CHAPTER 16

Antisocial Personality Disorder

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Introduction

Behaviors that fly in the face of social convention and legal restraint have provoked interest and argument throughout recorded history. Early clinical accounts described individuals who failed to conform to moral and legal expectations by referring to evil spirits, moral defects, and personal inferiors. More recent clinical and research work has focused on measuring the antisocial personality and developing a nomenclature for distinguishing antisocial from other categories of character disorder. The literature continues to reflect a deficit model that explains antisocial proclivity, and the search persists for biological and psychological corollaries of blatant nonconformity. This chapter reviews historical and present conceptualizations of antisocial personality from a broad perspective. Competing views concerning classification of the disorder are presented, and etiologic theories that attempt to account for its origins, concomitants, and progression are described. Empirical tests of assumptions derived from these theories are discussed, as are available assessment techniques and current approaches to treatment or behavior change.

Labeling of Antisocial Personality

Early nineteenth century accounts described individuals whose behaviors offended normative cultural standards and subgroup ethics yet lacked symptomatology easily classified as psychotically deranged or frankly delusional. Puzzled by persons who seemed to share disregard for conventional mores, observers of behavior disorders sought an explanation in the concept of moral deficiency. In 1801, Phillipe Pinel (1801/1962) identified “manie sans delire,” a disorder characterized by aberrant affect, proneness to impulsive rage, but no deficit in reasoning abilities. Also writing in the early nineteenth century, the American psychiatrist Benjamin Rush (1835) described individuals who were constitutionally deficient in moral faculties. These notions were elaborated by the English psychiatrist J. C. Prichard (1835) who popularized the label “moral insanity” and beliefs that antisocial behaviors resulted from organic or constitutional factors with poor prognosis for change. Early German contributions to the classification of behaviorally deviant individuals included references to “psychopathic inferiorities” (Koch, 1891) and typologies of “psychopathic personality” (Kraepelin, 1907/1923; Schneider, 1923).

Contemporary synonyms for the theoretical constructs “psychopathic inferiority” and “psychopathic personality” include “sociopathic personality,” “psychopathy,” and “antisocial personality disorder.” Each label has been a target of criticism and argument, although all refer to a disposition to antisocial behavior and social deviance resulting from personal deficiencies or psychological abnormalities. In the tradition of Ger-
man nosologists, Cleckley (1982) and Hare (1980) defined psychopaths as individuals who combined deviant personality traits and antisocial behaviors which were often criminal in their severity. Taking a different perspective, Partridge (1930) coined the term “sociopathic personality” to emphasize failure to conform to societal demands and pointed to the role of environmental or cultural factors in the etiology of behavioral deviance. During the 1960s and 1970s, psychosocial theorists and psychiatric clinicians preferred the term sociopathy (Robins, 1966; Vaillant, 1975), and “sociopathic personality” was included in the Diagnostic and Statistical Manual of the American Psychiatric Association (APA) in 1952 (DSM-I).

Most widely accepted in recent years has been the label antisocial personality disorder (ASPD), which appears in the last three editions of the DSM (APA, 1980, 1987, 1994). DSM-III and DSM-III-R criteria for ASPD differed significantly from those enumerated in DSM-II (APA, 1968). Whereas the 1968 diagnosis was composed largely of attributions regarding personality traits and inferences about underlying processes derived primarily from the Cleckley (1941) conceptualization of psychopathy, the newer criteria constituted a lengthy checklist of antisocial behaviors developed in large measure from criteria proposed by Robins (1966) that must be present in certain frequencies before and after age 15, conveying both the severity and chronicity of the disorder. References to irresponsibility, irritability, aggressiveness, impulsivity, and lack of remorse represented the few psychological characteristics on this list. Critics of the revised nomenclature and diagnostic criteria complained that though reliability was enhanced by criteria operationalization, the clinical meaning of the category had been compromised with definitive criteria both overly inclusive (Wulach, 1983) and exclusive (Hare, 1983; Millon, 1983).

Additionally, critics of the revised diagnostic criteria pointed to a neglect of the trait concepts of psychopathy and the complexity and length of diagnostic criteria (Alterman & Cacciola, 1991; Hare, Hart, & Harpur, 1991; Widiger & Corbitt, 1993; Widiger, Frances, Pincus, Davis, & First, 1991). It was suggested that clinicians often found traits of psychopathy (e.g., disregard for consequences of behavior, disregard for feelings of others) more relevant to ASPD than such DSM-III and DSM-III-R criteria as unemployment for six months and traveling from place to place without a prearranged job or plans (Tennent, Tennent, Prins, & Bedford, 1990) and that DSM-III and DSM-III-R criteria resulted in overdiagnosis of ASPD in criminal and forensic settings (Hart & Hare, 1989). For example, Hart and Hare (1989) reported that 50% of the men remanded by courts to forensic units met the criteria for ASPD, whereas only 13% met the criteria for psychopathy, as defined by the Psychopathy Checklist (Hare, 1980). In contrast, Robins, Tipp, and Pryzbeck (1991) reviewed Epidemiological Catchment Area (ECA) data and found that only 47% of individuals who met the DSM-III ASPD criteria had significant arrest records and reported that adult symptoms of job troubles (94%), violence (85%), multiple moving traffic offenses (72%), and severe marital difficulties (67%) were more typical of ASPD than criminality. Further, Robins et al. (1991) observed an ASPD prevalence of 50% among prisoners within the ECA database but concluded that a 50% base rate for ASPD in a prison setting is consistent with theoretical and clinical explanations, thus refuting claims that DSM criteria equate ASPD with criminality.

Given this background, two important directions were considered during the development of DSM-IV and in designing and executing the DSM-IV field trial for ASPD: (1) greater emphasis on personality traits of psychopathy and (2) simplification of the criteria set without substantially changing the diagnosis (Widiger et al., 1996). With regard to the first proposal, the DSM-IV ASPD Field Trial considered two alternative criteria sets in addition to that of DSM-III-R: a modified version of the criteria for the Psychopathy Checklist-Revised (PCL-R: Hare, 1991) and research criteria for dissocial personality disorder as derived for the 10th edition of the International Classification of Diseases (ICD-10, World Health Organization, 1990). Thus, the reliability and concurrent validity of the DSM-III-R criteria, a ten-item version of the PCL-R criteria (Hare, Hart, & Harpur, 1991), and ICD-10 criteria were examined as sets and as individual items. The field trial also examined whether the DSM-III-R criteria set could be abbreviated without affecting the diagnosis (Frances, Pincus, Widiger, Davis, & First, 1990).

As a result of this and other field trials, as well as a review of the literature, data reanalyses, and the desire for compatibility with ICD-10 Diagnostic Criteria for Research (APA, 1994), the DSM-IV criteria for ASPD were modified from those of