

discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- (1) ideas of reference (excluding delusions of reference)
- (2) odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or "sixth sense"; in children and adolescents, bizarre fantasies or preoccupations)
- (3) unusual perceptual experiences, including bodily illusions
- (4) odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped)
- (5) suspiciousness or paranoid ideation
- (6) inappropriate or constricted affect
- (7) behavior or appearance that is odd, eccentric, or peculiar
- (8) lack of close friends or confidants other than first-degree relatives
- (9) excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self

B. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, another Psychotic Disorder, or a Pervasive Developmental Disorder.

**Note:** If criteria are met prior to the onset of Schizophrenia, add "Premorbid," e.g., "Schizotypal Personality Disorder (Premorbid)."

## Cluster B Personality Disorders

### 301.7 Antisocial Personality Disorder

#### *Diagnostic Features*

The essential feature of Antisocial Personality Disorder is a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood.

This pattern has also been referred to as psychopathy, sociopathy, or dyssocial personality disorder. Because deceit and manipulation are central features of Antisocial Personality Disorder, it may be especially helpful to integrate information acquired from

systematic clinical assessment with information collected from collateral sources.

For this diagnosis to be given, the individual must be at least age 18 years (Criterion B) and must have had a history of some symptoms of Conduct Disorder before age 15 years (Criterion C). Conduct Disorder involves a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. The specific behaviors characteristic of Conduct Disorder fall into one of four categories: aggression to people and animals, destruction of property, deceitfulness or theft, or serious violation of rules. These are described in more detail on p. 85.

The pattern of antisocial behavior continues into adulthood. Individuals with Antisocial Personality Disorder fail to conform to social norms with respect to lawful behavior (Criterion A1). They may repeatedly perform acts that are grounds for arrest (whether they are arrested or not), such as destroying property, harassing others, stealing, or pursuing illegal occupations. Persons with this disorder disregard the wishes, rights, or feelings of others. They are frequently deceitful and manipulative in order to gain personal profit or pleasure (e.g., to obtain money, sex, or power) (Criterion A2). They may repeatedly lie, use an alias, con others, or malingering. A pattern of impulsivity may be manifested by a failure to plan ahead (Criterion A3). Decisions are made on the spur of the moment, without forethought, and without consideration for the consequences to self or others; this may lead to sudden changes of jobs, residences, or relationships. Individuals with Antisocial Personality Disorder tend to be irritable and aggressive and may repeatedly get into physical fights or commit acts of physical assault (including spouse beating or child beating) (Criterion A4). Aggressive acts that are required to defend oneself or someone else are not considered to be evidence for this item. These individuals also display a reckless disregard for the safety of themselves or others (Criterion A5). This may be evidenced in their driving behavior (recurrent speeding, driving while intoxicated, multiple accidents). They may engage in sexual behavior or substance use that has a high risk for harmful consequences. They may neglect or fail to care for a child in a way that puts the child in danger.

Individuals with Antisocial Personality Disorder also tend to be consistently and extremely irresponsible (Criterion A6). Irresponsible work behavior may be indicated by significant periods of unemployment despite available job opportunities, or by abandonment of several jobs without a realistic plan for getting another job. There may also be a pattern of repeated absences from work that are not explained by illness either in themselves or in their family. Financial irresponsibility is indicated by acts such as defaulting on debts, failing to provide child support, or failing to support other dependents on a regular basis. Individuals with Antisocial Personality Disorder show little remorse for the consequences of their acts (Criterion A7). They may be indifferent to, or provide a superficial rationalization for, having hurt, mistreated, or stolen from someone (e.g., "life's unfair," "losers deserve to lose," or "he had it coming anyway"). These individuals may blame the victims for being foolish, helpless, or deserving their fate; they may minimize the harmful consequences of their actions; or they may simply indicate complete indifference. They generally fail to compensate or make amends for their behavior. They may believe that everyone is out to "help number one" and that one should stop at nothing to avoid being pushed around.

The antisocial behavior must not occur exclusively during the course of Schizophrenia or a Manic Episode (Criterion D).

## **Associated Features**

Individuals with Antisocial Personality Disorder are often cold, callous, cynical, and may have an inflated sense of self or lack a realistic self-appraisal, and may be excessively opinionated and charming and can be quite manipulative that might impress others. They have a distorted self-appraisal, and a distorted view of traditional concepts. Individuals with Antisocial Personality Disorder may engage in aggressive acts that are socially unacceptable and exploitative. They may have multiple sexual partners and be irresponsible as parents. A child resulting from a nonresident relative may be neglected or even abused when the individual is required for household chores from the impoverished or even involved with Antisocial Personality Disorder. The population to die from

Individuals with Antisocial Personality Disorder may have a history of tension, inability to relax, and Anxiety Disorders. Individuals with Antisocial Personality Disorder may have a history of other Personality Disorders. The adult life is increased (before age 10 years) abuse or neglect, which increase the likelihood of Antisocial Personality Disorder.

## **Specific Cultural Considerations**

Antisocial Personality Disorder is more common in male and urban settings. The diagnosis is misapplied to individuals who are victims of a protective survival strategy to consider the social context.

By definition, Antisocial Personality Disorder has been some concern for females, particularly those with a history of Conduct Disorder.

זו הפרעת אישיות שבדרך כלל מתבטאת באי התאמה בולטת בין ההתנהגות ובין הנורמות החברתיות המקובלות. מאפייניה הם:

א. אטימות מוחלטת כלפי רגשותיהם של אחרים;

ב. גישה כוללת ומתמדת של חוסר אחריות ושל אי התייחסות לנורמות, לכללינו ולחובות חברתיות;

ג. חוסר יכולת לקיים קשרים ממושכים, אם כי אין שום קושי לכונן אותם;

ד. סובלנות נמוכה מאוד לתסכול וסף נמוך לפורקן תוקפנות, בכלל זה אלימות;

ה. אי יכולת לחוות אשמה ולהפיק תועלת מהניסיון, ובעיקר מעונש;

ו. נטייה בולטת להאשים אחרים או להציע ביסוס גיוני לכאורה להתנהגות שהובילה את החולה למאבק עם החברה.

יכולה להיות גם נטייה לרוגזנות מתמדת, כאפיון נלווה. הפרעות התנהגות (conduct) בילדות ובתקופת ההתבגרות, אף שאינן חייבות להיות נוכחות, מוסיפות תמיכה לאבחנה זו.

**כולל:** (הפרעה של) אישיות לא מוסרית, אנטי-סוציאלית, א-סוציאלית, פסיכופתית וסוציופתית

**לא כולל:** הפרעות התנהגות (conduct) (F91.-) הפרעת אישיות לא יציבה מבחינה רגשית (F60.3)

הפרעת אישיות שבה יש נטייה בולטת לפעול בצורה אימפולסיבית ללא התחשבות בתוצאות האפשריות, יחד עם אי יציבות רגשית ועם יכולת מועטה לתכנן מראש. התפרצויות זעם עצומות יכולות להוביל לאלימות או ל"פיצוצים התנהגותיים"; כשאחרים מבקרים או מסכלים מעשים אימפולסיביים של החולה, הם מחזקים בנקל פיצוצים כאלה. להלן יוגדרו שתי צורות של הפרעת אישיות זו, החולקות אותם מאפיינים של אימפולסיביות והעדר שליטה עצמית.

F60.30 סוג אימפולסיבי

המאפיינים העיקריים הם: איריציבות רגשית והעדר שליטה על דחפים. התפרצויות אלימות והתנהגות מאיימת שכיחות מאוד, בעיקר כתגובה לביקורת של אחרים.

**כולל:** (הפרעה של) אישיות "מתפוצצת" ותוקפנית

**לא כולל:** הפרעת אישיות דיסוציאלית (F60.2)

F60.31 סוג גבולי

יש כמה מהמאפיינים של איריציבות רגשית; נוסף להם, הדימוי העצמי של החולה, מטרותיו והעדפותיו הפנימיות (כולל המיניות), לעתים קרובות אינם ברורים או מופרעים. על-פירוב, יש הרגשה כרונית של ריקנות. הנטייה להיות מעורב בקשרים עזים ולא יציבים עלולה להוביל למשברים רגשיים חוזרים ולהביא למאמצים

עצומים להימנע מנטישה, לרבות באמצעות איומים אובדניים ומעשים של פגיעה עצמית (אף שכל זה יכול להתרחש ללא שום גורם חיצוני מאיץ הגלוי לעין).

**כולל:** (הפרעת) אישיות גבולית