

The Childhood Psychopath: Bad Seed or Bad Parents?

BY Katherine Ramsland

Born or Made? Theories of Psychopathy

Bad Seed: The Fledgling Psychopath

Brenda Spencer

In 1979, sixteen-year-old Brenda Spencer received a rifle for her birthday. She used it to shoot kids at an elementary school near her San Diego home, wounding nine and killing two. A reporter asked her later why she had done it. Her answer: "I don't like Mondays. This livens up the day."

In 1993, two bodies were found on a country road in Ellis County, Texas. One was male, one female. The boy, 14, had been shot, but the 13-year-old girl had been stripped, raped, and dismembered. Her head and hands were missing. The killer turned out to be Jason Massey, who had decided he was going to become the worst serial killer that Texas had ever seen. He tortured animals, stalked another young woman, and revered killers like Ted Bundy, Charles Manson, and Henry Lee Lucas. He was nine years old when he killed his first cat. He added dozens more over the years, along with dogs and even six cows. He had a long list of potential victims and his diaries were filled with fantasies of rape, torture, and cannibalism of female victims. He was a loner who believed he served a "master" who gave him knowledge and power. He was obsessed with bringing girls under his control and having their dead bodies in his possession.

Nine-year-old Jeffrey Bailey, Jr. pushed a three-year-old friend into the deep part of a motel pool in Florida in 1986. He wanted to see someone drown. As the boy sank to the bottom, Jeffrey pulled up a chair to watch. When it was finished, he went home. When he was questioned, he was more engaged in being the center of attention than in any kind of remorse for what he had done. About the murder he was nonchalant. On April 13, 2000, three first-graders in north-western Indiana were apprehended in the act of plotting to kill a classmate. They had formed a "hate" club and were trying to recruit other girls to join them in the planned slaughter. They were not yet sure whether they would shoot their target victim, stab her with a butcher knife or hang her. Their plan was interrupted, but another victim in similar circumstances was not so lucky.

Jessica Holtmeyer, 16, hanged a learning-disabled girl in Pennsylvania and then bashed in her face with a rock. Afterward, a witness reported Holtmeyer to say that she wanted to cut the girl up and keep one of her fingers as a souvenir.

These children have a character disturbance. They devalue others and lack a sense of morality. Such incidents as those described above have made it increasingly clear that psychopathy is not exclusively an adult manifestation. In fact, some child development experts believe that childhood psychopathy is increasing at an alarming rate. In the research, these children are regarded as "fledgling psychopaths" who will become increasingly more dangerous as they get older. They might not become killers but they will learn how to manipulate, deceive and exploit others for their own gain. It is generally believed that they have failed to develop affectional bonds that allow them to empathize with another's pain. What they have developed are traits of arrogance, dishonesty, narcissism, shamelessness, and callousness.

Through the years, the diagnosis of psychopathy in adults has gone through a confusing conceptual evolution. Psychopaths have been called sociopaths, but they've also been distinguished as a separate and distinct group. Another complicating factor is the development of the diagnosis of Antisocial Personality Disorder, which overlaps with many traits of a psychopath but also has key differences. It is not surprising, then, that juvenile psychopathy, too, has been poorly defined, often confused with the various youthful conduct disorders.

Given society's interest in diminishing the crime rate among the most chronically recidivating offenders — psychopaths — it is important to determine if childhood psychopathy is a clearly measurable manifestation. The salient question is whether we can single out such children and treat them before they become truly dangerous.

According to behavioral geneticist Dr. David Lykken, psychopaths are set apart. They differ in temperament from other children and are at greater risk for delinquency. He has looked at the statistics on juvenile crime and concludes that only a few children with antisocial tendencies were born with such a predisposition.

They are fearless and probably have a weak behavioral inhibition system. However, Lykken contends that most antisocial behaviors in children are caused by poor parenting—absent fathers and inadequate mothers who fail to properly socialize their child. Perhaps the child frustrates them or perhaps their parenting skills are subnormal. Either way, the child acts out. Lykken calls these children sociopaths and he believes that we can decrease their numbers with better social skills. He does acknowledge the twin studies that support the view that criminality has a substantial heritability factor, but claims that traits like fearlessness, aggressiveness, and sensation seeking, all of which contribute to antisocial behavior, can be properly channeled toward better things. It is up to parents to do this, and where parenting fails, the child with those traits may express them through violence. In other words, in his opinion, even the child most prone to psychopathy via inherited traits can be guided through good parenting toward using those traits in prosocial ways.

Some brain studies suggest that psychopaths have abnormal brain activities. They make certain connections more slowly than other children, show less fear of punishment, and seem to need to do things that excite their nervous system, such as thrill-seeking behaviors.

A few of the findings include:

- adolescents who measured high on the Psychopathy Screening Device showed reduced electrodermal skin responses to distress cues in slides shown to them, indicative of a subnormal response
- they also showed a decreased response to fear imagery and to threats psychopathy-related personality traits correlated with difficulty in processing emotional information
- psychopaths over-respond to distracters, showing reduced ability to focus and cognitive deficits in left hemisphere activation
- psychopaths speak more quietly than nonpsychopaths and tend not to differentiate between neutral and affective words, perhaps meaning that they are insensitive to emotional connotations in language
- psychopathic adolescents respond more strongly to reward than nonpsychopaths, sustaining reward-producing activities for a longer period of time.

To try to determine whether a psychopath is somehow hard-wired or is created by family and environment, it's instructive to look at the details of individual cases.

A good case study is that of Gary Gilmore, who murdered two young men in cold blood and then refused to appeal his death sentence. He was executed in Utah in 1977. Mikal Gilmore, Gary's younger brother, did an extensive search of his family's history to try to determine where things went wrong—particularly since of four brothers, Gary was the only outwardly violent one. Mikal traces family secrets, extreme emotional neglect, religious rigidity, and bouts of physical abuse that his brothers endured back to his grandparents - both sets of which rejected the two children who grew up to become Gilmore's parents. Mikal shows as well as any psychologist the life history and possible development of an antisocial personality.

He begins his memoir by mentioning that all of his family, save he and his older brother, are dead. Of five children, one died as an infant, one of complications from being viciously stabbed, one by execution, and the other living brother simply wandered away. The reader immediately knows that severe dysfunction is at the heart of this family, so it is not surprising to learn that the father, Frank Gilmore Sr., was a con man, a gypsy, an alcoholic, a brutal autocrat, and an abusive husband and father.

Frank had many dark secrets, many of them criminal, and Bessie was a Mormon, outcast from her family. She accompanied Frank on his wild chases across the country as he settled here and there just long enough to run a con game and then leave. Bessie heard from Frank's eccentric, spiritualist and unloving mother that Frank had married at least half a dozen times and had families scattered in many places. He had no use for his children.

He often disappeared without explanation for long stretches of time, although he sometimes took Bessie with him, even when she had three children in tow. Frank also drank heavily and vented his considerable rage on his wife. Shortly after Gary was born, Frank decided that Gary was not his son, but the progeny of a son of his from a previous marriage whom Bessie knew. It seemed a way for him to detach from his son the way his own father had detached from him. There was little chance that Frank would feel much affection for this boy.

When Frank's sons got older, he began to whip them with a belt, much more severely than their various infractions merited. The boys soon learned that no matter what they said or did, their father simply wanted to brutalize them, all the while insisting that they love him. Their mother would not protect them. In fact, she let them know that the ideal family was childless. Eventually Bessie began to beat her children as she was being beaten.

Gary reacted with a rebellious streak. Whereas he was smart and artistic, he never exploited the opportunities to move in a positive direction. Instead, he acted out in school, tested his courage by running in front of trains, exploited and violated friends, hung out with an antisocial crowd of boys, and engaged in pretty crimes, such as burglary, auto theft, and substance abuse. This landed him in reform school, where he became more sophisticated in the criminal attitude. By the age of sixteen, Gary was in jail.

Even there, Gary acted out and the few times he got out, he committed a crime almost immediately that sent him back. One prison psychiatrist diagnosed him as "antisocial personality with intermittent psychotic decompensation." Another indicated that Gary wanted to die, specifically to bleed to death.

He finally turned to murder. In July of 1976, just after being paroled, on two consecutive nights, he killed two men in cold blood. Had he not been caught, he probably would have continued to kill. His final words seemed to affirm his terrible legacy: "There will always be a father."

The question remains: Was he a born psychopath or a normal child turned into a sociopathic individual? Why did his brothers turn out differently?

Mikal Gilmore thought that his family legacy was one of negation, the nullification of self. Each child suffered in his own way. Gary turned it outward to negate others as a way to eventually negate himself: His two consecutive murders appeared to be without motive. He had just been released from prison early because a family member had stepped forward to assist him. Yet he blew his chance. When he was convicted and sentenced to die, he insisted there be no appeal. He wanted it to end.

Psychologist Lonnie Athens takes the approach that antisocial behavior results from a series of evolutionary stages. People start off benign, he believes, and violence is therefore preventable. In an attempt to discover why some people in a crime-vulnerable environment turn violent while others do not, he interviewed numerous violent criminals to find out what they had in common. He came up with the idea that people become violent through a process that he calls violentization, which involves four stages: brutalization and subjugation, belligerency, violent coaching, and criminal activity (virulency). First, this person is a victim of violence and feels powerless to avoid it. Then he is taught how and when to become violent and to profit from it. Then he acts on that. If a person from a violent environment does not become violent, it is because some part of the process is missing.

It seems fairly clear that Gary was formed toward violence and lack of empathy by the instability and brutalization of his family life. He fits Athens' model perfectly.

In contrast, we can look at the case of a man who might clearly be said to have developed an absence of empathy at an early age, without violence evident. Nothing in Athens' stages of evolution seems to apply.

That man was British serial killer Dennis Nilsen, who took fifteen men home to his flat, and while they passed out from alcohol or slept, strangled them. He had no feelings of hatred or aggression toward them, and some he even thought he was helping. While describing to the police how he had killed them and kept their corpses in his closets or under the floorboards until they finally had to be dissected and discarded, he showed no remorse. His confession, which lasted thirty hours, was without emotion.

He was born in Fraserburgh, Scotland, on November 23, 1945 the only child of Betty and Olav Nilsen. It was an unhappy marriage, full of conflict, which ended after seven years. Betty and Dennis, along with his two siblings, were already living in the home of Betty's parents, since her husband had never provided otherwise, so they just stayed where they were.

Dennis never exhibited rage, cruelty to animals or other children, or any type of aggressiveness typically associated with conduct-disordered boys who become killers later in life. In fact, he was horrified by cruelties that he witnessed by others. Nevertheless, he was drawn to death and he soon became aroused at the sight of his own body lying still in front of a mirror.

Growing up a loner, neglected by an overburdened mother, Dennis fell into a life of casual pick-ups. He had a short-lived relationship that eventually fell apart, and just over a year later, the killings began. Dennis, then 33, met a young man in the pub and invited him home. They continued to drink and eventually crawled into bed. Nilsen woke up at dawn and realized that his new friend was now going to leave. He strangled and then drowned the man. He thought the corpse was beautiful, so he kept it with him in bed for a while and then put it beneath the floorboards. At no time did he feel remorse over what he had done. There was no sense of the other man as a person in his own right. Nor had Nilsen acted out of hatred or any aggressive feelings. He even took a bath in the same water where he had washed the corpse.

This pattern continued until Dennis was caught flushing body parts down a sewer. Throughout his spree, the only thing that seemed to disturb him about what he was doing was the problem of disposal. He didn't mind cutting the bodies up or boiling the flesh from their heads, or even having them around for a while. It was trickier to get rid of them when his apartment got a little too crowded. In prison, he continued to exhibit no idea of the enormity of his crimes against others.

So we have two cases: one man devalues all human life, including his own, and reacts out of rage and despair. He has no feeling for his victims. The other also has no sense of the value of human life, but his acts are not driven by strong emotion.

Which of them is the true psychopath? That is, for which of them might a good home life have made a difference? Perhaps they both had a propensity toward violence, but clearly Gilmore was acting from rage and resistance.

A better understanding of how the concept of psychopathy evolved can help to answer this question.
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In 1941, Hervey Cleckley published *The Mask of Sanity*, a groundbreaking approach to psychopathy. In this book he outlined a brief history of the concept.

Over two centuries ago, a French physician had a case that defied known categories. The patient showed no remorse or personal restraint. He was classified as *manie sans delire* (madness without delirium). This was an early attempt to understand the psychopath. It would later be called moral insanity—the ability to reason despite behavior that looks insane.

By the early part of this century, "constitutional psychopathic inferiority" was a catchall term for most mental and physical deviance and defect. Then brain damage and physiological conditions were separated out, but a diverse body of problems was still grouped under one heading. The next step was to remove "constitutional" from the classification, leaving the unworkably broad "psychopathic personality." For the percentage of people not psychotic or psychoneurotic, but who were unable to lead normal lives and who caused distress in the community, the most common designation was psychopath. This would change with Cleckley's work.

Coming up with sixteen distinct clinical criteria for assessing psychopathy, Cleckley described psychopaths as hot-headed, manipulative, irresponsible, self-centered, shallow, lacking in empathy or anxiety, and likely to commit more types of crimes than other offenders. They are also more violent, more likely to recidivate, and less likely to respond to treatment. Cleckley made a valuable contribution, but as the concept of

psychopathy continued to evolve, the emphasis in assessment moved toward specific behavioral manifestations. Many psychopaths slipped through the diagnostic cracks.

In 1952, in the official psychiatric nomenclature, the word "psychopath" was officially replaced with "sociopathic personality," and eventually these labels came to be used interchangeably under the heading of "personality disorder." Then with the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II) in 1968, "sociopathic personality" yielded to "personality disorder, antisocial type." Those persons exhibiting an antisocial personality were described as unsocialized, impulsive, guiltless, selfish, callous, and failing to learn from experience. However, there were no criteria for making the term workable for standardized assessments.

During the seventies, many researchers tried to remedy this, such as Robert Hare's attempts in Canada to devise a rating scale based on clinical accounts. Others used scales derived from instruments like the Minnesota Multiphasic Personality Inventory. Yet it was still difficult to generate a body of research findings that could be replicated.

The publication of DSM-III shifted things. It introduced a list of explicit criteria for psychopathy as Antisocial Personality Disorder (APD or ASPD). The criteria emphasized the violation of social norms, because behavior is easier to assess than personality traits. Accordingly, APD was characterized by:

A. pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:

- failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
- deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
- impulsivity or failure to plan ahead
- irritability and aggressiveness, as indicated by repeated physical fights or assaults
- reckless disregard for safety of self or others
- consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
- lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

B. The individual is at least age 18 years.

C. There is evidence of Conduct Disorder with onset before age 15 years.

D. The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or a manic episode.

There was now a list of explicit criteria for what many clinicians would view as the term for psychopathy. However, APD lacked congruence with the traditional concept of psychopathy, making it unworkable for those trying to do specific research. Robert Hare points out that, "in forensic populations, diagnoses of APD have far less utility with respect to treatment outcome, institutional adjustment, and predictions of post-release behavior than do careful assessments of psychopathy based on the traditional use of inferred personality traits." While around ninety percent of psychopaths fit the criteria for APD, the vast majority of people with APD are not psychopaths. A finer distinction needed to be made.

In 1970, Otto Kernberg pointed out that the antisocial personality was fundamentally narcissistic and without morality. He called it "malignant narcissism," which included a sadistic element. That self-love is central seems correct but this conception failed to go very far with clinicians who needed practical instruments.

It was Hare and his associates who made the greatest impact on assessment and treatment. In their work with a large prison population, and influenced by Cleckley's observations, they clarified a set of diagnostic criteria that offers a practical approach, and which also influences how juvenile antecedents are identified and measured. Hare devised a list of traits and behaviors for his Psychopathy Checklist (PCL). He listed twenty-two items, each of which was to be weighted from 0 to 2 by clinicians working with potential psychopaths. The instrument, with items grouped around two factors—narcissistic personality and antisocial behavior—was tested extensively. In support of Kernberg, but refocusing APD toward personality traits, psychopathy was defined as a disorder characterized by:

- lack of remorse or empathy
- shallow emotions
- manipulativeness
- lying
- egocentricity
- glibness
- low frustration tolerance
- episodic relationships
- parasitic lifestyle
- the persistent violation of social norms
- need for stimulation
- criminal versatility

According to Hare, "Psychopathy is one of the best validated constructs in the realm of psychopathology." Another group of researchers used the instrument on 653 serious offenders. They noted evidence to suggest that psychopathy emerges early in life and persists into middle age. The "prototypical psychopaths" were responsible for particularly heinous offenses. They concluded that psychopathy appears to be a distinct personality disorder, with childhood behavior problems serving as good indicators—especially when they manifest at an early age. These indicators include drug abuse, theft, aggression, truancy, general problem behavior, lying, and poor educational achievement. Yet not all children who exhibit these behaviors go on to commit adult crimes, suggesting that 1) not all psychopaths are criminals, 2) some behavior changes with age, and 3) some intervention may help to redirect behavior.

Using the childhood indicators, researchers began to identify psychopaths in the noncriminal community, in support of Cleckley's belief that many either do not commit crimes or they commit them too cleverly to be caught. It also became increasingly clear that APD, which requires criminal misconduct for diagnosis, was indeed a poor label for psychopathy.

The voluminous literature on psychopathy focused primarily on males, which oriented it toward narcissism, but those clinicians who worked with female psychopaths—as measured on the PCL—noted some significant differences. Recent estimates indicate that severe psychopathy among women is rare, about one-third of the estimated prevalence for men. Others say that for every ten male psychopaths, there is

only one female. Based on some case studies, a few clinicians proposed that female psychopathy shows more traits of hysterical personality disorder than narcissism. It may be that female psychopaths are being misidentified because the criteria slant toward male manifestations.

In addition, those who were testing non-prison populations observed that children were being tested for all manner of conduct disorders as precursors to APD, but few researchers were looking hard at a concept central to the real issue of later adult pathology: childhood psychopathy.

It may be that if Nilsen and Gilmore had been tested early in life, the one who was genuinely prone toward psychopathy would have been identified. Gilmore clearly had conduct disorders, but Nilsen had something else: perhaps the kind of temperament that could be picked up on a childhood psychopathy-scoring device.

Risk Assessment

In a groundbreaking study, The New York Times collected one hundred cases over the past fifty years of "rampage killers" in America. They separated out the nineteen teenage killers to make a study of them. What they found is that while adults tended to act alone, kids often acted with the support of their peers. In some instances, those kids who did the killing were helped along by other kids who drove them to school, showed them how to use a gun, helped them get a firearm, or simply came to watch. There were times when these students were actually goaded into doing it. Quite often the killers boasted about what they were planning and even encouraged friends to be a witness.

In 40 cases of school violence in the past twenty years, The Secret Service's National Threat Assessment found that teenagers often told someone before they did the deed. Most of these kids are white and they prefer (and somehow acquire) semiautomatics. Almost half had shown some evidence of mental disturbance, including delusions and hallucinations. There's little doubt that at least some of them would score high on a psychopathy scale.

Common traits in the background of psychopathic children include:

- a mother exposed to deprivation or abuse as a child
- a mother who shows a tendency toward isolation
- a transient father or the family migrates frequently
- a mother who cannot maintain stable emotional connection with a child
- low birth weight or birth complications
- hypersensitivity or hyposensitivity to pain
- hyperactivity
- failure to make eye contact when touched
- absence of fear of strangers
- low frustration tolerance
- transient psychotic episodes
- sense of omnipotence
- easily distracted
- transient relationship
- cruelty toward others

Such children should be assessed for future dangerousness.

The idea of "dangerousness" has been a paramount issue in the legal/mental health arena, yet establishing an empirical body of data from which to make accurate predictions has been difficult. Such research must meet seven criteria:

- "Dangerousness" must be segregated into component parts: risk factors, harm, and likelihood of occurrence
- a rich array of risk factors must be assessed from multiple domains
- harm must be scaled in terms of seriousness and assessed with multiple measures
- the probability estimate of risk must be acknowledged to change over time and context
- priority must be given to actuarial research
- the research must be done in large and broadly representative samples
- the goal must be management as well as assessment.

In other words, risk assessment is a complicated business.

Expert John Monahan claims that all of the above criteria are met in the in-depth MacArthur Risk Assessment Study, which examined the relationship between mental disorder and violent behavior directed against others. The researchers devised a comprehensive list of risk factors that 1) have been associated with violence in prior research, 2) are believed by experienced clinicians to be associated with violence, and 3) are hypothesized to be associated with violence by existing theories of violence or mental disorder.

This included factors not previously studied, such as social support, impulsiveness, anger control, psychopathy, and delusions. Experts in these fields developed risk assessment instruments to assist with measurement and prediction.

Of the assessment devices, Hare's PCL-R (the Psychopathy Checklist revised to include fewer items) appears to be the most effective. That is, individuals at high risk to commit crimes can be reliably diagnosed with the PCL-R.

Hare and some of his colleagues went on to develop the Psychopathy Screening Device (PSD) for children as a 20-item, 0-2 rating scale similar to the PCL-R. It has a similar two-factor structure (Callus/Unemotional and Impulsive/Conduct problems), and was completed by teachers who interviewed each child assessed. Researchers Fisher and Blair used the PSD in the context of reinforcement sensitivity with 39 children aged 9-16. They found that poor performance on a card-playing task and on the moral/conventional distinction tasks were significantly correlated with behavioral disturbances. That is, those children who played cards badly and also made little distinction between moral and conventional transgressions (like cheating) had higher ratings on the PSD. Since adult psychopaths had similar results, this indicates that the PSD may be a reliable device for prediction of adult psychopathy.

It seems advantageous to identify disorders like psychopathy along dimensional lines (traits and behaviors) rather than with the lists found in the DSM-IV offers. Since the Hare PCL-R has been shown to be a more accurate predictor of dangerousness than the DSM-IV, it seems logical to conclude that the approach grounding the best instrument for detection and prediction is preferable.

John McHoskey and his colleagues developed a similar instrument, the Kiddie-MACH scale. MACH is a psychological concept that derives from the sixteenth-century writings of Niccolo Machiavelli, The Prince

and The Discourses. It was worked into a quantifiable personality construct that appeared to be involved in strategies that people used to gain and maintain interpersonal power. The successful manipulator would have the following traits: a) lack of interpersonal affect, b) lack of concern with conventional morality, c) lack of gross psychopathology, and d) low ideological commitments. These characteristics are central to the definition of psychopathy. The Mach-IV contained twenty statements rated on a scale, and the Kiddie-MACH was used with children. McHoskey studied MACH in the general population. They integrated the psychopathy constructs found on the PCL-R with Machiavellianism and concluded that the Mach-IV is an accurate global measure of psychopathy.

More work must be done to determine which of the childhood psychopathy assessment devices is most effective, and this will probably require extensive longitudinal studies. Yet the fact that researchers with specialized knowledge in psychopathy are moving away from the multiple conduct disorder diagnoses toward a more cohesive predictive construct should facilitate better agreement on the findings. At this point, however, it should be clear that the limited intervention resources available ought to be directed toward children who exhibit traits common to a constellation of disorders: hyperactive, impulsive, attention-deficit and conduct problems, because children who manifest all of these seem to be the most strongly correlated with adult manifestations of psychopathy. Classifications that focus primarily on behavior to the exclusion of personality characteristics will continue to fall short of the predictive value needed for locating the "fledgling psychopath"—the person most likely to become a serious and chronic antisocial adult.

Can We Turn the Tide?

During the first three to nine months of life, an infant develops bonds with the parent. Some infants are easy, some difficult. Parents have to work on making this bond deepen, because a strong factor in the development of psychopathy is the child's lack of connection with others. The ability to connect is crucial during these early months. One two-month-old baby who had been placed in several foster situations showed signs of being unattached: she would not make eye contact and when picked up, she reacted violently. The foster mother who decided to try to change this used behavior modification to get the baby to make eye contact while she was feeding. It took almost seven months, but eventually the child responded with less rigidity and greater bonding.

Attachment at an early age helps children to:

- develop intellectually
- develop a conscience
- cope with frustration
- become self-reliant and self-valuing
- develop empathic relationships

Like dairy, meat, fruits and vegetables for the body, there are basic emotional nutrients that must be made available to children in a balanced manner. Self-worth, resilience, hope, intelligence, and empathy are essential to building character for effective impulse control, anger management, and conflict resolution. Without these assets and skills, children cannot establish rewarding relationships with community systems, which puts at risk the entire social structure.

Our society often romanticizes the outlaw and sometimes neglects the child who is trying to develop in a prosocial manner. For example, a nineteen-year-old boy in a small town in upstate New York decided that

something needed to be done to better his community, so he ran for mayor and won. However, the adults ridiculed him and attempted to erode his sense of confidence. What they should have been doing was encouraging his contribution and sense of community responsibility, i.e., helping him build character.

However, our society can mistakenly feed the destructive impulse and starve the positive one. It's important to see that these nutrients come not just from within the family but also from society at large. A parent's job is to socialize their child and to learn the observational and listening skills necessary to detect when children are deviating into harmful patterns. It focuses not on placing blame but on detecting the "nutritional" imbalance and devising ways to set it right.

Emotional health needs attention on a regular basis. Just because kids appear to be doing fine does not mean they are and parents need to take the time to listen and observe, rather than take the status quo for granted.

Start Early

Research indicates that the propensity toward violence may begin as early as in the womb. Setting up a routine of emotional nutrition from infancy, just as one is concerned to provide the proper amount and balance of food at that age, is essential. A program of emotional nutrition can keep children on a solid path of developing the building blocks of good character.

Be Consistent

A consistent diet enhances immune functions and keeps us healthy. So does consistency with emotional nutrition. This chapter shows how the metaphor works in terms of decision making, keeping rules, and devising strategies in confrontations and power struggles. A child who can achieve these skills along the way—which will then become risk protection factors—needs to be noticed and praised, and the parents need to hold firmly to a set of values that they believe will develop character. Just as consistency in dieting habits pays off, so too will it show rewards in a program of emotional nutrition.

Consistency is one of the most difficult skills of parenting to master. People are not machines programmed always to perform at peak levels. We all have frustrations, bad moods, off days, and children can sometimes push the limits. These are the days when we are most likely to feed our children emotional junk food because we're too exhausted to do otherwise. It's important to remember the big picture.

Detoxification

Sometimes children get involved in unhealthy activities and may develop patterns of lying, aggression, manipulation, or other forms of acting out. In that case, parents must have strategies for breaking those patterns and getting their children back on a healthy track. Empowering children toward emotional health means finding positive things that get them the same sort of attention they were getting with their negative behaviors, so that replacing those behaviors will not deprive them of the attention.

Introducing Variety

Parents may not be able to handle their offspring alone, and it's perfectly normal to feel overwhelmed and confused. Good parenting means recognizing limits and finding the appropriate people to help out. If their child's teeth were crooked, they wouldn't attempt to fix the problem themselves but would go to an orthodontist. The same holds true for emotional health: Parents can't be expected to be able to deal with all the emotional difficulties their child might experience, so they need to know their limits and get the

appropriate help. This might be a therapist, a group therapy situation, or a mentoring program. Parents should discover what resources are available in their areas.

While a born psychopath may have neurological disorders that defy everything we do, it still seems to be the case that many criminals with certain psychopathic traits may have been turned toward something prosocial with the right nurturing. The more we can decrease the number of psychopaths in the general population, the better off we will be. Thus it makes sense to find ways to assess childhood psychopathy and to redirect such children before they become truly dangerous.