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PEDOPHILIA AND OTHER MONOSYMPOMATIC PSYCHOPATHOLOGIES

PEDOFİLİ VE BAŞKA MONOSEMPTOMATİK PSİKOPATOLOJİLER

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Abstract

In the present paper, we discussed the insufficiencies of two-dimensional (2D) confrontations and proposed the utility of three-dimensional (3D) and even four-dimensional (4D) confrontations, in researches specially of mono-symptomatic psychopathological cases like for instance in pedophilia.

Keywords: pedophilias, mono-symptomatic psychopathology, three and four-dimensional volumetric texture confrontations, time span.

Özet

Bu yazıda, pedofili gibi monosemptomatik psikopatolojik belirti gösteren çalışmalarda 2 boyutlu karşılaştırmaların yetersizliklerini tartıştık ve onun yerine araştırmamızda, 3, hatta 4 boyutlu istatistiksel karşılaştırmaların kullanılmalarının gereğini ileri sürdük.

Anahtar Kelimeler: pedofiller, monosemptomatik psikopatoloji, üç ve dört boyutlu hacimsel yapı karşılaştırmaları, zaman aralığı.

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1. Introduction

We are still definitely far from taking the pictures of our thoughts and imaginations. Even though probably we can make some proposals by which we can attempt to approach at least to some extent, to the exploration of clues, leading us closer to some diseases' diagnostic attempts.

Nevertheless, our below proposal, should be handled very carefully. Because laymen or, even some of our collaborative professionals, can perfectly misunderstand it and, take the words as definite truths, and fall into the same trap of polygraphs' results' interpretation.

2. Discussion

It is already well-known that, the blood flow and electrical activities of the neuronal connections, responsible of related given behaviors during activity, do increase.

Pedophilia is a problem concerning the adults who get sexually attracted by prepubescent kids. In healthy adults, absolutely, no sexual interest must be aroused toward infants. In short, pedophiles and controls, must be using different neuronal connections, either in perception or reaction, to children.

In the recent past, either by EEG or MRI and/or related equipment, have been done several researches trying to explore the abnormal neurophysiological activities in pedophiliacs. And in general lines, nearly all of them, found several deviated results, although in different forms and localities.

Below we tried to allude some principal researches made by EEG and/or MRI, preferably, on exclusively pedophiliacs, without including those subjects who were related to other abnormalities too.

In 1991 by qEEG, scholars detected different activities in those who had erotic arousal toward 6-12 aged subjects in comparison to normal. They had increased frontal delta, theta and alpha power with reduced interhemispheric – increased intra-interhemispheric coherence (Flor-Henry, P. at al 1991). Others in 2007, compared to homosexual and heterosexual control groups, observed that pedophiles exhibited decreased grey matter volume in the ventral striatum, orbitofrontal cortex and cerebellum (Schiffer, B. at al, 2007). In 2008 researchers found opposite amygdala activation between pedophiliacs and control groups in response to picture of children, by implementation of fMRI (Sartorius, A. at al, 2008). In 2011 in a reaction time task and fMRI experiment, it had been detected that pedophiliacs were reacting more boldly to sexual stimulations by images of pre-pubertal subjects (Poeppl, T. B. at al, 2011). In 2013, by fMRI, researchers found that pedophiles had altered activities, especially in frontal areas (Wiebking, C. at al, 2013). In 2013 in an fMRI pilot study researchers concluded that, "Slower reaction time and less accurate visual target discrimination in pedophilia, was accompanied by attenuated deactivation of brain areas, belonging to the default mode network" (Habermeyer, B. at al., 2013). In 2015 researchers published detailed study on pedophiles and emphasized that through sMRI, fMRI have found

remarkable differences (Tenbergen, G. at al, 2015). In 2015, by implementation of Diffusion Tensor Imaging (DTI) researchers found confirming results that pedophilia is characterized by neuroanatomical differences in white matter microstructure (Cantor, J. M., at al 2015) In 2015 researchers, by using functional magnetic resonance imaging (fMRI) found that Pedophiles showed diminished RSFC between the left amygdala and orbitofrontal as well as anterior prefrontal regions (Kärgel, C. at al, 2015).

As seen, EEG and MRI look being promising tools for the detection of some abnormal cerebral activities in pedophiliacs. By taking advantage of these tools, we propose that it could be quite useful to build up a database, to later use them as some type of marker, especially in mono symptomatic psychopathological cases, as for instance in the cases of pedophiles.

The idea seems attractive. But we need to accept that, (as for our today's knowledge), we cannot have big expectancies in identifying any underlying organic structure; very likely they are just activities tied to wrong conditioning.

Nevertheless, we can extract valuable data.

For the simple reason that, in cognitive psychology we know that any perception and reaction to it, even if they are consecutive to each other, are happening in almost an "instant". Everything happens at a lightning speed, nearly all-over the cerebrum. Than all these apparently fragmented and scattered perceptual clues, at the end, get synthesized and evaluated as a big entire picture, and we respond to them, again with the same speed. For instance, if while exploring the wilderness, we perceive an assaulting tiger, first we evaluate its size, weight, velocity, aggression, mobility, speed, distance, direction and several other factors. Than almost simultaneously, we evaluate all the parameters, and we decide where, toward which direction, how to escape, run or hide or climb on a tree, fire the gun or not, and many other alternatives. And we make our move. We know that all these processes are executed in different and special personal connectome connections in almost only milliseconds. At this point, whereas the phenomenon is occurring in our brain in fully 3 Dimensional (3D) manners we cannot pretend to identify all those activities with simply 2 Dimensional (2D) detections. That is impossible. So from now on, if we desire to arrive to more precise results, we do not have other change than using the EEG or MRI or other futuristic devices, in a way permitting us, confrontations in "volumetric spatial textures".

These assumptions /s which we made, are based on common knowledge, since long time disseminated in Neuropsychology and Cognitive Psychology researches, present here and there, in every related college texts books too. In this sense, what we assert, more than being new researches' outcomes, are based on old findings already known by whoever is familiar with Cognitive and Neuropsychology. We have just tried to "pinpoint" the "unseen" hidden before the eyes of everybody.

Henceforth it looks that the detections of symptoms and their confrontations with the control groups must be done, at least through some new software and statistical

tools that can give us the possibility of confronting the data in 3D.

Even better than that, although the differences can be at a Nano Scale, during the “apparent simultaneity” there can always be found some negligible but, extremely meaningful “time frame differences”, between the normal and controls. Thus it would be an indispensable idea to add the 4D, in other words the time factor too.

3. Conclusion

It seems that in several mono-symptomatic psychopathological cases as in the case of pedophilia, it is indispensable to orient ourselves to 3D volumetric, spatial textures’ confrontations. Because whatever is happening in our brain, during either normal or pathological perception, and reaction to it, is happening at a speed of lightening; quasi simultaneously. And all the perceptual processes first, are evaluated, deployed, scattered throughout all over the cerebrum’s differently specialized connectomal connections, then are synthesized to get the entire picture, in order to react to it. To understand what is happening in the pathological brain, we need to identify this brain’s 3Dimensional activity, because the bi-dimensional evaluations do not seem to be satisfactory in grasping the phenomena.

To be more precise, it could be enough neither the 3D. Indispensably we need to involve also the 4th, namely the time dimension. For the simple reason that, even if we accept that perceptions-evaluations-reactions, do happen in an “instant”, in reality with sophisticated equipment and software, we can perfectly detect that what seemingly looks as an “instant”, in reality is a “time span”. And often, even very negligible frames-ranges-spans’ differences, between subjects and controls, can be of vital importance.

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