

Book section: ESSAYS AND REVIEWS

Understanding and Treating the Psychopath, by Dennis M. Doren (New York: John Wiley and Sons, 1987), 269 pp., \$32.00.

REVIEWED BY
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Inviting a psychoanalytic theorist to review a behaviorist's book on the psychopathic individual is a dangerous business. Nevertheless, I found the shift in perspective both thought-provoking and compelling.

Understanding and Treating the Psychopath is another book in the Wiley series on personality processes, a well-regarded compendium of texts for behavioral scientists interested in the nature of human personality. The book is written for the doctoral-level mental health practitioner and therefore assumes a fairly sophisticated grasp of psychological theory and empirical research. Dr. Doren's writing style is generally clear and concise, however, which may broaden his readership to include laymen interested in the psychopath.

The purpose of the book is to "offer an understanding and method of treating a client population most often considered untreatable." (p. 244) After finishing the book, I felt strongly that my understanding of the psychopath had been deepened; but I wasn't so sure that I had been offered a method of treatment.

The book is divided into two parts. The first part, entitled "Theoretical Issues," is a review and empirical critique of four major theories of psychopathy:

1. Harrison Gough's sociological theory, formulated in 1948, is that the psychopath is suffering from a role-playing deficiency that impairs his capacity to reflect upon himself or empathize with others.
2. Hans Eysenck's 1964 theory of psychopathy, based upon his three-dimensional personality construct (extroversion, neuroticism, and psychoticism), hypothesizes that the psychopath's cortical underarousal impairs his ability to respond to external stimuli.
3. Herbert Quay published a brief article in 1965 positing that the psychopath is a pathological stimulation seeker because of cortical underarousal. He added an environmental factor to his essentially biological theory in 1977, when he wrote that the parents' reaction to an excessively stimulation-seeking child is rejection, inconsistent discipline, and retreat.
4. Robert Hare, in my opinion the foremost contemporary researcher in psychopathy, first articulated his biologically based response perseveration theory in 1970. He stated that psychopaths suffer from lesions in the limbic system of the brain (among other things, the center of emotional-relatedness), which make it difficult to inhibit ongoing behavior. Such disinhibited behavior causes the repetition, or perseveration, of the most dominant response in any given situation.

Dr. Doren found empirical support for all these theories of psychopathy, but he criticized them for "lacking comprehensiveness in explaining psychopathy in its entirety." (p. 74)

The heart of this book is Chapter 6, "The Integrative Theory—Psychopathy as the Persistent Challenge for Environmental Control." It is a *tour de force* explanation of the psychology of the psychopath from a behaviorist perspective, and at the risk of oversimplifying a rather complex biobehavioral theory, I will attempt to summarize it:

The psychopath is born with a relatively low degree of general cortical arousal, often manifested through symptoms of childhood hyperactivity (Attentional Deficit Disorder).

There are two behavioral effects of this condition: excessive stimulation seeking and a diminished ability to inhibit behavior when faced with punishment.

Dr. Doren describes the subsequent learning that occurs as "partial helplessness conditioning." Under this conditioning procedure, the child is either rewarded or punished for the same behavior in an unpredictable fashion. Cortical under-arousal (biological) and partial helplessness conditioning (environmental) are the two cornerstones of Dr. Doren's theory.

Partial helplessness conditioning teaches the child that he does not control the outcome of his behavior at any specific time, but that if he persists, he will eventually get what he wants. He is on a variable ratio or variable interval reinforcement schedule, the most powerful reward schedule known to the behaviorists.

This learning results in a diminished concern about punishment, fewer effective socializing experiences, and a tendency to act until the goal is attained. These results lead to three distinctive consequences:

First, the psychopath views "people within (his) field of attention as objects which challenge (his) obtainment and control of the environmental rewards (he) seeks." (p. 88)

Second, the psychopath spends his "formative years learning actions society wishes (he) never did, ways to satisfy (his) desires that are often illegal and harmful to others." (p. 88)

Third, the psychopath's "determination to succeed in obtaining a desired goal is marred by (his) short-sightedness, immorality, and limited repertoire of behaviors from which to choose." (p. 88)

The behavioral outcome of this complex learning process is an undersocialized individual who persists in performing a limited number of behaviors to obtain short-term goals. He strives to control his environment; and this challenge and the

perception of gaining such control become secondary reinforcers which are, by themselves, highly rewarding.

This is a clear, comprehensive biobehavioral theory of psychopathy that stands up rather well in the light of Hall and Lindzey's six criteria of a good theory: it should lead to the collection or observation of empirical relationships not yet observed; it should be utilitarian; it should incorporate known empirical findings into a logical and reasonable framework; it should be parsimonious; it should be clear and explicit; and it should focus one's attention on the most germane aspects of the phenomenon being studied. Both Dr. Doren and I think that his theory ranks fairly well when measured by these criteria.

I do see some minor problems, however, that could be corrected in subsequent papers. Dr. Doren uses the terms "integrative theory" and "control theory" interchangeably. This confused me, and I wondered whether it was intentional, or perhaps suggested Dr. Doren's ambivalence concerning the name of his theory or even its central focus. I would suggest "biobehavioral control" theory.

The theory also needs a fuller elaboration of both "control" and "challenge" as secondary reinforcers. Few lay readers will know what a secondary reinforcer is, and I had to turn to a learning theory text of mine to refresh my memory:

A stimulus that is not originally a reinforcing one . . . can become reinforcing through repeated association with one that is.²

Dr. Doren's failure to offer a definition of secondary reinforcement becomes more problematic if his theory is called a "control theory." In essence, his elegant sequence of biobehavioral events leads to two secondary reinforcers, one of which—"control"—defines the entire theory.

My last criticism of Dr. Doren's theory has to do with "partial helplessness" conditioning. Isn't Dr. Doren just

talking about a high-frequency response to variable ratio or variable interval reinforcement schedules? Is partial helplessness conditioning that unusual, or that unique to psychopathy? I would like to hear more about this from Dr. Doren.

The second part of the book is entitled "Treatment Issues." Dr. Doren begins it with a chapter on differential assessment, and properly distinguishes among organic personality syndrome, post-traumatic stress disorder, and psychopathic personality. He also becomes much more psychoanalytic, to my great relief, as he refers to the clinician's emotional reaction to a patient as a valuable diagnostic tool, one use of countertransference.

Dr. Doren goes on to explore the psychopath's most common problems in treatment: a preoccupation with perceived challenge and control, a limited behavioral repertoire, a tendency to persist when frustrated, a deficient ability to understand consequences, attentional problems, and the perception of people as objects and obstacles. Dr. Doren also takes a bold position regarding the treatment of the psychopath:

Psychopaths can learn to act "as if" they experience . . . emotions, but they cannot learn to feel them If the therapy goals are to make the psychopath into an upstanding citizen who will care about others, feel what others feel, and feel guilty when he hurts someone . . . the therapy is doomed to failure. I have never seen it happen. Nor have I ever heard of its happening If the therapy goals are to get the person acting "as if" . . . he is empathic and does not wish to hurt others, this can happen." (p. 168)

I partially agree with Dr. Doren. As a psychologist I have never observed such change in a severely psychopathic adult, but I *think* I have observed such change in mildly psychopathic adults. And I remain hopeful that the psychopathically disturbed child may respond to psychotherapeutic intervention. All this reveals that, at present, emotion can only be inferred and not observed. Perhaps in the near future the judgment of the "as if" quality of certain psychopathic

behaviors will have a more sound empirical footing. I also am struck by the adamant nature of Dr. Doren's statement "they cannot learn to feel . . ." It is particularly incongruous given the rigorous empirical nature of the rest of his book and the care with which he supports or refutes hypotheses. It hints at a moral judgment that is often an unforeseen countertransference trap in clinical work with the psychopath: we are inclined to do to the psychopath what he does to us—devalue his capacities. Is the absence of emotion so absolute that it cannot be conditioned? I think not. Are the nature and quality of various emotional states responsive to primary and secondary reinforcers? I think so.

Nevertheless, I admire Dr. Doren's tenacity and his attempt to instill "as if" behavior in his psychopathic patients. I find the task important in maintaining our social fabric—but the absence of any real affectional capacity in a "good enough" actor leaves me quite uneasy.

Dr. Doren's "traps to avoid" in attempting to treat the psychopathic individual are a delight: battling to win, especially if you are winning; becoming the advocate, especially if you mean it (I have seen several defense attorneys fall prey to the interpersonal seduction of their psychopathic clients and subsequently engage in unethical, if not illegal, behavior); believing what you hear, especially if the story seems too complicated to have been fabricated; fearing manipulation, especially if you do not believe you are being manipulated; and becoming fascinated, especially if you are being entertained. At least some of these destructive interpersonal processes should ring true with anyone who works with psychopathic individuals.

The final two chapters spell out direct and indirect behaviors of the psychopath designed to control his environment. Excellent examples of the ways in which the psychopath tries to manipulate the professional are accompanied by a multitude of interventions that reveal Dr. Doren's general treat-

ment approach: verbally confront the behavior and its long-term destructive effects upon the patient, and offer suggestions of better ways to seek gratification. Dr. Doren's treatment approach is essentially a cognitive-behavioral, direct-decision model with useful suggestions concerning the expected emotional "countertransference" reaction of the mental health professional.

I would have liked to have read more about Dr. Doren's concept of "treatment" and the various psychotherapeutic and milieu approaches that he finds useful. I would also have liked to have seen more treatment theory tied to his specific intervention techniques, and perhaps a case study of a psychopath who had benefited in specific behavioral ways from his treatment approach. My secret hope is that Dr. Doren is doing a long-term outcome study at the Mendota Mental Health Institute in Madison, Wisconsin, where he is the chief psychologist. He seems eminently qualified to do one.

My psychoanalytic perspective and Dr. Doren's behaviorist perspective could not be further apart. Where he is interested in behavioral contingencies, I am interested in intrapsychic structure and function. When he speaks of conscious choice, my attention turns toward unconscious defense and impulse. When he discusses primary and secondary reinforcers, my thoughts coalesce around failures of internalization, attachment, and the grandiose self-structure of the psychopath. We would agree, however, that the psychopath is a person bereft of anxiety and guilt—a stranger in our midst—aggressively seeking to be known. Unloving and unloved, he yet remains human.

But the beauty is not the madness
 Tho' my errors and wrecks lie about me.
 And I am not a demigod,
 I cannot make it cohere.
 If love be not in the house there is nothing.

- Notes
1. C. S. Hall & G. Lindzey, *Theories of Personality* (New York: Wiley, 1970).
 2. F. S. Keller & W. N. Schoenfeld, *Principles of Psychology* (New York: Appleton-Century-Crofts, 1950), 232.