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The Nature of the Psychopath - An In-Depth Look at Psychopathy

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There is hardly a more fascinating and ultimately terrifying psychological condition than the psychopath. The intangible boundaries of right and wrong fall away to reveal an enigmatic conscience void of morals, love, and the capacity to feel remorse and shame. The nature of the psychopath excites such intellectual, and perhaps even eccentric, reverence that it captivates the imagination of the masses as well as studied psychologists.

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Despite its complexity, Psychopathy was one of the first personality disorders to be recognized by psychiatry. Those diagnosed with the disorder often share a multitude of similar yet non-universal characteristics. These characteristics may include: superficial charm; egocentricity; need for stimulation; irresponsibility; impulsiveness; shallow emotions, lack of empathy, guilt, or remorse; pathological lying; and above average intelligence (Millon, vii). When encountered, the typical psychopath will seem particularly agreeable and well adjusted. He will have the tendency to be smooth, inviting, fascinating, and verbally facile. "More than the average person, he is likely to seem free of social or emotional impediments, from the minor distortions, peculiarities, and awkwardness so common even among the successful" (Cleckley, 338).

Despite their apparently suave and attractive exteriors, Psychopaths are riddled with complex and often terrifying behavioral abnormalities and inadequacies. For instance, Psychopaths rarely fulfill or honor obligations and commitments. Their irresponsibility stems into various facets of their life, including work and finances. They frequently fail to pay off loans and bills and have a tendency to perform assignments in a careless manner. Likewise, psychopaths have difficulty developing and executing any long term plans or goals. Most live day to day and give little thought to their future. They procrastinate, are easily discouraged, and are often eager to simply quit. As a result, they usually fail to maintain employment or a steady residence, which only fuels their lack of responsibility (Widiger, 177).

The psychopath generally has an excessive need to acquire thrilling and exciting stimulation. Some psychopaths may have "an imperative need to deal with a continuous bombardment of sensation and primary process which may serve well to keep terrifying images of

disintegration at bay" (Reid, 8). They may derive the sensations and stimulation they desire from violent, often criminal, acts. The violence they inflict is planned, purposeful, and emotionless.

Psychopaths have been convicted of criminal offenses ranging from theft and drug trafficking to murder and arson. Their criminal careers tend to be short, however, showing a sharp reduction in criminality around age 35 or 40. Most offenses involve deception, manipulation, and ruthless aggression (Widiger, 179). Their lack of emotion reflects a detached, fearless state typical of a low sense of anxiety. Psychopaths constitute the majority of the so-called "organized" serial killers. They are skilled at deception and manipulation, and often methodically plan their murders. They may ritualize their murders and collect trophies to remind them of their victims. They operate with a grandiose demeanor, an attitude of entitlement, and an insatiable appetite with a tendency toward sadism. These characteristics set them apart from the majority of the serial killers; mainly the psychotic (Widiger, 180).

Whether or not they commit murder, psychopaths abound among the criminal population. Although psychopaths are estimated to represent only 1% of the total population, they make up approximately 25% of prison inmates. According to a 1992 FBI study, 50% of law enforcement officers who died in the line of duty were killed by individuals whose profile resembled that of a psychopath (Sanmartin, *Psychopaths and Serial Killers*). In addition, the number of psychopaths that reoffend is extremely high. More than 80% of psychopathic offenders will reoffend violently within six years after their release, compared with 20% of non-psychopathic offenders (Sanmartin, *Psychopaths and Serial Killers*).

According to Dr. Robert Hare, professor of psychology at the University of British Columbia, Psychopaths can be classified into four major subgroups: distempered psychopaths, charismatic psychopaths, primary psychopaths, and secondary psychopaths. Distempered psychopaths have the tendency to fly into a rage or frenzy more easily and more frequently than other subtypes. They also tend to be men with incredibly strong sex drives; apparently obsessed by sexual urges. Their sexual activity usually consists of a variety of brief, superficial relations and an indiscriminate selection of sexual partners. They are also characterized as having a powerful desire for any illicit or illegal indulgence. They receive a "high" or "rush" off of the excitement of risk-taking. The Boston Strangler, a well known serial-rapist-murderer, was one such psychopath (Hare, 21).

Charismatic psychopaths are charming, attractive liars. They are usually gifted at some particular talent, and they use it to their advantage in manipulating others. They are usually very skilled orators, and possess an almost diabolic ability to persuade others out of everything they possess, including their lives. Leaders of religious cults, for instance, are often classified as charismatic psychopaths (Hare, 23).

Primary psychopaths do not respond to punishment, apprehension, stress, or disapproval. They seem to be able to inhibit their antisocial impulses most of the time, not because of conscience, but because it

satisfies some underlying motive. Words do not seem to have the same meaning for them as they do for others. In fact, it is unknown if they truly understand the meaning of their own words, a condition called "semantic aphasia" (Cleckley, 378).

Secondary psychopaths are risk-takers, but are also more likely to be guilt-prone and stress-reactive. They expose themselves to more stress than the average person, although they are just as vulnerable. They are daring, adventurous, and unconventional individuals. They are resolutely driven by a desire to escape or avoid pain, but are unable to resist temptation. "As their anxiety increases towards some forbidden object, so does their attraction to it. Their lives are driven by temptation" (Cleckley, 388).

There is a general consensus among psychologists that Psychopathy is the result of complex interactions between biological predispositions and social conditions. Over the last few years, there has been considerable progress in the analysis of biological predispositions and not as much in the analysis of the social factors related to Psychopathy (Sanmartin, Psychopaths and Serial Killers). Modern brain imaging techniques are confirming old theories that asserted a correlation between criminal behavior and particular defects in the frontal and temporal lobes. It has been ascertained that the prefrontal cortex of a selected sample of impulsive murderers is less active than the prefrontal cortex of "normal" persons. This part of the brain seems to be responsible for controlling the actions mediated by structures such as the amygdala, which is linked to aggressiveness (Sanmartin, Psychopaths and Serial Killers). Thus, it is believed that their violent behavior is caused by a very active amygdala without the control of the prefrontal cortex. Not only have dysfunctions been found in the impulsive murderer, but there have also been reports of anatomical defects, such as a reduced volume of prefrontal gray matter in individuals that have antisocial personality disorder. It is widely accepted that, in most cases, these biological predispositions will not cause violent or psychopathic behaviors without the proper psychological conditions.

Psychological factors of Psychopathy mainly include early childhood deprivation, parental rejection, and loss of parents. Childhood physical and sexual abuse has been shown to be a major contributor to adult antisocial behavior (Paris, 279). In one study (McCord, 1973), examining the risks of delinquency and crime, it was found that the most powerful predictor of delinquency was parental instability. Likewise, the presence of a relationship involving a stable and loving parent was a strong inhibitory factor. In another study (West & Farrington, 1973), the risk factors for future antisocial and psychopathic behavior included low family income, large family size, parental criminality, and lack of discipline and control from parents (Paris, 279). Each of these findings suggest that family dysfunction is the most substantial risk factor for Psychopathy. Dysfunctional families are likely to promote Psychopathy through inappropriate and inconsistent punishments along with an absence of well-defined consequences for a child's misbehavior.

In addition to biological and psychological factors, there are also social conditions that influence the incidence of Psychopathy. The results of various surveys conducted in the 1980s and 1990s have shown that the incidence of Psychopathy is strongly related to certain demographic variables including age, gender, and socioeconomic status (Paris, 280). It was found that antisocial behavior is much more common in

younger individuals, in males, and in the lower socioeconomic classes. The disorder is approximately five to seven times more prevalent in men than in women. One study concluded that the disorder was also more extensive in urban areas as opposed to rural areas, and especially high in one city: St. Louis, Missouri (Paris, 280).

A psychopath's inability, or reluctance, to learn from their mistakes and feel the emotions of others makes treatment very difficult. Most therapies have proven to be relatively ineffective, if not counterproductive. Psychologists utilizing the psychoanalytic approach have attempted to help patients feel and take responsibility for their own feelings. By doing so, they are supposedly alleviating an internal stress responsible for the development of a callous facade (Reid, 264). This facade is also believed to protect the psychopathic individual from perceived external threats. The psychologist may also promote fantasy as a normal function in order to help the patient relieve tensions and anticipate future events. They insist that the patient set easily attainable short-term goals for themselves, so that they may attain satisfaction faster, and with less stress.

Over the past few decades, advances in psychopharmacology have brought forth medications which are commonly used to treat various aspects of Psychopathy. Controlled studies have indicated that tranquilizers such as carbamazepine and lithium may reduce impulsivity, a major component of Psychopathy (Von Knorring, 366). The anti-impulsivity effects of stimulants are also well documented in both adults and children with attention-deficit/hyperactivity disorder (ADHD). Studies have shown that a lack of serotonin also plays a role in the control of impulsivity. As a result, serotonergic agents have been successfully used to treat ADHD. Likewise, individuals with psychopathic behavior disorders may be treated with such medication, in addition to MAOI's and beta blockers. The MAOI's and beta blockers help to control social phobia, and thus anti-social behavior (Von Knorring, 366). In many cases, medication is used in conjunction with psychotherapy.

Psychopathy is one of the most devastating, yet intriguing, behavior disorders currently classified. Caused by a biological/psychological abnormality and/or an emotionally deprived upbringing, psychopathy is generally very difficult to treat successfully. Many psychopaths end up in prison as a result of the crimes they have committed. There is much optimism, however, that we will eventually learn enough about the causes and mechanisms of this disorder to properly treat it, and perhaps even prevent it.

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