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## The Hidden Suffering of the Psychopath

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**Psychopathy** is characterized by diagnostic features such as superficial charm, high intelligence, poor judgment and failure to learn from experience, pathological egocentricity and incapacity for love, lack of remorse or shame, impulsivity, grandiose sense of self-worth, **pathological lying**, manipulative behavior, poor self-control, promiscuous sexual behavior, juvenile delinquency, and criminal versatility among others (Cleckley, 1982; Hare et al., 1990). As a consequence of these criteria the psychopath has the image of a cold, heartless, inhuman being. But do all psychopaths show a complete lack of normal emotional capacities and empathy? Like healthy people, many psychopaths love their parents, spouse, children and pets in their own way, but have difficulty loving and trusting the rest of the world. Furthermore, psychopaths do suffer emotionally as a consequence of separation, divorce, death of a beloved person or dissatisfaction with their own deviant behavior (Martens, 1997).

### Sources of Sadness

Psychopaths can suffer emotional pain for a variety of reasons. Like anyone else, psychopaths have a deep wish to be loved and cared for. This desire remains frequently unfulfilled, however, as it is obviously not easy for another person to get close to someone with such repellent personality characteristics. Psychopaths are at least periodically aware of the effects of their behavior on others and can be genuinely saddened by their inability to control it. The lives of most psychopaths are devoid of a stable social network or warm, close bonds.

The life histories of psychopaths are often characterized by a chaotic family life, lack of parental attention and guidance, parental substance abuse and antisocial behavior, poor relationships, divorce, and adverse neighborhoods (Martens, 2000). They may feel that they are prisoners of their own etiological determination and believe that they had, in comparison with normal people, fewer opportunities or advantages in life.

Despite their outward arrogance, inside psychopaths feel inferior to others and know they are stigmatized by their own behavior. Although some psychopaths are superficially adapted to their environment and are even popular, they feel they must carefully hide their true nature because it will not

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be accepted by others. This leaves psychopaths with a difficult choice: adapt and participate in an empty, unreal life, or do not adapt and live a lonely life isolated from the social community. They see the love and friendship others share and feel dejected knowing they will never take part in it.

Psychopaths are known for needing excessive stimulation, but most foolhardy adventures only end in disillusionment due to conflicts with others and unrealistic expectations. Furthermore, many psychopaths are disheartened by their inability to control their [sensation-seeking](#) and are repeatedly confronted with their weaknesses. Although they may attempt to change, low fear response and associated inability to learn from experiences lead to repeated negative, frustrating and depressing confrontations, including trouble with the justice system.

As psychopaths age they are not able to continue their energy-consuming lifestyle and become burned-out and depressed, while they look back on their restless life full of interpersonal discontentment. Their health deteriorates as the effects of their recklessness accumulate.

## **Emotional Pain and Violence**

Social isolation, loneliness and associated emotional pain in psychopaths may precede violent criminal acts (Martens, 2000, 1999, 1997; Palermo and Martens, in press). They believe that the whole world is against them, eventually becoming convinced that they deserve special privileges or rights to satisfy their desires. As psychopathic serial killers [Jeffrey Dahmer](#) and [Dennis Nilson](#) expressed, violent psychopaths ultimately reach a point of no return, where they feel they have cut through the last thin connection with the normal world. Subsequently their sadness and suffering increase, and their crimes become more and more bizarre (Palermo and Martens, in press).

Dahmer and Nilson have stated that they killed simply for company (Palermo and Martens, in press). Both men had no friends and their only social contacts were occasional encounters in homosexual bars. Nilson watched television and talked for hours with the dead bodies of his victims; Dahmer consumed parts of his victims' bodies in order to become one with them: he believed that in this way his victims lived further in his body.

For the rest of us it is unimaginable that these men were so lonely -- yet they describe their loneliness and social failures as unbearably painful. They each created their own sadistic universe to avenge their experiences of rejection, abuse, humiliation, neglect and emotional suffering.

Dahmer and Nilson claimed that they did not enjoy the killing act itself. Dahmer tried to make zombies of his victims by injecting acid into their brains after he had numbed them with sleeping pills. He wanted complete control over his victims, but when that failed, he killed them. Nilson felt much more comfortable with dead bodies than with living people -- the dead ones could not leave him. He wrote poems and spoke tender words to the dead bodies, using them as long as possible for company. In other violent psychopaths, a relationship has been found between the intensity of sadness and loneliness and the degree of violence, recklessness and impulsivity (Martens, 1999, 1997; Palermo and Martens, in press).

## **Self-Destruction**

Violent psychopaths are at high risk for targeting their aggression toward themselves as much as toward others (W.H.J.M., unpublished data). A considerable number of psychopaths die a violent death a relatively short time after discharge from forensic psychiatric treatment due to their own behavior (for

instance as a consequence of risky driving or involvement in dangerous situations) (Black et al., 1996; Martens, 1997). Psychopaths may feel that all life is worthless, including their own (Martens, 1997; Palermo and Martens, in press).

## Treatment Developments

In the last decade, neurobiological explanations have become available for many of the traits of psychopathy. For example, impulsivity, recklessness/irresponsibility, hostility and aggressiveness may be determined by abnormal levels of neurochemicals including monoamine oxidase (MAO), serotonin (5-HT) and 5-hydroxyindoleacetic acid (5-HIAA), triiodothyronine (T3), free-thyroxine (T4), testosterone, cortisol, adrenocorticotrophic hormone (ACTH), and hormones of the hypothalamic-pituitary-adrenal and hypothalamic-pituitary-gonadal axes (W.H.J.M., unpublished data). Other features like sensation-seeking and an incapacity to learn from experiences (Lykken, 1995) might be linked to cortical underarousal (Martens, 2000, 1997; Zuckerman, 1994). Sensation-seeking could also be related to low levels of MAO and cortisol and high concentrations of gonadal hormones, as well as reduced prefrontal grey matter volume (Raine, 1996; Raine et al., 2000; Zuckerman, 1994). Many psychopaths can thus be considered, at least to some degree, victims of neurobiologically determined behavioral abnormalities that, in turn, create a fixed gulf between them and the rest of the world.

It may be possible to diminish traits like sensation-seeking, impulsivity, aggression and related emotional pain with the help of psychotherapeutic, psychopharmacological and/or neurofeedback treatment.

[Long-term psychotherapeutic treatment](#) (at least five years) seems effective in some categories of psychopaths, in so far as psychopathic personality traits may diminish (Dolan, 1998; Dolan and Coid, 1993; Sanislow and McGlashan, 1998).

Psychotherapeutic treatment alone may be insufficient to improve symptoms. Psychopharmacological treatment methods may help normalize neurobiological functions and related behavior/personality traits (Martens, in press, 2001, 2000). [Lithium](#) is impressive in treating antisocial, aggressive and assaultive behavior (Bloom and Kupfer, 1994; Sheard et al., 1976; Tupin et al., 1973). Hollander (1999) found that mood stabilizers such as [divalproex](#) (Depakote), [selective serotonin reuptake inhibitors](#), [monoamine oxidase inhibitors \(MAOIs\)](#) and [neuroleptics](#) have documented efficacy in treating aggression and affective instability in impulsive patients. To date there have been no controlled studies of the psychopharmacological treatment of other core features of psychopathy.

[Cortical underarousal](#) and low [autonomic activity-reactivity](#) can be substantially reduced with the help of adaptive neurofeedback techniques (Martens, 2001; Raine, 1996).

## Case Study

"Norman" was raised by his aunt, as his parents were divorced and neither were capable of or interested in caring for him. As a child and adolescent, he had numerous encounters with law enforcement for joyriding, theft, burglary, fraud, assault and battery. He was sent to reform school twice. When he was 21 years old, he was convicted of armed robbery and served a year and a half in jail. His only close friend was another violent criminal; he had many short-term relationships with girlfriends. At 29, he killed two strangers in a bar who had insulted him and was sentenced to forensic psychiatric treatment. Norman was diagnosed as a psychopath, according to [Hare's Psychopathy Checklist](#) (Hare et al., 1990).

Norman showed little improvement over the course of seven years of behavioral psychotherapy and became less and less motivated. The staff of the forensic psychiatric hospital considered him untreatable

and intended to stop all treatment attempts. Norman's lawyer arranged for an examination by a forensic neurologist, who subsequently found that Norman suffered from severe cortical underarousal, 5-HT and MAO abnormalities, and concentration problems.

Norman was started on d,l-fenfluramine (Pondimin), a serotonin-releasing drug. (*Fenfluramine was voluntarily withdrawn from the U.S. market in 1997 -- Ed.*) Acute challenge doses (0.2 mg/kg to 0.4 mg/kg) produced significant dose-dependent decreases in impulsive and aggressive responses. After one month, an MAOI (pargyline [Eutonyl], 10 mg/kg) and psychodynamic psychotherapy were added. Pargyline produced some normalization of his electroencephalogram (EEG) pattern and was titrated up to 20 mg/kg over five months. Neurofeedback was started after two months and continued for 15 months. His EEG pattern gradually normalized, and his capacities for concentration and attention increased.

Norman continued to receive d,l-fenfluramine and psychotherapy for two years, at which point he was discharged from forensic treatment. He voluntarily continued psychotherapy for an additional three years and, in the four years since his release, has not reoffended.

## Conclusions

It is extremely important to recognize hidden suffering, loneliness and lack of self-esteem as risk factors for violent, criminal behavior in psychopaths. Studying the statements of violent criminal psychopaths sheds light on their striking and specific vulnerability and emotional pain. More experimental psychopharmacological, neurofeedback and combined psychotherapeutic research is needed to prevent and treat psychopathic behavior.

The current picture of the psychopath, which is reflected in the leading diagnostic criteria of psychopathy offered by Cleckley (1982) and Hare et al. (1990), is incomplete because emotional suffering and loneliness are ignored. When these aspects are considered, our conception of the psychopath goes beyond the heartless and becomes more human.

## COMMON MEDICATIONS

Lithium

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