

The Psychopathy of Everyday Life

*How Antisocial Personality
Disorder Affects All of Us*

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CHAPTER 1

Introduction

Psychopathy is both a serious psychological disorder that threatens our individual happiness and a widespread social problem that threatens our entire civilization. Yet to date the sensed diagnostic unity that we call psychopathy remains a diffuse and poorly drawn entity that comes close to defeating our attempts to precisely describe it, thoroughly understand it, and effectively treat it.

One of the biggest problems in understanding psychopathy is the literature's tendency to lump serious but rare psychopaths like John Wayne Gacy and Ted Bundy with the less serious but common psychopaths, the many in our midst who suffer from a milder and less obtrusive form of what the *DSM-IV* (The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*) officially calls "Antisocial Personality Disorder."¹ Martha Stout calls these less serious, more common psychopaths "the sociopaths next door."² I call them "the psychopaths of everyday life."

They include men and women like the following composites:

The motorist who is aggressive, narcissistic, and selfish, a man or woman without kindness, empathy, altruism, or regret—the one who honks remorselessly at people who do not move fast enough, bends a fender, then leaves the scene, grabs a parking space right out from under his or her "territorial rivals," and goes through red lights with a narcissistic vengeance that proclaims: "the green, yellow, and red lights are all my own personal go-signals." He or she blames everyone else for his or her accidents, as did the motorist who hit me from behind when I was stopped at a red light and then, instead of apologizing, emerged from her car and

severely chastised me for impeding the flow of traffic. The words "It's my fault" were no more on her mind than in the vocabulary of the lawyer who absconds with his clients' escrow money, or in the repertoire of the CEO who bankrupts his company so that he can gratify his personal, very expensive, appetites.

The dentist who, for fame, money, and power, evolves crazy theories with more gusto and greater ease than sensible ones, and who even comes to believe in his theories himself. One such individual was able to build a busy practice and pay the mortgage on his beachfront home by claiming it was necessary to revise all old dental fillings made of mercury lest they cause blood poisoning manifested as chronic fatigue syndrome. When the regulatory agencies caught up with him, and when his patients read about the questionable scientific basis of his theories, he lost most of this practice. So he had to find another way to make a lot of money. He started recommending that all his patients undergo what he called "preventive dentistry," which involved grinding down almost a whole tooth instead of simply filling a cavity, giving as his reason that the tooth would never become decayed again. His motivation was not to preserve his patients' teeth; it was to enhance his bottom line.

The psychiatrist who, when in residency, often made up cases for presentation at conferences and passed the licensing exam by buying the questions and answers available on the underground. When in private practice, he allowed himself to be bought with cheap gifts and free lunches by drug detail men attempting to convince him to prescribe certain medications; refused to prescribe a medication unless it was made by a drug company in which he had a financial stake; and continued to work on a federal panel deciding which drugs were safe without recusing himself, as he should have, on the grounds that he got money from the very drug companies that made the drugs he was endorsing. When referring his patients, he would send them not to the best qualified person available for the job but to his golfing buddies. Though he refrained, he turned a blind eye when his colleagues had sex with their patients, in private agreeing with these colleagues that their behavior was little more than a form of hands-on therapy. At times he would sleep during his therapy sessions and then report his revealing dreams back to his patients, claiming this a particularly effective form of treatment. One of his specialties was treating anxiety, but in reality he was pushing drugs, for he wrote literally hundreds of prescriptions for benzodiazepines without first taking a complete medical history or performing the requisite mental status examination. He also practiced alternative medicine, prescribing nutritional supplements alone for ailments that called for conservative medical treatment. He then deified his trivial interventions as powerful curatives and, to ice the cake, lobbied politically to have his treatment approaches formally recognized and legitimized so that insurance companies would

reimburse him. It should come as no surprise that he also cheated those insurance companies that complied by lying about the amount of time he spent with his patients. He would see a patient for a few minutes and then bill the insurance company for a full fifty-minute hour.

The spouse who as a consumer registered his car to a phony out-of-town address in a state with lower car insurance rates, tapped into the cable line to get free cable, and, after becoming a subscriber at a later date, never informed the cable company of its mistake when it gave him premium channels without charging him for them, so that he could continue to get the service without having to pay the bill. He would often buy things, use them, and then return them to the store when he no longer needed them. Once, when he was boarding his brother's dog, he bought a cage from a pet store, used it for the few days that the dog was with him, and returned it, saying that it was cheaply made. When he bought electronic equipment and broke it, he would bring it back to the store and claim that it was defective, and he often returned plants he had killed, saying that they had simply died. When an electronics store had a big sale, he would buy several items and then attempt to resell them at a profit on eBay. He would make person-to-person calls not to reach someone but to alert them that he had arrived without having to pay for the call, and once he even tried sending a letter without a stamp, using as the return address the address of the recipient in hopes that the letter would arrive at its proper destination after having been returned for insufficient postage. When a policeman caught him speeding, making an illegal turn, or using a cell phone when driving, he would falsely claim an emergency that required his immediate presence. Joining the paying crowd at intermission, he would sneak into a show or concert for the second act. In bookstores he would peel back the shrink-wrap from books so that he could read them without buying them, and he would borrow CDs from the public library, make copies of them, and sell them to his friends. He would regularly drop his personal garbage into a public bin, eat his way through the olive bar and otherwise use the supermarket as a smorgasbord, underreport his income on his tax forms, evade sales tax on a purchase by having an empty box shipped to an out-of-town address, buy stolen goods after buying into the excuse that they fell from the back of the truck, and sneak into a gym to which he did not belong. (After telling the person at the front desk that he was just there to meet someone at the cafeteria, he would go into the bathroom, remove his outer clothes to reveal his gym clothes underneath, pack his clothes into a backpack he carried around with him, and unabashedly proceed to the workout floor.) He once altered a medical insurance form after his doctor completed it so that he could increase the benefits due him, often tried substituting stickers on supermarket items so that he would be charged less for an item, and on more than one occasion deprived a real estate agent of an earned

commission by teaming up with the seller to purchase the property directly, behind the agent's back.

As psychopathic consumers, all of us give the lie to the maxim that the customer is always right—like those of us who lie, cheat, and steal from the merchants we deal with for any number of financial and personal reasons, among them to pay as little as possible for desirable merchandise, and to get all the fun and excitement we can from putting something over on a bunch of suckers. We are the individuals who borrow a book from the library then “forget” to return it. When leaving a hotel, we try to steal the towels or the bathrobe, and when leaving a restaurant we frequently try to nab souvenirs such as any decorative dishes or salt and pepper shakers that we can lay our hands on. We might claim we had a dinner or hotel reservation we had not actually contracted for, hoping to get the restaurant or hotel to correct an error they had not made by offering us space that we did not reserve. We always correct a waiter or waitress when we are overcharged, but never when we are undercharged. When we think we can get away with it, we eat dinner at a restaurant and then—channeling the old-time comedian's routine, “Waiter, there's a fly in my soup”—complain about the food or service to get comped, to leave a lesser tip, or both. We know that if we send false letters of complaint about a product we can get the company to apologetically send us free coupons good for purchasing more of the same. When applying for jobs, we regularly omit negative information about our past work history, or embellish our résumé, and on credit applications we significantly inflate our income, while in other circumstances we significantly underreport it, for example, to gain admission to a middle-income housing project. Some of us put all our assets under a corporate name so that we will be eligible for benefits available to those with a low income, or apply for Social Security disability benefits on the grounds of having an old back injury, which we falsely claim makes it impossible for us to do any remunerative work whatsoever.

I believe that these individuals are to be classified as mild psychopaths. However, the extant literature would not necessarily agree with me, or acknowledge that such a thing as “the mild psychopath” even exists. Many of my colleagues also do not recognize “mild psychopathy” as an established entity, and the *DSM-IV*, recognizing only the full syndrome, would not classify the individuals I describe as true psychopaths because they generally meet fewer than the minimal number of criteria the *DSM-IV* states must be met before the diagnosis can become official.³

In this book I state my belief and present my evidence that a syndrome of “psychopathy of everyday life” actually exists. I then focus on describing it, attempt to determine what causes these individuals to act the way they do, and suggest some doable therapeutic interventions both for them and for the many innocent, and not-so-innocent, victims whose lives they affect.

This, however, has not been an easy task, due to the following factors:

THE DIFFICULTY OF EVALUATING PSYCHOPATHIC INDIVIDUALS EVEN UNDER THE BEST OF CIRCUMSTANCES

Psychopaths are a maddeningly uncooperative group, with a seriously disruptive tendency to be as untruthful with their therapists as they are with everyone else. According to Robert D. Hare, they are even “able to fake the results of psychological tests [such as the MMPI and the Rorschach] without too much difficulty”⁴ in order to impress, cow, or manipulate the tester.

THE ELUSIVENESS OF THE DISORDER

Psychopathy is marked by imponderables, contradictions, and paradoxes that make it the subject of some very pointed and legitimate controversy found both in formal and informal exchanges among therapists and in the extant literature. Some of these controversies are listed below.

Controversies About Whether or Not Psychopathy Is Actually a Disorder

Christian Perring states that it is unclear “why being a psychopath should count as having a psychiatric disorder in the first place,”⁵ and Dorothy Otnow Lewis suggests that “antisocial persons do not constitute a discrete diagnostic entity, despite their sharing superficial characteristics.”⁶ Certainly this disorder is different from other psychological disorders in the following key ways:

1. Most observers, before making the diagnosis, require that psychopathic behaviors start in adolescence to constitute what the *DSM-IV* calls a “Conduct Disorder.”⁷ Other disorders are not so clearly evident by early childhood or so invariably chronic throughout life. Some enduring personality changes can result from catastrophic events, constituting a kind of reactive disorder that appears in the adult after trauma and is akin to, or one subtype of, Posttraumatic Stress Disorder.
2. While most other psychiatric diagnoses focus on individual behavior with only secondary concern for the social impact of that behavior, a diagnosis of psychopathy is heavily imbued with, and fundamentally rests upon, social concepts. A central concept is social normalcy versus social deviation. For example, one of the most important *DSM-IV* criteria of psychopathy is “disregard for and violation of the rights of others . . . as indicated by . . . failure to conform to social norms with respect to lawful behaviors.”⁸
3. This focus on social issues necessarily spins off a unique diagnostic preoccupation with superficial behavioral criteria—too often, in this case, a preoccupation with criminality and other “bad” behaviors, not only dehumanizing the patient but downplaying the importance of his or her intrapsychic psychodynamics.

4. Psychopathy is a uniquely here-and-now-oriented diagnosis. But yesterday's social clinical criteria are often today's invalid diagnostic parameters. For example, in the late 1960s the staff of an inpatient service on which I worked attempted to expel a white female patient from the unit for having sex with another patient, a black woman. The staff reasoned that she had broken the rules about patients not having sex with other patients in the hospital, and most of all she unacceptably had crossed the boundaries of race and gender. In those days, we diagnosed the patient as a psychopath. Today the diagnosis would be more applicable to the staff.
5. Defense attorneys often use disorders other than psychopathy to create an "insanity defense," that is, as a reason for lack of culpability. Psychopathy stands virtually alone as a disorder for the prosecution to seize upon in order to convict—a "black mark" on the patient that provides a reason to incriminate and jail him or her based on his or her failure to exercise putative ability to tell right from wrong and to assume and take responsibility for his or her actions.
6. Unlike the symptoms of many other established disorders, the symptoms of psychopathy do not appear to be the product of—that is, a way to handle— anxiety and guilt. While other disorders are characterized by the use of particular defense mechanisms, acting-out is virtually the only defense mechanism that all observers agree is used by psychopaths.
7. While some observers view psychopathy as a true primary diagnosis, others view it as merely a compendium of traits characteristic of other disorders, particularly narcissism and paranoia. Still others view it as normal, mainstream behavior in an "abnormal" society (calling it "sociopathy"). Still others view it as a normal lifestyle characterized by the use of guile as a survival mechanism, a method available to anyone having difficulty making it in the world, and therefore not a maladaptive disorder at all but an adaptive behavior with certain admirable, and even enviable, qualities.

Controversies About the Description of Psychopathy

1. The clinical descriptions we have of psychopathy show exceptional dissonance, to the point of provoking extreme and often vituperative exchanges between clinicians. Theodore Millon believes that the *DSM-III* descriptive criteria of psychopathy are inadequate and, taking "strong exception to the narrow view promulgated in the *DSM . . .*," proposes his own entirely different set of diagnostic criteria based on determining fundamental personality difficulties such as aggressivity, a deficit in self-insight, and acting-out tendencies.
2. The descriptive parameters of psychopathy are unclear. As currently defined, the syndrome covers individuals ranging from extreme criminals like Ted Bundy and David Berkowitz to people who fill their cars up with gas and then speed off without paying. The term is often used popularly, and incorrectly, to refer to criminal activity, especially activity with an aggressive or even homicidal bent (e.g., we hear, "I wouldn't let violent video games into my home because they glorify psychopathic behavior.").
3. While some observers see these individuals as charmers, others see them as difficult, ugly people. While some observers invariably view these individuals as

failures in life, others view them, on the whole, as more successful than average, so that their psychopathy is more an asset than a liability. Machiavelli's classic *The Prince*¹⁰ can even be profitably viewed as a self-help book (one of the first) that outlines a step-by-step method on how to become a psychopath—that is, how one can win by developing as many antisocial traits as possible.

Controversies About the Causes and Dynamics of Psychopathy

1. Patients who are psychopathic are said to be both guiltless hedonists and guilty masochists. So, which is it? Do these individuals suffer from an absence of guilt, or are they closet masochists due to being secretly guilty people who live out their intense guilt and shame by becoming self-destructive failures in life?
2. Patients with the disorder are supposedly unable to experience anxiety, yet every so often an article appears that suggests these individuals do in fact suffer from anxiety, only that it is deeply buried in a rock-solid defensive façade. According to some, but not all, observers, the façade can be broken through with the right approach—at least if one could find a way to keep the patient in a hospital long enough to get at the painful things stirring within.
3. Some observers, viewing psychopathy as a throwback to infantilism, suggest that adult psychopaths are like little children in their impulsivity, lack of control, and primary pleasure orientation. Others feel that psychopathic behavior is nothing at all like the behavior of the normal child, but rather goes far beyond normal childish behavior to enter into a realm entirely of its (psychopathological) own.
4. When speaking of the psychopath's early development, some observers suggest that these individuals were overgratified in childhood—so that as adults they want more of the same, and something for nothing. Other observers believe that they were undergratified in childhood—so that they now want what they never had, and soon come around to not caring how they go about getting it.
5. The extant literature cannot decide if psychopathy is an organic or an emotionally caused disorder. While some observers believe psychopathy to be acquired, others suggest that it is the product of an inborn organic/neurological deficit. Some cite in support of the latter theory that certain believed-to-be-specific EEG (electroencephalographic) changes exist. Others view these changes as within the realm of normal and therefore as nonspecific—for example, as the product of characteristic psychopathic disinterest and ennui.
6. Much discussion takes place about whether psychopaths are sick or evil—that is, whether their behavior is conscious or unconscious, calculated by or determined for them, and so whether they are bad, sad, or mad. Debate continues on whether psychopaths are suffering from a disease that needs to be cured or from a willfulness that needs to be tamed; if they are under the spell of inner demons they cannot master or if they deliberately choose to walk not with the rest of us but on the periphery of society, having consciously decided to dwell in a place where the rules of civilization fade, and to enter the realm of the outlaw and the fugitive. (Since these individuals often get into trouble with the law, the question of whether they are sane and bad, or insane and mad, is more

than just an academic one.) Yet there are no easy answers to these questions. More likely there is nothing but confusion about how exactly to define insanity; the differences, which are often considerable, between medical and legal definitions of insanity; and whether in using the phrase “knowing right from wrong” we are referring to a legal or a moral wrong.

7. The identified social causes of psychopathy range from social liberalism to social conservatism. Some observers believe that psychopathy thrives in a lax, laissez-faire society with too few rules, and with those rules inadequately enforced. Other observers believe that psychopathy thrives in a strict society with many rules too heavily enforced.

Controversies About the Treatment of Psychopathy

Some of the greatest and most immediately important controversies involve treatment of the psychopathic patient. Hervey Cleckley speaks of his “own inability to achieve successful results with any regularity in dealing with severe cases of this type.”¹¹ But Lewis disagrees, instead claiming that “their specific neuropsychiatric symptoms, such as paranoid thinking, [are] treatable [though] not curable.”¹² In like manner, Benjamin James Sadock and Virginia Alcott Sadock note that under certain circumstances these individuals often “become amenable to psychotherapy.”¹³

Many observers who believe that these patients are untreatable using traditional methods go on to state unequivocally that their resistance to treatment is caused by their motivation not to get better, but to con the therapist into thinking that they are improving. Many therapists believe them not only to be passively unmotivated toward, and therefore unresponsive to, treatment, but also actively defiant, forcing their therapists into the unaccustomed role of becoming defensively skeptical and cynical, having to be not healer but detective and inquisitor, with little choice but to abandon the traditional therapeutic stances of understanding, forgiving, and curing, and instead become parental and punitive.

What is certain is that to date, few therapists identify, understand, and then commit themselves fully to treating this heterogeneous and difficult group of patients. If there is one unifying cry in the therapeutic community, it is “They brought it on themselves, so lock ‘em up, and throw away the key.” As a result, even the mildest of psychopaths are accorded little hope and are given little opportunity to change for the better so that they can start living more lawful, honest, and gratifying lives, in which they use people less and love people more.

Nor are family and friends of psychopaths, or we as ordinary citizens who suffer at the hands of the psychopaths in our midst, much better served. Rather, all concerned are left to their own devices to cope with and protect themselves from the machinations of the psychopaths around us. Most unfortunate of all is that no matter how charitably inclined we might be personally, and how much we want to be of assistance, we have

little idea what to do to help these individuals behave more adaptively and act less self-destructively.

My book will not finally resolve these and other related controversies about psychopathy. It will not once and for all solve all the problems inherent in defining, describing, understanding, and treating the disorder. Given the present state of our knowledge about psychopaths, this would be an impossible task. So my main thrust is a modest one: separating out the mild from the severe psychopaths, two superficially similar but spiritually and clinically very different groups of individuals; describing the characteristic behaviors of the mild psychopaths; and articulating what I believe to be a rational, doable, corrective approach specifically meant for the psychopaths of everyday life. In writing this book, it is my hope that therapists will at least attempt to lay their hands on these individuals in a gesture of curing, instead of regularly throwing up their hands in a gesture of defeat, and that we as laypersons can make sense of what is going on with them, and then find ways to cope, adapt, manage, and help them get better.

This is a fascinating and worthy group of individuals. Learning how to cope with and help them change is of more than academic interest. Indeed, for us all, it is a matter of survival, ours as well as theirs. As individuals, they threaten, at the very least, to ruin our lives, and sometimes even to take them. As a group, they threaten to sink society as we know it. Our decline and fall may not come, if it comes at all, solely from the barbarians without, but also from the barbarians within. The con artist who separates the elderly person from his or her life savings or the scam artist who sets up sites on the Internet meant to rake in money for charity that goes directly into his or her pocket does relatively little damage on a global scale. But by the power of sheer numbers, these and other psychopaths of everyday life threaten to return us to the dark ages where the only rules are "anything goes," "if it feels good, do it," and "look out for number one."

We should heed the warnings and decide once and for all if we are going to stand by as our society crumbles, or take individual and concerted action to rescue our civilization before it is too late. Those of you who do not wish to sit by passively as we all go under together might want to consider reading on.

CHAPTER 2

The Psychopathy of Everyday Life

Though the psychopaths of everyday life are everywhere and have a devastating overall effect, both on individuals and on society as a whole, as a group they generally escape the notice of the extant scientific literature. If the literature mentions them at all, it is usually merely in passing. It says a few words about the lawyer for whom winning a case is more important than discovering the truth; the ad writer who uses fragments of information to put a good face on a bad product; the doctor who touts a costly medication over one that is less expensive but equally effective because he owns stock in the company that produces the drug; the politician who sells out for a mess of concrete, voting for a contractor's new construction project in exchange for a new driveway for her house; and the CEO of a major corporation who decides not to insure his employees, knowing that the taxpayers will have to pick up the bill for their medical care. But sooner rather than later, and all too predictably, the focus shifts from the mild psychopath to his or her more seriously disturbed cousin: the patient properly diagnosed as having an Antisocial Personality Disorder. Ordinary people and real life are left behind as we find ourselves plunged into the extraordinary and fantastic worlds of the likes of Bluebeard, Adolf Hitler, Saddam Hussein, David Berkowitz, and Jack the Ripper.

In my view, the psychopaths of everyday life constitute an important and unique group, one that differs significantly in style, causation, incidence, and effect from patients with an Antisocial Personality Disorder. *Descriptively*, while mild psychopathy closely resembles a personality disorder, severe psychopathy (Antisocial Personality Disorder) more closely resembles a psychosis. *Dynamically*, mild psychopaths are less aggressive,

and more anxious and guilt-ridden, than their more severe counterparts. *Therapeutically*, mild psychopathy has both a more benign course and a better prognosis than severe psychopathy and can, unlike more severe, treatment-resistant forms of the disorder, often be managed effectively using an approach consisting of an eclectic amalgam of classic psychotherapeutic techniques.

However, not all observers would agree that mild psychopathy constitutes a discrete diagnostic entity. For example, Hans Toch says that “viewing psychopathy as ordinal (rather than categorical) strikes some as the counterpart of degrees of pregnancy.”¹ According to Toch, being a little psychopathic is like being a little bit pregnant. In effect, Toch suggests that we not make the diagnosis of psychopathy unless a specific set of fundamental criteria are *all* in place. Along somewhat similar lines, Henry Pinsker (personal communication, 2004) suggests that in having been applied to anyone who is an opportunist or a criminal, the term psychopath has become too broad and dilute, to the point that it has lost its specificity. As Pinsker says, “I believe [that Cleckley] captured what the profession has meant by the term [psychopath]. [But the term becomes too broad and diluted and loses specificity] when applied to anyone who is an opportunist, or, [when] converted to ‘antisocial,’ to anyone who does bad things a lot, e.g., stealing to support a drug habit. Cleckley named his book *The Mask of Sanity* because the individuals he described seemed to be sane after they were put into insane asylums. They were put into them in the first place because of behavior so inexplicable that juries decided that they must be insane. If an individual has found that being manipulative and opportunistic is adaptive, there is no reason to diagnose personality disorder unless [that individual] has other characteristics. The behavior must be maladaptive or fantastic to warrant the diagnosis, as I see it. Tony Soprano, the lead in the TV series *The Sopranos*, repeatedly maintains mistresses and has opportunistic sexual encounters on the side. He personally does violence to individuals who “deserve it” according to consistent, predictable standards. We can propose psychopathology to explain the sexual behavior, the bad temper, the apparent pleasure in sadistic violence at times. In other respects, his behavior is regular, predictable, stable, and consistent, so he is not a psychopath. I think that if people are in synch with their society, no matter how depraved we outsiders think their behavior happens to be, we cannot make a diagnosis beyond some evaluation of their eagerness to participate [in and get pleasure from] sadism or submission. “[The world is full of people doing to people who have differing views] what Tony Soprano does to rats.”

Other observers do recognize mild, partial psychopathy as an entity. As Donald W. Black says in his book *Bad Boys, Bad Men: Confronting Antisocial Personality Disorder*, “Antisocials are not just muggers, rapists, and violent assailants. They sometimes are embezzlers, tax evaders, fraudulent

businessmen, corrupt stock brokers, and conniving attorneys . . . who habitually commit white-collar crimes."² The blurb on the back of Black's book includes under the rubric of psychopathy "black sheep . . . con men, or misfits [who] shirk everyday responsibilities, abuse drugs and alcohol . . . and lash out at family members,"³ and in the book itself Black speaks of "successful bad boys."⁴ Robert D. Hare, in his book *Without Conscience: The Disturbing World of the Psychopaths Among Us*, calls mild psychopaths "subcriminal psychopaths"⁵ and says of them, "These individuals are every bit as egocentric, callous, and manipulative as the average criminal psychopath; however, their intelligence, family background, social skills, and circumstances permit them to construct a façade of normalcy and to get what they want with relative impunity."⁶

Although the psychopaths Cleckley describes in *The Mask of Sanity* are almost all severely ill, Cleckley discusses mild psychopaths on occasion, without much focus or elaboration, as follows: These individuals "are able to make some sort of adjustment in life."⁷ They are "less severely incapacitated"⁸ and have a "milder or more limited [disorder that] has not altogether dominated the scene. [Their maladaptive behavior] has not crowded ordinary successful functioning in the outer aspects of work and social relations entirely out of the picture. [They have] strong, [but] not consistent, tendencies and inner reactions characteristic of the group."⁹ In them there are "scattered indications of [the] disorder, suggestions of a disturbance central in nature but well contained within an outer capsule of successful behavior."¹⁰ In them there are astonishing differences "between . . . outer adjustment and the indications of deeper pathologic features so similar to those found in the complete manifestation of the disorder. [Their maladjustment is] temporary or circumscribed . . . affecting [them merely] in part and in varying degree [so that as a result] they keep up a far better and more consistent outward appearance of being normal [in areas that] may include business or professional careers."¹¹ The "motivation [of their asocial or even criminal activity, unlike that of serious psychopaths] can be translated into terms of ordinary human striving, selfish or unselfish."¹² They succeed if only "for short periods [of time]"¹³ but they do not "succeed in the sense of finding satisfaction or fulfillment in their accomplishments."¹⁴ "Those of great talent"¹⁵ can even use psychopathic methods "in the successful pursuit of valuable personal and social aims."¹⁶ Not only do they "find . . . better means of adaptation"¹⁷ but they also "profit from what has been learned through the pathological experiences."¹⁸ (The obverse of Cleckley's observations about mild psychopaths reveals what Cleckley means by serious psychopaths.)

I believe that mild psychopaths like the ones of which these observers speak certainly exist and that, however mild their disorder may be, they are still psychopaths. I also believe that mild psychopaths are in some ways even more dangerous to society overall than severe psychopaths.

Since they are more numerous than patients with a formal Antisocial Personality Disorder, their lying, cheating, and swindling is on a more massive scale, so that their resulting mayhem deprives many victims of much. While it is true that these individuals are rarely violent to one person, they perpetrate a great deal of violence on the dignity, identity, and bank accounts of many people. They rarely take a single life, but they have a serious potential for ruining the lives of many.

My central discussion of these individuals and their *psychopathy* of everyday life starts with a general discussion of the *psychopathology* of everyday life.

THE PSYCHOPATHOLOGY OF EVERYDAY LIFE

Normal Versus Abnormal

By the term “psychopathology of everyday life,” I mean thought and behavior centered somewhere near the middle of a continuum, where “normal” is on the left of the mean and “pathological” is on the right. For example, when it comes to psychopathy, I believe that on the left are those “normal” opportunistic individuals who consider personal gain more important than truth or the collective good, consider winning the only thing worthwhile, and twist logic into obtaining personal advantage by skillfully selecting and misrepresenting facts until even they themselves come to believe in the truth of their distortions. These “normals” on the left contrast with the antisocials on the right, whom we formally identify as full psychopaths based on their psychopathology having crossed the border into the realm of serious lying, cheating, and criminality; they are completely unfettered by anxiety and totally unbound by conscience.

That does not mean that it is easy to precisely define what is normal and what is pathological, especially when it comes to personality disorder. A completely satisfactory answer eludes us for a number of reasons. In particular, many observers believe that for most disorders a continuum exists between normal behavior and pathological behavior, making it difficult to distinguish clearly between the two. These observers, instead of making *categorical* diagnoses (defined below), speak of making *dimensional* diagnoses—that is, they view psychopathologic behavior as consisting of excessive, repetitive, or prolonged normal behavior.

Though the *DSM-IV*¹⁹ generally favors categorical diagnosis, especially when it comes to personality disorders it recognizes to some extent the validity of dimensional diagnoses. For example, it notes that “Personality Disorders represent maladaptive variants of personality traits that merge imperceptibly into normality and into one another”²⁰ so that the difference between personality *style* and personality *disorder* is mainly one of degree and extent. “Only when personality traits [or styles] are inflexible and maladaptive and cause significant functional impairment or subjective distress

do they constitute Personality Disorders."²¹ In John M. Oldham and Lois B. Morris' equally dimensional view, personality disorders are "exaggerations of . . . personality styles that are present to varying degrees within every individual. It is the *quantity* of each personality style along a continuum, not its quality, that tends to spell problems in life."²²

To illustrate, we all get angry from time to time. Some of us just accept that anger is one of the normal emotions and get over it. Many of us, however, feel so sheepish about having gotten angry that we beat ourselves up for it, only to then forgive ourselves soon afterwards, albeit incompletely. Technically speaking, this latter sequence of events, although well within the range of normality, is still on a continuum with Masochistic Personality Disorder. Whether we can make that diagnosis depends on how serious the problem is, how frequently it occurs, and if it results in maladaptive behavior—for example, self-punishment that takes the form of seriously defeating ourselves in life, and for as long as we live.

In contrast, observers who make *categorical* diagnoses use a specific rigid set of criteria to distinguish nonpathological from pathological and to outline distinct clinical syndromes with fixed borders within which the syndrome is recognized, but beyond which the syndrome, at least in theory, no longer exists. Virtually all the diagnostic categories in the *DSM-IV*²³ are categorical, specifying a set of criteria and requiring a given number of these criteria to be met before a given diagnosis can be considered valid.

Here are some applicable caveats. As we attempt to assess quantity along a continuum (as above), we have to leave room for personality *differences*. All of us are not alike, so behavior such as introversion or even deviousness is more pathological for some than it is for others. It is also important to distinguish abnormal behavior from behavior that looks abnormal but is normal because of circumstances that make it both predictable and universal. People often behave more "pathologically" when on vacation and at special times of the year, for which we have coined such terms as "spring fever," "midsummer madness," and "winter doldrums," to suggest that cultural allowances be made for intermittent—for example, seasonal—deviation from year-round norms. Job requirements can also make a substantial difference. For example, a checking ritual makes sense for an accountant, for it is "reactive to" or "part of" the work. For an FBI agent a formal, unbending personality with paranoid features can represent not a style of illness but an appropriate or even creative manifestation of health. Additionally, as emphasized throughout, one cannot define social deviance without taking into consideration the variations that exist both within one society and from society to society. We must also take individual motivation into account. The bank robber who intends to be an enemy of the state tends to be a more serious psychopath than Robin Hood, who by stealing from the rich and giving to the poor intends to be a friend of the people. We must also consider differing

legitimate points of view that depend on one's position in life. When it comes to determining what constitutes a psychopathic squatter, advocates for the homeless and the landlords of the affected properties are likely to have very different perspectives.

A final caveat is that determining what is normal (and what is abnormal) requires being completely fair. As Cleckley warns, especially when it comes to "our enemies or our neighbors . . . it is not easy to estimate the degree of [their] sincerity [or] the worth of [their] production [and to discern their] real motive[s]." ²⁴

The Structure of Normal Personality

The "molecule" of personality consists of "atoms" we call *personality traits*. These traits are the building blocks of both (normal) personality style and (pathological) personality disorder.

Personality traits consist of an inherent way of viewing things that is influenced from outside the individual only with difficulty. As such they are inherently and chronically overly rigid, fixed, repetitive, predictable, and inappropriate attitudes leading to specific behaviors that, like the underlying attitudes themselves, are barely subject to the dictates of reality and common sense.

To the individual who possesses them, personality traits can either feel as if they are part of the personality ("ego syntonic,") or feel like foreign bodies in the personality ("ego dystonic").

Dynamically speaking, personality traits are composed of fantasies that tend to originate in infancy or childhood and persist into adulthood. A persistent fantasy typical of psychopaths is the fantasy that everyone will take advantage of them like their parents used to way back then. These fantasies readily become attitudes and behaviors dogmatically retained throughout life, simplistically embraced, and compulsively acted upon, even when circumstances and common sense—the threat of punishment, for example—indicate that the rigid behavior be either modified or completely abandoned.

Wilhelm Reich²⁵ noted that personality traits are like symptoms in that both are composed of such signs of intrapsychic life as wish, fear, and conflict. However, they are unlike symptoms in that they are less discreet, making them like mild yet pervasive dilutions of symptomatic presentation. For example, the dilute equivalent of "obsessive-compulsive scrupulosity" might be "excessive, scrupulous honesty." To this presentation Reich applied the term "character 'armor,'" ²⁶ which he contrasted with the more concentrated presentation of a symptom of a major disorder, such as a hand-washing compulsion or a paranoid delusion.

Personality traits can be compared in subject matter and style to proverbs and related sayings like maxims. We can think of them as a lifetime

overvaluation and realization of a proverb or maxim manifested clinically as an overvalued idea, e.g., one that grabs hold and resolutely guides thought and behavior. Because personality traits are like proverbs and maxims, proverbs and maxims can serve as headlines to the “story” of one’s personality traits, and ultimately of one’s personality type or style—being apt, pithy summaries of the individual’s core personality. Thus the individual who lives by the sayings “Cleanliness is next to godliness” and “Never postpone to tomorrow what you can do today” tends to be an overly scrupulous but still normal obsessional type. “We have nothing to fear but fear itself” describes the propensity for denial found in those with a hypomanic bent. The maxims “There’s no business like show business,” “A sucker is born every minute,” and “Caveat emptor” are the rallying cries of the individual with the potential for developing a psychopathic personality style.

Everyone has a personality style—that is, is of a given personality that consists of multiple personality traits. Two things that differentiate normal from abnormal personalities are the *selection* of personality traits and the way that they are *combined*. In the realm of *selection* of personality traits, while many of the traits that go into making up normal personality are as pungent—that is, as marked by a degree of piquancy or “character”—as the traits that go into making up abnormal personality, the personality traits of normal individuals tend to be more adaptive than the personality traits of those individuals who are abnormal. An example of an adaptive personality trait might be ambitiousness, and an example of a maladaptive personality trait might be overambitiousness.

Depending on content and context, the same trait can be either adaptive or maladaptive. The personality trait of *adaptive* evasiveness is illustrated by the behavior of the familiar political figure who evades one question by answering another. When asked, “When is this war we are in going to be over?” he might answer, “We have to persevere and pursue the enemy for as long as it takes to win.” Thus he ducks by answering not the question he was asked but instead the somewhat related question: “Should we give up now or persevere and fight to the end?” In contrast, the personality trait of *maladaptive* evasiveness is illustrated by the behavior of the individual recently at the center of a widely publicized scandal who was punished not for his actual misdeeds but for lying about them to the government.

In the realm of how traits are *combined*, in personality style, as compared to personality disorder, the traits, though pungent, are somewhat muted by the way they are strung together, embedded as they are in a significant amount of benign, neutral, inactive matrix. One might say that they are combined with a good deal of interstitial grout, anastomosed into a composition that contains a great deal of bland, inert filler that dilutes and softens even the “bad” traits, making them less objectionable and resulting in a less than rock-solid presentation.

While there are significant differences between personality style and mental illness, and while individuals with a distinct personality style are not by our usual standards suffering from an emotional disorder, there is something to be gained by viewing individuals with a distinct personality style as if they were “mentally ill.” The illness model of emotional difficulty offers us the opportunity of judiciously selecting and employing here, with normal (though difficult) individuals, many of the psychological and social remedies we use elsewhere—when we are dealing with true emotional disorder. We now have a scientific method for managing the troubles that can and do arise from the operation of normal personality, both in ourselves and in our normal, though problematical, fellows.

Seminormal Personality

Statistically speaking, few individuals look or are markedly abnormal. The vast majority of the “abnormal” individuals whom we run across in our daily lives suffer from mild psychopathology, making them “seminormal.” In the case of psychopaths, seminormal or mild psychopaths have to be differentiated from normal individuals who are, like most of us, “merely somewhat morally challenged,” and from individuals suffering from severe psychopathy, who have a diagnosable “Antisocial Personality Disorder.” Millon gives the name aggressive personality nonantisocial type²⁷ to a category of individuals who closely resemble what I call mild, e.g., seminormal, psychopathic individuals. Hare refers to mild (seminormal) psychopaths as “white-collar psychopaths”²⁸ and speaks of “sub-criminal psychopaths”²⁹ and “successful psychopaths.”³⁰ Stout speaks of the sociopaths next door.³¹ Robert I. Simon might call my mild psychopaths “passive psychopaths [individuals who] tend to be parasitic and exploitative of others [unlike the] aggressive psychopaths [who] commit major crimes.”³²

In seminormal psychopaths the past manifestations of the disorder, while overt, were attenuated—that is, qualitatively mild and quantitatively partial. Thus, speaking of the past manifestations of Antisocial Personality Disorder, the *DSM-IV* suggests that as adolescents, adults diagnosed with an Antisocial Personality Disorder routinely showed signs and symptoms of a “Conduct Disorder with onset before age 15 years.”³³ But while adult seminormal psychopaths may as adolescents have been dishonest girls and boys who lied, cheated, and stole, they were probably not recklessly impulsive truants who ran away from home, serious brats who regularly acted in an intimidating, aggressive, and physically hurtful manner, devilish fire-setters, serious bed-wetters, or sadists who relished hurting and maiming animals. If they were arrested it was more likely to be for misdemeanors than for felonies, and if they

were punished they were more likely given community service and a fine instead of jail time.

In the seminormal, the personality traits are mostly negative and maladaptive, as are the defenses used. For example, seminormals tend to favor aggressiveness over kindness, and projection over sublimation. This rule, however, has exceptions, notably the fact that being excessively clean can occur as often as being excessively dirty.

Structurally, these individuals use multiple defenses that result in multiple maladaptive traits. In turn, the multiple defenses and the multiple maladaptive traits that consequently prevail in these individuals tend to coexist, and coalesce, based on conceptual and behavioral similarities. For example, in the seminormal psychopath, narcissism has an affinity for and so coalesces with rabid acquisitiveness, and aggressiveness coalesces with rebelliousness. Sometimes the different traits coalesce via learning, especially the negative kind of learning exemplified by the psychopath who discovers at random that throwing garbage in front of his house (the trait of soiling) goes nicely with his wish to upset his neighbors (the traits of aggressivity, rebellion, and sadism).

Overall, seminormal individuals are rarely what we think of as “salt of the earth” people. They may have almost as many difficulties as those people we officially recognize as disordered. Negative thoughts and behaviors such as selfishness prevail over such positive ones as caution, honesty, and altruism. They do make waves, ruffle feathers, and call significant attention to themselves. However, their difficulties, for one reason or another, are undeveloped or otherwise held in abeyance to the point that they fail to develop into a true full pathological personality disorder. As a result their disorder is less chronic, unremitting, immutable, pervasive, and troublesome both to themselves and to society. This is because they:

- Retain some capacity to feel love and to display such derivatives of love as pity and altruism. “Loving” others typically kicks in at the last minute to slow the pathological process down a bit and keep it from taking over completely. For example, these individuals begin to feel sorry for those they are about to hurt, and so go a bit easy on them.
- Retain some capacity to feel guilt. For example, they might apologize to those they have wronged, even though their apologies have no practical effect on their subsequent behavior.
- Tend to display fewer than three of the *DSM-IV*'s defining characteristics.³⁴ Sometimes they only display two, and even only one. For example, they are deceitful and aggressive, but not impulsive, reckless, irresponsible, or thoroughly lacking in remorse. Unfortunately, as we shall see, they sometimes come to represent social norms instead of failing to conform to them.

- Consciously or unconsciously pick and choose only the less objectionable and dangerous traits and defenses found in the related major, objectionable, and dangerous disorder. For example, they con more than they stalk, and they use the defenses of rationalization and denial more than they use the defense of projection.
- Are less single-minded about their use of defensive character mechanisms than patients with a true “pathological personality disorder.” Indeed, they tend not to use one mechanism exclusively and resolutely, but to use several mechanisms, and different mechanisms that mostly pertain to different personality disorders, simultaneously. Since they almost certainly use at least two mechanisms at once, it is unusual for them to exhibit characteristics of fewer than two personality problems at any given moment, and they often exhibit more. For example, in seminormal psychopaths, paranoia, histrionic behavior, narcissism, impulse disorder, and addiction are often associated with the primary antisocial psychopathology.
- Use major mechanisms discontinuously, making their deviant behavior somewhat less than persistent and repetitive. One episode might subside long before another appears. One year a seminormal psychopath cheated on his final exam. Later in life he cheated at cards, later on his taxes, and later still on his wife, so that the individual pathological traits, even though maladaptive in and of themselves, did not completely deform, distort, and usurp his entire personality by becoming regular and predictable features of his behavior.
- Display pathological traits selectively in some areas but not in others, with the result that their disorder is not characterized by a full diathesis. Their problems only show in certain facets of their thought and behavior and are limited to certain arenas, and to only one or two parameters of functionality. For example, one seminormal psychopath stole from work in order to better provide for his wife and children at home, making him an embezzler who was, however, also a loving husband and father. His psychopathy was selective because he was especially “social” in every area but the one in which he was “especially anti-social.”
- Manage to turn, or “sublimate,” a maladaptive trait such as cheating into an adaptive trait such as getting ahead—whatever the means—and winning—whatever the method. Indeed, when it comes to seminormal psychopathy, being successful may be as much the rule as the exception. Successful seminormal psychopathic individuals function effectively and creatively within the mainstream, but they do so in a clearly psychopathic mode.
- Have a disorder that is reactive—that is, is a more or less transient response to external, often traumatic, life events. Included here are those seminormal psychopaths who loot not for fun and excitement or because they are so insatiable that they have enough of everything but want more, but because they have little to eat. In such cases the psychopathic symptoms can be transient and subside with an improvement in circumstances.
- Have some control over the pathological self to the extent that they can keep their worst aspects from emerging and taking over the personality completely and destructively. For example, a seminormal psychopath whose professed

goal was to be more like a saprophyte than a parasite, used people for nefarious ends but deliberately steered clear of harming them seriously or fatally. He cheated on his expense account at work and embezzled from his company, but stopped short of draining his company dry, though he could easily have done so. In his interpersonal relationships he was narcissistic and lacked empathy, but he carefully avoided destroying these relationships completely. Instead he deliberately maintained them—but only in order to manipulate them.

- Sometimes undergo a positive change when they are caught in wrongdoing or when their schemes fail. While they rarely admit to being bad people who have sinned and need to be forgiven, they will at times, and without batting an eye, simply change course, as did the individual who when caught in a criminal act fled to private life with the declared intention of writing a book about his experiences.

My discussion next turns from the *psychopathology* of everyday life to a discussion of the basic characteristics of *psychopathy* (Antisocial Personality Disorder; Psychopathic Personality Disorder; or Sociopathy), whether mild, moderate, or severe in degree.

PSYCHOPATHY

There are two general ways to define psychopathy. One can define it according to its core characteristics:

- *dynamically* in terms of a relative or absolute absence of anxiety and guilt and an inability to experience remorse;
- *interpersonally* as an incapacity for feeling empathy and an inability to be altruistic, and an absence of clear and understandable human motivation;
- *cognitively* in terms of the individual's illogical thinking: for example, the belief that "what I want is what I should have."

There are at least two advantages to defining psychopathy according to its core characteristics. First, this way one can generally avoid making value judgments, and second, one does not have to rely solely on measuring deviation from social norms, which are rarely standardized and are mostly elusive. One serious disadvantage involves the difficulty of achieving interrater agreement about dynamic, interpersonal, and cognitive criteria. Another serious disadvantage, according to Heidi Hansen, is that the psychologist's "tendency to focus on drives and conflicts"³⁵ is inappropriate in these cases, for, as she sees it, psychopaths are best viewed as individuals with "defects,"³⁶ that is, theirs is a problem not of presences but of absences, a concept well expressed in the biblical: "for they know not what they do."³⁷

Alternatively, one can, as does the *DSM-IV*,³⁸ define psychopathy *behaviorally*, in action-oriented terms imbued with concepts of social

deviance. Behavioral constructs emphasize maladaptive actions such as unpredictability, impulsivity, irresponsibility, ruthlessness, and criminality. The major advantage of defining psychopathy according to behavioral rather than dynamic criteria is that interrater reliability is greater, for it is easier to agree about what constitutes criminality than it is to agree about what constitutes true empathy and altruism. However, there are several disadvantages to using strictly behavioral criteria. They tend not to go to the heart of the matter, they tempt the making of value judgments, and they are highly dependent on social standards that vary both from society to society and within one society, leaving us without a fixed platform in space from which to measure deviation: bad from good, acceptable from unacceptable, social from antisocial. Who is the psychopath: the individual who sneaks across the border through the desert to get into the United States illegally, the posse patrolling the borders and mercilessly hunting down and shooting trespassers, or the person who in defiance of the law puts water out so that the “illegal immigrants” don’t die of thirst in the hot sun? Who is the psychopath—the gang member in a crime-ridden neighborhood, or the person who refuses to go along with the gang in power and join in? As bizarre as it sounds, in Nazi Germany the SS guards would not, strictly speaking, be the psychopaths. The psychopaths would be the people who in defiance of official regime policy tried to save the Jews. For most teen-agers, and in the teen-age societies that they and some of their adult compatriots form, being countercultural is not a problem but a goal. Certainly the *DSM-IV* “disregard for and violation of the rights of others”³⁹ is an awkward criterion considering how greatly culturally dependent rights happen to be. Thus, in a totalitarian collectivistic society it is not antisocial but prosocial to deprive others of the right to speak freely, and those who insist on demanding that right in such a place are the ones most likely to be branded as psychopathic enemies of the state and locked up. Today the Boston Tea Party would, strictly speaking, epitomize antiauthoritarian sociopathic acting-out, and it is ironic that according to legend the repressive Russian dictator Joseph Stalin considered not himself but the modernistic nose-thumbing brilliant composer Dimitri Shostakovich to be the psychopath!

Another serious problem associated with defining psychopathy behaviorally is that behavioral definitions tempt the emphasis of the negative over the positive features of a disorder, for example, psychopathic criminality over psychopathic cleverness. Yet the core personality characteristics of psychopathy do not necessarily result in negative behaviors but rather can lead to positive behavior. For example, the psychopath’s lack of guilt can spin off either negative lying, cheating, and stealing, or socially valuable ambitiousness and extreme productivity. Thus the socially valued behavior of the doctor who speaks euphemistically (that is, who lies) in order to put a good face on a bad prognosis is in a way just as psychopathic as the

socially destructive behavior of the quack healer who uses sophistic skills to sell the public an entirely worthless nostrum. Clearly, not all aspects of a personality disorder, or even the personality disorder itself, are self-destructive and maladaptive. Personality disorder has its beneficial side. Therefore, the concept of positive psychopathy does not actually challenge our basic concept of what it means to have a disordered personality.

In turn, it is not surprising that many people who are accounted successful, e. g., in business, are actually suffering from what can be termed “temporally effective” psychopathy—one in which well-defined sadistic and amoral elements are efficiently controlled because otherwise they could compromise everything that has been gained. When psychopathy is harnessed this way for the appropriate service of self in a socially useful activity, it begins to look more like a virtue than a vice, to the point that many of us wish that we were more psychopathic than we already are. Conversely, we all sometimes need to think and act a bit like a psychopath, for not being a little psychopathic can constitute an impediment that makes it hard to protect our well-being and get ahead in the world. Not being able to tell a white lie to spare others’ feelings, or to save our own skins when we are cornered, can, after all, be detrimental to our ability to function effectively—personally, socially, professionally, and politically. It is not surprising, then, that many of us secretly identify with psychopaths and admire and want to become like them. At least in our dreams, we find ourselves enjoying being ruthless and hard-hearted. As we see it, with fewer scruples holding us back we could reach the highest pinnacles of achievement. We could get more and win bigger and better by being less guilty. Thoroughly rid of our inhibiting scruples and completely unfettered by retrospective or prospective angst, we would remain totally unconcerned about matters of wrongdoing, and so be free to victimize others, and to do so if not with impunity then at least with little or no regret.

Examples of positive psychopathy in our society include the pleasant, harmless, acceptable, even “fun” psychopathy of Fritz Kreisler, the violinist and composer who wrote music in the old style and then, rather than attributing it to his own hand, said he had found it, and that of the composer Charles Ives, who, otherwise not obviously psychopathic, may have backdated his compositions to make them seem more avant-garde. Less acceptable but still within the realm of what is generally tolerated in our society is the psychopathy of the realtor who becomes rich and successful by selectively underplaying the flaws of sub-par properties in order to inflate their price. For example, in calculating the amount of income a small apartment complex brings in, this realtor simply “forgets” to say that one of the tenants is a nun who pays considerably less than market value rent, has a lifetime lease, and has no plans to leave. Many successful salespeople can point to their psychopathic ability as one important reason for their success. This was the case for a patient of mine, a life insurance

salesman, someone who had previously signed himself into a mental hospital just to beat a drug rap. During treatment with me he tried to take out a life insurance policy on *my* life to protect his investment in *his* therapy in case *I* died or was killed—a clever, though self-serving and, for me at least, potentially dangerous idea, but one that illustrates the close relationship that often exists between narcissism, psychopathy, and creativity.

A final disadvantage of using behavioral criteria to define psychopathy is that psychopaths well know how to hide their psychopathic behavior. After all, these are individuals who are famously untruthful. In particular they know how to manipulate mental health professionals, and the entire system, to create the impression that they behave well, or, if they behave badly, that their bad behavior is justified by their circumstances.

After discussing first normal and psychopathological personality and then psychopathy in a general way, I go on to focus my discussion on the subject of this text: mild psychopathy—the psychopathy of everyday life.

THE PSYCHOPATHY OF EVERYDAY LIFE

The psychopaths of everyday life are among the forgotten people of psychopathology. These are the individuals who appear to the casual observer to be upright, honest citizens whose reputations are “merely” marred by a touch of dishonesty. To paraphrase J.C. Prichard as quoted by Millon, Erik Simonsen, and Morten Birket-Smith, their “power of self-government is [not] lost or greatly impaired [because they are still capable of] conducting [themselves] with decency and propriety in the business of life.”⁴⁰ Yet in “the moral or active principles of the mind [they are still] strangely perverted or depraved.”⁴¹

Mild psychopathy might be said to stand in the same relationship to major psychopathy (Antisocial Personality Disorder) as Obsessive Compulsive Personality Disorder stands in relationship to Obsessive Compulsive Neurosis—a dilute, partial, attenuated, subclinical, transient variant of the severe form, with essentially the same content presented in a new, different, less intense, and less pervasive style, and—in the society in which we live—as likely to be prosocial as antisocial.

Mild psychopaths can be differentiated from patients suffering from Antisocial Personality Disorder as follows:

Patients with an Antisocial Personality Disorder:

- Resemble hardened criminals. Their crimes often involve direct aggressive acts toward individuals and may even go beyond committing mayhem to committing murder. *In contrast*, mild psychopaths are more like ordinary schemers and conners. Their crimes tend to fall into the gray area of criminality, such as the “crimes” of opportunity of ad writers who speak partial truths that effectively mask whole falsehoods, emphasizing the positive and eliminating the negative to sell a nearly worthless product—quite possibly stealing more from

an unsuspecting and gullible public than the armed robbers of this world collectively take from banks, or than the crooked CEOs of the business world collectively steal from their companies.

- Are commonly found in jail or in forensic psychiatry units. *In contrast*, mild psychopaths are more likely to be found either “on the streets” or in the courts, and to be given suspended sentences or sentenced to community service. If they go to jail, it is often because they miscalculated or experienced a run of very bad luck.
- Mostly lack discernible anxiety, are short on empathy, and are incapable of feeling guilt or remorse, either at the time or after the fact. When convicted of a crime, they do not even try to fake guilt or remorse because they lack the ability to know what these emotions feel like and cannot even play-act them. *In contrast*, mild psychopaths often become somewhat anxious, are capable of feeling some guilt and remorse, and retain some ability to empathize. In court mild psychopaths have enough residual empathy and ability to feel guilt and remorse to be able to apologize to the people they hurt—although they usually do so less because they really mean it, and more because they are out to get a shorter sentence.
- Tend to be extremely impulsive, now-oriented individuals. *In contrast*, mild psychopaths are often quietly and resolutely calculating, and desire and retain the ability to think about the future and plan ahead.
- Completely lack loyalty. *In contrast*, mild psychopaths often retain a sense of loyalty to select groups—the familiar “honor among thieves.”
- Tend to be completely oblivious to feedback, without audience sensitivity or much, if any, concern about the effects of their actions on others—all part of an overall tendency to show poor conditionability. In contrast, one can often approach, get through to, and influence mild psychopaths, at least to an extent. While they could care more, it is not entirely true that they couldn’t care less.
- Hurt people for the sheer fun of it. *In contrast*, mild psychopaths often hurt people as much for profit as for fun. They are more opportunistic than purely sadistic. They may enjoy making their victims writhe, but they also enjoy making themselves rich. [An important caveat, as the *DSM-IV* notes, is that “Antisocial Personality Disorder must be distinguished from criminal behavior undertaken for gain that is not accompanied by the personality features characteristic of this disorder.”⁴² Thus while a psychopath is likely to be an opportunistic crook, an opportunistic crook would not necessarily be a psychopath. (The *DSM-IV* suggests diagnosing the likes of the opportunistic thief as an individual with Adult Antisocial Behavior.⁴³)]
- Often show little or no improvement as they get older. *In contrast*, mild psychopaths may, and often do, grow up and out of their psychopathy. They frequently have an epiphany later in life and suddenly and seemingly inexplicably begin to feel guilt and remorse for their past actions, even to the point that they actually achieve a measure of reform. This rule also has its exceptions, for serious psychopaths can improve and mild psychopaths can stay the same or get worse. As an example of the latter (taken from the behavior of someone who may very well not have been a psychopath) I cite the

“mere” antics of Truman Capote’s youth (he allegedly impersonated an editor at the *New Yorker* when he was just a copy boy). These antics seem to have hardened into a serious mistreatment of his best friends, whom he offended and badly hurt by criticizing and exposing them—for what appears to have been a combination of professional and personal gain, and possibly even just to have some great immoral fun at their expense.

- Produce mainly negative responses in us. We invariably dislike, refuse to tolerate, and are afraid of them. *In contrast*, we (too often) tolerate, embrace, and even love the mild psychopath, taking him or her into our hearts and homes—one reason why we call these individuals “confidence men”—and view them not as inhuman but as superior life forms.
- Often live as outsiders in society. *In contrast*, mild psychopaths are often “insiders,” in many senses of the term, including in the sense conveyed by the use of the term “insider trading.” Instead of completely removing themselves from people and society, mild psychopaths keep close relationships going with others, but mainly so that they can manipulate them for their own ends. We might say that while patients with Antisocial Personality Disorder, as well as all serious psychopaths, remind us of (dangerous) outlaws, mild psychopaths remind us of (troublesome) in-laws. That is, they are less like hard-core criminals and more like those difficult people we all know who live among us, those who spit on the floor, throw apple cores out of the window of a moving car, blast their horns at drivers who do not get moving when the light changes, turn up their personal stereos on public conveyances, yell into their cell phones calculatedly oblivious to the discomfort of others around them, rev up their motorcycles at night in quiet residential neighborhoods, or put their dogs to sleep because they bark too much. Here is a typical difficult behavior of a mild psychopath. A man breaks into a line of people waiting to check their coats. When his wife reminds him, “There is a line,” he retorts, totally oblivious to her concerns or the feelings of the others he has cut off, “I know. I’m on it.”
- When caught and exposed make things worse for themselves by becoming reflexively angry, vindictive, and confrontational. *In contrast*, mild psychopaths seem to know how to avoid being caught, or when caught in the act and chastised and punished know just what to do to get out of a difficult spot. For example, instead of becoming angry, they become reflexively more ingratiating.

Mild psychopaths are not, however, completely benign. Behaviors characteristic of those with an Antisocial Personality Disorder, such as selling drugs to children or joining murderous gangs, are not entirely unknown in the mild psychopath, and under some circumstances mild psychopaths can even find themselves admitted to mental hospitals. Mild psychopaths are rarely extremely violent and usually do not maim or kill with knives and guns, but they can, and often do, murder people, although they mostly do so indirectly. For example, they might skim money off a building project, putting up a structure that ultimately collapses and injures or kills its occupants. This could have been the outcome when one builder erected a high-rise structure over inadequate pilings. He then went bankrupt, leaving

behind a skeleton that another builder tried to salvage but at the last minute found he could not. Instead, to his surprise, chagrin, and great expense, he discovered that he had to demolish the structure completely.

Mild psychopaths can certainly be destructive in epidemic proportions. As con artists and confidence “men” they can fool, mulct, and even destroy the lives of many, many people. In the ranks of the widely destructive, we find our usual suspects: the ad writer who fleeced hoards by touting the superiority of one aspirin over another based on an elusive purity falsely claimed to be exclusive, but doing so in terms carefully calculated not to break the law; the ad writer who convinced the poor to overspend during a discount sale by persuading them that they would save more if they spent more; and the ad writer who compromised many people’s eyesight by touting a cure for nearsightedness, representing as scientific truth the flawed hypothesis that glasses never cured anyone’s eyesight and invariably cause myopia in people who wear them. The ad urged people to throw away their dangerous glasses and learn how to see better without them—for a price. Belonging here, too, are the actions of politicians who ultimately harm us all by destroying perfectly good opposition candidates with attack ads that make victims not only of their opponents but also of the truth; reporters and book reviewers who destroy reputations by omitting facts that might save or enhance them; realtors who steal other realtors’ exclusive listings then offer customers cut-rate commissions to switch to them; crooked telemarketers who con and intimidate people into buying worthless products; Internet phishers who empty bank accounts and steal identities; shady corporate CEOs who fake balance sheets to artificially enhance the value of their stock; office workers who regularly call in sick when well, rationalizing their behavior as “taking a mental health day,” and cheat on their time cards by leaving early then getting someone else to sign out for them, as well as office workers who steal large amounts of office supplies and then sell them on eBay; and used car salesmen who turn back the odometer, or sell cars that have been in a wreck or flood without mentioning this information .

However unfortunate, a certain amount of psychopathic opportunism, greed, distortion of reality, bullying, and cheating must be taken for granted in the world. Even the most “normal” individuals among us have some mildly psychopathic traits. This is because, to some extent, we “all” use psychopathic methods to cope, achieve, and succeed. All of us have the potential to be aggressive when that suits our purposes, and all of us have a lax enough conscience structure to make us, when that suits our purposes, selectively morally reprehensible—selfish, unloving, and unempathic, at will, and free from guilt. All of us can be unreliable when we see an opportunity to feed ourselves a little forbidden pleasure or to go for ill-gotten gain. All of us can be much too willing to compromise our ideals, for, as they say, “every person has his price.” However, though we

can all become at least somewhat evasive, tricky, and dishonest when the lure and prospect of instant gratification looms, some of us, the normals and milder psychopaths among us, recognize and control our potential for devilry better than others. Either a compulsive morality kicks in to set limits on how evil we permit ourselves to be, or our better judgment kicks in and we watch what we do—simply because we are afraid of getting caught.