What we owe the psychopath: a neuroethical analysis

<table>
<thead>
<tr>
<th>Journal:</th>
<th>AJOB Neuroscience Journal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manuscript ID:</td>
<td>UABN-2012-0025.R1</td>
</tr>
<tr>
<td>Manuscript Type:</td>
<td>Target Article</td>
</tr>
<tr>
<td>Keywords:</td>
<td>Psychiatric disorders, Responsibility, Personality, Neuroethics, mental health, Criminality</td>
</tr>
</tbody>
</table>
What we owe the psychopath: a neuroethical analysis

Manuscript ID UABN-2012-0025.R1

Abstract

Psychopaths are often regarded as a scourge of contemporary society and, as such, the focus of much public vilification and outrage. But, arguably, psychopaths are both sinned against as well as sinners. If that is true, then their status as the victims of abusive sub-cultures partially mitigates their moral responsibility for the harms they cause. We argue, from the neuroethics of psychopathy and ASPD, that communities have a moral obligation to psychopaths as well as a case against them. A reflection on the genesis and developmental epidemiology of psychopathy reveals an individualist, attribution type error evident in much Western psychological and legal thinking—an error that obscures important moral truths about psychopaths. The resulting analysis makes us reconsider the distinction between disorders and moral failings and the ethical significance of the biological or neurocognitive mechanisms underpinning psychopathy. We claim that casting aside the deficit model (based on the presupposition that psychopaths are intrinsically unlike the rest of us) in favour of a relational and holistic view of personality potentiates a more informed and inclusive set of ethical, forensic, and therapeutic attitudes.

Key words: Psychopathy, Moral development, Personality disorder, moral dues.

Introduction

When we consider the damage resulting from psychopathic behavior, it is no wonder that psychopaths are so often characterized as a scourge of contemporary urban society (APA, 1994, 645). Approaches to the causation and psychopathology of the problematic and often criminal behaviour associated with psychopathy (also called by some Antisocial Personality Disorder [ASPD] or sociopathy) tend to start from a
theoretical standpoint within individual differences, personality theory, and a biomedical-deficit model built on it (Miller, 1987; Raine, 1993; Marzuk, 1996). The result is to attribute the harm and disruption caused by psychopaths directly to them and to explain their behaviour in terms of intrinsic psychological (or personality) factors that neurologically differentiate them from the rest of us (Paulhus & Williams, 2002), and that are enumerated in the Psychopathy Check List (Hare, 1991).

On the one hand, psychopaths deserve our censure and punishment and owe us for the harms they cause. But on the other hand, contemporary neuroscience and developmental psychology point to a more ecological or relational re-framing of psychopathic pathology in terms that are not confined to “intra-organismic” variables. In this paper, we argue that current debates in neuroethics and neurolaw (Rosen, 2007; Aspinwall et al, 2012) based on the “intra-organismic deficit” model of psychopathy miss an important ethical dimension of the problem that is relevant to all alienated and marginalized human beings who become classified as psychopathological.

**Individualism and the medical model**

Psychological essentialism is the view that human psychology and personality reflect a pattern of inner dispositions and processes that are behaviorally expressed in ways that may be normal or abnormal. The identification of genetic and neuroscientific findings in individuals who show behaviors sufficient for a diagnosis of psychopathy or ASPD (Blair, 2007 Anderson, et al., 1999.) suggests that such individuals are constituted differently from the rest of us. That belief, of course, serves to augment the alienation between “decent” people and those caught up in the penal system, and neglects significant social and political variables affecting or even producing social alienation. Furthermore, a blame attribution model focusing on the individual can fuel the rather widespread therapeutic nihilism associated with psychopathy and other personality disorders (Aspinwall et al, 2012).

Individualistic or - intra-psychically based interpretations of disorders are often taken
to imply that yet-to-be-discovered genetic or neuroscientific techniques hold answers to the problems they confront. However, research on the relationship between upbringing and the genesis of psychopathy and ASPD (Blair and James, 1995; Raine, 2002; Shi Z, et al, 2012) raise other possibilities central to a neuroethical analysis. This thesis incorporates a local context and the artifacts within it as part of the psychopath’s cognitive machinery and invites us to examine the Brain + adaptive Context (B+C) as the unit of cognitive adaptation. This problematizes the stance of much psychology, psychiatry, and forensic law focusing on the individual as the locus of the psyche (with the brain as its physical basis) and helps to explain our current nihilistic (ethical and therapeutic) response to psychopathy and ASPD (Virkunnen, et al, 1989).

**Psychopathy and its causation: the science**

‘Psychopathy’ refers to a recognizable psychological profile that unifies approaches to the investigation of people whose behaviour has adverse effects on others and who are outliers both in their moral character and with respect to the normal range of human personality profiles. Hare’s Revised Psychopathy Checklist (HPCL-R), especially Factor 2, identifies the abnormal group (Hare, 1991) and is often used, with some success, to predict recidivism in forensic contexts. Its predictive value suggests that it reveals enduring personality traits intrinsic to the individual (Hemphill et al, 1998; Walters 2003). But the problem is that the so-called psychopathic traits that constitute the core criteria for the diagnosis of psychopathy or ASPD are not as intrinsic to the concerned person as they are often considered to be but are actually, as we will argue, the result of the development of a complex of interactive tendencies (Mitchell, 2009).

Psychopathic traits generally include self-centeredness; a failure to make loving relationships; impulsivity; striking emotional coldness; lack of guilt; and failure to learn from adverse experiences (Gelder, Gath and Mayou, 1983). These personality traits obviously represent personal and relational impairments affecting the psychopath (Herpertz & Sass, 2000) Constructed within a framework of social
psychology, however, they could be understood to derive from ontogenetic factors like relational disruptions within the family, childhood abuse, or a home environment evincing ill-defined standards and values (Rutter, 1997; Glueck & Glueck, 1950; Douglas et al., 1966; Robins, 1966 Battle et al, 2004; McCrory et al, 2012). From a social perspective, psychopathy is, in part, a developmental problem, such that the learning sets and habitual responses expressed in relationships between the psychopath and the human life-world are variously deficient. These deficiencies are interactive or relational and not solely due to individual brain phenomena, suggesting that psychopathic tendencies reflect cycles of disadvantage and marginalization in addition to whatever neural dysfunctions and genetic predispositions contribute to them.

For example, psychopathic brain dysfunction is often attributed to genetic factors (Silberg, et al., 1996; Merriman & Cameron, 2007) and recent research suggests that a variation in the function of genes (e.g. the 5-HTT gene or the MAOA gene), may produce a bias towards decreased anxiety and exert a negative influence on the ability of a person to react in a self-controlled way in situations that would cause a normal person to experience stress and control themselves (Blair, 2007). The biomedical studies linking psychopathic tendencies and genetic variations combine with neuroscientific research on brain dysfunction in psychopathy, particularly into areas of the brain associated with empathy and behavioral control, to explain the causal development of psychopathy and ASPD (Best M, et al., 2002). However, these studies often neglect the interaction between genetics and environmental co-factors in producing behaviour (Raine, 2002). When they are interpreted in terms of internal or constitutional factors reflected in abnormal brain activity linked to genetic deficiencies, psychological, neurological and genetic analyses of the causation of psychopathy drive a wedge between “us” and “them”(Muller, 2010). The psychopath seems “beyond empathy.” But who one is and what one feels in a human situation result from the development of neuro-cognitive schemata resulting from one’s adaptation to the human life-world, so that the psyche is a deeply inscribed complex
of relational and responsive tendencies.

Re-theorizing the psyche as a dynamic system relating the human organism to its domain of activity is confirmed by investigations of brain function in violent offenders with a history of severe child abuse (McCrorry et al., 2012; Luntz Weiler & Spatz Widom, 1996; Raine, 2002). Violent offenders who had suffered severe child abuse show reduced function in the right hemisphere, that part of the brain responsible for emotional life and responsiveness. Furthermore, individuals who were abused in childhood but not violent offenders showed comparatively higher activation of the right temporal lobe.

The findings suggest that three variables (experience of severe child abuse, violent behaviour, and the function of right hemisphere - particularly the temporal lobe) are inter-related such that right hemisphere activity of an emotionally adaptive kind is crucially dependent on socialisation for maturation and forms the basis of resilience to damaging socio-politico-cultural influences that can otherwise produce criminal behaviour in adolescent and adult life.

A vicious cycle of abuse leads to violence through the combined impact of (secondary) neuro-developmental problems and deficient learning history. Genetic and constitutional vulnerability result in neuro-cognitive impairment that is markedly very maladaptive in contexts requiring life skills adequate to deal with threatening, frustrating, or provoking situations. The neuroethics of psychopathy and ASPD, built on an understanding of the effects of violence, neglect, or abuse on neural development, therefore frames psychopathic tendencies as essentially interactive cognitive-emotive schemata. Their genesis, on a model of restoration or recompense for injuries suffered, implies a societal obligation to remediate or repair the damaged human potential evident in psychopathic criminality regardless of whatever forensic condemnation may also be appropriate given the requirements of justice.
Other examples are how excessive risk taking and an inability to moderate behaviour in situations of threat or danger reflect an idiosyncratic learning history (McCrory et al, 2012). Even dynamic interventions such as cognitive-behavioral therapy and psychoanalytic therapy that attempt to repair the dysfunctional interpersonal skills of psychopaths fail to acknowledge that the behavioural phenotype is based on pervasive attitudes acquired during psychological development due to environmental influences on gene expression. Such effects are widely recognized in studies of genetics and behaviour (Rutter, 1997) and raise the possibility of a critical period for establishing learning sets or cognitive-emotional schemata important in social adaptation. Learning sets formed in critical periods may not be modifiable, even by suitably targeted and structured remedial experience, because the relationship between individual and context, though wet-wired, becomes resistant to change. Thus the damage done to the psychopath and manifest in a distorted moral orientation to the human context may not be modifiable even though it is essentially interactive in nature.

Human adaptation is, in part, socio-cultural and uses cognitive schemata and learning sets to structure the psyche. What we call “personality” is actually a shifting repertoire of interactive skills that emerge as the human life-world inscribes a human being with social, cultural, and historical techniques and practices. These are, in principle, dynamic and mutable—a set of inter-subjective responses and patterns of reaction designed to deal with situations arising in a person’s life story as a being-among-others (Gillett, 2008). On this B+C view, psychopathy is an ethological (or ecological) way of being that relates a person to his or her context (Mullen, 2008), and is constructed through interaction with others in local, socio-cultural niches or developmental contexts. On this view, the genesis of psychopathy exhibits its pattern of conduct exacerbation by certain inner vulnerabilities.

Neuroscience, neuroethics, and neuro-law are newcomers to this inquiry whereas ethics has pursued it for centuries with questions like “How do people learn the skills
to conduct themselves adaptively in human relationships?” or “What, in social and personal life, counts as something?” (Williams, 1985, 201). Ethics may therefore hold significant insights for forensic psychiatry as it deals with young people on the path to criminality, addiction, and severely damaged lives (Battle et al, 2004).

Seen as a shifting structure of adaptation abstracted from dynamic cascades of move and countermove, overture, and interwoven response elaborated interpersonally (Clark 2008), the human psyche is not only dyadic but triadic (Saxe, 2006). The problem of psychopathy and ASPD should therefore be re-framed in terms that question the justice and ethical defensibility of laws, regulations, policies, and societal attitudes towards a marginalized group of troubled people. Consigning troubled people to penal institutions extends and aggravates the abusive context that produces the problem. Prisons and penal institutions are, in effect, tertiary education for troubled persons that, through interactive cascades of action, reaction, and response, all based on suspicion, fear, and self-preservation in the presence of threat, encourages their evolving into what we most fear: vicious and violent career criminals.

**Psychopathy and context**

We have argued that a person’s life trajectory is shaped through many relationships in diverse contexts where s/he learns the skills needed to live adaptively among others. That trajectory results from choices reflecting the interaction between individual tendencies and the influences and values inherent in a social context. Choice, trajectory, and context mutually affect each other and form a person as the subject and author of his or her life story who enacts response schemata that function relationally. Within a holistic, relational view of personality, psychopathic shallowness, impulsivity, narcissism, and manipulative traits become an image fashioned among us as a moral community rather than an absurd or bizarre form of “moral insanity” (Pritchard, 1999; Elliot & Gillett, 1992)

Intentional human action, which forms the basis of moral responsibility, evinces (i)
fluidity and flexibility under the guidance of thought, and (ii) automatization. Aristotle refers to our “second nature”, comprising hexes (habits, dispositions, or, better, ‘habits of the heart’) that are acquired and customary ways of dealing with the world. Such behaviour is reason-responsive (Fischer & Ravizza, 1998) and shaped by our being called to account for what we do in order to inculcate self-control. Thus, intentional actions are informed by schemata linking perception, cognition and emotion, while volition (the active power of the human psyche) is the ability to translate thoughts shaped in conversations with others into action in response to situational demands. The dynamic and malleable nature of the psyche means that ‘second’ nature is not fixed but fluid and interactive so that the kind of person one is subtly changes throughout life, subject to the influence of wider or extended human relationships on the neuro-cognitive architecture of the psyche (Gillett, 2008). We are thereby “in-formed” by those interactions that have enabled ways of being not merely driven by biological (or unconscious) impulses (Lovibond, 2002).

On available evidence, a psychopath’s developmental context is dysfunctional as, for instance, in an abusive home where human exchanges are defensive, self-centered, and require self-protection from damaging competition, exploitation, manipulation, and betrayal (McCrory et al, 2012; Shi et al, 2012). Hostile or unpredictable events are virtually always “in the offing”, have to be guarded against, and factored into any action schemata. A psychopath’s psyche is scarred by such self-formational events and therefore becomes maladaptive in a wider society where people take care of and care about one another.

In critical and formative periods of their life, most human beings do not have to cope with distorted contexts of use (and therefore meaning) of key relational concepts like love, help, being kind, doing something for you, working with others and so can absorb their associated emotional content or depth. An aberrant setting, however, has predictable effects on one’s “second nature” so that psychopaths lack emotional depth and relatedness and exhibit duplicity, edginess, excitement-seeking, risk-taking, and
self-interest, lacking the responsibility appropriate to a normal context of cooperation, mutual trust, and non-threatening dependency (Mullen, 2008).

Training in the psychopathic art of being a “winner-at-the-expense-of-others” makes a person manipulative, self-indulgent, and narcissistic, but this developmental trajectory has an adverse effect on social intelligence and sustainable life-skills. Learning to value others is part of a distinctively human life and its lack predictably tends towards psychological detachment and an alienating construction of human beings as independent agents related to each other in ways based solely on self-interest. To the extent that that is plausibly intensified by marginalization, oppression, judgment and stigmatization, the psychopath will be set apart from others because of his or her “abnormality” (Gillett & Tamatea, 2012; Bent-Goodley, 2001). One can imagine feelings of resentment against all the world, loneliness, and emptiness, arising wherever rejection, harm, or cruelty form the crucible in which the psyche is forged (Hampton & Yung, 1996). These features may even create and intensify overwhelming desires or impulses to obtain symbolic satisfaction from treating people in aggressive and sadistic or evil ways (Gillett, 2009c).

In marginalized and oppressive settings, alienation from a validated community of care and mutual regard (as the connotative basis of our second nature) disrupts the fundamental intuition that each member of the human community is valuable as a named and identified individual and deeply connected to oneself. But people, especially young people, dislocated from their contexts of meaning or forced to focus on their own needs as an “in group” set against “out-groups” (Brewer, 1999) do not have experiences conducive to developing inclusive responsivity/responsibility towards others in general.

Seen through the lens of an ecological approach to cognitive neuroscience, psychopathy is a career of paradoxical self-destruction in the name of self-interested and narcissistic self-preoccupations. In this way and maybe only in this way, the
affected person, paradoxically, feels in control in a hostile world as seen through the
egocentric (and unrealistic or even fantastic) eyes of childhood or adolescence, but
that is incompatible with living a sustainable life among others.

**The treatment of psychopathy/The failure of the medical model**

The scientific model, focused on biological factors, shapes current treatments of
psychopathy—all of which have been shown, by and large, to be unsatisfactory
(Mullen[E], 1992). Therapeutic disappointment leads to the widespread belief
psychopaths are extremely difficult, if not impossible, to treat (Salekin, 2002).
Pharmacological treatment, psychological treatment, and placement in a therapeutic
community have all been used to correct or mitigate psychopaths’ antisocial traits and
disordered conduct but are largely ineffective (Woody et al., 1985; Kernberg et al.,
1972; Gunn et al., 1978). But perhaps these therapeutic failures constitute evidence
that the biomedical framing of psychopathy and the associated deficit model is
inappropriate.

If that is so, then the research on treating psychopathy, extensive as it is, is itself
problematic for the following ethically significant reasons.

1. Treatment is designed on the assumption that psychopathy is an intrinsic disorder
   of an individual and indices of positive change, as measured psychometrically are
   often used to gauge its effectiveness.

2. The indices of positive change are entangled with therapeutic assessments by
   observers who harbor a particular social orientation and moral stance and are
   prone to the attribution error (Medin & Ortony, 1989). Thus the psychopathic trait
   of “deceitfulness” (DSM-IV) is diagnosed from a personal history of words and
   action patterns that evolved in a milieu of exploitation and suspicion but are then
   interpreted through a judgmental lens representative of a different subculture.

3. Studies are affected not only by possible differences between psychopathy and
   ASPD but also by the over-determination of troubled behaviour in disaffected
   young people (Gillett & Tamatea, 2012; McCrory et al, 2012). Behaviour that is
highly adaptive, for instance, in an urban ghetto might look dysfunctional in a
different context in ways explicable through its mechanisms of production.

We argue that the problems inherent in the current treatment of psychopathy reflect
the fallacy of attributing mental disorders in ways that discount the relationality of
“personality” and its dependence on the human context. Thus impulsivity, which is a
common psychopathic trait, is the inability to take proper account of constraints,
including interpersonal commitments and expectations, that ought to influence our
actions. Callousness is a failure to engage with others in ways that take into account
their vulnerability and sensitivities. Human cognition is essentially anticipation and
attunement to a world of meaning (Bruner, 1991) and it develops and is manifest in
social interactions involving knowledge and power (Harre and Gillett, 1994).

“Narrow” psychological individualism does not see that clearly, however. The
ecological perspective forces us to reassess evidence, treatment designs, and trials of
intervention focused on the individual, with accompanying but possibly misleading
data remaining the mainstay of expert evidence-based testimony in forensic settings
and biomedical and psychological science (Aspinwall et al, 2012).

The therapeutic community

If contextual or societal factors are important in the genesis of psychopathy, the idea
of a therapeutic community (TC) becomes a plausible approach to rehabilitating
persons with personality disorders, psychopathy, and ASPD (White, et al, 2006). The
aim and methods employed in a TC are based on the assumption that placing people
in a setting where moral values and social skills are pervasive, explicit, and openly
endorsed facilitates the development of a sense of responsibility for one’s own
behaviour (Jones, 1963, 1982).

Psychopaths often show a lack of insight into the interpersonal consequences of their
criminal behavior and fail in such settings because they do not have the
neuro-cognitive flexibility to change. Consequently, if the acquisition of knowledge
and skills must be guided and developed in a structured way to overcome developmental difficulties, a kind of parentalism, virtuous not vicious, may be required (McConnell and Gillett, 2006). Residents undertake tasks, initially with support and correction and then, as they respond to feedback, more autonomously. The fact that psychopaths suffer ‘a developmental disorder of ethical action’ (Mullen[PEJ], 1992) may mean that their prior learning contexts have disrupted key preconditions for new learning and the intervention may be too late (Gillett, 2009c, 215ff).

A community ordered as a meaningful therapeutic context where interactions with others can be rebuilt on a foundation of mutual regard and acceptance and relatively clear contingencies might alter psychopathic modes of relating to others. The healing effects would depend not only on ‘a high degree of structure and a behavioural or cognitive-behavioural orientation’ (Müller-Isberner & Hodgins, 2000, 21; Duggan, 2006) with clear contingencies, but also on a climate of care, the sharing of stories, and moral recognition of all. Nevertheless, if a critical period has passed by the time psychopathy is detected, a negative outcome and advanced training in vice is almost guaranteed in a prison context—where hostility, distrust, and interpersonal abuse favour ultimately (mal)adaptive strategies of interpersonal violence.

**Mad or bad? The ethical implications of reconstructing psychopathy**

If crime is a symptom of an underlying psychological problem, is it a fit target for moral attention (Flew, 1954)? But if, in particular, psychopaths do not consider their consciences when confronted by their wrong doing, surely they are blameworthy (Porter, 1996). We have argued that the psychopath is both a victim and a perpetrator of interpersonal violence. The genesis of well-being and psychological health changes when the focus shifts from the inner structure of the psyche (or personality as traditionally construed) to the psyche as essentially interpersonal (Battle, et al, 2004). The shift tracks current thinking in cognitive neuroscience to include multiple epigenetic and environmental factors so that our understanding of
therapy and its context become important in the treatment of a psychological disorder (or malady of the soul). Psychopaths are inclined to schizoid and narcissistic thinking, isolation, self-sufficiency, and playing at the edge, so that excitement, risk-taking, and their own narrowly construed successes and failures form the bases of value (Lyng, 2005; Raine, Reynolds et al, 1998).

Our justice system should not merely confine “unwanted others” to protect societal interests, as this perpetuates the problem we are trying to deal with. Unwantedness, or rejection and alienation, lies at the heart of abuse and neglect in marginalized, micro-social systems where politico-economic forces give rise to highly adverse human ecologies. Therefore, we owe the unwanted, like psychopaths, some remediation because we are partly responsible for their (un)ethical formation. For this reason, we suggest that some kind of restorative context is not only ethically justifiable but a duty we owe to people who need a principled, caring, transparent, and reflective ethos in which to address problems that affect their being-in-the-world-with-others.

The interactive nature of the moral personality should cause us to rethink our attitudes to psychopaths, because our communal obligations decentre the problem and link it to a duty of care (or remediation) we owe to the vulnerable amongst us. Along with appropriate legislative support, we should aim at rehabilitation that reinforces “techniques of the self” (Foucault, 1997) compatible with ‘what in personal and social life means something’ (Williams, 1985, p. 201) and is conducive to the development of liveable identities with a reasonable life expectancy, rather than predictably violent deaths. Young people who are not only unwanted from birth but through childhood and adolescence and then into adult life often die unwanted and unlamented. Contexts where we focus on the “care of the self” would, we contend, have a chance of mitigating the effects of distorted personal and interpersonal development so as to reconnect a troubled person to a way of grasping the truth of his or her being-in-the-world-with-others.
Frankenstein created his monster, replete with passions and an active intellect, only to reject him. The monster’s self-presentation was alienating and blighted whatever potential he might have had to develop as a socialized being. The psychopath somewhat shares with this grotesque individual—hostile, irredeemably misunderstood, and alienated from the rest of us—a sense of rejection, abuse, and disaffection that feed a tendency to aggrieved violence that obliterates any pathos he might show or we might have. Herein lies an ethical lesson, not only for policy makers and forensic authorities, but for all of us.

References


