



The emergence of psychopathy: Implications for the neuropsychological approach to developmental disorders

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Abstract

In this paper, I am going to examine the disorder of psychopathy and consider how genetic anomalies could give rise to the relatively specific neuro-cognitive impairments seen in individuals with this disorder. I will argue that genetic anomalies in psychopathy reduce the salience of punishment information (perhaps as a function of noradrenergic disturbance). I will argue that the ability of the amygdala to form the stimulus–punishment associations necessary for successful socialization is disrupted and that because of this, individuals with psychopathy do not learn to avoid actions that will harm others. It is noted that this model follows the neuropsychological approach to the study of developmental disorders, an approach that has been recently criticized. I will argue that these criticisms are less applicable to psychopathy. Indeed, animal work on the development of the neural systems necessary for emotion, does not support a constructivist approach with respect to affect. Importantly, such work indicates that while environmental effects can alter the responsiveness of the basic neural architecture mediating emotion, environmental effects do not construct this architecture. However, caveats to the neuropsychological approach with reference to this disorder are noted.

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1. Introduction

The intellectual roots of psychopathy can be traced to Pritchard (1835); see (Pichot, 1978). Pritchard developed the concept of “moral insanity” to account for socially damaging or irresponsible behavior that was not associated with known forms of mental disorder. He attributed morally objectionable behavior to be a consequence of a diseased “moral faculty”. Psychiatric and legal classifications have followed this tradition; Antisocial Personality Disorder is a classification within the American Psychiatric Association’s DSM-IV.

Unfortunately, the psychiatric diagnoses of Conduct Disorder (CD) and Antisocial Personality Disorder (APD: American Psychiatric Association, 1994) are seriously flawed. These diagnoses of CD and APD focus on the presence of antisocial behavior and tend to identify a highly heterogeneous sample. Indeed, DSM-IV acknowledges this heterogeneity by specifying two forms of CD: childhood- and adolescent-onset types. In childhood-onset type, onset of at least one criterion characteristic of CD must have occurred prior to 10 years of age. In adolescent-onset type there should be not be any criteria characteristic of CD prior to 10 years of age. Because of their lack of precision, the diagnostic rate of CD can reach 16% of boys in mainstream education (American Psychiatric Association, 1994) while the diagnostic rate of APD can reach over 80% in adult forensic institutions (Hart & Hare, 1996). Unsurprisingly, therefore, diagnoses of CD and APD are relatively uninformative regarding an individual’s prognosis.

In sharp contrast, the classification of psychopathy, introduced by Hare (1980, 1991), is highly informative. The classification is a very useful predictor of a patient’s future behavior (Hare, 1991) and is at the basis of many recidivism risk assessments. The classification of psychopathy involves affective-interpersonal (e.g., such as lack of empathy and guilt) and behavioral components (e.g., criminal activity and poor behavioral controls); (Frick, O’Brien, Wootton, & McBurnett, 1994; Hare, 1980, 1991; Harpur, Hare, & Hakstian, 1989). It is a developmental disorder (Harpur & Hare, 1994). In childhood and adolescence, psychopathic tendencies are identified principally by either the use of the Antisocial Process Screening Device (Frick & Hare, 2001) or by the Psychopathy Checklist: Youth Version (Forth, Kosson, & Hare, 2003; Kosson, Cytterski, Steuerwald, Neumann, & Walker-Matthews, 2002). In adulthood, psychopathy is identified though use of the Psychopathy Checklist – Revised (Hare, 1991).

A remarkable feature of the behavioral profile of individuals with psychopathy is their excessive displays of instrumental aggression (Cornell et al., 1996; Williamson, Hare, & Wong, 1987). The term instrumental aggression (also referred to as proactive aggression) is used to distinguish aggression that is purposeful and goal directed. The aggression is used instrumentally to achieve a specific desired goal such as obtaining the victim’s possessions or to increase status within a group hierarchy (Berkowitz, 1993). Bullying is an example of instrumental aggression and, unsurprisingly, individuals who engage in bullying behaviors, frequently engage in other forms of instrumental antisocial behavior in other contexts (Roland & Idsoe, 2001). In contrast, reactive aggression (also referred to as affective aggression) occurs when

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