

Psychological Conditions

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Relevance to Security

Mental health is a security concern because it influences how a person perceives the world, makes decisions, and manages stress. The fact that an individual has had, or continues to have, an emotional, mental, or psychological condition does not, by itself, preclude granting access to classified information. The issue is whether the individual's condition causes, or may cause, poor judgment or unreliable, untrustworthy, or dysfunctional behavior.

Many people, perhaps most people, experience some form of stress that threatens their self-image at some time in their lives. They experience failure to compete effectively with their peers; perceive injustice at the hands of a supervisor or employing organization; are terminated from a job under circumstances that prompt resentment; feel rejected or betrayed by a spouse; confront serious financial or medical problems; or are tempted by a seemingly easy opportunity for illegal monetary gain.

Emotionally stable and well-adjusted individuals generally respond to these experiences in positive ways: by learning from them, adjusting their expectations, working harder, or sticking with their core values. Individuals who are unstable or poorly adjusted, have a significant character weakness, or suffer from mental illness may react in ways that are self-destructive, counterproductive, or illegal. They may harm the organization by actions that run the gamut from absenteeism to self-serving decisions, theft, fraud, sabotage, or espionage.

Potentially Disqualifying Conditions

Extract from the Guideline

(a) behavior that casts doubt on an individual's judgment, reliability, or trustworthiness that is not covered under any other guideline, including but not limited to emotionally unstable, irresponsible, dysfunctional, violent, paranoid, or bizarre behavior;

(b) an opinion by a duly qualified mental health professional that the individual has a condition not covered under any other guideline that may impair judgment, reliability, or trustworthiness;

(c) the individual has failed to follow treatment advice related to a diagnosed emotional, mental, or personality condition, e.g., failure to take prescribed medication.

The potentially disqualifying conditions are quite general. Some of the more specific circumstances that may be disqualifying under these guidelines include the following:

- History of violent or abusive behavior toward spouse, children, elders, or work associates.
- Behaviors such as compulsive gambling, compulsive sexual behavior, compulsive lying. A behavior is compulsive when it is beyond a person's control, i.e., the person continues to engage in it despite adverse medical, legal, social, family, or work consequences.
- Abnormal preoccupation with or irresponsible use of weapons.
- Observed symptoms of a possible emotional or mental problem. Symptoms are listed in the section entitled Clinical Indicators of Potential Emotional or Mental Problems.
- Taking a prescription drug that has side effects of potential security concern. See the section entitled Controlling Disorders with Drugs.
- Refusal to take medical/psychiatric tests when so directed by competent authority.

The potential security significance of a psychological condition depends upon how it affects the subject's judgment, reliability or trustworthiness, its severity (intensity and duration of symptoms), whether there has been appropriate treatment or whether the condition is typically responsive to treatment, and the judgment of a qualified mental health consultant about possible recurrence and what else might happen in the future.

In adjudicating mental health issues, we do not look only at an individual's past and current mental health and stability. We also look for potential future instability, unreliability, or untrustworthiness. Whether past behavior is likely to continue, get better, or get worse in the future is a professional judgment that requires the training of a qualified mental health professional.

Clinical Indicators of a Potential Emotional or Mental Problem

The *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association describes hundreds of mental disorders. Important categories of disorders include anxiety disorders such as panic disorder, generalized anxiety disorder and phobias; mood disorders such as depression or bipolar disorders; cognitive disorders such as dementia; personality disorders such as antisocial, paranoid, schizotypal, or borderline personality disorder; and schizophrenia or other psychotic disorders.

As stated earlier, the existence of a psychological condition does not preclude the granting of a security clearance. Some conditions are unrelated to security issues and others can be mitigated by ongoing treatment or other factors. If indicators of a psychological condition are reported, additional inquiries should be made and consultation with a qualified mental health professional should be considered.

The following list provides examples of some of the most commonly observed clinical indicators of a possible mental health problem. In general, clinical indicators of the greatest concern are those that are disruptive to an individual's work or social functioning and/or activities of daily living. These indicators are sometimes identified during investigative interviews with supervisors, coworkers, friends, and neighbors. [1](#)

- Repetitive worrying or recurrent or persistent thoughts that cause anxiety or distress; recurrent nervousness, restlessness, or hyperactivity that impairs function or performance.
- Incidents of explosive anger or sudden outbursts of temper; failure to resist anger or aggressive impulses that result in serious acts of assault or destruction of property.
- State of sadness or depressed mood that has advanced to the point of being disruptive to functioning.
- Intense and unstable (dysfunctional) personal relationships.
- Ongoing suspicions, without sufficient basis, that others are exploiting, harming, or deceiving him or her; talk of being watched or followed.
- Grossly disorganized behavior and/or speech (e.g., dressing inappropriately, severe neglect in self-care, frequent loose association of thoughts or speech, odd use of words or language structure).
- Delusions or false beliefs based on incorrect inferences about reality that are firmly sustained despite evidence to the contrary and lack of corroboration from others.

Other Observable Behaviors

There are a number of other observable behaviors that relate to issues under Personal Conduct as well as the Psychological Conditions guideline. These behaviors are often found in persons who commit espionage or other white-

collar crimes. They are also found to some degree in many law-abiding and successful individuals, so they are not disqualifying by themselves. However, they can and should be part of a whole-person evaluation when there is other adverse information about the individual. For further discussion of these behaviors and how they relate to security concerns, see [Behavior Patterns and Personality Characteristics Associated with Espionage](#).

- Pattern of lying, misrepresentation, gross exaggeration, or failure to follow through on promises or commitments.
- Pattern of doing whatever feels good at the moment, without regard for duties or obligations, or without regard for the long-term consequences for self or others.
- Stretching the limits to see what one can get away with, taking pleasure in beating the system and not getting caught, or cutting corners to achieve personal objectives.
- Treating other people as objects to be manipulated for the benefit of one's own self-interest or to indulge one's own desires.
- Overreaction to criticism, responding with anger even to constructive and well-intentioned criticism.
- Vindictive. Seeks revenge for any real or imagined wrongs.
- Feels so smart or so important that the rules, which were made for ordinary people, do not apply.
- Taking risks just for the thrill of it.
- Inability to form personal relationships; limited capacity to express either positive or negative emotions towards others.

Counseling and Treatment

Executive Order 12968, dated August 4, 1995, states that "no negative inference concerning eligibility for access to classified information may be made *solely on the basis of mental health counseling*." The fact that an individual has sought treatment or counseling for a mental health problem does not suggest that the individual's problem is more serious than one who has not received counseling. When self-initiated, treatment is often a favorable indication that the subject recognizes the problem and is taking care of it. This voluntary action is positive evidence of reliability and a willingness to fulfill personnel security responsibilities. When investigative results are reviewed to make a security clearance decision, the fact that the individual voluntarily sought professional help is a significant positive factor in the decision.

The SF-86 security questionnaire filled out by all security clearance applicants requires reporting any mental health counseling or treatment received during the previous 7 years *unless* it is "strictly for a marital, family,

or grief issue not related to violence by you, or strictly related to adjustments from service in a military combat environment."

Military and civilian personnel on tours in combat areas such as Iraq and Afghanistan have been subjected to extreme stress that often requires some form of mental health counseling, and this does not need to be reported on the security questionnaire. DoD Instruction 6490.06, dated April 21, 2009, specifies responsibilities and procedures for implementing DoD policy to:

- a. Promote a culture that encourages delivery and receipt of counseling.
- b. Eliminate barriers to and the negative stigma associated with seeking counseling support.
- c. Empower leaders to advocate for those in their charge to receive counseling.
- d. Provide easy access to a continuum of counseling support to include prevention, early intervention, and treatment to enhance coping and build resilience.
- e. View counseling support as a force multiplier enhancing military and family readiness.

The security questionnaire exempts reporting of marital or family counseling that does not involved the use of violence. However, life is not that simple. Marital problems may be a security concern if they are caused by alcohol, drugs, financial irresponsibility, certain types of sexual behavior, or any other behavior that would be of concern independent of the marital issues. The adjudicator needs to know if the marital or family problem was related to any form of physical abuse, alcohol abuse, drug use, financial irresponsibility, compulsive gambling, irresponsible use of weapons, or any other potentially disqualifying issue. The adjudicator also needs to know if family or marital counseling resulted in (1) prescribed medication that affects mental or emotional functions, (2) referral for additional evaluation or treatment, or (3) a diagnosis of any mental or emotional condition.

Many other forms of short-term counseling (six months or less) have no relevance to security. This includes counseling for adolescent or school adjustment problems during the previous 7 years, grief or bereavement counseling, self-improvement counseling, or counseling for victims of rape, incest, or other trauma.

Using Professional Diagnoses

A duly qualified mental health professional associated with the adjudicative facility and experienced in making personnel security judgments plays an important role in advising the adjudicator about the significance of an individual's behavior, how it relates to security concerns, amenability to treatment or counseling, and the prognosis for future behavior. However, it remains the adjudicator's responsibility to judge, based on all the available

information, whether an individual's actions meet appropriate standards of reliability, trustworthiness, and good judgment.

As stated in the guideline, formal diagnosis of an emotional, mental, or personality disorder is not required for an adverse decision. This is because:

- Some behaviors that are disqualifying do not meet all the criteria for diagnosis of a disorder.
- Information for a formal diagnosis may not be available if the individual withholds information for fear it would put his or her security clearance at risk. The mental health professional can make a diagnosis only on the basis of the incomplete information disclosed by the individual, or what information the mental health professional has been provided from the investigation.
- A private mental health professional is serving the best interests of his or her client and may not understand the government's security requirements. Private mental health professionals sometimes provide a relatively benign diagnosis because they do not want their clients to lose their job, or because they are concerned about legal liability if their clients do lose their job because of the diagnosis.
- There is disagreement among mental health professionals on what constitutes a disorder and, in many cases, about when behavior meets the threshold for diagnosis of a specific disorder.

Conversely, the diagnosis of an emotional, mental, or personality disorder does not necessarily mean an individual actually has a security-relevant problem. This is because:

- Not all diagnosed disorders are a security concern.
- The mental health provider may list a diagnosis only to ensure the visit will be covered by medical insurance.
- Some mental health providers give a diagnosis because the patient would be dissatisfied if the doctor failed to provide a "diagnosis" for whatever the patient perceived as a problem. Some persons seek regular psychiatric or psychological counseling for minor problems.
- Medication that is being taken regularly keeps the condition under control.

The Jonathan Pollard case, described briefly below, is an example of why it is often preferable to focus the adjudicative decision on the individual's behavior rather than any formal diagnosis.

Pollard Example

The case of Jonathan Pollard, the Naval Intelligence analyst who spied for Israel, illustrates the problem that can arise from relying too heavily on a

medical diagnosis.² Well before he was suspected as a spy, Pollard's clearance was revoked on grounds that he was a compulsive liar. Pollard had been given approval from his supervisors to establish a back-channel contact with South African Intelligence through a South African friend he had known in graduate school. Through a combination of circumstances, he told fictitious stories about his relationship with the South Africans and these stories began to unravel. After telling Navy investigators tales about having lived in South Africa and his father having been CIA Station Chief there, which was easily checkable and proven false, Pollard's security clearance was pulled and he was told to obtain psychiatric help. The only apparent purpose of these stories was to make himself appear more important.

Pollard filed a formal grievance and got his clearance and his job back after a doctor testified on Pollard's behalf that he was not "mentally ill." The point is, that whether or not Pollard met the formal criteria for diagnosis of mental illness was irrelevant. His pervasive lying about official business demonstrated clearly that he failed to meet appropriate standards of reliability, trustworthiness, and good judgment. His lying was a symptom of his narcissism and grandiosity that subsequently played a role in his becoming an Israeli spy.

Mitigating Conditions

Extract from the Guideline

(a) the identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;

(b) the individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;

(c) recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;

(d) the past emotional instability was a temporary condition (e.g., one caused by death, illness, or marital breakup), the situation has been resolved, and the individual no longer shows indications of emotional instability;

(e) there is no indication of a current problem.

The following points elaborate on the above potentially disqualifying conditions:

- **Controllable with Treatment:** Depression is perhaps the most common example of a condition that is controllable with treatment. The required period of compliance may depend upon the severity of the symptoms that would be expected if the individual failed to take the prescribed medication. Long-term continuation of the medication must be medically practical and must be expected to preclude recurrence of any condition that may affect judgment or reliability.
- **Voluntary Counseling or Treatment:** The individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional approved by or acceptable to the U.S. Government (i.e., the adjudicative facility). The fact that an individual has entered treatment voluntarily, without it being required by a supervisor or a court, is a definite plus. It shows that an individual is aware of the problem and trying to deal with it. This mitigation would apply only to an individual who already has a clearance, not to a new applicant. An employer has an obligation to help an employee who develops a problem while on the job, but no such obligation to hire a new employee who already has a mental health problem.
- **Professional Opinion:** This mitigating condition is used when a duly qualified mental health professional determines that a known previous condition is now under control or in remission and has a low probability of recurrence or becoming worse.
- **Temporary Condition:** Traumatic personal circumstances often cause a temporary condition that requires some counseling or treatment but is not a security concern. If such a condition has not been resolved within six months, however, this suggests the possibility of a longer term condition.
- **No Current Problem:** This mitigating condition is used when the adjudicator or a duly qualified mental health professional determines that the reported information is not really a security concern.

Controlling Disorders with Drugs

Many psychological conditions are the result of imbalances of brain chemicals called neurotransmitters. These imbalances can produce the observed symptoms and changes in behavior and are often treated with medication. In most cases, the source of the imbalance is both genetic and environmental, and often both medication and therapy are useful for treating the condition.

There are many different types of psychiatric medications, and the effects and side-effects of the medications vary a great deal. Important questions to be considered when adjudicating a psychological condition being treated by medication include: What symptoms caused the doctor to prescribe medication, or caused the subject to start taking medication on his or her own? How do these symptoms affect the subject's reliability and judgment? How does the medication affect the subject's reliability and judgment? What happens if the subject stops taking medication? Has subject ever failed or refused to take the medication?

Some psychiatric medications can have side effects that are relevant to security concerns and may require careful monitoring, particularly since different individuals react to psychiatric medication in different ways. The field of psychopharmacology is highly technical and is evolving as a result of ongoing and new research. Adjudicators should rely in each case on the input of their qualified mental health consultant.

Footnotes

1. List provided by Dr. Leissa Nelson, PERSEREC.
2. Blitzer, W. (1989). *Territory of Lies: The Rise, Fall, and Betrayal of Jonathan Jay Pollard*. New York: Harper & Row.

Reference Materials

This section has the following reference materials.

- [Behavior Patterns and Personality Characteristics Associated with Espionage](#)
- [Prevalence of Mental Disorders](#)
- [Nontechnical Descriptions of Selected Psychological Conditions](#)
- [Glossary of Psychiatric Terms](#)
- [Understanding the Five-Axis System of Psychiatric Evaluation](#)

Behavior Patterns and Personality Characteristics Associated with Espionage

There is no single profile of the employee who is likely to betray an employer's trust. However, clinical assessment of Americans arrested for espionage [1](#) and academic research findings on white-collar criminals in general [2](#) do identify a number of behavior patterns and personality characteristics that are commonly found among such persons. The following are discussed in this section.

[Antisocial Behavior](#)
[Narcissism/Grandiosity](#)
[Impulsiveness/Immaturity](#)
[Inability to Form a Commitment](#)

[Vindictiveness](#)
[Paranoia](#)
[Risk-Seeking](#)

Individuals who betray their employer's trust may have a propensity for violating rules and regulations. They may have a grossly inflated view of their own abilities, so that disappointment and bitterness against those who fail to recognize their special talents are inevitable. They may be inclined to regard criticism or disagreement as a personal insult that calls for revenge. They may be impulsive or immature, and predisposed to do whatever feels good at the moment. They may have drifted from one relationship or job to another, with little sense of purpose or loyalty to anyone or anything. They may engage in high-risk activities without thinking about the consequences.

Sometimes these weaknesses are so severe that they can be clinically diagnosed as symptoms of a mental, emotional, or personality disorder. More often, however, they are better described as behavioral or personality weaknesses rather than as psychological "disorders." When these behaviors are reported, consultation with a psychologist may be appropriate.

Because these weaknesses are also found to some degree in many good and loyal personnel, they are not specified in the Adjudicative Guidelines as disqualifying for access to classified information. However, they can and should be reported by investigators and used in the adjudicative process in the following ways.

- As a basis for adverse action if the behavior meets the disqualifying criteria under the Psychological Conditions or Personal Conduct guidelines.
- As part of a negative whole-person judgment. Financial problems, substance abuse and other issues are more significant when accompanied by some of the unfavorable behavioral or personality characteristics described here.
- As a basis for requesting further investigation, psychological evaluation, or psychological testing.

Antisocial Behavior

Behavior that habitually violates the commonly accepted rules of society is called antisocial behavior. Psychologists sometimes call a person who exhibits such behavior a psychopath or sociopath. Manipulation of others and deceit are central features of this type of behavior. John Walker, the infamous Soviet spy in the U.S. Navy who is described below, epitomizes antisocial behavior.

Antisocial behavior is a serious security concern. Values that normally inhibit illegal or vindictive behavior are missing. This can lead to fraud, embezzlement, computer sabotage or espionage when an individual sees an easy opportunity for illicit gain or becomes disaffected with the organization. Selling secrets may be viewed as a simple business opportunity rather than as treason

Persons with antisocial personality disorder shamelessly take others for granted and manipulate them to serve their own self-interest or indulge their own desires. Such persons take pleasure in beating the system without getting caught. Lying to others is common, as is lack of gratitude. Stealing, shoplifting, cheating on taxes, failure to pay parking tickets, aggressive or reckless driving, failure to pay bills even though money is available, picking fights, extreme promiscuity, sexual harassment, cruelty to animals, and spouse, child, or elder abuse are examples of antisocial behaviors. There is little remorse about the adverse effects of one's behavior on others.

At work, typical antisocial behaviors include padding travel vouchers or expense accounts; being consistently late to work or leaving earlier than is reasonable; abusing sick leave; lack of concern with meeting deadlines; taking classified information home; misusing the diplomatic pouch; pilfering office supplies; lying to cover up a mistake or to make oneself look good; maneuvering to undermine a colleague who is viewed as a competitor for promotion; drug use or any other violation of regulations by a government employee.

Antisocial persons tend to resent authority and dislike supervision, to attribute their lack of success to others "having it in for me," to think no one understands them and that life is giving them a raw deal. When antisocial individuals have a problem at work, they are likely to focus the blame on their supervisor. They may submit extensive written appeals in response to any criticism in their performance evaluation. When antisocial subjects feel offended or frustrated in their desires, they may be inclined to hold a grudge and to seek revenge.

Antisocial persons believe such improper behavior is commonplace and will not be punished. They have a high opinion of their ability to con their way out of trouble, and a low opinion of the astuteness of authorities who would catch them. The con man's self-confidence and ability to manipulate others may be very useful in certain occupations (intelligence operations officer, undercover police officer, sales person), so it is sometimes difficult to distinguish a valuable talent from a serious character defect.

In severe cases of antisocial personality, individuals are likely to have a criminal record that clearly disqualifies them for access to classified information. They are also unlikely to have the history of academic or career success that qualifies them to apply for a position of responsibility. Moderately antisocial personalities, however, may appear to be very

desirable candidates for employment. Such candidates are able to manipulate people so effectively that they do exceptionally well in interviews and are evaluated favorably by casual acquaintances. Their true character is revealed only after prolonged or intimate contact.

If a series of incidents shows a pattern of untrustworthy and unreliable behavior, it may not qualify as a psychological "disorder," but it may be adjudicated adversely under the Personal Conduct guideline or be considered as part of the whole-person evaluation under any other adjudicative guideline.

Antisocial behavior usually begins in childhood or adolescence. The most flagrant antisocial behavior may diminish after age 30. However, inability to sustain lasting, close, and responsible relationships with family, friends, sexual partners, or employer may persist into late adult life. [3](#)

Example: John Walker

As a youth, Navy spy John Walker rolled used tires down hills at cars passing below, threw rocks through school windows, stole money from purses and coats left unattended at school functions, stole coins from church donation boxes for the poor, set fires, and shot at the headlights of cars. When arrested for attempted burglary at age 17, Walker admitted to six other burglaries. He was pardoned on condition that he follow through on his plan to join the Navy. A childhood friend, who says he knew Walker like a brother, described him many years later as "cunning, intelligent, clever, personable, and intrinsically evil."

After his arrest as a Soviet spy, he enjoyed the publicity; he had no remorse. He rationalized involving his brother, son, and friend in espionage, and trying to recruit his daughter, as trying to help *them* be successful in life. He later criticized *them* for using *him*. He felt his only real mistake was allowing himself to be surrounded by weaker people who eventually brought him down. He concluded, "I am the real victim in this entire unpleasant episode."

One author who spent about 160 hours interviewing Walker after his conviction wrote: "He is totally without principle. There was no right or wrong, no morality or immorality, in his eyes. There were only his own wants, his own needs, whatever those might be at the moment." He betrayed his country, crippled his wife emotionally, corrupted his children, and manipulated his friends. Yet all the while, he didn't see himself as different from others, only a little smarter. In his view, "Everyone is corrupt...everyone has a scam." [4](#)

Narcissism/Grandiosity

A narcissistic personality is characterized by unwarranted feelings of self-importance or self-esteem (grandiosity), a sense of entitlement, and a lack of

empathy for others. These characteristics are discussed separately below and then related to security issues.

Grandiosity

Wholly unwarranted feelings of self-importance or self-esteem are referred to by psychologists as grandiosity. Grandiose persons grossly overestimate their abilities and inflate their accomplishments. They are often preoccupied with fantasies of success, power, beauty, or love. They may need constant reinforcement of this fantasy image of themselves. Grandiose persons expect to be viewed as "special" even without appropriate accomplishments.

Need for praise and sensitivity to criticism dominate relationships with others. Personal friendships, relationships with supervisors and coworkers, and amorous relationships turn quickly from love to hate, and vice versa, depending upon whether the relationship supports or undermines subject's self-esteem. The narcissist demands unconditional acceptance of his or her specialness, and relationships blossom only when this is given, and sour quickly when it is not.

Self-esteem is almost always fragile. An unreasonably high, overt self-evaluation masks inner doubts and insecurities. It is paradoxical that someone with such a crippling sense of inadequacy should act in such an arrogant, imperious, and grandiloquent manner.

Grandiose persons feel they are so smart or so important that the rules, which were made for ordinary people, do not apply to them. Rules and social values are not necessarily rejected as they are by the antisocial personality; it is just that one feels above the rules.

Entitlement

A sense of entitlement is characterized by *unreasonable* expectation of especially favorable treatment. Such persons expect to be given whatever they want or feel they need.

They may feel entitled to a promotion or to a higher grade in school just because they worked hard for it, regardless of the quality of their performance; entitled to more money because housing or college costs are so high, even though they did not earn it; entitled to cut in front of the line because they are so busy or their time is so valuable. They may also feel entitled to punish others, to "give them what they deserve," because others failed to recognize their special abilities or frustrated their desires in some other way.

Instead of congratulating a colleague who receives a promotion, the narcissist may feel bitter and grouse that the promotion wasn't deserved. Several persons arrested for embezzlement have revealed that they started

to take money only after someone on a par with them got a promotion that they did not receive. They felt entitled to take the money because they too should have been promoted.

Many people genuinely do get a raw deal, and may be justified in feeling they deserve better. Feelings of entitlement in such cases become a security problem only if the person is planning revenge or retaliation.

Lack of Empathy

Narcissists generally view the world from the perspective of how it affects them, and them only. There is little empathy or ability to understand the feelings or problems of others. For example, when a coworker becomes seriously ill, a narcissist may be upset by the inconvenience caused by the worker's absence and relatively unconcerned about the welfare of the worker.

Narcissistic persons shamelessly take others for granted and manipulate or exploit them to achieve their own ends. They may be unusually aggressive and ambitious in seeking relationships with others in positions of power. In romantic relationships, the partner is often treated as an object to be used to bolster one's self-esteem.

In extreme cases, the narcissist who gains power over others, as in a relationship between supervisor and subordinate, may use this power in humiliating and cruel ways, sometimes just for what seems like personal amusement. [3](#)

Relevance to Security

Narcissism should not be confused with the simple egotism found in many capable and loyal employees who progress to senior positions due to their strong abilities, self-confidence, and ambition. An unwarranted sense of self-importance is a concern only when self-evaluation is so far out of line with reality, and with how one is perceived by supervisors and colleagues, that disappointment and resentment are inevitable.

The narcissist's need for recognition is so strong that failure provokes a need for vindication and revenge. The compelling need to justify unwarranted self-esteem may cause a grandiose person with a grudge to seek recognition elsewhere -- with an opposition intelligence service or business competitor.

Feelings of entitlement are a security concern because they may be used to rationalize illegal behavior or may reduce the inhibitions that otherwise deter illegal behavior. When combined with antisocial attitudes, grandiosity, or desperate need or greed for money, a feeling of entitlement leads to easy rationalization of theft, fraud, or other illegal activity for monetary gain. "I'm only taking what I deserve." It is also an easy rationalization for revenge. "If

they hadn't screwed me, I wouldn't be doing this, so it's their fault; they deserve it."

When narcissists fail to perform adequately at work, it is always someone else's fault. The many arrested spies who exhibited this characteristic blamed others for their treason. They blamed their behavior on the counterculture movement of the 1960s, on an insensitive and intrusive Intelligence Community, poor security practices, supervisors who failed to recognize their potential, spouses for not being understanding, or government for not taking the right political stance. Few saw themselves as traitors; they saw themselves as victims.

Self-deception and rationalization facilitate criminal behavior, as they enable an individual to consider such behavior in a more justifiable light. They also soothe an offender's conscience as the activity progresses. Narcissism is illustrated by the following example.

Example: Jonathan Pollard

Jonathan Jay Pollard was a Naval Intelligence analyst arrested for espionage on behalf of Israel. From an early age, Pollard had a fantasy of himself as a master strategist and a superhero defending Israel from its enemies. He became obsessed with the threats facing Israel and a desire to serve that country.

In college, Pollard boasted that he had dual citizenship and was a Colonel in the Israeli Army. His Stanford senior yearbook photo listed him as "Colonel" Pollard, and he reportedly convinced almost everyone that Israeli Intelligence was paying his tuition. After his arrest, Pollard said this was all "fun and games," and "no one took it seriously." But most of his fellow students did not see it as a game.

Pollard kept his pro-Israeli views to himself while working for Naval Intelligence, but other tall tales about himself were more or less a joke in the office. He was unpopular among his colleagues, as they resented his bragging, his arrogance, and his know-it-all attitude.

At one point, Pollard received permission to establish a back-channel contact with South African Intelligence through a South African friend he had known in graduate school. Through a combination of circumstances, Pollard's story about his relationship with the South Africans began to unravel. After telling Navy investigators fantastic tales about having lived in South Africa and his father having been CIA Station Chief there, Pollard's security clearance was pulled and he was told to obtain psychiatric help. When the doctor concluded he was not mentally ill, Pollard filed a formal grievance and got his clearance and job back.

Pollard's need to feel important, and to have others validate that importance, led him to pass several classified political and economic analyses to three different friends whom he felt could use the information in their business. This was before he volunteered his services to Israel. Although he hoped to eventually get something in return, his principal motive was simply to impress his friends with his knowledge and the importance of his work.

Several years later, under a different supervisor, it was again Pollard's grandiosity that attracted adverse attention, contributing to his eventual compromise and arrest. The supervisor caught Pollard lying about his dealings with another government agency. The only purpose of the lie was apparently to make Pollard appear to be a more important person than he was.

The supervisor wondered why Pollard would make up stories like this and began paying much closer attention to Pollard's activities. He noticed that Pollard was requesting so many Top Secret documents concerning Soviet equipment being supplied to the Arab world that it was becoming a burden on the clerk who had to log them in. What triggered the espionage investigation leading to Pollard's arrest was a report by a coworker who observed Pollard leaving the office at 4:30 on a Friday afternoon with a wrapped package of classified material and then getting into a car with his wife.

The risk Pollard ran by requesting so many documents may also be explained by his grandiosity; grandiose persons often think they are too smart to be caught. [5](#)

Impulsiveness/Immaturity

Impulsive and immature individuals lack self-control. They are a security concern because they may use poor judgment or be irresponsible or unpredictable in their behavior. A person who is impulsive or immature should usually also be assessed under the Personal Conduct guideline, as a pattern of dishonest, unreliable or rule-breaking behavior. Self-control, which is the opposite of impulsiveness or immaturity, is a favorable trait that may offset a variety of personal weaknesses.

Many of the immature, young military personnel who have volunteered their services to foreign intelligence services reported afterwards that they made an impulsive decision without thinking through the potential consequences. They did whatever gave them satisfaction or seemed to solve their financial problems at the moment, without considering the long-term effects on themselves or others.

Impulsive persons are motivated by the quick, easy gratification of desires and fail to consider the consequences of their actions. Goals or gains that can be achieved quickly are overvalued, while those that are more distant are

undervalued. When a younger person exhibits this pattern, it is often described as immaturity.

Impulsive individuals may not be concerned about duties and obligations and may be careless or lazy. They cannot tolerate boredom and often require constant stimulation. Inability to tolerate frustration may lead to a sudden outburst of hostility or violence.

Immaturity is also characterized by propensity to take risks, susceptibility to peer pressure, and belief that one is invincible so nothing bad could happen. Although immature persons may be ambitious, they seldom appreciate the connection between current performance and long-term rewards. Excessive fascination with intrigue and clandestine intelligence tradecraft may be a sign of immaturity.

One of the prominent current theories of criminality argues that low self-control is the *only* personal characteristic that differentiates offenders from nonoffenders. According to this view, the necessary conditions for criminal acts are too little self-restraint and a desirable and conveniently accessible target. [6](#) Other persuasive theories of criminality focus on a wider range of social, biological and psychological variables.

Impulsiveness/immaturity and antisocial tendencies are a volatile mix. When combined with resentment, a desire for revenge, or judgment clouded by alcohol abuse, they comprise a recipe for trouble.

Example: Robert Hanssen

FBI Special Agent Robert Hanssen spied for the Russians for over 20 years until his arrest in 2001. Although he was quiet and withdrawn both at home and at work, childhood friends described Hanssen's behavior as sporadically impulsive and immature. One friend noted, "When he got an idea to do something enormously risky, there was no stopping him." During his teenage years, such risks included reckless shooting and irresponsible driving. Once, while shooting at targets in a friend's basement, he suddenly began shooting at the wall as his friends watched in amazement. Frequently, he liked to scare his friends with erratic, fast, and reckless driving. He would challenge friends to street races on narrow, winding roads, or try to find the maximum speed his small car could reach while turning corners. His friends noted that he never warned them or asked them before he took off on an erratic driving spree, and that they often feared for their safety.

Hanssen's impulsivity and lack of self-control continued into his adult years, where it took on a more sexual nature. Within days of his marriage to his wife, he cheated on her with an ex-girlfriend. Twice during the early years of his marriage, he snuck up on his sister-in-law and touched her breast while she was breastfeeding, prompting suspicion from many of his relatives. He also liked to post erotic stories about himself and his wife on web sites,

risking identification by using their real names and real situations. His most disturbing sexual adventure, unbeknownst to his wife, was asking his best friend to watch them having sex through the window of their bedroom, and later, on closed circuit TV wired from the bedroom into his very own living room.

There is evidence that Hanssen's first deal to sell classified information to the Russians was impulsive as well. From childhood, Robert Hanssen had been enthralled with KGB spycraft and fascinated with the spy game in general. When he joined the FBI he was idealistic. He was ready to nab Russian spies in what seemed the most exciting job of his life, especially considering his knowledge and understanding of the KGB. Unfortunately, his idealistic start turned to sour disregard, and even disdain, for his fellow FBI agents when he thought they did not share his enthusiasm for thwarting Russian Intelligence activities in the United States.

Lack of support and enthusiasm from his colleagues left Hanssen reeling. It also sparked an old fantasy--to become the best spy the world had ever seen. Hanssen had access to classified information that he knew was useful to the KGB. His first transaction, unfortunately, was not as glorious and well thought out as he would have hoped. When his wife walked in on him in the aftermath of the trade and discovered his first act of espionage, Hanssen was forced to rethink his means of operation, and to become a much more careful spy.

During the 20 years that Hanssen worked as a spy for the KGB, his impulsive behavior affected his spycraft. He would often not show up for "drops" or cancel a transaction without cause. He insisted that the KGB do things his way or no way. He felt this put him a step ahead of the KGB and ensured his personal anonymity and security. He believed that his intellectual superiority to both his fellow FBI agents and to the KGB rendered him untouchable. Although he knew the great risk of his spying, he was confident that he was invincible. [7](#)

Inability to Form a Commitment

Inability to maintain healthy, long-term personal or work relationships is a serious security concern as it indicates a low capacity for loyalty. Because emotional, mental, and personality disorders often become apparent through their impact on interpersonal relationships, inability to form a commitment is a surrogate measure for a wide variety of suitability and mental health issues. It is often found together with antisocial behavior and/or narcissism.

Inability to make a commitment is not identified by a single event, such as a divorce. It refers to a *pattern* of poor relationships and an aimless or erratic life style or work history. Employment history may show a pattern of frequent job changes without corresponding career advancement (e.g., three or more jobs in five years not explained by the nature of job or economic or

seasonal fluctuation; walking off several jobs without other jobs in sight). Relationships tend to be one-sided and often last less than one year. There may be a history of unhappy love affairs. Marriages are often unstable. After divorce, there may be no continuing contact with children. Inability to form enduring emotional commitments is often traced to abuse or neglect, split loyalties, or broken allegiances during childhood or adolescence.

Persons who are *unable* to form a commitment should be distinguished from the socially withdrawn individual who remains alone by choice. Most Americans who have been arrested for espionage were not loners. They had greater than average need for the attention, approval, and admiration of others, but many were *unable* to sustain long-term relationships because their behavior engendered resentment among family, friends, and coworkers.

Example: Christopher Boyce

Christopher Boyce compromised highly sensitive communications satellite programs to the former Soviet Union. He had been a model youth -- president of his middle school class and an altar boy who aspired to a career in the priesthood. In high school in the 1960s during the Vietnam War, he became deeply disillusioned with his religion and with the U.S. Government. [8](#)

When Boyce was investigated and approved for special access program and cryptographic clearances at age 21, the only evidence of his inner turmoil was having dropped out of three colleges during the previous three years and holding six part-time jobs during the previous two years. Of the six positions, he left three positions without giving notice, being ineligible for rehire at one of them, eligible for rehire at the second, and questionable for rehire at the third. A former landlord indicated he failed to take care of his apartment and moved without notice. He was described as young, immature and unsettled, and his friends in his last college town were considered "hippies." His then-current supervisor questioned his abilities and initiative and said he showed up for work on Mondays with a hangover. [9](#)

This information might have indicated to an astute observer that Boyce was not the type of person one could count on to make any form of long-term commitment involving access to some of the nation's most sensitive secrets.

Vindictiveness

Desire for revenge can trigger sabotage, espionage, violent attack, or other illegal behavior. Several well-known spies are known to have had a strong propensity toward vindictiveness.

Vindictiveness is often found in narcissists whose self-esteem is based on a grossly inflated opinion of their own abilities. They interpret criticism, disagreement, or failure to recognize their special talents as a personal insult

that merits retribution. The retribution is a means of restoring injured self-esteem.

Vindictive behavior should be reported. Implied threats of vindictive behavior should be taken seriously. They merit management attention and careful security evaluation. This includes statements such as "You haven't seen the last of me; I'll be back." "I'll get even for that." "They can't treat me like that and get away with it." "Don't worry, I'll find my own way to get what they owe me." "If he does that one more time I'll..." Even if the individual *seems* to be just blowing off steam, such statements indicate a level of frustration that should be dealt with proactively. Review of security and personnel files by a mental health professional may be an appropriate first step in some cases.

Example: John Walker

Navy spy John Walker's daughter reported that he had books on revenge and on dirty tricks, such as putting epoxy glue into locks of cars and homes. Walker once told a friend: "You never confront a person face to face. You get even. Maybe three years from now." [10](#)

Paranoia

The paranoid personality is distinguished by a pervasive distrust and suspicion of other people. Such persons are preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates. They are reluctant to confide in others for fear that information they share will be used against them. They may refuse to answer personal questions, saying the information is "nobody's business." They read hidden meanings that are demeaning or threatening into innocent remarks or unrelated events. They may interpret an innocent mistake by a store clerk as a deliberate attempt to shortchange them.

A supervisor's compliment on an accomplishment may be misinterpreted as an attempt to coerce more or better performance. An offer of help may be viewed as a criticism that the person is not doing well enough on his or her own. Minor slights arouse major hostility, and these slights are never forgiven or forgotten. Such persons often have unjustified suspicions that their spouse or sexual partner is unfaithful. They want to maintain complete control over intimate relationships to avoid being betrayed. They may gather trivial and circumstantial "evidence" to support their jealous beliefs.

Paranoid personalities may blame others for their own shortcomings. Because they are quick to counterattack in response to perceived threats, they may become involved in legal disputes. Such persons are attracted to simplistic black-and-white explanations of events, and are often wary of ambiguous situations. Paranoia often disrupts relationships with supervisors

and coworkers. Severe paranoia is often a precursor of other mental disorders or found together with other disorders. [3](#)

Paranoia is a serious security concern, as the paranoid can easily view his or her employer or the U.S. Government as the enemy, and act accordingly. Alternatively, what appears to be paranoia may have a factual basis. Seemingly extreme concern about being investigated or watched or searching for listening devices or hidden cameras may indicate that a person is engaged in illegal activity and fears detection.

Risk-Seeking

Risk-seeking is one particularly significant form of impulsive, irresponsible behavior. Risk-seekers ignore or gloss over risks (impulsiveness or immaturity) or think the risks do not apply to them because they are so clever or talented (grandiosity). They are inclined to become involved in reckless driving, gambling, fighting, vandalism, use of drugs such as LSD and PCP, holding up the local 7-11 convenience store, or becoming a spy.

When risk-seeking is combined with other weaknesses such as antisocial attitudes and inability to make a commitment, it may contribute to illegal behavior. Such persons may be attracted by the excitement of espionage rather than repelled by the risk. Examples from actual espionage cases are discussed below.

Risk-seekers often consider conventional lifestyles beneath them. They are restless and impetuous and cannot tolerate boredom or inactivity. Since work is not always exciting, they find it hard to sustain consistent work behavior.

This type of person cannot turn down a dare. They may think it is fun to see how close they can come to breaking the rules without getting caught. Sex is often just another way of getting kicks, so it is impersonal and devoid of emotional attachment.

It is important to distinguish thoughtless risk from calculated risk. Persons involved in the riskier hobbies or occupations, such as a mountain climber, downhill ski racer, sky diver, or military specialties such as fighter pilot undergo considerable training. They learn to control their nerves and emotions, carefully calculate the level of risk, and take appropriate precautions to reduce the chances of adverse consequences. This is, in fact, good training in self-control.

Example: Aldrich Ames

In his CIA work, Aldrich Ames demonstrated the inconsistent performance typical of many thrill-seekers. He displayed what the CIA Inspector General's report on this case called "selective enthusiasm." According to this report:

"With the passage of time, Ames increasingly demonstrated zeal only for those few tasks that captured his imagination while ignoring elements of his job that were of little personal interest to him."

In his espionage activity, Aldrich Ames ignored risks by conspicuous spending of his illegal income, carrying large packages of money across international borders, and leaving evidence of his espionage on his home computer and hidden elsewhere in his home. [11](#)

Example: John Walker

Navy spy John Walker had a legendary reputation as a daredevil. For example, one night when returning to his submarine after some heavy drinking, he spotted a blimp tethered nearby. He led his colleagues in an effort to cut the blimp loose, but was scared off when a policeman shouted a warning and then fired a warning shot. [10](#)

Footnotes

1. Several government agencies have conducted comprehensive psychological assessments of their employees arrested for espionage, and an Intelligence Community project has interviewed and administered psychological tests to a number of Americans serving jail terms for espionage. Most interviews and tests were conducted after conviction and incarceration and were subject to agreements that protect the privacy of the offenders. Privacy and security considerations preclude public release of these studies.

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9. Declassified extracts from preemployment security investigation of Christopher Boyce.
10. Kneece, J. (1986). *Family treason: The Walker spy case*. Briarcliff Manor, NY: Stein & Day.
11. *Unclassified Abstract of the CIA Inspector General's Report on the Aldrich H. Ames Case*.

Prevalence of Mental Disorders

This following is a National Institute of Mental Health (NIMH) report that summarizes statistics on the prevalence of mental disorders in America. It is copied with approval of NIMH. Note that this report covers only mental disorders. It does not cover personality disorders or addictions. Several of the disorders are not relevant to security but are included here to maintain the integrity of the NIMH report. The report may be found on the Internet at <http://www.nimh.nih.gov/publicat/numbers.cfm>. It is NIH Publication No. 01-4584, dated 2006.

The Numbers Count: Mental Disorders in America

Mental disorders are common in the United States and internationally. An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year. When applied to the 2004 U.S. Census residential population estimate for ages 18 and older, this figure translates to 57.7 million people. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 —

who suffer from a serious mental illness. In addition, mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44. Many people suffer from more than one mental disorder at a given time. Nearly half (45 percent) of those with any mental disorder meet criteria for two or more disorders, with severity strongly related to comorbidity. In the U.S., mental disorders are diagnosed based on the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV).

[Mood Disorders](#)

[Major Depressive Disorder](#)

[Dysthymic Disorder](#)

[Bipolar Disorder](#)

[Suicide](#)

[Schizophrenia](#)

[Eating Disorders](#)

[Autism](#)

[Alzheimer's Disease](#)

[Anxiety Disorders](#)

[Panic Disorder](#)

[Obsessive-Compulsive Disorder](#)

[Post-Traumatic Stress Disorder](#)

[Generalized Anxiety Disorder](#)

[Social Phobia](#)

[Agoraphobia](#)

[Specific Phobia](#)

[Attention Deficit Hyperactivity Disorder](#)

Mood Disorders

Mood disorders include [major depressive disorder](#), [dysthymic disorder](#), and [bipolar disorder](#).

- Approximately 20.9 million American adults, or about 9.5 percent of the U.S. population age 18 and older in a given year, have a mood disorder.
- The median age of onset for mood disorders is 30 years.
- Depressive disorders often co-occur with anxiety disorders and substance abuse.

Major Depressive Disorder

- Major Depressive Disorder is the leading cause of disability in the U.S. for ages 15-44.
- Major depressive disorder affects approximately 14.8 million American adults, or about 6.7 percent of the U.S. population age 18 and older in a given year.
- While major depressive disorder can develop at any age, the median age at onset is 32.
- Major depressive disorder is more prevalent in women than in men.

Dysthymic Disorder

- Symptoms of dysthymic disorder (chronic, mild depression) must persist for at least two years in adults (one year in children) to meet

criteria for the diagnosis. Dysthymic disorder affects approximately 1.5 percent of the U.S. population age 18 and older in a given year. This figure translates to about 3.3 million American adults.

- The median age of onset of dysthymic disorder is 31.

Bipolar Disorder

- Bipolar disorder affects approximately 5.7 million American adults, or about 2.6 percent of the U.S. population age 18 and older in a given year.
- The median age of onset for bipolar disorders is 25 years.

Suicide

- In 2002, 31,655 (approximately 11 per 100,000) people died by suicide in the U.S.
- More than 90 percent of people who kill themselves have a diagnosable mental disorder, most commonly a depressive disorder or a substance abuse disorder.
- The highest suicide rates in the U.S. are found in white men over age 85.
- Four times as many men as women die by suicide; however, women attempt suicide two to three times as often as men.

Schizophrenia

- Approximately 2.4 million American adults, or about 1.1 percent of the population age 18 and older in a given year, have schizophrenia.
- Schizophrenia affects men and women with equal frequency.
- Schizophrenia often first appears in men in their late teens or early twenties. In contrast, women are generally affected in their twenties or early thirties.

Anxiety Disorders

Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder, and phobias (social phobia, agoraphobia, and specific phobia).

- Approximately 40 million American adults ages 18 and older, or about 18.1 percent of people in this age group in a given year, have an anxiety disorder.
- Anxiety disorders frequently co-occur with depressive disorders or substance abuse.

- Most people with one anxiety disorder also have another anxiety disorder. Nearly three-quarters of those with an anxiety disorder will have their first episode by age 21.5.

Panic Disorder

- Approximately 6 million American adults ages 18 and older, or about 2.7 percent of people in this age group in a given year, have panic disorder.
- Panic disorder typically develops in early adulthood (median age of onset is 24), but the age of onset extends throughout adulthood.
- About one in three people with panic disorder develops agoraphobia, a condition in which the individual becomes afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic attack.

Obsessive-Compulsive Disorder (OCD)

- Approximately 2.2 million American adults age 18 and older, or about 1.0 percent of people in this age group in a given year, have OCD.
- The first symptoms of OCD often begin during childhood or adolescence, however, the median age of onset is 19.

Post-Traumatic Stress Disorder (PTSD)

- Approximately 7.7 million American adults age 18 and older, or about 3.5 percent of people in this age group in a given year, have PTSD.
- PTSD can develop at any age, including childhood, but research shows that the median age of onset is 23 years.
- About 30 percent of Vietnam veterans experienced PTSD at some point after the war. The disorder also frequently occurs after violent personal assaults such as rape, mugging, or domestic violence; terrorism; natural or human-caused disasters; and accidents.

Generalized Anxiety Disorder (GAD)

- Approximately 6.8 million American adults, or about 3.1 percent of people age 18 and over, have GAD in a given year.
- GAD can begin across the life cycle, though the median age of onset is 31 years old.

Social Phobia

- Approximately 15 million American adults age 18 and over, or about 6.8 percent of people in this age group in a given year, have social phobia.

- Social phobia begins in childhood or adolescence, typically around 13 years of age.

Agoraphobia

Agoraphobia involves intense fear and anxiety of any place or situation where escape might be difficult, leading to avoidance of situations such as being alone outside of the home; traveling in a car, bus, or airplane; or being in a crowded area.

- Approximately 1.8 million American adults age 18 and over, or about 0.8 percent of people in this age group in a given year, have agoraphobia without a history of panic disorder.
- The median age of onset of agoraphobia is 20 years of age.

Specific Phobia

Specific phobia involves marked and persistent fear and avoidance of a specific object or situation.

- Approximately 19.2 million American adults age 18 and over, or about 8.7 percent of people in this age group in a given year, have some type of specific phobia.
- Specific phobia typically begins in childhood; the median age of onset is seven years.

Eating Disorders

The three main types of eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder.

- Females are much more likely than males to develop an eating disorder. Only an estimated 5 to 15 percent of people with anorexia or bulimia and an estimated 35 percent of those with binge-eating disorder are male.
- In their lifetime, an estimated 0.5 percent to 3.7 percent of females suffer from anorexia, and an estimated 1.1 percent to 4.2 percent suffer from bulimia.
- Community surveys have estimated that between 2 percent and 5 percent of Americans experience binge-eating disorder in a 6-month period.
- The mortality rate among people with anorexia has been estimated at 0.56 percent per year, or approximately 5.6 percent per decade, which is about 12 times higher than the annual death rate due to all causes of death among females ages 15-24 in the general population.

Attention Deficit Hyperactivity Disorder (ADHD)

- ADHD, one of the most common mental disorders in children and adolescents, also affects an estimated 4.1 percent of adults, ages 18-44, in a given year.
- ADHD usually becomes evident in preschool or early elementary years. The median age of onset of ADHD is seven years, although the disorder can persist into adolescence and occasionally into adulthood.

Autism

Autism is part of a group of disorders called autism spectrum disorders (ASDs), also known as pervasive developmental disorders. ASDs range in severity, with autism being the most debilitating form while other disorders, such as Asperger syndrome, produce milder symptoms.

- Estimating the prevalence of autism is difficult and controversial due to differences in the ways that cases are identified and defined, differences in study methods, and changes in diagnostic criteria. A recent study reported the prevalence of autism in 3-10 year-olds to be about 3.4 cases per 1000 children.
- Autism and other ASDs develop in childhood and generally are diagnosed by age three.
- Autism is about four times more common in boys than girls. Girls with the disorder, however, tend to have more severe symptoms and greater cognitive impairment.

Alzheimer's Disease

- AD affects an estimated 4.5 million Americans. The number of Americans with AD has more than doubled since 1980.
- AD is the most common cause of dementia among people age 65 and older.
- Increasing age is the greatest risk factor for Alzheimer's. In most people with AD, symptoms first appear after age 65. One in 10 individuals over 65 and nearly half of those over 85 are affected. Rare, inherited forms of Alzheimer's disease can strike individuals as early as their 30s and 40s.
- From the time of diagnosis, people with AD survive about half as long as those of similar age without dementia.

Nontechnical Descriptions Of Selected Psychological Conditions

<u>Adjustment Disorder</u>	<u>Eating Disorders</u>
<u>Antisocial Personality Disorder</u>	<u>Histrionic Personality Disorder</u>
<u>Anxiety Disorders</u>	<u>Narcissistic Personality Disorder</u>
<u>Bipolar Disorder</u>	<u>Obsessive-Compulsive Disorder</u>
<u>Borderline Personality Disorder</u>	<u>Paranoid Personality Disorder</u>
<u>Dependent Personality Disorder</u>	<u>Schizophrenia</u>
<u>Depression</u>	<u>Schizotypal Personality Disorder</u>

This section describes in nontechnical terms 14 of the more common psychological conditions encountered by personnel security investigators and adjudicators. These descriptions are based principally on the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, published by the American Psychiatric Association. Refer to DSM-IV for specific diagnostic criteria and for information on conditions or disorders not described here. Discussion of three of these disorders that are most directly related to the risk of espionage or other white-collar crime is repeated in the section on [Behavior Patterns and Personality Characteristics Associated with Espionage](#). These disorders are antisocial personality disorder, narcissistic personality disorder, and paranoid personality disorder.

When investigating or adjudicating emotional, mental, and personality issues, the key point is not what disorder a subject has, if any. It is whether subject has behaved in a manner that suggests unreliability, untrustworthiness, poor judgment, or any other reason for believing subject may be a poor security risk. Psychologists and psychiatrists frequently disagree on whether an individual's behavior qualifies as a disorder. Many undesirable behaviors are disqualifying for a security clearance before they reach a level of severity that qualifies for diagnosis as a "mental disorder."

Emotional, mental, and personality disorders are not as easily recognized as some physical illnesses like measles and mumps. Although the description of each disorder contains a general pattern of symptoms, there are many differences in the symptoms present from one case to another. The severity and duration of symptoms also varies. Many symptoms are characteristic of several different disorders. The boundaries that divide one disorder from other emotional or mental disorders are not always clear. Many individuals have multiple disorders.

Adjustment Disorder

Adjustment disorder occurs as a reaction to a stressful circumstance. It is diagnosed if the distress the individual feels is greater than expected given the nature of the stressful event, or if there is significant impairment in social relationships or work performance.

By definition, adjustment disorder must begin within three months of the stressful event and be resolved within six months afterwards, unless the stressful circumstance is ongoing. If the problem was triggered by death of a close relative or friend, it is generally considered bereavement rather than adjustment disorder.

This disorder is generally classified by subtype -- adjustment disorder with depressed mood, with anxiety, or with disturbance of conduct. Depressed mood refers to depression, tearfulness, or feelings of hopelessness. Anxiety refers to nervousness, worry, or jitteriness. Disturbance of conduct generally refers to antisocial behavior. Unless some type of antisocial behavior is involved, this is usually not a security issue unless it lasts more than six months, in which case the diagnosis may be changed to something more serious.

Antisocial Personality Disorder

Behavior that shows a lack of respect for the commonly accepted rules of society is antisocial behavior. Manipulation of others and deceit are central features of this type of behavior. It is epitomized by the example of John Walker, a famous Soviet spy in the U.S. Navy, who is described below. Psychologists sometimes call such a person a sociopath. (This is something very different from the introvert who is not very friendly and is sometimes described as "antisocial.")

Antisocial behavior is a serious security concern. Values that normally inhibit illegal or vindictive behavior are missing. This can lead to fraud, embezzlement, computer sabotage or espionage when an individual sees an easy opportunity for illicit gain or becomes disaffected from the organization. Selling secrets may be viewed as a simple business opportunity rather than as treason

Persons with antisocial personality disorder shamelessly take others for granted and manipulate them to serve their own self-interest or indulge their own desires. Such persons take pleasure in beating the system and not getting caught. Lying to others is common, as is lack of gratitude. Stealing, shoplifting, cheating on taxes, failure to pay parking tickets, aggressive or reckless driving, failure to pay bills even though money is available, picking fights, extreme promiscuity, sexual harassment, cruelty to animals, and spouse or child abuse are examples of antisocial behaviors. There is little remorse about the adverse effects of one's behavior on others.

At work, typical behaviors include padding travel vouchers or expense accounts; being consistently late to work or leaving earlier than is reasonable; abusing sick leave; lack of concern with meeting deadlines; taking classified information home; misusing the diplomatic pouch; pilfering office supplies; lying to cover up a mistake or to make oneself look good; maneuvering to undermine a colleague who is viewed as a competitor for promotion; drug use or any other violation of regulations by a government employee.

Antisocial persons tend to resent authority and dislike supervision, to attribute their lack of success to others "having it in for me," to think no one understands them, and that life is giving them a raw deal. Most people tend to blame others for their problems, but antisocial individuals are likely to focus the blame on their supervisor. They may submit extensive written appeals in response to any criticism in their performance evaluation. When antisocial subjects feel offended or frustrated in their desires, they may be inclined to hold a grudge and to seek revenge.

Antisocial persons believe such improper behavior is commonplace and will not be punished. They have a high opinion of their ability to con their way out of trouble, and a low opinion of the astuteness of authorities who would catch them. The con man's self-confidence and ability to manipulate others may be very useful in certain occupations (intelligence operations officer, undercover police officer, salesperson), so it is sometimes difficult to distinguish a valuable talent from a serious character defect.

In severe cases of antisocial personality disorder, individuals are likely to have a criminal record that clearly disqualifies them for access to classified information. They are also unlikely to have the history of academic or career success that qualifies them to apply for a position of responsibility. Moderately antisocial personalities, however, may appear to be very desirable candidates for employment. They are able to manipulate people so effectively that they do exceptionally well in interviews and are evaluated favorably by casual acquaintances. The true character is revealed only after prolonged or intimate contact.

If a series of incidents shows a pattern of untrustworthy and unreliable behavior, it may not qualify as a psychological "disorder," but it may be adjudicated adversely under the Personal Conduct guideline or be considered as part of the whole person evaluation under any other adjudicative guideline.

Antisocial behavior usually begins in childhood or adolescence. The most flagrant antisocial behavior may diminish after age 30. However, inability to sustain lasting, close, and responsible relationships with family, friends, sexual partners, or employer may persist into late adult life.

Example: John Walker

As a youth, Navy spy John Walker rolled used tires down hills at cars passing below, threw rocks through school windows, stole money from purses and coats left unattended at school functions, stole coins from church donation boxes for the poor, set fires, and shot at the headlights of cars. When arrested for attempted burglary at age 17, Walker admitted six other burglaries. He was pardoned on condition that he follow through on his plan to join the Navy. A childhood friend, who says he knew Walker like a brother, described him many years later as "cunning, intelligent, clever, personable, and intrinsically evil."

After his arrest as a Soviet spy, he enjoyed the publicity; he had no remorse. He rationalized involving his brother, son and friend in espionage, and trying to recruit his daughter, as trying to help *them* be successful in life, and he later criticized *them* for using *him*. He felt his only real mistake was allowing himself to be surrounded by weaker people who eventually brought him down. He concluded, "I am the real victim in this entire unpleasant episode."

One author who spent about 160 hours interviewing Walker after his conviction wrote: "He is totally without principle. There was no right or wrong, no morality or immorality, in his eyes. There were only his own wants, his own needs, whatever those might be at the moment." He betrayed his country, crippled his wife emotionally, corrupted his children, and manipulated his friends. Yet all the while, he didn't see himself as different from others, only a little smarter. In his view, "Everyone is corrupt...everyone has a scam." [1](#)

Anxiety Disorders

Anxiety disorders are characterized by unrealistic or irrational fear and anxiety. With such disorders, anxiety may be generalized and experienced for no specific reason or with no identifiable trigger (Generalized Anxiety Disorder, or GAD), or it may be experienced only upon exposure to particularly potent triggers.

A phobia is a strong and persistent fear of some specific object or situation. A phobia may cause anxiety, such as fear of heights or fear of flying. In more serious cases, it may precipitate a panic attack. A panic attack is a sudden and usually short period of intense fear or discomfort accompanied by symptoms such as pounding heart, sweating, trembling, shortness of breath, feeling of choking, chest pain, nausea, dizziness, numbness, chills or hot flushes, fear of going crazy, or fear of death. Phobias that could entail security risk in some work environments include Agoraphobia and Social Phobia.

Agoraphobia is fear of being in places or situations from which escape might be difficult or embarrassing, or in which help may not be available, in case of a panic attack. Typically, this leads to avoidance of situations such as being alone outside the home or at home alone, being in a crowd of people,

traveling in an automobile or airplane, or being on a bridge or in an elevator. Seriousness is measured by the extent to which avoidance of these situations interferes with a person's daily routine, work performance, or social life.

Social phobia is fear of social situations in which one is exposed to unfamiliar people, or fear of any situation in which one's performance will be observed by others, such as public speaking. The subject fears their anxiety will be apparent to others and cause embarrassment or humiliation.

Some anxiety is common. It qualifies as a phobia only if avoidance of the feared situation interferes with social relationships or work performance or causes marked distress.

Post-traumatic Stress Disorder (PTSD) is a special form of anxiety disorder most commonly associated with military combatants and those who have experienced terrifying, traumatic, and life-altering events such as war, natural disaster, devastating car crashes, or terrorist attacks.

Victims of PTSD repeatedly re-experience these traumatic events in the form of vivid memories, nightmares, and flashbacks. These memories may be triggered by situations reminiscent of the traumatic event, anniversaries of the event, or sights and sounds that provoke flashbacks to the event.

PTSD alone does not indicate a security risk. However, alcohol and drug abuse and other emotional or mental problems that are linked to increased security concern are very likely to co-occur with PTSD. Additionally, PTSD sufferers are more likely to experience increased irritability and increased anger, which may affect personal and work relationships and should be evaluated carefully. [2](#)

Bipolar Disorder

Bipolar disorder is characterized by episodes of extreme excitability (mania) and usually, but not invariably, also some degree of depression. It is the current terminology for what used to be called manic-depressive. If only episodes of mania are present, or mainly mania with some depression, it is called bipolar I disorder. If it is mainly depression, with some mania, it is called bipolar II disorder. If only episodes of depression are present, it is called depressive disorder.

Episodes of mania are identified by:

- An abnormally elevated, expansive, or irritable mood that leads to hyperactivity, impulsive behavior, and poor judgment. Mood may alternate between euphoric and irritable if subject's wishes are thwarted.

- Inflated self-esteem, decreased need for sleep, increased talkativeness, thoughts that race faster than they can be expressed, easily distracted.
- Abnormal (for the individual) involvement in pleasurable activities with high potential for painful consequences, e.g., unrestrained buying sprees, sexual indiscretions, foolish business investments.

Episodes of depression are identified by:

- Feelings of sadness and emptiness, or loss of interest or pleasure in normal activities.
- Weight loss or weight gain, insomnia, fatigue or loss of energy, feelings of worthlessness or inappropriate guilt, diminished ability to concentrate, indecisiveness, or recurrent thoughts of death.
- Significant distress or significant adverse effects on work, social, or family activities.

Bipolar disorder is a recurring disorder. More than 90% of people who have one manic episode go on to have future episodes, although there may be several years between episodes and individuals may be fully functional between episodes. Because it recurs, and because it causes talkativeness and poor judgment, bipolar disorder is a significant security concern.

Borderline Personality Disorder

The principal characteristics of borderline personality disorder are:

- Unwarranted fear of rejection or being abandoned, usually associated with low self-esteem. Such persons are uncomfortable alone. Examples of such behavior include inappropriate anger when someone important to them must cancel an appointment, or panic at a temporary separation.
- A pattern of unstable relationships with friends, lovers, or bosses. Such persons need a great deal of nurturing and support from any relationship. They may initially idolize someone who provides that nurturing, but then shift suddenly and dramatically to view that same person as hostile or cruel if they do not care enough or are not "there" enough for them.
- Suicide, threats of suicide, or self-mutilation precipitated by fears of separation or rejection, such as fear of abandonment by a lover.
- Unstable self-image leading to sudden changes in career goals, values, or types of friends.
- Potentially damaging impulsive behavior in several areas such as substance abuse, unsafe sex, gambling, spending money irresponsibly, reckless driving, or binge eating.

- Inappropriate expressions of anger, or difficulty controlling anger; chronic feelings of emptiness or boredom; or short but intense periods of irritability or anxiety.

Lacking self-confidence, such persons may undermine themselves just at the moment a goal is about to be achieved, e.g., dropping out of school just before graduation, destroying a good relationship just when it is clear that the relationship could last. Self-destructive acts may also be precipitated by fear of having to assume increased responsibility.

Borderline personality disorder is a significant security concern, because loyalty may shift so suddenly and dramatically to whoever purports to offer the necessary nurturing and support. Irrational feelings of abandonment by a supervisor or employing organization may precipitate self-destructive behavior or vindictive rage at one's employer.

Borderline personality disorder is present in about 2% of the general population. It may occur together with other disorders. It is diagnosed about three times as often in females as in males. Physical and sexual abuse, neglect, family conflict, and early loss or separation from parents are common in the family histories of persons with this disorder.

Dependent Personality Disorder

Persons with dependent personality disorder have a pervasive and excessive need to be taken care of that leads to submissive behavior, fears of separation, and great difficulty making everyday decisions. Such individuals tend to be passive and to need an excessive amount of advice and reassurance from others. They want to be told what to do. They may agree to things they know are wrong rather than risk losing the support of those on whom they depend. Dependent personality disorder often occurs together with other disorders, such as borderline, avoidant, and histrionic personality disorders.

Depression

The essential feature of depression is either a feeling of being depressed, sad, hopeless or discouraged, or the loss of interest or pleasure in nearly all activities previously considered enjoyable. Brief periods of depression are normal, especially if life is difficult, one is ill, or after a traumatic experience such as divorce, death of a close friend or relative, or personal failure of some kind.

To qualify as a major depressive disorder, depression must persist for most of the day, nearly every day, for at least two consecutive weeks and must include one or more of the following characteristics:

- Decreased energy, tiredness, apathy, or fatigue.
- Sense of worthlessness or guilt, such as guilty preoccupation over minor past failings; or a sense of helplessness.
- Changes in sleeping patterns -- insomnia or somnolence.
- Marked changes in appetite.
- Agitation, e.g., inability to sit still, pacing, hand-wringing, pulling or rubbing of skin or clothing.
- Talk about death or suicide.
- Difficulty in thinking, concentrating, or making decisions.

Depression can generally be controlled by medication or professional counseling. The security significance depends upon whether the depression affects judgment or work performance. It is quite possible for some persons to feel considerable personal distress from depression without this affecting their judgment or work performance. *As in a number of other areas, how the individual actually behaves may be more relevant for security evaluation than the medical diagnosis.*

Eating Disorders

The individual with anorexia nervosa refuses to maintain a minimally normal body weight. Weight loss is usually achieved primarily by restricting food intake, although there may be some self-induced vomiting or misuse of laxatives or diuretics. The self-esteem of individuals with anorexia nervosa is highly dependent upon their body shape and weight. As a result, there is an intense fear of gaining weight or becoming fat. Paradoxically, concern about gaining weight often increases as actual weight declines. Self-starvation has significant physical and sometimes psychological consequences. Hospitalization is common and death is not infrequent.

The essential features of bulimia nervosa are binge eating a couple times a week followed by self-induced vomiting or misuse of laxatives to avoid gaining weight. Individuals with bulimia nervosa are similar to those with anorexia nervosa in their fear of gaining weight and high level of dissatisfaction with their own bodies, but generally do maintain a normal weight.

Anorexia and bulimia both indicate fundamental problems of low self-esteem and poor adjustment. Bulimia is a greater security concern than anorexia as bulimics are typically ashamed of their eating problems and attempt to conceal them. Binge eating usually occurs in secrecy. Bulimia is frequently accompanied by other mood, anxiety, and personality disorders. About one-third of those with bulimia also have a substance abuse problem. From one-third to one-half also have one or more personality disorders, most frequently borderline personality disorder.

Histrionic Personality Disorder

The word histrionic refers to behavior that is theatrical, deliberately affected, or deliberately displaying emotion for the effect that it has. The histrionic personality is identified by excessive emotionality and attention-seeking behavior that begins in early childhood and is present in a variety of contexts. Histrionic individuals appear very charming, enthusiastic, and open or flirtatious, but this wears thin as they constantly demand to be the center of attention. They feel so uncomfortable or unappreciated when not the center of attention that they may make up stories or create a scene to focus attention on themselves.

Physical appearance is often used to draw attention. For a woman, there may be seductive dress or behavior; for a man, macho dress or behavior. Romantic fantasy is common, but such persons often have difficulty achieving emotional intimacy in romantic relationships. Relationships fluctuate between emotional manipulation of the partner and strong dependence on the partner.

Dramatic expression of emotions may be turned on and off so quickly that others may suspect the individual is faking these feelings. Histrionic personalities may express strong feelings with dramatic flair, but without any supporting facts or details. They are impulsive, bored with routine work, and crave the excitement of new experiences.

Histrionic Personality Disorder often occurs together with other disorders such as Borderline Personality, Antisocial Personality, Narcissistic Personality, and Dependent Personality Disorder.

Histrionic personality is a security concern because such persons are easily influenced by others and by current fads. They make quick and impulsive judgments and crave excitement. They may be overly trusting, especially of strong authority figures whom they see as magically solving their problems.

Narcissistic Personality Disorder

A narcissistic personality is characterized by unwarranted feelings of self-importance or self-esteem (grandiosity), a sense of entitlement, and a lack of empathy for others. These characteristics are discussed separately below and then related to security issues.

Grandiosity

Wholly unwarranted feelings of self-importance or self-esteem are referred to by psychologists as grandiosity. Grandiose persons grossly overestimate their abilities and inflate their accomplishments. They are often preoccupied with fantasies of success, power, beauty or love. They may need constant

reinforcement of this fantasy image of themselves. Grandiose persons expect to be viewed as "special" even without appropriate accomplishments.

Need for praise and sensitivity to criticism dominate relationships with others. Personal friendships, relationships with supervisors and coworkers, and amorous relationships turn quickly from love to hate, and vice versa, depending upon whether the relationship supports or undermines subject's self-esteem. The narcissist demands unconditional acceptance of his or her specialness, and relationships blossom only when this is given and sour quickly when it is not.

Self-esteem is almost always fragile. An unreasonably high, overt self-evaluation masks inner doubts and insecurities. It is paradoxical that someone with such a crippling sense of inadequacy should act in such an arrogant, imperious, and grandiloquent manner.

Grandiose persons feel they are so smart or so important that the rules, which were made for ordinary people, do not apply to them. Rules and social values are not necessarily rejected as they are by the antisocial personality; it is just that one feels above the rules.

Entitlement

A sense of entitlement is characterized by *unreasonable* expectation of especially favorable treatment. Such persons expect to be given whatever they want or feel they need.

They may feel entitled to a promotion or to a higher grade in school just because they worked hard for it, regardless of the quality of their performance; entitled to more money because housing or college costs are so high, even though they didn't earn it; entitled to cut in front of the line because they are so busy or their time is so valuable. They may also feel entitled to punish others, to "give them what they deserve," because others failed to recognize their special abilities or frustrated their desires in some other way.

Instead of congratulating a colleague who receives a promotion, the narcissist may feel bitter and grouse that the promotion wasn't deserved. Several persons arrested for embezzlement have revealed that they started to take money only after someone on a par with them got a promotion that they didn't receive. They felt entitled to take the money because they should have been promoted.

Many people genuinely do get a raw deal, and may be justified in feeling they deserve better. Feelings of entitlement in such cases become a security problem only if the person is planning revenge or retaliation.

Lack of Empathy

Narcissists generally view the world only from the perspective of how it affects themselves. There is little empathy or ability to understand the feelings or problems of others. For example, when a coworker becomes seriously ill, one may be upset by the inconvenience caused by the worker's absence and relatively unconcerned about the welfare of the worker.

Narcissistic persons shamelessly take others for granted and manipulate or exploit them to achieve their own ends. They may be unusually aggressive and ambitious in seeking relationships with others in positions of power. In romantic relationships, the partner is often treated as an object to be used to bolster one's self-esteem.

In extreme cases, the narcissist who gains power over others, as in a relationship between supervisor and subordinate, may use this power in humiliating and cruel ways, sometimes just for what seems like personal amusement.

Relevance to Security

Narcissism should not be confused with the simple egotism found in many capable and loyal employees who progress to senior positions due to their strong abilities, self-confidence, and ambition. An unwarranted sense of self-importance is a concern only when self-evaluation is so far out of line with reality, and with how one is perceived by supervisors and colleagues, that disappointment and resentment are inevitable.

The narcissist's need for recognition is so strong that failure provokes a need for vindication and revenge. The compelling need to justify unwarranted self-esteem may cause a grandiose person with a grudge to seek recognition elsewhere -- with an opposition intelligence service or business competitor.

Feelings of entitlement are a security concern because they may be used to rationalize illegal behavior or may reduce the inhibitions that otherwise deter illegal behavior. When combined with antisocial attitudes, grandiosity, or desperate need or greed for money, a feeling of entitlement leads to easy rationalization of theft, fraud, or other illegal activity for monetary gain. "I'm only taking what I deserve." It is also an easy rationalization for revenge. "If they hadn't screwed me, I wouldn't be doing this, so it's their fault; they deserve it."

When narcissists fail to perform adequately at work, it is always someone else's fault. The many arrested spies who exhibited this characteristic blamed others for their treason. They blamed their behavior on the counterculture movement of the 1960s, on an insensitive and intrusive Intelligence Community, poor security practices, supervisors who failed to recognize their potential, spouses for not being understanding, or government for not taking the right political stance. Few saw themselves as traitors; they saw themselves as victims.

Self-deception and rationalization facilitate criminal behavior, as they enable an individual to consider such behavior in a more justifiable light. They also soothe an offender's conscience as the activity progresses. Narcissism is illustrated by the following example.

Example: Jonathan Pollard

Jonathan Jay Pollard was a Naval Intelligence analyst arrested for espionage on behalf of Israel. From an early age, Pollard had a fantasy of himself as a master strategist and a superhero defending Israel from its enemies. He became obsessed with the threats facing Israel and a desire to serve that country.

In college, Pollard boasted that he had dual citizenship and was a Colonel in the Israeli Army. His Stanford senior yearbook photo listed him as "Colonel" Pollard, and he reportedly convinced almost everyone that Israeli Intelligence was paying his tuition. After his arrest, Pollard said this was all "fun and games," and "no one took it seriously." But most of his fellow students did not see it as a game.

Pollard kept his pro-Israeli views to himself while working for Naval Intelligence, but other tall tales about himself were more or less a joke in the office. He was unpopular among his colleagues, as they resented his bragging, his arrogance, and his know-it-all attitude.

At one point, Pollard received permission to establish a back-channel contact with South African Intelligence through a South African friend he had known in graduate school. Through a combination of circumstances, Pollard's story about his relationship with the South Africans began to unravel. After telling Navy investigators fantastic tales about having lived in South Africa and his father having been CIA Station Chief there, Pollard's security clearance was pulled and he was told to obtain psychiatric help. When the doctor concluded he was not mentally ill, Pollard filed a formal grievance and got his clearance and job back.

Pollard's need to feel important, and to have others validate that importance, led him to pass several classified political and economic analyses to three different friends whom he felt could use the information in their business. This was before he volunteered his services to Israel. Although he hoped to eventually get something in return, his principal motive was simply to impress his friends with his knowledge and the importance of his work.

Several years later, under a different supervisor, it was again Pollard's grandiosity that attracted adverse attention, contributing to his eventual compromise and arrest. The supervisor caught Pollard lying about his dealings with another government agency. The only purpose of the lie was apparently to make Pollard appear to be a more important person than he was.

The supervisor wondered why Pollard would make up stories like this and began paying much closer attention to Pollard's activities. He noticed that Pollard was requesting so many Top Secret documents concerning Soviet equipment being supplied to the Arab world that it was becoming a burden on the clerk who had to log them in. The risk Pollard ran by requesting so many documents may also be explained by his grandiosity; such persons often think they are too smart to be caught. [3](#)

Obsessive-Compulsive Disorder

This disorder is characterized by recurrent obsessions or compulsions. Obsessions are persistent ideas, impulses, or images that intrude on one's consciousness and that cause anxiety or distress. Compulsions are repetitive behaviors usually performed to relieve the anxiety or distress caused by obsessions.

For example, an obsession about cleanliness might be relieved by compulsive hand washing. An obsession about having things in order might be relieved by reordering things every morning to ensure they are in exactly the right place. An obsession with an obscene sexual image may be driven from the mind by counting to 10 forward and backward 100 times.

Many obsessions or compulsions are insignificant. Obsessive-compulsive disorder is diagnosed only when there is a problem severe enough to be time-consuming, cause distress, or adversely affect an individual's performance. Obsessive-compulsive disorder suggests the presence of unresolved underlying problems. It is often associated with other emotional disorders.

There is a distinction between this disorder and obsessive-compulsive *personality* disorder. The obsessive-compulsive personality attempts to maintain a sense of control through painstaking attention to rules, trivial details, procedures, lists, and schedules. Individuals with obsessive-compulsive personality disorder pursue orderliness and perfection at the expense of flexibility and efficiency. Although job performance may be adversely affected by inflexibility and stubbornness, the obsessive-compulsive personality is likely to follow all security regulations to the letter. Such a person is unlikely to ever, under any circumstances, leave a safe unlocked.

Paranoid Personality Disorder

The paranoid personality is distinguished by a pervasive distrust and suspicion of other people. Such persons are preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates. They are reluctant to confide in others for fear that information they share will be used against them. They may refuse to answer personal questions, saying the

information is "nobody's business." They read hidden meanings that are demeaning or threatening into innocent remarks or unrelated events. They may interpret an innocent mistake by a store clerk as a deliberate attempt to shortchange them.

A supervisor's compliment on an accomplishment may be misinterpreted as an attempt to coerce more or better performance. An offer of help may be viewed as a criticism that they are not doing well enough on their own. Minor slights arouse major hostility, and these slights are never forgiven or forgotten. Such persons often have unjustified suspicions that their spouse or sexual partner is unfaithful. They want to maintain complete control over intimate relationships to avoid being betrayed. They may gather trivial and circumstantial "evidence" to support their jealous beliefs.

Paranoid personalities may blame others for their own shortcomings. Because they are quick to counterattack in response to perceived threats, they may become involved in legal disputes. Such persons are attracted to simplistic black and white explanations of events, and are often wary of ambiguous situations. Paranoia often disrupts relationships with supervisors and co-workers.

Severe paranoia is often a precursor of other mental disorders or found together with other disorders.

Paranoia is a serious security concern, as the paranoid can easily view his or her employer or the U.S. Government as the enemy, and act accordingly. Alternatively, what appears to be paranoia may have a factual basis. Seemingly extreme concern about being investigated or watched or searching for listening devices or hidden cameras may indicate that a person is engaged in illegal activity and fears detection.

Schizophrenia

There is no single definitive symptom for schizophrenia, but a constellation of various possible symptoms that together cause a significant reduction in ability to function effectively at work, in interpersonal relations, or in care for oneself. The following symptoms are characteristic but do not normally all appear in any single case.

- Delusions, such as belief that one is being persecuted or ridiculed, or that one's thoughts or body parts are being manipulated or have been replaced by someone else's.
- Hallucinations, such as hearing voices.
- Disorganized thinking and speech, such as slipping off the track from one topic to another, or completely unrelated responses.
- Bizarre behavior, such as wearing multiple overcoats on a hot day, maintaining a rigid posture, or being unaware of one's surroundings.

- Absence of emotion; inability to initiate or complete common, everyday activities at work or at home,

Schizophrenia is a serious mental illness that is usually disqualifying. Although some symptoms respond to treatment, complete remission is unusual.

Schizotypal Personality Disorder

Schizotypal personality disorder can be viewed as a mild form of schizophrenia. Behavior is eccentric rather than bizarre. Instead of delusions and hallucinations, there are milder perceptual distortions. Such persons may be preoccupied with superstitions or paranormal phenomena. They may believe they have magical control over others, e.g., believing that their spouse taking the dog for a walk is a direct result of their thinking it should be done an hour earlier. They may incorrectly interpret unrelated events as having a special message for them.

A defining element of schizotypal personality disorder is a pervasive pattern of having little desire for, being uncomfortable with, and having little capacity for maintaining close relationships. Such persons prefer to keep to themselves as they feel they are different and do not fit in. They usually have no or few close friends or confidants other than a close relative.

Schizotypal personality disorder is a serious security concern, as judgment is distorted. Inability to form close relationships suggests inability to develop loyalty.

Footnotes

1. Kneece, J. (1986). *Family treason: The Walker spy case*. Briarcliff Manor, NY: Stein and Day. And Earley, P. (1988). *Family of spies: Inside the John Walker spy ring*. New York: Bantam Books.
2. National Institute of Mental Health. (2001). *Post-traumatic stress Disorder* (NIH Publication No. 01-4597). Bethesda, MD: Author. Fact Sheet retrieved February 3, 2004, from <http://www.nimh.nih.gov/publicat/reliving.cfm>
3. Blitzer, W. (1989). *Territory of lies: The rise, fall, and betrayal of Jonathan Jay Pollard*. New York: Harper & Row.

Glossary of Selected Psychiatric Terms

This glossary of nontechnical descriptions of technical terms was prepared by Dr. Ted Sarbin and Dr. Leissa Nelson of the Defense Personnel Security Research Center

abreaction: expressing feelings that have been suppressed.

acrophobia: excessive fear of heights.

acute: sudden onset and brief duration (as opposed to chronic).

adjustment disorder: a reaction to a stressful event or circumstances that causes significant distress or impairs work performance or social relationships.

affect: generally, a synonym for feelings, moods, emotions.

affective disorders: conditions in which feelings of sadness or elation are excessive and not realistic, given the person's life conditions. Depression and mania are affective disorders.

agitation: (psychomotor agitation) excessive motor activity that coincides with and is accompanied by feelings of inner tension. The activity is usually repetitious and pointless and may include pacing, fidgeting, wringing of the hands, pulling of clothes, and inability to sit still.

agoraphobia: unrealistic fear of open spaces.

ambivalence: contradictory attitudes toward a person, such as love and hate, that occur at the same time.

anesthesia: numbness of part of the body surface, absence of sense of touch.

anorexia nervosa: aversion to food, usually caused by psychological conditions.

antisocial personality: persons who are in constant conflict with society, without conscience, incapable or unwilling to establish bonds of affection or loyalty (see also sociopath, psychopath).

anxiety: a state characterized by apprehensiveness, nervousness, fear.

atypical: not typical, unusual or infrequent.

axis: some psychiatric reports classify patients on five dimensions or axes. See [Five-Axis System of Psychiatric Evaluations](#).

avoidant personality: a pervasive pattern of avoiding interpersonal contact for fear of criticism, disapproval, or rejection.

bipolar disorder: behavior that involves both depressive and manic episodes (depressive = unusual degree of sadness; manic = excitable, expansive, unrealistically cheerful).

borderline personality: a term applied to very unstable persons who are impulsive, unpredictable, often self-destructive, and deficient in interpersonal skills.

bulimia: a disorder characterized by periods of overeating followed by induced vomiting or the use of laxatives.

chronic: a condition of lengthy duration; sometimes used to mean irreversible and incurable.

comorbidity: the appearance of two or more illnesses at the same time, such as the co-occurrence of schizophrenia and substance abuse or of alcohol dependence and depression.

compulsion: an irrational and repetitive impulse to perform some act, e. g. frequent hand washing.

compulsive personality: excessive concern with rules, efficiency, order, neatness, and punctuality.

conduct disorder: patterns of behavior that consistently violate established norms, usually applied to children and adolescents.

conversion reaction: bodily symptoms, in the absence of any tissue damage, that symbolize the patient's psychological conflict.

defense mechanism: a pattern of behavior that protects the person from anxious feelings.

delusion: a persistent or dominating false conception regarding matters of fact, and which is resistant to reason.

dementia: impairment of mental abilities, such as memory and problem-solving.

dependent personality: a person who lacks of self-confidence, is easily influenced through dependence on others, and often avoids initiating action.

depressed affect: refers to sadness or depression.

depression: extreme sadness, often accompanied by self-blame.

dissociation: the action of separating psychological processes that ordinarily are associated or connected; for example, upon experiencing misfortune the person fails to show expected or conventional signs of sadness.

DSM-IV: Diagnostic and Statistical Manual of Mental Disorders; Fourth Edition. This is the generally accepted manual for diagnosing psychiatric disorders published by the American Psychiatric Association.

dysfunction: impairment of judgment or action, abnormal function.

dyslexia: reading disorder characterized by omission, distortion, and modification of words while reading, often leading to avoidance of situations requiring normal reading skills.

dysphoria: unhappy, feeling bad, unpleasant feelings (opposite of euphoria).

dysthymia: a chronic type of depression that occurs on most days and lasts for a period of 2 or more years.

ego-dystonic: refers to thoughts, images, and feelings that a person regards as alien, unwanted, and inconsistent with self-image.

endogenous depression: feelings of sadness attributable to internal causes in the absence of external circumstances such as loss of job, death of a loved one, etc.

entitlement: unreasonable expectation of especially favorable treatment.

epilepsy: a physical illness, not a mental illness, characterized by seizures and loss of consciousness. Epileptics who conscientiously take standard doses of medication and who are free of seizures are not a security concern. Unusually high doses of medication or continued seizures indicate need for a medical evaluation.

exhibitionism: displaying one's genitals or other private parts to an involuntary observer for the purpose of sexual arousal.

exogenous depression: feelings of sadness associated with external circumstances such as loss of job, death of a spouse, not winning a coveted prize, etc.

euphoria: feeling good, experiencing pleasant feelings.

flashback: vivid, intense reliving of a past experience, usually an experience associated with the use of mind-altering drugs or post-traumatic stress disorder.

functional psychosis: severe disturbance in thought, emotional display, and overt conduct in the absence of brain damage, intoxication, or chemical imbalance.

grandiosity: exaggerated self importance, conceited, exaggerated expectations of recognition for ordinary job performance.

hallucination: the report of imaginings that are bizarre and that others regard as inappropriate. The person "sees" things or events, or "hears" voices that cannot be validated by others.

histrionic personality: a person who is typically overly dramatic, usually for the purpose of manipulating others.

hysteria: a diagnostic term that has been replaced by either histrionic personality or conversion reaction. Historically, bodily symptoms in the absence of organic pathology.

inappropriate affect: an affect type that is unusual and does not match with the circumstances or the content or speed or thought.

kleptomania: a persistent neurotic impulse to steal, especially without economic motive.

labile affect: abnormal, sudden, rapid shifts in affect; readily or frequently changing moods.

magical thinking: the inaccurate belief that one's thoughts, words, or actions will cause or prevent a specific outcome that does not demonstrate a realistic relationship between cause and effect.

mania: extreme excitability, unrealistic cheerfulness, grandiose thinking often accompanied by insomnia.

masochism: a term to denote a person's achieving sexual gratification from pain inflicted by another person.

narcissism: self-indulgent, self-love, absorbed in self.

neurosis: dominant feelings of anxiety, obsessive thoughts, compulsive actions, or physical complaints without objective evidence of physical disease. The concept of neurosis has been virtually displaced by "personality disorders."

neurotic: pertaining to behavior associated with excessive use of defense mechanisms.

neurotic disorder: a disorder in which the main disturbance is a relatively enduring and upsetting symptom or group of symptoms that is considered unacceptable but does not grossly violate social norms.

obsessive-compulsive disorder: the person is preoccupied with unwanted thoughts and images (obsessions) and/or involuntary, repetitive actions that have no apparent purpose (compulsions).

organic brain syndrome: impaired behavior attributable to brain disease or damage (sometimes called organic psychosis).

panic attacks: distinct periods of intense apprehension, fearfulness, or terror, often associated with feelings of impending doom that occur suddenly and are often associated with physical symptoms such as shortness of breath, accelerated heart rate; chest pain or discomfort; or fear of going crazy or losing control.

paranoid: suspicious and mistrustful in the absence of reasons for such behavior.

paraphilia: recurrent and intense sexual urge or sexually arousing fantasy generally involving either objects, suffering or humiliation, children, or nonconsenting partners.

pathology: abnormal physical or psychological condition.

personality: enduring patterns of perceiving, relating to, and thinking about the environment and oneself. Personality traits are prominent aspects of personality that are exhibited in a wide range of important social and personal contexts. Only when personality traits are inflexible and maladaptive and cause either significant functional impairment or subjective distress do they constitute a Personality Disorder.

phobia: irrational fear, often associated with avoidance of the object of such fears.

physiological: pertaining to bodily, organic functioning.

posttraumatic stress disorder: delayed stress resulting from some earlier traumatic event, flashbacks, nightmares, lack of concentration, and reports of feeling strange and out of touch with everyday events.

premorbid: the psychological status of a person before the development of abnormal conduct.

projection: a defense mechanism; attributing to another person, or to the environment, some undesirable impulse or characteristic which is actually within oneself.

psychopathic personality: see antisocial personality.

psychosis: a serious mental disorder involving severe distortion of reality; extreme impairment of thought and action (equivalent to everyday terms such as insanity, lunacy, madness, crazy).

remission: marked improvement or recovery from an illness, although the improvement may be temporary.

repression: a defense mechanism; a threatening thought is ignored in order to avoid the pain of acknowledging one's guilt or shame. Some authorities define repression as the mental condition of not being conscious of a painful thought or feeling.

sadism: sexual gratification achieved by inflicting pain on others.

schizophrenia: a term used to describe undesirable conduct characterized by hallucinations, delusions, or bizarre behavior.

schizoid: a descriptive term for a person who appears alienated from others, has poor interpersonal skills, and withdraws from social interaction.

sociopathic personality: see antisocial personality.

somatic: refers to the body.

stupor: unresponsiveness, sometimes equivalent to unconsciousness.

voyeurism: sexual pleasure through observing others in the act of undressing, colloquially such a person is called a "Peeping Tom."

word salad: a jumble of meaningless or illogical words and phrases; commonly seen in schizophrenic states.

Understanding Five-Axis System of Psychiatric Evaluations

Some psychiatric evaluations follow a format suggested by the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. The diagnosis is given on five dimensions, or "axes."

Axes I and II are for reporting any emotional, mental, or personality disorders or other conditions that are a focus of clinical attention. These are the heart of any assessment. Many psychiatric evaluations deal only with Axes I and II.

Axis III is for reporting other general medical conditions that are potentially relevant to the understanding or management of the Axes I and II problems. For example, depression may be caused by a thyroid problem.

Axis IV is for reporting stressful circumstances that may affect the diagnosis, treatment, or prognosis for mental disorders reported under Axis I and II. Examples of such circumstances are death of a family member, financial problems, job problems, sexual or physical abuse, and inadequate health care. These stressful circumstances are sometimes categorized on a scale that ranges from mild through moderate, severe, and extreme to catastrophic.

Axis V is for reporting clinical judgment of the individual's overall level of psychological, social, and occupational functioning. How well the subject functions is summarized by a single number on a scale from 1 to 100. This can be useful to an adjudicator as a measure of how subject's mental condition may impact on work performance and ability to maintain the security of classified information. For an explanation of what these numbers mean, see the Global Assessment of Functioning (GAF) Scale, below.

Global Assessment of Functioning (GAF) Scale

Psychological, social, and occupational functioning is measured on a hypothetical continuum of mental health - illness. Impairment in functioning due to physical (or environmental) limitations is not included. Intermediate numbers such as 45, 68, or 72 may be used as appropriate.

100 - 91: Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

90 - 81: Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members)

80 - 71: If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social occupational or school functioning (e.g., temporarily falling behind in schoolwork).

70 - 61: Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

60 - 51: Moderate symptoms (e.g., flat affect and unnecessarily detailed or repetitive speech, occasional panic attacks) OR moderate difficulty in social, occupational or school functioning (e.g., few friends, conflicts with peers or co-workers).

50 - 41: Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

40 - 31: Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

30 - 21: Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g. stays in bed all day; no job, home, or friends).

20 - 11: Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

10 - 1: Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

0: Inadequate information.