

THE DEVELOPMENTAL PSYCHOLOGY OF CRIME

by

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This paper does not purport to represent original work. Rather, it is a synthesis of the work of Ilg and Ames (1955), Mahler et al (1975), Kembery (1971), and Leaff (1978).

This paper is concerned with the developmental psychology of crime: in terms of changes in the child's behaviour over time; then in terms of the psychology of it – the child's perceptions, images, and developing conceptualization of the world; and finally in terms of the psychopathology of it, which is the part that is particularly relevant to crime. It is the author's contention that it is extremely rare that anyone will be in trouble with the law just because they are unemployed, or just because of some other social factor. Rather, people get in trouble with the law because of the way they think, and the way they think is intimately related to their developmentally-based psychopathology. In this paper, therefore, developmental psychology will be reviewed, and this will be followed by a discussion of the relationship between developmental psychology and crime.

Although there is a lot that goes on in the world of the as-yet-unborn baby, the present paper will begin with the time of birth. The so called birth trauma is generally distinguished by its unimpressiveness. Immediately upon delivery the infant shows brief breathing distress and some negatively-tinged excitation, but this literally subsides within seconds and gives way to almost complete quiescence.

It takes a month or so after birth before the baby's physiological system settles down. His heart pace steadies; his temperature is less erratic than it was at birth; and his breathing assumes some regularity. And he seems to be developing some preference in the way he lies.

Now, from a psychological point of view, this first stage of development, corresponding roughly to the first month of postnatal life, is known as normal autism. Because of the newborn baby's high threshold for stimulation as a natural protection against excitement, he is fairly oblivious to most of what is going on around him. He spends most of his time in a half sleeping, half waking state; he wakes principally when hunger or other tensions cause him to cry, and he sinks into sleep again when satisfied. By the end of the first month, however, his physiological system has more-or-less stabilized and his threshold for stimulation decreased, so that he is becoming more responsive to stimulation from the world around him and appears to be beginning to establish some memories of his experiences within it.

In the beginning, children seem to be in what might be called an objectless state, in which they have no awareness of any difference between themselves and the rest of the world. In fact, we believe that it is only through the mother's interactions with her infant, in her "mothering" of it, that there is established in the infant an awareness, first of all, of its own body as a reality separate and distinct from the rest of the world. Eric Berne (1964), in his well-known book "Games People Play" says that "if you are not stroked, your spinal cord will shrivel up," using stroking as a general term for intimate physical contact or, by extension, social interaction as well. Although he is speaking colloquially, there is more than a grain of truth in what he says, as demonstrated by Rene Spitz in his famous paper on Anaclitic Depression (1946). Dr. Spitz observed children in a number of institutions and found a rather striking pattern of child development, or perhaps it would be more correct to say lack of development, in children deprived of interpersonal interaction during their first year of life. The pattern went something like this: first they would tend to be weepy rather than outgoing and happy. After a time, this weepiness would begin to give way to withdrawal. They would lie quietly in their beds, faces turned to the wall, refusing to take an interest in their surroundings. This weepy withdrawing behaviour would persist for two or three months, during

which time they were as likely to lose weight as to gain it. All showed an increased susceptibility to colds. In time, the weepiness subsided, to be replaced by a sort of frozen rigidity of expression. Now these children would lie or sit with wide open expressionless eyes, frozen immobile faces, and a faraway look, as if in a daze, apparently not seeing what went on around them. Contact with children who had reached this stage became increasingly difficult and finally impossible. The most that could be elicited from them was screaming. Their rate of development, which had at first slowed down, actually began to decline, so that by the end of the second year, they were more than a year retarded in their growth. By the age of four, with few exceptions, these children were unable to sit, stand, walk, or talk. And this is one of the reasons that adoption agencies try so hard to obtain for each infant a specific mothering person, because the "mothering" is needed for normal development.

By the end of the second month, the adult face has become an object of fascination for the young child, probably because of its association with relief from discomfort and the experience of pleasure. By the end of the third month, he will have entered a period of frustration, probably because by virtue of being human, he is programmed to reach out towards the world. At three months, he can be seen to be struggling to do more than he can do, which at this stage is usually just to get off his stomach. He cries a lot. He is better coordinated than he was at two months of age, but also more frustrated. It is as if his ability has not quite caught up with his ideas about what he wants to do. Fortunately, by the time he is four months old, he has caught up with himself and is delightfully mature. Feeding is no longer uppermost on his mind, and he is becoming socially responsive. He is no longer content to lie on his back but, rather, likes to be held or propped up for brief periods so that he can see the world. He coos, and chuckles, and laughs aloud. He can even smile back at you when you smile at him. And then watch him at five months old, frustrated as he tries to get his knees under him as he lies on his stomach, and fails; as he tries to sit alone, and falls; as he reaches out for objects and tries unsuccessfully to grasp them.

And fortunately his abilities again increase with age, and he is soon able not only to reach out for objects but actually to pick them up. And he is usually content and enthusiastically friendly.

This stage of development, which follows the stage of normal autism, is known as normal symbiosis. The term symbiosis in this context is a metaphor. Unlike the biological concept of symbiosis, it does not describe what actually happens in a mutually beneficial relationship between two separate individuals of different species. Rather, it describes a state in which the infant is becoming increasingly aware of the existence of his mother, but has not yet had enough experience with the world to be able to differentiate between himself and her, and the infant behaves and functions as though he and his mother were a dual-unity with one common boundary.

During this symbiotic stage, which lasts from about one or two months to about six or eight months of age, the child's relationship with his mother is a very tight, closed, intense system, at least as far as the child is concerned. Within this symbiotic context, he is developing memories of "good" or pleasurable experiences, first of all with the mother's breast (and later with an ever widening world of experience), and memories of "bad" or unpleasant experiences such as being hungry or cold or wet. And by establishing memories of his interactions with his mother, he is developing an internal representation of those good and bad experiences which form the basis for his developing perception of what the world is all about.

In summary, then, at first the infant doesn't realize that there is a mother out there who is separate from himself; his experiences are global, and primitive, and relatively undifferentiated. And we believe that it is because of the mother's interactions with the child that it becomes aware of its own body as separate and distinct from the rest of the world. The mothering that goes on, not only the feeding at the breast, but the cuddling and holding and rocking and talking to and looking at are the means by which the mother defines herself for her baby and stimulates in him the sensations which allow him, gradually and vaguely at first, and later with greater precision, to become aware of his own existence as separate from her.

Usually, it is by about four or five months of age that the infant's behaviour seems to indicate a beginning awareness that he is an individual separate from his mother. During the preceding three or four months, the young infant has been familiarizing himself with the mothering half of his symbiotic dyad. The unspecific social smile with which the infant first acknowledges his awareness of being in the world has now become a specific, preferential smiling response for the mother, which has been taken as an indication that the infant's developing mental capacities have reached the point where he is starting to differentiate himself from his mother, and that a particular bond has been established between them.

This process, which is sometimes referred to as "hatching," starts with the infant's memories of good experiences with his mother. So that where he has previously had good and bad global experiences, he comes to have, first of all, good experiences associated with something which is perceived as being outside himself, good experiences which he comes to associate with himself, and bad experiences is general. It is somewhat later that he is able to differentiate between bad self-experiences and bad object-experiences, partly because differentiation with respect to bad experiences is complicated by early types of projection. That is, there is a tendency on the part of the infant not to identify with bad experiences but to perceive all his bad experiences as coming from without. It isn't pleasant to feel bad about one's self, and the infant has considerable difficulty in incorporating the idea of badness into himself. He may if he is forced to, but he won't like it.

About six months of age, tentative experimentation with separation from the mother can be observed in such behaviour on the part of the infant as straining his body away from her in order to have a better look at her, to scan her and the environment. The period between six and eight months is the peak of manual, tactile, and visual exploration of the mother's face, as well as of her body; these are the weeks during which the infant discovers with fascination a brooch or a pendant worn by the mother, and when he is most active in his pulling at the mother's hair and nose and eye-glasses.

Once the infant becomes sufficiently differentiated from his mother to recognize the mother's face, and once he familiarizes himself with the general mood and "feel" of his partner in the symbiotic dyad, he then turns with more or less wonderment and apprehension to a prolonged visual and tactile exploration and study of others. He begins comparative scanning, comparing the mother with others, and the familiar with the unfamiliar, feature by feature.

(In children for whom the symbiotic phase has been optimal and in whom "confident expectation" of need satisfaction has prevailed, curiosity and wonderment are the dominant features of their inspection of strangers. By contrast, among children whose basic trust has been less than optimal, an

abrupt change to acute stranger anxiety may occur, or there may be a prolonged period of milder stranger anxiety, which transiently interferes with the pleasurable inspection of others. Even this stranger anxiety, however, is not a step backward but rather reflects the infant's increased sensitivity to differences between familiar people and unfamiliar ones.)

And again there is a period of equilibrium at nine to ten months. He sits alone indefinitely and can manipulate objects while sitting unsupported. He can get to a prone position or he can get to his hands and knees. He can sometimes pull himself to standing. He has an increased awareness of his social world, and may wave bye-bye and imitate pat-a-cake and may even be able to respond to "no, no."

During the latter part of the first year, as the child becomes increasingly mobile and able to move away physically from the mother by crawling, climbing, and standing, he enters fully into that phase of psychological and physical development which is referred to as separation-individuation. Separation involves differentiation, distancing, and disengagement from the mother; while individuation involves the development of those psychological abilities that allow the child to function as a separate individual. Separation-individuation encompasses these two separate but related processes; it is the child's developing physical mobility that allows him to practice separating from the mother and exercising his developing physical and cognitive skills.

(The optimal distance in the latter part of the first year would seem to be one that allows the crawling, climbing child the freedom and opportunity for exploration at some physical distance from his mother. It should be noted, however, that the mother continues to be needed as a stable point, a home base to fulfill the need for refuelling through physical contact.)

During these few months, following the initial pull and push away from mother into the outside world, most children seem to go through a brief period of increased separation anxiety, which is enhanced if they happen to lose sight of the mother. And when she is absent, the child can be observed to become rather quiet and subdued.

With the spurt in psychological functions which typically accompanies upright locomotion, however, the "love affair with the world" begins, and the toddler takes his greatest steps in human individuation. During these precious six to eight months, from the age of ten or twelve months to about sixteen or eighteen months, the world is the junior toddler's oyster. The child intoxicated with his own faculties and with the greatness of world. Narcissism is at its peak.

The child's first upright independent steps mark the onset of a substantial widening of his world and of reality testing. Now begins a steadily increasing investment in practising motor skills and in exploring the expanding environment, both human and inanimate. What the smoothly separating and individuating toddler loses in contact with the mother, which each new step of progressive development entails, he gains in pleasure from his rapidly developing abilities. The child concentrates on practising and mastering his own skills and capacities, independent of the mother; and we might speculate that his elation not only has to do with the exercise of his newly developing physical and mental abilities, but also with escape from fusion with, or engulfment by, the mother.

With the acquisition of upright, free locomotion and with the closely following attainment of that

stage of cognitive development which will eventually culminate in symbolic play and in speech, the junior toddler reaches the first level of identity -that of being a separate individual entity.

Somewhere around fifteen months, mother is no longer just "home base"; she seems to be turning into a person with whom the toddler wishes to share his ever widening world of experience. The most important behavioural sign of this new relating is the toddler's continual bringing of things to his mother, filling her lap with objects that he has found in his expanding world. They all are interesting to him, but his main emotional investment seems to lie in sharing them with her, as he indicates to his mother by words, sounds, or gestures that he wishes her to be interested in his findings and to participate with him in enjoying them.

Parallel or concomitant with his sensing that mother is a person separate from himself with whom he wants to share his pleasures, it is noted that the toddler's elated preoccupation with locomotion and exploration per se begins to wane, and the source of his greatest pleasure shifts from independent locomotion and exploration of the expanding inanimate world to social interaction. Peek-a-boo games, as well as games of imitation, become favourite pastimes.

(The fifteen-month-old baby is ceaselessly active and gets into everything. He can be a lot of fun, but only if his parents have the energy to keep up with him. This excess of energy continues through a year and a half; during which time he becomes increasingly negativistic. His chief word is "no". He has not even a beginning idea of sharing. He has little ability to delay and little control over his emotions. He is not easily directed by verbal commands; his understanding of words is very limited indeed. If you expect very little of him and give very close and rather constant physical supervision he will probably get along fairly well, but in some households the phrase "bad boy" is used so often that the child probably thinks that's his name.

At the same time, the infant is becoming more aware of his physical separateness from his mother, and again increasing separation anxiety can be observed. The relative lack of concern about the mother's presence that was characteristic of the junior toddler is now replaced by seemingly constant concern with the mother's whereabouts, as well as by active approach and avoidance behaviour. The "refuelling" type of bodily approach that had characterized the early practising stage is replaced by a deliberate search for, or avoidance of, intimate bodily contact, either "shadowing" the mother (that is, incessantly watching her and following her every move), or darting away from her with the expectation of being chased and swept into her arms, seem to indicate both his wish for reunion with her and his fear of engulfment by her.) The child at this stage has a great deal of ambivalence about his developing separation from his mother, and one cannot emphasize too strongly the importance of the optimal emotional availability of the mother during this stage of development, for we believe that it is the mother's acceptance of the toddler's ambivalence towards her that enables him to invest his own self-image with love.

Depending on her own adjustment, the mother may react to the child's demands during this period either with continued emotional availability or with a gamut of less desirable attitudes. However, the mother's continued emotional availability is essential if the child is to give up his reliance on magical omnipotence. Predictable emotional involvement on the part of the mother seems to facilitate the unfolding of the toddler's thought processes, reality testing, and coping behaviour by the end of the

second or the beginning of the third year. If the mother is "quietly available," if she shares the toddling adventurer's exploits, playfully reciprocates, and thus facilitates his attempts at imitation and identification, then internalization of the relationship between mother and toddler is able to progress to the point where separation-individuation is firmly established. (Concomitantly, the emotional growth of the mother in her parenthood, her emotional willingness to let go of the toddler, to give him, as the mother bird does, a gentle push and encouragement towards independence, is also enormously helpful and may even be the sine qua non of normal, healthy individuation. For during this stage of development, while individuation proceeds very rapidly and the child exercises it to the limit, the young child also employs all kinds of mechanisms in order to resist and undo his actual separateness from the mother. The fact is, however, that no matter how insistently he tries, the toddler and his mother can no longer function effectively as a single unit. This is the crossroads which has been termed "the rapprochement crisis."

Hypersensitivity in concern for the mother's whereabouts at all times, with marked separation anxiety which cannot easily be alleviated in the mother's absences, may be regarded as a danger signal during this stage of the infant's development. If the ambivalence in the child's feelings towards the mother is too strong, it may be necessary for the child to defend the "good" mother against his own destructive rage by continued splitting of his world into "good" and "bad," in order to keep the good mother from being engulfed and destroyed by the bad. The mother then becomes a good part-object and a bad part-object and, in the extreme, the child's self-concept also becomes a good part-self and a bad part-self. Thus, individual solutions to the rapprochement crisis result in the personality patterns or characteristics with which the child enters into the final phase of separation-individuation, the consolidation of an individual identity.

(The low-keyedness which is characteristic of the differentiation and early practising phases of development, as a reaction to the mother's absence¹ has already been mentioned. During early rapprochement, a different kind of behaviour may be observed: the mother's absence brings out increased activity and restlessness. It seems that the equivalent of low-keyedness, at the time of the child's realization of his separateness, is the affect or emotion of sadness. Sadness, however, seems to require more ego strength to bear than the child at this age is able to muster; and the toddler's hyperactivity or restlessness at this stage is thus believed to be an early defensive activity against awareness of painful feelings of sadness.

As the rapprochement phase progresses, however, children find more active ways of coping with the mother's absences: they relate to substitute adults and they engage in symbolic play. They often invent forms of play that help them to master the fact of the disappearance and reappearance of things, or their play tends to consist of social interaction, revealing early identification with the mother or father, for example, in the way they play with dolls. Similarly, the range of affects experienced by the toddler seems to widen and to become quite differentiated. From about the age of fifteen months on, individual identity seems to have progressed to the point where specific goal-directed anger and aggression can be identified, for example, if another child has something that he wants and cannot attain. By eighteen months of age, the need to deal with the affects of sadness and anger, disappointment in mother, or the realization of one's own limited abilities and relative helplessness are reflected in many other different kinds of behaviour. During this period, for example, many children are observed for the first time to be fighting their tears or attempting to

suppress their need to cry. And awareness of separateness and vulnerability seems to give rise to a new capacity for empathy which is expressed in positive and negative ways. For example, children at this age may sometimes be seen to react to another child crying by comforting him.)

For most children, the period of rapprochement culminates sometime during the second half of the second year of life in what looks like a temporary consolidation and acceptance of separateness. Generally by the age of twenty- one months, the clamouring for omnipotent control, the extreme periods of separation anxiety¹ the alternation of demands for closeness and for autonomy - all these subside, at least for a while, as each child once again seems to find the optimal distance from mother, the distance at which he can function best. The growing individuation that seems to make possible this ability to function at a greater distance and without the mother's physical presence, include: (1) the development of language, in terms of naming objects and expressing desires with specific words, (2) identification with the "good," providing mother and father, and the internalization of rules and demands, and (3) progress in the ability to express wishes and fantasies through symbolic play, as well as the use of play for mastery. And the child's desire for expanded autonomy not only finds expression in negativism towards his mother and others, but also in an active extension of the mother-child world, primarily to include the father, but other children and adults as well.

By this age, children are no longer developing phase specifically but, rather, individually and individualistically they are becoming very distinct and different from one another. And by the end of the second year, that is, by the child's second birthday, it seems that the ability to cope with separateness, as well as actual physical separation from the mother, is dependent in each case on the history of the mother-child relationship as well as on its present state.

(As can be seen from this review, development not only consists of a series of stages, it also occurs in cycles. When things are going well, you can expect that they will get worse. In fact, they have to get worse before they can get better. The equilibrium which has been established at any stage has to be broken down before the individual can progress to the next higher stage. Nowhere is this more in evidence than at the age of two and a half, when "the roof falls in", mainly due to the child's rediscovered insecurity. As a result, everything has to be done just so. Everything has to be right in the place he considers proper. Each domestic routine has to be performed in a rigid series of events that follow each other in exactly the same manner from day to day. Fortunately, by the age of three, things quiet down again briefly. The child no longer seems to need the protection of his rituals, of having everything done in exactly the same way. Greater maturity has lead him to feel more secure both in himself and in his relationships with others. At this age, most children are much more responsive to directions, and many like to please and to conform, within the limits of their abilities.)

From the point of view of the separation-individuation process, the main developmental tasks to be completed before separation-individuation is complete are: (1) the achievement of a definite, in certain aspects life- long, individuality and (2) the attainment of a certain degree of object constancy. The latter refers to the ability to remember others as they are, even when separate from them; and much of this task is accomplished during the child's third year of life. Primitive consolidation of gender identity is part of this developmental stage as well.

Object constancy depends upon the gradual establishment of a positively toned inner image of the

mother. But the constancy of the object implies more than the remembrance of a mental image of the love object in its absence. It also implies the unifying of the “good” and “bad” objects into one whole representation. This fosters the fusion of affectional and angry feelings and tempers the hatred for the object when it is not need-satisfying. In those children whose development is less than optimal, ambivalence conflict is likely to have been discernible during the rapprochement phase in rapidly alternating clinging and negativistic behaviours, which may be a reflection of the fact that the child has split the object world more permanently than is desirable into “good” and “bad”. By means of this splitting, the “good” object is defended against destruction by primitive emotions such as rage but, in the process, object constancy is not obtained.

The establishment of emotional object constancy is a complex process. And it is only after object constancy is well on its way that the mother, during her physical absence, can be substituted for, at least in part, by the presence of a reliable internal image that remains relatively stable irrespective of the state of physical need or inner discomfort. On the basis of this achievement, temporary separation can be lengthened and better tolerated. In ideal cases, during the second half of the third year, the achievement of object constancy enables the child to continue to love his mother in her absence. The final phase of the separation-individuation process is open-ended at the other end, and changes reach no single, definite terminal point.

During this same period from about twenty or twenty-two months to thirty or thirty-six months, the consolidation of mental representations of the self as distinctly separate from representations of the object paves the way for self-identity formation; “good” and “bad” self-images coalesce into an integrated self-concept; polar opposite emotional experiences and their associated self-images are integrated into one unitary whole; affects become integrated, toned down, and undergo further differentiation; and the child’s self-concept and his actual behaviour in the social field become closer. And that is the history of the physical, and social, and emotional development of the very young child.

Now, in 1916, Freud compared emotional development to an advancing army. On its way towards its objective, it has to conquer various outposts. The more difficult the battle at any particular outpost, the more havoc that would be created at that point and the larger the army of occupation that must be left behind in order to secure it. And if, by chance, the now weakened advancing army may meet superior forces and have to retreat, it will usually be to the outpost where it has left the largest number of troops.

But it isn’t just a case of having a lot of emotional energy tied up in developmental stages that have never been satisfactorily passed, and developmental tasks that have never been fully carried out. Battles leave scars. The army of occupation is placed there not only to prevent further battles, but to maintain order and to see that the regular events of everyday living are carried on as smoothly as possible. But a town run by an army of occupation is not the same as one which has a well functioning representative government. The army does govern, but that is not the only effect which it has on the town and the country in which it is situated. And disturbance in the normal developmental sequence can never just result in unfinished business which is confined to one developmental stage. In the same way that a child who has been ill during some crucial one- or two-month period in Grade 1 can have his school and work achievement affected for the rest of his

life, because the weakness in Reading or Mathematics which results from missing that crucial one or two months of schooling can undermine and interfere with his learning the work of Grades 2, and 3, and 4, the individual who, because of some disturbance of parenting within the first months of life, has been unable to establish a mutually satisfying symbiotic relationship with some mothering figure and who, as a result, has not been able to establish a store of good memories to offset the bad ones will not only have a weakness at that level of development but also in all further levels which build upon it.

The results are different, of course, depending on the age at which difficulties in relationships with the parents develop. It is believed that the foundation for psychotic disorders is probably laid down within the first few months of life, at a time when the infant has not yet begun to distinguish between himself and the rest of the world; and it is to this stage that the individual regresses when he experiences a psychotic break. In regressing to this developmental level, he loses his sense of self and his awareness of the reality of the rest of the world, and we say that there is an impairment of reality testing. If the major difficulties occur after the establishment of a symbiotic relationship with the mother, because the mother has been able to provide adequate stimulation and gratification of psychophysiological needs for the child to pass successfully into the second stage, during which there is an increasing awareness of the difference between self and others, there is likely to be excessive primitive splitting of the world into good and bad, and defensive disorganization of thinking ability, but probably not so sharp a break with reality.

If the major disturbance in the individuals' relationship with others occurs after the establishment of good self-images and good memories and images of others (although perhaps only of the mother), but before the consolidation of separation-individuation, the personality organization which develops is likely to be what is called borderline, that is, not out-and-out psychotic but subject to transient psychotic episodes, particularly when under stress or under the influence of alcohol or other drugs. Psychologically, these individuals are characterized by the failure of development of any integrated self-concept; the development of contradictory character traits, which results in chaotic interpersonal relationships; failure of an integrated picture of others (that is, others tend to be seen as either good or bad) with resultant inhibition of, or limited development of a capacity of understanding of or empathy for other persons; failure of neutralization of primitive affects such as rage, and poor control over impulses; and impairment of the development of conscience and reduced potential for finding satisfaction in pro-social activities.

Now, this exposition of criminality is not concerned with the psychotic personalities who become involved in crime, but will focus instead on the borderline personalities and character disorders who make up the bulk of our criminal population. Masterson suggests that separation for the individual who is later to develop a borderline personality organization entails such intense feelings of abandonment that it is experienced as a rendezvous with death. To defend against these feelings, he clings to his mother and thus fails to progress through the normal developmental stages of separation-individuation to autonomy. Depression, rage, panic, guilt, passivity and helplessness, and feelings of emptiness result from the mother's apparent inability to support him in his striving for separation and individuation. Unable to tolerate such feelings, the child attempts to handle them by a denial of the reality of separation, by avoidance of individuation, all of which is supported by the widespread use of splitting (that is, of good and bad images) as a defence mechanism. The image of

the good mother which offers approval and support for regressive and clinging behaviour is maintained, along with an image of the good, passive, compliant child, while the image of the bad, attacking, critical, rejecting, angry mother is also maintained, along with an image of the bad, inadequate, helpless, guilty, ugly, and so on attempting-to-separate child. The rewarding mother image becomes the borderline's principal defence against the painful affective state associated with the rejecting, withdrawing mother image. In terms of reality, however, both part-units are pathological, it is as if the individual has but two alternatives, either to feel sad and abandoned or ~o feel good at the cost of denial of reality, denial of separation and individuation, and the acting out of other forms of self-destructive behaviour.

Because the capacity to experience depression, concern, and guilt appears to depend to a large extent on the tension between good and bad within an integrated self-image, these differentiated feelings are lacking in borderline personalities. The depressive reactions of borderline patients take primitive forms of impotent rage and feelings of defeat by external forces. Real mourning over loss cannot occur because borderline personalities are unable to experience others as real people, and because they tend to devalue others as a result of their feelings of rage and their tendency to project their primitive aggressive impulses. The mother is perceived as dangerous, and this perception is later generalized to include the father as well, as both parents are experienced as a unified group. Contamination of the father image by the aggressive impulses that were originally directed against the mother, and lack of differentiation between the mother and the father as a result of the influence of excessive splitting operations, tends to produce a combined and dangerous mother-father image, with the result that all later sexual relationships come to be seen as dangerous and aggressively tinged.

(In the case of the boy, premature development of genital sexuality, in order to deny oral dependent needs, tends to be a failure because projection of aggressive impulses onto the father reinforces the developing child's typical Oedipal fears. A frequent solution to this dilemma is the adoption of the "feminine position" in boys, which represents an effort to submit sexually to the father in order to obtain from him the love and acceptance which were felt to be denied by the mother. Another attempted solution is found in narcissistic, promiscuous men who unconsciously seek revenge against the frustrating mother through pseudogenital relationships with women which are actually an attempt to both express aggression sexually and to obtain the love and acceptance which wasn't available from the mother.)

It is important to remember that the foundation for all of this is laid sometime within the first three years of life, and often because of the mother's inability to tolerate the infant's drive towards separation and individuation. It will be recalled that the 15- to 18-month-old infant was extremely difficult to manage let alone to love, and many parents are just not emotionally equipped to deal with him; and this is one of the ages at which child abuse is most likely to occur. The negativism of the one-and-a-half-year-old child, however, is an essential part of his development. At this age, the child is being pulled in two directions, towards asserting himself and developing some independence, and towards remaining dependent. For this stage to be mastered, the parent must be able to provide him with the security which allows him to venture out on his own and yet the control that keeps him from exceeding his own or his environment's limitations.

If the mother has been able to handle the demands of the toddler and the ambivalence of the rapprochement crisis about the middle of the second year, and has been able to nurture her baby and developing child to the point where he is able to establish a stable sense of self and sense of reality, but not until an integrated self-concept is achieved and the separation of "good" and "bad" self-images is mended, the foundation has been laid for the development of the character disorders, the narcissistic personalities, and the antisocial personalities who make up so much of our criminal population. The main characteristics of the narcissistic personalities are their grandiosity, their extreme self-centredness, and their remarkable absence of interest in and empathy for others, in spite of the fact that they are so very eager to obtain admiration and approval from other people. (Their emotional life is shallow, and they obtain very little enjoyment from life other than from their own grandiose fantasies. They feel restless and bored when external glitter wears off and there are no new immediate sources to feed their self-esteem. They envy others, and tend to idealize those from whom they expect to receive narcissistic supplies (that is, feeding their self esteem), and to depreciate and treat with contempt those from whom they do not expect to receive such supplies. They have a basic need to identify with an all-good, all-powerful person and hence be protected from the world of hostile persecutory images which exist within themselves and which are projected onto others. They attempt to control the aggression they see in others through a variety of mechanisms, as well as to control the idealized objects, to use them, and to tame their aggression through such mechanisms as projective identification and ingratiation.) Having a true interpersonal relationship exposes them to humiliation, loss, and shame, with consequent envy and rage.

(Not only do these individuals lack emotional depth and fail to understand complex emotions in other people, but their own feelings lack differentiation as well, and they are prone to quick flare-ups of emotion which quickly die out. They are particularly lacking in genuine feelings of sadness, and this incapacity for experiencing depressive reactions is a basic feature of their personalities. When abandoned or disappointed by other people, they may show what on the surface looks like depression, but on further examination it usually turns out to be anger and resentment, loaded with revengeful wishes, rather than any real sadness for the loss of a person whom they actually appreciated.)

In general, their relationships with other people are clearly exploitative. Behind a surface which is often very charming and engaging, one senses a basic coldness and ruthlessness. Although they may be superficially sociable, on a deeper level their interactions reflect intense, primitive conceptualizations of interpersonal relations with a marked inability to depend on others. It is as if, when it came time for an integration of the individual's good and bad self-images, the bad self-images were sufficiently strong that they could not be integrated into the individual's self-concept and had to be projected onto the outside world, and the self-concept becomes based only on the good self-images. (In the normal course of events, internalization of parental do's and don'ts becomes the basis for the child's developing conscience. In the case of the narcissistic personality, however, it is as if only the idealized parent is internalized and incorporated into the child's self-concept along with any good images which he may have had of himself, and everything that is bad is placed into the outside world. Thus the individual becomes very "independent" of any need to rely on others. If parental prohibitions are internalized, they have an aggressive quality and are easily re-projected. This tendency to structure the situation in such a way that others can be perceived as punitive and unfair underlines much of the behaviour of the narcissistic personality.)

Some thirty years ago, Cleckley (1976) offered a clinical profile of the psychopathic personality which is in accord with most other descriptions of them. The following symptoms are taken from "The Mask of Sanity" superficial charm and good intelligence; absence of delusions or other signs of irrational thinking; absence of "nervousness" or psychoneurotic manifestations; unreliability; untruthfulness and insincerity; lack of remorse or shame; inadequately motivated antisocial behaviour; poor judgment and failure to learn by experience; pathologic egocentricity and incapacity for love; general poverty of major affective reactions; specific lack of insight; unresponsiveness in general interpersonal relations; fantastic and uninviting behaviour with drink and sometimes without; suicide rarely carried out; sex life impersonal, trivial and poorly integrated; and failure to follow any life plan.

At the time, it was common to attribute the psychopath's severe superego defects to "constitutional psychopathic inferiority." It wasn't long, however, before Kaufman and Reiner (1959) suggested that the public sees only the hedonistic behaviour and its results and is unaware of the misery which that behaviour conceals. Schmideberg (1949) reported her clinical impression that antisocial development and psychopathy were largely due to disturbances of "object relations" rather than of superego. West (1969) documented that socially deprived, unloving, erratic, inconsistent, and careless parents tend to have badly behaved boys. And Eissler (1949) noted that there is an almost invariable feature of magical thinking among delinquents that "serves to enhance or to restore an inflated feeling of omnipotence which is essentially different from the feeling of mastery" All of these observations have helped to lift our understanding of the psychopath beyond the simple assumption of "constitutional inferiority" or a simple focus on lack of conscience; and the inconsistencies in his behaviour are now more readily apparent. Where there are (infantile) feelings of omnipotence and self-acknowledged ability to extract narcissistic supplies, there is also likely to be evidence of a poor self-image, and feelings of entitlement, of having been injured, deprived, harmed, etc. And even where the psychopath is materially successful, his behaviour is likely to contain components which result in repeated failure, self-harm, and punishment. (For example, his identification with other rebellious individuals or merely his own poor control may carry him into dangerous, reckless behaviour. Where enough ego strength is present, such reckless behaviour and risk taking can result in gain and even recognition and success within the community. Frequently, however, it results in some sort of self-destructiveness as well as harm to the community.)

Thus, the antisocial personality, or psychopath as he is sometimes called, may be considered as one extreme form of the narcissistic personality, and in order to understand the psychopathic personality, it is essential to understand our evolving conceptualizations of the narcissistic personality. What is postulated here is a "core" personality type, an individual of narcissistic character structure with particular and severe deformations of ego as well as superego: the psychopath has specific intrapsychic conflicts, defences, and personality structure, with distortions in his relations with others arising from a chaotic mother-child relationship, with difficulties becoming particularly prominent toward the end of the rapprochement stage.

When the psychopath does seek treatment, his sense of emptiness and aloneness, so that the world appears empty and devoid of meaning, may be described as "depression". However, underlying this so-called "depression" is a sense of worthlessness, which is intimately connected with his deviant

ego- superego development and his inability to experience real depression. It is important perhaps, to emphasize that these individuals can be helped, although treatment is by no means easy. The therapist's good intentions, positive feelings, friendly behaviours, and external help are received with suspicion and tend to be tested in a provocative fashion until hostile, destructive expectations are confirmed. In addition, therapists tend to be viewed as extensions of the self rather than as individuals in their own right, and when they can no longer be manipulated, controlled, or extracted from, they are likely to be discarded and/or rage ensues, depending upon the state of the transference at the time. Individual psychotherapy, as is well known, may very well not be the treatment of choice. Nevertheless, except in the most severe cases, psychotherapy should not be ruled out entirely, although it may be fraught with many difficulties. In accordance with the dictum that treatment follows diagnosis, as our understanding of the psychopath grows, so does our hope for a successful treatment.

(The preceding review points to a conceptual model of internalized object relations which can be valuable as the basis for understanding of the borderline conditions and the character disorders, narcissistic personalities, and antisocial personalities which make up such a large part of the criminal population. This understanding, in turn, can be the beginning of the development of a successful treatment process.)

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