

Forensic Briefs

Reid Meloy - Predatory vs. Affective Violence

In this episode of *Forensic Briefs*, Dr. Reid Meloy examines the psychology of extreme violence through the lens of affective and predatory aggression. Drawing from decades of clinical, forensic, and psychoanalytic work, he discusses pathways to violence, planning and emotional states, psychosis and rationality, stochastic terrorism, and the role of social media and ideology. The conversation highlights practical implications for threat assessment, expert testimony, and understanding violent behavior in contemporary contexts.

This podcast is presented solely for educational and entertainment purposes. The content presented is not designed to be advice specific to any one person or situation. This podcast is not intended as a substitute for the advice of a qualified mental health professional or lawyer.

Dr. Millkey Welcome to Forensic Briefs, everybody. I am one of your hosts, Alex Millkey.

Dr. Guyton Hi, everyone. And I am your other host, Michelle Guyton. Alex, I'm delighted to tell you that today we are welcoming Doctor Reid Meloy to Forensic Briefs. Doctor Meloy is a board-certified forensic psychologist who consults on criminal and civil cases throughout the US and Europe. He is a former clinical professor of psychiatry at the University of California, San Diego School of Medicine and a faculty member of the San Diego Psychoanalytic Center.

Dr. Guyton Doctor Meloy is a fellow of the American Academy of Forensic Sciences and a past president of the American Academy of Forensic Psychology. Doctor Meloy has received numerous honors for his contributions to forensic psychology and threat assessment, including the National Achievement Award from the Association of Threat Assessment Professionals, the Manfred Guttmacher Award from the American Psychiatric Association, and the Distinguished Contributions to Forensic Psychology Award from the American Academy of Forensic Psychology.

Dr. Guyton He also has held visiting scholar appointments at Yale University and the Psychiatric University Hospital, Zurich. He has authored or coauthored more than 270 peer reviewed articles and 14 books focused on personality disorders, psychopathy, stalking, narcissism, criminal behavior, and targeted violence. His first book, *The Psychopathic Mind*, published in 1988, integrated biological and psychodynamic perspectives on psychopathy. Doctor Meloy is also coeditor of the *International Handbook of Threat Assessment* and the originator of the TRAP-18, a validated risk assessment instrument used internationally by counterterrorism professionals.

Dr. Guyton Doctor Meloy is a founding associate editor of the journal of *Threat Assessment and Management*. Doctor Meloy, we are so thrilled to welcome you to the show.

Dr. Meloy Thank you very much, Michelle. It's great to be with you.

Dr. Guyton We are so excited. We ask most people when we start how they got interested in their topic, that they're going to be talking with us about. You have been studying, and publishing, and presenting for such a long time on a lot of different topics, I guess maybe related to violence and it's assessment, it's prevention, terrorism, and things like that.

Dr. Guyton How did you get interested in this field and really stay sustained in this field for so long?

Dr. Meloy Yeah, that's a very - I think a very useful question and a good place to begin. When I was first licensed as a young psychologist, and this was back in the 19th century, and at that time I had presented to me a great opportunity, that in retrospect I'm very, very grateful for. And that was that the director of the mental health system in San Diego County, California, asked me if I would like to go in to the central jail system in San Diego.

Dr. Meloy This was a system that had at that time, probably 2 to 3000 inmates. And would I establish a inpatient psychiatric program in a maximum security setting, a small 24 bed facility? And being both eager and naive, I said yeah.

You know, in retrospect, it was really - it was really a walk through the valley of the shadow.

Dr. Meloy It was very, very difficult to do, but I managed to do it. We opened up the facility. We had a full complement of 24 hour nursing staff, I hired several psychiatrists to be there. We had psych techs, nurses, aides, and then we just worked very, very closely with the sheriff's department to make this unit successful. And we had both voluntary patients on it, as well as involuntary committed patients. In California there is a code called 5150.

Dr. Meloy And we literally were a 72 hour detention facility within maximum security. And, it was a remarkable experience for me. And I began to learn about the relationship between psychology, psychiatry, and the law. And it was primarily criminal, you know, these were largely violent criminal offenders.

Dr. Meloy And we would screen them for severe mental disorders and admit them to the unit or not. We'd also see people in very acute states who would be brought in by the police and put in a holding cell, and they'd be involuntarily committed to the unit. And it actually worked very well. And I did that for a four year period of time, and then was asked if I would be in charge of the forensic mental health division for San Diego County mental health was - which was a very large and sprawling, both operation as well as opportunity.

Dr. Meloy So we set up some additional new programs, including involuntary outpatient treatment programs for those found not guilty by reason of insanity. We set up a program of treatment, inpatient, for the women in custody, which had never been done before. And that was also very successful.

Dr. Meloy So I did both of those things. And that was over the course of about 15 or 16 years. And then I went out on my own, as a consultant. And I still will strongly recommend people that are entering the field and coming up, is to begin your career in the public mental health forensics sector, if you can, because you will see people that you cannot believe are walking the earth and you will not see them any place else other than in maximum security, in locked facilities that are publicly funded.

Dr. Meloy And, it was a remarkable learning, new learning, on severe psychopathology. And that's how things started. And then I was - the research and the writing began, basically because I realized there wasn't a lot that was done in several areas that I was most interested in. And that has always been the extremity of human behavior.

Dr. Meloy Unlike most people who are either disgusted or frightened by the extremes of human behavior in terms of violent criminality, I was always very curious about people's behavior and how do they do these things that generally most people view as being horrendous, if not despicable, if not unspeakable. And so my curiosity then took me into being involved in lots of research studies and collaborations with other folks that shared my rather bizarre interests and it's been a great journey that's now lasted for decades.

Dr. Meloy And even now, I still am very active, particularly in working with younger professionals who have kind of those same curiosities and the same intellectual eagerness to understand why people do some of the horrible things that they do.

Dr. Guyton I'm so glad to hear that you recommend to folks who are starting out to start out in the public sector. We say the same thing to the folks who come through our postdoctoral fellowship is you really cannot see the breadth and depth of illness and at times, violence, right, in really any other setting. And that really just trains you so that when you are a consultant or forensic clinician, kind of, coming in and out of these places that you have that background to know what it is that you're seeing.

Dr. Meloy Yeah, we would see, you know, we would see cases of, hebephrenia, hebephrenic schizophrenia. We'd see cases of tertiary syphilis. I mean, we would see just pathologies that are unheard of now. And it was just actually quite remarkable. And then we'd also see individuals that were actually quite frightening. They were severely psychopathic individuals that had carried out - that were serial murderers, that had carried out mass murders, and that would also then open the door for my interest in psychopathy and psychopathic personality.

Dr. Meloy And then I began to kind of look in the literature and realize that there was a lot of areas that had not been explored. And that that led to the first book in 1988, which was *The Psychopathic Mind*, which was my take on integrating psychodynamics with psychobiology, at least what was known at the time about the psychobiology of the psychopath, which is actually fairly limited, given what we know now. So that, you know, sort of the absence of work in areas that I thought, in a sense, sort of compelled, better understanding, sort of drew me into those areas.

Dr. Meloy And then I was seeing these individuals on a regular basis. And then, of course, visiting other forensic hospitals around California. And some of your listeners will recognize those names, like Patton. That was also just very good learning and exposures, and then also meeting other people who wanted to collaborate on various kinds of research studies.

Dr. Millkey It's interesting to hear you say this. When I read your work, it's clear to me that it's, you know, it's not just somebody who's thought a lot about these things, but it's also lived and been exposed to a lot of these things, and definitely the work of a practitioner. For example, *Violent Attachments* was a very influential book for me and I actually have two copies of it, one to lend and one to keep, in case the one that I lend doesn't make its way back to me.

Dr. Millkey But I appreciate that, I appreciate that what you write about is so grounded in practice. As a practitioner myself, it's what makes it fascinating and useful to me. And so I'm grateful for the work you've done.

Dr. Meloy Yeah. Thank you, Alex. That's that's really great to hear. It's always has so much meaning for me when people - when it's really helped them. One of the, kind of, curiosities about my professional history has been to have a foot both in psychoanalysis and also in forensics. And I hope we're not a dying breed, but we may be.

Dr. Meloy I have found that to be such a rich combination. But I've also found very few people who are learned in both psychoanalysis, psychodynamic thinking, psychoanalytic theory, and also forensics, and looking for ways to combine the two. There were a number of us in the early days, and a lot of those were - actually they were forensic psychiatrist who were originally trained as psychoanalysts, and also gone through psychoanalysis as part of their psychiatric residency and post residential training.

Dr. Meloy And you just don't find many of those individuals anymore. But one of my very, very old colleagues was a man named Emanuel Tani [sic], who actually, this'll age me and also him, but he actually evaluated Jack Ruby, the man who killed Lee Harvey Oswald in Dallas. And Emanuel [sic] today said to me once he said, "Reid, expert witness work is teaching under combat conditions."

Dr. Millkey Oh, God, that's such a good way of saying it. That's so true, though.

Dr. Meloy Yeah, it's such a great formulation. And so I get these little jewels of wisdom from these individuals that had been around from literally the start of forensic psychiatry as a specialty. So that became very important to me. And also, the just thinking from a psychoanalytic, psychodynamic perspective, I have found, really has deepened my understanding of cases over the years.

Dr. Meloy And when the cases are formulated in a way, using psychodynamic theory, are formulated in a way that is understandable to the layperson, I have found the jurors as well as judges are just both enamored with that understanding, and also hungry to deepen their understanding of extreme behavior and the - that kind of careful use of the language to keep things very simple and understandable in the courtroom has been extremely helpful for decision-making.

Dr. Guyton I feel like your work really retains the psychodynamic tradition and it applies it in a way that it wasn't maybe initially developed for, right? But is incredibly useful, especially at a time where I think forensic psychology may have moved, you know, in the cognitive behavioral tradition and how people are trained these days in school, kind of away from that clinical richness and really into does the person have a mental health condition, is that affecting their sanity or what are their valence risk variables and how relevant and strong are they?

Dr. Guyton But really getting away from that clinical formulation, of kind of a deeper understanding of motive and contributors. And so I really appreciate that you continue to integrate these two pieces together.

Dr. Meloy Yeah, I think oftentimes it's the work, and this sounds - it sounds - I don't want it to sound arrogant, but a lot of times the work to me now appears to be fairly superficial. That it's, again, describing behavior, describing cognitions, how those relate to each other, using the DSM as a means to categorize, and place people in certain boxes.

Dr. Meloy And I think we have to be very careful about that. I'm actually heartened by the fact that the whole field of personality and personality disorder seems to be shifting more toward - in two ways. One is understanding the relationship between psychology and biology when it comes to personality, but then also thinking about personality on dimensional terms rather than categories. Which I think is actually carving nature at the bones.

Dr. Meloy That's literally how it works. And the dimensional understanding of personality, I think is a much, again, a much richer way of formulating how we see people. Like, as an example, when we're thinking about psychopathy, I will always be teaching how we want to think about that as a, first of all, as a genotype that I think psychopathy is very stable in species and is probably a genotype, whereas Antisocial PD is more a phenotypic expression of the genotype.

Dr. Meloy So you have that psychobiology of psychopathy. But at the same time you think about it in terms of mild, moderate and severe, as a, you know, dimensional expression. So that's just a kind of an example of where I think things are. And I think, deepening understanding is so important in our work because that's what we should be about professionally.

Dr. Millkey You know, Reid, I appreciate what you're saying. I think that like digging deeper and looking beyond the surface level, not just for psychologists and psychiatrists, but for everybody involved in this enterprise is important. And just yesterday, I - one of the articles that you sent us to read to prepare for this, I found to be very useful and compelling and I forwarded it to a person that I work with sometimes who is a - I think she's the head of the homicide division at the county where we work in the district attorney's office.

Dr. Millkey That's the article on effective and predatory violence. I just thought you put words to something that I have observed, but haven't put words to, and I think it will be useful for her, and probably also useful for our listeners. Could you talk a little bit about effective and predatory violence?

Dr. Meloy Yeah, I'd be happy to. That's been an actually extraordinarily useful construct for me over the years. I first formulated the forensic criteria for separating affective from predatory violence back in 1988, and then intermittently had publications since then. But then about six months ago, was asked if I would write a commentary for *Frontiers in Psychiatry* and saw it as an opportunity to detail that out for contemporary psychologists and psychiatrists in a way that was clearly understandable and highly applied.

Dr. Meloy So the article you mention is a brief article that's in the current issue of *Frontiers in Psychiatry*. And basically the distinction is something that has been researched now almost over the past 100 years, reaching back into the 1930s with experimental work with cats, and the recognition that there appear to be two, what I call, modes of violence in mammals.

Dr. Meloy And again, the research began with mammals other than human beings. And that the first mode is what we call affective violence. And that's typically violence that is a reaction to a perceived threat or a high state of emotionality, usually anger or fear, high states of autonomic arousal. It tends to be very reactive. It tends to be very short lived and it is all in the service of making that imminent threat go away.

Dr. Meloy And affective violence, of course, we also see in human beings that's the most common garden variety violence that we see between people. For instance, most cases of domestic violence are affective violence. And most importantly, it has relatively distinctive neuroanatomical pathways as well as different neurochemical that are optimized when we are in a affectively violent mode.

Dr. Meloy In contrast, is predatory violence. Predatory violence has a number of characteristics that are essentially the opposite of affective violence. Typically, it is not defensive; it's not a reaction to an imminent threat; it is planned, purposeful; there are little or no emotions associated with it, in other words, people do not feel anger or fear; there is little or no autonomic arousal in predatory violence.

Dr. Meloy And one of the most interesting things about it is that when humans get on a pathway to violence, they tend to get calmer and their emotions and autonomic arousal tends to be dampened. And we this is - had a significant impact and implications for violence risk and threat assessment, particularly targeted violence, which we'll talk about later.

Dr. Meloy But as we think about affective mode of violence and predatory mode, and the predatory mode also is neuroanatomically and neurochemically distinctive, it all makes great sense from an evolutionary perspective, because predatory violence is hunting, affective violence is defense against an imminent threat. And if we think about it, none of us would be here unless our ancestral relatives did both of these violent modes very well, and did these in - an adapted to the use of these modes of violence for survival 30,000 years ago on the savanna.

Dr. Meloy And those humans that could not do affective violence nor predatory violence essentially fell out of the gene pool, they did not survive. So these modes of violence, we think, are deeply ingrained, evolved methods of survival that now in - particularly that haven't changed for, of course, thousands of years, the biology has not changed for thousands of years.

Dr. Meloy But we now see, of course, many other reasons for predation, such as dominance of another person, sexual dominance of another person, predatory sexual violence, the advancement of a political cause, the advancement of an ideology, the advancement of a certain religion, access to money, various other - many reasons as to why people engage in predation.

Dr. Meloy And, of course, we see it every day, we can read about it every day on our social media feeds. But the primitivity of it, you know, hasn't changed. So that, sort of, in a just a few minutes, you know, just, sort of, like a brief overview. And what my contribution to this long line of research that's involved many people was to develop forensic normative criteria, to be able to look at a case, a forensic case, either retrospectively, was this affective or predatory violence when this happened?

Dr. Meloy Or prospectively in terms of threat assessment, what is the risk in this case? Is this individual, if they are violent, likely to be affectively violent or predatorily violent? And so it has lots of uses in our work. And the practical application I draw out very specifically in that article that has just been published.

Dr. Guyton This has so many applications to what we do as forensic clinicians. I'm not sure where to start with questions for you on it. And I'm wondering, in a population that many of us may work with clinically or forensically, people with acute mental health conditions, I think sometimes we might think that someone with a psychotic disorder, for example, would engage primarily in affective violence.

Dr. Guyton But you note in your article that psychiatric patients can commit both, you know, affective as well as predatory violence. And I'm wondering, you know, this sometimes comes up in an insanity case, right? When you're looking at the planning aspect or conformity to context, to the requirements of the law or however the particular jurisdiction defines that, can you explain how someone who is acutely psychotic can also be predatory at the same time?

Dr. Meloy I think that was a very interesting discovery that was, sort of, came out in the literature. Now, you know, several decades ago there were some important writers in the late 20th century, Younginger [sic] being one of them, who talked about rational planning within the irrationality of a delusion. So you may be motivated by a delusional thought or series of thoughts, yet, that motivation can lead you to then plan and prepare, in a very rational way, to carry out an act of targeted violence.

Dr. Meloy And it is important because it flies in the face of something that was assumed 20 or 30 years ago, and that is that people who were psychotic or had a major mental disorder could not plan such an attack, and therefore they were likely to have factors in their case to mitigate their responsibility.

Dr. Meloy And so it would wind its way into the - whatever the court, whatever the litigation question was or issue it was to try to sort that out. But I think recognizing that on occasion you will see most - you're right, Michelle, that most violence perpetrated by most psychiatric patients is going to be affective violence, including patients that carry a chronic mental disorder diagnosis or who are acutely psychotic.

Dr. Meloy That's what you expect to see. But you also need to recognize that on occasion you will see somebody acting from within a delusion in a very planned and purposeful way. And that can have very important implications in terms of the whatever the litigation is. that's been talked about are unfolded. They still may be found not guilty by reason of insanity because a delusion is the primary motivation for the violence, yet there was, you know, planning preparedness to get there.

Dr. Meloy So in targeted cases we are always looking and asking the question, is there a nexus between the psychotic symptom and motivation to be violent? And can that nexus be - is it clear and can it be explained to the trier of fact? So yeah, that's a - I think that's an important insight and helps us think more clearly about acts of violence.

Dr. Meloy What I have found through the years in my work, sometimes in reading other psychiatric and psychological reports, is that the examiner has not drilled down carefully on the behaviors at the time of the crime and just prior to the crime, and thought about them in great detail to understand what was motivating the individual from moment to moment as they committed their crime and then their post criminal behavior. And that oftentimes they will just leap from whatever the diagnosis is to a statement about legal insanity and leave out what I consider the most critical data.

Dr. Meloy And that is—especially for, of course, NGI determination—the most critical data as to, you know, what was occurring just before, and during, and after the crime, in terms of their thoughts, and their feelings, and their behaviors. And if that can be sorted out, it brings something to the trier of fact that they're very much wanting to understand.

Dr. Meloy And that is, what was the state of mind at the time of the crime? And if you just kind of, in a relatively haphazard way, move from like psychological testing results that were gathered either months before the crime, or months after the crime, or weeks after the crime, if you're lucky, and the diagnosis that were pulling out of this - out of the DSM that have been applied to this individual, and then going to a conclusion, a legal conclusion, or a legal opinion about what happened in the case that it's missing, kind of, like the crucial data points that we need.

Dr. Meloy What was the fact pattern in this particular case? And it's the - that's the way in which investigators and law enforcement people think. But oftentimes it's not the way that forensic psychiatrists and psychologists think.

Dr. Millkey Or at least the way that we shouldn't think. It's just skipping from appetizer straight to dessert, diagnosis to conclusion without the main course, which is the important details. You referred earlier to criteria that you had worked - that you had developed to help forensic clinicians distinguish between predatory and affective violence. You talk about this in your article, which was published in September 2025 in *Frontiers in Psychiatry*, entitled "Effective and Predatory Violence From Evolutionary Adaptation to Psychiatric Morbidity," which I would like to point out to our listeners is an open access article, thankfully.

Dr. Millkey And you go through the criteria there and I'm wondering which of the criteria in that article do you think is the most crucial for forensic evaluators to understand? And also, which do you think are the most misunderstood?

Dr. Meloy Yeah, that's a great question, Alex. Probably the one that comes to mind most readily for me is that there is a - with predation, there's clearly a pathway to violence, and that you will see data that indicates that this person planned and prepared for their violent act, and they move through particular stages, such as researching the target, researching the particular tactics they want to use, and then once they've made those decisions, to then begin to prepare to carry out the attack, and then to implement it.

Dr. Meloy Sometimes there's even a sort of a testing of access to the person security of the target. For instance, most public figure attacks and assassinations are predatory. They're not affective. And I think back to Sirhan Sirhan, who was the young man that assassinated Robert Kennedy in 1968. And he actually had - we know that he had four proximity encounters with Robert Kennedy before the fifth encounter, which was the assassination, and that was gleaned from photographs and videos, in the months prior to Kennedy's assassination, where Sirhan was right there and could be seen in the photograph.

Dr. Meloy And so our thinking is, was he testing security? Was he testing access or not? You know, was he just trying to approach and see how close he could get to Kennedy before the attack? Or was it a foil attack? Was he planning on doing it on that particular day and just couldn't get close enough?

Dr. Meloy Regardless, there was clearly planning and preparation for his movement to that. And again, that's probably the most prominent of the distinctions, the criteria between affective and predatory violence. Affective violence tends to be again, it's a highly emotional reaction to a perceived threat, and there's typically no time delay. The criteria that is most typically - is that - you have to be most fearful about are the emotions or lack thereof just prior to, or during, the attack.

Dr. Meloy In affective violence, typically there's a high degree of emotionality, and the person is typically very angry or very fearful or both when they're affectively violent. In predation, as I mentioned earlier, it's a relatively emotionless state, and we know from an evolutionary perspective that is most adaptive because as a hunter, you do not want to feel emotion. You want to be alert, very focused, very attentive and emotionless.

Dr. Meloy And that's why we think this is an evolved - deeply evolved characteristic. There's actually even some animal research data that says there's a certain neurotransmitter called gabba, that suppresses emotionality when you're in a predatory state of violence. And, so there's never been any research done with humans concerning that, but my hunch is there may be, you know, a similar biology there. But the subjectivity around the emotion is most important.

Dr. Meloy But - and here's why it gets played out in litigation, defense attorneys want all acts of predatory violence to be affective, prosecutors want all acts of violence to be predatory because it goes, you know, it goes to their advocacy position. And so they will be somewhat, at times I've seen this, somewhat selective about the facts they want the jury to know about the particular crime.

Dr. Meloy And also when you're interviewing a defendant, for example, defendants recognize that if their violence is presented as a more highly emotional defensive act, it's likely for you to view them with, in a sense, greater sympathy and perhaps to see that as a mitigation of responsibility. So you'll see defendants trying to, in a sense, massage the details of their case to make it less predatory and more affective.

Dr. Meloy But on the other hand, you'll see the battles being fought out in the courtroom concerning predatory versus affective. And the great thing about this model is that the jurors get it, the jurors get it. This is a great case. I did a case in Alaska, was *United States v. James Wells*, and it was a double homicide on Kodiak Island.

Dr. Meloy There's a U.S. Coast Guard facility there. And it was very planned and purposeful. And, I was - I testified in this case in federal court there in Anchorage. And before I testified, this was a day or two before when - and I was meeting with - I was retained by the U.S. attorney there. And I was meeting with her team and they were going to put me on a stand to explain predatory versus affective violence, because it was clearly a case of predation, given all the facts in the case.

Dr. Meloy And so I said to her, and again, several days before I said to her, "Who's on your jury? You tell me about your jury." You always want to find out who's on the jury, of course, if you're going to be an expert because you're teaching, you know, the jury is your class, you are teaching them and you are advocating for the science.

Dr. Meloy You are not advocating for a particular side on the case. You're advocating for the veracity of your data. And it's a class. And I said, "Who's in the class? Who's on the jury?" She said, "Reid, they kind of all look like ZZ Top. They all have flannel shirts on, mostly men, and they'll have their big - and they have - a lot of them have beards." I thought, like, yeah, that's cool man, I get that. And she said, "And they're all moose hunters." And I said, "Aha!"

Dr. Meloy So, when I got on the stand and she's asking me questions, you know, and the jurors, you know, they're sort of paying attention, you know, who's this, you know, who's this white guy from California that's come up? And they're somewhat paying attention.

Dr. Meloy And then I said, you know, I said predation, I said, one of the great examples of predatory predation is hunting, and specifically hunting for moose. And every one of those guys picked up their little stenographic pad, opened it up and started taking notes. And, you know, it's just a means, you

know, kind of finding that both a moment as well as the key to move into the jurors experiences.

Dr. Meloy And then you have them as the teacher or the professor on the stand, and then they will listen.

Dr. Guyton That's brilliant.

Dr. Millkey Talk about teaching under combat conditions. You just have to you learn the lay of the battlefield and then used it. That's classic military strategy, Reid.

Dr. Guyton This podcast is presented solely for educational and entertainment purposes. The content presented is not designed to be advice specific to any one person or situation. This podcast is not intended as a substitute for the advice of a qualified mental health professional or lawyer.