

A Psychoanalytic View of the Psychopath

J. Reid Meloy, Ph.D.

San Diego Psychoanalytic Society and Institute

We are just beginning to understand the brain of the psychopath (Patrick, 2006). His mind is another matter. Recent neuroimaging research has begun to functionally map the abnormalities of the psychopath's brain (Kiehl et al., 2001, 2003), and such findings help us to biologically ground the clinical and forensic extremes of his behavior. But a theory of the psychopath's mind is also important (Meloy, 1988). It guides empirical research. It puts flesh on the bone of empirical findings. It specifies the motivation and meaning of the psychopath's behavior. And most importantly, it helps us understand his discrete experience of the world, and thus shapes our realistic perception of the risks he poses to himself and others.

Freud understood the psychopath, but devoted little time and thought to investigating his mind. He wrote in 1928, "two traits are essential in a criminal: boundless egoism and a strong destructive urge. Common to both of these, and a necessary condition for their expression, is absence of love, lack of an emotional appreciation of (human) objects" (p. 178). We define the psychopath's personality nearly eighty years later in essentially the same twofold manner: his pathological narcissism and his cruel aggression. There is also a general recognition that both of these characteristics are fueled by an absence of emotional attachment to others: the bond that keeps most people from physically violating those whom they love. These central traits of the psychopath are also empirically measured in contemporary science through the use of the

Psychopathy Checklist-Revised (PCL-R; Hare, 2003), which has identified two factors in the construct of psychopathy, interpersonal/affective deficiencies and social deviancy. The current of psychoanalysis runs deep in our scientific understanding of the psychopath, and since we are all products of our history, it begins with his early development.

Attachment, Arousal, and Anxiety

The “house of psychopath” is constructed on a foundation of no attachment, underarousal, and minimal anxiety. These appear to be necessary, related, but insufficient characteristics that provide certain biological predispositions for the development of the psychopathic character.

Attachment is a biologically-based, species-specific behavioral system which serves the survival of the infant by maintaining the closeness of the caretaker. First conceptualized and investigated by the British psychoanalyst John Bowlby and his colleagues (Robertson and Bowlby, 1952), it is deeply rooted in mammals, but absent in reptiles. The human infant first expresses his object-seeking through sucking and crying, behaviors which maintain his physiological balance by obtaining warmth, touch, and food. During the first few months of life, this proximity seeking becomes more object specific and emotionally refined as the infant attaches most readily to his mother, and cries when she deserts him while in a state of need, even if it is momentary. It is during this time when the rudiments of *object permanence* are first observed: the infant can anticipate the presence of an object that was just perceived, and squeals with delight when peek-a-boo is played; or when shown a photograph of mother in her absence, will react emotionally to an external image that is also found in the child’s mind. As

psychoanalysts, we infer that this *object representation* can be held in the child's mind as a memory for the first time, and is one manifestation of attachment.

Attachment is often defined as a strong affectional bond in both children and adults. It was extensively researched during the last half century because it can be relatively easily measured: proximity seeking to an object, distress when the object leaves, and certain characteristic behaviors when the object returns. It is a stable characteristic in both children and adults, and most human beings with the requisite biology and loving, dependable parents will grow up to be able to form secure attachments throughout their lifespan (Cassidy and Shaver, 1999).

Pathologies of attachment, however, have been identified and measured: they are typically labeled fearful, preoccupied, disorganized, and dismissive (Meloy, 2002). Most salient to the psychopath's mind is the latter pathology, characterized by behavior that indicates a chronic emotional detachment from others. Bowlby (1969) regarded the elements of detachment to be apathy, self-absorption, preoccupation with nonhuman objects, and no displays of emotion. He initially described it as "affectionless psychopathy" (Bowlby, 1944) in a sample of juvenile thieves, and believed it was caused by constant maternal rejection. Bender (1947), referring to a child inpatient sample at Bellevue Hospital, regarded emotional deprivation during infancy as a causal factor of "psychopathic behavior disorder in children" (p.361).

Research suggests that this pathology of attachment is correlated with conduct disorder and antisocial personality disorder (Allen, Hauser and Borman-Spurrell, 1996) as defined by DSM-IV. Bartholomew (1997) found that dismissive individuals have a positive perception of self and a negative perception of others, and have managed rejecting parents by distancing and

becoming self-reliant, inoculating themselves against the devaluation they have learned to expect. Fonagy (1999) argued that weak bonding and the dismissal of objects is a risk factor for violent criminality because there is an absence of an ability to “mentalize:” to conceive of the other as having a separate, unique mind. Raine, Brennan, and Mednick (1997) demonstrated in a large cohort of Danish adult males that birth complications and maternal rejection during the first year of life predisposed them to the early onset and sustained patterns of violent criminality. Gacono and Meloy (1994) found in multiple samples of antisocial children, adolescents, and adults that the texture response, a Rorschach measure of attachment, was less frequent than in normal samples. Meloy (1988) described this measure as a somatosensory analog for early skin contact with the mother, the first means of affectional relatedness and perhaps the genesis of secure attachment, albeit missing in the psychopath.

The second corner of the foundation is the psychopath’s autonomic underarousal, particularly to punishment. Hare (1970) conducted the early work on this phenomenon, which demonstrated peripheral autonomic hyporeactivity to aversive events. The direct measure utilized in these experiments was skin conductance, or galvanic skin response. His work has been replicated by other researchers throughout the world (Raine, 1993), and has stimulated a most intriguing body of work which has found that habitual criminals are “chronically cortically underaroused” (Raine, 1993). The combined measures of cortical underarousal include three variables—slow wave (theta) EEG activity, low resting heart rate, and poor skin conductance—and appear to have a predictive power for habitually violent criminality that can override the influence of the environment, especially when the latter is considered normal or “good enough” (Winnicott, 1965). Subsequent research also suggests a link between corpus callosum

abnormalities and associated behavioral symptoms, such as lack of remorse and social closeness, and neurological responses, including reduced heart rate and skin conductance (Raine et al., 2003).

Low levels of cortical arousal—which have nothing to do with intelligence—have also been implicated in research with children and adolescents who display “callous-unemotional” traits and represent about one-third of children diagnosed with childhood onset conduct disorder (Frick, Cornell, Barry, Bodin and Dane, 2003). Such children evidence thrill-seeking and fearlessness (Frick et al., 2003), show deficits in responding to negative stimuli (Frick et al., 2003), habituate more easily to distress in others (Kimonis, Frick, Fazekas and Loney, 2005), and show lower autonomic reactivity to negative emotional stimuli (Blair, 1999). This unique temperamental style may predispose to psychopathy in adulthood, but this has yet to be demonstrated. However, heritability of these “callous-unemotional” traits appears to be substantial (Viding, Blair, Moffitt and Plomin, 2004).

Extending their work on the relationship between chronic cortical underarousal and aggression, Raine and his colleagues (Raine, 1993; Raine, Venables and Mednick, 1997; Raine, Reynolds, Venables, Mednick and Farrington, 1998; Scarpa, Raine, Venables and Mednick, 1997) have published a series of longitudinal studies of a large cohort of children born on Mauritius, an island in the Indian Ocean off the east coast of Africa. This location was selected to test hypotheses in a setting removed from Westernized culture and to minimize the effects of a criminogenic environment. Their longitudinal study, now in its fourth decade, continues to support the power of biological variables to predict aggression despite other potentially mediating social and environmental factors.

The third corner of the foundation is minimal anxiety. Anxiety is an unpleasant feeling that usually signals danger from within or without. When it defends against other affects from a structural perspective (Freud, 1926), we refer to it as signal anxiety. When it is specifically object related, we refer to it as fear. When the feared object is patently unreasonable, we may see the patient as phobic or delusional.

Anxiety emerges during development in the service of safety and survival. When an infant sees a stranger's face for the first time, she is likely to view it with rapt attention and curiosity, especially while held in the arms of her parent. If the child is handed too quickly to the stranger, however, the infant will immediately become distressed, often triggering a reaction in the parent to recapture the infant in his arms. The distress immediately ceases, because the potential danger has subsided. Bowlby argued that the evolutionary basis of the causes of anxiety—the appearance of a stranger, actual separation, and the anticipation of loss—keeps the mother in close proximity to the child and the child safe from predators.

Anxiety is minimal or absent in psychopathy. Lykken (1957) first discovered this when he differentiated between secondary (anxious) and primary (nonanxious) psychopaths in his laboratory at the University of Minnesota. Blackburn (1998) in Great Britain has followed suit with his demarcation between the anxious, moody, withdrawn psychopath and the hostile, extraverted, and low anxiety psychopath. Other laboratory and clinical studies support this finding (Gacono and Meloy, 1991; Ogloff and Wong, 1990). Most notably, in conduct disordered children, there is a strong negative relationship between “callous-unemotional” traits and anxiety (Frick, Lilienfeld, Ellis, Loney and Silverthorn, 1999). During a recent assessment (personal communication, A. Shiva, January, 2006) a psychopath spent two hours completing the

MMPI-2, a self-report measure of personality and psychopathology. He frequently read the items aloud, providing commentary on whether or not they bore any relevance to his life. His response to an item regarding physical altercations—"I've been so angry at times that I've hurt someone in a physical fight" (item 548)-- is illustrative of the underarousal and minimal anxiety level often observed in psychopaths.

"When I've had to defend myself, I become more calm and relaxed in a fight. My strategy is to antagonize them. I don't have anger, I get them angry. I take emotions away from myself to handle things cooler. It's not me being angry. I smile and laugh during the whole damn fight." The psychopath paused, and with a chopping gesture added, "Take out the knees and go to work."

Chronic emotional detachment, cortical underarousal, and minimal anxiety biologically anchor the foundation of the "house of psychopath." These substrates manifest in adult psychopathy as a fearless and sensation-seeking lifestyle, one that is unfettered by worry or concern about the rights and feelings of others.

Failures of Internalization

Although the conventional belief is that a neglectful and abusive environment is central to the development of the psychopath, research has begun to call this into question. Marshall and Cooke (1999) found a negative curvilinear relationship between such family experiences and

psychopathy. In other words, if we measure psychopathy on a unidimensional scale such as the PCL-R (Hare, 2003), as adult psychopathy increases into the mild to moderate range, we do see a historical increase in neglect and abuse while growing up. As psychopathy increases into the severe range, however, we see a decrease in neglect and abuse while growing up. In related research, Raine, Stoddard, Bihrlle and Buchsbaum (1998) found that functional deficits measured by radioactively tagged glucose activation (PET) in the brains of samples of murderers with extensive criminal histories were *more pronounced* among those from good rather than poor home environments. The suggestive findings of these and other studies (Raine, 1993) is that the more severe the psychopathy, the more psychobiologically rooted is the cause. Some still wonder how Louise Bundy and her husband could produce such a child as Ted Bundy, who grew up to be one of the most notorious serial murderers in criminal history; yet most do not know that the man who raised him was actually his stepfather, and his mother had been impregnated by a wayfaring stranger who briefly passed through her life when she was young (Rule, 1980)–perhaps the carrier of the bad seed.

Psychological failures appear to parallel the biological anomalies of the psychopath as he matures, regardless of the quality of his parenting. These are failures of internalization, which Hartmann (1939) described as the evolutionary and phylogenetic transfer of functional-regulatory mechanisms from outside to inside. Piaget (1954) called this process assimilation. Failures of internalization begin with an organismic distrust of the environment and early incorporative deficiencies. Incorporation is the most developmentally primitive or early form of internalization (Tyson & Tyson, 1990), and is most apparent in the normal infant's desire to take everything in through its mouth, whether mother's nipple or a piece of lint on the floor once his

pincer grasp has developed. The instinct is to suck and swallow, and then within the first year, to tear, bite, chew, and swallow. If normal development proceeds, these incorporative experiences are mostly pleasurable, gratifying, predictable, and physiologically stabilizing. The infant develops a basic trust of the environment (Erikson, 1950).

In psychopathy, however, these incorporative failures predict subsequent problems with two kinds of internalizations: identifications and introjections. Identifications are ways in which the self or behavior are modified to increase resemblance to the object (Schafer, 1968).

Introjections are internalized objects that maintain a relationship to the self and are structurally a part of the superego. Introjections are most apparent in clinical settings when a patient reports that he “sees” or “hears” things in his mind that are not considered a part of himself. They are subjectively experienced as “not-I” (Meloy, 1985). Borderline personality disordered subjects will complain of such persecutory “voices,” but they are not experienced as sensory-perceptual stimuli from the outside, as one would see in a psychotic individual.

In the psychopath, identifications and introjects are either absent, unavailable when wanted, or harsh and unpleasant. There is a paucity of soothing internalization experiences, and the child may come to anticipate hard, aggressive objects from the outside with which he then identifies for both adaptation and defense. These objects may be the product of real assaults from the caretakers, or they may be re-internalized projections of his own intense aggressive impulses, despite the best nurturing efforts of the parents.

A. Freud (1936) first noted this phenomenon and called it identification with the aggressor. It is most apparent in the degree to which abused children will closely bond to their abusive parent, and their own risk of aggressing in adulthood toward their offspring. Meloy

(2001) referred to this identification in psychopathy as a *predator part-object*, the primary internalization and core narcissistic identification of the psychopath's grandiose self structure (Kernberg, 1984)—which may or may not be a partial product of parental abuse.

How is this clinically apparent? Psychopathic adults will often transform benign percepts during Rorschach testing into predatory ones: “It’s a butterfly...with claws;” “It’s a whale...with a shark fin;” “I see two carnivorous wolves...I wish I could see doves mating;” “A bat or evil moth, a furry animal that doesn’t suckle to its mom.” (Meloy and Gacono, 1992; Gacono and Meloy, 1994; Meloy, 2001). Such identifications in the real world are manifest in the psychopath’s propensity to engage in playful, deliberate, and emotionless violence (Meloy, 2006); and the strong association between sadism and psychopathy (Holt, Meloy and Strack, 1999). *The central motivation of the psychopath is to dominate his objects.* There is no desire for affectional relating, nor reciprocal altruism. He operates from within a dominance-submission paradigm, and identifies in a conflict free manner with the predator. Here is the report of a 25 year old woman who became the compliant partner of a sexual sadist and a psychopath who was 24 years her senior. During their time together they raped and killed several young women:

He would tell me to picture in my mind a wolf on a chain,
strapped to my leg, take a key and unlock it so my wolf would
be free, a predator. The hunter. Girls were the hunted. He
strangled me once, squeezing my throat, stroking my hair
with the other hand, telling me that he loves me, I’m his soul

mate, but I was disgracing my wolf soul (JRM case files).

This prey-predator dynamic (Meloy, 1988) is most apparent in one kind of countertransference response to psychopathic adults. In a large survey study (N=584) of mental health and criminal justice professionals, Meloy and Meloy (2002) found that 77.3% who had interviewed an adult psychopath reported a physiological reaction that was likely due to sympathetic activation of their autonomic nervous system. It was typically a dermatological response: “my skin was crawling;” “he got my hackles up;” “he made the hair stand up on my neck.” Other reactions included perceptual, “felt outside myself...numb”; gastrointestinal, “stomach felt like I swallowed cement;” muscular, “frozen with fear;” pulmonary, “I couldn’t catch my breath”; and cardiovascular, “my heart was pounding.” These are all primitive, atavistic responses that signal danger, the anticipation of being prey to an intraspecies predator. Other countertransference reactions to the psychopath have also been explicated (Meloy, 1988, 2001, 2006; Symington, 1980).

The Grandiose Self and Omnipotent Fantasy

Central to psychopathy is a variation of the grandiose self structure, delineated by Kernberg (1974) in his theoretical understanding of the narcissistic personality disorder. The term *grandiose self* was originated by Kohut (1968), who previously employed the term *narcissistic self* (Kohut, 1966). The grandiose self structure, however, is a pathological formation, not a normal developmental fixation as argued by the self and relational psychologists. The latter group see the grandiose self as one polarity which is in a tension arc

with the idealized parent imago, a normal state of development which they believe can become a developmental fixation in adulthood (Kohut, 1968). They also disavow any instinctual aggression. Self psychology sheds little light on psychopathy, most evident in the virtual absence of any writing on aggression—other than as frustration in response to the unempathic caretaker—by the self and relational psychologists.

The grandiose self structure theoretically has three condensed components (Kernberg, 1974): a real self—the actual specialness of the child; the ideal self—a fantasized image which compensates for oral rage and envy; and an ideal object—a fantasized image of a completely loving and accepting parent, often at odds with the actual behavior of the devalued real parent. Narcissistic psychopathology is fundamental to psychopathy, and the grandiose self is the cognitive and affective core of the character disorder (Meloy, 1988, 2001).

The development of the grandiose self structure—a construct which theoretically remains unconscious while filled with stable, conscious images (representations) of the self and others—is the framing and drywall that continues the construction of the house of psychopath. The dominant idealization of the self is that of a predator, which diminishes rage and envy toward others; the dominant idealization of the object is one who will perfectly serve the interests of the psychopath, often as prey. Occasionally we will see the psychopath identify himself with certain omnipotent religious figures to advance his desires, who then also become idealized objects within his grandiose self structure, but are consciously used to rationalize extreme aggression.

A charismatic psychopath identified himself to his family as
“Walking in Christ,” or Christ, or the Lord. He also coerced

and persuaded them to believe that God would communicate his pleasures and displeasures only through him to his family members. Over the course of thirty years he kept his family isolated and mobile, impregnated five of his daughters and nieces who eventually gave birth, sexually molested the minor females in his family, and physically assaulted and battered them over the years when they displeased the Lord. He eventually murdered nine of his offspring when he was faced with losing some of his children to the police and child protective services (JRM case files).

The behavioral devaluation of others, amply illustrated by this case vignette, is the means by which the psychopath maintains a stable grandiose self structure. Unlike the narcissistic personality disorder who can devalue in fantasy for years with little revelation of his process to anyone, the psychopath cannot do this solely with fantasy, but instead must aggressively derogate and dismiss others in order to shore up his grandiosity. Such devaluation may run the gamut from cruel teasing to torture and murder.

Primitive Internalized Object Relations

As Meloy (2001, p. 13) wrote, “when one gazes upon the psychopath, there is less there than meets the eye.” Regardless of his IQ—intelligence is normally distributed among psychopaths (Hare, 2003)—his personality is organized at a preoedipal or borderline level. This has been empirically demonstrated in extensive research utilizing the Rorschach and various

measures of object relations in more than 400 antisocial and psychopathic children, adolescents, and adults, both male and female (Gacono and Meloy, 1994; Meloy and Gacono, 1998). The neurotically organized psychopath appears to be an oxymoron.

There is no tripartite structure (id, ego, superego) to the psychopath's personality. Internalized objects remain part-objects in the sense that good and bad aspects are not integrated into a whole object or representation. Conception of self and others is either good or bad, but is tenuously maintained through the use of primitive defenses so that self representations are always enhanced and object representations are always devalued. A dyadic part self and part object world exists without, or because of, the absence of more mature defenses, such as repression or sublimation.

This state of mind is central to the preoedipal theory of Klein (1964), Jacobson (1964), and Kernberg (1980), and is often misunderstood by those who attempt to apply a tripartite structural theory to clinical understanding of primitive object relations. Repression must be an active defense in order for there to be a differentiated ego and id, and ideal self-representations must integrate with ideal object representations as an ego ideal if a mature superego is to be realized. In the psychopathic character organized at a borderline level, dyadic self and object representations are either condensed in the grandiose self structure or displaced somewhere else, often outside the self via projection or projective identification.

One 34-year old serial murderer, although both moderately psychopathic and pathologically narcissistic, could not completely rid himself of his bad objects. He was clinically depressed and had

very low self esteem. He had abducted, raped, and killed two young women and readily referred to the “sick fuck” part of himself that committed these acts. He hated his mother owing to her abandonment of him and her drunken promiscuities with many men. He selected intoxicated victims his mother’s approximate age when she left him and reported rape fantasies toward his mother when he was 13 or 14 years old. He believed he should be executed—he was subsequently sentenced to death—and wished his father had killed him when he beat him as a boy (Meloy, 2001, p. 14).

Superego Abnormalities

Without attachment or anxiety, identifications or introjects that carry with them certain guides to behavior, are weakly cathected or nonexistent. With such failures of internalization that often begin with imitation of the parents’ behaviors, but then expand to include family, school, and community norms and rules, there is a failure to internalize *values*. The psychopathic adult is a valueless person.

The only vestiges of conscience in the psychopathic character are best described by Jacobson (1964) as sadistic superego precursors, which she defined as projected aspects of early persecutory objects, attributed to others to deny aggression in the midst of frustration. Kernberg (1984) defined this first superego layer as one of six levels of superego pathology. Such precursors in the child psychopath are most evident in his callous-unemotional traits (Frick, 1998) which have been empirically associated with impaired conscience. Psychopathic children

are less distressed by the negative effects of their behavior on others (Frick et al., 2003); they show impaired moral reasoning and empathic concern (Blair, 1999); and they have difficulty recognizing expressions of sadness in faces and vocalizations of other children (Stevens, Charman and Blair, 2001) as well as facial expressions of fear (Blair, Colledge, Murray and Mitchell, 2001) and, at times, disgust (Kosson, Suchy, Mayer and Libby, 2002).

Sadism, the experience of pleasure through the dominance and suffering of another, is most clinically evident in childhood cruelty toward animals, particularly domestic pets. The infliction of suffering is the child's attempt to defend against his own helplessness through the exercise of omnipotent control over another object. Felthous and Kellert (1986) demonstrated a significant correlation between the abuse of animals in childhood and protean violence in adulthood. In a more recent study, Gleyzer, Felthous and Holzer (2002) showed that a history of animal cruelty is significantly associated with an adult diagnosis of antisocial personality disorder and polysubstance abuse. Various measures of sadism have also been shown to be strongly associated with psychopathy (Holt et al., 1999).

Affects

The psychopath lives in a presocialized emotional world (Meloy, 1988, 2001). He has a range and depth of feeling that is even more constricted than that of a young toddler prior to his sustained interaction with peers. Consciously felt emotions include excitement, frustration, rage, boredom, envy, dysphoria, and shame. Such feelings do not require whole object relatedness wherein both self and others are conceived as whole, separate, and meaningful individuals. Such emotions are related to part-objects, or selfobjects in Kohutian (1968) terms, and are felt quickly,

expressed coarsely, and dissipated rapidly. This process, which is empirically referred to as modulation of affect, remains the same into adulthood. Psychopathic men typically modulate affect like 5-7 year old boys when samples are compared to normative Rorschach data (Gacono and Meloy, 1994).

Kernberg (1974) noted important differences between the feelings supporting the pathological narcissism of the adult and the normal narcissism of the toddler: angry efforts to control his mother and to keep himself the center of attention have a far more realistic quality than the adult narcissist; the toddler's sensitivity to criticism and strong need to be admired and loved coexist with spontaneous expressions of genuine love and gratitude toward the object, and a clear willingness to trust and depend on the object even during the first year of life, features which are absent in the adult narcissist; a child's narcissism is related to the demand for the satisfaction of real needs, while an adult narcissist's demands are excessive, never fulfilled, and secondary to the internal envious destruction of such received supplies from others; the warm quality of the child's self-centeredness is in striking contrast to the coldness and aloofness of the adult narcissist and his contempt and devaluation of others; and the developing child, despite his fantasies of power, wealth, and beauty, arguably does not believe that he is the "exclusive owner of such treasures" (p. 220), as one sees in the adult narcissist.

What is emotionally *absent* in the psychopath is most important. More mature feelings that require whole object relatedness and a capacity for secure attachment are missing. These include anger, fear, guilt, depression, sympathy, jealousy, gratitude, empathy, remorse, sadness, loneliness, and reciprocal joy—emotions that are broad, deep, and complex. Instead, the emotional life of the psychopath centers on his internal management of envy (Kernberg, 1984)

and shame (Kohut, 1968), two affects that often precede intentional destruction of the object in real life. The damaged object diminishes envy since there are no longer any qualities worth possessing; the damaged object diminishes shame since it can no longer threaten as a source of humiliation.

Aggression

Psychopathic individuals do not struggle with tensions of ego-dystonic aggression, since the impulse to aggress is either immediately acted out, or remains a source of aggressive fueling of the grandiose self structure without conflict or ambivalence. Rorschach research has counterintuitively found that antisocial and psychopathic individuals *at all ages* do not see percepts engaging in aggression as often as normals. They do, however, produce more aggressive objects with which they identify (Gacono and Meloy, 1994). The number of Rorschach aggressive content has a significant and positive linear correlation with the number of DSM-IV criteria an adult subject meets for Antisocial Personality Disorder (Baity et al., 2000).

Empirical research has established that psychopaths engage in two *modes of violence* more frequently than other nonpsychopathic criminals (Meloy, 2006). Affective violence, characterized by an emotional reaction to an imminent threat, is common among psychopaths, especially in the face of immediate frustration or humiliation. Predatory violence, characterized by a lack of emotion, careful planning and preparation, and the lack of autonomic arousal, is also frequent among psychopaths, and is emblematic of the homicides and sexual homicides which a few of them commit (Woodworth and Porter, 2002; Porter, Woodworth, Earle, Drugge and Boer, 2003). These two modes of violence appear to be both neuroanatomically and biochemically

distinctive and have been extensively researched in mammals over the past half century (Meloy, 2006). The psychopathic character appears particularly suited to predation due to his low levels of autonomic arousal, minimal anxiety, emotional detachment, heightened orienting response, empathy defects, sensation-seeking, and fearlessness (Meloy, 1988, 2001).

Conclusions

A clinically based psychoanalytic theory of the psychopathic mind is beginning to be delineated through an understanding of his chronic emotional detachment, cortical underarousal, minimal anxiety, failures of internalization, grandiose self structure, primitive object relations, sadistic superego precursors, narcissistically defined affects, and modes of aggression. He remains a frightening member of our species, present in all walks of life. Understanding the motivation and meaning of his behavior helps our community and society to manage the risks he poses toward others, and heightens the sensitivity of psychoanalytic clinicians when such psychopathology becomes apparent in the consulting room.

References

- Allen J, Hauser S, Borman-Spurrell E. (1996). Attachment theory as a framework for understanding sequelae of severe adolescent psychopathology: An 11-year followup study. *J Consult Clin Psychology*, 64:254-263.
- Baity M, McDaniel P, Hilsenroth M. (2000). Further exploration of the Rorschach aggressive content (AgC) variable. *J Personality Assessment*, 74:231-241.
- Bartholomew K. (1997). Adult attachment processes: Individual and couple perspectives. *Brit J*

- Med Psychology, 70:249-263.
- Bender L. (1947). Psychopathic behavior disorders in children. In R. Lindner & R. Seliger, eds., Handbook of Correctional Psychology (pp.360-377). New York: Philosophical Library.
- Blackburn B. (1998). Psychopathy and personality disorder: Implications of interpersonal theory. In: Psychopathy: theory, research and implications for society. Eds. D Cooke, A Forth, R Hare. London: Kluwer, pp. 269-302.
- Blair R. (1999). Responsiveness to distress cues in the child with psychopathic tendencies. Personality and Individual Differences, 27:135-145.
- Blair R, Colledge E, Murray L, Mitchell D. (2001). A selective impairment in the process of sad and fearful expressions in children with psychopathic tendencies. Journal of Abnormal Child Psychology, 29:491-498.
- Bowlby J. (1944). Forty-four juvenile thieves: Their characters and homelife. Int J Psychoanalysis, 25:121-124.
- Bowlby J. (1969). Attachment and loss, volume 1: Attachment. New York: Basic Books.
- Cassidy J, Shaver P., eds. (1999). Handbook of attachment. New York: Guilford Press.
- Erikson E. (1950). Childhood and society. New York: Norton.
- Felthous A, Kellert S. (1986). Violence against animals and people: Is aggression against living creatures generalized? Bull Am Acad Psychiatry Law, 14:55-69.
- Fonagy P. (1999). Attachment, the development of the self, and its pathology in personality disorders. In Derksen et al., eds., Treatment of personality disorders (pp. 53-68). New York: Kluwer Academic/Plenum.
- Freud A. (1936). The ego and the mechanisms of defense. New York: Int. Universities Press,

- 1966 (revised edition).
- Freud S. (1926). Inhibitions, symptoms, and anxiety. Standard Edition, XX, 77-174.
- Freud S. (1928). Dostoevsky and parricide. Standard Edition, XXI, 177-194.
- Frick P. (1998). Conduct disorders and severe antisocial behavior. New York: Plenum.
- Frick P, Cornell D, Barry C, Bodin S, Dane H. (2003). Callous-unemotional traits and conduct problems in the prediction of conduct problem severity, aggression, and self-report of delinquency. J Abn Child Psychology, 31:457-470.
- Frick P, Lilienfeld S, Ellis M, Loney B, Silverthorn P. (1999). The association between anxiety and psychopathy dimensions in children. J Abn Child Psychology, 27:381-390.
- Gacono CB, Meloy JR. (1991). A Rorschach investigation of attachment and anxiety in antisocial personality disorder. J Nervous Mental Disease, 179:546-552.
- Gacono CB, Meloy JR. (1994). The Rorschach assessment of aggressive and psychopathic personalities. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Gleyzer R, Felthous A, Holzer C. (2002). Animal cruelty and psychiatric disorders. J Am Acad Psychiatry Law, 30:257-265.
- Hare RD. (1970). Psychopathy: Theory and research. New York: Wiley.
- Hare RD. (2003). Hare psychopathy checklist-revised 2nd edition technical manual. Toronto: Multihealth Systems, Inc.
- Hartmann H. (1939). Ego psychology and the problem of adaptation. New York: Int. Univ. Press.
- Holt S, Meloy JR, Strack S. (1999). Sadism and psychopathy in violent and sexually violent offenders. J Am Acad Psychiatry Law, 27:23-32.

- Jacobson E. (1964). The self and the object world. New York: Int. Universities Press.
- Kernberg O. (1974). Further contributions to the treatment of narcissistic personalities. Int J Psychoanalysis, 55:215-240.
- Kernberg O. (1980). Internal world and external reality. New York: Aronson.
- Kernberg O. (1984). Severe personality disorders. New Haven: Yale Univ. Press.
- Kiehl K, Smith A, Hare RD, Mendrek A, Forster B, Brink J, Liddle P. (2001). Limbic abnormalities in affective processing by criminal psychopaths as revealed by functional magnetic resonance imaging. Biol Psychiatry, 50:677-684.
- Kiehl K, Smith A, Mendrek A, Forster B, Hare RD, Liddle P. (2003). Temporal lobe abnormalities in semantic processing by criminal psychopaths as revealed by functional magnetic resonance imaging. Psychiatry Research: Neuroimaging, 130:27-42.
- Kimonis E, Frick P, Fazekas H, Loney B. (2005). Psychopathy, aggression, and the processing of emotional stimuli in non-referred boys and girls. Manuscript submitted.
- Klein M. (1964). Contributions to psychoanalysis: 1920-1945. New York: McGraw-Hill.
- Kohut H. (1966). Forms and transformations of narcissism. J Am Psychoanalytic Assoc, 14:243-272.
- Kohut H. (1968). The psychoanalytic treatment of narcissistic personality disorders: Outline of a systematic approach. Psychoanalytic Study of the Child, 23:86-113.
- Kosson D, Suchy Y, Mayar A, Libby J. (2002). Facial affect recognition in criminal psychopaths. Emotion, 2:398-411.
- Lykken D. (1957). A study of anxiety in the sociopathic personality. J Abn Soc Psychology, 55:6-10.

- Marshall L, Cooke D. (1999). The childhood experiences of psychopaths: A retrospective study of familial and societal factors. J Personality Disorders, 13:211-225.
- Meloy JR. (1985). Concept and percept formation in object relations theory. Psychoanalytic Psychology, 2:35-45.
- Meloy JR. (1988). The psychopathic mind: origins, dynamics, and treatment. Northvale, NJ: Aronson.
- Meloy JR. (2001). The mark of Cain. Hillsdale, NJ: The Analytic Press.
- Meloy JR. (2001). Antisocial personality disorder. In G. Gabbard, ed., Treatments of psychiatric disorders, 3rd edition. Washington, DC: American Psychiatric Press, pp. 2251-2271.
- Meloy JR. (2002). Pathologies of attachment, violence, and criminality. In: A. Goldstein, ed., Handbook of psychology, Vol. 11. Forensic psychology.(pp. 509-526). New York: Wiley.
- Meloy JR. (2006). The empirical basis and forensic application of affective and predatory violence. Australian and New Zealand J Psychiatry, _____.
- Meloy JR. (2006). Antisocial personality disorder. In G. Gabbard, ed., Treatments of psychiatric disorders, 4th edition. Washington, DC: American Psychiatric Press, pp. _____.
- Meloy JR, Gacono CB. (1992). The aggression response and the Rorschach. J Clin Psychology, 48:104-114.
- Meloy JR, Gacono CB. (1998). The internal world of the psychopath. In: T. Millon, E. Simonsen, M. Birket-Smith, R. Davis, eds. Psychopathy: antisocial, criminal, and violent behavior. New York: Guilford Press, pp. 95-109.
- Meloy JR, Meloy MJ. (2002). Autonomic arousal in the presence of psychopathy: A survey of

- mental health and criminal justice professionals. J Threat Assessment, 2:21-33.
- Ogloff J, Wong S. (1990). Electrodermal and cardiovascular evidence of a coping response in psychopaths. Crim Justice and Behavior, 17:231-245.
- Patrick, C., ed. (2006). Handbook of psychopathy. New York: Guilford Press.
- Piaget J. (1954). The construction of reality in the child. New York: Basic Books.
- Porter S, Woodworth M, Earle J, Drugge J, Boer D. (2003). Characteristics of sexual homicides committed by psychopathic and nonpsychopathic offenders. Law and Human Behavior, 27:459-70.
- Raine A. (1993). The psychopathology of crime. San Diego: Academic Press.
- Raine A, Brennan P, Mednick S. (1997). Interaction between birth complications and early maternal rejection in predisposing individuals to adult violence: Specificity to serious, early-onset violence. Am J Psychiatry, 154:1265-71.
- Raine A, Lencz T, Taylor K, Hellige J, Bihrlé S, Lacasse L, Lee M, Ishikawa S, Colletti P. (2003). Corpus callosum abnormalities in psychopathic antisocial individuals. Arch Gen Psychiatry, 60:1134-1142.
- Raine A, Reynolds C, Venables P, Mednick S, Farrington D. (1998). Fearlessness, stimulation-seeking, and large body size at age 3 years as early predispositions to childhood aggression at age 11 years. Arch Gen Psychiatry, 55:745-751.
- Raine A, Stoddard J, Bihrlé S, Buchsbaum M. (1998). Prefrontal glucose deficits in murderers lacking psychosocial deprivation. Neuropsychiatric, Neuropsychological, and Behavioral Neurology, 11:1-7.
- Raine A, Venables P, Mednick S. (1997). Low resting heart rate at age 3 years predisposes to

- aggression at age 11 years: Evidence from the Mauritius Child Health Project. J Am Acad Child Adolescent Psychiatry, 36:1457-1464.
- Robertson J, Bowlby J. (1952). Responses of young children to separation from their mothers. Courr Cent International Enf, 2:131-142.
- Rule A. (1980). The stranger beside me. New York: Norton.
- Scarpa A, Raine A, Venables P, Mednick S. (1997). Heart rate and skin conductance in behaviorally inhibited Mauritian children. J Abn Psychology, 106:182-190.
- Schafer R. (1968). Aspects of internalization. New York: Int. Univ. Press.
- Stevens D, Charman T, Blair R. (2001). Recognition of emotion in facial expressions and vocal tones in children with psychopathic tendencies. J Genetic Psychology, 16:201-211.
- Symington N. (1980). The response aroused by the psychopath. Int Rev Psycho-Anal, 7:291-298.
- Tyson P, Tyson R. (1990). Psychoanalytic theories of development. New Haven: Yale University Press.
- Viding E, Blair R, Moffitt T, Plomin R. (2004). Psychopathic syndrome indexes strong genetic risk for antisocial behavior in 7 year-olds. J Child Psychology Psychiatry, 45:1-6.
- Winnicott D. (1965). The maturational processes and the facilitating environment. New York: International Universities Press.
- Woodworth M, Porter S. (2002). In cold blood: characteristics of criminal homicides as a function of psychopathy. J Abn Psychology, 111:436-445.