# THE PSYCHOPATH AND ANXIETY: A REFORMULATION

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One of the so-called classic signs of the psychopath or sociopath is his failure or inability to exhibit any behavioral or clinical anxiety (2, 3, 4). Social constraints, and the implicit and explicit threat of punishment for transgressing these constraints apparently do not prevent anti-social or otherwise disruptive behavior. Such individuals are described as immune to the typically anxiety-evoking structures of society, both legal and moral. They are further characterized as ruthless, selfish, impulsive people who show no anxiety or guilt over the effects of their behavior.

Traditional psychoanalytic theory "explains" this personality disturbance generally as a developmental defect of the superego, the anxiety-generating and restraining component of the psychic apparatus. This paper is not so much concerned with the etiology of psychopathic behavior as it is with the concept of concurrent anxiety among such individuals.

The consensus that psychopaths bear no anxiety is not entirely correct. While often quite true that such persons when interviewed do not show any significant clinical anxiety which is typically interpreted as lack of anxiety, conscience, or superego, this interpretation reflects a wrong approach to the assessment of anxiety in these cases. The psychopathic syndrome which McCord and McCord have synthesized from the work of other investigators—the psychopath as asocial, driven by primitive urges, frustrated, impulsive, aggressive, and yet free of remorse, anxiety, and guilt (4, p. 16) — is seen by this writer as actually the consequence of an overwhelming anxiety arising from what we should like to call global organismic inferiority feelings.

As we see such individuals in the interview situation, they indeed display the McCord syndrome. Yet the "pure" psychopath, as an anxiety-free, guilt-free individual probably does not and cannot exist. The rich fantasy life, intense obsessive ruminations, pervading inadequacy feelings, and pathological ego involvement inevitably augur deterioration characterized by poor judgment, slips of memory, and underestimation of others—all disastrous mistakes for the "successful" psychopath. The dynamic system of the psychopath is in precariously sensitive balance, and it is extremely prone to disruption in the vicissitudes and stresses of daily living.

What evidence can we draw upon in support of a hypothesis of concurrent anxiety in the psychopath? Experimental evidence is, unfortunately, lacking, but there is some behavioral evidence in the form of case histories, and there are some formulations of personality theorists.

Adler, in a discussion of criminal behavior, states:

> We know that they (criminals) are cowards, and if they were sure we knew it, *it would be a big shock to them.* It swells their vanity and pride to think of themselves as overcoming the police, and often they think, "I can never be found out" (1, p. 205). In all this we can see the criminal's inferiority complex. He is running away from the tasks of life in association. *He feels himself incapable of normal success . . . He hides his feelings of inadequacy by developing a cheap superiority complex* (1, p. 232; italics mine).

Although Adler is referring specifically to the criminal, his statement is broadly applicable to most cases of psychopathy. Note the strong overtones of neurotic anxiety implicit in Adler's description. The italics should be kept in mind when reading the case history which follows below.

Sullivan states similarly that, "Psychopathic manifestations include characteristically a more or less distinct awareness of personal defect or abnormality, and this is accompanied by an exaggerated tendency to rationalize" (5, p. 110).

## A CASE

A brief case history to which the author was exposed lends some plausibility to a hypothesis of subjective anxiety in the psychopath.

A 38-year old white, single male who had been committed to a mental hospital some 20 years ago was seen in group psychotherapy for seven months. His behavior prior to hospitalization was characterized by repeated petty larceny, attempted robbery, and generally disruptive, antisocial, and unmanageable behavior. The patient was considered to be an incorrigible sociopath. Over the years of his hospitalization, he quite cleverly and adeptly escaped from his ward twice, once posing as a physician, and once as a state food inspector. So successful was his second deception that he enjoyed three days of attentive catering by anxious, threatened hospital personnel in another part of the hospital before he was discovered!

Superficially pleasant and friendly, his behavior on the ward was marked by obsequiousness to the professional staff and an overzealousness to help with the daily ward routine. His every act, however, was designed to provide himself with extra privileges, self-imposed authority, and opportunity, at the expense of other patients on the ward. All attempts to change his behavior by group therapy failed. Threats,

punishment, and exhortation from both staff personnel and other patients were futile. Here was truly a case where anxiety was apparently absent and where none could be generated.

As a last resort, the therapist confronted the patient with direct interpretations of his behavior, first in the presence of the group members, and then in the presence of the ward nurse. The purpose of this approach was to "expose" the patient both to his peers and to the staff. His clever plans and ulterior motives were revealed to him as fruitless and not so clever. The group was warned as to future attempts by him to manipulate others for his own gains.

This approach destroyed the patient's image of bravado and grandiosity, and seriously undermined his "cheap superiority complex" by inhibiting future psychopathic behavior on the ward. This last result is important, for now the future became uncertain for the patient, resulting in a growing apprehension bordering on a catastrophic reaction. Any future behavioral reinforcement by successful psychopathic maneuvers became less probable, leaving the patient with what appeared to be a serious degree of uncompensated anxiety.

In the second week of this approach, the patient began exhibiting physiological and behavioral signs of anxiety: mild hyperactivity, fidgeting, periodic manneristic behavior involving the face and hands, and mild stuttering, all of which had been absent before. Behavior on the ward was now seen to be meek, submissive, and subdued. Amount of verbalization in the group sessions declined sharply.

Unfortunately, the patient was soon transferred and further work with him was discontinued. No follow-up information was obtainable from that point on. It seemed, however, that this patient was now amenable to a more traditional approach of psychotherapy, perhaps with some degree of success.

## TENTATIVE REFORMULATION

When the sociopath is questioned about his behavior, he responds without much apparent anxiety. But this must not be construed as an absence of anxiety. He is anxious, but does not manifest this when talking about his behavior, because this is the very thing which alleviates his feelings of inadequacy, inferiority, frustration—his organismic anxiety. His casual admission and description of his behavior is not only necessary but vital for maintaining his sense of superiority, his distorted sense of self-worth. We cannot expect the psychopath to exhibit remorse, guilt, or anxiety over behavior which constitutes a major overcompensatory defense against organismic inferiority feel-

ings. So powerful and all-consuming is the anxiety-produced striving to preserve and rebuild self-esteem that all socially oriented behavior is ruled out.

In sociopathic behavior the absence of overt anxiety is proportional to the degree of utility of the act in enhancing the feelings of self-worth and superiority. At the same time, any felt anxiety is covert and can be detected or elicited only by a different approach. As long as the approach remains behaviorally oriented, dealing with the external acts of the individual, no anxiety will be elicited.

It is contended here that anxiety is a concurrent component of the psychopath or sociopath, and that a sustaining arousal of anxiety is the only therapeutic tool we have to restore empathy towards individuals as well as groups or society in general, and to facilitate a change of the life style. These individuals must be exposed to something akin to stress interviews and procedures designed to bypass the affectively neutral, externalized components of their behavior.

The following four propositions for eliciting anxiety in the psychopath are cautiously offered. They would seem to be experimentally testable, and it is hoped that they will stimulate research in this area.

1. Group therapy is the treatment of choice for the psychopath insofar as the group members will contribute to the interpretation of his behavior.

2. Deliberately "pushing" the psychopath with early dynamic interpretation by the therapist will elicit anxiety.

3. Exposure of possible future psychopathic behavior to both peers and staff is very important in evoking anxiety.

4. Reinforcement of anxiety when it is exhibited for any period of time will aid in sustaining it and thus permit a more traditional therapeutic procedure.

The reader is reminded that these propositions are, for the most part, theoretical, and that good judgment is essential to guard the interests of the patient.

## REFERENCES

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