

# Personality Disorders: Theory, Research, and Treatment

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# Hervey Cleckley (1903–1984): Contributions to the Study of Psychopathy

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Hervey Cleckley (1903–1984) was probably among the most influential psychiatrists of the 20th century, but the history of his intellectual contributions to psychopathy is not especially well known. Not all of Cleckley's writings have stood the test of time, but others seem prescient, arguably anticipating current debates regarding such contentious issues as successful psychopathy and the treatability of psychopathy. Although Cleckley's seminal writings on psychopathy are familiar to many contemporary scholars, Cleckley's role as an expert witness and his writings on other topics, such as dissociative identity disorder, may be less familiar to many readers. Cleckley's rich and diverse body of work is worth revisiting for its keen insights regarding psychopathy and personality pathology more broadly.

**Keywords:** psychopathy, antisocial personality disorder, personality, expert witness

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Hervey Milton Cleckley (1903–1984) was probably among the most influential psychiatrists of the 20th century; he was indisputably one of the most fascinating. Surprisingly, Cleckley's contributions to psychopathy have never been the subject of a published synthesis. In this article, we endeavor to fill this gap by surveying Cleckley's life and intellectual history, and considering the implications of his writings for contemporary discussions concerning psychopathy. By doing so, we aim to provide readers with not merely a broad historical perspective on a single scholar but also a sense of how he shaped the trajectory of a field.

Most readers are probably familiar with Cleckley's formative writings on psychopathic personality (psychopathy). His published work on this condition, especially his book, *The Mask of Sanity* (Cleckley, 1941b), continues to influence scholars and practitioners in myriad ways. With the exception of a handful of physicians such as George Gilles de la Tourette and Paul Briquet, whose

discoveries directly informed clinical descriptions of the eponymous conditions of Tourette's disorder and Briquet's syndrome (which evolved into somatization disorder),<sup>1</sup> respectively, few if any scholars have been so closely identified with a single mental disorder. According to the Google Scholar database, several hundred publications refer to *The Mask of Sanity* using the same word: "seminal" (e.g., Lykken, 2006; Vitacco, Neumann, & Jackson, 2005). As observed by Westen and Weinberger (2004),

Virtually all current research on psychopathy presupposes the observations of a brilliant clinical observer [Cleckley, 1941/1976] whose clinical immersion among psychopaths over 60 years ago still provides the foundation for the measure [the PCL-R] considered the gold standard in psychopathy research. (p. 599)

Cleckley's writings on psychopathy have even percolated into popular culture; for example, the Netflix series *Mindhunter*, which focuses on the psychological study of serial killers, has referred to Cleckley's *The Mask of Sanity* (<http://ew.com/recap/mindhunter-series-premiere/3/>).

Still, Cleckley's writings on psychopathy comprise only a plurality of his corpus of published work. Some readers may know that Cleckley, along with his close collaborator Corbett Thigpen, wrote on multiple personality disorder, now termed dissociative identity disorder (DID; Thigpen & Cleckley, 1954). Their coauthored book, *The Three Faces of Eve* (Thigpen & Cleckley, 1957), reported on what remains one of the two best-known cases of DID, the other being Sybil, whose actual name was Shirley Mason

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<sup>1</sup> Somatization disorder per se no longer exists in the *DSM*, having been largely subsumed by the considerably broader *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*; American Psychiatric Association, 2013) diagnosis of somatic symptom disorder.

(Schreiber, 1973). In this widely publicized book, which was adapted into a major motion picture starring Joanne Woodward, Thigpen and Cleckley described the case of a woman, Chris Sizemore, who displayed two strikingly different “alter” personalities, one demure and submissive (whom they termed “Eve White”) and the other seductive and antisocial (whom they termed “Eve Black”). These two personalities ostensibly achieved integration in the form of a third personality (“Jane”) by the conclusion of treatment. Toward the end of his career, however, Cleckley expressed marked skepticism regarding the potential overdiagnosis of DID and raised concerns regarding the apparent epidemic of DID diagnoses that he and Thigpen had helped to unleash (Thigpen & Cleckley, 1984). Cleckley regarded his third and final book, *The Caricature of Love* (1957), as his best (Thigpen, 1985). Nevertheless, this book has fallen into obscurity, perhaps in large measure because its central thesis—namely, that homosexuality is a mental illness that has been erroneously normalized by society—has been scientifically discredited (Bailey et al., 2016).

We further suspect that few readers are aware of Cleckley’s scholarship on a plethora of other topics, including electroshock and other convulsive therapies (Cleckley, Hamilton, Woodbury, & Volpito, 1942; Cleckley & Templeton, 1941), major depression (Cleckley, 1954), the shortcomings of Freudian psychoanalysis (Cleckley, 1962), the practice of psychotherapy (Cleckley, 1941a), the misuse of psychiatric terminology and the overhyping of claims in academic psychiatry (Cleckley & Thigpen, 1955), the insanity verdict (Bromberg & Cleckley, 1952; Cleckley, 1955), the pathophysiology of syphilis (Cleckley & Geeslin, 1941), niacin deficiency encephalopathy (Cleckley, Sydenstricker, & Geeslin, 1939), and medical education (Mettler, Cleckley, & Slaughter, 1940). Although we focus on Cleckley’s contributions to psychopathy in this article, we briefly review Cleckley’s diverse intellectual contributions to DID, sexual orientation, psychoanalysis, and other domains in the online supplemental materials.

Virtually everyone who met Cleckley or who has read his work comments on his remarkably catholic knowledge of literature and history. His publications are replete with allusions to such writers as Shakespeare, Homer, Dostoevsky, O’Neill, Waugh, Emily Bronte, and Tennessee Williams (Ross, 2012), and he referred to them liberally in lectures and conversations as well. He had little patience for James Joyce, however, whose writing in *Finnegan’s Wake* he derided as “erudite gibberish indistinguishable to most people from the familiar word salad produced by hebephrenic patients on the back wards of any state hospital” (Cleckley, 1941/1976, p. 7). Cleckley encouraged his students to read as broadly in fictional literature as in psychiatry, as he believed the characters crafted by great authors impart deep insights into the human condition (Carr, 2003). It is no wonder that Cleckley’s long-time coauthor and close friend Corbett Thigpen (1985) referred to him as a “renaissance man” in an encomium published shortly after his colleague’s death (Hare, 2011; Smith, 2016a).

Many of Cleckley’s writings were arguably prescient, foreshadowing current controversies regarding successful psychopathy (DeLisi, 2016; Lilienfeld, Watts, & Smith, 2015; Mathieu, Babiak, & Hare, in press) and the neurobiology (Blair, 2003) and treatability (Hecht, Latzman, & Lilienfeld, 2018; Salekin, 2002) of psychopathy. In this respect, Cleckley’s work is worth revisiting for the insights it can offer into ongoing debates.

Academy Award–winning film director Errol Morris had hoped to make a documentary about Cleckley. Morris called Cleckley’s home in 1984 in the hopes of interviewing him, but learned that Cleckley had passed away 2 weeks earlier. Cleckley’s death apparently led Morris to abandon the project, but he described his long-standing fascination with Cleckley in a 2013 interview (Cline, 2013):

I have been obsessed—probably continue to be obsessed, with Hervey Cleckley. He’s one of the unsung 20th century figures. Someone really needs to write a Cleckley biography, but I do not think it’s going to be me. He created two of the enduring myths—I would call them—of the 20th century . . . These ideas do not originate with Cleckley, but Cleckley popularized them, he built them up, he sold them—almost as a brand.

Some might quarrel with Morris’s assertion that psychopathy and DID are “myths.” Still, his comments underscore the enduring impact of Cleckley’s writings on contemporary conceptions of mental illness, in particular two conditions—psychopathy and DID—that have substantially shaped the public’s view of badness and madness.

### Hervey Cleckley: A Biographical Sketch

Hervey Milton Cleckley (named after his grandfather, Hervey Milton Cleckley) was born on September 7, 1903, in Augusta, Georgia. He was a descendant of William Schley, governor of Georgia from 1835 to 1837, and Matthew Talbot, who served briefly as governor of Georgia in 1819. Cleckley’s father William was a dentist, and his mother Cora was a homemaker. Cleckley attended the Academy of Richmond County High School in Augusta, where he starred on the track and football teams and graduated with top honors in 1921. When George Phineas Butler, principal of the school for 3 decades, was asked to name the most exceptional student he had seen there, he responded, “without a doubt it would be Hervey Cleckley” (Cleckley, 2008).

Cleckley enrolled at Princeton University, but due to what the *Princeton Alumni Weekly* (1924) characterized as “family reasons” (p. 402), but what Smith (2016a) described as homesickness, he left after only one semester and enrolled at the University of Georgia (UGA) in Athens. At UGA, he majored in mathematics and science, and graduated *summa cum laude* and Phi Beta Kappa in 1924. He also served as starting halfback for the football team, earning a “letter” for the 1922–1923 season. He was the star player in a celebrated game against top-ranked Centre College (of Kentucky), leading UGA to a surprise tie. As captain of UGA’s track team in his senior year, Cleckley set school records for the 100- and 220-yard and 440-m dashes, and the low and high hurdles, and competed in the javelin, discus, and sprint relay events (Smith, 2016b; Thigpen, 1985). In his senior year at UGA, he served as Editor-in-Chief of the UGA yearbook, *Pandora*. In commemorating Cleckley, yearbook editorial staff later wrote of him as “the perfect student. He might take the laurels he won in the Center [sic] game and rest comfortably ever anon” (Ross, 2012, p. 20). On a list of notable UGA across the school’s 232-year history, Cleckley ranks 66th (Famous University of Georgia Alumni, 2017).

Cleckley’s achievements in academics and athletics earned him a Rhodes Scholarship, one of only 24 awarded to UGA students as of this writing. He went on to study physiology at Oxford University in England from 1924 to 1926, where he completed a second bachelor’s degree. There, he continued his athletic pursuits, becoming European intercollegiate boxing champion and receiving an “Oxford Blue” award for his track accomplishments. As a member of the track team,

he raced (unsuccessfully, by his own account) against some of the Olympian British runners featured in the Academy Award-winning film *Chariots of Fire* (Smith, 2016a).

Following his time at Oxford, Cleckley attended medical school at UGA's School of Medicine, now the Medical College of Georgia, finishing the 4-year program in 3 years. He later completed his residency in surgery at their hospital facility. At some point during his residency, however, he became more enamored with psychiatry than surgery. He worked for 6 years as staff psychiatrist at the Lenwood U.S. Department of Veterans Affairs Hospital in Augusta before joining the faculty at the Medical College of Georgia as Assistant Professor in Neurology and Psychiatry in 1937. In 1938, Cleckley became first Chair of this department, which was renamed the Department of Neuropsychiatry a year later. One of Cleckley's students there was Corbett Thigpen, who became a collaborator, friend, and, later, independent practice partner. Following his retirement from the Medical College of Georgia in 1981, Cleckley was granted Emeritus status.

Cleckley's professional honors included Diplomate of the American Boards of Psychiatry and Neurology, Fellow of the Society for Biological Psychiatry, and Life Fellow of the American Psychiatric Association; along with Thigpen, he shared the Georgia Writers Association Literary Achievement for Non-Fiction in 1957 for *The Three Faces of Eve*. In 2011, he was posthumously awarded the R.D. Hare Lifetime Achievement Award by the Society for the Scientific Study of Psychopathy (2016).<sup>2</sup>

The Medical College of Georgia once housed the Hervey M. Cleckley building, which was named in his honor. This building, which opened in 1960 and functioned as an intensive psychiatric treatment facility (Hamilton, 1962), was later torn down. Cleckley himself, along with the facility, were well known, if not notorious, in much of the Augusta community. One Augusta native recalled Cleckley and the building that bore his name in colorful terms:

Cleckley probably epitomized Augusta the best during that time. He lived behind a spooky, gated wooded area in the upscale part of town. He was famous for being the psychiatrist who pioneered electric shock therapy, which had allegedly cured the Eve of the book and movie, "Three Faces of Eve." A friend of mine who visited his clinic once said it was full of young freaks, drug addicts and kids who were just a bit confused . . . The words, "you might wind up in Cleckley," or, "they're gonna send you to Cleckley" would strike the fear of God in you. They say he was a pruny old man with coke-bottle glasses and wiry hair, and, supposedly, from what we heard, had a disarmingly warm demeanor. (Croft, 2002)

Cleckley was a devoted family man. He wed Louise Martin Marshall in 1930; they were married for over 4 decades (they had no children, although he was extremely close with Mary, Louise's daughter, to whom he referred informally as his daughter). Following Louise Cleckley's death in October 1974, Cleckley descended into a severe depression, even attempting suicide (Smith, 2016a). As Thigpen (1985) observed, "He adored his wife beyond measure. Her death was devastating to him. It was if darkness had inherited the earth" (p. 22). In a desperate effort to alleviate his depression, Cleckley underwent electroconvulsive therapy, a technique he had investigated (Thigpen, Thigpen, & Cleckley, 1953). Eventually, his depression lifted, and he immersed himself in a revision of *The Mask of Sanity*; he then wed Emily Sheftall, with whom he remained married until his death (she died in 2001).

Hervey Cleckley died of natural causes on January 28, 1984, at the age of 80. His gravestone in Westover Memorial Park in Augusta, Georgia, bears the following inscription: "His intense and passionate nobility shines in my memory like a star seen from the bottom of a well." The inscription is a quotation from Russell (1956) in reference to writer Joseph Conrad (whose classic novels Cleckley referenced in *The Mask of Sanity*; Cleckley, 1941/1976, p. 40). In a tribute published the year after Cleckley's death, Thigpen (1985) wrote that,

He was a person of unusual modesty and deep humility. He was without malice or meanness. He never said or did a shabby thing . . . He was revered and loved by every person who knew him . . . Honor was his name. (pp. 21–22)

### ***The Mask of Sanity: History and Contents***

Cleckley authored the first edition of *The Mask of Sanity*, subtitled *An Attempt to Reinterpret Some Issues About the So-Called Psychopathic Personality*, in 1941 (in later editions, the word "reinterpret" was amended to "clarify"). Upon its release, the book garnered national attention. Here is how *Newsweek* (1941) introduced it:

Dr. Hervey Cleckley, professor of neuropsychiatry at the University of Georgia School of Medicine, knows some of his Augusta neighbors consider him eccentric and doesn't care. To be sure, he once made his appearance in Washington by swimming up the Potomac River, and he still delights in button-holing guests at parties and reciting reams of French poetry. But the 37-year-old doctor—whose ancestors include two former governors of Georgia—regards these and other such actions as symbols of the fact that he refuses to lead a routine, conventional life. This week Dr. Cleckley chose a more subdued way of expressing his originality by publishing a book on the relatively unexplored problem of the psychopathic personality. . . . (p. 5)

The book, which Cleckley affectionately called "The Mask" in his letters, went through five editions, with the last issued in 1976.<sup>3</sup> Attesting to this book's substantial impact on later scholars, it has been cited over 6,000 times according to Google Scholar. More-

<sup>2</sup> David Lykken also received this award posthumously in 2007. Hare considers it a singular honor to be associated in this way with the two scholars primarily responsible for the launching of his career.

<sup>3</sup> Mosby published a paperback version in 1982, describing it on the back cover as, "written and newly updated by Dr. Hervey Cleckley," leaving the impression that it was a sixth edition of *The Mask of Sanity*. However, most of the changes from the fifth edition involved omission of words, sentences, paragraphs, the bibliography, the index, and the appendix, as well as the rearrangement of some sections. For example, the paragraph that contained the reference to Joseph Conrad in the 1976 (fifth) edition (p. 40), noted earlier, is missing in the 1982 version (p. 27). On page 40 of the 1976 edition, Cleckley said of a patient (Max), "It is as though he were *colorblind*." In the 1982 version (p. 27), the text reads, "It is as though he were *blind*." (italics added within each quote). There are many other anomalies in the 1982 version. Direct evidence that it is not a sixth edition is to be found in a comparison of prefaces. In the 1976 edition, the preface reads, "Preface to fifth edition," and contains the statements "It could not have been written without the constant assistance of my wife, Louise Cleckley." In the 1982 version, the preface reads simply "Preface," and contains the same statement found in the fifth edition, "It could not have been written without the constant assistance of my wife, Louise Cleckley." Yet Louise Cleckley had died in 1974! Cleckley's second wife, Emily Sheftall Cleckley, acquired the rights to the fifth edition of *The Mask of Sanity* from Mosby and reissued it in 1988, with herself as the publisher. For a time, she sold the book and expressed the hope that students would prefer it to the Mosby 1982 version (R. D. Hare, personal communication, October 11, 1990). This 1988 reissue of the fifth edition is available on the Internet as a free download at [http://www.cix.co.uk/~klockstone/sanity\\_1.pdf](http://www.cix.co.uk/~klockstone/sanity_1.pdf).

over, it is likely that Cleckley's writings on psychopathy shaped, at least obliquely, the description of *antisocial personality* in the first two versions of the *DSM*, especially *DSM-II* (American Psychiatric Association, 1968), although the precise nature of Cleckley's impact on the *DSM* is a matter of debate (Arrigo & Shipley, 2001; Crego & Widiger, 2015).

Cleckley's book was lauded by not only academic researchers but also several well-known authors. One notable admirer was American novelist Kurt Vonnegut. Commenting on the state of American political leadership, Vonnegut (2009) wrote in his memoir that

To say somebody is a PP [psychopath] is to make a perfectly respectable diagnosis, like saying he or she has appendicitis or athlete's foot. The classic medical text on PPs is *The Mask of Sanity* by Dr. Hervey Cleckley, a clinical professor of psychiatry at the Medical College of Georgia, published in 1941. Read it! (p. 99)

Cleckley's book also received praise from Margaret Mitchell (1900–1949), the famed Atlanta author of *Gone With the Wind* (Mitchell, 1936), whom Cleckley once hosted at his house. In *The Mask of Sanity*, Cleckley (1941b) referred to protagonist Scarlett O'Hara as a "partial-psychopath" (p. 335). Proclaiming that Mitchell had crafted in Scarlett "a very convincing figure," he wrote that "her incapacity for a true object-love is apparently unmodifiable; her egocentricity is all but absolute. She seems to be without any understanding of the strong emotions in those about her. . ." (pp. 335–336). Mitchell was delighted by Cleckley's characterization of Scarlett. In a letter to Cleckley, she wrote that,

Such words, coming from a doctor like you, are very flattering to me. Perhaps most authors would not take it kindly that a psychiatrist spoke of one of their characters as a "partial-psychopath," but I feel distinctly pleased . . . I have thought it looked bad for the moral and mental character of a nation that the nation could applaud and take to its heart a woman who conducted herself in such a manner. I have been bewildered and amused, too, when my book has been attacked because I pictured in detail a "passionate and wanton woman." I thought it would be obvious to anyone that Scarlett was a frigid woman, loving attention and admiration for their own sake but having little or no comprehension of actual deep feelings and no reactions to the attentions of others. (Walker, 2011, pp. 107–108)<sup>4</sup>

Furthermore, Cleckley's writings on psychopathy almost certainly shaped the writings of novelists in ways that we never fully know. One example is American novelist Patricia Highsmith, whose book *The Talented Mr. Ripley* (Highsmith, 1955) was adapted into a successful motion picture starring Matt Damon. Highsmith's depiction of confidence artist Tom Ripley was directly informed by her reading of *The Mask of Sanity* (Sutherland, 2015).

One prime impetus for *The Mask of Sanity* was Cleckley's concern that the concept of psychopathy had become too diffuse, and he proposed to delimit it to a minority of individuals who are prone to antisocial behaviors, especially actions that are motivated by weak or absent external incentives (Hervé, 2007; Lykken, 1995). According to Cleckley, the modal psychopath is a hybrid creature, superficially charming, socially poised, and seemingly intelligent on the outside—hence the "mask" of his title—but affectively and interpersonally impoverished to a profound degree on the inside. He wrote that,

the personality lesions of the psychopath are not covered over by peripheral or surface functioning suggestive of some eccentricity or peculiarity of personality but by a *perfect mask of genuine sanity*, a flawless surface indicative in every respect of perfect mental health. (Cleckley, 1941/1976, p. 253)

In addition, he contended, psychopathy is marked by serious impulse control deficits, which frequently result in seemingly pointless antisocial behavior that is inexplicable to most others:

Not merely a surmise, but a strong conviction may arise that this apparent sanity is, in some important respects, a sanity in name only. When we consider his actual performance, evidence of mental competency is sorely lacking. We find instead a spectacle that suggests madness in excelsis. (Cleckley, 1941/1976, p. 364)

Cleckley was hardly the first scholar to lay out the characteristics of psychopathy, as many others, including Pinel, Morel, Prichard, Koch, Kraepelin, and Arieti, had described this condition or ones very much like it over the preceding 2 centuries (Arrigo & Shipley, 2001; Hervé, 2007; Pichot, 1978). Nevertheless, Cleckley was the first to enumerate in detail the key features of this disorder. Moreover, his conception of the psychopath became far more influential and familiar to laypersons and academicians than those of any scholar (Crego & Widiger, 2015).

In the first edition of *The Mask of Sanity*, published in 1941, Cleckley delineated 21 criteria that he believed formed the core of the classic psychopath. Owing in part to what he described as "additional clinical experience . . . and an improved acquaintance with the literature" (Cleckley, 1950, pp. 7–8), beginning with the second edition in 1950, he culled and condensed this list, now often called the "Cleckley criteria," to 16.<sup>5</sup> These criteria are (a) superficial charm and good "intelligence"; (b) absence of delusions and other signs of irrational thinking; (c) absence of nervousness and psychoneurotic manifestations; (d) unreliability; (e) untruthfulness and insincerity; (f) lack of remorse or shame; (g) inadequately motivated antisocial behavior; (h) poor judgment and failure to learn by experience; (i) pathological egocentricity and incapacity for love; (j) general poverty in major affective reactions; (k) specific loss of insight; (l) unresponsiveness in general interpersonal relations; (m) fantastic and uninviting behavior with

<sup>4</sup> Cleckley also had several contacts with Georgia-born novelist Carson McCullers (1917–1967), best known for her book *The Heart is a Lonely Hunter* (McCullers, 1940). Cleckley, an admirer of McCullers's writings, struck up an extended mail and later, telephone, correspondence with her. He eventually met her following a 1948 national psychiatric conference she attended at the invitation of Cleckley and psychiatrist Sidney Isenberg, who hosted her. In 1953, she spent 4 days in Augusta with Cleckley and his wife. McCullers was impressed by Cleckley's portrayal of psychopathy, which she believed accurately captured the personality features of her ex-husband, Reeves McCullers. In her memoir, she wrote that "Hervey Cleckley has written a masterful book called *The Mask of Sanity*, and in that book I could see Reeves mirrored. Psychopathic people are very often charming. They live on their charm, their good looks and the weaknesses of wives or mothers" (Dews, 2017).

<sup>5</sup> The five deleted Cleckley criteria, which appear to have been all but forgotten (or least ignored) by modern psychopathy scholars, are (a) failure to accept blame for one's mistakes, (b) frequent overindulgence in alcohol, (c) absence of apparent hereditary influence (that is, emergence in families in which no close relatives are psychopathic), (d) frequent presence of positive psychological adjustment early in life, and (e) a tendency to go out of one's way to make a failure out of life.

drink and sometimes without; (n) suicide rarely carried out; (o) sex life impersonal, trivial, and poorly integrated; and (p) failure to follow any life plan (Cleckley, 1941/1976, pp. 338–339).

In his book, Cleckley presented case histories of 15 individuals (13 men and two women) whom he had examined in depth and viewed as exemplifying prototypical psychopathy, along with several cases of “incomplete manifestations or suggestions of the disorder” (Cleckley, 1941/1976, p. xiii). One of the more entertaining of the latter was the “psychopath as psychiatrist,” a small-town psychiatric practitioner who was a wholly incompetent scholar and serial plagiarizer, not to mention a chronic sexual harasser of young women. Despite these glaring flaws, he attracted a loyal following of local groupies and duped scores of bedazzled followers into believing that he harbored profound insights into Freudian theory (Lilienfeld et al., 2015).

Influenced by the writings of British neurologist Head (1926), Cleckley conjectured that psychopaths suffer from a profound brain deficit analogous to *semantic aphasia*, a disorder involving a loss of understanding of the associative (connotative) meaning of words and phrases. In psychopathy, the meanings of words—and more broadly, the life experiences coded by words—become detached from their typical *affective* accompaniments. In this way, he argued, the psychopath uses the same words as the rest of us (e.g., “I love you very much”) but without experiencing the emotions that normally accompany them. As put by Johns and Quay (1962), psychopaths “know the words but not the music” (p. 217). Although the term “semantic aphasia” has fallen out of favor, Cleckley’s speculation that psychopathy is characterized by poor integration of cognitive and affective processes has received broad support from behavioral, electrocortical, and brain imaging research. In an early test of this hypothesis, Williamson, Harpur, and Hare (1991) presented evidence that psychopathic individuals “have little difficulty with referential content [of language], but that they are unable to effectively analyze, appreciate, or use the affective components of language” (p. 260). Specifically, in a lexical-decision task, high-psychopathy offenders showed an absence of the differential brain and behavioral response to emotional versus neutral words exhibited by low-psychopathy offenders (i.e., faster reaction times and larger and more prolonged electrocortical responses). This finding has been conceptually replicated in a number of studies (e.g., Kiehl, Hare, McDonald, & Brink, 1999).

Cleckley was pessimistic about the prospects of treating psychopathy. In the final edition of *The Mask of Sanity* (Cleckley, 1941/1976), he wrote that “Over a period of many years I have remained discouraged about the effect of treatment on the psychopath” (p. 438). Yet in the book’s concluding sentence, he left the door cracked slightly open to future advances: “If some practical means of controlling the psychopath can be devised, perhaps eventually, we may find his disorder to be not altogether beyond our practice” (p. 446). In this respect, Cleckley’s writings again echo in modern debates. Controversies regarding the treatability of psychopathy persist today (Caldwell, 2011; Hecht et al., 2018; Polaschek, 2014; Salekin, 2002; Wong & Hare, 2005; Wong & Olver, 2015), with scholars continuing to debate whether and to what degree the core features of psychopathy are amenable to intervention.

### *The Mask of Sanity’s Enduring Impact on the Psychopathy Field*

In many ways, Cleckley’s book laid the foundation for most of the early laboratory research on psychopathy. In the first major laboratory investigation of this clinical condition, Lykken (1957) subdivided residents of a juvenile detention facility into two groups: individuals who met most of the Cleckley criteria for the condition (“primary” psychopaths) and others who did not (“secondary” or “neurotic” psychopaths). Lykken reported that the former group, but not the latter, displayed deficits in passive avoidance learning (learning to inhibit responses that lead to punishment) and aversive classical conditioning, which he interpreted as evidence for a core deficit in fear. Subsequent investigations built on these classic findings by demonstrating that Cleckley psychopaths tend to show low levels of physiological (especially skin conductance) activity in anticipation of aversive stimuli, such as electric shock or sudden loud noises (Hare, 1965; Hare & Craigen, 1974; Lorber, 2004).

Many researchers later used the Cleckley criteria to operationalize psychopathy (for early reviews, see Hare, 1970; Hare & Cox, 1978). Hare (1985) developed a 7-point global rating scale to measure the extent to which prisoners matched the Cleckley psychopathy prototype. This provisional scale, though useful, did not provide information about how participants scored on individual items, nor did it afford investigators a standardized “recipe” for identifying psychopathy. To address these limitations, Hare developed the Psychopathy Checklist and its successor, the Psychopathy Checklist—Revised (PCL-R; Hare, 1991/2003), broadly drawing on Cleckley’s characterization as an initial reference point (DeLisi, 2016). The PCL-R, which consists of 20 items, requires a standardized semistructured interview with participants along with a detailed review of collateral (typically file) information. The Psychopathy Checklist and PCL-R, along with several versions of these measures (e.g., for adolescents and for general population samples), have been used in thousands of research studies and stand as the most extensively validated family of psychopathy measures (Hare, Neumann, & Mokros, 2018). Cleckley clearly appreciated Hare’s contributions to psychopathy. Upon the release of the fifth edition of *The Mask of Sanity*, he sent a copy of the book to Hare along with the following inscription: “For Robert Hare, whose impressive studies of the psychopath have encouraged and stimulated me over the years and have played an important part in enabling me, after long frustration, to complete this fifth edition.” Further, in a letter to Hare dated June 5, 1977, Cleckley wrote,

I am particularly pleased and encouraged to find that the very points about the psychopath that have for so long puzzled me and astonished me impress you also. Your experimental work makes me feel that the psychopath is no longer virtually ignored . . . I have already said that your wonderfully interesting work with the psychopath helped me mobilize my efforts again and complete the fifth edition of the Mask of S. Your friendship has meant a great deal to me.

In addition, Cleckley’s impact on the assessment of psychopathy has extended beyond the PCL-R. A number of other psychopathy measures still in extensive use today, including the Levenson Primary and Secondary Psychopathy Scales (Levenson, Kiehl, & Fitzpatrick, 1995), the Self-Report Psychopathy Scale—Fourth

Edition (Paulhus, Neumann, & Hare, 2016), and the Psychopathic Personality Inventory (Lilienfeld & Andrews, 1996), were shaped substantially, either directly or indirectly, by the Cleckley criteria.

His lasting influence on the psychopathy field notwithstanding, Cleckley long felt that his contributions had largely gone unnoticed. He lamented that the psychopath was the “forgotten man of psychiatry” (Cleckley, 1941/1976, p. 16). Throughout the 1970s, there were extensive interchanges between Cleckley and Hare in which Cleckley described himself as a “voice crying in the wilderness.” He viewed himself as an outsider who had attempted unsuccessfully to call attention to psychopathy and its societal importance. At the same time, Hare was uncertain about the significance of his research on psychopathy and had periodically contemplated directing most of his efforts to his other major line of research, namely, psychophysiology (Hare, 1972). In many ways, Cleckley and Hare encouraged one another to continue their respective efforts to understand psychopathy. Hare was encouraged by Cleckley’s support and often returned to *The Mask of Sanity* whenever he experienced doubts about the value of his work. Without the correspondence between Cleckley and Hare, the fifth edition of *The Mask of Sanity* and Hare’s career as a psychopathy researcher might never have come to fruition.

A further little-known fact is that in mid-1974, Cleckley had accepted an invitation from Hare to appear as a keynote speaker at a North Atlantic Treaty Organization (NATO)-sponsored Advanced Study Institute (ASI) on psychopathic behavior, to be held in Les Arcs, France, in September 1975 (Hare, 1996, 1997; Hare & Schalling, 1978). However, in a call to Hare (who was on sabbatical in England) in December of 1974, Cleckley cancelled his appearance for personal reasons—namely, the death of his wife, Louise, in October of that year. The ASI was a 10-day event in which 11 lecturers and 54 other participants from many countries gathered to discuss theory and research on psychopathy. The ASI generated many debates but little consensus. As Hare (1996) later wrote,

Although I found the experience frustrating, the ASI was in fact a microcosm of the academic and clinical world, a world that in 1975 produced much armchair speculation and uninformed debate, but relatively little empirical research, about the nature of psychopathy . . . This convoluted state of affairs was well illustrated by the contents of an edited book based on the conference proceedings (Hare & Schalling, 1978); many of the chapters had only an indirect or tenuous relation to psychopathy. (pp. 26–27)

It is uncertain what impact Cleckley would have exerted on the ASI had he attended. Although promoted by Hare and his colleagues, Cleckley’s work, including *The Mask of Sanity*, was not widely known to most participants at the time. The fourth edition of this book had been published a decade earlier (1964) and his views on psychopathy might well have been lost among the competing and often confusing views voiced at ASI.

Were Cleckley alive today to witness the fruits of his labors, he almost certainly would feel differently than he did in the 1970s. At the 1995 ASI on psychopathy organized by Hare, held in Alvor, Portugal, *The Mask of Sanity* was an integral part of the proceedings (Cooke, Forth, & Hare, 1998; Hare, 1997). Interest in, and research on, psychopathy has burgeoned since then, owing largely and perhaps primarily to Cleckley’s work and its early promotion by Lykken and Hare (Crego & Widiger, 2015; Kimonis, Hall, &

Venables, 2015). Moreover, the Society for the Scientific Study of Psychopathy includes over 300 members from numerous countries, including the United States, Canada, the United Kingdom, Spain, Portugal, Sweden, Holland, Belgium, Germany, Cyprus, Australia, and New Zealand. Even today, Cleckley’s 15 case studies continue to inspire fruitful research into the features of psychopathy (Crego & Widiger, 2016). Furthermore, the question of whether Cleckley’s iconic depiction of psychopathy should constitute a prime reference point for modern conceptions of the condition (Patrick, 2006, 2018), or be revisited in light of more recent research (Hare & Neumann, 2008), continues to generate lively debate.

Cleckley’s writings on psychopathy have almost surely exerted a greater impact on psychology than on psychiatry, perhaps owing in part to the fact that Cleckley did not publish frequently in mainstream psychiatry journals or present his work at major international psychiatry conferences. Moreover, with the advent of *DSM-III* (American Psychiatric Association, 1980), North American psychiatry opted to place greater emphasis on interrater reliability compared with the previous two editions (Mayes & Horwitz, 2005). Consistent with this guiding methodological desideratum and influenced by the classic longitudinal work of Robins (1966), the *DSM-III* diagnosis of antisocial personality disorder (ASPD) emphasized overt and easily measured antisocial behaviors.<sup>6</sup> Correspondingly, it de-emphasized inferred personality dispositions of the sort highlighted by Cleckley (1941b), McCord and McCord (1964), and other influential scholars (Hare et al., 2018; Lilienfeld, 1994; Minzenberg & Siever, 2006; Widiger & Corbitt, 1993). Many authors have argued that this de-emphasis on distinct personality traits has diminished the construct validity, especially discriminant validity, of the ASPD diagnosis (Hare, Hart, & Harpur, 1991; Lykken, 1995). The diagnosis of ASPD became somewhat more personality-based in *DSM-III-R* and *DSM-IV*; for example, the *DSM-III-R* criterion set for ASPD added criteria referring to lack of remorse and impulsivity/poor planning (Crego & Widiger, 2015). Still, this diagnosis remains largely behavioral in emphasis within the main text (Section II) of the current fifth edition of the *DSM* (*DSM-5*; American Psychiatric Association, 2013). However, Section III of *DSM-5* includes a psychopathy specifier for an alternative trait-based definition of ASPD that strongly reflects boldness (Wall, Wygant, & Sellbom, 2015), a constellation of ostensibly adaptive personality traits well represented in Cleckley’s case histories (Crego & Widiger, 2016; Patrick, 2018).

Although research on ASPD appears to have languished or at least not accelerated in recent decades, research on psychopathy, influenced largely by Cleckley’s conceptualization, continues to thrive, especially in psychology journals. In their analysis of secular trends in the personality disorders literature, Blashfield and Intoccia (2000) concluded that “antisocial personality disorder has a large literature but has shown relatively stagnant growth over the last three decades” (p. 473). Crego and Widiger (2015) noted, however, that,

<sup>6</sup> Robins was a lecturer at the 1975 ASI, and her experiences there may well have reinforced her view that antisocial behaviors are more easily operationalized and measured than are personality traits.

If they [Blashfield and Intoccia] had included psychopathy within their search, they would have likely concluded that the research was more truly alive and well, as much of the research concerning this personality disorder had shifted to studies of psychopathy. (p. 699; Hare et al., 2018)

### Cleckley's Other Writings on Psychopathy

If scholarly citations are any guide, many psychopathy researchers appear to be largely unaware that Cleckley authored a number of published works on psychopathy aside from *The Mask of Sanity* that shed further light on his perspectives regarding this condition. In a rarely cited article, Cleckley (1941c) highlighted the key features of psychopathy and warned of the hazards posed by psychopathic individuals to the military, arguing that psychopathy and its associated risk for grossly irresponsible behavior “constitute[s] a serious problem in the efforts of the nation to prepare for defense” (p. 370). Elsewhere, Cleckley (1944), approvingly citing the writings of Johns Hopkins University psychiatrist Benjamin Karpman (1940), underscored the point that psychopaths, although superficially healthy, are profoundly impaired. He went so far as to contend that the disorder be termed “psychopathic personality with psychosis” (p. 132) in recognition of the fact that afflicted individuals are as dysfunctional as are most psychotics. They are, he maintained, psychotic in a genuine sense, given that they cannot grasp the moral gravity of their frequently antisocial and often outrageous actions, even though they can think through hypothetical ethical scenarios. Few if any modern scholars today share Cleckley’s expansive conception of psychosis. Interestingly, however, a few contemporary legal experts (Morse, 2008) have argued that psychopaths’ profound incapacity for appreciating moral issues should render them nonresponsible for their crimes, although this position has gained little traction.

Several of Cleckley’s writings on psychopathy other than *The Mask of Sanity* may also illuminate contemporary debates. For example, the question of whether certain psychopathic individuals can be socially and psychologically “successful,” at least in the short run, is contentious (for a sampling of viewpoints, see DeLisi, 2016; Hall & Benning, 2006; Kiehl & Lushing, 2014; Lilienfeld, Watts, Francis Smith, Berg, & Lutzman, 2015). In this respect, Cleckley’s writings partially anticipated recent debates concerning successful psychopathy. Other scholars maintain that the very idea of successful psychopathy is of extremely recent vintage. Nevertheless, a number of Cleckley’s writings leave scant doubt regarding his stance on this issue: For him, psychopaths, though typically leading disastrous lives, often achieve short-term societal success. For example, in a little-known article, Cleckley (1946b) wrote that,

Not rarely, records will show that he has won the chancellor’s prize at college for an essay on the Renaissance, or graduated from high school *summa cum laude*, or outstripped 20 rival salesman over a period of 6 months, or married the most desirable girl in town, or, on a first venture into politics, got himself elected into the state legislature. Usually, he will have succeeded better than average for day [sic], weeks or months, and nearly always, even in a decade’s background of nearly incredible failures and follies, sporadic, brief flashes of ability show. (p. 22)

In other works, Cleckley shed light on the interpersonal manifestations of psychopathy, including initial impressions they make on observers. For example, he wrote that,

. . . we find that during the psychiatric examination candidates suffering from this personality disorder show none of the symptoms, mental or physical, by which the general practitioner recognizes other personality disorders. Nor does he, during an interview, usually evince signs that would make an experienced psychiatrist suspicious. (Cleckley, 1941b, p. 466)

Usually and typically, he [the psychopath] is polite, affable, and impressive . . . he is likely to be judged a person of sincerity and substantial emotion. (Cleckley, 1946b, p. 22)

These and other quotations do not imply that Cleckley was necessarily correct about how psychopathy typically presents in clinical settings (DeLisi, 2016; Hare & Neumann, 2008). Nevertheless, they make clear that Cleckley perceived psychopathy as marked by a veneer of seemingly healthy functioning that disguises a severe affective and behavioral abnormality.

### Cleckley as Expert Witness

Cleckley’s expertise in psychopathy contributed to his appearance as an expert witness in several high-profile criminal trials. Surely the most notorious was the 1979 Miami, Florida, murder trial of serial killer Theodore (Ted) Bundy (1946–1989). At the time, Bundy was on trial for the murders of two women perpetrated at the Chi Omega sorority house of Florida State University in Tallahassee. Cleckley served as the State of Florida’s court-appointed expert to evaluate Bundy for competency. The psychologist for the defense, Emanuel Tanay, concluded that Bundy was psychotic and not competent to stand trial. Cleckley interviewed Bundy for 2 hr, examined several reports on him, and testified that he was psychopathic, not psychotic. In contrast to Tanay, he argued that Bundy was competent to stand trial. According to Cleckley, Bundy was skilled at presenting a veneer of normalcy in court. Furthermore, Cleckley maintained that Bundy murdered for the sake of prurient excitement (Ramsland, 2013). In what may have been the epitome of understatement, Cleckley opined that Bundy was marked by “self-destructive tendencies” but that he was “capable of understanding the charges against him and of participating in his defense” (Dielenberg, 2017). Ultimately, Cleckley’s side prevailed, and Bundy was deemed competent to stand trial.

Cleckley also served as an expert witness in the 1967 trial of Richard Speck (1941–1991), a Chicago man convicted of the murder of eight student nurses. Speck apparently cottoned to Cleckley, being charmed by his affable manner and “southern talk” (Ramsland, 2013, p. 63). Nonetheless, Cleckley was not swayed by the arguments of other attorneys that Speck had experienced amnesia for his crimes. In his evaluation report, Cleckley—although hired by the defense—indicated that he could not “elicit any evidence of memory defect or other manifestations of organic brain damage” and he concluded that Speck “shows definite signs of psychopathic personality disturbance, antisocial reaction.” Consistent with this conclusion, Cleckley stated in an interview that Speck “tended to excuse himself for many of these acts, sometimes saying that the influence of liquor or sedative drugs caused him to carry out acts he would otherwise have avoided” (*Chicago Tribune*, 1967).



## Discussion

With hindsight, it can be all too easy to discern apparent cross-cutting themes underlying a scholar's body of work. Such efforts are inevitably fraught with peril, given that historians can detect what appear to be meaningful substantive connections after the fact (Fischhoff, 1975). Such retrospective analyses are especially hazardous when considering a scholar such as Cleckley, whose intellectual interests were diverse. In addition, many of Cleckley's writings outside of the psychopathy domain, such as his work on DID and electroconvulsive therapy (see online supplemental materials), were coauthored with others, especially Thigpen, making it challenging to isolate Cleckley's unique intellectual contributions.

These caveats notwithstanding, it may be worth speculating about animating themes that may have infused Cleckley's thinking. Cleckley seems to have been fascinated by the often-jarring disjunction between outward appearances and inward reality. In the case of psychopathy, he was struck by the fact that a superficially charming and affable exterior could mask a profoundly immoral and affectively impoverished interior. In the case of DID, Cleckley was struck by the fact that a meek and dependent persona, in the form of Eve White, could conceal a reckless and irresponsible alter, in the form of Eve Black. In other writings not discussed here (Cleckley, 1961), he was intrigued by the hypothesis that certain psychopathological symptoms, such as those of bipolar disorder, can predispose to not only intense psychological pain but also psychological growth and creativity. The veracity of these conjectures notwithstanding, it is clear that Cleckley appreciated the remarkable phenomenological complexity of psychopathology. He was open to the possibility that certain traits that predispose to short-term success can, in some cases, contribute to long-term failure, such as criminal offending and adjudication, and that certain traits that predispose to short-term distress can in other cases contribute to long-term adaptation.

Much of what simultaneously fascinated and perplexed Cleckley about psychopathy was its contradictory nature (Lilienfeld, Watts, Smith, Berg, & Latzman, 2015; Patrick, 2006, 2018). He noted that psychopaths "are hard to describe because they are so paradoxical" (*Augusta Chronicle*, 1941, p. 1). Yet one might contend that Cleckley was himself something of a paradox. On the one hand, he was traditional in his manner and sensibilities, family life, and moral values—an Oxford-trained Southern gentleman-scholar who would be viewed as an anachronism in much of modern American culture. On the other hand, he was an iconoclast who spent much of his career boldly challenging traditional wisdom. Whether endeavoring to persuade his fellow mental health professionals that they had largely neglected a devastating condition—psychopathy—of enormous societal significance, contesting psychiatry's embrace of psychoanalytic dogma, or arguing against the rationale for the standard insanity defense (see online supplemental materials), Cleckley was a tenacious gadfly. He rarely accepted conventional psychiatric doctrine on faith, instead forcing his academic colleagues to grapple with, or at least acknowledge, his often-heterodox positions on human nature.

Although some of Cleckley's published work, such as his writings on homosexuality (Cleckley, 1957), appears antiquated today in light of subsequent scientific and societal developments, much of his other work remains still remains pertinent. Cleckley's pre-

science in anticipating the significance of psychopathy to the mental health and legal systems stands out as a particular exemplar. Without Cleckley, it is possible, if not plausible, that the thriving contemporary field of psychopathy research would never have taken flight. At the very least, historians of psychology and psychiatry may wish to consider the intriguing question of how, and how much, the work of a single scholar can transform a discipline's understanding of a specific mental disorder, as well as of psychopathology writ large.

## References

- Allen, L., & Cleckley, H. (1943). A new pyramidal sign of great frequency. *Journal of Nervous and Mental Disease*, 97, 146–151. <http://dx.doi.org/10.1097/00005053-194302000-00003>
- Alvarez, W. C. (1961). *Minds that came back*. Philadelphia, PA: Lippincott.
- Alvarez, W. C. (1968, June 12). Dr. Alvarez house call. *Simpson-Leader Times*, p. 32.
- Alvarez, W., Alvarez, L. W., Asaro, F., & Michel, H. V. (1984). The end of the cretaceous: Sharp boundary or gradual transition? *Science*, 223, 1183–1186. <http://dx.doi.org/10.1126/science.223.4641.1183>
- American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders, 2nd ed. (DSM-II)*. Washington, DC: American Psychiatric Publishing.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders, 3rd ed. (DSM-III)*. Washington, DC: American Psychiatric Publishing.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, 5th ed. (DSM-5)*. Washington, DC: American Psychiatric Publishing.
- Arrigo, B. A., & Shipley, S. (2001). The confusion over psychopathy (I): Historical considerations. *International Journal of Offender Therapy and Comparative Criminology*, 45, 325–344. <http://dx.doi.org/10.1177/0306624X01453005>
- Augusta Chronicle. (1941, March 25). *Cleckley's new book discussed* (p. 1).
- Bailey, J. M., Vasey, P. L., Diamond, L. M., Breedlove, S. M., Vilain, E., & Epprecht, M. (2016). Sexual orientation, controversy, and science. *Psychological Science in the Public Interest*, 17, 45–101. <http://dx.doi.org/10.1177/1529100616637616>
- Banyard, P., & Flanagan, C. (2013). *OCR psychology: AS core studies and psychological investigations*. East Sussex, United Kingdom: Psychology Press.
- Blair, R. J. R. (2003). Neurobiological basis of psychopathy. *The British Journal of Psychiatry*, 182, 5–7. <http://dx.doi.org/10.1192/bjp.182.1.5>
- Blashfield, R. K., & Intoccia, V. (2000). Growth of the literature on the topic of personality disorders. *The American Journal of Psychiatry*, 157, 472–473. <http://dx.doi.org/10.1176/appi.ajp.157.3.472>
- Bloch, R. (1959). *Psycho*. London, United Kingdom: Robert Hale, Ltd.
- Brinkley, C. A., Schmitt, W. A., & Newman, J. P. (2005). Semantic processing in psychopathic offenders. *Personality and Individual Differences*, 38, 1047–1056. <http://dx.doi.org/10.1016/j.paid.2004.07.005>
- Bromberg, W., & Cleckley, H. M. (1952). The medico-legal dilemma. A suggested solution. *Journal of Criminal Law, Criminology, and Police Science*, 42, 729–745. <http://dx.doi.org/10.2307/1139677>
- Caldwell, M. F. (2011). Treatment-related changes in behavioral outcomes of psychopathy facets in adolescent offenders. *Law and Human Behavior*, 35, 275–287. <http://dx.doi.org/10.1007/s10979-010-9239-z>
- Carr, V. S. (2003). *Understanding Carson McCullers*. Columbia: University of South Carolina Press.
- Chicago Tribune*. (1967, June 12). Speck shows no remorse, seeks excuses for many acts, p. 13.

- Cleckley, H. (1941a). Insight as an aim in psychotherapy. *Annals of Internal Medicine*, 14, 2115–2124. <http://dx.doi.org/10.7326/0003-4819-14-11-2115>
- Cleckley, H. (1941b). *The mask of sanity*. St. Louis, MO: Mosby.
- Cleckley, H. (1941c). The so-called psychopathic personality, with special emphasis on his status in the selective service. *Journal of the Medical Association of Georgia*, 30, 466–472.
- Cleckley, H. (1944). The psychosis that psychiatry refuses to face. *Journal of Clinical Psychopathology*, 6, 117–129.
- Cleckley, H. (1946a). A shorter psychotherapy. *Southern Medicine and Surgery*, 108, 307.
- Cleckley, H. (1946b). The psychopath: A problem for society. *Federal Probation*, 10, 22–26.
- Cleckley, H. (1949a). Common sources of confusion in psychiatric matters. *Southern Medical Journal*, 42, 341–343. <http://dx.doi.org/10.1097/00007611-194904000-00014>
- Cleckley, H. (1949b). Psychopathic personality. In V. C. Branham & S. B. Kutash (Eds.), *Encyclopedia of criminology* (pp. 413–416). New York, NY: Philosophical Library.
- Cleckley, H. (1950). *The mask of sanity* (2nd ed.). St. Louis, MO: Mosby.
- Cleckley, H. (1962). Psychiatry: Science, art, and scientism. *Psychiatry and Responsibility*, 2, 567–588.
- Cleckley, H. M. (1954). Depressive illness. *Postgraduate Medicine*, 15, 370–374. <http://dx.doi.org/10.1080/00325481.1954.11711594>
- Cleckley, H. M. (1955). *The mask of sanity* (3rd ed.). St. Louis, MO: Mosby.
- Cleckley, H. (1957). *The caricature of love*. New York, NY: Ronald Press.
- Cleckley, H. M. (1961). Introduction. In W. C. Alvarez (Ed.), *Minds that came back* (pp. 9–14). Philadelphia, PA: Lippincott.
- Cleckley, H. (1976). *The mask of sanity* (4th ed.). St. Louis, MO: Mosby. (Original work published 1941)
- Cleckley, H. M. (2008). *Academy of Richmond County*. Retrieved from <https://sites.google.com/site/thearchalloffame/home/2013-14-arc-hall-of-fame-inductees/hervey-milton-cleckley-m-d>
- Cleckley, H., & Geeslin, L. E. (1941). Progressive muscular atrophy and syphilis: Report of a case with interesting cerebrospinal fluid findings. *Journal of Nervous and Mental Disease*, 93, 460–472. <http://dx.doi.org/10.1097/00005053-194104000-00005>
- Cleckley, H., Hamilton, W. P., Woodbury, R. A., & Volpito, P. P. (1942). Blood pressure studies in patients undergoing convulsive therapy. *Southern Medical Journal*, 35, 375–380. <http://dx.doi.org/10.1097/00007611-194204000-00009>
- Cleckley, H. M., Sydenstricker, V. P., & Geeslin, L. E. (1939). Nicotinic acid in the treatment of atypical psychotic states: Associated with malnutrition. *Journal of the American Medical Association*, 112, 2107–2110. <http://dx.doi.org/10.1001/jama.1939.02800210001001>
- Cleckley, H. M., & Templeton, C. M. (1941). Prolonged coma in insulin therapy of the psychoses. *The American Journal of Psychiatry*, 97, 844–857. <http://dx.doi.org/10.1176/ajp.97.4.844>
- Cleckley, H. M., & Thigpen, C. H. (1955). The dynamics of illusion. *The American Journal of Psychiatry*, 112, 334–342. <http://dx.doi.org/10.1176/ajp.112.5.334>
- Cline, J. (2013, February 17). *Errol Morris and the mask of fatality: An interview by Julie Kline*. Los Angeles, CA: Los Angeles Review of Books. Retrieved from <https://lareviewofbooks.org/article/errol-morris-and-the-mask-of-fatality-an-interview-by-julie-cline/>
- Cooke, D. J., Forth, A. E., & Hare, R. D. (Eds.). (1998). *Psychopathy: Theory, research, and implications for society*. Dordrecht, the Netherlands: Kluwer.
- Craske, M. G., & Barlow, D. H. (2006). *Mastery of your anxiety and panic: Therapist guide*. New York, NY: Oxford University Press. <http://dx.doi.org/10.1093/med:psych/9780195311402.001.0001>
- Crego, C., & Widiger, T. A. (2015). Psychopathy and the DSM. *Journal of Personality*, 83, 665–677. <http://dx.doi.org/10.1111/jopy.12115>
- Crego, C., & Widiger, T. A. (2016). Cleckley's psychopaths: Revisited. *Journal of Abnormal Psychology*, 125, 75–87. <http://dx.doi.org/10.1037/abn0000130>
- Croft, T. W. (2002, July 19). *Counterpunch*. Augusta, GA. Retrieved from <https://www.counterpunch.org/2002/07/19/augusta-ga-3/>
- DeLisi, M. (2016). *Psychopathy as unified theory of crime*. New York, NY: Palgrave Macmillan. <http://dx.doi.org/10.1057/978-1-137-46907-6>
- Dews, C. L. (2017). *The collected works of Carson McCullers*. New York, NY: Library of America.
- Dielenberg, R. (2017). *Ted Bundy: A visual timeline*. Retrieved from [https://www.academia.edu/30617453/Ted\\_Bundy\\_A\\_Visual\\_Timeline\\_Hi-Res\\_sampler](https://www.academia.edu/30617453/Ted_Bundy_A_Visual_Timeline_Hi-Res_sampler)
- Ekers, D., Webster, L., Van Straten, A., Cuijpers, P., Richards, D., & Gilbody, S. (2014). Behavioural activation for depression; an update of meta-analysis of effectiveness and sub group analysis. *PLoS ONE*, 9, e100100. <http://dx.doi.org/10.1371/journal.pone.0100100>
- Estes, M. M., & Cleckley, H. M. (1951). Electronarcosis in a general hospital. *The American Journal of Psychiatry*, 107, 814–820. <http://dx.doi.org/10.1176/ajp.107.11.814>
- Famous University of Georgia Alumni. (2017). Retrieved from <http://www.ranker.com/list/famous-university-of-georgia-alumni-and-students/reference?page=2>
- Ferguson, C. J. (2015). “Everybody knows psychology is not a real science”: Public perceptions of psychology and how we can improve our relationship with policymakers, the scientific community, and the general public. *American Psychologist*, 70, 527–542. <http://dx.doi.org/10.1037/a0039405>
- Fischhoff, B. (1975). Hindsight is not equal to foresight: The effect of outcome knowledge on judgment under uncertainty. *Journal of Experimental Psychology: Human Perception and Performance*, 1, 288–299. <http://dx.doi.org/10.1037/0096-1523.1.3.288>
- Gleaves, D. H. (1996). The sociocognitive model of dissociative identity disorder: A reexamination of the evidence. *Psychological Bulletin*, 120, 42–59. <http://dx.doi.org/10.1037/0033-2909.120.1.42>
- Grunbaum, A. (1984). *The foundations of psychoanalysis: A philosophical critique*. Berkeley, CA: University of California Press.
- Hall, J. R., & Benning, S. D. (2006). The “successful” psychopath: Adaptive and subclinical manifestations of psychopathy in the general population. In C. J. Patrick (Ed.), *Handbook of psychopathy* (pp. 459–478). New York, NY: Guilford Press.
- Hamilton, G. (1962). Psychiatric unit is home-like. *Augusta Chronicle*.
- Hare, R. D. (1965). Temporal gradient of fear arousal in psychopaths. *Journal of Abnormal Psychology*, 70, 442–445. <http://dx.doi.org/10.1037/h0022775>
- Hare, R. D. (1970). *Psychopathy: Theory and research*. New York, NY: Wiley.
- Hare, R. D. (1972). Cardiovascular components of orienting and defensive responses. *Psychophysiology*, 9, 606–614. <http://dx.doi.org/10.1111/j.1469-8986.1972.tb00770.x>
- Hare, R. D. (1985). Comparison of procedures for the assessment of psychopathy. *Journal of Consulting and Clinical Psychology*, 53, 7–16. <http://dx.doi.org/10.1037/0022-006X.53.1.7>
- Hare, R. D. (1986). Twenty years of experience with the Cleckley psychopath. In W. H. Reid, D. Dorr, J. I. Walker, & J. W. Bonner (Eds.), *Unmasking the psychopath* (pp. 3–27). New York, NY: Norton.
- Hare, R. D. (1991/2003). *The Hare Psychopathy Checklist-Revised (PCL-R)*. Toronto, Ontario, Canada: Multi-Health Systems.
- Hare, R. D. (1996). Psychopathy: A construct whose time has come. *Criminal Justice and Behavior*, 23, 25–54. <http://dx.doi.org/10.1177/0093854896023001004>
- Hare, R. D. (1997). The NATO advanced study institute on psychopathy, Alvor, Portugal, 1995. *Journal of Personality Disorders*, 11, 301–303. <http://dx.doi.org/10.1521/pedi.1997.11.3.301>

- Hare, R. D. (2011, May 20). *Hervey Cleckley: Master clinician and Renaissance man*. Presentation at the Meeting of the Society for the Scientific Study of Psychopathy, Montreal, Canada.
- Hare, R. D., & Cox, D. N. (1978). Clinical and empirical conceptions of psychopathy, and the selection of subjects for research. In R. D. Hare & D. Schalling (Eds.), *Psychopathic behavior: Approaches to research* (pp. 1–21). Chichester, United Kingdom: Wiley.
- Hare, R. D., & Craigen, D. (1974). Psychopathy and physiological activity in a mixed-motive game situation. *Psychophysiology*, *11*, 197–206. <http://dx.doi.org/10.1111/j.1469-8986.1974.tb00839.x>
- Hare, R. D., Hart, S. D., & Harpur, T. J. (1991). Psychopathy and the *DSM-IV* criteria for antisocial personality disorder. *Journal of Abnormal Psychology*, *100*, 391–398. <http://dx.doi.org/10.1037/0021-843X.100.3.391>
- Hare, R. D., & Neumann, C. S. (2008). Psychopathy as a clinical and empirical construct. *Annual Review of Clinical Psychology*, *4*, 217–246. <http://dx.doi.org/10.1146/annurev.clinpsy.3.022806.091452>
- Hare, R. D., Neumann, C. S., & Mokros, A. (2018). The PCL-R assessment of psychopathy: Development, properties, debates, and new directions. In C. Patrick (Ed.), *Handbook of psychopathy* (2nd ed., pp. 39–79). New York, NY: Guilford Press.
- Hare, R. D., & Schalling, D. (Eds.). (1978). *Psychopathic behavior: Approaches to research*. Chichester, United Kingdom: Wiley.
- Hare, R. D., Williamson, S. E., & Harpur, T. J. (1988). Psychopathy and language. In T. E. Moffitt & S. A. Mednick (Eds.), *Biological contributions to crime causation* (pp. 68–92). Dordrecht, the Netherlands: Martinus Nijhoff. [http://dx.doi.org/10.1007/978-94-009-2768-1\\_5](http://dx.doi.org/10.1007/978-94-009-2768-1_5)
- Head, H. (1926). *Aphasia and kindred disorders of speech*. New York, NY: Macmillan.
- Hecht, L. K., Litzman, R. D., & Lilienfeld, S. O. (2018). The psychological treatment of psychopathy: Theory and research. In D. David, S. J. Lynn, & G. H. Montgomery (Eds.), *Evidence-based psychotherapy: The state of the science and practice* (pp. 271–298). Hoboken, NJ: Wiley-Blackwell.
- Hervé, H. (2007). Psychopathy across the ages: A history of the Hare psychopath. In H. Hervé & J. C. Yuille (Eds.), *The psychopath: Theory, research, and practice* (pp. 31–55). Mahwah, NJ: Erlbaum.
- Highsmith, P. (1955). *The talented Mr. Ripley*. New York, NY: Norton and Company.
- Hitchcock, A. (1960). *Psycho* [Motion picture]. United States: Shamley Productions.
- Johns, J. H., & Quay, H. C. (1962). The effect of social reward on verbal conditioning in psychopathic and neurotic military offenders. *Journal of Consulting Psychology*, *26*, 217–220. <http://dx.doi.org/10.1037/h0048399>
- Jones, K. (2000). Insulin coma therapy in schizophrenia. *Journal of the Royal Society of Medicine*, *93*, 147–149. <http://dx.doi.org/10.1177/014107680009300313>
- Karpman, B. (1940). The principles and aims of criminal psychopathology. *Journal of Criminal Psychopathology*, *1*, 187–218.
- Keyes, D. (1981). *The minds of Billy Milligan*. New York, NY: Random House.
- Kiehl, K. A., Hare, R. D., McDonald, J. J., & Brink, J. (1999). Semantic and affective processing in psychopaths: An event-related potential (ERP) study. *Psychophysiology*, *36*, 765–774. <http://dx.doi.org/10.1111/1469-8986.3660765>
- Kiehl, K., & Lushing, J. (2014). Psychopathy. *Scholarpedia*. Retrieved from <http://www.scholarpedia.org/article/Psychopathy>
- Kimonis, E. R., Hall, J., & Venables, N. C. (2015). Psychopathy/callous-unemotional traits. In R. D. Cautin & S. O. Lilienfeld (Eds.), *The encyclopedia of clinical psychology* (pp. 1–6). New York, NY: Wiley.
- Levenson, M. R., Kiehl, K. A., & Fitzpatrick, C. M. (1995). Assessing psychopathic attributes in a noninstitutionalized population. *Journal of Personality and Social Psychology*, *68*, 151–158. <http://dx.doi.org/10.1037/0022-3514.68.1.151>
- Lilienfeld, S. O. (1994). Conceptual problems in the assessment of psychopathy. *Clinical Psychology Review*, *14*, 17–38. [http://dx.doi.org/10.1016/0272-7358\(94\)90046-9](http://dx.doi.org/10.1016/0272-7358(94)90046-9)
- Lilienfeld, S. O. (2012). Public skepticism of psychology: Why many people perceive the study of human behavior as unscientific. *American Psychologist*, *67*, 111–129. <http://dx.doi.org/10.1037/a0023963>
- Lilienfeld, S. O., & Andrews, B. P. (1996). Development and preliminary validation of a self-report measure of psychopathic personality traits in noncriminal populations. *Journal of Personality Assessment*, *66*, 488–524. [http://dx.doi.org/10.1207/s15327752jpa6603\\_3](http://dx.doi.org/10.1207/s15327752jpa6603_3)
- Lilienfeld, S. O., Kirsch, I., Sarbin, T. R., Lynn, S. J., Chaves, J. F., Ganaway, G. K., & Powell, R. A. (1999). Dissociative identity disorder and the sociocognitive model: Recalling the lessons of the past. *Psychological Bulletin*, *125*, 507–523. <http://dx.doi.org/10.1037/0033-2909.125.5.507>
- Lilienfeld, S. O., Watts, A. L., Smith, S. F., Berg, J. M., & Litzman, R. D. (2015). Psychopathy deconstructed and reconstructed: Identifying and assembling the personality building blocks of Cleckley's chimera. *Journal of Personality*, *83*, 593–610. <http://dx.doi.org/10.1111/jopy.12118>
- Lilienfeld, S. O., Watts, A. L., & Smith, S. F. (2015). Successful psychopathy: A scientific status report. *Current Directions in Psychological Science*, *24*, 298–303. <http://dx.doi.org/10.1177/0963721415580297>
- Lorber, M. F. (2004). Psychophysiology of aggression, psychopathy, and conduct problems: A meta-analysis. *Psychological Bulletin*, *130*, 531–552. <http://dx.doi.org/10.1037/0033-2909.130.4.531>
- Lykken, D. T. (1957). A study of anxiety in the sociopathic personality. *The Journal of Abnormal and Social Psychology*, *55*, 6–10. <http://dx.doi.org/10.1037/h0047232>
- Lykken, D. T. (1995). *The antisocial personalities*. Hillsdale, NJ: Erlbaum.
- Lykken, D. T. (2006). Psychopathic personality: The scope of the problem. In C. J. Patrick (Ed.), *Handbook of psychopathy* (pp. 3–13). New York, NY: Guilford Press.
- Lynn, S. J., Lock, T. G., Myers, B., & Payne, D. G. (1997). Recalling the unrecallable: Should hypnosis be used to recover memories in psychotherapy? *Current Directions in Psychological Science*, *6*, 79–83. <http://dx.doi.org/10.1111/1467-8721.ep11512662>
- Mathieu, C., Babiak, P., & Hare, R. D. (in press). *Manual for the B-Scan 360*. Toronto, CA: Pearson Clinical.
- Mayes, R., & Horwitz, A. V. (2005). *DSM-III* and the revolution in the classification of mental illness. *Journal of the History of the Behavioral Sciences*, *41*, 249–267. <http://dx.doi.org/10.1002/jhbs.20103>
- McCord, W., & McCord, J. (1964). *The psychopath: An essay on the criminal mind*. Oxford, United Kingdom: D. Van Nostrand.
- McCullers, C. (1940). *The heart is a lonely hunter*. Boston, MA: Houghton Mifflin Harcourt.
- Meador, K. J., Loring, D. W., Nichols, F. T., Adams, R. J., & Feldman, E. B. (1988). Virgil Sydenstricker: Special reference to niacin deficiency encephalopathy. *Southern Medical Journal*, *81*, 1042–1044. <http://dx.doi.org/10.1097/00007611-198808000-00024>
- Merskey, H. (1995). Multiple personality disorder and false memory syndrome. *The British Journal of Psychiatry*, *166*, 281–283. <http://dx.doi.org/10.1192/bjp.166.3.281>
- Mettler, F. A., Cleckley, H., & Slaughter, R. F. (1940). A four year correlative teaching plan for the nervous system. *Academic Medicine*, *15*, 291–300. <http://dx.doi.org/10.1097/00001888-194009000-00002>
- Minzenberg, M. J., & Siever, L. J. (2006). Neurochemistry and pharmacology of psychopathy and related disorders. In C. Patrick (Ed.), *Handbook of psychopathy* (pp. 251–277). New York, NY: Guilford Press.
- Mitchell, M. (1936). *Gone with the wind*. New York, NY: MacMillan.
- Morse, S. J. (2008). Psychopathy and criminal responsibility. *Neuroethics*, *1*, 205–212. <http://dx.doi.org/10.1007/s12152-008-9021-9>
- Newsweek. (1941, March 25). *Cleckley's new book discussed*, p. 5.

- Patrick, C. (2006). Back to the future: Cleckley as a guide to the next generation of psychopathy research. In C. J. Patrick (Ed.), *Handbook of psychopathy* (pp. 605–617). New York, NY: Guilford Press.
- Patrick, C. (2018). *Psychopathy as masked pathology* (2nd ed., pp. 3–21). *Handbook of psychology*. New York, NY: Guilford Press.
- Paulhus, D. L., Neumann, C. S., & Hare, R. D. (2016). *SRP 4: Self-Report Psychopathy Scale*. Toronto, Ontario, Canada: Multihealth.
- Pichot, P. (1978). Psychopathic behavior: A historical review. In R. D. Hare & D. S. Schalling (Eds.), *Psychopathic behavior: Approaches to research* (pp. 55–70). Chichester, United Kingdom: Wiley.
- Polaschek, D. L. (2014). Adult criminals with psychopathy: Common beliefs about treatability and change have little empirical support. *Current Directions in Psychological Science*, *23*, 296–301. <http://dx.doi.org/10.1177/0963721414535211>
- Princeton Alumni Weekly. (1924). Retrieved from <https://rbcs.princeton.edu/databases/princeton-alumni-weekly-memorial-index>
- Ramsland, K. (2013). Crystallizing psychotherapy: Dr Hervey Cleckley. *Forensic Examiner*, *22*, 62–65.
- Robins, L. N. (1966). *Deviant children grown up: A sociological and psychiatric study of sociopathic personality*. Oxford, United Kingdom: Williams & Wilkins.
- Rolls, G. (2014). *Classic case studies in psychology*. New York, NY: Routledge.
- Ross, C. A. (1991). Epidemiology of multiple personality disorder and dissociation. *Psychiatric Clinics of North America*, *14*, 503–517.
- Ross, C. A. (2012). *The rape of Eve: The true story behind the three faces of Eve*. Richardson, TX: Manitou Communications, Inc.
- Russell, B. (1956). *Portraits from memory: And other essays*. New York, NY: Simon & Schuster.
- Salekin, R. T. (2002). Psychopathy and therapeutic pessimism: Clinical lore or clinical reality? *Clinical Psychology Review*, *22*, 79–112. [http://dx.doi.org/10.1016/S0272-7358\(01\)00083-6](http://dx.doi.org/10.1016/S0272-7358(01)00083-6)
- Schlesinger, J. (2009). Creative mythconceptions: A closer look at the evidence for the “mad genius” hypothesis. *Psychology of Aesthetics, Creativity, and the Arts*, *3*, 62–72. <http://dx.doi.org/10.1037/a0013975>
- Schreiber, F. R. (1973). *Sybil*. New York, NY: Warner.
- Seabrook, J. (2008, November 10). Suffering souls: The search for the roots of psychopathy. *The New Yorker*. Retrieved from <http://www.newyorker.com/magazine/2008/11/10/suffering-souls>
- Sizemore, C. C. (1989). *A mind of my own*. New York, NY: William Morrow & Co.
- Sizemore, C. C., & Pittillo, E. S. (1977). *I'm Eve*. New York, NY: Garden City.
- Smith, P. M. (2016a, September 29th). *Dr. Hervey Cleckley: The Medical College of Georgia's Renaissance man*. *Medical College of Georgia, Robert B. Greenblatt*. Augusta, GA: M. D. Library History of the Health Sciences Lecture Series.
- Smith, P. M. (2016b, October 4th). Looking under rocks: Research on renowned psychiatrist surprising. *Perry's Blog*. Retrieved from <http://genpsmith.com/looking-under-rocks-research-on-renowned-psychiatrist-surprising/>
- Society for the Scientific Study of Psychopathy. (2016). *Robert D. Hare Lifetime Achievement Award*. Retrieved from <http://www.psychopathy.society.org/en/awards/rd-hare-lifetime-achievement-ward.html>
- Spanos, N. P. (1994). Multiple identity enactments and multiple personality disorder: A sociocognitive perspective. *Psychological Bulletin*, *116*, 143–165. <http://dx.doi.org/10.1037/0033-2909.116.1.143>
- Spielman, A. J., Saskin, P., & Thorpy, M. J. (1987). Treatment of chronic insomnia by restriction of time in bed. *Sleep*, *10*, 45–56.
- Stocking, G. W. (1965). On the limits of ‘presentism’ and ‘historicism’ in the historiography of the behavioral sciences. *Journal of the History of the Behavioral Sciences*, *1*, 211–218. [http://dx.doi.org/10.1002/1520-6696\(196507\)1:3<211::AID-JHBS2300010302>3.0.CO;2-W](http://dx.doi.org/10.1002/1520-6696(196507)1:3<211::AID-JHBS2300010302>3.0.CO;2-W)
- Sutherland, J. (2015). *Introduction to P. Highsmith, The Talented Mr. Ripley*. London, United Kingdom: Virgo Press, Ltd.
- Sydenstricker, V. P., & Cleckley, H. M. (1941). The effect of nicotinic acid in stupor, lethargy and various other psychiatric disorders. *The American Journal of Psychiatry*, *98*, 83–92. <http://dx.doi.org/10.1176/ajp.98.1.83>
- Thigpen, C. H. (1985). Renaissance man [Hervey Milton Cleckley]. *Journal of the Medical Association of Georgia*, *74*, 20–22.
- Thigpen, C. H., & Cleckley, H. (1954). A case of multiple personality. *The Journal of Abnormal and Social Psychology*, *49*, 135–151. <http://dx.doi.org/10.1037/h0057795>
- Thigpen, C. H., & Cleckley, H. M. (1957). *The three faces of Eve*. New York, NY: McGraw-Hill.
- Thigpen, C. H., & Cleckley, H. M. (1964). Some reflections on psychoanalysis, hypnosis, and faith healing. In J. Wolpe, A. Salter, & L. J. Reyna (Eds.), *The conditioning therapies* (pp. 96–111). New York, NY: Holt, Rinehart & Winston.
- Thigpen, C. H., & Cleckley, H. M. (1984). On the incidence of multiple personality disorder: A brief communication. *International Journal of Clinical and Experimental Hypnosis*, *32*, 63–66. <http://dx.doi.org/10.1080/00207148408416004>
- Thigpen, F. B., Thigpen, C. H., & Cleckley, H. M. (1953). Use of electric-convulsive therapy in morphine, meperidine, and related alkaloid addictions. *AMA Archives of Neurology and Psychiatry*, *70*, 452–458. <http://dx.doi.org/10.1001/archneurpsyc.1953.02320340042003>
- Vitacco, M. J., Neumann, C. S., & Jackson, R. L. (2005). Testing a four-factor model of psychopathy and its association with ethnicity, gender, intelligence, and violence. *Journal of Consulting and Clinical Psychology*, *73*, 466–476. <http://dx.doi.org/10.1037/0022-006X.73.3.466>
- Vonnegut, K. (2009). In D. Simon (Ed.), *A man without a country*. New York, NY: Seven Stories Press.
- Walker, M. (2011). *Margaret Mitchell and John Walsh*. Atlanta, GA: Peachtree Publishers.
- Wall, T. D., Wygant, D. B., & Sellbom, M. (2015). Boldness explains a key difference between psychopathy and antisocial personality disorder. *Psychiatry, Psychology and Law*, *22*, 94–105. <http://dx.doi.org/10.1080/13218719.2014.919627>
- Walton, G. (1942, January 28). Society chatter. *August Chronicle*, p. 9.
- Watwood, J. (2017, April 28). Augusta's red carpet moment. *The Fine Print*. Retrieved from <http://magazines.augusta.edu/2017/04/28/hollywood-broad/>
- Westen, D., & Weinberger, J. (2004). When clinical description becomes statistical prediction. *American Psychologist*, *59*, 595–613. <http://dx.doi.org/10.1037/0003-066X.59.7.595>
- Widiger, T. A., & Corbitt, E. M. (1993). Antisocial personality disorder: Proposals for DSM-IV. *Journal of Personality Disorders*, *7*, 63–77. <http://dx.doi.org/10.1521/pedi.1993.7.1.63>
- Williamson, S., Harpur, T. J., & Hare, R. D. (1991). Abnormal processing of affective words by psychopaths. *Psychophysiology*, *28*, 260–273. <http://dx.doi.org/10.1111/j.1469-8986.1991.tb02192.x>
- Wong, S., & Hare, R. D. (2005). *Guidelines for a psychopathy treatment program*. Toronto, Ontario, Canada: Multi-Health Systems.
- Wong, S. C., & Olver, M. E. (2015). Risk reduction treatment of psychopathy and applications to mentally disordered offenders. *CNS Spectrums*, *20*, 303–310.