

# Lack of remorse in antisocial personality disorder: sociodemographic correlates, symptomatic presentation, and comorbidity with Axis I and Axis II disorders in the National Epidemiologic Survey on Alcohol and Related Conditions

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## Abstract

**Objective:** The purpose of this study was to compare sociodemographic and family history correlates, symptomatic presentation, and comorbidity with Axis I and Axis II disorders, in an epidemiologic sample of adults with *DSM-IV* antisocial personality disorder (ASPD) who lacked, vs those who did not lack, remorse.

**Methods:** This study is based on a nationally representative sample of adults. Lifetime prevalences of each ASPD diagnostic criterion and each comorbid mood, anxiety, substance use, and personality disorder were estimated. Logistic regression was used to examine associations of lack of remorse with ASPD symptom patterns and comorbid disorders. Diagnoses were made using the National Institute on Alcohol Abuse and Alcoholism Alcohol Use Disorder and Associated Disabilities Interview Schedule–*DSM-IV* Version.

**Results:** Among the 1422 respondents with ASPD, 728 (51%) lacked remorse. Respondents who lacked remorse were younger and more often reported a family history of drug problems than those who did not. More often than remorse-positive respondents, those who were remorse-negative met diagnostic criteria involving violence against persons and less often met criteria involving offenses against property. Remorse was not associated with cruelty to animals, nor with most nonviolent antisocial behaviors. Remorse-negative respondents endorsed more total lifetime violent behaviors than those who were remorse-positive. Lack of remorse was not associated with any lifetime comorbid Axis I or Axis II disorder. Patterns of findings were generally similar between men and women.

**Conclusions:** Lack of remorse appears to identify at best a modestly more symptomatically severe and violent form of ASPD in nonclinical populations.

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## 1. Introduction

Under *DSM-III* [1], *DSM-III-R* [2], and *DSM-IV* [3] criteria, the antisocial personality disorder (ASPD) diagnosis has emphasized overt antisocial behaviors and primarily criminal acts. Although it yields good diagnostic reliability, this approach has generated controversy for its radical departure from the clinical traditions of psychopathy. Antisocial behaviors constitute only one of 3 correlated

but distinct facets of psychopathy [4,5]. The other 2 components relate to emotional detachment [5–7], including arrogant and deceitful interpersonal style (glibness or superficial charm, grandiosity, pathological lying, and conning or manipulateness) and deficient affective experience (primarily lack of remorse and lack of empathy). To address concerns raised by the focus begun in *DSM-III* on antisocial behaviors, *DSM-III-R* and *DSM-IV* included lack of remorse and empathy in the criteria sets for ASPD, but neither system made it a requirement for the diagnosis.

Among incarcerated men, prevalence estimates for ASPD range from 50% to 100%, whereas those for psychopathy are typically 30% or lower; although there is considerable overlap between individuals diagnosable with psychopathy

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and those diagnosable with ASPD, this overlap is not complete [8–11]. The majority of incarcerated male offenders who qualify for a diagnosis of psychopathy as measured by Psychopathy Checklist–Revised scores of more than 30, or who demonstrate high levels of psychopathic traits on such instruments as the California Personality Inventory–Socialization Scale [12], also meet *DSM* criteria for ASPD [8,9]. Conversely, only one third or fewer of incarcerated men meeting *DSM* criteria for ASPD are diagnosable as psychopathic [8,13]. *DSM* diagnoses of ASPD are at best weakly predictive of behavior problems during incarceration and postrelease recidivism, in part because the prevalence of ASPD among incarcerated men is so high. However, men diagnosed with both ASPD and high levels of Psychopathy Checklist–Revised–defined psychopathy show more “versatile” lifetime antisociality than men with ASPD but no or low levels of psychopathy [8,10,14], including more “overt,” that is, confrontational, violent, and aggressive [15–17], behavior, particularly against other people. Furthermore, psychopathy, including both the interpersonal/affective and the antisocial behavioral domains [18], significantly and substantially predicts disciplinary problems within correctional settings as well as both general and, in particular, violent reoffending following release [8–10,19,20]. Few data are available concerning incarcerated women, but broadly similar patterns appear to prevail [21–23]. Thus, in correctional settings, in addition to indicating more polysymptomatic and violent lifetime antisocial behavior patterns, psychopathy may be a more prognostically useful construct than *DSM*-defined ASPD.

Data from nonforensic clinical settings concerning prevalence, co-occurrence vs divergence, and prognostic validity and utility of *DSM*-defined ASPD vs psychopathy, particularly in their fully diagnosable forms, are quite limited and come primarily from addictions treatment programs. As in forensic settings, ASPD is substantially more prevalent than psychopathy, with at most one third of individuals who meet criteria for ASPD also meeting criteria for psychopathy [24,25]. Among alcoholic inpatients, *DSM-III* ASPD, but not psychopathy, was associated with more problematic drinking history [26]. Conversely, both the interpersonal/affective and the behavioral factors of psychopathy were associated with more problematic heroin use history, whereas the behavioral factor, corresponding roughly to a subset of ASPD diagnostic criteria, was associated with more previous drug treatments, among male methadone patients [27]. Similarly, among treatment-seeking, cocaine-dependent women, psychopathy, but not ASPD, was associated with histories of illegal activity at treatment admission [28]. However, although evidence concerning the association of ASPD with substance abuse treatment outcomes is mixed [29–33], there does not appear to be differential prediction of substance abuse treatment outcomes by psychopathy vs ASPD [25].

The more specific question of whether ASPD itself differs phenomenologically by the presence or absence of

characteristics of psychopathy, including lack of remorse, has likewise received limited attention. Using the Diagnostic Interview Schedule for *DSM-III-R* criteria (DIS-III-R) [34], Goldstein et al [35] found statistically significant but modest differences in symptomatic presentation, primarily with respect to overt behaviors, including elevated odds of confrontational stealing and more total violent symptoms endorsed over the lifespan, as well as more total childhood criteria met, among residential addictions treatment clients with ASPD who lacked remorse (remorse-negative) than among those who did not (remorse-positive). In addition, the remorse-negative subgroup demonstrated elevated odds of lifetime major depressive disorder. However, the small size of that sample, particularly the limited number of women, limited the precision of the findings and precluded statistically meaningful sex-specific analyses. In addition, the ascertainment of the sample from a single publicly funded addictions treatment program raises questions about generalizability of the findings, and their potential clinical and public health implications, to nonclinical populations.

Accordingly, the purpose of this report was to examine associations of lack of remorse with sociodemographic and family history characteristics, symptomatic presentation, and comorbidity with Axis I and Axis II disorders among respondents diagnosed with ASPD in the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) [36,37]. This report from the NESARC advances prior research on several fronts. First, the NESARC is the first of the major psychiatric epidemiologic surveys to use *DSM-IV* criteria. Second, with a nationally representative sample of 43 093 respondents, the number of identified cases (1422) of ASPD in the NESARC is large enough to allow accurate, precise estimates of sociodemographic correlates (including family history of antisocial behavior, alcoholism and drug problems, and major depression), as well as comorbidity with other mental disorders by lack of remorse. In addition, the large sample size allows investigation of whether associations between lack of remorse and other characteristics under study are similar or different between men and women.

## 2. Methods

### 2.1. Sample

The 2001–2002 NESARC is a representative sample of the United States conducted by the National Institute on Alcohol Abuse and Alcoholism, as described elsewhere [36,37]. The NESARC target population was the civilian noninstitutionalized population residing in households and group quarters, 18 years and older. All potential NESARC respondents were informed in writing about the nature of the survey, the statistical uses of the survey data, the voluntary aspect of their participation, and the federal laws that rigorously provide for the strict confidentiality of identifiable survey information. Those respondents who consented

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