

CHAPTER 20

A Psychoanalytic View of the Psychopath

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We are just beginning to understand the brain of the psychopath. 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 80 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 destroying 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 & 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 *object permanence* is 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 & 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 supports that this pathology of attachment is correlated with conduct disorder and antisocial personality disorder (Allen, Hauser & Borman-Spurrell, 1996). 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,

1 adolescents and adults that the texture response, a Rorschach measure of attachment, was
2 less frequent than normals. Meloy (1988) described this measure as a somatosensory analog
3 for early skin contact with the mother, the first means of affectional relatedness and perhaps
4 the genesis of secure attachment, albeit missing in the psychopath.

5 The second corner of the foundation is the psychopath's underarousal, particularly to
6 punishment. Hare (1970) conducted the early work on this phenomenon, which demon-
7 strated peripheral autonomic hyporeactivity to aversive events. The direct measure utilized
8 in these experiments was skin conductance, or galvanic skin response. His work has been
9 replicated by other researchers throughout the world (Raine, 1993), and has stimulated
10 a most intriguing body of work which has found that habitual criminals are 'chronically
11 cortically underaroused' (Raine, 1993). The combined measures of cortical underarousal
12 include three variables – slow wave (theta) EEG activity, low resting heart rate and poor skin
13 conductance – and appear to have a predictive power that can override the influence of the
14 environment, especially when the latter is considered normal or 'good enough' (Winnicott,
15 1965). Subsequent research also suggests a link between corpus callosum abnormalities
16 and associated behavioral symptoms, such as lack of remorse and social closeness, and
17 neurological responses, including reduced heart rate and skin conductance (Raine *et al.*,
18 2003).

19 Low levels of cortical arousal – which have nothing to do with intelligence – have also been
20 implicated in research with children and adolescents who display 'callous-unemotional'
21 traits and represent about one-third of children diagnosed with childhood-onset conduct
22 disorder (Frick *et al.*, 2003). Such children evidence thrill-seeking and fearlessness (Frick
23 *et al.*, 2003), show deficits in responding to negative stimuli (Frick *et al.*, 2003), habituate
24 more easily to distress in others (Kimonis *et al.*, 2005), and show lower autonomic reactivity
25 to negative emotional stimuli (Blair, 1999). This unique temperamental style may predispose
26 to psychopathy in adulthood, but this has yet to be demonstrated. However, heritability of
27 these 'callous-unemotional' traits appears to be substantial (Viding *et al.*, 2004).

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

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

42 Anxiety emerges during development in the service of safety and survival. When an
43 infant sees a stranger's face for the first time, she is likely to view it with rapt attention and
44 curiosity, especially while held in the arms of her parent. If the child is handed too quickly
45 to the stranger, however, the infant will immediately become distressed, often triggering a
46 reaction in the parent to recapture the infant in his arms. The distress immediately ceases,
47 because the potential danger has subsided. Bowlby argued that the evolutionary basis of

1 the causes of anxiety – the appearance of a stranger, actual separation, the anticipation of
2 loss – keeps the mother in close proximity to the child and the child safe from predators.

3 Anxiety is minimal or absent in psychopathy. Lykken (1957) first discovered this when
4 he differentiated between secondary (anxious) and primary (nonanxious) psychopaths in
5 his laboratory at the University of Minnesota. Blackburn (1998) in the UK has followed suit
6 with his demarcation between the anxious, moody, withdrawn psychopath and the hostile,
7 extraverted and low anxiety psychopath. Other laboratory and clinical studies support this
8 finding (Gacono & Meloy, 1991; Ogloff & Wong, 1990). Most notably, in conduct disordered
9 children, there is a strong negative relationship between ‘callous-unemotional’ traits and
10 anxiety (Frick *et al.*, 1999). During a recent assessment conducted by one of the authors (AS),
11 a psychopath spent two hours completing the MMPI-2. He frequently read the items aloud,
12 providing commentary on whether or not they bore any relevance to his life. His response
13 to an item regarding physical altercations (item 548) is illustrative of the underarousal and
14 minimal anxiety level often observed in psychopaths. ‘When I’ve had to defend myself, I
15 become more calm and relaxed in a fight. My strategy is to antagonize them. I don’t have
16 anger, I get them angry. I take emotions away from myself to handle things cooler. It’s not
17 me being angry. I smile and laugh during the whole damn fight’. The psychopath paused,
18 and with a chopping gesture added, ‘Take out the knees and go to work’.

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

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25 FAILURES OF INTERNALIZATION

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27 Although the conventional belief is that a neglectful and abusive environment is central
28 to the development of the psychopath, research has increasingly called this into question.
29 Marshall and Cooke (1999) found a negative curvilinear relationship between such family
30 experiences and psychopathy. In other words, if we measure psychopathy on a unidimen-
31 sional scale such as the PCL-R (Hare, 2003), as adult psychopathy increases into the mild
32 to moderate range, we do see a historical increase in neglect and abuse while growing up.
33 As psychopathy increases into the severe range, however, we see a decrease in neglect
34 and abuse while growing up. In related research, Raine, Stoddard *et al.* (1998) found that
35 functional deficits measured by radioactively tagged glucose activation (positron emission
36 tomography, PET) in the brains of samples of murderers with extensive criminal histories
37 were *more pronounced* among those from good rather than poor home environments. The
38 suggestive findings of these and other studies (Raine, 1993) is that the more severe the psy-
39 chopathy, the more psychobiologically rooted is the cause. Some still wonder how Louise
40 Bundy and her husband could produce such a child as Ted Bundy, who grew up to be one
41 of the most notorious serial murderers in criminal history; yet most do not know that the
42 man who raised him was actually his stepfather, and his mother had been impregnated by a
43 wayfaring stranger who briefly passed through her life when she was young (Rule, 1980) –
44 perhaps the carrier of the bad seed.

45 Psychological failures appear to parallel the biological anomalies of the psychopath as
46 he matures, regardless of the quality of his parenting. These are failures of internaliza-
47 tion, which Hartmann (1939) described as the evolutionary and phylogenetic transfer of

1 functional-regulatory mechanisms from outside to inside. Piaget (1954) called this process
2 assimilation. Failures of internalization begin with an organismic distrust of the environment
3 and early incorporative deficiencies. Incorporation is the most developmentally primitive
4 or early form of internalization, and is most apparent in the normal infant's desire to take
5 everything in through its mouth, whether mother's nipple or a piece of lint on the floor once
6 his pincer grasp has developed. The instinct is to suck and swallow, and then within the first
7 year, to tear, bite, chew and swallow. If normal development proceeds, these incorporative
8 experiences are mostly pleasurable, gratifying, predictable and physiologically stabilizing.
9 The infant develops a basic trust of the environment (Erikson, 1950).

10 In psychopathy, however, these incorporative failures predict subsequent problems with
11 two kinds of internalizations: identifications and introjections. Identifications are ways in
12 which the self or behavior are modified to increase resemblance to the object (Schafer,
13 1968). Introjections are internalized objects that maintain a relationship to the self and are
14 structurally a part of the superego. Introjections are most apparent in clinical settings when
15 a patient reports that he 'sees' or 'hears' things in his mind that are not considered a part of
16 himself. They are subjectively experienced as 'not-I' (Meloy, 1985). Borderline personality
17 disordered subjects will complain of such persecutory 'voices', but they are not experienced
18 as sensory-perceptual stimuli from the outside, as one would see in a psychotic individual.

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

25 Freud (1936) first noted this phenomenon and called it identification with the aggressor.
26 It is most apparent in the degree to which abused children will closely bond to their abusive
27 parent, and their own risk of aggressing in adulthood toward their offspring. Meloy (2001)
28 referred to this identification in psychopathy as a *predator part-object*, the primary inter-
29 nalization and core narcissistic identification of the psychopath's grandiose self-structure
30 (Kernberg, 1984) – which may or may not be a partial product of parental abuse.

31 How is this clinically apparent? Psychopathic adults will often transform benign per-
32 cepts during Rorschach testing into predatory ones: 'It's a butterfly . . . with claws'; 'It's
33 a whale . . . with a shark fin'; 'I see two carnivorous wolves . . . I wish I could see doves
34 mating'; 'A bat or evil moth, a furry animal that doesn't suckle to its mom' (Gacono &
35 Meloy, 1994; Meloy & Gacono, 1992; Meloy, 2001). Such identifications in the real world
36 are manifest in the psychopath's propensity to engage in planful, deliberate and emotionless
37 violence (Meloy, 2006); and the strong association between sadism and psychopathy (Holt,
38 Meloy & Strack, 1999). *The central motivation of the psychopath is to dominate his objects.*
39 There is no desire for affectional relating, or reciprocal altruism. He operates from within a
40 dominance-submission paradigm, and identifies in a conflict-free manner with the predator.

41 This prey-predator dynamic (Meloy, 1988) is most apparent in our counter-transference
42 responses to psychopathic adults. In a large survey study ($N = 584$) of mental health
43 and criminal justice professionals, Meloy and Meloy (2002) found that 77.3 % who had
44 interviewed an adult psychopath reported a physiological reaction that was likely due to
45 sympathetic activation of their autonomic nervous system. It was typically a dermatological
46 response: 'my skin was crawling'; 'he got my hackles up'; 'he made the hair stand up on my
47 neck'. Other reactions included perceptual, 'felt outside myself . . . numb'; gastrointestinal,

1 'stomach felt like I swallowed cement'; muscular, 'frozen with fear'; pulmonary, 'I couldn't
2 catch my breath'; and cardiovascular, 'my heart was pounding'. These are all primitive,
3 atavistic responses that signal danger, the anticipation of being prey to an intraspecies
4 predator. When experienced as anger, the counter-transference is likely to be sadistic in
5 nature (Meloy, 1988; Symington, 1980).

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8 **THE GRANDIOSE SELF AND OMNIPOTENT FANTASY**

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10 Central to psychopathy is a variation of the grandiose self-structure, delineated by Kernberg
11 (1974) in his theoretical understanding of the narcissistic personality disorder. The term
12 *grandiose self* was originated by Kohut (1968), who previously employed the term *narcis-*
13 *sistic self* (Kohut, 1966). The grandiose self-structure, however, is a pathological formation,
14 not a normal developmental fixation as argued by the self psychologists. The latter group see
15 the grandiose self as one polarity which is in a tension arc with the idealized parent imago,
16 a normal state of development which they believe can become a developmental fixation
17 in adulthood (Kohut, 1968). They ignore aggression. Self psychology sheds little light on
18 psychopathy, thus the absence of any writing on this topic by the self psychologists.

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

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

34

35 A charismatic psychopath identified himself to his family as 'Walking in Christ,' or
36 Christ, or the Lord. He also coerced and persuaded them to believe that God would
37 communicate his pleasures and displeasures only through him to his family members.
38 Over the course of thirty years he kept his family isolated and mobile, impregnated his
39 daughters and nieces who eventually gave birth, sexually molested the minor females
40 in his family, and physically assaulted and battered them over the years when they
41 displeased the Lord. He eventually murdered nine of his offspring when he was faced with
42 losing some of his children to the police and child protective services (JRM case files).

41

42 The behavioral devaluation of others, amply illustrated by this case vignette, is the means
43 by which the psychopath maintains a stable grandiose self-structure. Unlike the narcissistic
44 personality disorder who can nurture within himself a special fantasy for years without
45 revealing it to anyone, the psychopath cannot do this solely with fantasy, but instead must
46 aggressively derogate and dismiss others in order to shore up his grandiosity. Such devalu-
47 ation may run the gamut from cruel teasing to torture and murder.

1 PRIMITIVE INTERNALIZED OBJECT RELATIONS

2
3 As Meloy (2001, p. 13) wrote, ‘when one gazes upon the psychopath, there is less there
4 than meets the eye.’ Regardless of his IQ – intelligence is normally distributed among
5 psychopaths (Hare, 2003) – his personality is organized at a preoedipal or borderline level.
6 This has been empirically demonstrated in extensive research utilizing the Rorschach and
7 various measures of object relations in more than 400 antisocial and psychopathic children,
8 adolescents and adults, both male and female (Gacono & Meloy, 1994; Meloy & Gacono,
9 1998). The neurotically organized psychopath is an oxymoron.

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

17 This state of mind is central to the preoedipal theory of Klein (1964), Jacobson (1964)
18 and Kernberg (1980), and is often misunderstood by those who attempt to apply a tripartite
19 structural theory to clinical understanding of primitive object relations. Repression must
20 be an active defense in order for there to be a differentiated ego and id, and ideal self-
21 representations must integrate with ideal object representations as an ego ideal if a mature
22 superego is to be realized. In the psychopathic character organized at a borderline level,
23 dyad self and object representations are either condensed in the grandiose self-structure or
24 displaced somewhere else, often outside the self via projection or projective identification.
25

26 One 34-year-old serial murderer, although both moderately psychopathic and pathologi-
27 cally narcissistic, could not completely rid himself of his bad objects. He was clinically
28 depressed and had very low self-esteem. He had abducted, raped and killed two young
29 women and readily referred to the ‘sick fuck’ part of himself that committed these acts.
30 He hated his mother owing to her abandonment of him and her drunken promiscuities
31 with many men. He selected intoxicated victims his mother’s approximate age when
32 she left him and reported rape fantasies toward his mother when he was 13 or 14 years
33 old. He believed he should be executed – he was subsequently sentenced to death – and
34 wished his father had killed him when he beat him as a boy (Meloy, 2001, p. 14).

35 SUPEREGO ABNORMALITIES

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

41 The only vestiges of conscience in the psychopathic character are best described by Ja-
42 cobson (1964) as sadistic superego precursors, which she defined as projected aspects of
43 early persecutory objects, attributed to others to deny aggression in the midst of frustration.
44 Kernberg (1984) defined this first superego layer as one of six levels of superego pathology.
45 Such precursors in the child psychopath are most evident in his callous-unemotional traits
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1 (Frick, 1998), which have been empirically associated with impaired conscience. Psycho-
2 pathic children are less distressed by the negative effects of their behavior on others (Frick
3 *et al.*, 2003); they show impaired moral reasoning and empathic concern (Blair, 1999); and
4 they have difficulty recognizing expressions of sadness in faces and vocalizations of other
5 children (Stevens, Charman & Blair, 2001) as well as facial expressions of fear (Blair *et al.*,
6 2001) and, at times, disgust (Kosson *et al.*, 2002).

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

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18 AFFECTS

19

20 The psychopath lives in a presocialized emotional world (Meloy, 1988, 2001). He has a range
21 and depth of feeling that is similar to that of a young toddler prior to his sustained interaction
22 with peers. Consciously felt emotions include excitement, frustration, rage, boredom, envy,
23 dysphoria and shame. Such feelings do not require whole-object relatedness wherein both
24 self and others are conceived as whole, separate and meaningful individuals. Such emotions
25 are related to part objects, or self objects in Kohutian (1968) terms, and are felt quickly,
26 expressed coarsely and dissipated rapidly. This process, which is empirically referred to
27 as modulation of affect, remains the same into adulthood. Psychopathic men typically
28 modulate affect like five-to-seven-year-old boys (Gacono & Meloy, 1994).

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

42 What is emotionally *absent* in the psychopath is most important. More mature feelings
43 that require whole-object relatedness and a capacity for secure attachment are missing.
44 These include anger, fear, guilt, depression, sympathy, gratitude, empathy, remorse, sadness,
45 loneliness and reciprocal joy – emotions that are broad, deep and complex. Instead, the
46 emotional life of the psychopath centers on his internal management of envy (Kernberg,
47 1984) and shame (Kohut, 1968), two affects that often precede intentional destruction of

1 the object in real life. The damaged object diminishes envy since there are no longer any
2 qualities worth possessing; the damaged object diminishes shame since it can no longer
3 threaten as a source of humiliation.

6 AGGRESSION

8 Psychopathic individuals do not struggle with tensions of ego-dystonic aggression, since
9 the impulse to aggress is either immediately acted out, or remains a source of aggressive
10 fueling of the grandiose self-structure without conflict or ambivalence. Rorschach research
11 has counter-intuitively found that antisocial and psychopathic individuals *at all ages* do not
12 see percepts engaging in aggression as often as normals. They do, however, produce more
13 aggressive objects with which they identify (Gacono & Meloy, 1994).

14 Empirical research has established that psychopaths engage in two *modes of violence* more
15 frequently than other nonpsychopathic criminals (Meloy, 2005). Affective violence, char-
16 acterized by an emotional reaction to an imminent threat, is common among psychopaths,
17 especially in the face of immediate frustration or humiliation. Predatory violence, charac-
18 terized by a lack of emotion, careful planning and preparation, and the lack of autonomic
19 arousal, is also frequent among psychopaths, and is emblematic of the homicides and sexual
20 homicides which a few of them commit (Woodworth & Porter, 2002; Porter *et al.*, 2003).

23 CONCLUSIONS

25 A clinically based theory of the psychopathic mind is beginning to be delineated through a
26 psychoanalytic understanding of his chronic emotional detachment, cortical underarousal,
27 minimal anxiety, failures of internalization, grandiose self-structure, primitive object rela-
28 tions, sadistic superego precursors, narcissistically defined affects and modes of aggression.
29 He remains a frightening member of our species, present in all walks of life. Understanding
30 the motivation and meaning of his behavior helps our community and society to manage
31 the risks he poses toward others.

34 NOTE

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