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Should the Impulsive Character Be Treated?

John R. Blake, M.D.

A recent study by Robert Hare, Ph.D. comparing the outcome of psychotherapeutic intervention with "psychopaths and those with antisocial character disorders" [sic] reports results that indicate the treatment exacerbates criminal recidivism as compared to untreated controls (1). He noted three studies showing lower rates of repeat violent crime in treated non-psychopathic personality disordered offenders, but increased rates of repeat offences in the treated psychopathic group (n=176). Similarly, in another study, one year after treatment, treated psychopaths showed much higher reconviction rates than untreated psychopaths (n=300). A final study of 216 sex offenders showed higher recidivism among those rated most improved by therapists! The investigators felt that treated psychopaths had simply learned to con better, but they were at a loss to understand what could account for this apparent paradoxical outcome.

One is reminded of similar observations of other character types who demonstrate a great deal of impulsivity. For example, Alcoholics Anonymous recommends that alcoholics avoid exploratory therapy for the first year of sobriety and instead focus on behavioral control. Similarly, many experienced clinicians working with borderline personality disorder patients put a premium on behavioral control of their acting out behavior, at least in the initial phases of treatment.

From a functional energetic perspective these observations make sense. The essence of the impulsive character is fluid, fleeting, shifting armoring (2, 3, 4). Typical developmental history includes childhood experiences of chaotic parental or adult inconsistency, harshness, brutality and sadism, as well as early exposure to overt adult sexuality. Psychically, the result Reich observed is that the ego seems to turn against the superego (5). Unlike the case of impulse inhibited neurotic

characters in whom defenses are mobilized against id impulses, here they are mobilized against superego prohibitions.

Energetically, he also observed greater, more severe stasis of sexual energy (5). As a result of the subsequent intolerance of energetic excitation and inability to manage anxiety or other emotions by repression or any other psychic or somatic defense, acting out becomes *the* defense. In other words, impulsive and antisocial behavior is the only available mechanism for discharging energy.

Any attempt to treat these individuals results in an increase in excitation, anxiety and rage (2). Defensive acting out to "metabolize" this energetic push is inevitable (6). Therapy, which aims at containing this behavior, must backfire because acting out is the only means, other than flight, such patients have available to avoid making contact with intolerable feelings.

Clinical experience has shown that where treatment does begin to succeed in breaking through this formidable, (and in full-blown cases, unbreachable) chronic "acting out" defense, a shrinking biopathy in the form of cancer can occur (6). Indeed it is possible that the protoplasmic pulsatile weakness, which seems functionally identical to the lack of ego integration, may make this outcome a strong likelihood.

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