCPD.

The co-occurrence of an extreme belief system and obsessive compulsive and antisocial personality is unusual in the normal population outside the context of CRGs. Because the contribution of each varies from one person to another, the dimensional nature of the DSM-5 alternative model of PDs may be useful for understanding the personality structure and functioning of CRG members, as it allows for a nuanced accounting of their diverse pattern of behaviors. Apart from the DSM-5 dimensional approach, the apparent contradiction in the CRG predominant personality organization of antisociality combined with obsessive compulsion is also consistent with psychodynamic models of personality.

3.6 | Psychodynamic interpretations

Violence and cruelty have been contemplated by psychoanalysts since Freud's earliest writings (see Baruch, 2003; Gilligan, 2017; Meloy & Yakeley, 2014a; Yakeley & Meloy, 2012). However, the aggressiveness of believers has usually been attributed to their belief system, such as the concept of the “violent true believer” (Jones, 2014; Meloy, 2011; Meloy & Yakeley, 2014b), rather than to a more constitutional combination of antisociality and obsessive-compulsion within the personality of the subject. Even though the co-occurrence of obsessive-compulsive symptoms and religious thinking was mentioned by Freud (1907), the comorbidity of OCPD, religiosity, and antisocial personality within the social context of a CRG requires a novel explanatory approach.

From a Freudian perspective, the major problems of CRG members are likely a compromise resulting from the intense structural conflicts between the superego versus the ego and the id, compounded with the unconscious dynamics of the problematic group environment. Consequently, some of the ego's major defense mechanisms are denial (of inner forbidden wishes), rationalization (of acting out and for satisfying the forbidden desires that are made unforbidden through religious reinterpretation—in this case: the concept of “Jihad”), projection (of the inner rage and libidinal desires to the enemies; to represent them as evil), introjection (of the group functions and purposes),

identification (with the leaders' and holy ancient people's ideals), and displacement (for promoting conflicts and envy against the other members, which are substituted to the assumed enemies). Joining a CRG facilitates a condition in which both the superego rules and the forbidden desires are satisfied with the least of conflicts. Jihad is a concept through which they may unify the superego with the id and the ego. The projected superego agents (the leaders) suggest that feelings of virtue and sincerity may accompany both cruelty and extreme aggression; the positive feelings seek objects within the ingroup to cathect, whereas the negative feelings are directed to the outgroup members.

CRGs present different prizes to attract members, including Warrior Trophies such as the sanctified rape of unbelievers. Various people may be attracted for different reasons. Individuals with antisocial traits of personality may join ritualized, highly religious groups for heretofore forbidden opportunities to gratify sexual and aggressive desires. Individuals with obsessive-compulsive traits may use isolation of affect and rationalization to take a part in cult-like dynamics and activities.

The most recent and empirically-supported attempt to understand PDs in psychodynamic terms was suggested by Clarkin, Yeomans, and Kernberg (2006). The group produced a diagram of personality organization that has two dimensions of severity: pathologic personality organization (from mild to extreme or neurotic to psychotic) and extroversion-introversion. In this model, obsessive-compulsive traits are attributes of the neurotic personality and are located at a higher level of personality organization. However, APD is located at a lower level of borderline personality organization. Figure 1 presents a schematic rendition of those two PDs according to Clarkin et al. (2006) personality organization, whereby the two discrete dimensions of the proposed CRG personality organization appear to be so distinct that they would be unexpected in one person.

This paper suggests that introducing splitting-based defense mechanisms could explain this unlikely combination of polar feelings, ideas, and behaviors that is often found in belief-bound extremists.

In what follows, the personality organization of CRGs' subjects is reinterpreted through the lens of object relations theory, which accounts for personality constellations that often contain primitive components and thus explains contradictory states of mind and PD comorbidities. Below, we systematically consider five domains within

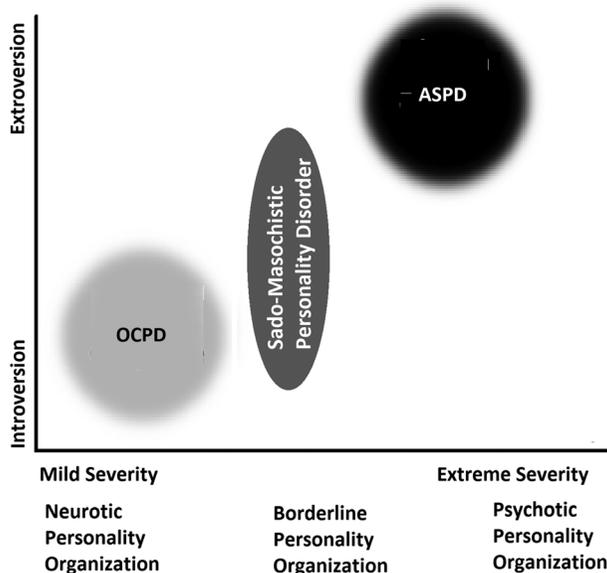


FIGURE 1 A schematic mapping of the personality traits found in religious extremists onto the psychodynamic formulation of personality disorders proposed by Clarkin et al., 2006. ASPD, antisocial personality disorder; OCPD, obsessive-compulsive personality disorder

the internal world of the CRG subject: identity, object relations, defense mechanisms, aggressive and sexual drives and their affective derivatives, and moral values.

3.6.1 | Identity

There are several levels of identity formulation for CRGs' members: individual, group, and ideal identities. Their individual (inferior) and ideal identities are deeply distinct. However, their group identity unifies them through the denial of unapproved parts and self-idealization. The observations of CRG members and their behaviors were inferentially quite challenging. First, two disparate psychic organizations were seen, one which was mildly and the other that was severely immature. Their OCPD organization was more rigid and problematic than the assumed higher level or neurotic personality organization as proposed by the Clarkin, Yeomans, and Kernberg model (2006). This suggested a borderline "level" of personality organization for the OCPD traits. The second challenge was the high degree of consistency between the two contradictory personality organizations, appearing both harmonic and unified. Their ego-syntonic disparate identities accompany disparate object relations and reparative defense mechanisms.

Our hypothesis is that the essential identity of the CRG subject is "somasochistic." On the one hand, he is rigidly obedient to a punishing authority whom he idealizes, carrying out the most minute tasks and rituals in an exact fashion—regardless of discomfort or pain—dictated by both the CRG and its leadership. On the other hand, he takes great pleasure in his hatred for members of the outgroup, which he may physically express in cruelty, especially toward those who are apostates and have betrayed the faith as literally defined. His identity oscillates between that of the victim and that of the persecutor. As Kernberg (1992, p. 28) wrote, "hatred as a reversal of suffering is a basic type of revengeful triumph over the object, a triumph also over the terrifying self-representation achieved by projective identification, and symbolic revenge for past suffering condensed in the fixation to sadistic behavior patterns." Such CRG members projectively identify with their victims, members of the outgroup, and find themselves deeply attached to such threatening objects upon whom the acting out of their ritualized cruelties may be beyond the pale. As a particularly horrific example, we are reminded of the Jordanian pilot Muath Safi Yousef Al-Kasasbeh who was burned to death in a metal cage by Islamic State of Iraq and Syria (ISIS) on January 5, 2015 (https://en.wikipedia.org/wiki/Muath_Al-Kasasbeh) yet shared both cultural and religious (at least nominally) identities with his tormentors. Reveling in the savagery of acting out is also articulated in the instructional booklet of Abu Bakr Naji, *The Management of Savagery*, published online in 2004 and used as a strategic planning guide for both al Qaeda and Islamic State followers.

3.6.2 | Object relations

Object relations theory assumes that at the borderline or psychotic level of personality organization—wherein we think most CRG subjects live—there is no whole object integration. Objects remain split into all good and all bad, affective states are unmodulated or completely dissociated (split off????????), and the capacity to represent the self and others as whole, real, and separate individuals—in a related formulation, a capacity for mentalization (Fonagy & Target, 1996)—does not exist. Likewise, there is no tripartite structuring of the mind into id, ego, and superego (Kernberg, 1975, 1976, 1980, 1992), an outcome of whole object relatedness. The all good part object representation of the self is both abstract and factually interpersonal. In other words, good deeds, even if they involve suffering or extreme sacrifice, are rewarded by being told one is admired by God and experientially felt through positive interactions with their leaders or the other members of the CRG. Self-esteem, however, remains unstable because internalized object relations are pre-Oedipal and continue to be quite dependent on the sincerity of others and obedience to the group's programs. Once again, masochism demands subjugation and submission, whereas sadistic

behaviors, including sexual sadism and interpersonally controlling patterns which bring pleasure—the defining characteristic of sadism (Dietz, Hazelwood, & Warren, 1990)—are the interactional style in the more borderline organized OCPD. A similar conflation of both antisocial and compulsive personality is found among some serial murderers, of whom most are sexual sadists; the degree to which the most dangerous of sexual arousal patterns is joined with a desire to control and dominate to yield a series of victims who have been tortured and killed to gratify both internal urges (Meloy, 2000; Schlesinger, 2004).

Members of the outgroup are seen as the outer derivatives of their forbidden urges, which is confirmed by their non-Islamic ideologies. Their hatred for such unbelievers is unhesitant and faithfully rendered. To destroy those enemies metaphorically means extinguishing inner conflicting wishes. The result is a unification of the ego and the superego, and moral satisfactions accompany the sense of the self as virtuous; something similar to the OCPD in other contexts, a reflection of the cross-cultural mantra, cleanliness is next to Godliness. At other times, gratified sexual desire through the nonconsensual and aggressive penetration of the unbelieving or apostate female becomes a sanctified superego reward. Grossly contradictory mental states containing both part-object representations of the good self and bad others come together and unify in antisocial behavior. This is a way to organize every conflicting emotion: from hatred to lust and from guilt to narcissistic desires.

Similar to the obsessive-compulsive, the antisocial personality (in some cases psychopathic), through the use of the primitive defenses mentioned above (and detailed below), will locate dirty, contaminated, contemptuous, and disgusting part objects outside the self and maintain a grandiose self structure that is an aspect of the pervasive and pathological narcissism found in such individuals. The location of such part objects outside the self, however, does not end the internal threat, but instead externalizes it through the defense of projective identification, whereby the threat resides in others, deemed dangerous, unrelenting, and persecutory through a gross distortion of reality testing. These part objects, now carrying hated aspects of their own internal world, could take the form of other religion's followers, apostates from their own faith, or foreign military forces. Acting violently against such groups is always defined as defensive by the CRG, when in fact the terror that they unleash often at noncombatants who are also followers of their faith—witness the atrocities in both Syria and Iraq perpetrated by ISIS—betrays the irrational and predatory (offensive) nature of their aggression (Meloy, 2006). Such violence toward the perceived enemy is inherently submissive—including the intentional sacrifice of one's own life—to the rules and rituals of their leaders, who rarely go into combat themselves. The latter may be the most psychopathic (Meloy, 1988, 2011), recognizing that sending others to their deaths is more sadistically gratifying than any self-sacrifice. A prototypical psychopath (Hare, 2003) by history and personality was Abu Musab al-Zarqawi, who reveled in the killing of others—he was called the “sheik of the slaughterers” by his CRG followers—and was the purported founder of ISIS (Warrick, 2015).

3.6.3 | Defense mechanisms

The forbidden desires and cult-like acts and rituals may be satisfied and done based on splitting and its derivative defenses. There is no originality for good and bad in their evaluation about themselves and their enemies. These are all defensive. Object relations theory is also constructed upon the use of pre-Oedipal defenses that explain polarities in states of mind and observable yet highly contradictory behaviors. These defenses alternately locate stimuli either within or outside the perceived self. Psychological boundaries at the borderline level remain intact, but the origin of the stimuli—the ability to test reality and distinguish between what is internal and what is external—is both confused and confusing for the subject. At a psychotic level of personality, perceptual boundaries dissolve. Such borderline and psychotic defenses are built upon the generic defense of splitting and encompass, for example, the more specific defenses of projection, projective identification, introjection, denial, idealization, devaluation, and omnipotent control. They may rapidly oscillate to manage bad part objects, often persecutory objects that populate the mind. Oedipal defenses that depend upon tripartite (id, ego, and superego) internal structuring, such as rationalization,

intellectualization, minimization, idealization, repression, sublimation, and even humor, are not adequately developed without Oedipal resolution and whole object relatedness. Such perception-distorting defense mechanisms inevitably make communicating with CRG subjects quite difficult, because their behavior is unpredictable, extreme, and may be accompanied by unmodulated affect.

The crisis-provoking and conflicting relationships of CRG members with nonmembers can also be interpreted as the result of their paranoid anxieties surrounding persecutory objects, which are projectively identified onto others, whether individual unbelievers or nation states (Cohen, 2015; Post, 2007). The dominant characteristics of CRG members—a Manichaeic view of the world, no tolerance of ambiguity, no acceptance of diversity, and intolerance of critical thought—is a product of such primitive psychological defenses. Reflection and contemplation are replaced by action, seemingly deep faith is accompanied by the punishment of others, and both can be understood as a cover for uncertainty, a hesitant mind and unpleasant emotional states, such as shame or envy. The absence of hesitation concerning the validity of their ideas and a complete lack of insight into the paranoid quality of their hostility toward the outgroup is a commentary on the rigid idealization of their religion and the continuous projective identification of aggressive impulses. Feelings of being treated unjustly are utilized in the service of *lex talionis*, the law of revenge, and provide a rationale for cruelty and violence. On the other hand, compulsive behaviors within the group—exact and ritualized submission—rebalance the sadomasochistic position. The psychoanalytic research on masochism ranges over the past century (Freud, 1905; Kernberg, 1988; Sugarman, 1991) and is clinically relevant to the CRG. “Masochism indicates the dominance of attachment (object) seeking over the pleasure principle” (Meloy, 1992, p. 96).

3.6.4 | The drives (libido and aggression) and their affective derivatives

Sexual desire is often subsumed by violent death in the CRG (Meloy, 2018). Young males are often said to forego actual sexual relations with their female peers for the idealized fantasy of unlimited sexual gratification if they die a martyr for the CRG. Such denial of actual real world pleasures can further stimulate internal patterns of persecuting part objects—“I am sexually deprived,” which lead to intense hatred and revenge when projectively identified onto others (Clarkin et al., 2006)—“they are intentionally doing it to me.” The intensity of their inner conflicts was identified by their unpredictable emotions and violence, and their reality testing distortions often appeared to be micro-psychotic experiences, suggesting an acute and perhaps momentary regression from a borderline to a psychotic personality organization. Highly controlled, unemotional “predatory violence” is facilitated by the cognitive rigidity of obsessive-compulsive defenses, whereas reactive, emotionally intense “affective violence” is easily available when the impulse-ridden and more porous defenses of the antisocial personality are engaged (Meloy, 1988, 2006). The forensic parallel to these observations is the greater frequency of both affective and predatory modes of violence among psychopaths (Cornell, Warren, Hawk, & Pine, 1996) and the rigid controls of the sexual sadist (Dietz et al., 1990). Within the CRG members, this is most apparent in the intentional killing of unbelievers, which is then justified through a religious sanction or imperative. Meloy (2018) has called this “superego sanctioned homicidal aggression.” The derivative affects that both precede such violence and are stimulated by it—envy, shame, hatred, contempt, and disgust—provide conscious rationales for their behavior. The envy arises from the perception of positive value in the outgroup, the recognition that it does not exist within the CRG, and the greedy desire to damage or destroy such value so that envy is diminished. Shame is perceived both individually and as a member of the CRG as an inherent and global deficiency, which must be immediately projectively identified onto the outgroup, which is then righteously blamed for the CRG subject's suffering. Hatred is the holding on to the object, in this case the outgroup, in an unfor-giving way (Gabbard, 2000), which gives legitimacy over time for their suffering. Contempt is a moral emotion that allows for the devaluation of the outgroup, whereas disgust arises from the conception of the outgroup as a toxin or contaminant of the CRG, which must be eliminated to physically and morally cleanse and purify the environment (Matsumoto, Hwang, & Frank, 2017; Meloy, 2018; Volkan, 1988).

3.6.5 | Moral value (superego pathology)

Both Kernberg (1992) and Jacobson (1964) discussed in detail the formation of the superego, with a particular focus on superego precursors during the pre-Oedipal period prior to the structuring of a superego per se. Among the CRG subjects, the punishing nature of the developmentally immature superego, or perhaps its presence in a regressed form due to the influence of the group, is in full behavioral flower. The absence of a guiding, empathic ego ideal as a component of superego functioning is striking. Subjects appear to be victimized by their own sadistic introjects and in turn victimize others through their acts of cruelty. There was no observed evidence of guilt, remorse, or the softer affects associated with a guiding ego ideal and a structured superego. Such pathology is a core component of severely obsessive-compulsive individuals, the ritualistic and repetitive behavior often mobilized by increasing anxiety, and punitive forerunners of the superego leading to depressive mood states; likewise, sadistic superego precursors are evident in antisocial individuals, often expressed in overt sadism toward others which in certain cases may be sexualized (Dietz et al., 1990; Fancher, 2014; Klein, 1927; Meloy, 1988, 1992; Schlesinger, 2004). In both cases, there is no structured superego to help neutralize aggressive drives and soften the judgment of others.

CRG subjects, moreover, are introduced to their religious dogma as the source of their rules; they are a set of dysfunctional ideas, some of them clearly delusional, within a concrete morality that includes cruel punishments. If the subjects are manipulated or deceived by such religious dogma, the perceived omnipotence and omniscience of the religious leaders are often a result of their projected and nascent ego ideals. Such a leader becomes a source of an idealized identification which must be obeyed (Meloy et al., 2015). The CRG members may impose abstinence, for example, concerning sexual desires. When a violation occurs, it is usually the female who is blamed for stimulating such feelings in the male and is cruelly punished (Meloy, 2018).

4 | CONCLUSION

The apparent incongruence of the personality traits in CRG subjects has been described through the dimensionality of the alternative model of PDs in the DSM-5 and theoretically explained through the lens of object relations theory. A theory of mind limited to conscious decision-making cannot account for the observable contradictions seen in the religiously motivated behaviors of CRG subjects, and object relations theory interprets these coexisting and contradictory parts of behavior and mind through splitting-based defense mechanisms and part object relations (Clarkin et al., 2006). The theoretical ideas presented in this paper on the personality pathology of CRG subjects may lead to understanding their behaviors about which no surveys or other data exist and are almost impossible to obtain. Extraneous factors, (such as political, socioeconomic, and cultural) which were not considered here, are certainly influential in developing such phenomena. However, personality factors seem to have a crucial role in some individuals seeking and joining such groups. Fundamentally, personality and psychology mediate all social, economic, and political phenomena (Ingram & Luxton, 2005).

It appears that certain CRG members show two sets of character patterns: obsessive-compulsive and antisocial traits. As obsessive-compulsive individuals, they are highly organized, conservative, and pursue conventional rules, even against their will. This may also be a reaction formation to their more primitive aggressive impulses. On the contrary, their antisocial traits are behaviorally directed against the larger community's socially desirable rules, such as kindness, gratitude, and hospitality and show no evidence of internalized values other than their religious duties. Their sadistic aggression against more powerful authority and perceived outgroups is likely an outward expression of their own punitive moral principles, such oscillation captured within a sadomasochistic dance, which punishes both the self and other. Religious belief is the music that organizes such a dance. Although splitting-based conflicts are evident in their personality, some traits such as hostility and competitiveness are seen in both antisocial and obsessive-compulsive individuals (Svrakic & Cloninger, 2005).

Although we have focused upon personality characteristics among CRG subjects, their pathological behaviors may also have a community basis. Delusions may lead to the formation of religious cults or community pathologies (Sadock et al., 2014). Violent groups are also often embedded within a network of legitimate psychological and ideological communities, which may give them both material and moral support, minimizing, rationalizing, or denying their cultish behaviors (Colvard, 2002)—or covered by terror into doing their bidding.

This study has attempted to document, classify, and explain some subjects observed over time within CRG groups. As Freud (1927, p. 7) wrote, "One has, I think, to reckon with the fact that there are present in all men destructive, and therefore anti-social and anti-cultural trends, and that in a great number of people these are strong enough to determine their behavior in human society."

CONFLICT OF INTERESTS

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

FUNDING INFORMATION

The authors received no financial support for the research, authorship, and/or publication of this article.

REFERENCES

- Abu-Nimer, M. (2004). Religion, dialogue, and non-violent actions in Palestinian-Israeli conflict. *International Journal of Politics, Culture, and Society*, 17, 491–511.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.
- Barrachina, J., Pascual, J. C., Ferrer, M., Soler, J., Rufat, M. J., Andi6n, O., & P6rez, V. (2011). Axis II comorbidity in borderline personality disorder is influenced by sex, age, and clinical severity. *Comprehensive Psychiatry*, 52, 725–730.
- Baruch, E. H. (2003). Psychoanalysis and terrorism: The need for a global "talking cure". *Psychoanalytic Psychology*, 20, 698–700.
- Beck, A. T., Davis, D. D., & Freeman, A. (Eds.). (2015). *Cognitive therapy of personality disorders*. Guilford Publications.
- Berger, J. M. (2018). *Extremism*. Cambridge: MIT Press.
- Bonovitz, C. (2005). Locating culture in the psychic field: Transference and countertransference as cultural products. *Contemporary Psychoanalysis*, 41, 55–76.
- Boyd, K. A. (2010). *The fundamentalist mindset: Psychological perspectives on religion, violence, and history*. New York: Oxford University Press.
- Briggs, S. (2002). *Working with adolescents: A contemporary psychodynamic approach*. New York: Palgrave MacMillan.
- Castelli, L., & Carraro, L. (2011). Ideology is related to basic cognitive processes involved in attitude formation. *Journal of Experimental Social Psychology*, 47, 1013–1016.
- Cipolletta, S. (2011). Self-construction and interpersonal distances of juveniles living in residential communities. *Journal of Constructivist Psychology*, 24, 122–143. <https://doi.org/10.1080/10720537.2011.548218>
- Clarkin, J. F., Yeomans, F. E., & Kernberg, O. F. (2006). *Psychotherapy for borderline personality: Focusing on object relations*. Washington: American Psychiatric Publishing, Inc.
- Cohen, S. J. (2012). Construction and Preliminary Validation of a Dictionary for Cognitive Rigidity: Linguistic Markers of Overconfidence and Overgeneralization and their Concomitant Psychological Distress. *Journal of Psycholinguistics Research*, 41, 347–370.
- Cohen, S. J. (2015). Breakable and Unbreakable Silences: Implicit Dehumanization and Anti-Arab Prejudice in Israeli Soldiers' Narratives Concerning Palestinian Women. *International Journal of Applied Psychoanalytic Studies*, 12(3), 245–277.
- Colvard, K. (2002). Commentary: The psychology of terrorists. *British Medical Journal*, 324(7333), 359.
- Comas-Diaz, L., & Jacobsen, F. M. (1991). Ethnocultural transference and countertransference in the therapeutic dyad. *The American Journal of Orthopsychiatry*, 61, 392–402. <https://doi.org/10.1037/h0079267>
- Cornell, D., Warren, J., Hawk, G., & Pine, D. (1996). Psychopathy in instrumental and reactive violent offenders. *Journal of Consulting and Clinical Psychology*, 64, 783–790. <https://doi.org/10.1037/0022-006X.64.4.783>
- Dietz, P., Hazelwood, R., & Warren, J. (1990). The sexually sadistic criminal and his offenses. *The Bulletin of the American Academy of Psychiatry and the Law*, 18, 163–178.
- Dirilen-G6m6ş, 6. (2010). The effect of religiosity on political ideology via value types and personality traits: A comparison between Turkey and USA. *Procedia-Social and Behavioral Sciences*, 5, 12–17.

- Ellens, J. H. (2002). Psychological legitimization of violence by religious archetypes. in Chris E. Stout (Ed). *The Psychology of Terrorism: Theoretical understandings and Perspective*, 3, 149–162.
- Ellis, A. (1962). *Reason and emotion in psychotherapy*. Secaucus: The Citadel Press.
- Fancher, E. (2014). My conversations with the superego and the ego: An experimental approach to psychotherapy technique. *The Psychoanalytic Review*, 101, 81–94.
- Fletcher, S. K. (2004). Religion and life meaning: Differentiating between religious beliefs and religious community in constructing life meaning. *Journal of Aging Studies*, 18(2), 171–185.
- Fonagy, P., & Target, M. (1996). Playing with reality: I. Theory of mind and the normal development of psychic reality. *International Journal of Psychoanalysis*, 77, 217–233.
- Francis, L. J. (2002). Catholic schools and catholic values? A study of moral and religious values among 13–15 year old pupils attending non-denominational and catholic schools in England And Wales. *International Journal of Education and Religion*, 3, 69–84.
- Freud, S. (1905). Three essays on the theory of sexuality. Standard edition, 7, 135–243.
- Freud, S. (1907). Obsessive actions and religious practices. Standard edition, 10, 115–128.
- Freud, S. (1927). The future of an illusion. Standard edition, 21, 3–58.
- Gabbard, G. (2000). Hatred and its rewards: A discussion. *Psychoanalytic Inquiry*, 20, 409–420.
- Gilligan, J. (2017, July). Toward a psychoanalytic theory of violence, fundamentalism and terrorism. *International Forum of Psychoanalysis*, 26(3), 174–185. Routledge. <https://doi.org/10.1080/0803706X.2017.1333145>
- Gregg, H. S. (2003). The causes of religious wars: Holy nations, sacred spaces, and religious revolutions (Doctoral dissertation, Massachusetts Institute of Technology).
- Grossoehme, D. H. (2014). Overview of qualitative research. *Journal of Health Care Chaplaincy*, 20(3), 109–122. <https://doi.org/10.1080/08854726.2014.925660>
- Hare, R. D. (2003). *The manual for the psychopathy checklist-revised* (2nd ed.). Toronto: Multi-health systems.
- Ingram, R. E., & Luxton, D. D. (2005). Vulnerability-stress models. In B. L. Hankin, & J. R. Z. Abela (Eds.), *Development of psychopathology: A vulnerability stress perspective* (pp. 32–46). Thousand Oaks, CA: Sage Publications Inc.
- Inhelder, B., & Piaget, J. (1958). In A. Parsons, & S. Milgram (Eds.), *The growth of logical thinking from childhood to adolescence*. Translated By. New York: Basic Books.
- Jacobson, E. (1964). *The self and the object world*. New York: International Universities Press.
- John, T. j., Aron, C. K., & Thorisdottir, H. (2009). Social and psychological bases of ideology and system justification. Published in Oxford Scholarship Online. DOI:<https://doi.org/10.1093/acprof:oso/9780195320916.001.0001>.
- Johnson, D., & Bering, J. (2006). Hand of god, mind of man: Punishment and cognition in the evolution of cooperation. *Evolutionary Psychology*, 4, 219–233.
- Jones, J. W. (2014). *Terror and transformation: The ambiguity of religion in psychoanalytic perspective*. New York: Routledge.
- Jost, J., & Hunyady, O. (2003). The psychology of system justification and the palliative function of ideology. *European Review of Social Psychology*, 13(1), 111–153.
- Juergensmeyer, M. (2000). *Terror in the mind of God*. Berkeley: Univ. of California Press.
- Kernberg, O. (1975). *Borderline conditions and pathological narcissism*. New York: Aronson.
- Kernberg, O. (1976). *Object relations theory and clinical psychoanalysis*. New York: Aronson.
- Kernberg, O. (1980). *Internal world and external reality*. New York: Aronson.
- Kernberg, O. (1988). Clinical dimensions of masochism. *Journal of the American Psychoanalytic Association*, 36, 1005–1029. <https://doi.org/10.1177/000306518803600407>
- Kernberg, O. (1992). *Aggression in personality disorders and perversions* (p. 28). New Haven: Yale University Press.
- Klein, M. (1927). Criminal tendencies in normal children. *British Journal of Medical Psychology*, 7(2), 177–192.
- Krueger, R. F., & Eaton, N. R. (2010). Personality traits and the classification of mental disorders: Toward a more complete integration in DSM-5 and an empirical model of psychopathology. *Personality Disorders, Theory, Research, and Treatment*, 1, 97–118. <https://doi.org/10.1037/a0018990>
- Leavy, P. (Ed.) (2014). *The Oxford handbook of qualitative research* (p. 88). New York: Oxford University Press.
- Martens, W. H. (2004). The terrorist with antisocial personality disorder. *Journal of Forensic Psychology Practice*, 4, 45–56.
- Matsumoto, D., Hwang, H., & Frank, M. (2017). Emotions and intergroup aggressive cognitions: The ANCODI hypothesis. *Aggressive Behavior*, 43, 930–107.
- Meloy, J. R. (1988). *The psychopathic mind*. Northvale, NJ: Aronson.
- Meloy, J. R. (1992). *Violent attachments* (p. 96). Northvale, NJ: Aronson.
- Meloy, J. R. (2000). The nature and dynamics of sexual homicide: A critical review. *Aggression and Violent Behavior*, 5, 1–22. [https://doi.org/10.1016/S1359-1789\(99\)00006-3](https://doi.org/10.1016/S1359-1789(99)00006-3)
- Meloy, J. R. (2006). The empirical use and forensic application of affective and predatory violence. *Australian and New Zealand Journal of Psychiatry*, 40, 539–547. <https://doi.org/10.1080/j.1440-1614.2006.01837.x>
- Meloy, J. R. (2011). Violent true believers. *FBI Law Enforcement Bulletin*, 20, 5–8.

- Meloy, J. R. (2018). Sexual desire, violent death, and the true believer. *Contemporary Psychoanalysis*, 54, 64–83. <https://doi.org/10.1080/00107530.2017.1414577>
- Meloy, J. R., Mohandie, K., Knoll, J. L., & Hoffmann, J. (2015). The concept of identification in threat assessment. *Behavioral Sciences & the Law*, 33(2-3), 213–237. <https://doi.org/10.1002/bsl.2166>
- Meloy, J. R., & Yakeley, A. J. (2014a). Antisocial personality disorder. In G. Gabbard (Ed.), *Treatments of psychiatric disorders* (fifth ed.) (pp. 1015–1034). Washington, DC: Am Psychiatric Publishing.
- Meloy, J. R., & Yakeley, J. (2014b). The violent true believer as “lone wolf”—Psychoanalytic perspectives on terrorism. *Behavioral Sciences & the Law*, 32, 347–365.
- Milton-Edwards, B. (2006). *Islam and violence in the modern era*. New York: Springer.
- Popovski, V., Reichberg, G. M., & Turner, N. (Eds.) (2009). *World religions and norms of war*. New York: United Nations University Press.
- Post, J. (2007). *The mind of the terrorist*. New York: Palgrave Macmillan.
- Ray, J. J., & Doratis, D. (1971). Religiocentrism and ethnocentrism: Catholic and Protestant in Australian schools. *Sociological Analysis*, 32(3), 170–179.
- Sadock, B. J., Sadock, V. A., & Ruitz, P. (2014). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). New York: Lippincott Williams and Wilkins.
- Saucier, G., Akers, L., Shen-Miller, S., Knezevic, G., & Stankov, L. (2009). Patterns of thinking in militant extremism. *Perspectives on Psychological Science*, 4, 256–271. <https://doi.org/10.1111/j.1745-6924.2009.01123.x>
- Schaffer, F. C. (2015). *Elucidating social science concepts: An interpretivist guide*. Routledge.
- Schlesinger, L. (2004). *Sexual murder: Catathymic and compulsive homicides*. New York: CRC Press.
- Sher, L., Siever, L. J., Goodman, M., McNamara, M., Hazlett, E. A., Koenigsberg, H. W., & New, A. S. (2015). Gender differences in the clinical characteristics and psychiatric comorbidity in patients with antisocial personality disorder. *Psychiatry Research*, 229, 685–689. <https://doi.org/10.1016/j.psychres.2015.08.022>
- Skodol, A. E., Bender, D. S., Morey, L. C., Clark, L. A., Oldham, J. M., Alarcon, R. D., & Siever, L. J. (2011). Personality disorder types proposed for DSM-5. *Journal of Personality Disorders*, 25, 136–169. <https://doi.org/10.1521/pedi.2011.25.2.136>
- Stern, J. (2003). *Terror in the name of God*. New York: HarperCollins.
- Sugarman, A. (1991). Developmental antecedents of masochism: Vignettes from the analysis of a 3-year old girl. *The International Journal of Psychoanalysis*, 60, 501–513.
- Svrakic, D. M., & Cloninger, C. R. (2005). Personality disorders. In B. J. Sadock, & V. A. Sadock (Eds.), *Kaplan and Sadock's comprehensive textbook of psychiatry*. New York: Williams and Wilkins.
- Taylor, M., & Horgan, J. (2001). The psychological and behavioural bases of Islamic fundamentalism. *Terrorism and Political Violence*, 13, 37–71.
- Terman, D. (2010). Fundamentalism and the paranoid gestalt. In C. Strozier, et al. (Eds.), *The fundamentalist mindset* (pp. 47–61). New York: Oxford Univ. Press.
- Voland, E., & Schiefenhövel, W. (2009). *The biological evolution of religious mind and behavior*. Berlin: Springer-Verlag.
- Volkan, V. (1988). *The need to have enemies and allies: from clinical practice to international relationships*. Northvale, NJ: Aronson.
- Warrick, J. (2015). *Black flags: The rise of ISIS*. New York: Penguin Random House.
- Widiger, T. A. (2011). The DSM-5 dimensional model of personality disorder: Rationale and empirical support. *Journal of Personality Disorders*, 25, 222–234. <https://doi.org/10.1521/pedi.2011.25.2.222>
- Winarick, D. J., & Bornstein, R. F. (2015). Toward resolution of a longstanding controversy in personality disorder diagnosis: Contrasting correlates of schizoid and avoidant traits. *Personality and Individual Differences*, 79, 25–29.
- Yakeley, J., & Meloy, J. R. (2012). Understanding violence: Does psychoanalytic thinking matter? *Aggression and Violent Behavior*, 17, 229–239.

How to cite this article: Rahmani F, Hemmati A, Cohen SJ, Meloy JR. The interplay between antisocial and obsessive-compulsive personality characteristics in cult-like religious groups: A psychodynamic decoding of the DSM-5. *Int J Appl Psychoanal Studies*. 2019;1–16. <https://doi.org/10.1002/aps.1634>