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- **BARBARA BRADLEY HAGERTY JUNE 2017**  
**ISSUE HEALTH**

This is a good day, Samantha tells me: 10 on a scale of 10. We're sitting in a conference room at the San Marcos Treatment Center, just south of Austin, Texas, a space that has witnessed countless difficult conversations between troubled children, their worried parents, and clinical therapists. But today promises unalloyed joy. Samantha's mother is visiting from Idaho, as she does every six weeks, which means lunch off campus and an excursion to Target. The girl needs supplies: new jeans, yoga pants, nail polish.

At 11, Samantha is just over 5 feet tall and has wavy black hair and a steady gaze. She flashes a smile when I ask about her favorite subject (history), and grimaces when I ask about her least favorite (math). She seems poised and cheerful, a normal preteen. But when we steer into uncomfortable territory—the events that led her to this juvenile-treatment facility nearly 2,000 miles from her family—Samantha hesitates and looks down at her hands. “I wanted the whole world to myself,” she says. “So I made a whole entire book about how to hurt people.”

Starting at age 6, Samantha began drawing pictures of murder weapons: a knife, a bow and arrow, chemicals for poisoning, a plastic

bag for suffocating. She tells me that she pretended to kill her stuffed animals.

“You were practicing on your stuffed animals?,” I ask her.

She nods.

“How did you feel when you were doing that to your stuffed animals?”

“Happy.”

“Why did it make you feel happy?”

“Because I thought that someday I was going to end up doing it on somebody.”

“Did you ever try?”

Silence.

“I choked my little brother.”

Samantha’s parents, Jen and Danny, adopted Samantha when she was 2. They already had three biological children, but they felt called to add Samantha (not her real name) and her half sister, who is two years older, to their family. They later had two more kids.

From the start, Samantha seemed a willful child, in tyrannical need of attention. But what toddler isn’t? Her biological mother had been forced to give her up because she’d lost her job and home and couldn’t provide for her four children, but there was no evidence of abuse. According to documentation from the state of Texas, Samantha met all her cognitive, emotional, and physical milestones. She had no learning disabilities, no emotional scars, no signs of ADHD or autism.

But even at a very young age, Samantha had a mean streak. When she was about 20 months old, living with foster parents in Texas, she clashed with a boy in day care. The caretaker soothed them both; problem solved. Later that day Samantha, who was already potty trained, walked over to where the boy was playing, pulled down her pants, and peed on him. “She knew exactly what she was doing,” Jen says. “There was an ability to wait until an opportune moment to exact her revenge on someone.”

When Samantha got a little older, she would pinch, trip, or push her siblings and smile if they cried. She would break into her sister’s piggy

bank and rip up all the bills. Once, when Samantha was 5, Jen scolded her for being mean to one of her siblings. Samantha walked upstairs to her parents' bathroom and washed her mother's contact lenses down the drain. "Her behavior wasn't impulsive," Jen says. "It was very thoughtful, premeditated."

"I want to kill all of you," Samantha told her mother.

Jen, a former elementary-school teacher, and Danny, a physician, realized they were out of their depth. They consulted doctors, psychiatrists, and therapists. But Samantha only grew more dangerous. They had her admitted to a psychiatric hospital three times before sending her to a residential treatment program in Montana at age 6. Samantha would grow out of it, one psychologist assured her parents; the problem was merely delayed empathy. Samantha was impulsive, another said, something that medication would fix. Yet another suggested that she had reactive attachment disorder, which could be ameliorated with intensive therapy. More darkly—and typically, in these sorts of cases—another psychologist blamed Jen and Danny, implying that Samantha was reacting to harsh and unloving parenting.

One bitter December day in 2011, Jen was driving the children along a winding road near their home. Samantha had just turned 6. Suddenly Jen heard screaming from the back seat, and when she looked in the mirror, she saw Samantha with her hands around the throat of her 2-year-old sister, who was trapped in her car seat. Jen separated them, and once they were home, she pulled Samantha aside.

"What were you doing?" Jen asked.

"I was trying to choke her," Samantha said.

"You realize that would have killed her? She would not have been able to breathe. *She would have died.*"

"I know."

"What about the rest of us?"

"I want to kill all of you."

Samantha later showed Jen her sketches, and Jen watched in horror as her daughter demonstrated how to strangle or suffocate her stuffed animals. "I was so terrified," Jen says. "I felt like I had lost control."

Four months later, Samantha tried to strangle her baby brother, who was just two months old.

Jen and Danny had to admit that nothing seemed to make a difference—not affection, not discipline, not therapy. “I was reading and reading and reading, trying to figure out what diagnosis made sense,” Jen tells me. “What fits with the behaviors I’m seeing?” Eventually she found one condition that did seem to fit—but it was a diagnosis that all the mental-health professionals had dismissed, because it’s considered both rare and untreatable. In July 2013, Jen took Samantha to see a psychiatrist in New York City, who confirmed her suspicion.

“In the children’s mental-health world, it’s pretty much a terminal diagnosis, except your child’s not going to die,” Jen says. “It’s just that there’s no help.” She recalls walking out of the psychiatrist’s office on that warm afternoon and standing on a street corner in Manhattan as pedestrians pushed past her in a blur. A feeling flooded over her, singular, unexpected. Hope. Someone had finally acknowledged her family’s plight. Perhaps she and Danny could, against the odds, find a way to help their daughter.

Samantha was diagnosed with conduct disorder with callous and unemotional traits. She had all the characteristics of a budding psychopath.

Psychopaths have always been with us. Indeed, certain psychopathic traits have survived because they’re useful in small doses: the cool dispassion of a surgeon, the tunnel vision of an Olympic athlete, the ambitious narcissism of many a politician. But when these attributes exist in the wrong combination or in extreme forms, they can produce a dangerously antisocial individual, or even a cold-blooded killer. Only in the past quarter century have researchers zeroed in on the early signs that indicate a child could be the next Ted Bundy.

Researchers shy away from calling children psychopaths; the term carries too much stigma, and too much determinism. They prefer to describe children like Samantha as having “callous and unemotional traits,” shorthand for [a cluster of characteristics and behaviors](#), including a lack of empathy, remorse, or guilt; shallow emotions; aggression and even cruelty; and a seeming indifference to punishment. Callous and unemotional children have no trouble hurting others to get what they want. If they do seem caring or empathetic, they’re probably trying to manipulate you.

Researchers believe that nearly 1 percent of children exhibit these traits, about as many as have autism or bipolar disorder. Until recently, the condition was seldom mentioned. Only in 2013 did the American Psychiatric Association include callous and unemotional traits in its diagnostic manual, *DSM-5*. The condition can go unnoticed because many children with these traits—who can be charming and smart enough to mimic social cues—are able to mask them.

More than 50 studies have found that kids with callous and unemotional traits are more likely than other kids (three times more likely, in one study) to become criminals or display aggressive, psychopathic traits later in life. And while adult psychopaths constitute only a tiny fraction of the general population, studies suggest that they commit half of all violent crimes. Ignore the problem, says Adrian Raine, a psychologist at the University of Pennsylvania, “and it could be argued we have blood on our hands.”

Researchers believe that two paths can lead to psychopathy: one dominated by nature, the other by nurture. For some children, their environment—growing up in poverty, living with abusive parents, fending for themselves in dangerous neighborhoods—can turn them violent and coldhearted. These kids aren’t born callous and unemotional; many experts suggest that if they’re given a reprieve from their environment, they can be pulled back from psychopathy’s edge.

“I don’t know what you call this emotion,” one psychopathic prisoner said, looking at a photo of a fearful face, “but it’s what people look like just before you stab them.”

But other children display callous and unemotional traits even though they are raised by loving parents in safe neighborhoods. Large studies in the United Kingdom and elsewhere have found that this early-onset condition is highly hereditary, hardwired in the brain—and especially difficult to treat. “We’d like to think a mother and father’s love can turn everything around,” Raine says. “But there are times where parents are doing the very best they can, but the kid—even from the get-go—is just a bad kid.”

Still, researchers stress that a callous child—even one who was born that way—is not automatically destined for psychopathy. By some estimates, four out of five children with these traits do not grow up to be psychopaths. The mystery—the one everyone is trying to solve—is why some of these children develop into normal adults while others end up on death row.

A trained eye can spot a callous and unemotional child by age 3 or 4. Whereas normally developing children at that age grow agitated when they see other children cry—and either try to comfort them or bolt the scene—these kids show a chilly detachment. In fact, psychologists may even be able to trace these traits back to infancy. Researchers at King's College London tested more than 200 five-week-old babies, tracking whether they preferred looking at a person's face or at a red ball. Those who favored the ball displayed more callous traits two and a half years later.

As a child gets older, more-obvious warning signs appear. Kent Kiehl, a psychologist at the University of New Mexico and the author of *The Psychopath Whisperer*, says that one scary harbinger occurs when a kid who is 8, 9, or 10 years old commits a transgression or a crime while alone, without the pressure of peers. This reflects an interior impulse toward harm. Criminal versatility—committing different types of crimes in different settings—can also hint at future psychopathy.

But the biggest red flag is early violence. “Most of the psychopaths I meet in prison had been in fights with teachers in elementary school or junior high,” Kiehl says. “When I'd interview them, I'd say, ‘What's the worst thing you did in school?’ And they'd say, ‘I beat the teacher unconscious.’ You're like, *That really happened?* It turns out that's very common.”

We have a fairly good idea of what an adult psychopathic brain looks like, thanks in part to Kiehl's work. He has scanned the brains of hundreds of inmates at maximum-security prisons and chronicled the neural differences between average violent convicts and psychopaths. Broadly speaking, Kiehl and others believe that the psychopathic brain has at least two neural abnormalities—and that these same differences likely also occur in the brains of callous children.

The first abnormality appears in the limbic system, the set of brain structures involved in, among other things, processing emotions. In a psychopath's brain, this area contains less gray matter. “It's like a weaker muscle,” Kiehl says. A psychopath may understand, intellectually, that what he is doing is wrong, but he doesn't *feel* it. “Psychopaths know the words but not the music” is how Kiehl describes it. “They just don't have the same circuitry.”

In particular, experts point to the amygdala—a part of the limbic system—as a physiological culprit for coldhearted or violent behavior. Someone with an undersize or underactive amygdala may not be able to feel empathy or refrain from violence. For example, many psychopathic adults and callous children do not recognize fear or

distress in other people's faces. Essi Viding, a professor of developmental psychopathology at University College London recalls showing one psychopathic prisoner a series of faces with different expressions. When the prisoner came to a fearful face, he said, "I don't know what you call this emotion, but it's what people look like just before you stab them."

Why does this neural quirk matter? Abigail Marsh, a researcher at Georgetown University who has studied the brains of callous and unemotional children, says that distress cues, such as fearful or sad expressions, signal submission and conciliation. "They're designed to prevent attacks by raising the white flag. And so if you're not sensitive to these cues, you're much more likely to attack somebody whom other people would refrain from attacking."

Psychopaths not only fail to recognize distress in others, they may not feel it themselves. The best physiological indicator of which young people will become violent criminals as adults is a low resting heart rate, says Adrian Raine of the University of Pennsylvania. Longitudinal studies that followed thousands of men in Sweden, the U.K., and Brazil all point to this biological anomaly. "We think that low heart rate reflects a lack of fear, and a lack of fear could predispose someone to committing fearless criminal-violence acts," Raine says. Or perhaps there is an "optimal level of physiological arousal," and psychopathic people seek out stimulation to increase their heart rate to normal. "For some kids, one way of getting this arousal jag in life is by shoplifting, or joining a gang, or robbing a store, or getting into a fight." Indeed, when Daniel Waschbusch, a clinical psychologist at Penn State Hershey Medical Center, gave the most severely callous and unemotional children he worked with a stimulative medication, their behavior improved.

The second hallmark of a psychopathic brain is an overactive reward system especially primed for drugs, sex, or anything else that delivers a ping of excitement. In one study, children played a computer gambling game programmed to allow them to win early on and then slowly begin to lose. Most people will cut their losses at some point, Kent Kiehl notes, "whereas the psychopathic, callous unemotional kids keep going until they lose everything." Their brakes don't work, he says.

Faulty brakes may help explain why psychopaths commit brutal crimes: Their brains ignore cues about danger or punishment. "There are all these decisions we make based on threat, or the fear that something bad can happen," says Dustin Pardini, a clinical psychologist and an associate professor of criminology at Arizona State University. "If you have less concern about the negative consequences

of your actions, then you'll be more likely to continue engaging in these behaviors. And when you get caught, you'll be less likely to learn from your mistakes."

Researchers see this insensitivity to punishment even in some toddlers. "These are the kids that are completely unperturbed by the fact that they've been put in time-out," says Eva Kimonis, who works with callous children and their families at the University of New South Wales, in Australia. "So it's not surprising that they keep going to time-out, because it's not effective for them. Whereas reward—they're very motivated by that."

This insight is driving a new wave of treatment. What's a clinician to do if the emotional, empathetic part of a child's brain is broken but the reward part of the brain is humming along? "You co-opt the system," Kiehl says. "You work with what's left."

With each passing year, both nature and nurture conspire to steer a callous child toward psychopathy and block his exits to a normal life. His brain becomes a little less malleable; his environment grows less forgiving as his exhausted parents reach their limits, and as teachers, social workers, and judges begin to turn away. By his teenage years, he may not be a lost cause, since the rational part of his brain is still under construction. But he can be one scary dude.

Like the guy standing 20 feet away from me in the North Hall of Mendota Juvenile Treatment Center, in Madison, Wisconsin. The tall, lanky teenager has just emerged from his cell. Two staff members cuff his wrists, shackle his feet, and begin to lead him away. Suddenly he swivels to face me and laughs—a menacing laugh that gives me chills. As young men yell expletives, banging on the metal doors of their cells, and others stare silently through their narrow plexiglass windows, I think, *This is as close as I get to Lord of the Flies.*

The psychologists Michael Caldwell and Greg Van Rybroek thought much the same thing when they opened the Mendota facility in 1995, in response to a nationwide epidemic of youth violence in the early '90s. Instead of placing young offenders in a juvenile prison until they were released to commit more—and more violent—crimes as adults, the Wisconsin legislature set up a new treatment center to try to break the cycle of pathology. Mendota would operate within the Department of Health Services, not the Department of Corrections. It would be run by psychologists and psychiatric-care technicians, not wardens and guards. It would employ one staff member for every three kids—quadruple the ratio at other juvenile-corrections facilities.



Caldwell and Van Rybroek tell me that the state's high-security juvenile-corrections facility was supposed to send over its most mentally ill boys between the ages of 12 and 17. It did, but what Caldwell and Van Rybroek didn't anticipate was that the boys the facility transferred were also its most menacing and recalcitrant. They recall their first few assessments. "The kid would walk out and we would turn to each other and say, 'That's the most dangerous person I've ever seen in my life,'" Caldwell says. Each one seemed more threatening than the last. "We're looking at each other and saying, 'Oh, no. What have we done?,'" Van Rybroek adds.

What they have done, by trial and error, is achieve something most people thought impossible: If they haven't *cured* psychopathy, they've at least tamed it.

Many of the teenagers at Mendota grew up on the streets, without parents, and were beaten up or sexually abused. Violence became a defense mechanism. Caldwell and Van Rybroek recall a group-therapy session a few years ago in which one boy described being strung up by his wrists and hung from the ceiling as his father cut him with a knife and rubbed pepper in the wounds. "Hey," several other kids said, "that's like what happened to me." They called themselves the "piñata club."

But not everyone at Mendota was "born in hell," as Van Rybroek puts it. Some of the boys were raised in middle-class homes with parents whose major sin was not abuse but paralysis in the face of their terrifying child. No matter the history, one secret to diverting them from adult psychopathy is to wage an unrelenting war of presence. At Mendota, the staff calls this "decompression." The idea is to allow a young man who has been living in a state of chaos to slowly rise to the surface and acclimate to the world without resorting to violence.

Caldwell mentions that, two weeks ago, one patient became furious over some perceived slight or injustice; every time the techs checked on him, he would squirt urine or feces through the door. (This is a popular pastime at Mendota.) The techs would dodge it and return 20 minutes later, and he would do it again. "This went on for several days," Caldwell says. "But part of the concept of decompression is that the kid's going to get tired at some point. And one of those times you're going to come there and he's going to be tired, or he's just not going to have any urine left to throw at you. And you're going to have a little moment where you're going to have a positive connection there."

Cindy Ebsen, the operations director, who is also a registered nurse, gives me a tour of Mendota's North Hall. As we pass the metal doors

with their narrow windows, the boys peer out and the yelling subsides into entreaties. “Cindy, Cindy, can you get me some candy?” “I’m your favorite, aren’t I, Cindy?” “Cindy, why don’t you visit me anymore?”

She pauses to banter with each of them. The young men who pass through these halls have murdered and maimed, carjacked and robbed at gunpoint. “But they’re still kids. I love working with them, because I see the most success in this population,” as opposed to older offenders, Ebsen says. For many, friendship with her or another staff member is the first safe connection they’ve known.

Forming attachments with callous kids is important, but it’s not Mendota’s singular insight. The center’s real breakthrough involves deploying the anomalies of the psychopathic brain to one’s advantage—specifically, downplaying punishment and dangling rewards. These boys have been expelled from school, placed in group homes, arrested, and jailed. If punishment were going to rein them in, it would have by now. But their brains do respond, enthusiastically, to rewards. At Mendota, the boys can accumulate points to join ever more prestigious “clubs” (Club 19, Club 23, the VIP Club). As they ascend in status, they earn privileges and treats—candy bars, baseball cards, pizza on Saturdays, the chance to play Xbox or stay up late. Hitting someone, throwing urine, or cussing out the staff costs a boy points—but not for long, since callous and unemotional kids aren’t generally deterred by punishment.

I am, frankly, skeptical—will a kid who knocked down an elderly lady and stole her Social Security check (as one Mendota resident did) really be motivated by the promise of Pokémon cards? But then I walk down the South Hall with Ebsen. She stops and turns toward a door on our left. “Hey,” she calls, “do I hear internet radio?”

“Yeah, yeah, I’m in the VIP Club,” a voice says. “Can I show you my basketball cards?”

Ebsen unlocks the door to reveal a skinny 17-year-old boy with a nascent mustache. He fans out his collection. “This is, like, 50 basketball cards,” he says, and I can almost see his reward centers glowing. “I have the most and best basketball cards here.” Later, he sketches out his history for me: His stepmother had routinely beat him and his stepbrother had used him for sex. When he was still a preteen, he began molesting the younger girl and boy next door. The abuse continued for a few years, until the boy told his mother. “I knew it was wrong, but I didn’t care,” he says. “I just wanted the pleasure.”

At Mendota, he has begun to see that short-term pleasure could land him in prison as a sex offender, while deferred gratification can confer more-lasting dividends: a family, a job, and most of all, freedom. Unlikely as it sounds, this revelation sprang from his ardent pursuit of basketball cards.

After he details the center's point system (a higher math that I cannot follow), the boy tells me that a similar approach should translate into success in the outside world—as if the world, too, operates on a point system. Just as consistent good behavior confers basketball cards and internet radio inside these walls, so—he believes—will it bring promotions at work. “Say you're a cook; you can [become] a waitress if you're doing really good,” he says. “That's the way I look at it.”

He peers at me, as if searching for confirmation. I nod, hoping that the world will work this way for him. Even more, I hope his insight will endure.

In fact, the program at Mendota has changed the trajectory for many young men, at least in the short term. Caldwell and Van Rybroek have tracked the public records of 248 juvenile delinquents after their release. One hundred forty-seven of them had been in a juvenile-corrections facility, and 101 of them—the harder, more psychopathic cases—had received treatment at Mendota. In the four and a half years since their release, the Mendota boys have been far less likely to reoffend (64 percent versus 97 percent), and far less likely to commit a violent crime (36 percent versus 60 percent). Most striking, the ordinary delinquents have killed 16 people since their release. The boys from Mendota? Not one.

“We thought that as soon as they walked out the door, they'd last maybe a week or two and they'd have another felony on their record,” Caldwell says. “And when the data first came back that showed that that wasn't happening, we figured there was something wrong with the data.” For two years, they tried to find mistakes or alternative explanations, but eventually they concluded that the results were real.

The question they are trying to answer now is this: Can Mendota's treatment program not only change the behavior of these teens, but measurably reshape their brains as well? Researchers are optimistic, in part because the decision-making part of the brain continues to evolve into one's mid-20s. The program is like neural weight lifting, Kent Kiehl, at the University of New Mexico, says. “If you exercise this limbic-related circuitry, it's going to get better.”

To test this hypothesis, Kiehl and the staff at Mendota are now asking some 300 young men to slide into a mobile brain scanner. The scanner records the shape and size of key areas of the boys' brains, as well as how their brains react to tests of decision-making ability, impulsivity, and other qualities that go to the core of psychopathy. Each boy's brain will be scanned before, during, and at the end of their time in the program, offering researchers insights into whether his improved behavior reflects better functioning inside his brain.

No one believes that Mendota graduates will develop true empathy or a heartfelt moral conscience. "They may not go from the Joker in *The Dark Knight* to Mister Rogers," Caldwell tells me, laughing. But they can develop a *cognitive* moral conscience, an intellectual awareness that life will be more rewarding if they play by the rules. "We're just happy if they stay on this side of the law," Van Rybroek says. "In our world, that's huge."

How many can stay the course for a lifetime? Caldwell and Van Rybroek have no idea. They're barred from contacting former patients—a policy meant to ensure that the staff and former patients maintain appropriate boundaries. But sometimes graduates write or call to share their progress, and among these correspondents, Carl, now 37, stands out.

Carl (not his real name) emailed a thankful note to Van Rybroek in 2013. Aside from one assault conviction after he left Mendota, he had stayed out of trouble for a decade and opened his own business—a funeral home near Los Angeles. His success was especially significant because he was one of the harder cases, a boy from a good home who seemed wired for violence.

"I remember when I bit my mom really hard, and she was bleeding and crying," Carl says. "I remember feeling so happy, so overjoyed."

Carl was born in a small town in Wisconsin. The middle child of a computer programmer and a special-education teacher, "he came out angry," his father recalls during a phone conversation. His acts of violence started small—hitting a classmate in kindergarten—but quickly escalated: ripping the head off his favorite teddy bear, slashing the tires on the family car, starting fires, killing his sister's hamster.

His sister remembers Carl, when he was about 8, swinging their cat in circles by its tail, faster and faster, and then letting go. "And you hear her hit the wall." Carl just laughed.

Looking back, even Carl is puzzled by the rage that coursed through him as a child. “I remember when I bit my mom really hard, and she was bleeding and crying. I remember feeling so happy, so overjoyed—completely fulfilled and satisfied,” he tells me on the phone. “It wasn’t like someone kicked me in the face and I was trying to get him back. It was more like a weird, hard-to-explain feeling of hatred.”

His behavior confused and eventually terrified his parents. “It just got worse and worse as he got bigger,” his father tells me. “Later, when he was a teenager and occasionally incarcerated, I was happy about it. We knew where he was and that he’d be safe, and that took a load off the mind.”

By the time Carl arrived at Mendota Juvenile Treatment Center in November 1995, at age 15, he had been placed in a psychiatric hospital, a group home, foster care, or a juvenile-corrections center about a dozen times. His police record listed 18 charges, including armed burglary and three “crimes against persons,” one of which sent the victim to the hospital. Lincoln Hills, a high-security juvenile-corrections facility, foisted him on Mendota after he accumulated more than 100 serious infractions in less than four months. On an assessment called the Youth Psychopathy Checklist, he scored 38 out of a possible 40—five points higher than the average for Mendota boys, who were among the most dangerous young men in Wisconsin.

Carl had a rocky start at Mendota: weeks of abusing staff, smearing feces around his cell, yelling all night, refusing to shower, and spending much of the time locked in his room, not allowed to mix with the other kids. Slowly, though, his psychology began to shift. The staff’s unruffled constancy chipped away at his defenses. “These people were like zombies,” Carl recalls, laughing. “You could punch them in the face and they wouldn’t do anything.”

He started talking in therapy and in class. He quit mouthing off and settled down. He developed the first real bonds in his young life. “The teachers, the nurses, the staff, they all seemed to have this idea that they could make a difference in us,” he says. “Like, *Huh! Something good could come of us*. We were believed to have potential.”

Carl wasn’t exactly in the clear. After two stints at Mendota, he was released just before his 18th birthday, got married, and at age 20 was arrested for beating up a police officer. In prison, he wrote a suicide note, fashioned a makeshift noose, and was put on suicide watch in solitary confinement. While there, he began reading the Bible and fasting, and one day, he says, “something very powerful shifted.” He began to believe in God. Carl acknowledges that his lifestyle falls far

short of the Christian ideal. But he still attends church every week, and he credits Mendota with paving the way for his conversion. By the time he was released, in 2003, his marriage had dissolved, and he moved away from Wisconsin, eventually settling in California, where he opened his funeral home.

Carl cheerfully admits that the death business appeals to him. As a child, he says, “I had a deep fascination with knives and cutting and killing, so it’s a harmless way to express some level of what you might call morbid curiosity. And I think that morbid curiosity taken to its extreme—that’s the home of the serial killers, okay? So it’s that same energy. But everything in moderation.”

Of course, his profession also requires empathy. Carl says that he had to train himself to show empathy for his grieving clients, but that it now comes naturally. His sister agrees that he’s been able to make this emotional leap. “I’ve seen him interact with the families, and he’s phenomenal,” she tells me. “He is amazing at providing empathy and providing that shoulder for them. And it does not fit with my view of him at all. I get confused. *Is that true? Does he genuinely feel for them? Is he faking the whole thing? Does he even know at this point?*”

After talking with Carl, I begin to see him as a remarkable success story. “Without [Mendota] and Jesus,” he tells me, “I would have been a Manson-, Bundy-, Dahmer-, or Berkowitz-type of criminal.” Sure, his fascination with the morbid is a little creepy. Yet here he is, now remarried, the father of a 1-year-old son he adores, with a flourishing business. After our phone interview, I decide to meet him in person. I want to witness his redemption for myself.

The night before I’m scheduled to fly to Los Angeles, I receive a frantic email from Carl’s wife. Carl is in police custody. His wife tells me that Carl considers himself polyamorous, and had invited one of his girlfriends over to their apartment. (This woman denies ever being romantically involved with Carl.)\* They were playing with the baby when his wife returned. She was furious, and grabbed their son. Carl responded by pulling her hair, snatching the baby out of her arms, and taking her phone to prevent her from calling the police. She called from a neighbor’s house instead. (Carl says he grabbed the baby to protect him.) Three misdemeanor charges—spousal battery, abandonment and neglect of a child, and intimidation of a witness—and the psychopath who made good is now in jail.

I go to Los Angeles anyway, in the naive hope that Carl will be released on bail at his hearing the next day. A few minutes before 8:30 a.m., his wife and I meet at the courthouse and begin the long wait. She is 12

years Carl's junior, a compact woman with long black hair and a weariness that ebbs only when she gazes at her son. She met Carl on OkCupid two years ago while visiting L.A. and—after a romance of just a few months—moved to California to marry him. Now she sits outside the courtroom, one eye on her son, fielding calls from clients of the funeral home and wondering whether she can make bail.

"I'm so sick of the drama," she says, as the phone rings again.

Carl is a tough man to be married to. His wife says he's funny and charming and a good listener, but he sometimes loses interest in the funeral business, leaving most of the work to her. He brings other women home for sex, even when she's there. And while he's never seriously beaten her up, he has slapped her.

"He would say sorry, but I don't know if he was upset or not," she tells me.

"So you wondered if he felt genuine remorse?"

"Honestly, I'm at a point where I don't really care anymore. I just want my son and myself to be safe."

Finally, at 3:15 p.m., Carl shuffles into the courtroom, handcuffed, wearing an orange L.A. County jumpsuit. He gives us a two-handed wave and flashes a carefree smile, which fades when he learns that he will not be released on bail today, despite pleading guilty to assault and battery. He will remain in jail for another three weeks.

Carl calls me the day after his release. "I really shouldn't have a girlfriend and a wife," he says, in what seems an uncharacteristic display of remorse. He insists that he wants to keep his family together, and says that he thinks the domestic-violence classes the court has mandated will help him. He seems sincere.

When I describe the latest twist in Carl's story to Michael Caldwell and Greg Van Rybroek, they laugh knowingly. "This counts as a good outcome for a Mendota guy," Caldwell says. "He's not going to have a fully healthy adjustment to life, but he's been able to stay mostly within the law. Even this misdemeanor—he's not committing armed robberies or shooting people."

His sister sees her brother's outcome in a similar light. "This guy got dealt a shittier hand of cards than anybody I've ever met," she tells me. "Who deserves to have started out life that way? And the fact that he's not a raving lunatic, locked up for the rest of his life, or dead is *insane*."

I ask Carl whether it's difficult to play by the rules, to simply be *normal*. "On a scale of 1 to 10, how hard is it?" he says. "I would say an 8. Because 8's difficult, very difficult."

I've grown to like Carl: He has a lively intellect, a willingness to admit his flaws, and a desire to be good. Is he being sincere or manipulating me? Is Carl proof that psychopathy can be tamed—or proof that the traits are so deeply embedded that they can never be dislodged? I honestly don't know.

At the San Marcos Treatment Center, Samantha is wearing her new yoga pants from Target, but they bring her little joy. In a few hours, her mother will leave for the airport and fly back to Idaho. Samantha munches on a slice of pizza and suggests movies to watch on Jen's laptop. She seems sad, but less about Jen's departure than about the resumption of the center's tedious routine. Samantha snuggles with her mom while they watch *The BFG*, this 11-year-old girl who can stab a teacher's hand with a pencil at the slightest provocation.

Watching them in the darkened room, I contemplate for the hundredth time the arbitrary nature of good and evil. If Samantha's brain is wired for callousness, if she fails to experience empathy or remorse because she lacks the neural equipment, can we say she is evil? "These kids can't help it," Adrian Raine says. "Kids don't grow up wanting to be psychopaths or serial killers. They grow up wanting to become baseball players or great football stars. It's not a choice."

Samantha knows that her thoughts about hurting people are wrong, and she tries to suppress them. But the cognitive training cannot always compete.

Yet, Raine says, even if we don't label them evil, we must try to head off their evil acts. It's a daily struggle, planting the seeds of emotions that usually come so naturally—empathy, caring, remorse—in the rocky soil of a callous brain. Samantha has lived for more than two years at San Marcos, where the staff has tried to shape her behavior with regular therapy and a program that, like Mendota's, dispenses quick but limited punishment for bad behavior and offers prizes and privileges—candy, Pokémon cards, late nights on weekends—for good behavior.

Jen and Danny have spotted green shoots of empathy. Samantha has made a friend, and recently comforted the girl after her social worker quit. They've detected traces of self-awareness and even remorse: Samantha knows that her thoughts about hurting people are wrong, and she tries to suppress them. But the cognitive training cannot always compete with the urge to strangle an annoying classmate, which



she tried to do just the other day. “It builds up, and then I have to do it,” Samantha explains. “I can’t keep it away.”

It all feels exhausting, for Samantha and for everyone in her orbit. Later, I ask Jen whether Samantha has lovable qualities that make all this worthwhile. “It can’t be all nightmare, can it?” I ask. She hesitates. “Or can it?”

“It is not all nightmare,” Jen responds, eventually. “She’s cute, and she can be fun, and she can be enjoyable.” She’s great at board games, she has a wonderful imagination, and now, having been apart for two years, her siblings say they miss her. But Samantha’s mood and behavior can quickly turn. “The challenge with her is that her extreme is so extreme. You’re always waiting for the other shoe to drop.”

Danny says they’re praying for the triumph of self-interest over impulse. “Our hope is that she is able to have a cognitive understanding that ‘Even though my thinking is different, my behavior needs to walk down this path so that I can enjoy the good things that I want.’” Because she was diagnosed relatively early, they hope that Samantha’s young, still-developing brain can be rewired for some measure of cognitive morality. And having parents like Jen and Danny could make a difference; research suggests that warm and responsive parenting can help children become less callous as they get older.

On the flip side, the New York psychiatrist told them, the fact that her symptoms appeared so early, and so dramatically, may indicate that her callousness is so deeply ingrained that little can be done to ameliorate it.

Samantha’s parents try not to second-guess their decision to adopt her. But even Samantha has wondered whether they have regrets. “She said, ‘Why did you even want me?’” Jen recalls. “The real answer to that is: We didn’t know the depth of her challenges. We had no idea. I don’t know if this would be a different story if we were looking at this now. But what we tell her is: ‘You were ours.’”

Jen and Danny are planning to bring Samantha home this summer, a prospect the family views with some trepidation. They’re taking precautions, such as using alarms on Samantha’s bedroom door. The older children are larger and tougher than Samantha, but the family will have to keep vigil over the 5-year-old and the 7-year-old. Still, they believe she’s ready, or, more accurately, that she’s progressed as far as she can at San Marcos. They want to bring her home, to give it another try.

Of course, even if Samantha can slip easily back into home life at 11, what of the future? “Do I want that child to have a driver’s license?” Jen asks. To go on dates? She’s smart enough for college—but will she be able to negotiate that complex society without becoming a threat? Can she have a stable romantic relationship, much less fall in love and marry? She and Danny have had to redefine success for Samantha: simply keeping her out of prison.

And yet, they love Samantha. “She’s ours, and we want to raise our children together,” Jen says. Samantha has been in residential treatment programs for most of the past five years, nearly half her life. They can’t institutionalize her forever. She needs to learn to function in the world, sooner rather than later. “I do feel there’s hope,” Jen says. “The hard part is, it’s never going to go away. It’s high-stakes parenting. If it fails, it’s going to fail big.”