

Antisocial Personality Disorder

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ARTICLE INFO

Keywords:

*Antisocial
personality disorder
, psychological ,
diagnostic*

ABSTRACT

Antisocial personality disorder (ASPD) describes an ingrained pattern of behavior in which individuals consistently disregard and violate the rights of others around them. Individuals with antisocial personality disorder may behave violently, recklessly, or impulsively, often with little regard for the wants and needs of others.

The disorder is best understood within the context of the broader category of personality disorders. A personality disorder is an enduring pattern of personal experience and behavior that deviates noticeably from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to personal distress or impairment

Introduction

The symptoms of antisocial personality disorder can vary in severity, and consequences can include imprisonment, drug abuse, and alcoholism. The more egregious, harmful, or dangerous behavior patterns are often colloquially referred to as “sociopathic” or “psychopathic.” Although neither sociopathy nor psychopathy are official diagnostic terms in the Diagnostic and Statistical Manual of Mental Disorders (DSM), and neither maps perfectly onto the symptoms of antisocial personality disorder as outlined in the DSM, the constructs are thought to be closely related.

People with antisocial personality disorder may seem charming on the surface, but they are likely to be irritable and aggressive as well as irresponsible. Due to their manipulative tendencies, it may be difficult to tell whether they are lying or telling the truth.

The diagnosis of antisocial personality disorder is not given to individuals under the age of 18. However, ASPD symptoms will first appear in childhood or adolescence and may garner a diagnosis of conduct disorder during that time. Antisocial personality disorder is much more common in males than in females. The highest prevalence of antisocial personality disorder is found among males who abuse alcohol or drugs or who are in prisons or other forensic settings.

Symptoms

Antisocial personality is confirmed by a psychological evaluation. Other disorders should be ruled out first. According to the DSM-5, features of antisocial personality disorder may include:

- Failure to conform to basic social norms, often in ways that violate the law
- Repeated violation of the physical or emotional rights of others
- Lack of stability in job and home life; may go through long periods of unemployment, for example, even in localities or situations where jobs are readily available
- Irritability and aggression; may get into frequent fights
- Lack of remorse after harming someone or their property
- Consistent irresponsibility
- Recklessness, impulsivity
- Deceitfulness
- A childhood diagnosis (or symptoms consistent with) conduct disorder should generally be present before the age of 15 years

More generally, people with antisocial personality disorder may seem to lack empathy for the people around them, behave in arrogant or cocky ways, or have an excessively cynical view of the world. In some cases, they can appear charming on first meeting, though their charm is often glib and superficial. Their apparent confidence and charisma may lead to numerous sexual relationships, yet many of these relationships are likely to be short-term, often due to callous or duplicitous behavior toward their partners. As parents, individuals with antisocial personality disorder may be neglectful or even abusive.

Alcohol and drug abuse are common among people with antisocial personality disorder and can exacerbate symptoms of the disorder. When substance abuse and antisocial personality disorder coexist, treatment is more complicated for both.

How is antisocial personality disorder diagnosed?

Diagnosing antisocial personality disorder is typically done via an in-depth psychological evaluation that assesses personal and medical history, patterns of behavior and cognition, and relationships with others. Because people with ASPD may be unwilling to admit that their behavior or thought processes are problematic, a clinician may also interview family members or close others to assess the impact and scope of the person's antisocial behaviors.

Can other conditions mimic the symptoms of antisocial personality disorder?

ASPD is a disorder for which a careful diagnosis is especially important, as it may share some symptoms with several other personality disorders and psychiatric conditions. Individuals with narcissistic personality disorder or substance use disorder, for example, may break the law or otherwise behave in deceitful, manipulative, or aggressive ways; individuals with schizophrenia or bipolar disorder may also engage in violent or aggressive behavior, especially during a period of mania or a psychotic episode. Thus, such conditions should be ruled out before a diagnosis of ASPD is given.

At what age does antisocial personality disorder usually develop?

According to the DSM-5, individuals can be diagnosed with antisocial personality disorder if they start showing symptoms of conduct disorder before age 15; such symptoms may include aggressive behavior toward people or animals, purposeful property destruction, and deceit or theft, among others. Children who are diagnosed with conduct disorder before the age of 10 appear to have a significantly greater risk of meeting the criteria for ASPD in adulthood. However, not all children who receive a diagnosis of conduct disorder go on to be diagnosed with ASPD. Early diagnosis and treatment can increase the likelihood that they will learn to manage their symptoms and grow into adjusted adults.

Can a child be diagnosed with antisocial personality disorder?

A diagnosis of antisocial personality disorder is typically not given before the age of 18. However, children who go on to develop ASPD as adults will show signs of the disorder in their youth, which typically begin during late childhood or the early [teen](#) years. Some children who receive a conduct disorder diagnosis will be diagnosed with ASPD in adulthood.

How common is antisocial personality disorder?

Antisocial personality disorder is relatively rare. According to the DSM-5, between .2 and 3.3 percent of the population may meet the criteria for antisocial personality disorder. The disorder is more common in men; about 3 percent of men and about 1 percent of women are thought to have ASPD.

Causes

While the exact causes of antisocial personality disorder are not fully understood, a mix of environmental and genetic factors has been strongly implicated. Genetic factors are suspected since the incidence of antisocial behavior is higher in people with a biological parent or another immediate family member who displays antisocial characteristics. Environmental factors may also play a role, particularly childhood abuse or neglect; evidence suggests that someone who is treated violently or raised by someone who displayed other antisocial tendencies is more likely to develop them as well.

Why is antisocial personality disorder more common in men?

The exact reason for ASPD's gender disparity is not fully understood, but may be due to a combination of genetic and cultural factors. Some experts hypothesize that gender differences in psychopathy, a

related construct, may stem in part from diagnostic criteria that are biased toward male behavior. Psychopathic men, for instance, are more likely to behave violently, while women may be more likely to behave in less outwardly aggressive (yet still antisocial) ways, potentially making them better able to avoid detection. Whether the same is true for antisocial personality disorder is not clear, though some evidence suggests that males with ASPD are more likely to behave violently than females.

Which factors increase the risk of antisocial personality disorder?

Experiencing trauma, neglect, or abuse early in life appears to significantly increase someone's likelihood of developing antisocial personality disorder, especially among those who are already genetically vulnerable. Growing up with parents who abused drugs or alcohol, or abusing drugs or alcohol oneself, may also increase risk. Being male further increases the likelihood that someone will be diagnosed with ASPD.

Can antisocial personality disorder be caused by a brain injury?

The connection between serious brain injuries and antisocial personality disorder is not fully understood. However, traumatic brain injury (TBI) has been found to correlate with antisocial behavior in some studies. Several notable serial killers—many of whom could qualify for a diagnosis of antisocial personality disorder—had significant head injuries in their youth, suggesting there may be a direct causal link between early brain damage and later violent behavior. However, such a link is still speculative; because such injuries typically occurred early in childhood, it's difficult to determine if they directly caused later antisocial behavior—or, if they did play a role, whether they were more or less influential than other genetic or environmental factors.

Traumatic brain injury that occurs in adulthood can also trigger mood and personality changes, including, in some cases, anger or aggression. However, an adult acting violently or antisocially after a brain injury would not qualify for a diagnosis of antisocial personality disorder, as ASPD, by definition, is a deeply-rooted and enduring pattern of behavior that is present from childhood onward.

Is antisocial personality disorder the same as psychopathy?

No. Antisocial personality disorder and psychopathy share some features and may sometimes co-occur, but they are distinct constructs. Antisocial personality disorder is a deep-seated pattern of antisocial behaviors, such as law-breaking or physical aggression. Psychopathy is a trait characterized primarily by a lack of empathy, shallow affect, and a grandiose sense of self-worth. Psychopaths also frequently engage in antisocial behavior—indeed, whether they do so is a key part of a psychopathy assessment—and many may even qualify for a diagnosis of ASPD; however, some evidence suggests that only one-third of people with ASPD meet the criteria for psychopathy.

Psychopathy, unlike antisocial personality disorder, is considered part of the "Dark Triad," a collection of three malevolent personality traits that have been found to frequently overlap and that are associated with manipulative, callous behavior.

Why are antisocial personality disorder and psychopathy so frequently confused?

The terms "psychopathy" and "antisocial personality" are frequently used interchangeably, especially in media depictions of violent actors, creating confusion among the general public about the technical definition of both terms.

Confusion also stems in part from the terms' histories. In early editions of the DSM, psychopathy was

a formal diagnosis that could be given to individuals who showed impaired empathy, an inflated ego, a lack of remorse, and persistent antisocial behavior, among other traits. When the DSM-III was published in 1980, however, psychopathy was replaced with antisocial personality disorder, and the diagnostic criteria were updated to focus primarily on external, observable behaviors—such as lying, aggression, or law-breaking—rather than internal traits like lack of empathy, grandiosity, or muted emotions.

Robert Hare, the researcher who developed The Hare Psychopathy Checklist, a widely-used measure of psychopathy, criticized this change, as have other researchers who study psychopathy and antisocial behavior. The DSM definition of ASPD no longer captures the core internal traits of psychopathy, they argue—and because it focuses on behavior but does not take motivation into account, it lumps together many people who behave antisocially but may have very different reasons for doing so. Indeed, many people in prison meet the criteria for ASPD, even though they may be dissimilar in personalities, attitudes, and motivation. Hare has claimed that while most psychopaths might meet the criteria for ASPD, most people diagnosed with ASPD are not psychopaths.

However, in spite of his and other researchers' public comments about the issue, many laypeople continue to use the words interchangeably or assume that "psychopath" is a formal diagnosis.

Treatment

Antisocial personality disorder is one of the most difficult personality disorders to treat. Individuals rarely seek treatment on their own and may initiate therapy only when mandated to do so by a court. When they do enter therapy, they may be unengaged or even actively hostile toward the therapist. Yet some therapies, sometimes combined with psychiatric treatment, have shown promise in certain cases.

There is no clearly indicated treatment for antisocial personality disorder, though CBT is sometimes used. Recently, the antipsychotic medication clozapine has shown promising results in improving symptoms among men with antisocial personality disorder.

Can therapy help treat antisocial personality disorder?

Therapy can be effective in some cases of antisocial personality disorder but not all; it tends to be less effective as the disorder increases in severity. In cases where it is used, it may be based on CBT or other talk therapy modalities that target behaviors and problematic thought patterns, or that aim to help the individual with ASPD better understand how their actions affect others. Therapy may also incorporate elements of anger management, substance abuse treatment, or other relevant approaches according to the individual's specific symptoms and comorbid conditions.

Which medications may be used to treat antisocial personality disorder?

Several medications have been used to treat ASPD; they tend to be most effective at curbing aggression or erratic moods, rather than changing the underlying motivations that drive behavior. Antidepressants, antipsychotics, and mood stabilizers such as lithium may be prescribed to treat antisocial personality disorder; individuals who are in prison or receiving court-mandated treatment may be required to take medication (and/or undergo therapy) per the instructions of a judge.

Can antisocial personality disorder be cured?

There is currently no known cure for antisocial personality disorder. However, with treatment, some individuals with antisocial personality disorder—particularly those that have strong social ties and the support of their families—are able to improve their ability to function and become more aware of how

their actions affect others.

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