

The Relationship Between Attention Deficit Hyperactivity Disorder Symptoms and Forgiveness Behavior Pattern in Antisocial Personality Disorder

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ABSTRACT

Objective: This study aimed to examine the relationship between Attention Deficit Hyperactivity Disorder (ADHD) symptom severity and forgiveness behavior among individuals with Antisocial Personality Disorder (ASPD), both with and without comorbid ADHD, in comparison to a healthy control group.

Methods: The sample consisted of 190 male participants divided into three groups: ASPD with ADHD symptoms (n=52), ASPD without ADHD symptoms (n=38), and a healthy control group (n=100). Diagnoses were established through structured clinical interviews based on DSM-V-TR criteria. Participants completed the Adult ADHD Symptom Scale and the Forgiveness Scale. Correlation analyses were conducted separately for each group to explore the association between ADHD symptom scores and forgiveness.

Results: Sociodemographic variables were evenly distributed across all groups. A significant negative correlation was observed between ADHD symptoms and forgiveness in the ASPD without ADHD group ($r=-0.418$, $p=0.008$), indicating that increased ADHD symptoms in this group were associated with lower forgiveness. In contrast, a positive correlation was found in the ASPD with ADHD group ($r=0.104$, $p=0.043$) and the healthy control group ($r=0.196$, $p=0.005$), suggesting that higher ADHD symptoms may be related to increased forgiveness in these populations.

Conclusion: The findings suggest that ADHD symptoms may modulate emotional responsiveness and forgiveness behavior, even in individuals with antisocial traits. The presence of forgiving behavior in antisocial individuals may reflect ADHD-related emotional variability rather than the absence of antisocial pathology. These results highlight the diagnostic complexity between ADHD and ASPD and underline the importance of multidimensional assessment in clinical practice.

INTRODUCTION

Antisocial Personality Disorder (ASPD) is a mental health condition characterized by a persistent disregard for the rights of others, accompanied by irresponsible, aggressive, and rule-breaking behaviors.^[1] Individuals with ASPD frequently exhibit chronic patterns of illegal behavior, impulsivity, hostility, physical aggression, and poor adherence to social norms.^[2] In addition to overt behavioral problems, impairments in social relationships, emotional coldness, lack of remorse, and diminished concern for others' feelings are commonly observed.^[3] These enduring personality features often lead to significant functional impairments across multiple life domains.^[3,4] ASPD is also frequently associated with comorbid psychiatric conditions, particularly

substance use disorders, and is linked to increased rates of both natural and unnatural mortality.^[5]

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder defined by persistent symptoms of inattention, hyperactivity, and impulsivity that interfere with daily functioning.^[6] In adulthood, ADHD symptoms may present as difficulties in sustaining attention, impaired impulse control, emotional instability, and challenges in occupational and social functioning.^[7] An increasing body of literature demonstrates a strong association between ADHD and ASPD, with ADHD symptoms often preceding or accompanying antisocial behaviors, particularly from adolescence onward.^[8] Individuals with comorbid ADHD and ASPD tend to exhibit more severe behavioral dysreg-

ulation, greater functional impairment, and poorer long-term outcomes compared to individuals diagnosed with either disorder alone.^[5,9]

From a neurobiological and psychological perspective, ADHD and ASPD appear to share overlapping mechanisms, particularly in domains related to impulse control, emotional regulation, and executive functioning.^[10] These shared vulnerabilities may contribute to the high comorbidity observed between the two disorders and complicate diagnostic differentiation.^[11,12] While ASPD is typically associated with emotional detachment and reduced empathy, ADHD has been linked to emotional reactivity and affective instability, suggesting that individuals with overlapping symptom profiles may demonstrate more heterogeneous interpersonal characteristics than traditionally assumed.^[2]

Beyond core diagnostic symptoms, interpersonal processes such as forgiveness represent an important yet underexplored dimension in individuals with ASPD and ADHD.^[13] Forgiveness is generally defined as the willingness to reduce resentment, negative judgment, and retaliatory motivations toward an offender.^[13] Low levels of forgiveness have been associated with increased aggression, interpersonal conflict, and emotional dysregulation—features frequently observed in both ADHD and ASPD populations.^[14] Previous studies have also reported associations between ADHD symptom severity and forgiveness-related tendencies, suggesting that attentional and emotional dysregulation may influence interpersonal responses to perceived wrongdoing.^[15-17]

Despite the established links between ADHD, ASPD, and interpersonal dysfunction, the role of forgiveness within this relationship remains insufficiently investigated. Understanding how forgiveness relates to ADHD symptom severity in individuals with ASPD may provide valuable insights into the emotional and interpersonal mechanisms underlying these complex clinical presentations. Therefore, the present study aims to examine the association between ADHD symptoms and forgiveness behavior in individuals diagnosed with ASPD, both with and without comorbid ADHD, in comparison to a healthy control group. Clarifying these relationships may contribute to more nuanced clinical assessments and inform targeted intervention strategies aimed at improving interpersonal functioning and reducing maladaptive behaviors in this population.

MATERIALS AND METHODS

The study recruited a sample of 90 male adults diagnosed with ASPD using the Structured Clinical Interview for DSM Disorders (SCID), administered by a psychiatrist from Kartal Dr Lutfi Kirdar City Hospital between January 2023 and June 2023. Participants were randomly selected among individuals diagnosed with ASPD and included in the study on a voluntary basis. The study procedures were conducted according to the Declaration of Helsinki. Additionally, the study was approved by the Kartal Dr. Lutfi

Kirdar City Hospital Clinical Research Ethics Committee under decision number 2018/514/139/1 and 12/10/2018 date. After the participants were informed about the study by a researcher, the written informed consent was obtained. The inclusion criteria were as follows: Having a diagnosis of ASPD according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR) diagnostic criteria, being literate, and agreeing to participate in the study. Patients with active psychotic symptoms, being under the influence of a substance, meeting the diagnostic criteria for mood disorder, and having psychiatric or organic mental disorders other than ASPD that may cause impulsivity/behavior disorder were excluded from the study. After all exclusions, a total of 90 individuals with ASPD were evaluated. Besides, healthy control group (n=100) was also evaluated as part of the comparison group. For this group, participants were required to be between the ages of 18 and 65, have no current or past psychiatric diagnosis, no history of psychiatric treatment, no use of psychotropic medication, and no history of substance or alcohol dependence or neurological illness. Additionally, individuals scoring below the clinical threshold on the ADHD symptom scale and without significant attention or impulse control complaints were included. All participants had to be literate and provide informed consent.

Exclusion criteria for the control group included any current or past diagnosis of a psychiatric or neurodevelopmental disorder (including ADHD, depression, anxiety, bipolar disorder, or personality disorders), current use of psychotropic medication, a history of neurological disease or head trauma, and ongoing substance use or dependence. Participants who failed to meet these criteria were excluded to preserve the integrity of the comparison group.

Data were collected through standardized measurement inventories and scales administered to the participants. In particular, DSM-V criteria were taken into consideration in the assessment of ASPD and ADHD symptoms. Participants were assessed using a sociodemographic information form, the Attention Deficit Hyperactivity Disorder Symptom Scale, and the Forgiveness Scale.

Outcome measures

A structured sociodemographic questionnaire developed by the researcher was applied to determine the sociodemographic characteristics of the individuals.

Structured Clinical Interview for DSM-V I and II (SCID I and SCID II) which was administered by a psychiatrist and developed according to DSM-V diagnostic criteria, was used in the diagnostic interviews of the patients. SCID I is a structured interview for clinical psychiatric diagnoses in accordance with DSM-V criteria and SCID II is a structured interview for diagnosing personality disorders. Turkish validity and reliability studies of the SCID were conducted by Çorapçıoğlu et al.^[18]

The Adult Attention Deficit Hyperactivity Disorder Symptom Scale is a 30-item self-report measure that assesses the presence and severity of ADHD symptoms across the domains of attention deficit, hyperactivity/impulsivity, and characteristics associated with attention deficit disorder/attention deficit hyperactivity disorder.^[19]

Forgiveness Scale is a validated self-report measure assessing the level of forgiveness of individuals. The scale consists of 10 questions and the total score ranges from 10 to 50. The Turkish validity and reliability of the scale was conducted by Sariçam et al.^[20]

All assessments were administered face-to-face by the researcher to the individuals included in the study in the form of a questionnaire.

Statistical analyses

The data were analyzed using Statistical Package for the

Social Sciences (SPSS) (Version 25.0; SPSS Inc., Chicago, Illinois, USA) statistical software. Number, percentage, mean values, and standard deviations were used. Descriptive statistics, and correlation analyses were used to examine the relationships between ADHD symptoms, forgiveness, and ASPD symptoms. Pearson correlation analysis was conducted separately for each group to examine the relationship between ADHD symptom severity and forgiveness tendency. A p-value less than 0.05 was considered statistically significant.

RESULTS

A total of 190 participants were included in the study, consisting of individuals with ASPD with ADHD symptoms (n=52), ASPD without ADHD symptoms (n=38), and control group (n=100). The groups were compared in terms of age, education level, marital status, economic status,

Table 1. Sociodemographic characteristics between groups

	ASPD without ADHD (n=38)	ASPD with ADHD (n=52)	Control Group (n=100)	F/ χ^2	p
Age (year \pm SD)	35.40 \pm 9.02	38.32 \pm 11.01	36.55 \pm 10.38	2.77	0.065
Education level					
Illiterate	2	3	5	14.10	0.55
Primary school	10	13	25		
Middle school	11	15	30		
High school	9	13	25		
University	6	8	15		
Marital status					
Married	13	18	35	20.04	0.61
Single	19	26	50		
Divorced	6	8	15		
Economic status					
Low	19	26	50	13.62	0.74
Middle	13	18	35		
Good	6	8	15		
Current Employment status					
Employed	21	29	55	37.86	0.82
Unemployed	17	23	45		
History of suicide					
Yes	8	10	20	52.21	0.59
No	30	42	80		
Substance use status					
Never used	10	13	25		
Currently using	19	26	50	30.07	0.67
Used in the past, but quit	9	13	25		
Smoking status					
Never smoked	11	16	30	37.99	0.71
Currently smoking	19	26	50		
Used to smoke, but quit	8	10	20		

Mean and standard deviations were expressed as X \pm SD, SD: Standard deviation, p<0.05, χ^2 : Ki-kare; ASPD: Antisocial Personality Disorder, ADHD: Attention Deficit Hyperactivity Disorder.

Table 2. Correlation between attention deficit hyperactivity disorder symptoms and forgiveness for groups

Variable	Attention Deficit Hyperactivity Disorder Symptom Scale-Total Score					
	ASPD without ADHD (n=38)		ASPD with ADHD (n=52)		Control Group (n=100)	
	r	p	r	p	r	p
Forgiveness Scale	-0.418***	0.008*	0.104**	0.043*	0.196**	0.005*

***The correlation is significant at the 0.05 level, ** The correlation is significant at the 0.01 level, *p<0.05.

employment, history of suicide, substance use, and smoking status.

There were no statistically significant differences between the groups in terms of age, education level, marital status, economic status, employment status, history of suicide, substance use, and smoking status ($p>0.05$). Additionally, the groups demonstrated a homogeneous distribution in terms of sociodemographic variables (Table 1).

As shown in Table 2, a statistically significant negative correlation was found between ADHD symptom scores and forgiveness in the ASPD without ADHD group ($r=-0.418$, $p=0.008$). This indicates that as ADHD symptom severity increases within this group, forgiveness tendencies decrease (Table 2).

In the ASPD with ADHD group, a statistically significant positive correlation was observed between ADHD symptom scores and forgiveness ($r=0.104$, $p=0.043$). This suggests that higher ADHD symptom severity may be related to increased forgiveness tendencies in individuals with comorbid ASPD and ADHD (Table 2).

Furthermore, the control group also demonstrated a statistically significant positive correlation between ADHD symptom scores and forgiveness ($r=0.196$, $p=0.005$), though the strength of the association was modest. This may indicate that mild attentional or emotional variability within non-clinical populations could be related to more flexible or emotionally responsive interpersonal behaviors (Table 2).

DISCUSSION

The present study explored the relationship between ADHD symptom severity and forgiveness behavior in individuals with ASPD, both with and without comorbid ADHD, in comparison to a healthy control group. Our findings indicated that healthy individuals, who had no psychiatric diagnoses including ADHD, demonstrated the highest levels of forgiveness. Importantly, among individuals with both ASPD and ADHD symptoms, a positive correlation was observed between ADHD symptom severity and forgiveness. In contrast, individuals with ASPD without ADHD exhibited significantly lower forgiveness scores and showed a negative correlation between ADHD symptoms and forgiveness. These results suggest that the presence of ADHD symptoms may be associated with more emotionally responsive and forgiving behavior even in the

context of antisocial traits, and that individuals showing forgiving tendencies may be more likely to have ADHD rather than pure antisocial pathology.

These findings are consistent with Shaw et al.^[21] who reported that ADHD is often accompanied by emotional dysregulation, heightened sensitivity, and fluctuating empathy, which can manifest in socially adaptive behaviors such as forgiveness.^[21] Similarly, Barkley noted that impulsivity in ADHD does not always result in destructive behavior but can also lead to emotionally motivated responses such as guilt, remorse, and reconciliation.^[22] These characteristics could explain the more prosocial tendencies observed in ASPD individuals with ADHD symptoms. On the other hand, some studies have emphasized the emotional rigidity and impaired empathy in ADHD, which contrasts with our results. For example, Graziano et al.^[23] argued that persistent emotional dysregulation in ADHD is associated with difficulties in empathy and forgiveness, especially in emotionally charged interpersonal contexts. The current study findings support the notion that emotional impulsivity or variability characteristic of ADHD may facilitate affective responses such as forgiveness, even in the context of antisocial traits. Moreover, this perspective suggests a more consistently impaired social-emotional profile in ADHD than what was observed in our study.

In individuals with ASPD but without ADHD, our study revealed a lack of forgiveness and a negative association with ADHD symptom scores. This aligns with existing literature emphasizing the callous-unemotional traits, low remorse, and poor interpersonal functioning typically found in individuals with ASPD. Frick et al.^[24] described these emotional deficits as stable and relatively unresponsive to environmental or contextual factors, reinforcing our findings that forgiveness is less likely in "pure" antisocial presentations. While our findings are in line with those emphasizing the affective coldness in ASPD, some researchers have argued for variability even within ASPD presentations. For instance, some subtypes of ASPD have been reported to show situational emotional responses depending on social context or comorbid features. However, such perspectives remain less prominent and were not supported by the forgiveness patterns in our study. Furthermore, although these individuals do not meet criteria for ADHD, subclinical symptom elevations may be associated with more rigid or less prosocial interpersonal functioning.

Healthy control participants in our study showed the highest forgiveness scores overall. These results are compatible with the broader literature that emphasizes the role of emotional regulation, empathy, and perspective-taking in fostering forgiveness. McCullough et al.^[25] highlights that in the absence of psychiatric conditions, forgiveness is a relatively stable interpersonal capacity.^[25] Our findings reinforce this view by demonstrating that individuals without ADHD or ASPD showed consistently higher levels of forgiveness. Nevertheless, it is important to consider studies that report individual differences in forgiveness even among non-clinical populations. Cultural, situational, and personality-related factors may all influence forgiveness tendencies, which may explain some variability in our control group's scores. In line with this, a positive correlation was also observed between ADHD symptom scores and forgiveness within the control group. This suggests that, although subclinical, certain attentional or emotional traits may influence forgiveness behavior even in psychiatrically healthy individuals. However, since the control group did not meet criteria for any psychiatric diagnosis, this association should be interpreted as a reflection of normative individual variability, rather than as an indicator of underlying pathology.

Taken together, our results support the hypothesis that forgiveness should not be interpreted as a straightforward indicator of personality or moral integrity, particularly in populations where comorbid ADHD may influence interpersonal functioning. The observed positive association between ADHD symptoms and forgiveness in ASPD individuals underscores the potential for diagnostic overlap. Clinicians should consider that a forgiving disposition may stem from ADHD-related emotional impulsivity rather than the absence of antisocial tendencies. This complexity requires multidimensional assessment strategies and highlights the importance of distinguishing between ADHD and ASPD in clinical evaluation and treatment planning.

Despite the strengths and originality of this study, several limitations should be acknowledged. First, the cross-sectional nature of the design prevents causal conclusions from being drawn regarding the relationship between ADHD symptoms and forgiveness behavior. Second, although ADHD diagnoses in the clinical groups were established through psychiatric evaluation and supported by symptom scale scores, forgiveness was assessed solely through self-report measures. This may introduce bias, particularly in individuals with antisocial traits who may underreport or misrepresent their interpersonal behaviors. Furthermore, while healthy individuals were included as a control group, it is possible that subtle or undiagnosed psychiatric characteristics may not have been fully ruled out. The cultural context in which forgiveness is interpreted and expressed may also influence the findings and limit their generalizability to broader or cross-cultural populations. Future research should consider longitudinal designs, multimodal assessment strategies, and broader sample diversity to further validate and expand upon these results.

CONCLUSION

In conclusion, this study contributes to a nuanced understanding of how ADHD symptoms interact with antisocial traits to influence forgiveness behavior. The results suggest that forgiveness should not be used as a standalone indicator of moral or personality functioning, particularly in individuals with possible comorbidities. Differentiated assessment and treatment approaches are essential for accurately identifying and addressing the emotional and behavioral needs of these complex clinical populations.

Ethics Committee Approval

The study was approved by the Kartal Dr. Lutfi Kirdar City Hospital Clinical Research Ethics Committee (Date: 12.10.2018, Decision No: 2018/514/139/1).

Informed Consent

Retrospective study.

Peer-review

Externally peer-reviewed.

Conflict of Interest

None declared.

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Antisosyal Kişilik Bozukluğunda Dikkat Eksikliği Hiperaktivite Bozukluğu Belirtileri ile Affedicilik Davranış Paterninin İlişkisi

Amaç: Bu çalışma, Dikkat Eksikliği ve Hiperaktivite Bozukluğu (DEHB) belirti şiddeti ile Affetme davranışı arasındaki ilişkiyi, Antisosyal Kişilik Bozukluğu (ASKB) tanısı olan bireylerde – DEHB eş tanımlı olanlar ve olmayanlar – ile sağlıklı kontrol grubu arasında karşılaştırmalı olarak incelemeyi amaçlamıştır.

Gereç ve Yöntem: Çalışma örneklemini, üç gruba ayrılmış toplam 190 erkek katılımcıdan oluşmaktadır: DEHB belirtileri gösteren ASKB bireyleri (n=52), DEHB belirtisi göstermeyen ASKB bireyleri (n=38) ve sağlıklı kontrol grubu (n=100). Tanılar, DSM-V-TR kriterlerine dayalı yapılandırılmış klinik görüşmelerle konulmuştur. Katılımcılar, Yetişkin DEHB Belirti Ölçeği ve Affetme Ölçeği'ni doldurmuştur. Her grup için ayrı ayrı korelasyon analizleri yapılarak DEHB belirti puanları ile affetme arasındaki ilişki incelenmiştir.

Bulgular: Sosyodemografik değişkenler tüm gruplarda eşit şekilde dağılmıştır. DEHB belirtisi olmayan ASKB grubunda DEHB belirtileri ile affetme arasında anlamlı negatif bir korelasyon saptanmıştır ($r=-0.418$, $p=0.008$); bu durum, bu grupta artan DEHB belirtilerinin daha düşük affetme ile ilişkili olduğunu göstermektedir. Buna karşılık, DEHB belirtileri olan ASKB grubunda ($r=0.104$, $p=0.043$) ve sağlıklı kontrol grubunda ($r=0.196$, $p=0.005$) pozitif korelasyonlar bulunmuştur; bu gruplarda artan DEHB belirtilerinin daha yüksek affetme eğilimiyle ilişkili olabileceğini göstermektedir.

Sonuç: Bulgular, DEHB belirtilerinin, antisosyal özelliklere sahip bireylerde bile duygusal tepki verme ve affetme davranışını etkileyebileceğini göstermektedir. Antisosyal bireylerde gözlenen affediciliğin, antisosyal patolojinin yokluğundan çok, DEHB'ye bağlı duygusal değişkenlikten kaynaklanabileceği düşünülmektedir. Bu sonuçlar, DEHB ve ASKB arasındaki tanısal karmaşıklığı vurgulamakta ve klinik uygulamada çok boyutlu değerlendirmenin önemini ortaya koymaktadır.

Anahtar Sözcükler: Affedicilik; antisosyal kişilik bozukluğu; dikkat eksikliği ve hiperaktivite bozukluğu.