Blog Topic: The Mind of A Psychopath

(...) Are psychopaths suffering from a ‘disease’? What is the direction of causality with respect to research findings involving the brain? Should they be held responsible for their actions? Should they be punished? Should considerations regarding the origins of psychopathy be introduced during trials of crimes like the Connecticut murders discussed above?

There is such a social aspect to being predisposed to unlawful behavior, that labeling it as an organic brain disorder is confusing. According to other research I have read, professionals in both the research and clinical fields refrain from calling it “psychopathy,” because such a term implies that there is a definitive pathology or identifiable origin of symptoms and signs. Although the most current research is aiming to find and learn about the possible causes of psychopathic deviance through use of fMRI technology, there have been efforts in the past to determine environmental and nurture-related circumstances of psychopathy as well. One specific example is the previously-used "MacDonald Triad of Sociopathy," (a classic triad of childhood behaviors including cruelty to animals, enuresis past the age of 6, and pyromania) which was thought to be a reliable tool in identifying psychopathy. While the field of psychology has made past attempts to identify factors that may lead to psychopathy, researchers and clinicians seems to have difficulty identifying the “pathology” part of “psychopathology.” Hopefully, with new research using fMRI technology, biological psychologists will gain a firmer understanding of the precise organic symptoms and signs of psychopathy.

One way that biological psychology may be able to shed light on the pathology of psychopathology is through examining brain structures. Going off of what was said in the article, abnormal amygdala and paralimbic systems seem to play a part. Perhaps people who suffer from psychopathy have little experience with positive behavioral emotions (and the reactions associated with them) and more experience with negative behavioral emotions, leading to a plasticity issue where a person’s ability to recognize stimuli for positive social responses is diminished.

Also, another sphere of psychopathy that psychologists are concerned with is the treatment aspect. As the article states, many believe there is no treatment for psychopathy—and those who attempt intensive interventional treatment do so in order to prevent future incarceration. I am skeptical of a curative treatment for psychopathy, but as we grow more knowledgeable about what symptoms can be manageable, I hope psychologists will be able to discern situations where behavioral interventions will be effective.