

ALMOST A PSYCHOPATH



Do I (or Does Someone I Know) Have a Problem
with Manipulation and Lack of Empathy?

RONALD SCHOUTEN, MD, JD, HARVARD MEDICAL SCHOOL
and **JAMES SILVER, JD**

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with Manipulation and Lack of Empathy?**



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Editor's notes:

The case examples in this book are drawn from the authors' own professional experience. The names and details have been changed to protect the privacy of the people involved.

This publication is not intended as a substitute for the advice of health care professionals.

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Trusted advice for a healthier life

The Almost Effect[™] **series** presents books written by Harvard Medical School faculty and other experts who offer guidance on common behavioral and physical problems falling in the spectrum between normal health and a full-blown medical condition. These are the first publications to help general readers recognize and address these problems.



To my mother and my late father

R.S.

To my mother and the loving memory of my father

J.S.

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The Almost Effect

I once overheard a mother counseling her grown daughter to avoid dating a man she thought had a drinking problem. The daughter said, “Mom, he’s not an alcoholic!” The mother quickly responded, “Well, maybe not, but he *almost* is.”

Perhaps you’ve heard someone, referring to a boss or public figure, say, “I don’t like that guy. He’s *almost* a psychopath!”

Over the years, I’ve heard many variations on this theme. The medical literature currently recognizes many problems or syndromes that don’t quite meet the standard definition of a medical condition. Although the medical literature has many examples of these syndromes, they are often not well known (except by doctors specializing in that particular area of medicine) or well described (except in highly technical medical research articles). They are what medical professionals often refer to as subclinical and, using the common parlance from the examples above, what we’re calling *the almost effect*.

For example:

- Glucose intolerance may or may not always lead to the medical condition of diabetes, but it nonetheless increases your risk of getting diabetes—which then increases your risk of heart attacks, strokes, and many other illnesses.
- Sunburns, especially severe ones, may not always lead to skin cancer, but they always increase your risk of skin cancer, cause immediate pain, and may cause permanent cosmetic issues.
- Pre-hypertension may not always lead to hypertension (high blood pressure), but it increases your risk of getting hypertension, which then increases your risk of heart attacks, strokes, and other illnesses.
- Osteopenia signifies a minor loss of bone that may not always lead to the more significant bone loss called osteoporosis, but it still increases your risk of getting osteoporosis, which then increases your risk of having a pathologic fracture.

Diseases can develop slowly, producing milder symptoms for years before they become full-blown. If you recognize them early, before they become fully developed, and take relatively simple actions, you have a good chance of preventing them from turning into the full-blown disorder. In many instances there are steps you can try at home on your own; this is especially true with the mental and behavioral health disorders.

So, what exactly is the almost effect and why this book? *Almost a Psychopath* is one of a series of books by faculty members from Harvard Medical School and other experts. These books are the first to describe in everyday language how to

recognize and what to do about some of the most common behavioral and emotional problems that fall within the continuum between normal and full-blown pathology. Since this concept is new and still evolving, we're proposing a new term, *the almost effect*, to describe problems characterized by the following criteria.

The problem

1. falls outside of normal behavior but falls short of meeting the criteria for a particular diagnosis (such as alcoholism, major depression, psychopathy, or substance dependence);
2. is currently causing identifiable issues for individuals and/or others in their lives;
3. may progress to the full-blown condition, meeting accepted diagnostic criteria, but even if it doesn't, still can cause significant suffering;
4. should respond to appropriate interventions when accurately identified.

The Almost Effect



All of the books in The Almost Effect™ series make a simple point: Each of these conditions occurs along a spectrum, with normal health and behavior at one end and the full-blown disorder at the other. Between these two extremes is where the almost effect lies. It is the point at which a person is experiencing

real pain and suffering from a condition for which there are solutions—*if* the problem is recognized.

Recognizing the almost effect not only helps a person address real issues now, it also opens the door for change well in advance of the point at which the problem becomes severe. In short, recognizing the almost effect has two primary goals: (1) to alleviate pain and suffering now and (2) to prevent more serious problems later.

I am convinced these problems are causing tremendous suffering, and it is my hope that the science-based information in these books can help alleviate this suffering. Readers can find help in the practical self-assessments and advice offered here, and the current research and clinical expertise presented in the series can open opportunities for health care professionals to intervene more effectively.

I hope you find this book helpful. For information about other books in this series, visit www.TheAlmostEffect.com.

Julie Silver, MD

Assistant Professor, Harvard Medical School

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acknowledgments

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unique ways have given him so much, as well as his mother, Charlotte Schouten, for always being there for him. And finally, he is indebted to Kimberly Glasgow for her support, love, and encouragement during this project.

Jim thanks all his teachers, from grammar school through law school, who showed him the virtue of making learning a lifelong pursuit.



Part 1

Minor Problems to Major Predators



1

Setting the Stage

One of our colleagues regularly opens his talks on malingering and deception by asking how many people in the audience have ever told a lie, even the smallest fabrication. Nearly every hand goes up. Then he asks how many have ever taken something that does not belong to them, no matter how insignificant, perhaps a paper clip or pen from work. Again, nearly every hand goes up. He then says, “It’s nice to know that I’m speaking to an audience of liars and thieves.” The audience laughs, because they recognize the truth of what he’s saying: regardless of education, social status, or income, from time to time, our behavior is not always strictly moral or honest.

For most of us, though, anything more than telling a white lie or committing some other minimal misdeed makes us uneasy. We realize that there is something wrong with what we have done, are doing, or are contemplating. Whether it is blaming our own mistake on a co-worker, not telling the clerk when we are given too much change, or retaliating in-kind to

that other driver who just cut us off, we know it isn't the right thing to do. If we do it anyway, because of a lack of impulse control at the moment or because we can somehow justify it, more often than not our conscience kicks in and we get that uncomfortable feeling that we know as guilt or shame.

Research has shown that we all rationalize both “good” and “bad” behavior. Social conventions that we learn from our parents and others, religious principles, and the potential psychological turmoil of a distressed conscience combine to deter most of us from routinely engaging in even relatively small transgressions that fall outside of communal norms, let alone more elaborate and harmful acts of deceit and aggression. Yet with all those factors helping us to behave as we should, it is still the case that everyone can have improper, even downright evil, thoughts and fantasies that they never act upon. And when it comes to cheating, taking advantage of others, infidelity, and the like, we have no shortage of examples of “good” people who stray from the straight and narrow.

The hazy and at times fluid boundary between “good” people and “bad” has been the subject of much study and discussion. Forensic psychiatrist Robert Simon captures the essence of this idea in the title of his 1996 book *Bad Men Do What Good Men Dream*. The famed Swiss psychiatrist Carl Jung theorized that everyone has a “Shadow” as part of the unconscious and that it contains repressed desires, weaknesses, and primitive animal instincts. Jung pointed out that the less the Shadow is acknowledged and “the less it is embodied in the individual’s conscious life, the blacker and denser it is.”¹ In other words, denying that we have such dark thoughts puts us at risk of being controlled by them. Others who study per-

sonality and its disorders (including psychopathy) have attributed these gaps in moral reasoning to *superego lacunae*—tiny holes in the superego, the part of us that tells us what is right and wrong.²

Research psychologists David DeSteno and Piercarlo Valdesolo, in their book *Out of Character*, explore the origins and consequences of our rigid notions of character, as well as the potential we all have for acting “out of character.”³ Through discussion of multiple experimental studies and examples drawn from recent headlines, they show that character is not as fixed as many of us might believe, and even those who profess the highest moral principles are not immune from often spectacular departures from the standards they expect others to follow, including former New York Governor Eliot Spitzer and political commentator Rush Limbaugh. The number of fundamentalist preachers and other religious leaders who also have had dramatic falls from grace are further evidence that even those who profess the strictest moral tenets can fail in their struggles with their own darker sides. Swiss psychoanalyst Adolf Guggenbühl-Craig suggests that some of the people most at risk for major transgressions of appropriate conduct are those who fight against their own darker impulses by adopting and proclaiming the strictest of moral principles. Unable to deal with their own emotions and moral ambiguity, they think in black and white and identify themselves with rigid moral codes and righteous causes, thus justifying their own behavior.⁴

Nevertheless, just as we recognize that some missteps are part of being human, we also know that there are people in this world who regularly and systematically do truly bad things, who seem to operate without the moral constraints experienced

by the rest of us. These people seem different from everyone else—and in some very fundamental ways, they are. By virtue of the frequency and degree of their deviance from socially acceptable behavior, they are regarded as exhibiting *psychopathy*: a psychological condition that represents particular ways of behaving and viewing the world. They are psychopaths.

Psychopathy involves a major abnormality in how people interact with the world around them, characterized by a lack of empathy for other people's feelings as well as behaviors that are considered inappropriately deceitful, aggressive, and indifferent to the rights or feelings of others. The psychopath ignores social, legal, and moral standards of conduct in order to meet his or her own needs at the time, often ignoring potential long-term consequences in deference to immediate gains. The rest of us may violate those standards of behavior when our inherent sense of right is overpowered by factors that may include a sense of obligation to a group or cause or the ability to rationalize that it is okay "just this once"—allowing us to do something that we would ordinarily disapprove of for ourselves or others.

True psychopaths don't need to rationalize (although they will if their behavior is questioned). Antisocial behavior is their norm, not the exception. Of course, there are others who do not meet the full criteria for psychopathy and yet engage in heinous acts that most of us would turn away from in disgust and horror. If this were not the case, world history would not be full of tales of apparently normal people and societies committing acts of genocide such as the Holocaust and the mass killings in Rwanda.

But even routine patterns of deception or attempting to take advantage of others do not necessarily mean that a person

is a psychopath; context and culture play important roles and are important factors to consider in assessing the nature of behavior. Take lying and conning others as an example. Generally speaking, in the United States, a person who relies on inflated representations and continually makes promises that he or she doesn't anticipate fulfilling is likely to be considered a psychopath (at least in casual terms)—unless the person is a politician stumping for votes.

Similarly, in a Middle Eastern bazaar, where exaggeration and haggling are an expected part of the experience, efforts to convince a tourist to visit a shop owned by “my cousin” and buy “the finest” carpets in the region at an inflated price are the first steps in a well-established, time-honored way of doing business. The hapless tourist who buys the rug at face value is the one with the problem and may even be insulting the merchant by refusing to bargain. On a more serious note, prisoners of war who intentionally and repeatedly deceive their captors to save their lives or the lives of others will be considered heroes, not psychopaths. The difference between these people and a true psychopath is that the psychopath will have exhibited a pattern of manipulating, conning, and perhaps violence in multiple settings—not just on the campaign trail or in the rug market—in a manner that is considered antisocial in his or her culture. No thought, no weighing of moral pros and cons is involved. Psychopaths are on automatic pilot, and their moral compass is either absent or, if present, always pointing in the direction of their self-interest.

In other words, perhaps the main difference between psychopaths and the rest of us is that they are not concerned about the difference between right and wrong. They *know* the difference;

they just don't care—their only concern is what's "right" for them. Psychopaths target the vulnerable, steal from the unwary, and deceive the weak (or, even more to their delight, the strong if they can get away with it), but no matter how much pain they cause with their deceit or whom they hurt, they don't experience the moral dilemma the rest of us do when we drift toward the darker side of behavior. While their ways can be violent and callous, their demeanor is often the opposite; psychopaths commonly have a glibness and charm that enables them to manipulate others and sometimes achieve success and apparent normalcy in their work and personal lives.

Even when their membership in this distinctive psychological category is discovered—perhaps when they are evaluated after having been charged with or convicted of a crime—it is unclear what to do with psychopaths, as current treatments for psychopathy have low to moderate rates of success.⁵ This lack of success may be partly attributed to the psychopath's self-motivation for treatment, which is generally low. Why actively participate in treatment if you think nothing is wrong with you? Even when forced into treatment, psychopaths are likely to have only superficial and temporary motivation, lasting only as long as the treatment is mandated or until the psychopath can generate a reason to be excused.

While neither medications nor psychotherapy have consistently proven effective in treating psychopathy, a 2011 study by researchers at Emory University presents something of a good news–bad news story. The study found that after psychopaths with major depression began taking a standard antidepressant medication, they experienced a decrease in the very negative psychopathic traits of impulsivity and blaming others for their

problems. On the other hand, this treatment appeared to lead to an increase in the socially adaptive psychopathic traits of glibness, social charm, and boldness in both their interpersonal and physical behaviors. In other words, they became less aggressive and reckless, but better able to manipulate and con others.⁶ Interestingly, those personality changes were unrelated to changes in the symptoms of depression.

• • •

For both of us (Ron Schouten and Jim Silver), psychopaths are part of our professional lives. Ron is a former attorney who left the practice of law to pursue a career in medicine. Planning to treat patients, he ended up devoting a good deal of his professional life to forensic psychiatry—the application of clinical psychiatry to legal matters. In his career, he has assessed men and women who were victims (and perpetrators) of child abuse, domestic violence, and other trauma, as well as offenders who murdered and assaulted multiple victims. Jim is a former federal prosecutor and criminal defense attorney who has tried cases and handled appeals on offenses spanning the gamut of illegal behavior from shoplifting to murder. We have seen our share of true, diagnosable psychopaths.

Nevertheless, we much more frequently find ourselves dealing with people who don't meet the current technical definition of a psychopath,* but who have more than the usual amount of difficulty following rules, fulfilling obligations, or understanding

* In this book, we will be using the conceptualization of psychopathy developed by Dr. Robert Hare and his colleagues for the professional tool known as the PCL–R: the Psychopathy Checklist–Revised. We will also refer to their work and that of others in extending the checklist's principles to noncriminal populations. We will describe that work in more detail in chapter 2.

how to treat others. They end up in our offices after the devil on one shoulder overpowers the angel on the other. The Shadow gains full control, however briefly, and those superego lacunae leave them blind to the implications and consequences of their actions. These people may get small things wrong regularly, leading to a string of problems in their personal or professional lives, or they may go off the rails in a dramatic and significant fashion that leads them to personal disaster or even the courthouse.

Whether because of the nature of their behavior—simply beyond what most of us can comfortably ignore—or because they violate social or legal norms so frequently, these people live their lives somewhere between the boundaries of commonplace “not-so-bad” behavior and psychopathy. In that balancing of influences, their calculations more commonly lead them toward behaviors that most of us would find offensive and contrary to social norms. They are “almost psychopaths” because they exhibit some of the behaviors and attitudes of psychopathy but not to the extent that they meet the current formal criteria. In medicine, we refer to this as a *subclinical* disorder or *subsyzn-dromal* condition.

We believe that all too often, those whose behaviors make them almost psychopaths are not recognized for what and who they are—subclinical psychopaths with problematic behaviors and attitudes that should be addressed before they cause more harm to others and themselves. We’ve written this book to help you and those you care about identify and deal with the almost psychopaths in your lives and to tell you that, unlike with a true psychopath, in many cases there *are* things that can be done to help address the behavior of an almost psychopath.

Since you've picked up this book, you probably at least suspect you have come into contact with an almost psychopath. They are spouses, co-workers, bosses, neighbors, political leaders, and, some people may wonder, perhaps themselves. On the surface at least, like true psychopaths, many almost psychopaths appear to live normal lives and have solid relationships at home and work. Yet, somehow, something is off. You've met these almost psychopaths, whether or not you knew it at the time, and after the fact have ended up scratching your head. "What was *that* about?"

We will offer some insights into what *that* was (and is) about. Drawing on scientific research and our own experiences, we describe the behavior, attitudes, and characteristics of almost psychopaths so that you can recognize them for what they are. Our case examples are drawn from real life, but except where noted, we have changed identifying characteristics, including names, to protect the privacy of those involved. For some examples, we've even combined aspects of different real cases in order to make specific points, as well as to further obscure the identities of these real-life characters.

Ultimately, this book is not about labels, as attractive as they may be for helping us organize our thinking about the world. Rather, it's meant to shed light on certain complexities of human behavior to encourage situational awareness. Our goals are to help you make sense of interactions you've had with almost psychopaths in the past and provide strategies for dealing with them in the present and future. And for those who recognize some of these concerning behaviors in themselves or who think they might be almost psychopaths, we describe the practical help that is available to help you understand and

change your behavior and improve your life and the lives of those around you.



What Is a Psychopath?

Since we are going to be telling you about almost psychopaths, we first need to show you what they *almost* are. We begin with the story of a true psychopath.

Bill

Bill was the shipping and receiving clerk at a medium-size, family-owned business. Physically fit, good-looking, charming, and a military veteran, he was an easy hiring decision for the head of Human Resources. Bill initially was a good worker and ingratiated himself with his superiors, who felt that he had a real chance to work his way up in the business. His relationship with peers went less smoothly; they complained that he was irritable, even threatening, when they brought up shipping and receiving problems. One time, when questioned about an error he had made, Bill threw a handcart across the loading dock. He was active in the local gun club, and the office gossip was that Bill carried a loaded shotgun in the trunk of his car.

Even though weapons were prohibited on company premises, no one confronted him on this issue. His bullying behavior, coupled with the rumor about the shotgun, intimidated many of his co-workers.

Bill was interested in Amy, one of the company's administrative assistants, with whom he had gone to high school. He asked her out on a date, telling her how he had been attracted to her back then and had always thought she was the most beautiful girl in school. Amy politely declined, explaining that she had just broken up with someone and was not yet ready to date. Bill tried to persuade her to change her mind, and just to end the conversation, Amy agreed that he could ask her again at some time in the future. With any luck, she thought, he'll forget and get interested in someone else. A week later, he repeated his invitation, and Amy turned him down a bit more directly. That seemed to work. Bill stopped talking to her.

Instead, he looked up Amy's best friend from high school, Sara, and asked *her* out. He told Sara that he had always been attracted to her and thought she had been the most beautiful girl in school—just what he had said to Amy. Sara agreed to go out with him. On their date, Bill persuaded Sara to pose for some suggestive photographs. The next day, he wrote lewd captions for the photos, posted them on his Facebook page, and sent the link to Amy.

Six weeks after his last request for a date, Bill called Amy and told her there was a package in the mailroom that he thought might be for her and asked her to come down to identify it. Amy was wary, especially after the Facebook episode. She just had a feeling that there was something a bit odd about Bill. But he had always been polite to her, and she eventually

76. M. C. Seto, "Pedophilia," *Annual Review of Clinical Psychology* 5 (2009): 391–407.
77. M. C. Seto, *Pedophilia and Sexual Offending Against Children: Theory, Assessment, and Intervention* (Washington, DC: American Psychological Association, 2008).
78. Y. M. Fernandez and W. L. Marshall, "Victim Empathy, Social Self-Esteem, and Psychopathy in Rapists," *Sex Abuse: A Journal of Research and Treatment* 15, no. 1 (2003): 11–26.
79. K. Franklin, "Hebephilia: Quintessence of Diagnostic Pretextuality," *Behavioral Sciences and the Law* 28 (2010): 751–68.
80. R. K. Hanson, A. Gordon, A. J. Harris, J. K. Marques, W. Murphy, V. L. Quinsey, and M. C. Seto, "First Report of the Collaborative Outcome Data Project on the Effectiveness of Psychological Treatment for Sex Offenders," *Sexual Abuse: A Journal of Research and Treatment* 14.2 (2002): 169–94.

Chapter 9: Adults as Victims

81. R. Kaplan, "The Clinicide Phenomenon: An Exploration of Medical Murder," *Australas Psychiatry* 15, no. 4 (2007): 299–304.

Chapter 10: Sick or Slick?

82. *DSM-IV-TR*, 739.
83. K. Dornstein, *Accidentally, on Purpose: The Making of a Personal Injury Underworld in America* (New York: St. Martin's Press, 1996).
84. W. Bogdanich, "A Disability Epidemic among a Railroad's Retirees," *New York Times*, September 20, 2008. Accessed October 27, 2011. www.nytimes.com/2008/09/21/nyregion/21lirr.html?pagewanted=all.
85. Wiley Mittenberg, C. Patton, E. M. Canyock, and D. Condit, "Base Rates of Malingering and Symptom Exaggeration," *Journal of Clinical and Experimental Neuropsychology* 24, no. 8 (2002): 1094–102.
86. G. J. Larrabee, "Detection of Malingering Using Atypical Performance Patterns on Standard Neuropsychological Tests," *Clinical Neuropsychology* 17, no. 3 (2003): 410–25.

87. K. W. Greve, J. S. Ord, K. J. Bianchini, and K. L. Curtis, "Prevalence of Malingering in Patients with Chronic Pain Referred for Psychologic Evaluation in a Medico-Legal Context," *Archives of Physical Medicine and Rehabilitation* 90, no. 7 (2009): 1117–26.
88. M. Rohling, L. Binder, and J. Langhinrichsen-Rohling, "Money Matters: A Meta-Analytic Review of the Association between Financial Compensation and the Experience and Treatment of Chronic Pain," *Health Psychology* 14, no. 10 (1995): 537–47.
89. Workers' Compensation Anti-Fraud Activity: Survey Results (Minnesota Department of Labor and Industry: State, 1995).
90. G. W. Stevens, J. K. Deuling, and A. A. Armenakis, "Successful Psychopaths: Are They Unethical Decision-Makers and Why?," *Journal of Business Ethics*, July 12, 2011. Accessed October 28, 2011. www.springerlink.com/content/4g885w8142011640/.
91. J. C. Huffman and T. A. Stern, "The Diagnosis and Treatment of Munchausen's Syndrome," *General Hospital Psychiatry* 25 (2003): 358–63.

Chapter 11: What to Do When You Find Yourself in Almost Psychopath Territory

92. J. Maltby, A. M. Wood, L. Day, T. W. H. Kon, A. Colley, and P. A. Linley, "Personality Predictors of Levels of Forgiveness Two and a Half Years after the Transgression," *Journal of Research in Personality* 42 (2008): 1088–94; M. C. Whited, A. L. Wheat, and K. T. Larkin, "The Influence of Forgiveness and Apology on Cardiovascular Reactivity and Recovery in Response to Mental Stress," *Journal of Behavioral Medicine* 33, no. 4 (2010): 293–304; J. R. Webb, L. Toussaint, C. Z. Kalpakjian, and D. G. Tate, "Forgiveness and Health-Related Outcomes among People with Spinal Cord Injury," *Disability and Rehabilitation* 32, no. 5 (2010): 360–66.

about the authors

Ronald Schouten, MD, JD, is an associate professor of psychiatry at Harvard Medical School and director of the Law & Psychiatry Service at Massachusetts General Hospital. In addition to his clinical practice, he has served as a consultant to corporations and government agencies on subjects including occupational mental health, workplace and campus violence, insider threats, and terrorism. He has served as an expert witness in criminal and civil cases. A graduate of Haverford College, he earned his juris doctor degree at Boston University, practiced law in Chicago, and then obtained his medical degree at the University of Illinois in Chicago.

James Silver, JD, is a former Assistant United States Attorney and current criminal defense lawyer who has tried cases and argued appeals on offenses ranging from shoplifting to first-degree murder. He was also a civil litigator at one of the nation's largest law firms. He is a graduate of the University of Notre Dame and Harvard Law School.



Hazelden, a national nonprofit organization founded in 1949, helps people reclaim their lives from the disease of addiction. Built on decades of knowledge and experience, Hazelden offers a comprehensive approach to addiction that addresses the full range of patient, family, and professional needs, including treatment and continuing care for youth and adults, research, higher learning, public education and advocacy, and publishing.

A life of recovery is lived “one day at a time.” Hazelden publications, both educational and inspirational, support and strengthen lifelong recovery. In 1954, Hazelden published *Twenty-Four Hours a Day*, the first daily meditation book for recovering alcoholics, and Hazelden continues to publish works to inspire and guide individuals in treatment and recovery, and their loved ones. Professionals who work to prevent and treat addiction also turn to Hazelden for evidence-based curricula, informational materials, and videos for use in schools, treatment programs, and correctional programs.

Through published works, Hazelden extends the reach of hope, encouragement, help, and support to individuals, families, and communities affected by addiction and related issues.

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**Do you know someone who is highly manipulative and full of himself?
Or someone who charms the masses yet lacks the ability to connect deeply
with those around her?**

Grandiosity. Pathological lying. Lack of remorse. Shallowness. Exploitation, perhaps for financial gain. These are the qualities of “almost psychopaths.” They are not the deranged criminals often called psychopaths in the movies. They are spouses, coworkers, bosses, neighbors, and newsmakers who exhibit many of the behaviors of a full-blown psychopath, but with less intensity and consistency. In this book, the authors draw on scientific research and their own professional experience to help you identify these traits in another—or perhaps in yourself. They offer practical tools to help you

- recognize the behavior, attitudes, and characteristics of “almost psychopaths”
- make sense of interactions you’ve had with them
- devise strategies for dealing with them in the present
- make informed decisions about your next steps
- learn ways to help them better control their behavior

Ronald Schouten, MD, JD, has assessed individuals ranging from victims of child abuse, professional misconduct, and domestic violence to those accused of bank robbery, campus shootings, and multiple murders. He is currently on staff at Harvard Medical School.

James Silver, JD, is a former federal prosecutor and current criminal defense attorney who has tried cases and handled appeals on offenses spanning the gamut of illegal behavior from shoplifting to murder.

The Almost Effect™ series presents books written by Harvard Medical School faculty and other experts who offer guidance on common behavioral and physical problems falling in the spectrum between normal health and a full-blown medical condition. These are the first publications to help general readers recognize and address these problems.



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