



Understanding violence: Does psychoanalytic thinking matter?

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ARTICLE INFO

Article history:

Received 31 August 2011
 Received in revised form 15 February 2012
 Accepted 15 February 2012
 Available online 1 March 2012

Keywords:

Psychoanalysis
 Violence
 Psychopathy
 Attachment
 Mentalization

ABSTRACT

A coherent psychoanalytic theory of violence has been hindered by the very few psychoanalysts who have actually worked with violent patients, by political allegiance to certain psychoanalytic schools of thought, a naïve belief that all violence is typically not intentional, but rather a problem of impulse control, and the lack of understanding of recent neurobiological findings concerning aggression. Although intensive psychoanalytic treatment is usually not appropriate for violent individuals, the authors assert that a comprehensive understanding of violent behavior from a psychoanalytic perspective is of relevance for all mental health practitioners interested in the nature of human aggression. Actual violence is informed by bodily enactments and regressions to primitive subjective states; the effects of trauma on representation and symbolic functioning; the demarcation between affective and predatory violence; and understanding how all of our mental processes, including cognitions, wishes, memories, unconscious phantasies, ego-defenses, and object relations, are originally rooted in the body. The authors review the historical psychoanalytic literature on violence and critique contemporary psychoanalytic theorizing regarding the etiology of violent behavior in the light of some neurobiological research findings. They conclude with treatment recommendations for those clinicians whose patients have been violent toward others.

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1. Introduction

Patients who have histories of actual violence toward others have never been of much interest to psychoanalysts. Although there may be many factors to account for this, we identify three distinct but overlapping developments that may be altering this perspective.

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The first is the emergence of forensic psychotherapy—the application of psychoanalytic expertise to the treatment of mentally disordered offenders. This came out of the pioneering efforts of psychoanalysts who were mostly working in the public health sector in forensic mental health or the prison system in the UK. Some, such as Arthur Hyatt-Williams, worked in relative isolation and were subject to considerable risks and difficulties posed by resistance or rejection from their colleagues, let alone from the patients themselves. Others were fortunate to work in more supportive institutions, notably the Portman Clinic in London, a National Health Service outpatient clinic that provides psychoanalytically informed treatments for violent, delinquent and perverse patients, and which stands out as a center that over the years has attracted some notable psychoanalysts who have been pioneers in the psychoanalytic investigation of violence. Founded in 1931 as the Psychopathic Clinic, the clinical arm of the then Institute for the Scientific Treatment of Delinquency—vice presidents included Alfred Adler, Havlock Ellis, Ernest Jones, Karl Jung, Otto Rank, and Sigmund Freud himself—the Portman Clinic has had on its staff prominent psychoanalysts such as Edward Glover, Kate Friedlander, John Rickman, Melitta Schmideberg, John Bowlby, Wilfred Bion and William Gillespie, and more recently psychoanalysts who have contributed significantly to the psychoanalytic literature on violence, perversion and delinquency, such as Mervin Glasser, Adam Limentani, Estela Weldon and Donald Campbell. The Clinic's first formal patient seen in 1933 was, 'a woman, 47 years of age, noted as having a violent temper, charged with assault on her woman employer' (Saville & Rumney, 1992, p.10). Forensic psychotherapy, overlapping with both forensic psychiatry and psychoanalytic psychotherapy, is now an established field of treatment and research in its own right, and has been recognized since 1999 as a formal subspecialty of psychiatry in the UK, and the International Association of Forensic Psychotherapy will be celebrated its 20th anniversary in 2011.

Second, there have been significant advances in the understanding and treatment of severe character pathology, and the recent development of empirically supported specific therapies and expansion of services available for people with a diagnosis of personality disorder, particularly of the borderline type: individuals who exhibit emotional instability, impulsive and sometimes violent behavior. Although the most widely used therapies for borderline personality disorder derive from a cognitive-behavioral model, the two most prominent therapies to emerge from the psychoanalytic school are Bateman and Fonagy's mentalization-based treatment (MBT) in the UK (Bateman & Fonagy, 2004, 2006) and transference-focused psychotherapy (TFP) developed by Kernberg and his colleagues in the U.S. (Clarkin, Yeomans, & Kernberg, 2006). Although derived from different theoretical models, both of these therapies show some overlap in their technique, and MBT is currently being applied to the treatment of violent offenders with a diagnosis of antisocial personality disorder (Bateman & Fonagy, 2008).

The third significant development is in both psychoanalytic and non-psychoanalytic research, and provides some of the empirical and theoretical underpinning regarding the etiology of violent behavior to support these clinical findings. This is the revolution in knowledge regarding the workings of the brain and development of mind, particularly in the field of attachment, which bridges psychopathology and the cognitive and neurobiological sciences. There is convincing evidence that the mind originates from the body (Fonagy & Target, 2007) and develops in the context of an attachment relationship with a significant object along a somatic-symbolizing continuum. Infantile bodily actions are gradually incorporated into mental structures and progressively more sophisticated psychic functions, levels of representation, and processes as the mind develops, the most mature form of mental organization being symbolic (Sugarman, 2006). The capacity of the mind for representation or mentalization (Bateman & Fonagy, 2004) is key to human development and social interaction. In some personality disordered and violent individuals, however, environmental trauma and disruptions to the attachment

system, as well as constitutional² factors, may interfere with this normal developmental process, compromising the child's capacity for mentalization and leading to the predominance of more primitive modes of subjective experience and psychological defenses. Difficult emotional states of mind cannot be contained by normal affective processing, and instead are dealt with by primitive defense mechanisms, such as splitting and projective identification (Grotstein, 1981), and in some instances actual violence toward others.

All of these rapidly developing areas of expertise have been inspired by a few psychoanalysts who have dared to wander out of the psychoanalytic stable and formed, albeit sometimes uneasy, alliances with other disciplines such as forensic psychiatry, psychology, or neuroscience, or have adapted more conventional psychoanalytic techniques to patients most psychoanalysts would not consider treating. There is, of course, a vast psychoanalytic literature concerning the nature of aggression that has accumulated since Freud, and while most psychoanalysts are very familiar with their patients' violent and even murderous fantasies, few have ventured to treat patients who were actual perpetrators of violence toward others. While we would agree that intensive psychoanalytic treatment is usually not the most appropriate treatment for such individuals, for reasons which we will elucidate, we would argue that understanding actual violent behavior from a psychoanalytic perspective is of relevance not only for psychoanalysts treating violent patients, but for all practitioners of our field who are interested in the nature of human aggression and destructiveness; in bodily enactments and regressions to more primitive subjective states and 'action' modes of functioning; in the effects of trauma on representation and symbolic functioning; and in understanding how all of our mental processes, including cognitions, wishes, desires, memories, unconscious phantasies, ego-defenses, and object relations, are originally rooted in the body.

A coherent theory of violence which respects the complexity of the issues involved, however, has been hindered historically by several factors: politically motivated loyalty to theoretical positions or psychoanalytic schools that has stifled informed and creative debate; the tendency of those psychoanalysts who have been interested in violence to focus on selective themes or dimensions reflecting the particular clinical field or theoretical framework in which they work; and the fact that some, such as Hyatt-Williams, worked in relative isolation at the expense of the effective dissemination of their ideas. In this paper, we will attempt to give an overview of how psychoanalysts have conceptualized violent behavior historically, followed by a summary of more contemporary psychoanalytic theorizing. We will critique some of these views, presenting some of the main neurobiological research findings regarding the etiology of violence. We conclude by offering our own attachment and object relational perspective, and some brief remarks regarding treatment recommendations for those psychoanalysts and psychoanalytic therapists whose patients have been violent toward others.

The focus of our study is violent behavior, and the exploration of the internal and interpersonal world of the violent person and his objects. Although we aim to situate our discussions within the main theoretical viewpoints regarding the nature of human aggression, it is not our intention to summarize the extensive psychoanalytic literature on aggression in full. We will also limit our discussion to understanding how and why individuals can be violent, and will not comment on socialized or group violence, vast subjects in their own right, which some have written about (e.g., Dutton, 2007; Kernberg, 2003a,b; Robins & Post, 1997; Volkan, 1988), and have focused psychoanalytic attention since the violent attacks of 9/11. Other influences on the antecedents and expression of violence that are not within the scope of this article, but

² We use the term "constitutional" to refer to largely inherited biological predispositions, but also recognize that the new field of epigenetics has shown that inherited changes in phenotypic appearance or gene expression can occur without alterations in the underlying genetic sequence, and may last across generations.

are nevertheless of great importance, are economics, sexuality, gender, cultural, social, and racial/ethnic factors (Reis & Roth, 1993).

2. Definitions of violence

The definition of violence has been an area of confusion in the literature, with many authors not clearly distinguishing aggression from violence; other related nouns such as anger, rage, destructiveness, sadism, cruelty and brutality are also often poorly differentiated and defined. Following Glasser (1978) and others, we distinguish violence from aggression by specifying violence as a behavior that involves the body. We take as our definition of violence the actual bodily harm inflicted by one person on another person, in which the body boundary is breached and physical injury may occur. This act of bodily harm may be consciously or unconsciously motivated, but often holds unconscious symbolic meaning, although this meaning is usually unavailable to the mind of the violent person. There are also cases where violence has no symbolic meaning: it is meaningless, and it begins and ends with the visceral excitement or somatic gratification of violent penetration of another. It is without thought. Such cases are most evident among the severely psychopathic (Meloy, 1988a,b) or antisocial personality disorder proper (Kernberg, 1984) subjects wherein the violence is most horrifying to the observer because of its banality.

3. Historical approaches to violence

Freud's theories of aggression were complex and developed throughout his lifetime. He initially saw aggression as being a component of the sexual instinct used in the service of mastery (Freud, 1905), but later saw aggression as a response to both internal and external threats, such as loss, and used in the service of self-preservation (Freud, 1915a,b). In 1920, he made aggression an instinct in its own right in the death instinct (Freud, 1920), a force that operates insidiously at all levels of the organism, accounting for the repetition compulsion, and incorporated into part of the superego as unconscious guilt.

The understanding of violence, however, has been mired by the polarization of viewpoints in the well-known historical debates following Freud. Klein (1946) understood aggression to be instinctual in origin and primarily destructive; Winnicott (1971) rejected the concept of the death instinct and differentiated between normal aggression as a constructive and essential ingredient of normal development necessary for separation and individuation, and pathological aggression as a reaction to environmental trauma and loss. Hartmann and the ego psychologists' (Hartman, Kris, & Lowenstein, 1949) position on aggression concurred with Klein that it was an instinctual drive, but differed in their rejection of the death instinct. The tendency of some of these theorists' followers to simplify these arguments, however, has not done justice to the complexity of Freud's views of aggression which he himself never fully resolved, and has led to false dichotomies and the fallacy that there is only one type of aggression, and correspondingly one type of violence.

3.1. Early contributors

One of the earliest psychoanalysts who wrote extensively about aggression, but also documented his clinical experience with many cases of real and often severe violence, was Menninger (1938, 1942, 1968). Menninger agreed with Klein that there were very early unconscious murderous fantasies, but he also stressed the ego's homeostatic properties, which, under conditions of stress, will attempt to discharge the aggressive drive against the environment in the service of self-preservation. He was also one of the first psychoanalysts to propose that all violent acts contain meaning, and that murder may be committed to preserve the sanity of the individual in an attempt to stave off psychic disintegration (Menninger, 1963; Perelberg, 1999a,b).

Glover is another important contributor to the early psychoanalytic literature on violence. In his seminal work *The Roots of Crime* (1960), an investigation into psychopathic and delinquent behavior inspired by his clinical work at the Portman Clinic, he distinguished between unmodified or primary aggression, which he believed was fused with libidinal energy and included sadism; and reactive aggression, which was intimately linked to hate and anxiety, and is activated by frustration and other psychic dangers. He traced the development of antisocial behavior from the infantile period, and was keen to emphasize that both constitutional and environmental factors, including 'traumatic stimulation' and the 'broken home', were at play. His work suggested that there are different forms of aggression; and he also distinguished between more temporary 'functional' aggressive reactions to anxiety, and more permanent structural modifications of the ego and superego by mechanisms such as unconscious identification with the aggressor (A. Freud, 1936) that could result in psychopathy (Meloy, 1988a,b).

3.2. Post-Kleinian developments

Menninger's idea that violence can be a defense against psychotic breakdown and unbearable states of mind is one which has been developed by later analysts working with violent patients, notably those working in the Kleinian tradition. These analysts highlight the primitive defenses, particularly projection and projective identification, that are mobilized in the violent act. These defenses work together with a constellation of object relations, fantasies, and impulses to form pathological defensive organizations (Hyatt-Williams, 1998; O'Shaughnessy, 1981; Steiner, 1982) that function to ward off psychic pain and unbearable states of mind. This causes a splitting of the personality so that areas of the mind containing affects which may stimulate actual violence and primitive object constellations remain encapsulated and underdeveloped. Hyatt-Williams (1998), in recounting and systematizing his extensive work with murderers in UK prisons in the 1960s and 70s, described how these individuals' minds are dominated by persecutory anxieties they are unable to tolerate, and which they attempt to expel via projective identification. However, this defensive maneuver is ineffective, in that once projected, the victim or recipient of the projections may act in an aggressive way towards the projecting person, provoking him to violent attack. He proposed that an essential feature of murderous acts is the collapse of symbolic thinking, releasing previously encapsulated unmetabolized death experiences, which he calls 'the death constellation' (Hyatt-Williams, 1998), which overwhelm the mind and have to be completely projected in homicide, or introjected in suicide.

Sohn, who has worked in high secure forensic psychiatric hospitals in the UK since the 1960s, also emphasizes failures in symbolic functioning in violent offenders. Sohn (1995) described working with psychotic patients who have carried out apparently unprovoked violent attacks on strangers, in which projection and projective identification fail altogether. He proposed that in these patients projective identification cannot be used to rid the self of frightening states of mind; instead, these states of mind are experienced as concrete mental objects that have to be kept in the mind to avoid the worse dread—a completely empty mind. Sohn suggested that these patients' aggressive instincts, and lack of a maternal object into which they could project their feelings, interfered with their capacity to symbolize, including the symbolization of 'loss,' so that they were left with the terror of a mind devoid of content. This lack of symbol formation and inability to project means that the only way of ridding the mind of these intolerable feelings is by violent physical action.

These analysts, influenced by the theories of Klein and Bion, highlighted the defects in ego-defensive functioning, as well as the presence of primitive unconscious fantasies of death, destruction, and annihilation, which they believed dominated the minds of the violent individuals with whom they worked. They assumed, as Klein (1946), that innate envy and destructiveness were manifestations of the death instinct and predominated in early life, giving rise to

primitive anxieties and defenses, unconscious fantasies and an archaic superego. Bion's (1959, 1962) concept of 'containment' was also important for these writers in emphasizing the relative lack of emotional receptivity that violent individuals experienced in infancy from their maternal objects; their destructive impulses and fantasies could not be adequately contained, modulated or represented, and therefore remained in a primitive and toxic form.

3.3. *The maternal object and focus on pre-oedipal pathology*

Other psychoanalysts working with violent patients have focused more on the role of the environment, in particular the maternal object, in the genesis of aggression and destructive behavior. Winnicott (1971), in his work with disturbed children, posited a central role for the mother in the etiology of violent and antisocial behavior. He saw aggression as a creative force necessary for healthy development by enabling individuation and separation, processes which were dependent on the 'facilitating maternal environment' and adequate maternal 'holding' functions. He believed that pathological aggression arose as a reaction to early deprivation and trauma (Winnicott, 1956, 1986), but viewed antisocial behavior as a hopeful phenomenon indicative of some early positive experiences, interpreting the young person's 'antisocial tendencies' of anger, resentment and violence as an attempt to regain the lost object. Winnicott believed that object relatedness superseded aggression as an instinctual drive.

Another important contributor to the field is Glasser, who also worked for many years at the Portman Clinic in London, and whose ideas remain influential today. We will highlight two of Glasser's contributions that we consider important both theoretically and clinically: his proposal that there is more than one type of violence, and his concept of the core complex.

Glasser's (1998) understanding of violence concurred with Menninger's; he believed violence could be evoked by any threat to psychic homeostasis. Returning to Freud's economic model of the mind, Glasser asserted that a fundamental task of the ego is the protection and integration of all psychological systems, including narcissistic equilibrium, and to maintain a steady dynamic balance at optimal levels. He proposed that there were two distinct modes of violence, 'self-preservative violence' and 'sado-masochistic violence,' which differ according to the role of the object. Self-preservative violence was considered a primitive response triggered by any threat to the physical or psychological self. Such threats might be external, and could include attacks on a person's self-esteem, frustration, humiliation or an insult to an ideal to which the person is attached. The person could also feel threatened by internal sources such as feeling attacked by a sadistic superego or fearing a loss of identity by feelings of disintegration and internal confusion. The violent response is fundamental, immediate, and aimed at eliminating the source of danger, which may be an external object or an attack on the person's own body—the latter experienced as an external persecutor in self-harm or suicide. Such self-harming behavior can be considered as an extreme regression to a primitive level of functioning where parts of the body are related to as external objects to be destroyed.

Glasser proposed that his second form of violence, sadomasochistic, resulted from the sexualization of self-preservative violence. The modes also differed in their relationship to the object. In self-preservative violence, the object at the time of violence is perceived as an immediate danger, but holds no other personal significance and its emotional responses as a whole object are of no interest—it just needs to be eliminated. By contrast, in sadomasochistic violence, the responses of the object are crucial: the object must be seen to suffer, but to do so it must be preserved, rather than eliminated as in the case of self-preservative violence. Sadomasochistic violence also involves pleasure, which is not a component of self-preservative violence, where anxiety is always present. Glasser gives a simple example of the difference between the two types of violence: the soldier who kills the enemy in a battle, believing that such an action is necessary to prevent himself

from being killed is exhibiting self-preservative violence, whereas the soldier who captures the enemy and tortures him to make him suffer is acting out sadomasochistic violence. The latter, moreover, is more commonly observed in perverse and psychopathic individuals. Glasser saw these two forms of violence as the two poles on a continuum of violent behaviors, on which the recognition of the object as a suffering part object decreased as one moved from sado-masochistic or sexualized violent behavior to the reactively violent behavior of the self-preservative type.

3.4. *The core complex*

Glasser (1996), like Winnicott (1971) a generation earlier, considered the relationship to the maternal object as being fundamental in the genesis of aggression and violence. He described a particular constellation of interrelated feelings, ideas and attitudes that he called the 'core complex'. A major component of the core complex is a deep-seated and pervasive longing for an intense and intimate closeness to another person, a wish to merge with them, a 'state of oneness' or a 'blissful union'. Such longings occur in all of us, but where there has been an early pathologically narcissistic relationship to the mother they persist in a primitive form unmodified by later stages of development. Merging no longer has the quality of a temporary state but is feared as a permanent loss of self, a disappearance of the person's existence as a separate, independent individual into the object. To defend against this annihilatory anxiety, the person retreats from the object to a safe distance. But this flight brings with it feelings of emotional isolation, abandonment, and low self-esteem. These painful feelings prompt, in turn, the desire for contact and union with the object once more, so that the core complex assumes the qualities of a vicious circle.

Aggression is a central component of the core complex. The annihilatory fear of a loss of separate existence provokes an intense aggressive reaction on the part of the ego. In order to preserve the self, the object has to be destroyed. But this, of course, would mean the loss of all the goodness of the mother, and the security, love and warmth that she offers. The infant has only two options—to retreat into a narcissistic state or to resort to self-preservative aggression against the obliterating mother. This, Glasser proposes, is the origin of self-preservative violence. Glasser also formulates that in the perversions there is an attempt to resolve the vicious circle of the core complex by the sexualization of aggression, and conversion of aggression into sadism. The mother is now preserved and no longer threatened by total destruction, as the intention to destroy is converted into a wish to hurt and control. This can lead to sado-masochistic rather than self-preservative violence.

Glasser proposed that many violent individuals experience prominent core complex anxieties in interpersonal situations of intimacy, which may trigger violent reactions. This is of obvious relevance to treatment, in that many of these individuals cannot tolerate psychoanalysis or individual psychoanalytic therapy, where the intensity of the relationship with the therapist may feel overwhelming. This is one of the reasons why treatment in a group setting is often more appropriate for people with violent behavior. For those patients who are able to engage in individual therapy, the identification and interpretation of the emergence of core complex anxieties in the transference can be essential in helping the patient understand the interpersonal triggers to his violence.

We can see how Glasser, with his concept of the core complex, locates the origins of violence in the pathological early relationship between mother and infant, where violence is used by the child as a measure to create space and separation between himself and his experience of an overwhelming maternal object. Although weaving an elegant and complex theory, Glasser commits a reductive fallacy by focusing almost exclusively on the maternal object. Other psychoanalytic authors did the same by fixating on the role of the maternal object in creating a pathological internal object world in which

pre-oedipal object relations predominate and predispose to destructive aggression and violent enactment. Shengold (1989, 1991) coined the term 'soul murder' to describe the process whereby the mother overstimulates her child and views him as an extension of herself rather than a separate being, replacing the child's own development of self by his mother's idealizations; this theoretically leads to a sense of emptiness and disillusion when he inevitably discovers that the world is not such an ideal place. Shengold believed that such individuals who were subjected to the violence of psychotic or psychopathic parents developed primitive 'anal-narcissistic defenses' and were likely to become perpetrators themselves due to the power of the repetition compulsion and identification with the aggressor.

3.5. *The role of the superego and third object*

This leads to the role of the father or paternal object in the genesis of aggression and violence, and associated deficits in the formation of the superego in violent and psychopathic individuals. In his paper 'Some character-types met with in psycho-analytic work,' Freud (1916) described 'criminals from a sense of guilt', individuals who were drawn to committing antisocial deeds because they were forbidden, to relieve a pre-existing unconscious sense of guilt stemming from fantasies of oedipal transgression. This stimulated a series of classical psychoanalytic clinical reports about people who displayed antisocial and delinquent behavior. Alexander wrote several papers investigating both the biogenic and psychogenic origins of the psychopath (Alexander, 1923, 1930, 1935), while during the same period Aichorn (1925) postulated that psychopathy was a failure of early identifications, narcissistic aberration, and oedipal pathology in his seminal text *Wayward Youth*. At the end of World War II, Horney (1945), Fenichel (1945), Reich (1945), Greenacre (1945), and Friedlander (1945) all published works in the same year which examined the unconscious life of the psychopath, highlighting the failures of the superego, deficits in early identifications, and early disturbed parent-child relations. Later analysts emphasized not only the developmental deficits evident in the mind of the psychopath, but also considered psychopathy as a defensive structure. Bowlby (1944) coined the term 'affectionless psychopaths' for children whose apparent indifference to others concealed their terror of 'the risk of their hearts being broken again.' This formulation was very similar to Winnicott's ideas (1956) regarding antisocial or psychopathic behavior as behavioral markers of an unconscious attempt to regain a good object.

The superego may be involved in different ways, however, depending on the nature of the violence. Glasser (1978), drawing from the work of Freud (1923) and other authors such as Lampl-de Groot (1947), divided the superego into two sets of functions: the proscriptive superego (superego as conscience) which provides moral and ethical restrictions, prohibitions and boundaries, the transgression of which makes the person feel guilt; and the prescriptive superego (superego as ego-ideal) which sets ideals, standards and goals of behavior, the failure of which to attain causing feelings of shame, low self-esteem, doubt, and inadequacy. The proscriptive superego may be used to limit and also justify socially sanctioned violence such as war (the concept of *jus in bello*), whereas Shengold's (1989) victims of soul murder likely have narcissistic deficits in the prescriptive superego predisposing them to self-preservative violence. In sadomasochistic or psychopathic violence, the ideals of the prescriptive superego are perverted so that negative goals are seen as rewarding and become positively valenced: pride is felt with the attainment of certain violent skills. Meloy (1988a,b, 1992), expanding on earlier work by Jacobson (1964) and Kernberg (1984), described the pathological identifications and failures of internalization that affect the development of the superego in psychopathic individuals. He also elaborated upon the presence of a particular model of the 'grandiose self—one which is predatory by nature—an ego structure that is the primary identification of the psychopath, and which determines much of his interpersonal and affective functioning. It

is maintained by continual *behavioral* denigration of others, often through the use of planned and purposeful violence (Meloy, 1988a, 2001).

Other analysts have emphasized the essential role of the father in the development of violence (e.g., Bateman, 1999; Campbell, 1999; Fonagy & Target, 1995; Limentani, 1991; Perelberg, 1999a; Stoller, 1979), as well as the role of the third object in the creation of internal space. The latter is theorized to be essential to the development of thinking, and the capacity for symbolization and mentalization, failures of which predispose to violent behavior (Britton, 1992; Fonagy & Target, 1995; Segal, 1978). In normal development, the 'good enough father' can be internalized by the child to form an intrapsychic paternal or 'third object' that acts as an intermediary object by breaking up potentially pathological symbiosis and fusion between self and primary object, the mother. Many violent individuals, however, have histories of absent, abusive or emotionally unavailable fathers, and the resulting lack of an adequate paternal introject, or at best a positive identification, renders the person feeling perpetually trapped in a dyadic relationship with the mother where there is no possibility of another/third perspective (Greenson, 1968; Meloy, 1996). Drawing from her clinical experience, Perelberg (1999b) wrote about the precariousness of male identifications in violent patients where the internal representations of father remain primitive. More recently, Campbell and Enckell (2005), in noting the frequent use of 'concretized' metaphors which appeared to precede the violent acts in patients they were treating, proposed that these patients show failures in their capacity for symbolization and the ability to use metaphors, which are essential to healthy and mature psychic functioning. They proposed that their patients' violence may be seen as concrete representations in action which function as failed attempts to maintain psychic cohesion and defend against the fear of psychotic disintegration.

Recent Rorschach research has supported their formulation that violence may be concrete representation in action. Gacono and Meloy (1994) found in their studies of samples of antisocial, aggressive, and psychopathic subjects—including children, adolescents, male and female adults, and schizophrenics—that they consistently produced less Rorschach images that were acting aggressively or violently—"it's two people fighting"—when compared to normals. This was not interpreted as deliberate censoring of Rorschach responses since the phenomenon also occurred in samples of conduct disordered children. However, the same subjects produced more aggressive *objects* than normals in their Rorschach responses, such as "it's a gun." The absence of symbolization of violent action was interpreted as consistent with the propensity of such individuals to instead act out their violence; although their internal representations may be perfused with aggressive objects. However, the same research does not support the idea that violence in such populations is a defense against the fear of psychotic disintegration other than in their sample of violent and antisocial schizophrenic patients (Gacono & Meloy, 1994).

4. Contemporary approaches

4.1. *Different types of violence*

Although the concept of the death instinct remains contentious, it is difficult to maintain that aggression has no instinctual origin at all. Attempts to formulate aggression in purely psychological terms ignore crucial evidence from other disciplines, including the ethological, genetic and biological sciences. A few psychoanalytic thinkers have, therefore, attempted to integrate the instinctual and reactive models of aggression into a unified theory or postulated different forms of aggression. Rage has been isolated as a specific form of aggression that can express itself as explosive violence (e.g. Hyatt-Williams, 1998; Kernberg, 1992; Kohut, 1972; Kutash, 1978; Menninger, 1963; Parens, 1993; Meloy, 1988a,b, 1992). Both Kernberg (1992) and Kohut (1972) distinguish between different types of aggression. Following other authors (Parens, 1993;

Schafer, 1997; Shengold, 1991), who have highlighted the role of the painful affects involved in narcissistic injury in precipitating rage-type aggression. Gilligan (1996) has proposed that all forms of violence are precipitated by feelings of shame and humiliation. Working as a psychotherapist with violent high-security inmates in prisons in the United States, he was struck by how often, when asked why the offender had been violent, they replied that they had been 'disrespected'. He believes that their early experiences of being rejected, abused or made to feel as if they did not exist, predisposed them as adults to be sensitized to feeling ostracized, bullied or ignored, leading to unbearable feelings of shame and humiliation which need to be defended against by violent means. Such anecdotal data based upon self-report in a population of individuals known to be chronically deceptive, however, is not a firm empirical basis for such a broad theoretical formulation.

Cartwright (2002), in his investigation of rage-type murder, described people who appear to be successful, stable, perhaps sometimes rather controlling, but non-aggressive individuals who, seemingly out of the blue, commit explosive violence or even murder. Drawing on Winnicott's (1960) concepts of the 'true' and 'false' selves, Cartwright proposed that such individuals have a defensive organization that he calls the 'narcissistic exoskeleton', consisting of a rigid split in the psyche between a constellation of idealized object relations which form a defensive field around a disowned internal world of bad objects associated with aggression. Rage-type violence can suddenly erupt when there is collapse in this defensive system, precipitated by conflict or threats experienced by the person in relation to separation or antagonism toward the victim, which may have begun long before the murderous event. This causes a breakdown in their narcissistic idealized defensive system that functions to deny and control the existence of the hidden aggressive bad object system, which then intrudes into and overwhelms the mind and personality, cannot be subject to thought given its poor representational capacity, and is therefore evacuated physically in violent action. Cartwright's work also appears to draw heavily on theories concerning intermittent explosive disorder first advanced by Menninger (1963) and Monroe (1989).

4.2. Bimodal distribution of violence

The recognition that there are different types of aggression leads to the plausible assumption, backed by empirical evidence, that there are correspondingly different types of violence. What has largely been missing, however, among both psychoanalytic theorists and practitioners is an appreciation of the heterogeneity of violent acts, empirically studied and analytically elaborated upon in the forensic literature (see, for example, Meloy, 1988a,b, 1997, 2006; Revitch & Schlesinger, 1981). Most salient is the absence of an understanding that certain violent acts are neither anxiety nor affect-based, are usually related to specific character pathologies, have relatively distinctive neurobiological underpinnings, and deserve psychoanalytic understanding.

During the same period that Glasser was formulating his ideas concerning self-preservative and sadistic aggression with colleagues at the Portman Clinic, Meloy (1988a,b, 1992) applied object relations theory and attachment theory to a bimodal model of violence that originated in the animal physiology literature a half century earlier (see reviews by McEllistrem, 2004; Weinshenker & Siegel, 2002). Born in the observation that cats, mice, and other mammals appeared to engage in two behaviorally distinct modes of violence, affective defense and predatory attack, this research carried forward through the second half of the twentieth century and empirically measured the relatively distinctive neuroanatomical pathways and neurochemicals which biologically defined the two modes. Behavioral manifestations of affective violence included the presence of an immediate threat, elevated heart rate, elevated blood pressure, other indices of autonomic arousal, the presence of intense fear or anger, and the cessation of such violence within seconds or minutes once the threat was no longer perceived (Meloy, 2000, 2006). Predatory violence was behaviorally

manifest in the absence of emotion and autonomic arousal, and a purpose and goal direction that was not dependent on physiological arousal (Meloy, 2006). Both modes of violence were measurable in humans through observation and self-report (Meloy, 2006), and also apparent in physiological (Stanford et al., 2003), neuropsychological (Houston, Stanford, Villemarette-pittman, Conklin, & Helfritz, 2003), psychopharmacological (Barratt, Stanford, Felthous, & Kent, 1997; Eichelman, 1988), and neuroimaging (Raine et al., 1998) studies. There is a growing body of evidence that the evolved human capacity for both predatory and affective violence lives on in the species.

Psychopathic individuals, moreover, have been found to actually engage in more frequent predatory and affective violence than others, including nonpsychopathic criminals (Cornell et al., 1996). Predatory and affective violence have also been studied in children and adolescents; in the former group, these constructs are labeled proactive and reactive violence, respectively (Crick & Dodge, 1996). Children who engage in proactive violence are typically less anxious, more callous, and more severely conducted disordered when diagnosed utilizing DSM criteria. The evolutionary basis of affective violence is survival against an imminent threat. The evolutionary basis of predatory violence is hunting (food gathering), which also promotes survival and genetic reproduction.

Attachment theory associated with predatory violence among personality disordered individuals suggests a generally insecure attachment, and a more specific dismissive attachment (Bartholomew, 1994). Meloy (1988a) hypothesized a primary identification as a predator within the grandiose self structure of the psychopathic character, an antisocial variation of the positively affectively valenced fusion of the ideal self and the idealized object originally described by Kernberg in his work on the grandiose self structure of the narcissistic personality disorder (Kernberg, 1975). Other research supports this formulation. Certain character disorders, such as psychopathic individuals, engage in prey-predator relationships as their predominant mode of relating to others in the absence of any reciprocal or affectional ties. They define their relations to others on the basis of power gradients—dominance and submission—rather than reciprocity. This is often clinically apparent in their behavior over time in relation to others, but also suggested by a historical observation of such individuals, their predatory stare, that has been observed but still not scientifically understood, for decades (Hymer, 1986; Meloy, 1988a,b). There is also new evidence that psychopathic individuals have a 'predatory acuity' absent in normals—their ability to discern more accurately fear and distress on the faces of others (Book, Quinsey, & Langford, 2007; Wheeler, Book, & Costello, 2009)—which may be a product of their limbic disconnection (Meloy, 1988a,b) and paralimbic abnormalities shown in functional magnetic resonance neuroimaging research (Kiehl, 2006). Clarity of observation is more easily done when emotional states and other anxieties are absent from the mind.

Survey research has also found that *most* mental health and criminal justice professionals in the presence of psychopaths will become autonomically aroused even in the absence of any overt behavioral threat. Often this autonomic arousal is found in such self reports as "he made my skin crawl," "he gave me the willies," or "he made the hair stand up on my neck." Although such autonomic arousal is often somatosensory, it also has been reported to primarily affect the digestive and cardiopulmonary systems. Such reports have been interpreted as an evolved defense, and an early biological warning system to signal the presence of an 'intraspecies predator' (Meloy & Meloy, 2002). Quasi-experimental studies, however, are needed to further test this hypothesis.

Such character disorders with histories of predatory violence will also often turn benign perceptions on the Rorschach into predatory objects: "it is a butterfly....with claws." "It is a whale with a shark fin." "I see two carnivorous wolves, I wish I could see doves mating" (Gacono & Meloy, 1994; Meloy, 1992; Meloy, Acklin, Gacono, Murray, & Peterson, 1997). The latter response was given by a nurse who participated with a sexual sadist and serially murdered women in Los Angeles three decades ago, and was evaluated by the second author. Such

perceptual distortions have been interpreted as evidence of the unconscious identifications of such subjects and suggest a positively valenced predatory–prey object relations unit, the representational component of the mind articulated by Kernberg (1984).

The point of convergence between Glasser (1998) and Meloy (1988a,b) is the inherent dominance and submission within sadism. The sadist most desires submission and control, and the predator also operates within the paradigm of submission and control. However, we view the sadomasochistic violence defined by Glasser as a sexualized type of predation, wherein there are many other reasons for predation among humans that do not involve sexual arousal: territorial dominance, revenge, money, and power being four that are most common. Most predation is not sadomasochistic, but when it is, we agree that the object, and the object's reactions, become a more intimate and personal focus of the predatory individual. Affective violence (Meloy, 1988a,b) and Glasser's self-preservative violence (1998) are virtually synonymous.

4.3. The violent true believer

A variation of such predatory violence is the extreme aggression of the violent true believer, a subject who knows he is entitled to take his own life and the lives of others to advance a particular religious or political belief system, and intends to do so (Meloy, 2004, 2011). This is not the valueless violence of the psychopathic character, but a violence driven by a predominant and rigid superego that often carries the subject's conscious beliefs, and unconscious identifications, as an agent of a spiritual or religious authority. Such sanctioning may stimulate conscious terrestrial fantasies that are overtly violent and grandiose, e.g., the establishment of a world theocracy, and derivative sexual fantasies and behaviors, such as the disavowal of sexual gratification in immediate reality while entertaining fantasies of unlimited virginal supplies in the afterlife. The homicidal superego demands are often manifest in several accelerating and evolving mental states. Meloy (2004) commented on this in his analysis of Timothy McVeigh and Muhamed Atta, violent true believers who separately carried out large civilian massacres in the United States in 1995 and 2001, respectively:

Within this identification arose a *totalitarian state of mind* in which omnipotence was idealized, intolerance of difference was magnified, hatred was exemplified, paranoia was rampant, and the entitlement to kill those who do not believe was embraced (Meloy, 2004, p. 144).

4.4. Attachment and mentalization

Others, such as De Zulueta (1994), Gilligan (1996) and Fonagy (Fonagy, 2003, 2004; Fonagy & Target, 1995; Fonagy, Steele, Steele, Moran, & Higgitt, 1991; Fonagy, Moran, & Target, 1993), emphasize the role of attachment in the etiology of violence. Fonagy believes that aggression is biologically rooted, but that pathological aggression and violent behavior arise in response to perceived threats to the psychological self. He has developed a model of how early trauma and disrupted attachments involving physical and emotional abuse may lead to aggression and violence, with the concept of 'mentalization' (Fonagy, Gergely, Jurist, & Target, 2002). This is the capacity to reflect and to think about one's mental states, including thoughts, beliefs, desires and affects, and to be able to distinguish one's own mental states from others. The normal development of a child's theory of mind, or appreciation of the mental basis of human behavior, is dependent on the intersubjective process of emerging psychological awareness between the child and his primary caregivers or attachment figures. The child becomes increasingly aware of his own mind through his growing awareness of the mind of his mother and her capacity to demonstrate to him that she thinks of him as a separate person with his own distinct intentions, beliefs and desires. If the mother's thoughts are frequently

malevolent or fail to view him as a separate being, aggression arises as a response to defend the fragile emerging self from the assumed hostility of the object. If the mother is unable to have a place in her mind for her infant, or feeds back a distorted, damaged image to the child, the child will be unable to develop a representation of his own experience, and instead internalizes the image of the caregiver, a representation that will be experienced as foreign or bad, and will never be fully integrated into his overall schema of self-representations. The person is then forced to develop an identity around an alien persecutory internal object, or introject, that is unable to think or feel and has to be defended against by violent means. Bateman and Fonagy (2008) have called this discontinuity within the self the 'alien self', and suggest that this internalized self-representation is continually subject to the pressure of projection into others to maintain the illusion of a self that does not contain unacceptable aspects. Fonagy's work draws on Bion (1970) and Winnicott (1971) in emphasizing the essential role of the mother in her containment or mirroring in facilitating the infant to develop a healthy capacity to find his own mind in the mind of the object. If this does not occur, the child resorts to pathological solutions, including the use of aggression or even violence to protect the fragile self from perceived undermining threats. These include a struggle for separation from the object, but paradoxically, the more the child strives for separation, the more he experiences fusion with his object, as the latter is experienced as part of his self-structure. The expression of aggression is further potentiated by the reduced capacity of the child to mentalize—if he is unable to see others as having mental states as different from himself, this will reduce the inhibition of his aggression and violence towards others as he is unable to empathize or appreciate another person's suffering.

Fonagy and Bateman propose that certain violent people with complex personality pathology, particularly those who would fulfill diagnostic criteria for antisocial personality disorder, have experienced significant trauma and disruptions to their attachment system in childhood, which has interfered with their neurobiological development and the development of psychological defenses, compromising their mentalization capacity and lowering their threshold for emotional reactivity. Empirical evidence to support the hypothesis that antisocial personality disorder is a developmental disorder rooted in attachment comes from studies showing abnormal attachment patterns in forensic patients and prisoners diagnosed with ASPD (Frodi, Dernevik, Sepa, Philipson, & Bragesio, 2001; Levinson & Fonagy, 2004; Van Ijzendoorn et al., 1997). These individuals are dependent as adults on relationships with others into whom they can project alien aspects of themselves in order to stabilize their minds and feel a sense of self-coherence. Their interpersonal relationships tend to be rigid, hierarchical and controlling, and notions of recognition and respect assume a special importance. When such relationships are challenged by threats to the person's self-worth or 'respect', as described by Gilligan (1996) above, or when, for example, their partner refuses to be the recipient of malign projections, the return of the alien self threatens the person's fragile stability of mind, leading to unbearable feelings of shame and humiliation that cannot be managed by representational means within the mind. They are now experienced very concretely as feelings that the person needs to expel in violent action in an attempt to regain control and a sense of integrity. In summary, Fonagy and Bateman propose that reactive violence is caused by failures in mentalization, and that being able to mentalize protects against violent behavior.

Fonagy and his colleagues, however, do not address predatory violence, but focus on violence that is trauma-based and a product of socialization abuse or neglect by the primary objects. This results in a partial theory, which may explain why some individuals are affectively or reactively violent, but it does not address the capacity of other individuals to engage in violence that is planned, purposeful, and emotionless—predatory violence—that is not a behavioral product of emotional reactivity or an unconscious wish to maintain the illusion of the self. The field of attachment research has tended to underscore

early parenting deficits as the cause of attachment pathology; however, an equally plausible hypothesis is that certain individuals do not have the neurobiological capacity for attachment despite adequate parenting efforts. Attachment pathology may, in turn, be one measurable *consequence* of the predominance of neurobiological influences that predispose habitual violence.

Empirical work, largely outside of psychoanalytic efforts, supports these assumptions. Raine, Venables, and Williams (1990) found that 'chronic cortical underarousal,' a physiological construct composed of low resting heart rate, low skin conductance, and theta wave EEG activity, predicted habitually violent criminality a decade later in samples of adolescents despite their environment; various studies that have attempted to tease out nature from nurture have repetitively found that biology trumps environmental influences in the prediction of habitually violent criminality (Raine, 1993). For example, reduced pre-frontal gray matter volume in antisocial individuals as measured by MRI is independent of psychosocial risk factors (Raine, Lencz, Bihrlle, Lacasse, & Colletti, 2000); Viding, Blair, Moffitt, and Plomin (2005) found that within a large cohort of UK twins ($N = 3867$), seven year-old children with antisocial behavior and high levels of callous-unemotional traits (an index of psychopathy) were under extremely strong genetic influence and no influence of shared environment, while children with antisocial behavior with low levels of callous-unemotional traits showed only moderate genetic and shared environmental influence; Raine, Reynolds, Venables, Mednick, and Farrington (1998) found in their longitudinal study of a large cohort of children from the island of Mauritius ($N = 1795$) that aggressive children at age 11 years were characterized by increased measures of stimulation-seeking, fearlessness, height, and weight at 3 years of age. In an earlier study, Raine, Brennan, and Mednick (1994) found that perinatal complications (neurobiology) combined with early voluntary maternal rejection (inferring an insecure attachment) by the mother during the first year of life predisposed to serious, early-onset violence among a group of young adults at age 18. Raine et al. (2000) stated, "Different clinical neuroscience paradigms are beginning to converge on the conclusion that there is a significant brain basis for antisocial personality disorder over and above contributions from the psychosocial environment, and that these neurobehavioral processes are relevant to understanding violence in everyday society" (p. 126).

Although this is just a sampling of the available research in these non-analytic areas, and we offer these with the awareness that we have selected these studies to challenge the purist assumption of psychosocial causality, the neurobiological research on violence is substantial and has been accumulating for the past 30 years. It indicates generally that there are biological predispositions to habitual violence that are, in some cases combined with abusive and/or neglectful parenting. Fonagy and his colleagues have made important contributions to understanding affective violence from a psychodynamic and attachment perspective, but their focus on this one type of violence may reveal a bias that is shared historically by many attachment researchers: attachment pathology and habitual violence are more products of the environment than biologically predisposed.

4.5. Unconscious phantasy

Unconscious phantasy has also been posited as a contributor to the origins of violence. Menninger (1963) and Biven (1977) linked violence to castrating or mutilating phantasies against the parents or others. Kernberg (1984), Shengold (1989), and Sohn (1995) believed that phantasies of being engulfed or attacked by the maternal object underlie the type of self-preservative violence with its core complex dynamics described by Glasser (1998). The pathologically intrusive early symbiotic relationship with the mother and experience of her as overwhelming and obliterating have influenced others such as Bateman (1999), Campbell (1999), and Fonagy and Target (1995), who see violence as stemming from phantasied attacks on the mother's body. Such work

has been empirically supported in research on sexual homicide (Meloy, 2000), and has been theoretically linked to the psychoanalytic work on perversions and symbiotic anxiety by Stoller (1972, 1974) and Greenson (1968). Hyatt-Williams (1998) emphasized the phantasies of annihilation and evacuation that underlie violent acts aimed at defending against indigestible psychic experiences of trauma or obliteration. He believed that murder only occurs concretely after it has been committed many times in phantasy, often unconscious, that has never entered the person's conscious awareness. Empirically proving a negative—in this case, the presence as a motivation of a consciously absent thought—however, is virtually impossible, and the homicide research would suggest that a wide variety of fantasies occur, and do not occur, among those who intentionally kill (Meloy, 1992; Revitch & Schlesinger, 1981).

Perelberg has been foremost in drawing our attention to the function of unconscious phantasy in the genesis of violence. One of the few psychoanalysts to have treated violent patients with intensive psychoanalysis, Perelberg (1995, 1999a,b) proposed that violent acts always have underlying specific phantasies or unconscious narratives that motivate them. She noted that in Freud's writings there are many associations between his ideas on violence and the mythology of the origins of humankind, evident in unconscious phantasies of the primal scene or the Oedipus complex. Perelberg extends Freud's thinking to linking violence to a core phantasy of a violent primal scene that involves an engulfing and also violent pre-oedipal mother. The violent act is therefore an attack on the mother's body, the mother being experienced in phantasy as not only being in possession of the child's body, but also the child's intellectual and affective experiences. The function of violence here is survival in a pre-oedipal world dominated by an obliterating maternal object with no conception of a paternal object present.

Cartwright (2002) raises important questions, however, regarding the place and function of phantasy. He warns, and we agree, that it would be simplistic to assume that one particular group of phantasies could explain all violent acts. He makes an important Kleinian distinction between 'phantasy,' referring to deep unconscious structures of the mind from which thought and behavior emanate, and 'fantasy' referring to more conscious surface mentation—fantasizing or day-dreaming—that has a sublimatory function. It appears that Perelberg and others, once again, are offering a partial theory by only referring to affective or self-preservative defensive violence that is motivated by unconscious phantasies of the primal scene and maternal object. However, sadistic and/or psychopathic violence is very often preceded by conscious violent fantasies, sometimes sexual in content, that the perpetrator may rehearse many times before committing the violent act. This may represent a collapse in the repression barrier and erosion of the distinction between fantasy as a sublimatory activity, and unconscious phantasy, so that the latter becomes permissible in the conscious mind; but repression assumes an advanced state of development. Rorschach data indicate, instead, that psychopathic individuals are typically organized at a borderline level of personality, and their defenses are pre-oedipal. Such defenses manage through splitting and its variations (devaluation, projection, introjection, and denial) object relations that exist in the mind without the scaffolding of tripartite structure (Gacono & Meloy, 1994; Meloy, 1988a,b).

Cartwright, moreover, helpfully notes that phantasy/fantasy serve different functions in different forms of violence: socially sanctioned violence may be worked out many times in fantasy in soldiers for example, but may not be linked to unconscious phantasy; obsessional neurotics may be tortured by violent fantasies which may be very different from their underlying unconscious phantasies; and in many cases of rage type murder, the person has no conscious violent fantasies—on the contrary he may be plagued by fears of being attacked—but his violence is motivated by unconscious murderous phantasy constellations. Cartwright proposes that the crucial question as to whether phantasies are acted out or not hinges not only on the nature of the person's defensive system, but also on the level at which these phantasies are

represented in the psyche. For individuals who have a poor capacity for whole object representation or mentalization as described above, phantasy cannot be symbolized within the mind and can only be acted out in concrete form in actual violence. Again, this finding is supported by extensive Rorschach research (Gacono & Meloy, 1994).

5. Towards an integrated psychoanalytic understanding of violence

Patients who are actually violent toward others are rarely seen by psychoanalysts. Nevertheless, those few analysts who have assessed or treated violent patients over the past century have created a partial theoretical framework to help understand the inner lives of such individuals.

Violent behavior is not a generic, homogeneous phenomenon. It varies in both nature and frequency according to the social, biological and psychological determinants that are in play at the time of the violent act. We would agree with Cartwright (2002) in proposing a multidimensional approach to the understanding of violence, where violence is mediated by a number of different intrapsychic factors, and in which different constellations of these intrapsychic characteristics interacting with specific situational factors may cause different types of violence. The psychodynamic or intrapsychic factors that we consider important in the genesis of violent behavior, and have been explored and developed to varying degrees by the psychoanalysts mentioned above, include: the possible role of loss, trauma, and disruptions in attachment, or inherited deficiencies in attachment capacity; the internal object world, including the relationship with the maternal object, the paternal object, the self, and the construction of the superego; the capacity for representation, symbolization and mentalization; the role of unconscious phantasy and conscious fantasy (Person, 1995); the development and capacity for affect self-regulation; the development and limits of the ego defenses, particularly the predominant use of more primitive defenses such as devaluation, denial, projection and projective identification; reality testing—the ability to distinguish between internal fantasy and external reality; and the neurobiological underpinnings of all violent acts, whether a transient state or a chronic trait. Some of these intrapsychic factors have been empirically measured and related to the neurobiological research over the past several decades, with particular attention being paid to heritability, central and peripheral neurological contributions, neuropsychology, physiological measures, psychopharmacology, and still in its infancy, neuroimaging measures.

One of the clearest threads that has emerged in understanding the heterogeneity of violence through psychoanalytic thinking—and supported by empirical data—is the existence of primarily two modes of violence, affective (reactive, impulsive, emotional, hot blooded, self-preservative) and predatory (instrumental, cold blooded, premeditated), with relatively distinctive behavioral manifestations and neurobiological underpinnings. Nevertheless, predatory violence, although long recognized as a mode of mammalian aggression, has received little attention from psychoanalysts despite its ubiquity and ancestral adaptation in our species.

From a developmental object relations perspective, habitually violent individuals are often organized at a borderline or psychotic level of personality with the requisite difficulties in reality testing, predominance of part self and object representations, pre-oedipal defenses, and problems with self-regulation of affect. We have also stressed the importance in some cases of both conscious and unconscious fantasy.

We conclude with a few words regarding the treatment of violent individuals with psychoanalytic therapy. The psychoanalyst or psychotherapist who embarks on treating the violent patient should do so with caution, and he or she will require considerable expertise, support and supervision for this challenging work. The setting in which the patient is seen is of paramount importance in providing the necessary containment in which the therapy can take place safely, and where issues of boundaries, risk and disclosure of information must be carefully

thought about. For these reasons, treatment is often more effectively and safely carried out in a multi-disciplinary or institutional setting, whether an out-patient psychotherapy clinic, or a secure facility where more severely disturbed and dangerous patients are detained. Many violent patients do not fulfill conventional suitability criteria for psychoanalytic treatment such as psychological mindedness and ego strength, so the normal threshold for offering therapy may need to be lowered. Moreover, many violent patients will not tolerate the intensity of more formal psychoanalytic treatment, and treatment may need to involve modifications of technique to foster the therapeutic alliance, such as a lower frequency of sessions, avoiding long periods of silence as these may be perceived as persecutory, and using supportive techniques to build ego strength. Too much free association should be avoided, as should early interpretations of unconscious conflicts and phantasies. Mentalization techniques, such as helping the patient connect internal states of mind to his behavioral actions, and focusing on affect, are desirable. Interpretations should initially be focused on the 'here and now' rather than reconstructions of the past, which may need to wait until later in therapy. However, understanding the antecedents of the patient's violent behavior in the patient's early object relationships, and how these are repeated in the patient's current interpersonal relating and antisocial behavior may be essential to considerations of risk and anticipating the triggers to future enactments in therapy, which of course may be linked to the patient's transference experiences. Transference interpretations, however, especially those addressing the negative transference, may also need to be avoided too early in therapy, particularly with more paranoid patients who may perceive the therapist as critical and retaliatory. For this reason, analyst-centered interpretations are more tolerable than patient-centered. Monitoring of the therapist's countertransference is essential to avoid being drawn into collusions or enactments with the patient. The therapist should be empathic and nonjudgmental, but remain consistent and boundaried, and may need to confront the patient's denials and minimizations of their violent and antisocial behavior.

Finally, the therapist's expectations of therapy should be limited, given the severe psychopathology of many violent patients. Therapy aims to foster the development of a psychic function in the patient's mind that can begin to experience and tolerate loss, remorse, concern and empathy, and to replace action modes of thinking and relating. However, repeated regressions to more primitive states of mind should be expected during the long course of therapy, with consequent increased risk of violent enactment (Meloy & Yakeley, 2010; Yakeley, 2010). The use of psychopharmacology as an adjunct to treatment should always be an option to help the patient contain and control his affects and impulses, perhaps markers for his idiosyncratic neurobiology which will remain largely untouched by psychoanalytic and psychotherapeutic efforts.

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