The Psychology of Wickedness: Psychopathy and Sadism

by J. REID MELOY, PhD

Because I come from a long line of Presbyterian ministers and have myself earned a graduate degree in theology, I approach the question of wickedness in psychology with an abundance of curiosity, but perhaps an insufficient humility. For wickedness, or evil, is outside the paradigm of science, and, I think, should remain so. It is, instead, the default of morality, or moral choice, and occupies the paradoxic position of being known to the science of psychology, yet not of it.

In the clinical practices of psychiatry and psychology, moreover, we cannot avoid occasionally coming face to face with patients who stimulate in us the thought that they are mean, wicked, or in some cases *ra* (Hebrew for evil). Such patients live, in Oscar Wilde's words, "to give rebellion its fascination, and disobedience its charm," and they may truly frighten us as clinicians. Fortunately, their numbers appear to be few, because we have now entered the diagnostic and psychodynamic landscape of the evil-doers, the wicked ones—in psychology: psychopaths and sadists. If we think about the psychology of wickedness, these are the people we must study and understand, yet fear.

THE PSYCHOPATH

The construct *psychopathy* was disavowed with the publication of the *Diagnostic and Statistical Manual,* 2nd edition (DSM-II),[1] but has regained a tenuous foothold in DSM-IV.[2] Subsumed by the psychodiagnosis of antisocial personality disorder, it is a much older and more clinically complex term that originated in late 19th century German psychiatry. In that context, such a patient would have been labeled a "constitutional psychopathic inferior": a phrase that itself interweaves both the Lombrosian notion of a bad seed and the common moral judgment that such people are less than human.[3] A century later, a substantial and growing body of research argues that habitual criminality does, in fact, have a heritable genetic loading.[4]

Following the classic and resurrective work of Cleckley,[5] psychopathy has been carefully and empirically defined by Hare[6] as a constellation of traits and behaviors characterized by two factors: (1) a callous and remorseless disregard for the rights and feelings of others, and (2) a pattern of chronic antisocial behavior. This two-factor loading can be reliably assessed using the 20-item *Psychopathy Checklist-Revised.*[7] Such an assessment requires both a clinical interview and scrutiny of independent historical data, because of the mendacity of such patients. At a certain quantitative threshold, the severe psychopath can be clinically identified, and predictive validity studies indicate that the construct is not useless psychobabble. Psychopaths are not amenable to treatment,[8] and in one study were found to be *more* violent 10 years after immersion in a therapeutic community before release.[9] They are also more dangerous than other criminals, and habitually engage in *predatory,* rather than *affective,* violence.[10] The former refers to planned, purposeful, and emotionless violence, usually toward strangers. The latter describes the reactive, emotional, and defensive violence that could be described as the garden-variety hurtful aggression that mostly male members of our species do, on occasion. Usually the victims and perpetrators of affective violence are bonded to some degree.[11] In maximum security prisons, approximately three fourths of individuals will meet criteria for antisocial personality disorder (according to DSM-IV), but only one third of these individuals, at most, will be psychopaths.[12]

Dr. Meloy is Associate Clinical Professor of Psychiatry, University of California, San Diego, and Chief, Court Services, Forensic Mental Health Division, San Diego County.

Address reprint requests to J. Reid Meloy, PhD, 964 Fifth Ave., Ste. 409, San Diego, CA 92101.

Some of the psychodynamics of the psychopath bring us closer to what we see as their evil, or their wish to destroy goodness. Psychopaths are aggressively narcissistic, and this aspect of their character pathology is often expressed behaviorally by the repetitive devaluation of others, not predominantly in fantasy, as we see in narcissistic personality disorder, but in reality. Psychopaths generally do this for two reasons: first, to maintain grandiosity, or their sense of being larger than life, and second, to repair perceived insults or emotional wounds by retaliating against those they hold responsible. This repetitive devaluation of others, which may range from verbal insults to serial homicide, also serves to diminish envy, an emotion highlighted by Klein[13] and recently explored by Berke.[14] Envy is the wish to possess the "goodness" perceived in others. If the "good object" cannot be possessed, it must be destroyed or damaged until it is not worth having. This idea of envy may, at first blush, seem quite theoretical, but is not if we imagine a very empathic and loving psychotherapist who extends his or her caring—and perhaps violates his or her own professional boundaries—to help a psychopathic patient. The perceived goodness may, in fact, stimulate the patient's envy and place the therapist in great danger, both emotionally and physically. Psychotherapists particularly at risk are those who narcissistically invest (take great pride) in their capacity to heal others or love others unconditionally and who may consequently engage in counterphobic denial of real danger[15] (eg, seeing the psychopathic patient in his or her home office or at unusually late hours, when no other staff are around, to accommodate the patient's schedule).

Another psychodynamic that contributes to the psychopath's propensity to commit evil acts is chronic emotional detachment from others.[16] For the psychopath, relationships are defined by power gradients, not affectional ties. This biologically based deficit in bonding capacity, which may be acquired or inherited or both, was first noted by Bowlby[17] in his study of delinquent adolescents, some of whom he labeled "affectionless." Instead of seeking proximity to others as a way to feel affection and closeness and to ward off loneliness, the psychopath appears most concerned with dominating his or her objects to control them. This pattern reduces threats to the psychopath and stimulates his or her grandiosity, but also diminishes the probability of empathy and inhibition of aggressive impulse. It is phylogenetically a prey-predator dynamic,[3] often viscerally or tactilely felt by the psychiatrist as an acute autonomic fear response in the presence of the patient without an overt behavioral threat: the hair standing up on the neck, goosebumps, or the more inexplicable "creepy" or "uneasy" feeling. These are atavistic reactions that may signal real danger and should never be ignored; they necessitate a more careful and thorough psychodiagnostic work-up and treatment plan.

The third psychodynamic of the psychopath that is often a facet of "wickedness" is his or her deception of others. Psychopaths are chronic liars, and research indicates that clinicians are most likely to be misled by the special skill we think we possess to detect lying.[18] The psychopath lies for many reasons, the most common of which is to experience the feeling of contemptuous delight when a deception is successfully carried out.[19] This motive sharply contrasts with normal lying, which is usually done to reduce the anxiety surrounding possible rejection by an angry person to whom one is bonded.

Without conscience, there is no guilt. Without guilt, the positive feeling aroused by deception both fuels the psychopath's grandiosity—the belief, for example, that he or she is smarter than most—and acts as an intermittent positive reinforcement. The psychopath is therefore more likely to lie again. The mendacity of the psychopath can be enormous and is usually best uncovered through scrutiny of the known details of his or her behavior and history independent of his or her self-report. The best psychometric assessment of deception concerning psychiatric disorder, what we normally diagnose as malingering, is a combination of the validity scales of the *Minnesota Multiphasic Personality Inventory* (MMPI-2) and the *Structured Interview of Reported Symptoms*, a relatively new clinical interview.[20]

These three aspects of the psychopathic personality—behavioral devaluation of others, chronic emotional detachment, and mendacity—are the catalyzing agents of his or her wickedness. The historical trail of the psychopath's life is often marked by the wounded and angry people he or she leaves behind, sometimes unwittingly stripped of their own capacity for goodness.

THE SADIST

The term *sadism* was coined by Krafft-Ebing[21] and is based on the life and writings of the Marquis de Sade, who surprisingly lived to the respectable age of 74.[22] Because the term has multiple meanings and a confusing and speculative literature,[23] I will clarify: I am using the term to describe individuals who derive pleasure from the control, domination, and suffering of others. I will treat *sexual sadism* as a more channeled variant,[24] characterized by sexual arousal stimulated by the psychologic or physical suffering of another. The DSM-IV has tried to simplify things by eliminating sadistic personality disorder, but burning the map does not eliminate the territory. As Michael Stone said, "sadistic personality disorder: not in the DSM, but still in the USA" (personal communication, March 1996). The most comprehensive analysis of the sadistic personality has been conducted by Millon.[25]

The derivation of pleasure through the subjugation, control, and consequent pain of others is an impulse-affect that has received very little empiric attention and far more theoretical speculation. A review of the 1967-1992 extant

research[11] yielded 70 citations, of which only one in four were empiric studies. There was a virtual absence of any measurable treatment studies; only three uncontrolled case studies that focused on sexual sadism. One study used cyproterone acetate,[26] one an olfactory aversion procedure,[27] and the third employed self-administered covert desensitization.[28] All three showed positive treatment outcomes.

We clinically know characterologic sadism, however, when we see it. The antisocial inpatient incessantly teases others and derives pleasure from their discomfort. The spousal batterer smiles broadly when shamelessly recounting his abuse. The most disturbing example, though, is the child who does not angrily kick a pet, but instead tortures animals with detached pleasure. We also know that this behavior in children, cruelty toward animals, correlates with adult violence,[29] but the causative factors of sadism, whether biogenic or psychogenic, are unknown.

There is a growing body of empiric work on both consensual and criminal sexual sadism. The subculture of consensual heterosexual and homosexual sadomasochism has been explored through surveys. Spengler conducted the first study of male sadomasochists in Germany.[30] In another study, sadomasochistic women appear to be more extroverted, less neurotic, more psychopathic, and more sexually active than control subjects.[31] Self-defined sadomasochists are predominantly heterosexual, well-educated, relatively affluent, and interested in both domination and submission, and they engage in a wide range of sexual activities.[32] Breslow[33] conducted the largest survey study to date in the United States and found that consensual sadomasochists included both men and women who were predominantly white, had a wide range of education, did not hide their proclivities from their significant other, had an average of six partners during the past year, mostly engaged in oral sex and spanking, and were remarkably free of self-reported depressive and negative feelings about their sexual interests.

It appears that this abnormal sexual behavior does not evoke wickedness or evil, and in this report I will instead focus on criminal sexual sadism. By definition (DSM-IV), criminal sexual sadism requires the paraphilia, a nonconsensual object, usually an abducted or captured victim, and psychological or physical torture. Here the paths of sadism and psychopathy cross and our species' capacity for evil is most apparent.

Two recent studies have scrutinized the offender and offense characteristics of the criminal sexual sadist for the first time. Dietz and colleagues[34] conducted an exploratory, descriptive study of a small, nonrandom sample (N=30) of criminal sexual sadists, the majority of whom murdered three or more victims. Virtually all of the subjects were white males, and the majority did not experience parental infidelity or divorce, physical abuse, or sexual abuse as children. The banality of their known histories was only surpassed by the extraordinary cruelty of their offenses. The majority of the subjects carefully planned their offense, took the bound, blindfolded, or gagged victim to a pre-selected location, kept the victim in captivity for at least a day, and proceeded to anally rape, force fellatio, beat, and vaginally rape her (in descending order of frequency) before murdering her and concealing the corpse. Most of the sexual sadists also recorded their offenses, presumably to memorialize their victims' suffering and to use for masturbatory stimulation between offenses. There were sufficient data to conclude that virtually all the subjects remained unemotional and detached during the torturing and murdering.

Gratzer and Bradford,[35] mindful of the risks of uncontrolled research, conducted a comparative study of the Dietz sample, their own sample of criminal sexual sadists (n=28) from the Royal Ottawa Hospital, and a sample of nonsadistic sexual murderers (n=29). The sadistic murderers, as a combined group, had a significantly greater frequency of physical abuse, cross-dressing, voyeurism, exhibitionism, and homosexual experiences in their history than the nonsadistic sexual murderers. They were also significantly more likely to plan their offense, pre-select a location, and beat, anally rape, bind, and force fellatio on the victim. Emotional detachment and sexual dysfunction also distinguished them. Eighty-six percent of the sexually sadistic murderers (Royal Ottawa Hospital sample only) were antisocial personality disordered, and the majority had measurable neurologic impairments.

Neither study[34,35] measured psychopathy, but the convergence with sexual sadism is strongly suggestive and expectable: both the psychopath and the sexual sadist share a desire to control and dominate their objects, a chronic emotional detachment that dehumanizes their objects, an aggressive narcissism that makes them feel entitled to do what they want to their objects, and a mendacity that both delights them and facilitates the abduction of their victims. We have recently empirically found that psychopathy and sadism are significantly and positively correlated, with a sufficient magnitude (effect size) to warrant further study.[36]

CONCLUSIONS

If we are to clinically manage the wickedness of psychopathy and sadism, we must first accept its reality. Regardless of the biogenic and psychogenic roots of these human disorders, we must look upon them with a scientific objectivity unfettered by a naive optimism that all psychopathology is treatable, or, if not, will ameliorate in time. We must also be willing, at the same time, to exercise moral choice and judgment on those who act in such nefarious ways. For the most difficult decisions in life are moral. And the most difficult acts in life are those that demand moral courage.

If we lose sight of these complementary and distinct aspirations—to seek scientific objectivi-

ty and to also exercise moral choice and judgment—then we risk either contaminating our scientific advancements with bias or abdicating moral responsibility in the service of scientific achievement. Without such aspirations, that "morning-star of evil," in Wilde's words, may begin to believe in us.

REFERENCES

1. *Diagnostic and Statistical Manual of Mental Disorders.* 2nd ed. Washington, DC: American Psychiatric Association; 1968.
2. *Diagnostic and Statistical Manual of Mental Disorders.* 4th ed. Washington, DC: American Psychiatric Association; 1994.
3. Meloy JR. *The Psychopathic Mind: Origins, Dynamics and Treatment.* Northvale, NJ: Jason Aronson; 1988.
4. Raine A. *The Psychopathology of Crime.* San Diego, Calif: Academic Press; 1993.
5. Cleckley H. *The Mask of Sanity.* St Louis, Mo: CV Mosby; 1941.
6. Harpur T, Hakstian AR, Hare R. Factor structure of the psychopathy checklist. *J Consult Clin Psychol.* 1988; 56:741-747.
7. Hare RD. *The Hare Psychopathy Checklist-Revised Manual.* Toronto: Multihealth Systems; 1991.
8. Meloy JR. Antisocial personality disorder. In: Gabbard G, ed. *Treatments of Psychiatric Disorders.* Vol 2. Washington, DC: American Psychiatric Press; 1995:2273-2290.
9. Rice M, Harris G, Cormier C. An evaluation of a maximum security therapeutic community for psychopaths and other mentally disordered offenders. *Law and Human Behavior.* 1992; 16:399-412.
10. Serin R. Psychopathy and violence in criminals. *Journal of Interpersonal Violence.* 1991; 6:423-431.
11. Meloy JR. *Violent Attachments.* Northvale, NJ: Jason Aronson; 1992.
12. Hare RD, Hart SD, Harpur TJ. Psychopathy and the proposed DSM-IV criteria for antisocial personality disorder. *J Abnorm Psychol.* 1991; 100:391-398.
13. Klein M. *Envy and Gratitude and Other Works 1946-1963.* New York, NY: The Free Press; 1975.
14. Berke JH. *The Tyranny of Malice.* New York, NY: Summit Books; 1988.
15. Lion J, Leaff L. On the hazards of assessing character pathology in an outpatient setting. *Psychiatr Q.* 1973; 47:104-109.
16. Gacono CB, Meloy JR. A Rorschach investigation of attachment and anxiety in antisocial personality disorder. *J Nerv Ment Dis.* 1991; 179:546-552.
17. Bowlby J. Forty-four juvenile thieves: their characters and home-life. *Int J Psychoanal.* 1944; 25:19-53, 107-128.
18. Ekman P. *Telling Lies.* New York, NY: Norton; 1985.
19. Bursten B. The manipulative personality. *Arch Gen Psychiatry.* 1972; 26:318-321.
20. Rogers R. *Structured Interview of Reported Symptoms.* Odessa, Fla: Psychological Assessment Resources; 1992.
21. von Krafft-Ebing R. *Psychopathia Sexualis: A Medico-forensic Study.* New York, NY: Putnam; 1965.
22. Lever M. *Sade/a Biography.* New York, NY: Farrar, Straus and Giroux; 1993.
23. Mollinger R. Sadomasochism and developmental stages. *Psychoanal Rev.* 1982; 69:379-389.
24. Shapiro D. *Autonomy and Rigid Character.* New York, NY: Basic Books; 1981.
25. Millon T. *Disorders of Personality DSM-IV and Beyond.* New York, NY: Wiley and Sons; 1996.
26. Bradford J, Pawlak A. Sadistic homosexual pedophilia: treatment with cyproterone acetate: a single case study. *Can J Psychiatry.* 1987; 32:22-30.
27. Laws D, Meyer J, Holmen M. Reduction of sadistic sexual arousal by olfactory aversion: a case study. *Behav Res Ther.* 1978; 16:281-285.
28. Hayes S, Brownell K, Barlow D. The use of self-administered covert sensitization in the treatment of exhibitionism and sadism. *Behavior Therapy.* 1978; 9:283-289.
29. Feltous A, Kellert S. Violence against animals and people: is aggression against living creatures generalized? *Bull Am Acad Psychiatry Law.* 1986; 14:55-69.
30. Spengler A. Manifest sadomasochism of males: results of an empirical study. *Arch Sex Behav.* 1977; 6:441-456.
31. Gosselin C, Wilson G, Barrett P. The personality and sexual preferences of sadomasochistic women. *Personality and Individual Differences.* 1991; 12:11-15.
32. Moser C, Levitt E. An exploratory-descriptive study of a sadomasochistically oriented sample. *Journal of Sex Research.* 1987; 23:322-337.
33. Breslow N. *Sadomasochism. A Report of a 10 Year Study Into Sadomasochism Among Consenting Adults.* Los Angeles, Calif: Oceanside Press; 1992.
34. Dietz P, Hazelwood R, Warren J. The sexually sadistic criminal and his offenses. *Bull Am Acad Psychiatry Law.* 1990; 18:163-178.
35. Gratzer T, Bradford J. Offender and offense characteristics of sexual sadists: a comparative study. *J Forensic Sci.* 1995; 40:450-455.
36. Holt S, Meloy JR, Strack S. Sadism and psychopathy in violent and sexually violent offenders. Manuscript submitted for publication.