SCIENCE OF CONSCIENCE: METAPHYSICS, MORALITY, AND RHETORIC IN PSYCHOPATHY RESEARCH

by

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ABSTRACT

The psychopathy project – a term used here to describe the various efforts to establish psychopathy as an object of science – has existed in one form or another for over two hundred years. At present, it enjoys wide popularity in the social sciences as well as in popular imagination. The present work is an analysis of the psychopathy project's logical coherence. The present work examines, among other things, the claims that psychopathy is either a medical condition or a mental illness. Also examined is the logic of various causal theories of psychopathy as well as the argument that a diagnosis of psychopathy is not an act of moral condemnation. In this context, the logical continuity between modern psychopathy research and the late 19th century theory of degeneration is discussed. Finally, a number of rhetorical strategies used by the psychopathy project are studied. The work concludes by providing recommendations for improving the logical coherence and intellectual integrity of the psychopathy project. Such improvement is seen as necessary, since throughout the present work the project is shown to suffer from a number of serious logical confusions and deliberate mischaracterizations of its scientific merits.

Keywords: Psychopathy, logic, morality, rhetoric, degeneration.

DEDICATION

This work is dedicated to the slowly vanishing breed of those who still believe in the value of education in our Universities.

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INTRODUCTION

The period extending from the end of the 18th century to the present has witnessed a sustained and comprehensive effort to bring the moral lives of certain individuals under scientific study. These individuals have been called many things, perhaps the most descriptive of which has been "the moral imbecil", though today they are known as *psychopaths*. In the present work, the various empirical and theoretical attempts to establish psychopathy as an object of science are brought together under the term "the psychopathy project".

The task of describing the psychopathy project is a difficult one, for the project is not guided by a singular method or an explicit statement of purpose, nor does it feature an identifiable founding text to which its practitioners invariably subscribe. Although the project does have a small number of leading figures, it cannot be reduced to their work either, for disagreements within the project on a number of important issues are common. Biologically reductionistic accounts of psychopathy, for instance, are often portrayed to be not in competition, but complementary to such theories as psychoanalysis and learning theory. Furthermore, the exact diagnostic criteria as well as the possibility of psychopathy subtypes seem to be in constant and lively contention. At first glance, therefore, the "project" appears to be at best a benign social construction and at worst a straw man. It may indeed be argued that there is no "project", but only a number of researchers with a number of theoretical orientations studying roughly the same thing. Therefore, to propose the existence of a "psychopathy project" would be to misplace and mischaracterize scientific work and personnel. To this effect one may point to the fact that the psychopathy project openly embraces differing voices, as

demonstrated for instance by the existence of an authoritative text on psychopathy, which contains strictly scientific accounts of psychopathy set alongside with critiques of the project's very status as a science (see Millon, Simonsen, Birket-Smith, & Davis, Eds., 1998).

Yet, the psychopathy project can be described, for a close inspection will reveal that the multitude of voices speaking of psychopathy constitutes a set of consistent, definable agendas and tangible achievements. The project uses and produces protocols, research programmes, professional appointments, and technologies, which directly or indirectly affect many lives. Those employed in the psychopathy project are at least in part employed and enriched by it (and some may be impoverished by it as well), and those assessed as psychopaths can expect to be treated differently from non-psychopaths. And ultimately, althought the project features a number of internal debates on various aspects of psychopathy, each commentator within the project manifests an implicit or explicit faith in the project's *sense*. Each commentator brings – or at least wishes to bring – to the project new information about a subject, which he or she believes to be *scientifically* meaningful. In particular, each contribution to the psychopathy project implicitly or explicitly subscribes to the notion that psychopathy denotes some trait or physical entity, which can exist within individuals in one sense or another, and is therefore scientifically measureable[1].

Furthermore, it should be noted that the usefulness of the present work does not rely on the agreement of all psychopathy researchers on all topics introduced here. Many of the claims about psychopathy quoted in this work are contentious within the

[1] In the present work, this orientation is variously termed either "the psychopath project" or "mainstream psychopathy research".

project, and therefore the fact that some of these claims may be nonsensical or metaphysical should not lead one to conclude that all psychopathy researchers are guilty of metaphysics and nonsense. Rather, one should take note of the problems indicated in this work, and consider them as features detrimental to the project, and therefore as something to be amended.

A brief note on the critics of the psychopathy project should also be made. Critics of the psychopathy project, although not nearly as prominent as its advocates, nevertheless exist, and regularly make their way into print. Indeed, certain prominent psychopathy researchers have taken it upon themselves to comment on critiques of the project, creating an impression that these critiques are to be taken at least somewhat seriously. As will be shown in Chapter 1, however, the majority of these critiques are by and large quite harmless. Although some of their conclusions will be shown to be valid (most importantly that a psychopathy diagnosis does amount to moral condemnation of the individual thus diagnosed; see Chapter 5), most are insufficiently supported or logically tenuous. Perhaps not coincidentally, the most tenuous of the critiques have found their way into mainstream psychopathy literature, and it is mainly these critiques, which are addressed and resoundingly defeated by psychopathy researchers. One may therefore wonder whether the inclusion of these critiques in the psychopathy canon is not based on their very fallibility.

The present work is an attempt to amend and amplify the existing critical literature on psychopathy. Here, the psychopathy project is subjected to logical scrutiny on a number of accounts, which by and large have gone unaddressed by both the critics and the advocates of the project. The present work is structured as follows: Chapter 1 introduces the psychopathy project, and attempts to make – in part for rhetorical

purposes – the case that the psychopathy project is a legitimate line of scientific enquiry. The remainder of the work will then critique those aspects of the project described in Chapter 1, which are either logically tenuous or purely rhetorical. Chapter 2 examines the assertion that psychopathy is a medical condition, and Chapter 3 the assertion that psychopathy is a mental disorder. Chapter 4 is the longest chapter, and is devoted to the various empirical arguments about psychopathy, including an examination of the logic of factor analysis, a number of causal theories, and construct validation. Chapter 5 will argue that the psychopathy project, rather than being value-neutral, in fact relies for its rationale on a moral condemnation of psychopaths. Chapter 6 continues the argument introduced in Chapter 5, and illustrates a continuum between two scientific-like attempts to study immorality – the late 19th century theory of degeneration and modern psychopathy research. Chapter 7 will depart in form from the preceeding chapters by illustrating a number of rhetorical strategies employed by the psychopathy project in the service of securing for itself scientific credibility. Here it will be argued that psychopathy researchers have made a number of claims of no scientific value, but which nevertheless may serve rhetorical ends in an attempt to secure funding, professional appointments for its practitioners, and continued public interest. Chapter 8 will conclude the work by evaluating the value of the psychopathy project, as well as providing a few suggestions for improvement.

Chapters 2 and 3 feature arguments concerning the logic of and implications for calling psychopathy a "disease", a "medical condition", and a "mental disorder". If the reader is satisfied that psychopathy is not a disease or a medical condition, and that it truly does not matter whether one terms psychopathy a mental disorder or not, he or she may turn directly to Chapter 4, which will examine the more substantial empirical

arguments upon which the legitimacy of the psychopathy project ultimately relies. It is anticipated that Chapters 4 and 5 are more objectionable than the rest from the point of view of the psychopathy project, and it is for this reason that both chapters expressly address a number of common or readily imaginable objections to the main arguments.

It is important to note that the present work is not a methodological or empirical critique of psychopathy. The methods used in psychopathy research are taken to be skillfully employed, and any resulting data are assumed to be of the statistical significance they are stated to be. This is not to say, however, that all critical studies of psychopathy should proceed with the same assumption, for methodological critiques are invaluable in any field of inquiry. Furthermore, methodological critiques, though not the focus of the current work, may well contribute to the principal aim of the current work, which is the clarification of the psychopathy project.

Also, the present work has intentionally left the important question of psychopaths' legal status as criminally responsible persons for subsequent discussion. The psychopathy project as characterized here is mainly concerned with scientific discovery, and although some argue that science should have a significant bearing on social policy and the law, such a case does not appear to be central to the psychopathy project. However, while this question is not directly addressed here, this work may nevertheless inform the debate, particularly as many commentators on the issue take the status of psychopathy as a medical or a mental disorder to be a matter of fact.

1 THE PSYCHOPATHY PROJECT AS A SCIENCE OF MORALITY

1.1 The problem of evil

The problem of evil has changed in concert with the method for solving it. Until the late 18th century, the chief dilemma concerned the apparently irreconcilable conflict between the reality of earthly suffering and Christian theology, according to which the world is created and governed by a good, all-powerful, and all-knowing God. In the West, Christianity's relative monopoly over the problem of evil had thus far guaranteed that the problem be generally presented in this manner, and that the solution would seek reconciliation between the natures of humanity and divinity. Beginning in the late 18th century, however, a number of events conspired to alter the problem's definition from a concern over divine justice to an inquiry into the character of *individuals* who commit acts of evil (Neiman, 2002).[2] The shift of emphasis from natural evil (i.e. that which generally causes suffering) to that of moral evil (i.e. that which concerns the individual moral offender), or what might be called the *individualization* of the problem of evil, is largely the legacy of the 18th century Enlightenment worldview[3]. In this worldview, the individual, and not God, is held responsible for evil (and for the rest of human behaviour

[2] Neiman (2002) argues that the shift from traditional concern over natural evil to modern concern over moral evil occurred as a consequence of the debate over the 1755 Lisbon earthquake. The disaster, Neiman argues, undermined the basic trust of Europeans in the justness of the world. The ensuing debates began, for the first time, to make clear the difference between suffering due to natural and human causes. The Enlightenment emphasis on reason and human agency henceforth ensured that suffering due to human actions (moral evil) became the primary concern of modernity.

[3] Terms "evil", "immoral", and "bad" have slightly different connotations. In particular "evil" and "immoral" have a stronger religious affiliation than "bad". However, the present work will use the three terms interchangeably. This is due to the fact that the psychopathy project itself builds on religious and secular notions of evil without distinguishing between the two (see Chapter 1 and especially Chapter 5).

as well), and from this it follows that the cause of evil is in principle to be found, by rational inquiry, within the individual as well. As a consequence of this shift, the rich tradition of theodicy (the vindication of divinity with respect to the existence of evil) began its slow descent, and it would eventually come to be recognized that this newly defined problem of *human* evil would not yield a theological solution comparable in subtlety and substace to the old one. That is, while Christian theology had much to say about the nature of divinity, its inability to account for human action was becoming increasingly obvious.

Into the vacuum created by the failure of the Christian church to combat or explain human evil entered, for a time, a secular philosophical discourse on morality. The Enlightenment's emphasis on human reason over divine inspiration allowed such thinkers as Hume, Kant, Nietzsche, and Kiergekaard to emerge as authorities on individual morality. By the 20th century, however, each moral philosophical enterprise appeared to have run its course in the public imagination, and, as philosophy in general was becaming increasingly marginalized to academic institutions, so the hope for a unified secular moral doctrine faded to narrow and impractical academic agendas (MacIntyre, 1981).

Thus, by the turn of the 19th century, little of substance in understanding human evil could be expected from either theology or moral philosophy. The marginalization of both theology and moral philosophy from the problem of evil is due not only to the problem's scope, but also to the inability of each discourse to provide a *useful* account of

evil. The Enlightenment tradition had emphasized not only reason, but also the ability of that very reason to structure society and solve problems endemic to living in it. Thus, both theology and moral philosophy would eventually fail those criteria by which the Enlightenment tradition measured their success in solving or understanding the problem of evil. It is therefore not surprising that the problem of evil would soon attract to itself yet another mode of inquiry, and one with the potential for practical problem solving. As early as the late 18th century, *scientists* had taken the first steps to earnestly address morality, choosing as their subjects particularly those individuals who ran afoul of it (see e.g., Carlson et al., 1981). In the 19th century, several natural laws governing social deviance were proposed, and conclusions like the following were not difficult to find: "we are forced to recognize that the facts of the moral order are subject, like those of the physical order, to invariable laws" (Guerry, 1833, quoted in Hacking, 2001), or

> When a man can fully comprehend the fact that most, if not all, the so-called 'sins' of life are due to the manner of physical construction...the various appetites and passions which have been the cause of so much sorrow in the world, science could deliver man from evil" (Williamson, 1898, quoted in Rimke & Hunt, 2002).

By World War I, the traditional moral authorities – theology and moral philosophy – had, with very few exceptions (see Arendt, 1964)[4], become mute with respect to the topic of evil, and it seemed that any serious understanding of human evil was by and large now the preserve of science. The marriage of morality and science hardly needed announcing when in 1996 the editorial of the medical journal The Lancet read:

[4] Arendt's *Eichmann in Jerusalem: A report on the banality of evil* is not, however, a theoretical work on evil, but rather a very potent case study.

> Is it too fanciful to suggest that we will soon know what evil is, if only to accept its existence as something beyond the reach of forensic psychiatry and outside the safe boundaries of nosology[?]...To deny the possible existence of evil is as scientifically arrogant as claiming that no new phylum of living things could be discovered.... All we can hope is for serendipity – that a scientist...will come across evil, maybe from the preserved brains of those afflicted, and recognize it for what it is, something no-one has ever seen before.

Some late 20th century writers went so far as to claim to have put to rest the mystery of human evil altogether. For instance, in 1994 Jeffery claimed that "My moral self is thus defined by my serotonin level" (p. 168).

Although proofs for conclusions such as Jeffery's are yet to be given, the method it exemplifies – the understanding of evil by way of internal, typically biological processes that cause it – is now largely beyond dispute. Currently, the scientific study of evil enjoys wide popularity in both the scientific and lay communities, and there is little to suggest that the situation is about to change anytime soon. The most comprehensive and popular of all scientific attempts to study evil today is through the study of *psychopathy*[5].

1.2 The psychopath

The individualization of evil, although well under way in the 18th century, gained critical momentum at the turn of the 19th century with the introduction of what is today called *psychopathy* as an object of science. The name and exact classification criteria of psychopathy have varied over time, but at its core the idea has remained largely intact.

In perhaps the most succinct modern definition of psychopathy, McCord and McCord (1964, p. 3) write: "*The psychopath is an asocial, aggressive, highly impulsive person, who feels little or no guilt and is unable to form lasting bonds of affection with other human beings.*" [Italics original] Traditionally, the psychopathy concept is traced to the relatively simultaneous, yet independent works of Benjamin Rush and Philip Pinel. What follows is a very brief account of the history of the psychopathy concept as given by a number of modern writers (see e.g., Arrigo & Shipley, 2001; Maughs, 1941; McCord & McCord, 1964, 1982; Millon et al., 1998; Werlinder, 1978).

In Europe, Pinel made the first systematic observations of psychopaths at the turn of the 19th century. In response to the legal problem of determining the mental capacity of moral transgressors, Pinel coined the term "insanity without delirium" (*manie sans delire*) to denote a type of offender who did not suffer from a deficit in reasoning, but was nevertheless classifiable as "mad." Such individuals were in constant legal trouble owing to their impulsivity and an array of self-damaging acts, while at the same time fully understanding the irrationality of their behavior. Pinel, therefore, is considered a pioneer of the theory that insanity need not involve irrationality.

Benjamin Rush, an American psychiatrist, had simultaneously noted a similar subgroup of mental patients whose thought form was lucid, but whose behavior was socially deranged, irresponsible, and without attendant sense of shame. Rush (1812, quoted in Arrigo & Shiple, 2001) hypothesized that the condition was due to "original defective organization in those parts of the body which are preoccupied by the moral

[5] The prevalence of psychopathy in psychological and psychiatric literature is indeed beyond doubt. A review using the term "psychopathy" as a keyword through PsychINFO search in July 2003 gave 2188 hits. Related words gave the following number of hits: Antisocial personality disorder (1167), sociopathy (345), and moral insanity (41).

faculties of the mind" (p. 330). Rush maintained that this moral malady was a hereditary condition, which was nevertheless shaped by the environment.

The term "moral insanity" was coined by J.C. Prichard in the 1830s in England. Prichard's terminology reflected an underlying assumption that such individuals manifested a reprehensible moral character, and therefore required social condemnation. According to Prichard, morally insane patients shared a common defect in their power to guide themselves in accordance with what he called "natural feelings" – that is, spontaneous, innate feelings of rightness, goodness, and responsibility.

In the late 19th century, Koch coined the term "psychopathic inferiority" in reference to morally defective individuals whose pathology was due to heredity. Koch, however, did not believe that these defects should be morally condemned in the way Prichard had suggested, arguing instead that they should be understood and treated with scientific neutrality. Increasingly precise descriptions of the disorder were provided by Krafft-Ebing and Kraepelin in the early 20th century. Along with more detailed diagnostic criteria, Kraepelin promoted the notion that "psychopathic personalities" represented degeneration, i.e. a return to an earlier stage in the normal course of human development.

Other 20th century theorists, such as Lange and Birnbaum agreed with the classification of the psychopathic types of behavior, but disagreed with the prevailing hypotheses attributing cause to constitutional factors. Birnbaum coined the term "sociopathic" to indicate that the condition was caused not by internal processes, but instead by anomalies in the social environment.

Up to the mid 1900s, the term "psychopathy" had an extremely wide and vague application, only some aspects of which are consistent with current nomenclature.

Relative uniformity in the term's use was established in the 1940s through the work of Cleckley, whose diagnostic criteria have since then largely formed the standard definition of psychopathy. Cleckley's conception of psychopathy included a detailed description of psychopaths' psychological characteristics, comprised of superficial charm and good intelligence; absence of delusions and other signs of irrational thinking; absence of nervousness or psychoneurotic manifestations; unreliability, untruthfulness or insincerity; lack of remorse or shame; inadequately motivated antisocial behaviour; poor judgment and failure to learn from experience; pathologic egocentricity and incapacity for love; general poverty in major affective relations; specific loss of insight; unresponsiveness in general interpersonal relations; fantastic and uninviting behavior with drink and sometimes without; suicide rarely carried out; impersonal, trivial and poorly integrated sex life; and failure to follow any life plan (Cleckley, 1976). Cleckley also proposed that the term "psychopathy" could be replaced by the label "semantic dementia" to reflect the tendency of psychopaths to process emotionally valenced words in a manner that differed considerably form the way in which the average population approached the same material (see Chapter 4).

Hare refined Cleckley's formulation in the 1980s, when he developed the Psychopathy Checklist (PCL), and more recently PCL-R (now in its second edition) as a tool for the measurement of psychopathy. The PCL-R is a quantitative diagnostic instrument now widely applied in forensic and research settings. Hare's diagnostic criteria have been used as an official diagnostic category to which various psychological, neuropsychological, neurobiological, and morphological abnormalities have been hypothesized as causes (see e.g. Siever, 1998). The diagnostic criteria proposed by Hare (1991, 2004) are:

(1) Glibness/superficial charm
(2) Grandiose sense of self-worth
(3) Need for stimulation/proneness to boredom
(4) Pathological lying
(5) Conning/manipulative
(6) Lack of remorse or guilt
(7) Shallow affect
(8) Callous/lack of empathy
(9) Parasitic lifestyle
(10) Poor behavior controls
(11) Promiscuous sexual behavior
(12) Early behavior problems
(13) Lack of realistic, long-term goals
(14) Impulsivity
(15) Irresponsibility
(16) Failure to accept responsibility for own actions
(17) Many short-term marital relationships
(18) Juvenile delinquency
(19) Revocation of conditional release
(20) Criminal versatility

By matching individuals against these criteria by way of a three-point severity scale (0,1,or 2), The Hare Psychopathy Checklist-Revised yields a dimensional score indicating the extent to which a given individual represents a "prototypical psychopath." The diagnostic cut-off score for designating a person a psychopath is 30 out of a possible 40 points (Hare, 1991, 2004).

Although the general description of psychopathy makes it quite clear that the term denotes morally reprehensible character, one is hard-pressed to detect an explicit intent to morally condemn psychopaths in mainstream psychopathy literature. A few references to evil can, however, be found. Consider the following excerpts: "mendacious psychopaths who cheat and betray, relying on their charm and acting skill to 'con' and exploit others, may be said...to inhabit the realm of evil" (Stone, 1993, p. 451); "Indeed, it is hard to resist the impression that the true psychopath is a personification of the demonic" (Rieber & Vetter, 1994, p. 13); "psychopathy...can be argued to overlap with

cruelty, sefishness, or even "evil" (Pethman and Erlandsson, 2002, p. 35); "This is really the study of the dark side of human nature" (Hare, quoted in Abbott, 2001, p 298); "Many of you will find an uneasy resemblance between the individuals [psychopaths] in these examples and people who have made you think you were living in hell" (Hare, 1993, p. 9); "The heart of darkness of the psychopath is well known in both the world literature and real life" (Meloy and Gacono, 1998, p. 95); or Simon's (1996) prophetic statement: "we cannot escape the possibility that at some time in the future, a particularly virulent psychopath may become evil incarnate and leave all of humankind for dead" (p. 46).

What makes psychopathy paradigmatic of the modern conception of evil is not merely a factor of behavior – for non-psychopaths are quite capable of evil as well – but rather of motivation for it. While most garden-variety acts of evil by garden-variety individuals can be understood practically (e.g., crimes of desperation occasioned by material needs), emotionally (e.g., violence committed in anger, as re-enactment of childhood victimization, etc.), or ideologically (e.g., crimes committed from loyalty to a criminal organization or an ideology), psychopathic motives are either frivolous (e.g., "for the fun of it") or altogether absent. To put it differently, the non-psychopath's bad behavior is understandable as a temporary or reasonable attenuation or misdirection of conscience. The psychopath, on the other hand, appears to lack conscience altogether, and shows neither guilt, loyalty, nor cause (see, e.g., Hare, 1993).

The presence of conscience is, then, what ultimately differentiates psychopaths from the rest of humanity, and it is the absence of conscience that makes the psychopath paradigmatic of modern, individualized evil. For wherever conscience is at work, moral and ethical distinctions are drawn and felt, and it is this participation in the moral world that is typically taken to mark membership in humanity (both as a species

and as a characteristic of persons). Non-participation in the moral world, on the other hand, is grounds for exclusion from humanity and inclusion elsewhere. On this or similar bases, psychopaths have been categorized at times as animals (Murphy, 1972).

1.3 Psychopathy and science

The individualization of the problem of evil thus seems to have been catalyzed by the introduction of the psychopath as an item of interest to science. The scientific involvement in the study of psychopathy is predicated on two commonly accepted tenets. Firstly, psychopaths exist. That is, there are individuals who fulfill the classification criteria for psychopathy. McCord (1982) expresses this point with reference to

> ...the abundance of evidence – drawn from psychological, neurological, and physiological tests, clinical experience, anthropological knowledge, and the actual behavior of psychopaths – that a small but highly dangerous segment of the world's population can be legitimately and responsibly recognized as psychopaths. (p. 4)

Secondly, it is held that a cause or causes for psychopathy exist, and can, at least in principle, be discovered. This assumption of causality concerns what is known in classification literature as the distinction between "natural" and "artificial" categories. While artificial categories are merely invented and useful labels, natural categories are naturally occurring, clearly distinct phenomena such as species of plants or animals, or types of disease. Technically, natural categories are defined as things in which properties non-essential to their classification co-occur. In other words, within natural categories things can be placed in their appropriate groups by reference to a few criterial

attributes, but a close review of the group would reveal that the members of the group share in common attributes other than those by which they were originally classified. In the case of diseases, among such attributes, at least in principle, are causes. Members of artificial categories, on the other hand, manifest no common attributes outside of their formal classification criteria, causal or non-causal (e.g., Brill, 1974; Crowson, 1970).

Following the logic of scientific classification, psychopaths (i.e. individuals who fulfill the criteria for inclusion into the category of "psychopaths"), were they to constitute a natural category, should differ from non-psychopathic controls on one or more attributes not contained in the classification criteria for psychopathy. When such attributes are discovered, it would be reasonable to consider psychopathy a "type" that is open to scientific study, for it is assumed that the existence of a type also suggests in principle an identifiable cause or causes as the reason for the existence of that type [6].

Several lines of investigation have attempted to establish psychopathy as a natural category or type. Firstly, researchers have attempted to find direct (ideally causal) links between psychopathy and neurobiology. Although this work has been inconclusive, some leads have emerged. Among the most frequently quoted findings is Williamson et al.'s (1991) discovery of differences in psychopaths' and non-psychopaths' cortical activation in a language-processing task. Specifically, the pattern of activation in psychopaths' brains appears to be different from non-psychopaths' when processing emotionally charged words. While further research may or may not show this pattern of activation to be a cause of psychopathy, several researchers have suggested it to be at

[6] In principle, the discovery of non-causal physical correlates can specify psychopathy as a natural category as well. Given the difficulty of determining causes of mental disorders in general, much of current psychopathy research is indeed avowedly correlational. As will be shown later, the driving rationale for such correlational studies is, however, the hope that they ultimately indicate causes.

least a valid starting point for causal hypotheses (see ch. 4). For a review of physiological investigations to discover differences between psychopaths and non-psychopaths, see for example Siever (1998).

Secondly, in the absence of direct causal evidence, researchers have used indirect, statistical methods to establish psychopathy as a natural category or type. A significant line of such research involves the use of *factor analysis*, the logic of which will be discussed at length in chapter 4. Based on factor analysis and similar methods, many researchers have concluded that psychopathy is a natural category. Descriptions of psychopathy as a "genus" (Lykken, 1995, p. 113), "a distinct entity" (McCord, 1982, p. 4), a "distinct class" (Skilling et al., 2001, p. 450; Harris, Rice & Quinsey, 1994, p. 387), "a distinct taxon" (Richards, 1998, p. 69), "a distinct phenotype of human personality, seemingly as distinct and uniform as that of a primary color" (Gagono, 2000, p. xviii), and so forth reflect this belief.

1.4 Psychopathy and the disease model

The most commonly used causal model found in the psychopathy project is the medical model. Following this model, many researchers consider psychopathy to be a *disease* or a *disorder* (these terms will be used interchangeably in this chapter, but will be considered separately in chapters 2 and 3). In this explanatory model, the underlying cause of psychopathic behavior is assumed to be a structural or functional *pathology* in the psychopath's biological constitution (e.g., Siever, 1998), a pathological history of classical and/or operant conditioning (e.g., Eysenck, 1998), a pathological superego development (e.g., Kernberg, 1989), or some similar abnormal event within the

psychopath[7]. The most common causal explanations include a mixture of environmental and physiological causes, though in practice most of mainstream research has concerned itself with physiological attributes. As Hare (1970) writes: "Much of the research on psychopahty...is based on the assumption that there is a physiological basis to the disorder" (p. 27). Thus, conclusions of the following type are common: "I am certain that a necessary, but not alone sufficient, biological substrate must exist for the development of a psychopathic character disorder" (Meloy, 2002, p. 87), "psychopathic attitudes and behaviors very likely are the result of a *combination* of biological factors and environmental forces" (Hare, 1993, p. 166) [italics original], and

> Like other riddles of human personality, its [psychopathy's] solution turns out to require the combined resources of genetics, child study, psychoanalysis, electroencephalography, sociology, and psychotherapy – to name only some of the specialties involved. (Allport, in McCord & McCord, 1964, p. iii)

The disease model of psychopathy is not always clearly stated, but its presence is betrayed by the abundant use of medical terminology to describe psychopathy. More specifically, psychopathy is typically described as a "disorder", a "disease" or a similar thing that has an "onset" and a "course", and that psychopaths in consequence are "patients". Consider for instance the following statements: "Psychopathy is a socially devastating disorder defined by..." (Hare, 1996, p. 25); "Psychopathy is a pathological

[7] Here it is understood, that the definitions for disease, disorder, abnormality, pathology etc. are many and varied, including statistical deviance, suffering of self or others, impaired functioning, deviance from social norms, and seeking of treatment. The language of disorder, abnormality etc. adopted here follows the use in mainstream psychopathy literature in which typically no explicit definition is given, or aspects of many definitions are accepted in a "holistic" or "gestalt" manner. For the latter, see e.g. Raine (1993).

condition defined by..." (Hugues, Mitchell, Cooper, Spidel & Hare, 2004, p. 137); "Today, many psychiatrists accept that some people who fall foul of the criminal justice system suffer from a condition – psychopathy – that is as much an illness as, for example, schizophrenia" (Abbott, 2001, p. 296); "All cultures, in some form or other, recognize a form of mental abnormality characterized by callousness and criminality...However, these patients only began to be treated by psychiatrists in Europe during the early 19th century" (Paris, 1998, p. 277), "...psychopathy has an early onset..., and results in social dysfunction or disability. Symptoms of psychopathy are usually first evident by middle to late childhood...The disorder is chronic and generally persists well into adulthood (Hare, 1991, p. 3); "I use [the term] psychopath to refer to these people who have puzzled psychiatry for so long, whose antisocial behavior appears to result from a defect or aberration within themselves rather than in their rearing" (Lykken, 1995, p. 113); "As in the words of the schizophrenic, so in the behavior of the psychopath there seems to work a positive knack for producing situations which can be accounted for only in terms of psychiatric illness which is unique" (Cleckley, 1964, p. 44); and

> Advances in brain imaging techniques in the past 15 years have provided the opportunity to gain dramatic, new insights into the brain mechanisms that may be dysfunctional in violent, psychopathic offenders....now we can literally look at, and into, the brains of murderers using functional and structural imaging techniques which are currently revolutionizing our understanding of the causes of clinical disorders (Raine, 2001, p. 35).

The standard narrative of the discovery and classification of psychopathy (see e.g., Arrigo & Shipley, 2001; Maughs, 1941; McCord & McCord, 1964, 1982; Millon et al., 1998; Werlinder, 1978) is also informed by the medical model. In organic medicine,

the process of disease classification proceeds through stages. Initially, diseases may only be defined by description. Here, a patient or patients are initially discovered to manifest a pattern of symptoms. This pattern is then presumed to signal the presence of a disease, and the pattern is termed a "syndrome." When a syndrome is consistently associated with a recognizable anatomical or functional change within the diseased body, the condition is commonly redefined and often renamed after the abnormal anatomical or functional unit. That is, the syndrome gives way to the disease entity (of which the syndrome is a manifestation) as the focus of classification. Finally, when the cause of the disease is discovered, the disease is commonly redefined in causal terms. For instance, the term "influenza" now exclusively refers to a disease caused by an influenza virus and is to be distinguished from short-term respiratory illnesses with similar manifest symptoms but with different causes. Thus, the general direction of medical classification is towards causation (Scadding, 1988).

The history of psychopathy is typically understood to reflect the early stages of medical classification. That is, the standard narrative of the psychopathy concept begins with the discovery that a number of individuals manifest a pattern of symptoms. This pattern of symptoms is taken to indicate the presence of a disorder. Further theoretical work and empirical studies then produce refinements to the pattern, and increasingly sophisticated attempts are made to discover associated functional and structural abnormalities and causes. Although no cause of or reliable functional and structural abnormalities associated with psychopathy have yet been discovered, it is generally assumed that such things do exist.

The logic of the standard psychopathy history therefore mirrors the gradual discovery of a disease entity. Statements such as the following constitute the flow of

many accounts of the discovery of psychopathy: "Philippe Pinel is generally credited with recognizing psychopathy as a specific mental disorder" (Arrigo & Shipley, 2001, p. 327), or "It was during this period that the initial observations were made on the condition now known as psychopathic personality (Maughs, 1941, p. 330), and "Psychopathy was the first personality disorder to be recognized in psychiatry. The concept has a long historical and clinical tradition, and in the last decade a growing body of research has supported its validity..." (Millon et al.,1998).

In sum, much of the psychopathy project relies on two general assumptions. Firstly, the term "psychopathy" denotes a *natural category* or *type* (i.e. psychopaths exist, and a cause for psychopathy can, at least in principle, be discovered). Secondly, the type is brought into existence by *pathology* of one form or another (i.e. psychopathy is properly seen as a species of disease rather than a normal trait). In the rest of the present chapter, the "disease model" or "the medical model" of psychopathy refers to a belief that both assumptions hold true.

1.5 Critiques of psychopathy as a disease entity

Even though the medical model of psychopathy has been widely accepted, a number of challenges to the model have been raised. The standard categorical challenges (many specific methodological critiques have also been made, but will not be discussed here) concern the assumption that psychopathy is a medical disorder. Rather than being a disease, the typical arguments go, psychopathy either reflects a subjectively constructed moral category (e.g., Blackburn, 1988; Gunn, 1998; Toch, 1998), or an evolved mode of adaptation or life philosophy (e.g., Levenson, 1992; Mailer, 1957; Smith, 1978). Let us consider these arguments separately.

Psychopathy is a moral category. Some critics argue that psychopaths, rather than being ill, are simply "someone you don't like" (Kanner, quoted in McCord & McCord, 1964, p. 2). Or in Blackburn's (1988, p. 511) words, "Such a concept [psychopathy] is little more than a moral judgment masquerading as a clinical diagnosis." According to this argument, a diagnosis of psychopathy is fundamentally a statement of the diagnostician's moral indignation with a patient, a charge of increased moral culpability whereby (more often than not) the patient not only has broken the law, but also displays an irrevocably vicious character. That is, the statement "x is a psychopath" is really a legitimate-sounding shorthand for "x is a bad person, and I wish to have nothing to do with him." In consequence, the label "psychopath", it is argued, tends to preclude the patient from receiving therapy or any further attempts by other clinicians to understand his or her pathology.

Psychopathy is a mode of adaptation or life philosophy. As opposed to the moral category argument, the adaptation or life philosophy argument does not deny the existence of psychopaths. Rather, this argument challenges the notion that psychopathy is an abnormal state. Some writers, including (most famously) the novelist Norman Mailer (1957), claim that psychopathy represents a rational and natural adaptation to a competitive, fast-paced, un-reflective, unethical, and individualistic culture. Simon (1978), for example, examined the North American national character through case studies of commercials, children's stories, and literature, and concluded that those traits most culturally valued are congruent with those manifested by psychopaths. Simon writes:

> ...in a situation where individualism is trump, the psychopath is powerfully equipped to survive, if not always to succeed. That is, if the operational basis of the culture requires projecting a good image while watching out for oneself, if it encourages pursuit of material pleasure and the merchandizing of people, then far from being a mask of sanity or a moral imbecile, the psychopath is the reasonable one and those of us who are trusting, reliable, and empathetic are out of phase with reality. (p. 115)

Similarly, Levenson (1992) describes psychopathy as a property not only of individuals, but also of societies and belief-systems, concluding that:

> ...the psychopathic tendencies toward the trivialization of others and an extreme self-centeredness can be seen as a product of postmodernist philosophy in which the other is treated as inherently meaningless, and thus lacking in essential value. This attitude can be characteristic of whole societies, and of successful organizations and individuals in such societies. (p. 68)

Harris, Rice, and Lalumiere (2001) summarize the position as follows:

> The life strategy view suggests that, instead of being disordered, psychopaths' physiological, neurological, and psychological characteristics perform as designed by nature. Thus, emotional characteristics (e.g. generally being unaffected by negative emotions, especially if it involves others), as well as behavioral (e.g. responding quickly in the presence of reward regardless of the risk of punishment), and interpersonal traits (generally unaffected by the feelings or interests of others) of psychopaths are related to a reproductively viable strategy in ancestral environments, and possibly in some contemporary human societies as well. Such a view predicts that psychopaths make up a qualitatively distinct subgroup even among serious offenders...(p. 407)

1.6 Responding to critiques of the medical model

What can be made of these critiques? Does psychopathy merely reflect clinicians' bad faith or individual adaptive strategies and life philosophies, or is it in fact a medical disorder? In defending their position, believers in the medical model of psychopathy usually invoke either (a) clinical experience, (b) empirical evidence, or some mixture of both. McCord and McCord's (1964) response falls in the first category:

> A minority has maintained that the psychopathic personality, as a distinct clinical syndrome, does not exist....Few of those who have dealt with criminals, worked in mental hospitals, or participated in social casework would agree...Although most social scientists admit the existence of the psychopath, they have extraordinary difficulty in defining his disease. As a psychiatrist with long experience recently exclaimed: "I know an elephant when I see one, but damned if I can define one!" (pp. 2-3)

Hare's (1996) response is a mixture of both (a) and (b):

> Some commentators, no doubt influenced by the inconsistent, fuzzy, and legalistic ways in which the term has been used, have suggested that the disorder is mythological, a view that appeals to those who feel uncomfortable about psychiatric labels or the role of individual differences in abnormal and antisocial behavior. Clinical and empirical evidence, however, clearly indicates that the construct, whatever we label it – psychopathy, sociopathy, antisocial personality disorder, dyssocial personality disorder – is anything but mythological....Of course, agreement on the descriptive features of a disorder means little unless it can be shown that the features define a valid clinical construct capable of reliable identification. That they do, in my opinion, is beyond question. (pp. 28-29)

It is important to note that in defending the medical model of psychopathy, one need not rely on clinical experience or empirical studies, for the above types of critiques

can be countered on logical grounds alone. This is because both critiques contain fatal logical errors and inadequacies. In defense of the psychopathy project, then, let us briefly describe these problems.

Psychopathy is a moral category. According to this argument, the claim that x is a psychopath really is a claim that x is a bad person. The grounds for claiming that someone is bad are further considered to be relativistic and subjective. From this argument it follows that the diagnosis of psychopathy is based not on science, but on moral sentiment. While the diagnosing clinician – and indeed the psychopathy project as a whole – may condemn the moral character of the psychopath (for an analysis of this issue, see Chapter 5), the conclusion that the project is therefore not scientific does not follow. Aside from the fact that there must be shared grounds for the attribution of "badness" (otherwise the word would be meaningless), the logic of badness and psychopathy are quite different. Since the term "bad" is a common expression, there are no necessary and sufficient criteria for its application, and so one may justifiably have an opinion on just how good or bad any given individual is. "Psychopathy", on the other hand, is a technical term, and necessary and sufficient criteria for its use are put forth in Hare's (1991, 2004) Psychopathy Checklist-Revised. From this it follows that one need only to evaluate individuals against Hare's (1991, 2004) diagnostic criteria for psychopathy, and observe whether or not they match. If an individual matches the criteria given by the PCL-R, it can justifiably be concluded that this individual is a psychopath. At least in theory, therefore, the application of psychopathy does not allow for opinion.

It is also true that the *reasons* for diagnosing psychopathy do not bear on the question of the existence of psychopaths or its definitional bases. One may match

individuals against the clinical criteria for psychopathy for a number of reasons, including moral indignation, but if a diagnosis is made correctly, the attribution of psychopathy should be independent of the diagnostician's motives. One may similarly question Hare's reasons for developing the PCL-R, but one cannot reasonably doubt the fact that the PCL-R exists or that it sets up the criteria by which attributions of psychopathy can be made.

Finally, and perhaps most importantly, the psychopathy-as-a-moral-category argument fails to prove that psychopathy cannot be a disease. According to the argument, the diagnosis of psychopathy is simply a fancy way of censuring a person one does not like. In other words, "psychopath" is considered synonymous with "bad." But nowhere in the argument does one learn how someone we might consider bad could not in fact suffer from a form of disease, which causes his or her badness. And could this illness then not also be the cause of psychopathy? Is it not therefore reasonable to put forth as a working hypothesis that at least some people can be considered bad *and* psychopathic, or bad *because* of a cause underlying psychopathy? Until these possibilities are reasonably dismissed, there appear to be good grounds to assume that moral censure can, and has been applied to actual psychopaths as well as to merely "bad" people.

Psychopathy is a mode of adaptation or life philosophy. Although this argument is often cited as a critique of the medical model of psychopathy, it is difficult to understand why this should be considered one. In form, the argument is simply a causal theory. This causal theory, furthermore, is not necessarily incompatible with the medical model. As already noted, the medical model is primarily concerned with potential physiological causes of psychopathy, but has also accommodated learning theories, the

psychodynamic theory and other non-physiological theories. The argument that psychopathy is a mode of adaptation or life philosophy therefore simply raises questions, such as: Exactly which environmental influences cause the psychopathic adaptation strategy? Is life philosophy a function of the environment, intra-psychic conflicts, or some similar thing? And, finally one might legitimately ask whether modes of adaptation and life philosophies are subject to physiological influences?

Furthermore, the psychopathy-as-a-mode-of-adaptation argument characterizes psychopathy as a natural and normal reaction to a certain environment. But exactly what criteria for natural and normal are used here? Psychopathy is certainly not statistically normal, nor is it socially normative, and given the destructive nature of psychopaths, the adaptation is certainly not a social ideal. Therefore, is it not reasonable to study and treat problematic individuals within society, whatever end of the adaptation continuum they represent? Natural and normal, after all, do not necessarily mean good[8]. The scientific study and possible medical treatment of psychopaths would therefore appear to be the pragmatic solution, particularly given the improbability of quick and wholesale social change.

Thus, the standard critiques of the medical model of psychopathy fail on several accounts. Despite the fact that a cause or causes for psychopathy are yet to be discovered, there does appear to be good clinical, empirical, and logical support for the model. What is more, one may offer ethical grounds for entertaining the model. Most

[8] It has long been recognized that, for example, natural and normal reactions to one's environment range from the pathological and destructive to the constructive and virtuous. For a classic example of this, see Frankl's (1963) *Man's search for meaning: An introduction to logotherapy*. On the other hand, the very existence of society, many argue, depends on the suppression of human nature. For classic examples of this, see e.g., Hobbes' (1651/1962) *Leviathan*, Rousseau's (1762/1968) *The social contract*, or Freud's (1929/1961) *Civilization and its discontents*.

importantly, if a cause for psychopathy can in principle be found, and were science to discover and eliminate it in the manner it can eradicate, say, polio (and similarly within bounds of ethics), it would surely be difficult to find fault with the medical model of psychopathy. It is a tenet of common sense ethics that if needless suffering can be eliminated, it should be eliminated, granted that no comparable suffering is created in the process[9]. If psychopathy can be treated in a similar manner to organic diseases, it would appear that a very strong ethical case for the medical model of psychopathy can be made. Should causes of psychopathy become known, it would be of little benefit to ponder whether it "actually" is a disease, a disorder, a mode of adaptation, or something else. On this issue Hare (2004) and Cleckley (1982), respectively write:

> Whether it is viewed as a mental aberration, a psychobiological or cognitive/affective disorder..., a maladaptive variant of normal personality..., or an evolved "cheater" strategy for passing on one's gene pool..., psychopathy clearly presents society with a serious problem. (p. 7)

> An important point to express, and if possible, establish is this: medical attention or any other practical step to help or ameliorate misfortune or pain must not wait for a threshing out on philosophic, metaphysical, and religious planes of the ultimate whys and wherefores, the final determining of blame or responsibility. It is possible and practicable to meet these emergencies at another point. (p. 264)

1.7 Conclusion

There appears to be a strong case for the involvement of science in matters of morality. This is particularly true with reference to the scientific study of psychopaths.

[9] The argument here is advanced on a common-sense basis alone with no particular reference to utilitarianism.

The psychopath, who represents individualized, moral evil, has been studied scientifically since the late 18th century, and by now it is generally understood that psychopathy represents a natural category or type. The medical model of psychopathy appears to be supported by clinical, empirical, and logical evidence. Furthermore, the model may be an ethically proper choice, given that in contrast to the competing models – theology, moral philosophy, or a model according to which psychopathy is a life strategy or a philosophy – only the medical one offers a timely promise of ameliorating the destruction caused by psychopaths. Some critiques of the medical model of psychopathy have been offered, but such critiques are either irrelevant or poorly founded. It would therefore appear, that the psychopathy project, as guided by the medical model, is by and large a justified practice.

2 MEDICAL CONDITION

If the general conclusions of Chapter 1 are agreed to be fair, there appear to be several grounds on which the medical model of psychopathy should be entertained. But what exactly does this entail? Is the conclusion to be drawn from Chapter 1 that psychopathy *is* a legitimate object of medicine, or only that it is legitimate to study psychopathy *as if it were* one? Or, put yet another way, should we accept the medical model of psychopathy or merely assume it for the reasons outlined in Chapter 1?

The question of the relationship between psychopathy and the medical model is neither insignificant nor unanswerable. The medical model implies certain things, and these things are of consequence and knowable. Commitment to the model in good faith therefore requires that these implications be known and appreciated. As we shall see later, the dangers of ignoring them include conceptual confusion and scientifically unfounded claims. But what are these implications? In the broadest strokes possible, the medical model carries with it on the one hand such things as public perceptions, institutional commitments, and legal and ethical rights and restrictions. On the other hand, the study of medical objects by medicine implies that the study is of particular types of things. In studying for example a new form of disease by way of the medical model, it is relatively clear what types of things one observes, what types of things one expects to find, and how one expects to find them. Indeed, what makes some things and not others medical objects and thus natural subjects of the medical model is that these things are of a certain type or types.

To understand what types of things naturally fall under the medical model, let us begin with a definition of medicine. Medicine, broadly speaking, refers to "the art or

science of restoring or preserving health or due physical condition, as by means of drugs, surgical operations or appliances, manipulations, etc." (Webster's Encyclopedic Unabridged Dictionary of the English Language, 1994). Although not complete by any account, this definition puts forth a reasonable first premise: medicine attempts to do away with the opposite of "health" or "due physical condition". Such a state is typically referred to as "pathology". Thus, if the objective of medicine is to restore or preserve health or due physical condition, then the object of study of medicine is pathology.

Pathology, however, is not a uniform thing. Different pathologies look, behave, and come about differently. Since the 19th century it has generally been accepted that all pathology refers to injury to the smallest living unit of the body – the cell – but it is clear that cell injury occurs in a variety of ways (Rubin, 2005). Medicine does, after all, concern itself with such diverse things as diseases, injuries, genetic and prenatal conditions, physical excesses and deficiencies, and the effects of malnutrition and poisoning[10].

If these things are the proper subject of medicine (i.e. medical objects), what of psychopathy? Medical terminology has been used to describe psychopathy from the very inception of the concept. In 1812, Benjamin Rush wrote of the morally depraved, who commit "vicious actions through the instrumentality of the passions. Persons thus diseased cannot speak the truth upon any subject" (p. 124). Writing in the early 20th century, Karpman argues: "In the true psychopath, we have instinctive antisocial behavior which is without any motive except that associated with constitutional acquisitiveness and aggression" (quoted in McCord & McCord, 1964, p. 40). Indeed, the

early 20th century research community typically referred to psychopathy as a "constitutional psychopathic state" (quoted in Millon et al., 1998, p. 8). Summarizing the early history of psychopathy research, Maughs, in 1941, writes:

> Certainly some attempt at clarification is justifiable in a disease entity that has been known to medical men for nearly one hundred and fifty years and still remains largely an enigma. The entity to which I refer is at present commonly known as 'constitutional psychopath' or 'psychopathic personality'. (p. 329)

More recently, Lykken (1995) has argued that psychopaths manifest "defect or aberration within themselves" (p. 113), while Black (1999) writes:

> ...critics have warned that the "medicalization" of antisocial behavior risks excusing immorality by labelling it a disease. They argue that bad behavior stems from poor judgment, moral apathy, or social and spiritual deficits beyond the scope of medicine. These complaints misunderstand ASP [antisocial personality disorder] and disregard growing evidence that many aspects of personality and behavior can be traced to the workings of brain and body. (p. x)

Since the mid 20th century, psychopathy has variously been termed such things as "pathological situation" (Cleckley, 1964, p. 9), "pathological condition" (Hugues et al., 2004, p. 137), "chronic clinical condition" (Steuerwald and Kosson, 2000, p. 111), "clinical syndrome" (Gagono, 2000, p. xviii), "illness" (Abbott, 2001, p. 296; Black, 1999, p. 122), and "disease" (McCord & McCord, 1964, p. vii; Robins, 1966, p. 4). If we were to

[10] Medicine does involve itself in such things as childbirth, aging, death and dying, and preventive health as well. For our purposes (that is, to determine if psychopathy is legitimately an object of medicine), these occupations are not relevant. Psychiatric illness will be considered in the next chapter.

accept such claims as these at face value, then it would certainly appear that the medical model of psychopathy should be accepted rather than merely assumed. But what if these characterizations are wrong? Let us examine this possibility.

The claims to the medical object status of psychopathy appear to fall roughly into two categories of pathology. According to the first, psychopathy belongs to the category of diseases, illnesses, or sicknesses. According to the second, psychopathy is a medical condition. The task of this chapter is to examine these categories in detail, and determine whether, given our current state of knowledge about psychopathy, psychopathy can be considered a disease (or some variant of the term) or a medical condition.

2.1 Disease

What would it mean for psychopathy to be a disease[11]? Essentially, psychopathy could properly be termed a disease if it shared a certain key characteristic or characteristics with those things we call diseases. These characteristics in turn are the reason we call such things as AIDS, hepatitis, dysentery, legionnaire's disease, cholera, the bubonic plague, and leprosy diseases. Psychopathy's disease status is then in principle a matter of conceptual comparison, i.e. to decide whether the rules that fix the correct application of "disease" warrant application to the concept to psychopathy. While checking whether psychopathy shares certain characteristics with diseases in general may sound a relatively straightforward task, the reality of it is rather more complicated than would at first appear. The task is a complicated one because, as we shall soon see,

the meaning of "disease" is not easily given by way of a technical definition that puts forth necessary and sufficient criteria for the term's use. From this it follows that the characteristics that unite various disease terms – and against which the status of psychopathy may be compared – are not as readily available as for terms for which technical definitions apply. In an effort to extract such characteristics from a non-technical term such as "disease" one must carefully analyse the term's conceptual contours. Therefore, before we can make any comment on whether or not psychopathy is a disease, we must first examine exactly what is meant by the term "disease".

The source of meaning for our modern understanding of disease comes from medical discourse. Throughout centuries, however, the medical discourse has defined disease in different ways. For most schools of medicine in the ancient world, symptoms and signs themselves constituted disease. The definition of disease as constellations of symptoms in the form of syndromes was not explicitly formulated until the 17th century. The idea that syndromes may indicate morbid anatomy of the body had its inception in the late 18th century. Henceforth, the introduction of new observational techniques (such as powerful microscopes in the middle of the 19th century, and more recently, electron microscopy and chromosome analysis) resulted in a quick succession of new medical concepts, including cellular pathology, bacteria, and genetic and molecular pathology. With developments in physiology and biochemistry in the 20th century, the definition of disease has expanded to include physiological and biochemical abnormalities, all the while maintaining the basic assumption that disease necessarily involved a physical

[11] The terms "disease", "illness", and "sickness" are used interchangeably here. Conceptual distinctions between these terms are occasionally made in sociology of medicine, but for our purposes such distinctions are relatively insignificant.

lesion of some sort (Kendell, 1975).

It is typically argued that the definition of disease both as a lesion and as a qualitatively different state from health remained the norm until the mid 20th century. In the middle of the 20th century, influences from both organic medicine (for example, with the discovery of hypertension as a quantitative characteristic and cause of death and disability) and the newly founded discipline of sociology of medicine, the definition shifted away from the exclusive domain of biology and biochemistry to include statistical and sociological aspects (e.g., Kendell, 1975, Merskey, 1986).

Thus, by the latter half of the 20th century, the definition of disease is typically argued to have changed from the straightforward "disease as lesion" to more comprehensive and sensitive definitions, such as: "verifiable state of self-conscious lack of ease to perform (dysfunction) or live (distress) that is felt as not clearly limited, as menacing and as aid-requiring" (Kottow, 1980, p.211);

> ...medicine is ideology restricted by our sense of the minimal requirements of the functional integrity of the body and mind (health) enabling (prudentially) the characteristic activities and interests of race to be pursued. And disease is whatever is judged to disorder or to cause to disorder, in the relevant way, the minimal integrity of body and mind relative to prudential functions; (Margolis, 1976, p. 253)
>
> In medical discourse, the name of the disease refers to the sum of the abnormal phenomena displayed by a group of living organisms, in association with a specified common characteristic, or set of characteristics, by which they differ form the norm for their species in such a way as to place them at a biological disadvantage; (Campbell, Scadding & Roberts, 1979, p. 761)
>
> Disease is a state of malfunction of body or mind that is a matter of concern to the patient, his doctors, and other relevant persons, subject to the qualifications that the malfunction has to be defined from case to case and that the consequences of the disease for the patient's obligations to others (and theirs to him) will be determined by the patient and his

> doctors with the consent of other relevant persons. (Merskey, 1986, pp. 229-230)

Yet, as the continuing debate on the definition of disease attests, no single definition has fared well in empirical and logical scrutiny. In a nutshell, the problem is this: the 19th century definition of disease as a lesion on the one hand fails to account for all forms of disease (most particularly, diseases with unknown causality), and on the other hand it is over-inclusive (logically including such things as injuries, poisoning, aging, and trivial lesions). More recently, statistical and sociological definitions have led to yet another set of charges, including relativism (for instance, masturbation, homosexuality, or drapetomania – a tendency in slaves to run away from their masters – have all at one point been considered as diseases), inconsistency, and over-inclusiveness (e.g. including celibacy as a disease). This situation has led commentators, such as Nesse (2001) to write: "The problem of defining disease has occupied so many good minds for so long with so much continuing contention…the very lack of consensus suggests that the question may be either miscast or unanswerable" (p. 37).

Despite such disagreement on the definition of disease, there appears to be relatively little difficulty in the term's everyday use[12]. Neither lay-people nor physicians

[12] Given the shortcomings of all technical definitions of disease, it is clear that one comes to understand the entire meaning of disease by means other than necessary and sufficient criteria (in fact, one more than likely already has mastered the use of the term long before being able to give something like a technical defintion). But what might these other means be? Perhaps the most obvious and effective means is examples. Were one to teach a person the meaning of "disease", an effective way might sound something like this: "AIDS, cholera, and dysentery are diseases" (this would, of course, imply that the learner already has some knowledge of these particular diseases). This method is in fact sometimes used in medical texts. For example, in their classic textbook on medicine, Beeson and McDermott (1975) do not index "disease," but instead write: "Disease. See names of specific diseases."

typically concern themselves with the subtleties of the term's meaning. Indeed, it would approach absurdity for a physician to say: "Yes, you are clearly ill for obvious biophysiological reasons. However, what you have does not qualify as a disease by the accepted definition; therefore, I will not treat it" (Banja, 1997, pp. 259-260).

Why, then, should such difficulty arise in professional literature on the term? The difficulty arises when one attempts to provide a *technical* definition in the form of necessary and sufficient criteria. It appears that definitions, which give necessary and sufficient criteria for the term "disease," have not managed to capture the richness of the term's actual use. This failure appears to arise from the fact that the term "disease" has multiple meanings.

The multiple meanings of disease are described in broad strokes by Rosenberg (1989) as follows:

> Disease is at once a biological event, a generation-specific repertoire of verbal constructs reflecting medicine's intellectual and institutional history, an aspect of and potential legitimation for public policy, a potentially defining element of social role, a sanction for cultural norms, and a structuring element in doctor/patient interactions. In some ways disease does not exist until we have agreed that it does – by perceiving, naming, and responding to it. (pp. 1-2)

However complex the meaning of disease may be on closer inspection, it appears that most things we call "disease" do logically conform at least in part to the 19th century idea of disease as lesion. In fact, a review of mainstream medical textbooks and dictionaries shows that the 19th century view, with certain modifications, is the way disease is typically understood within the health sciences. Consider, for instance, the following sample: "disease is a structural or functional change within the body judged to

be abnormal" (Kent, 1998, p. 2); "Disease – Definition: a morbid (pathological) process with a characteristic set of symptoms that may affect the entire body or any of its parts; the cause, pathology, and course of a disease may be known or unknown (Magill's Medical Guide, 1998, p. 456); "disease:...A condition marked by subjective complaints, a specific history, and clinical signs, symptoms, and laboratory or radiographic findings" (Taber's Cyclopedic Medical Dictionary, 1997); "Pathology is...a bridging discipline involving both basic science and clinical practice and is devoted to the study of the structural and functional changes in cells, tissues, and organs that underlie disease" (Kumar, Abbas, and Fausto, 2004);

> dis-ease...1. An interruption, cessation, or disorder of body function, system, or organ...2. A morbid entity characterized usually by at least two of these criteria: recognized etiologic agent(s), identifiable group of signs and symptoms, or consistent anatomic alterations; (Steadman's Medical Dictionary, 2000)
>
> ...the term "disease" is employed to describe a state in which there is a sufficient departure from the normal for *signs* or *symptoms* to be produced...The objective variation from the normal are called *lesions*, and although the term generally refers to structural changes, it may also be used to describe functional abnormalities, such as *biochemical lesions*. (Walter, 1992) [italics original]

The 19th century view is thus alive and well. In the modern prototypical formulation of disease, however, conditions other than physical abnormality in the form of lesion also seem to apply. Most importantly, it appears we tend to think of disease as a process (i.e. symptoms or lesions having "a specific history"), rather than as a state (see also Banja, 1997). That is, disease is understood to entail a certain characteristic course, which then relates to structural and/or functional damage within the body.

With these considerations in mind, we may give a set of jointly necessary and sufficient conditions for the application of the term "disease." These may be summarized as follows: (a) disease occurs within the body, (b) disease has a characteristic course, and (c) disease is or leads to structural or functional damage within cells. This definition needs two further clarifications. Firstly, with reference to (c), structural or functional damage within cells may either be a cause of symptoms, or the symptoms themselves. Secondly, the cause of the cell damage need not be known (as suggested by Magill's Medical Guide, 1998 above). Let us call this the "hard core" of disease definition[13].

Let us now attempt a first answer to our original question, which can be framed as follows: is psychopathy a disease in the hard-core definition sense? Here, psychopathy should be considered a disease if it (a) occurs within the body, (b) has a characteristic course, and (c) is or leads to structural or functional damage within cells. Here, the answer is immediately obvious: In the hard-core sense, "psychopathy" and "disease" are categorically different things. Psychopathy is a term applied to persons who behave in certain ways, while "disease" is a term given to certain events within the body. Psychopathy therefore cannot be a disease in the hard-core sense of the term, for psychopathy has nothing to do with the body (except, of course, in that without a body one cannot be a psychopath).

Furthermore, it appears that psychopathy does not properly manifest a characteristic course (criterion b). Although it is often noted that certain psychopathic

[13] Obviously, the hard-core definition by no means escapes the critiques levied against technical definitions of "disease" in general. For one, several physiological conditions not commonly understood as diseases meet the hard-core definition of disease. These include such things as benign lesions, poisoning, aging, and the bends. This point and its ramifications will be considered shortly with reference to "medical conditions".

traits can be detected in childhood, and that at least some of these traits tend to abate in middle age (e.g. Blumstein et al., 1986; Lahey et al., 1993; Robins, 1966), such parameters are far too vague to suggest a course in the medical sense. It thus appears that the hard-core definition of disease and psychopathy are incompatible. In other words, those things which are commonly understood to characterise disease are not present in psychopathy.

2.2 Medical conditions

Although the fact that psychopathy is not a disease in the standard, hard-core sense of disease is important as our first step in clarifying just what psychopathy is and can be, it is not fatal for the medical model of psychopathy as a whole. Disease is, after all, a very specific medical entity, and relatively few things of concern to the medical establishment fall under the hard-core definition of disease. More specifically, disease is only one of the many ways in which pathology can occur.

Traditionally, medical literature lists the following causes of cell injury: oxygen deprivation, chemical agents, infectious agents, immunologic reactions, genetic defects, nutritional imbalances, physical agents, and aging (Kumar, Cotran, & Robbins, 2003). Not all of these causes result in what may be called disease. While all of these things are properly the subject of the medical model, it makes little sense to speak of such things as injury (physical agent), poisoning (chemical agents), choking (oxygen deprivation), starvation (nutritional imbalances), and aging as diseases. Furthermore, many things within the medical model proper do not concern cell injury, for it is a common practice to consider certain bodily excesses and deficiencies medical conditions as well. These include such things as hypertension, Type II diabetes, and

obesity[14]. Let us then name a broad category to include cell pathology of non-disease variety (excepting aging), as well as certain bodily excesses and deficiencies, "medical conditions".

Our question, therefore, is whether psychopathy can properly be called a "medical condition." The answer with respect to the first part of the category – cell pathology of non-disease kind – is quite straightforward, and already familiar from the preceding discussion of diseases. Psychopathy is not cell pathology, but a set of behaviors, and therefore psychopathy is not a medical condition in the sense that injury, poisoning, oxygen deprivation, starvation, and so forth are medical conditions. (genetic conditions will be considered shortly.)

The answer with respect to the second part of the category – physical excesses and deficiencies – is similarly straightforward. While psychopathy certainly involves too much of some things (e.g. lying, short-term marital relationships, and crimes), and too little of others (e.g. remorse, empathy, and realistic long-term goals), none of these things are particularly physical. The only similarity between psychopathy and conditions such as hypertension and type II diabetes is that they are both harmful (however, were one to pursue this line of argument for the similarity between psychopathy and physical excesses and deficiencies, one would have to show that the nature of harm is comparable – a difficult task indeed). Since harmfulness itself is not a sufficient criterion for a medical condition in any sense of the term, one must conclude that psychopathy

[14] Although it may be argued that these are medical conditions only because they cause cell injury, in common practice, these conditions are typically referred to as "medical" on their own merit (see e.g. Kendell, 1975). At the very least, they are considered medical conditions under the banner of "preventative medicine".

and physical excesses and deficiencies are categorically different things, and therefore psychopathy is not a medical condition.

2.3 Other definitions

Thus it appears that psychopathy on the one hand and diseases and medical conditions on the other are fundamentally different types of things. It is easy, however, to conceive of at least two related critiques to this conclusion. Firstly, the line between diseases and medical conditions is not a clear one. For instance, while certain genetic complaints are termed diseases (e.g., Huntington's disease), some are termed syndromes (e.g., Down's syndrome), while others bear a name specific to the relevant pathology (e.g., Myotonic dystrophy). Indeed, the naming of medical complaints in general is not a consistent process, as some are named after their discoverer (e.g., Alzheimer's disease and Parkinson's disease), some by way of the affected site (e.g., coronary artery disease, polycystic kidney disease, and various cancers), some by cause (e.g., silicosis, chronic berylium disease), and yet others for those afflicted by the condition (e.g., Lou Gehrig's disease, miner's asthma, Legionnaire's disease) (Banja, 1997).

While this critique by no means undermines our conclusion so far (as the naming issue is still contained within the discussion of paradigmatically physical conditions), it points to a second, and for our purposes more significant matter, which is this: the logical contours of terms such as "disease" and "medical condition" are quite flexible and open to revision. As we have already noted, "disease" has several meanings, and our everyday understanding of the term is not based on a fixed, technical definition such as we have provided here. Therefore, it is quite legitimate and possible, that a broader and

more flexible understanding of what constitutes a disease or a medical condition might well allow us to consider psychopathy to be one or the other.

A logical place to find such a broad and flexible (and, hopefully, complete) understanding of disease and medical condition comes from literature concerning the definition of disease. The quotes on pages 29 - 30 are a representative sample of such definitions from the sociology of medicine. While these definitions explicitly concern disease, on closer review it is clear that they do not discriminate between diseases and medical conditions. Let us then examine each definition in detail, and consider whether psychopathy could be considered a medical condition (medical conditions and diseases will henceforth be lumped under the broader category of medical conditions for convenience) with reference to each.

(1) Kottow's (1980) definition: disease is a "verifiable state of self-conscious lack of ease to perform (dysfunction) or live (distress) that is felt as not clearly limited, as menacing and as aid-requiring" (p.211).

It has often been argued that psychopathic symptoms represent "inability" or "dysfunction" of one form or another. Following this logic, one may argue that for instance "lack of remorse or guilt" equates to things such as "inability to experience remorse or guilt" or "dysfunction in the experience of remorse or guilt" caused by some underlying defect. This thinking is evident in such popular pronouncements as:

> In effect, the elements needed for the development of psychopathy – including a profound inability to experience empathy and the complete range of emotions, including fear – are provided in part by nature and possibly by some unknown biological influences on the developing fetus and neonate. As a result, the capacity for developing internal controls and conscience and for making emotional "connections" with others is greatly reduced. (Hare, 1993, p. 173)

> The best candidate to serve the basis for such an integrative attempt is to view that psychopathy is a semantogenic disorder- a disorder arising from the incomprehension and misconstruing of evaluative, affective, and ultimately moral meanings....The abnormalities culminate in severe limitation in developing the consensual meanings related to attachment, such as empathy, values, and morality. (Richards, 1998, p. 75)

> Although at one level psychopaths can cognitively appreciate the possibility of future punishments, their inability to internalise these strictures may mean that the prospect of punishment has little inhibitory effect unless it is highly immediate. (Siever, 1998, pp. 241-242)

Or, as bluntly stated by Rieber and Vetter (1994):

> ...it is important that we first acquaint ourselves with the extreme pole of the continuum by the "true psychopath." This term indicates something more than a tendency to care about others only as a means to one's own self-centered aims; it indicates a lack of capacity to do otherwise. (p. 7)

Let us for a moment ignore the fact that claims of this sort fulfil Kottow's criteria only partially (i.e. they do not argue that the dysfunction is "self-conscious"), and concentrate solely on the matter of dysfunction, inability, impairment, incomprehension, limitation, etc., and ask, whether psychopathy may be considered a medical condition on the basis of these.

The definition of dysfunction in the medical sense can be understood in at least two ways: A cell or an organ is dysfunctional if it (a) ceases to be able to do what it was

previously able to do, or (b) does not perform its natural function[15]. One should add that (a) and (b) must be due to events other than the normal aging process. With this definition in mind, let us consider whether psychopathy can be said to manifest a dysfunction, impairment, inability, or something of the sort.

Is a psychopath unable to do what he or she was previously able to do? In organic disease, one can typically chart the onset and the course of disease by way of the onset and course of dysfunction (or, as Kottow would say, the disease *is* the dysfunction). In other words, it is sensible to say that before the onset of disease *a*, an individual manifests a certain number and range of functions. After the onset of *a*, the number and/or range of these functions is reduced in a manner specific to *a*. The same, however, does not appear to be the case for psychopathy. Indeed, psychopathy literature is entirely mute on the issue of pre-psychopathy and post-psychopathy functioning. While it is typically argued that psychopathic traits begin to show in childhood (e.g., Lahey, Hart, Pliszka, Applegate, & McBurnett, 1993), most of the PCL-R diagnostic criteria are quite specifically adult characteristics (e.g., many short-term marital relationships, parasitic lifestyle, promiscuous sexual behavior, lack of realistic long-term goals, revocation of conditional release, criminal versatility, grandiose sense of self worth), which make childhood an impossible time of onset[16]. On the other hand, adult onset of psychopathy is also unlikely, as some of the diagnostic criteria require

[15] This definition of dysfunction is vulnerable to most of the same critiques that have been levied against the hard-core definition of disease. Our task here is not to defend the value of this or the following definitions, but merely to assess whether psychopathy might be classifiable as a disease according to them.

certain things to have happened in childhood and youth (early behavior problems and juvenile delinquency). This mixture of childhood, youth, and adult characteristics of psychopathy alone appears to be a good reason for the lack of discussions on pre- and post-psychopathy functioning.

However, one may imagine rebuttals of this conclusion. One may argue, for instance, that within the constitution of a psychopath, something goes wrong in childhood, and this something does not manifest itself until certain maturational steps are taken. For example, it may be argued that a psychopath as a child is damaged in such a way, that when he or she matures sexually, he or she will have much promiscuous sex and many short-term marriages. From the presence of adulthood behavior, one could then simply assume the existence of childhood damage. But this line of thinking would of course be circular, and hence without explanatory power.

On the other hand, one can argue that psychopathy is a medical condition, which manifests itself differently at different ages. This is not an unreasonable line, for certain certifiable diseases, such as syphilis, have a relatively long course with very different types of symptoms manifested at different stages of the disease. However, if this were to be true, it would logically be quite unlikely that one should ever be diagnosed as a psychopath. Remember, that the logic of psychopathy rests on a large number of traits occurring simultaneously. Thus, psychopathy cannot reasonably be expected to manifest itself differently at different ages, for if it did, it could no longer be called

[16] Consider, for instance, the absurdity of statements, such as "He was able to stay single/to hold down a marriage at age 6, but he lost that ability at around 18"; "He was celibate/faithful at kindergarten but became promiscuous at college"; "His conditional release was never revoked in childhood, but that all changed later when he caught psychopathy"; "She was totally independent in infancy, but became a social parasite when she grew up"; "Her long term plans were well formed and realistic at the time she was toilet trained, but now she is an aimless adult."

psychopathy by the current definition of the term. Furthermore, should psychopathy after all manifest itself in this manner, it would still have to be shown that the different manifestations of the disease represent a decline or cessation of previously intact functions.

Thus, it appears that it does not make sense to speak of the "onset" of psychopathy in the same sense as one speaks of the onset of organic medical conditions. This is not, however, the only challenge to the view that psychopathy represents a dysfunction. One may also question the assumption that psychopathy is in fact a dysfunction, and not something else. Just how one determines the presence of a dysfunction has to do with the second part of the definition under consideration.

Is a psychopath unable to perform a natural function? One might argue that psychopathy is a medical condition, if a psychopath, because of psychopathy, is somehow compromised as to his or her ability to do what humans either normally are able to do, or what humans are designed or intended to do. For instance, one may say that one has a medical condition if one has trouble moving, seeing, metabolising, digesting, swallowing, fighting off the usual viruses, keeping one's temperature within certain limits, controlling one's bladder, reproducing, and so forth. These are, firstly, natural functions, and the inability to perform them may indicate a medical condition. Secondly, except in cases such as hysterical blindness, one does normally wish to at least have the ability to perform these functions, and dysfunction in them is not typically a matter of tendency, desire, whim, personality trait, or some such thing. It does not make sense to say, for instance, that one is not a good metabolizer, because metabolism simply is not one's priority, or that one prefers to run a high fever or have brittle bones, or that digestion is not part of one's personality style.

Are psychopaths unable to perform a natural function in this sense? It may well be argued that all diagnostic features that characterize psychopathaths are unnatural. It may be unnatural to be superficially charming, to have a grandiose self worth, to be chronically bored, to lie, to con, to have many short-term marital relationships, to commit crimes, and so forth. Conversely, the natural function of human beings may be argued to include such things as possessing depth of character, telling the truth, experiencing remorse and guilt, to uphold the law, and to have empathy for the downtrodden. These things, however, are categorically different from natural functions of the body, such as movement, sensation, metabolism, temperature modulation, digestion, fighting off viruses, and so forth. In the sense of bodily dysfunction, "natural" and "unnatural" are based on human physiology, whereas in the sense of psychopathic behaviors, natural and unnatural are based on various moral, ethical, and legal tenets (this point will be taken up in detail in Chapter 5). Thus, to argue that psychopaths are unable to perform a natural function in the same sense as, say, a constipated person is unable to defecate, is to commit a category mistake.

Furthermore, as already noted, one typically does not choose to have a medical condition (the proof of which is the fact that one usually seeks help for one), nor are the physical mechanisms of a medical condition typically under one's control even in the case of a medical condition which is brought about by choice (i.e. the cell damage caused by, say, a suicide attempt is beyond one's control once a poison or a bullet is taken). Psychopathic behavior, on the other hand, can be said to be non-volitional only if one believes that all behavior is non-volitional. That is, it would be quite absurd to claim that one can choose to behave normally (i.e. in a non-psychopathic manner), but that

one cannot choose, but is driven by some necessity to behave abnormally (i.e. psychopathically)[17].

The fundamental difference in the talk of function and dysfunction in medical conditions on the one hand, and psychopathy on the other is this: As opposed to medical conditions, which refer to an individual's inability or reduced capacity to do certain things, psychopathy refers to psychological characteristics. In the case of the former, a physician observes an inability or reduced capacity and infers from it an underlying medical condition (or, according to Kottow, the inability or reduced capacity itself is a medical condition, and no inference needs to be made). In case of the latter, a psychiatrist or a psychologist observes a set of psychopathic behaviors and infers from them an underlying inability or reduced capacity. In other words, in medical conditions, one observes a dysfunction, whereas in psychopathy one infers it. Furthermore, if one defines psychopathy as a dysfunction, the resulting inference is circular.

Finally, let us briefly consider the remainder of Kottow's definition. Remember, that for Kottow, a medical condition is a "verifiable state of self-conscious lack or ease to perform (dysfunction) or live (distress) that is felt as not clearly limited, as menacing and as aid requiring." Since it is commonly accepted that psychopaths do not experience distress, feel menaced by, or typically seek aid for their psychopathy (e.g., Bartol & Bartol, 1986; Hare, 1993; McCord & McCord, 1964;), psychopathy does not appear to fulfil the remainder of Kottow's definition either.

[17] This is of course absurd within the logic of empirical inquiry. However, as a religious or moral tenet this comment may make good sense. The religious foundations of psychopathy research will be discussed in Chapter 5.

(2) Margolis' (1976) definition:

> ...medicine is ideology restricted by our sense of the minimal requirements of the functional integrity of the body and mind (health) enabling (prudentially) the characteristic activities and interests of race to be pursued. And disease is whatever is judged to disorder or to cause to disorder, in the relevant way, the minimal integrity of body and mind relative to prudential functions. (p. 253)

Prudential functions here refer to a set of values, such as avoidance of death, prolongation of life, restriction of pain, gratification of desires, and insuring of security of person, body, property, and the like. A medical condition, therefore, by compromising the functions of the body and/or mind is what prevents us from protecting those values. Does psychopathy then result in the loss of prudential values?

It would appear that the defining features of psychopathy are geared towards securing prudential values rather than losing them. Consider for instance Stone's (1993) characterization of the psychopath:

> The boundless egocentricity of the psychopath and the fear of discovery constitute *nonspecific* motifs, and the answer to the low stage of moral evolution, where (a) one wants anything and everything one desires, and (b) one wishes simply to avoid the inconvenience of being thwarted. (p. 287) [italics original]

Again, however, there appears to be an easy rebuttal: psychopaths may *wish* to secure their prudential values ("anything and everything one desires"), but in effect they achieve the opposite. That is, psychopaths lose their prudential values by virtue of being jailed, ostracised, fined, fired, or even executed. One may add further strength to this

argument by appeal to experimental research, which revealed that psychopaths show smaller anxiety response to an anticipated electrical shock than do non-psychopathic controls, and that they are slower than the controls in learning to avoid painful electrical shocks (Lykken, 1957), prompting Bartol and Bartol (1986) to ask rhetorically "does this provide at least partial explanation for why psychopaths continue to get into trouble with the law, despite the threat of imprisonment?" (p. 67). Thus, it has been argued, that the psychopath, contrary to appearance, might ultimately be a self-destructive and self-defeating creature.

This argument rests on two tenuous assumptions. The first is the assumption that a set of laboratory experiments involving skin conductance rates and a simple learning task in an electronic maze is relevant to crime and punishment in the lived world. This problem is, of course, the same problem of generalizability that has dogged psychological laboratory research since the very beginning.

The second problematic assumption has to do with the contingent nature of harm faced by psychopaths. Namely, the psychopath's loss of prudential values is dependent on such things as the prevailing criminal code, the state of law enforcement, length of sentencing, and so on. One's loss of prudential values is thus a factor of which laws are in place, how well they are enforced, the form and length of sentencing (for instance, prudential values are certainly better served in, say, a minimum security prison in a liberal democracy than in a maximum security prison in an oppressive and capricious dictatorship), and many other things. By extension, then, one would have to conclude that whether one's psychopathy here is a medical condition or not depends largely on one's luck, a contingency utterly absent from Margolis' definition.

Let us consider, however, an anticipated rebuttal to this position. It runs something like this: practically speaking, the loss of prudential values in both psychopathy and medical conditions depends largely on luck. If this is true, psychopathy is in consequence not a categorically different case from medical conditions. The case can be made as follows: if institutions and medical know-how exist to ameliorate the effects of one's medical condition, then surely the securing of prudential values in medical conditions is a factor of luck as much as they are in psychopathy. That is, those with access to proper care lose fewer prudential values than those with no access. Similarly, those in lenient or lawless societies will lose fewer prudential values than those in less lenient or lawless societies.

There is a fundamental difference, however, between the loss of prudential values in medical conditions and in psychopathy. In medical conditions, the loss of prudential values is the natural result of the condition, and medical intervention is an attempt to put an end to the loss. In other words, if the course of a medical condition went unchecked, suffering (mild or severe, depending on the condition), and maybe even death would naturally be expected to ensue. In psychopathy, however, the gain of prudential values would be expected if the behaviours of the psychopath went unchecked, for without censure of some kind by society, a psychopath would be expected to profit at the expense of others. Therefore, by placing limits on the "nature" of the psychopath, society protects its prudential values at the expense of the psychopaths'. Thus, there appear to be no reasonable grounds for designating psychopathy a medical condition with reference to Margolis' criterion.

(3) Campbell, Scadding, and Roberts' (1979) definition:

> In medical discourse, the name of the disease refers to the sum of the abnormal phenomena displayed by a group of living organisms, in association with a specified common characteristic, or set of characteristics, by which they differ from the norm for their species in such a way as to place them at a biological disadvantage; (p. 761)

The operative ideas here are "species norms" and "biological disadvantage". As already noted, psychopathy is certainly not normative for the human species in either a statistical or social sense. But does this place psychopaths at a biological disadvantage? If biological disadvantage is the same thing as prudential values, we have already answered this question in the negative. Biological disadvantage can, however, be construed more broadly than this, and at least one consideration above and beyond prudential values should be added here – procreation. Specifically from an evolutionary perspective, one's biological advantage is crucially connected to one's ability to procreate. Is a psychopath then less likely than the rest of his or her species to procreate, and thus become biologically disadvantaged?

The answer here appears to be a qualified negative. Psychopaths' sexual and marital excesses are indeed a part of the diagnostic criteria as put forth by the PCL-R. On the other hand, it may be argued that judicial sanctions levied against psychopaths might make procreation difficult for them. This argument, however, is liable to the same problems as noted with reference to the Margolis (1976) definition, that is, the medical condition status of psychopathy here is a function of luck, something not included in either Margolis or Campbell, Scadding, and Robert's definitions.

Thus it does not appear that psychopathy fits nicely under the auspices of Campbell, Scadding, and Roberts' (1979) definition of a medical condition.

(4) Merskey's (1986) definition:

> Disease is a state of malfunction of body or mind that is a matter of concern to the patient, his doctors, and other relevant persons, subject to the qualifications that the malfunction has to be defined from case to case and that the consequences of the disease for the patient's obligations to others (and theirs to him) will be determined by the patient and his doctors with the consent of other relevant persons. (pp. 229-230)

Merskey's definition is by far the most flexible formulation of a medical condition to be studied here. While it still contains the central idea of malfunction, it is explicitly open-ended about how that malfunction may be defined, so long as it is of concern to the patient, his or her physicians, and other people involved in the case. Certainly, many things outside of the narrow domain of physiological lesions may be of concern to all involved parties. Indeed, Merskey (1986) clarifies his definition as follows: "Usually disease will involve biological and psychological hazards but occasionally the notion will depend upon social risks more than on anything else" (p. 230).

Furthermore, according to Merskey's (1986) definition, in addition to the medical condition itself, the consequences of the condition (such as legal accountability, obligation to work or to enlist in the armed forces, and entitlement to a health insurance claim) are to be decided amongst all involved parties as well.

It would appear that given the broad definition of malfunction and risk, Merskey's definition could easily encompass psychopathy. The social and psychological damages inflicted by psychopaths obviously constitute a risk that should be of concern to anyone with a conscience. But this is also where the rub lies – psychopaths do not apparently

have a conscience, and are by definition unconcerned about the consequences, the ethics, and the legality of their actions. If this point is not already abundantly clear, consider for example Hare's (2004) comment: "psychopaths suffer little personal distress, see little wrong with their attitudes and behavior, and seek (and remain in) treatment only when it is in their best interest to do so, such as when applying for probation or parole" (p. 158). Thus, psychopaths would in general neither admit the existence of a malfunction, nor by extension agree with other parties involved on its consequences. It would therefore seem that psychopathy is not a medical condition according to Merskey's (1986) definition.

Consider, however, a potential revision to Merskey's (1986) definition: Since individuals with certain medical or mental conditions, such as delusions, amnesias, and dementias may not be aware of the existence of their condition, it may be feasible in such cases to eliminate the requirement that a medical condition is of concern to the patient. In fact, in some cases it may be reasonable to consider the patient's lack of concern over their condition a very criterion for that condition. Could it then be said that a psychopath is simply unaware of his or her psychopathy, and the presence of his or her condition could therefore be established solely by physicians "and other relevant persons"?

While this may seem a reasonable line, it is not feasible on two accounts. Firstly, the definition of a medical condition as "a matter of concern" to specified persons is vague and uninformative, as the definition does not identify grounds for such concern. One may be concerned that something is a medical condition for any number of reasons, but as no distinction is made between good and bad reasons, one's concern serves no useful purpose in determining whether that something is or is not a medical

condition[18]. Indeed, one may be concerned over any number of personal characteristics – physical or mental – so long as one defines the concern as "medical" beforehand (consider, for instance, a "miserly" patient, whose unwillingness to pay the physician's fee gave concern to the said physician and any number of other persons, as long as one views "miserliness", at least in this particular case, a malfunction of the mind). Secondly, the assumption that psychopathy involves a lack of self-awareness of the same type as, say, in delusion, amnesia, or dementia, is supported neither logically nor empirically.

In conclusion, it appears that within the range of definitions considered here, from the narrow and exclusive hard-core definition to Merskey's (1986) broad and forgiving one, none will accommodate psychopathy as a medical condition. It is true, however, that our list is by necessity incomplete, and from this it follows that a definition may yet be given that will locate psychopathy among its rank of medical conditions. But since those who consider psychopathy a medical condition typically fail to state exactly what they mean by "medical condition", it is unclear just what definition they follow. On the other hand, if references to psychopathy as a medical condition do follow an unwritten, apparently secretive definition, it is impossible for anyone to publicly gauge whether such a definition is a sensible one. And since definitions are a paradigmatically public matter, there is no reason to assume the existence of a special and secretive definition that guides psychopathy research. At the very least, the onus of providing such a definition is on those making the claim that psychopathy is a medical condition. Thus,

[18] The same reasoning in fact undermines Merskey's (1986) definition as a whole, for even in the case where a psychopath was concerned over his or her psychopathy, the definition fails to provide any meaningful grounds for such concern. Furthermore, the criterion that a medical condition must involve "a state of malfunction" has already been addressed with reference to Kottow's (1980) definition.

given currently available definitions of "medical condition", one is left with only one legitimate conclusion: psychopathy is not a medical condition.

2.4 Psychopathy as a symptom of disease or medical condition

While there may be no good grounds for designating psychopathy a disease or a medical condition, there may yet be grounds for entertaining the medical model of psychopathy. One may do this by not considering psychopathy a disease or a medical condition per se, but rather considering it as a *symptom* of a disease process or a medical condition. That is, if psychopathy has a physiological cause, which can be described in accord with the general outlines of medical conditions, could it not then be said that psychopathy, as caused by a particular agent, is a disease or a medical condition? In other words, one would call the combination of that thing, which causes specific psychopathic symptoms plus the symptoms themselves, and no other combination, psychopathy. Indeed, this application, given that it is empirically true, would be appropriate. This is in fact the normative mode of classification in organic medicine – a set of symptoms causally related to a physiological event within the body constitutes what one typically terms a "disease" or a "medical condition".

While this view of psychopathy may be feasible in principle, it is not so in practice, for no one knows what causes psychopathy. On this there is hardly any disagreement, even within mainstream psychopathy literature. For example, Hare (2004), flatly admits: "The biological, social, psychological, and environmental factors

responsible for the development and maintenance of psychopathy are not well understood" (p. 7)[19].

2.5 Psychopathy as a disease or medical condition with unknown cause or causes

While psychopathy is neither a disease, a medical condition, nor a symptom of such, it may yet be feasible to consider psychopathy by way of the medical model if only in a hypothetical, inferential manner. That is, even though no cause or causes of psychopathy have been identified, this does not mean that no such things exist. After all, the discovery of a medical condition and the discovery of its cause rarely if ever happen simultaneously.

Could psychopathy then be considered to be a medical condition with an unknown cause? This appears hard to justify. The criterion of a medical condition in physical complaints with unknown causality appears to be that their symptoms are physiological. The fact that it typically takes time to discover the cause of a given medical condition does not mean that any type of thing humans may have, and for which cause is unknown, is a medical condition[20].

2.6 Conclusion

From the fact that psychopathy is not, given the current state of knowledge, a disease, a medical condition, a symptom of a disease or medical condition, or even

[19] Of course, one wonders how Hare knows that the causal factors of psychopathy must be of these particular kinds.

[20] The possibility that psychopathy is a mental disorder caused by a physical state is a separate issue, and will be discussed in chapters 3 and 4.

properly considered a medical condition with unknown cause, certain obvious conclusions follow. Firstly, one clearly should not call psychopathy a disease or a medical condition or use some related term. Secondly, those who have called psychopathy a disease or a medical condition or have used some related term either (a) know something important (e.g., physical cause for psychopathy or a specific and valid definition of disease or medical condition that accommodates psychopathy) but for some reason do not reveal it, (b) are being prophetic (though even prophets are explicit about the fact that they are making predictions), (c) are putting forth a medical hypothesis (generally without admitting it), or (d) are wrong.

3 MENTAL DISORDER

The fact that one can correctly speak of psychopathy as a "disease", "illness", "clinical syndrome", "pathological condition", or some such thing only in an explicitly hypothetical sense (and only in a sense that psychopathy may be caused by a medical condition, and not that it is one) sets severe limitations on the medical model of psychopathy. Among other things, this finding confers no logical priority to the medical model over other models by which moral evil is understood. None of this is to say, however, that the medical model as a whole must be the wrong model for psychopathy. For just as the terms that comprise the object of the model – disease, medical condition, etc. – are broad and difficult to define, so does the medical model address a broad and difficult-to-define range of things, only at the core of which does one find medical conditions. To varying degrees of investment, medicine has involved itself in such diverse concerns as childbirth, cosmetic surgery, death and dying, and mental illness. From this it follows, that if it can be shown, that psychopathy properly belongs to some group of phenomena not at the core of the medical model, but still a part of it in the same sense as, say, cosmetic surgery is, then at least some of what comes with the medical model should be available to the psychopathy researcher as well.

The group of non-core phenomena traditionally of concern to the medical model and most conceptually near to psychopathy is, naturally, mental disorders. The category of mental disorders is particularly appealing here for its inclusiveness – much has been thought to be a mental disorder at one time or another throughout the history of psychiatry – and its apparent logical similarity to medical conditions: Just as in medical conditions in which something has gone wrong with the body, so in mental disorders

something has gone wrong with the mind. Furthermore, mental disorders are typically considered to be a part of the medical model even when the causes of the disorders are either unknown or thought to be non-physical. The task here then appears relatively simple: establish psychopathy as a mental disorder, with or without known cause, and the medical model of psychopathy appears well justified.

The case that psychopathy is a mental disorder[21] has been made on a regular basis for quite some time. Gurvitz (1951) for instance writes: "In general, we have progressed from the point of view existing prior to the First World War that the psychopath is a biologically inferior type to the recognition that it is the psychological make-up which is aberrant" (p. 99). More recently, Cooke (1998, p. 260); Hare (1993, p. ix); Meloy (2002, p. 17); Millon, Simonsen, and Birket-Smith (1998, p. 28); Mitchell and Blair (2000, p. 356); Paris (1998, p. 277), Arrigo & Shipley (2001, p. 341), and Rieber and Vetter (1994, p. 1), have called psychopathy a mental disorder or some variant of the term. As an indication of (unfortunate) carelessness in language, some of whom have termed psychopathy a medical condition of some sort have also termed psychopathy a mental disorder (see e.g., Cleckley, 1964, p. 7; McCord & McCord, 1964, p. 2). The task of this chapter is to examine the category of mental disorders, and determine whether psychopathy might legitimately be considered a part of it.

As psychopathy could be considered a medical condition if it shared certain key characteristics with those things we typically call medical conditions, so could psychopathy be called a mental disorder if it shared certain key characteristics with

[21] Throughout this chapter, "mental disorder" is considered synonymous with terms, such as "mental illness", "psychological disorder", "psychiatric disorder", "psychiatric illness", "psychiatric syndrome", "personality disorder", "emotional disorder", "personality abnormality", "mental abnormality", and "disorder of behavior."

those things we typically call mental disorders. In the case of mental disorders, these characteristics are the reason we call such things as schizophrenia, depression, mental retardation, drug addiction, autism, and certain extremes of personality "mental disorders." The meanings of the terms that denote them, however, do not come readily packaged in the form of technical definitions for much the same reasons as medical conditions do not. Namely, the term "mental disorder" has multiple meanings. In the *Diagnostic and Statistical Manual of Mental Disorders* (4th Ed., American Psychiatric Association, 1994), for instance, one finds the following statement:

> ...no definition adequately specifies precise boundaries for the concept of "mental disorder." The concept of mental disorder, like many other concepts in medicine and science, lacks a consistent operational definition that covers all situations. All medical conditions are defined on various levels of abstraction....Mental disorders have also been defined by a variety of concepts....Each is a useful indicator for a mental disorder, but none is equivalent to the concept, and different situations call for different definitions. (p. xxi)

In addition to having to cope with these inherent definitional difficulties, the classification of mental disorders has also come under categorical attacks from critics, who deny that mental disorders exist at all. In his well-known book, *The Myth of Mental Illness* (1961), Thomas Szasz argues that since a search for physical basis of mental illness has not been successful, and since "mental disorder" appears simply to be a matter of behaving in ways that disturb other people, there is no justification for speaking of "illness" or "disorder" in any but a metaphorical sense. In a later article, Szasz clarifies his position about metaphors as follows:

> The term 'mental illness' is a metaphor. Bodily illness stands in the same relation to mental illness as a defective television set stands to a bad television programme. Of course, the word 'sick' is often used metaphorically. We call jokes 'sick', economies 'sick', sometimes even the whole world 'sick', but only when we call minds 'sick' do we systematically mistake and strategically misinterpret metaphor for fact – and send for the doctor to 'cure' the 'illness'! It is as if the television viewer were to send for the TV repairman because he dislikes the programme he sees on the screen. (1982, p. 84)

Eysenck (1960) makes a similar point, arguing that most of what is termed mental disorder is really learned behavior, and not disease in the medical sense at all. Finally, Laing (1967) argues that the prototype of mental disorder, schizophrenia, is not a disease or insanity of any type, but rather a rational way of coping with emotional pressures placed on the patient by society. By extension of critiques such as these, the usefulness and morality of the entire practice of mental disorder classification has been called into question.

While it is true that the multiple meanings of the term "mental disorder" pose serious definitional problems, the critiques by writers such as Szasz, Eysenck, and Laing do not, however, challenge the *meaning* of mental disorder. Rather, what they challenge are *causal hypotheses*. Since, these critics argue, we do not know what causes mental disorders, these disorders are not really medical in the same sense as, say, infections, tumours, or physical injuries are. This is of course true (and we will reach the same conclusion later, but for different reasons), but with two caveats: (1) it is true only in an empirical sense. We do not know of any physical causes to most mental disorders, but this does not exclude the possibility that such causes exist, in the form of, say cell injury or deficiency of certain neurotransmitters, and (2) mental disorders may still be

"disorders," only not in the medical sense. Let us then examine the instances in which the concept "mental disorder" may be applied in a non-medical sense.

A review of standard texts on psychiatry and abnormal psychology in university reading lists reveals a relatively established tradition of definitions for "mental disorder". Implicitly or explicitly, these definitions address the terms "mental" and "disorder" separately. Firstly, they explicate what is meant by the term "mental", i.e. the term that designates that which is disordered. Secondly, they provide grounds for the application of the term "disorder". This is done by way of explication of the conditions under which it makes sense to say that the "mental" is "disordered".

Psychological and psychiatric literature typically defines "mental" by use of one or more of the following: synonyms, examples, and/or operational definitions. Common synonyms used for "mental" are "psychological", and "in" or "of the mind"[22]. Definitions of "mental" by way of example on the other hand refer to phenomena, which properly belong to the realm of the mind. An introductory psychology textbook, for instance, gives the following definition by example: "Mind refers to an individual's sensations, perceptions, memories, thoughts, dreams, motives, emotional feelings, and other subjective experiences" (Gray, 1991, p. 3) Finally, operational definitions give meaning to the non-material "mental" by way of translation into observable and quantifiable terms of behavior. (There is much more to be said of the term "mental", and we shall return to it shortly).

To illustrate, consider the DSM-IV (American Psychiatric Association, 1994) definition of mental disorder, which makes use of both synonym and operational

[22] Synonym is the most commonly used definitional device in English language dictionaries. Webster's (1994), for example, defines mental as "of or pertaining to the mind."

definitions: "each of the mental disorders is conceptualised as a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual" (p. xxi). Cohen (2003), meanwhile, uses example and operational definition: "the psychiatrist's examination focuse[s] on *complaints arising in the realm of the patient's mental life* (such as thoughts, moods, and behaviors) as opposed to complaints arising out of the patient's skin, bones, and viscera." (p. 3). [emphasis original]

Judging by the brevity of discussion in standard psychology and psychiatry texts on the definition of "mental", it would appear that defining it is relatively easy. The definition of "disorder", on the other hand, appears far more problematic. Typically, the matter of what constitutes "disorder" requires a treatment of several pages in any given psychology or psychiatry text. This is largely due to the fact that, as opposed to the definition of "mental," the definition of "disorder" is not typically given by way of synonym, example, or operational definition, but by way of what some writers term "family resemblance." On this point, Rosenhan and Seligman (1989) write:

> ...the fact that abnormality cannot be defined "tightly" does not mean that abnormality doesn't exist or that it can't be recognized at all. It does exist, and it is recognized in much the same way that families are recognized. How do we know, for example, that Ed Smith is the *biological* offspring of Bill and Jane Smith? Well, he *looks* like them....He has Bill's blue eyes and sandy hair, and Jane's upturned nose and easy smile....we sense a **family resemblance** among them because they have many significant elements in common....Abnormality is recognized in the same way, by determining whether the behavior, thought, or person bears a family resemblance to the behaviors, thoughts, and people we would all recognize as abnormal. That determination is made by spelling out the properties of abnormality, the various *elements* that count toward defining a behavior as abnormal. The more such elements there are and the more clearly each one is present, the more likely it is that the behavior, thought, or person will be judged abnormal. (pp. 6-7) [italics and bold lettering original]

Definition by family resemblance as given by Rosenhan and Seligman thus requires an explication of a number of conditions, no combination of which is necessary and sufficient, and the extent and presence of which may vary in members of the relevant group[23]. The conditions whose extent and presence are evaluated in the identification of mental disorders are often (as in the quote above) discussed as "abnormality". Thus, a person has a mental disorder if his or her psychological or behavioural characteristics may be said to belong to the "family" of things "disordered" or "abnormal". The following is a composite list, taken from standard texts on abnormal psychology and psychiatric classification, of elements or criteria that are typically considered to define abnormality and thus mental disorder (American Psychiatric Association, 1994; Davison and Neale, 1998; Rosenhan and Seligman, 1989):

(1) Statistical infrequency

(2) Violation of moral and ideal standards

(3) Personal distress

(4) Disability or dysfunction

(5) Increased risk of disability, dysfunction, death, or loss of freedom

(6) Unexpectedness

(7) Irrationality and incomprehensibility

(8) Observer discomfort

[23] It should be noted that Rosenhan and Seligman's (1989) use of the term "family resemblance" is not the use originally intended by Wittgenstein. Rosenhan and Seligman's use of the term is rather closer to definition by how close a phenomenon is to a "prototype" or an "ideal" phenomenon. Wittgenstein's idea of family resemblance concerns the similarity between concepts, which share common attributes in the same way as family members share common attributes (where, for instance two siblings may have a similar nose, one of whom has eyes similar to his grandmother, and so forth).

As definition by family resemblance implies, phenomena commonly accepted as mental disorders fulfil these criteria to varying degrees. Some, such as schizophrenia, may be said to manifest all of them. Others, such as hypochondriasis and narcissistic personality disorder, manifest very few. Let us, however, accept this list as sufficient for the determination of "disorder", and summarize the meaning of "mental disorder" as discussed so far. For our purposes, the following should suffice: Mental disorder is some abnormality of mind or behavior, with conditions defined as abnormal with reference to their degree of match with criteria (1) to (8) above.

Is psychopathy a mental disorder? With reference to the first part of our definition, it would appear that psychopathy certainly is "mental". Hare's (1991; 2004) diagnostic criteria for psychopathy, with the exclusion of criterion 19 (revocation of conditional release), each concern either behavior or psychological experience. Or, consider McCord and McCord's (1964) more concise definition already discussed in chapter 1: "The psychopath is an asocial, aggressive, highly impulsive person, who feels little or no guilt and is unable to form lasting bonds of affection with other human beings" (p. 3). Here, aggressiveness, impulsivity, and lack of sociability refer to behavior, while guiltlessness, and lack of affective bonds are inferences about the psychopath's psychological life (based, of course, on behavioural evidence). This definition, therefore, also deals with matters that are paradigmatically "mental".

Next, to determine whether these characteristics can be considered "disordered", let us examine the conditions (1) to (8) in turn.

Statistical infrequency. As the number of psychopaths not assessed is unknown, the prevalence of psychopathy is difficult to calculate. However, general estimates place the number at about 1 to 2 percent of the general population (Hare, 1998; Millon,

Simonsen, & Birket-Smith, 1998). If this estimate is even roughly correct, then it would certainly appear that being a psychopath is statistically infrequent.

Violation of moral and ideal standards. That the psychopath fits this description is beyond doubt. Indeed, it may be argued, that the very violation of moral and legal standards is what constitutes psychopathy. Hare (1993) writes: "Psychopathy is a personality disorder defined by a distinctive cluster of behaviors and inferred personality traits, most of which society views as pejorative" (p. ix).

Personal distress. As we have already seen, the psychopath appears not to suffer personal distress over the fact that he or she is a psychopath. Personal distress is neither a part of the diagnostic criteria for psychopathy, nor a positive correlate.

Disability or dysfunction. The problems inherent in the disability or dysfunction argument have already been addressed in chapter 2.

Increased risk of disability, dysfunction, death, or loss of freedom. It may well be argued that psychopathy increases one's risk of loss of freedom as the diagnostic criteria for psychopathy include one direct, and two indirect references to loss of freedom (revocation of conditional release, juvenile delinquency, and criminal versatility, respectively). It should therefore be no surprise that while the prevalence of psychopathy in the general population is estimated to be 1 to 2 percent, the prevalence of psychopathy in the incarcerated population is estimated to be 15 to 25 percent (Hare, 2004).

Unexpectedness. By "unexpected" in this context one means "*unexpected* responses to environmental stressors" (Davison and Neale, 1998, p. 8). [italics original] This criterion does not appear applicable, since psychopathy is not a response in the same sense as for example flight, aggression, fear, grief, anxiety, or panic are

responses to stressors. Furthermore, if one thinks of "response" in broader terms as in an example in which psychopathic behavior is a response to an unpredictable and hostile learning environment, one is making a causal claim for which evidence is yet to be provided.

Irrationality and incomprehensibility. The only sense in which psychopaths have been considered to show irrationality or incomprehensibility is in terms of poorly motivated criminal activity (e.g., Hare, 1993). In all other senses, the psychopath has traditionally been considered a rational agent. Indeed, from the inception of the psychopathy concept, a fundamental characteristic of psychopaths has been their lack of irrationality. In 1801, Pinel (1801/1962) wrote of psychopaths: "I was not a little surprised to find many maniacs who at no period gave evidence of any lesion of understanding, but who were under the dominion of instinctive fury, as if the faculties of affect alone had sustained injury" (p. 9).

Observer discomfort. That psychopaths create discomfort in others is beyond doubt. Hare's (1993) description should clarify this point if it is not already perfectly clear:

> Psychopaths are social predators who charm, manipulate, and ruthlessly plow their way through life, leaving a broad trail of broken hearts, shattered expectations, and empty wallets. Completely lacking in conscience and in feelings for others, they selfishly take what they want and do as they please, violating social norms and expectations without the slightest sense of guilt or regret. (p. xi)

Thus, there appears to be a good case that psychopaths meet at least four out of eight criteria for "disorder" or "abnormal" and, since these criteria clearly relate to

phenomena of "mental" nature, the conclusion that psychopathy is a mental disorder seems relatively well supported.

3.1 The meaning of "mental disorder"

If the above verdict is correct and meaningful, much may be granted and forgiven. For one, one may accept that the medical model of psychopathy is legitimate in the same way as many believe psychiatry to be a legitimate speciality within medicine. Also, one may forgive the use of medical terms for psychopathy, as such claims may simply reflect innocent carelessness or the reasonable use of metaphor. But, before such admissions are made, let us examine exactly what the claim "psychopathy is a mental disorder" might mean.

The American Psychiatric Association (1994) describes the logic of mental disorder classification as follows:

> A common misconception is that a classification of mental disorders classifies people, when actually what are being classified are disorders that people have. For this reason, the text of DSM-IV (as did the text of DSM-III-R) avoids the use of such expressions as "a schizophrenic" or "an alcoholic" and instead uses the more accurate, but admittedly more cumbersome, "an individual with Schizophrenia" or "an individual with Alcohol Dependence." (p. xxii)

While this distinction is not often explicitly made, it informs much of mental disorder research and theory, including research and theory of psychopathy. The significance of the distinction is this: Classification of people is *descriptive*, while classification of mental disorders is both descriptive and *explanatory*.

A classification of a person is simply a statement about what he or she is like. A schizophrenic, for instance, is a person who experiences or shows such things as delusions, hallucinations, disorganized speech, and disorganized behaviour. In other words, one is a schizophrenic because one has these features. A classification of this type is at par with classification of such things as personality traits, physical characteristics, habits, tendencies, beliefs, and likes and dislikes. One may say, for instance, that a person is nice, because that person generally behaves with courtesy, or that someone is attractive, because that person has attractive bodily or personality features, or that one has a tendency to forget things since one has forgotten a number of things in the past.

On the other hand, while the presence of a mental disorder may also describe a person (I may learn what a person is like by being told that the person has a certain mental disorder), according to the APA view it also has the power to explain. Thus, a person experiences or shows delusions, hallucinations, disorganized speech, and disorganized behavior *because* he or she has schizophrenia. Classification of mental disorders is thus at par with classification of medical conditions in which symptoms are explained as caused by an underlying medical condition. My headache, for instance, may be explained (i.e. caused) by a tumour or blood clot, a pain in my leg may be explained by a bone fracture, my fever by the influenza virus, and so forth. As the diagnosis of a tumour, bone fracture, or influenza *goes beyond* mere description of relevant symptoms, so the diagnosis of schizophrenia, alcohol dependence, and psychopathy is believed to *go beyond* description of their relevant symptoms in the causal sense. If the American Psychiatric Association distinction between classification of people and mental disorders is correct, the detection of a mental disorder thus

constitutes a *discovery*. In other words, as, by the act of diagnosis, a physician of organic conditions explains organic symptoms, so the psychiatrist or the psychologist explains psychological or behavioural symptoms by the act of mental disorder diagnosis.

On occasion, the case for the explanatory power of psychopathy is made explicitly. For instance, Hare (1996) writes: "Even those opposed to the very idea of psychopathy cannot ignore its potent explanatory and predictive power" (p. 49); Simonsen and Birket Smith (1998) write: "Psychopathy is often the primary cause of physical and sexual abuse as well as being present in all kinds of criminality" (p.vii); and Wilson and Herrnstein write: "Psychopathy is the prime criminogenic personality trait" (quoted in Hare, 2004, p. 131). Making a distinction between medical conditions and mental disorders, Harris, Rice, and Lalumiere (2001) write:

> The present results support our hypothesis that there are at least two distinct general paths to criminal violence. In the first, a variety of neurological insults and dysfunctions produce impairment, causing the individual to act violently. As such, this "pathological" path might really be a collection of paths composed of functional illnesses (schizophrenia, mania), acquired defects (brain injury, damage due to substance abuse, etc.), and mixtures of the two. The second path, psychopathy, represent a much more important cause of violence than the neurodevelopmental insults associated with disorders. (p. 418-419)

Also, in discussing the relationship between psychopathy and unlawful confinement, Herve, Mitchell, Cooper, Spidel, and Hare (2004) argue, that "By examining offender, victim, and offence characteristics [in this case, psychopathy] associated with unlawful confinement, the present investingation has much applied relevance in *understanding* and resolving these crimes" (p. 143) [italics added].

The belief that psychopathy has the power to explain is furthermore evident in the status it has at times been given in legal arguments. Hare's (1998) endorsement, that "psychopathy is arguably the single most important clinical construct in the criminal justice system" (p. 189) already suggests that this relationship is considered, at least by some, to be far from trivial. Let us very briefly examine the logic of the legal arguments that use psychopathy in an explanatory sense.

The most obvious and thus widely debated uses of psychopathy diagnosis in the context of law concern insanity defence and sentencing (the most contentious issue being capital sentencing), but explanatory use of psychopathy can be found in a broad range of cases, offered occasionally but not necessarily as a mitigating circumstance. These arguments sometimes make direct causal attributions to psychopathy or some related diagnosis. Such direct attributions are usually made in the court of law, and not in theoretical literature, and are typified by cases such as these:

> In *Crowston v. Goodyear Tire and Rubber Company* (1994), the Supreme Court of North Dakota affirmed the trial judge's decision to admit opinion evidence regarding the plaintiff's ASPD [antisocial personality disorder]. The appellant plaintiff launched a civil action for injuries suffered from an exploding tire when he attempted to place an undersized tire on a large wheel rim. To rebut the legal presumption that the plaintiff would have read and heeded the warning had one been supplied, the defendant tire manufacturer introduced psychiatric evidence that the plaintiff had an ASPD that, in the words of the court, would "...cause him to act on his own internal impulses, have poor judgment, act impulsively, and do the opposite of directions or warnings". (Quoted in Lyons and Ogloff, 2000, p. 140)
>
> ...in Richard v. State (1992), a psychiatrist had testified at trial that the appellant was a sociopathic personality, antisocial type. The Court of Criminal Appeals of Texas accepted the defendant's sociopathic disorder as a mitigating factor because it could be inferred that the "appellant's conduct in this case was 'attributable to' his sociopathic personality

> disorder, which in turn was brought on by the trauma emanating from his 'disadvantaged background'. (Quoted in Lyons and Ogloff, 2000, p. 155)
>
> The appellant...pleaded guilty to two counts of pointing a firearm and one count of possession of a rifle for a purpose dangerous to the public peace. ... On the basis of the psychiatric report the trial judge said that the answer to [the appellant's] behavior that day was very simple. The accused did it because he was very nearly a psychopath with a long record of violence and intimidating behavior. (Regina v. Forsythe, 1994. Court of Appeal for British Columbia)
>
> Dr. Tremblay concluded his medical certificate as follows: [TRANSLATION] "In view of these statements and of these symptoms which I attribute to psychopathy, I recommend that this patient be placed under observation in a specialized institution." (Coulombe v. Watier, 1972. Supreme Court of Canada)
>
> He [Dr. Hector] was also asked whether he could be confident that the appellant would be able to follow probationary conditions that might afford some assureance of public safety. He responded: "No, I'm afraid my answer to that question has to be, no, no, and a categorical no. The reason for that is the underlying personality disorder psychopathy...[T]hat disorder is a serious handicap because of what it does...is limit the individual's capacity to contain their behaviour..."
>
> Dr. Hector's view is that the appellant acts impulsively and unpredictably. He has an anti-social personality disorder and suffers from sexual sadism, as well as a substance abuse condition...The appellant requires protective custody until such time as there is available the knowledge and capacity to treat one or more of the conditions that lead to this present situation. (Regina v. Saddlemore, 2007. Ontario Court of Appeal).

Arguments of this sort are of course made possible by legislation and legal definitions, which at times afford psychopathy causal powers. Consider the following definitions, for instance: "Psychopathic disorder: a persistent disorder or disability of mind, irrespective of intelligence level, which also *results in* abnormally aggressive or seriously irresponsible conduct" (Mental Health Act 1983, England and Wales) [italics added], "Psychopathic disorder: A persistent disorder or disability of mind other than mental illness that *results in* abnormally aggressive or serious socially disruptive conduct

on the part of a person" (Dictionary of Canadian Law, 2004) [italics added], or "Psychopath: 1. A person with a mental disorder characterized by an extremely antisocial personality that often *leads to* aggressive, perverted, or criminal behavior" (Black's Legal Dictionary, 2004) [italics added].

In theoretical literature on the relationship between psychopathy diagnosis and the law, one is unlikely to encounter direct attributions of the above sort. Rather, here the arguments run something like this: a psychopath is theorized to have a deficiency in some function or other (e.g., moral emotions, moral understanding, learning, semantic processing, impulse control, etc.), and it is to this deficiency that one may attribute his or her criminal actions. Even though the explanatory function of psychopathy in these arguments is indirect and theoretical, the logic is unmistakeable – the above-mentioned deficiency either causes psychopathy, is a hypothesized part of psychopathy, or is itself caused by psychopathy (these distinctions are usually, and unfortunately, left for the reader to decipher). The logic here, for simplicity, is analogous to a car crash caused by defective brakes. Consider the following examples of such indirect, theoretical attribution:

> Although the psychopath may satisfy criteria for being morally responsible for an *action*, he is not a morally responsible *agent*, and in that respect he is akin to a young child or a mentally subnormal person. He is not a suitable subject of social pressure to ensure respect for the demands of social morality, for he is incapable of yielding such respect and, therefore, it would be inappropriate to hold him morally responsible for failing to do so. Analogously, when the psychopath may satisfy the criteria of legal responsibility for an *offense*, such as *mens rea*, he is not a legally responsible *agent*. Being incapable of controlling his whims for common prudential reasons, he is not a suitable addressee of the legal threats that legislators specify in order to secure compliance to the laws that they enact. (Fields, 1996, p. 275) [italics original].

> From a legal perspective, the critical issue is whether the psychopathic condition caused the person to be unable to appreciate the wrongfulness of his or her actions. In the past, there has been no evidence of this link, but recent experimental data may lend an air of credibility to this type of legal argument. (Lyons and Ogloff, 2000, p. 149)

> We have argued here that to attribute criminal responsibility to psychopathic individuals is to ignore substantial and growing evidence that psychopathic individuals are significantly impaired in moral understanding. They do not appear to know why moral transgressions are wrong in the full sense required by the law....to ignore the substantial evidence that psychopathic offenders are not criminally responsible is itself a dangerous threat to criminal justice. (Fine and Kennett, 2004, p. 440)

Implicit but clear causal attributions to psychopathy are made elsewhere in psychological literature as well. For instance, it has been argued that psychopathy may "express" or "manifest" itself differently in different populations. For instance, Cooke, Kosson, and Michie (2001) make this case with regards to African American and Caucasian individuals; Hamburger, Lilienfeld, and Hogben (1996) and Chapman, Gremore, and Farmer (2003) with regards to males and females; Douglas, Strand, Belfrage, Fransson, and Levander (2005) with regards to different cultures; and with regards to people of different ages. Douglas et al. (2005), for instance write:

> ...there is evidence that the expression of psychopathy is shaped by cultural factors....As such, whether personality disorder operates similarly and possesses the same correlates across cultures is an empirical question that is in need of evaluation and cannot merely be assumed. (p. 156)

The implication here is that psychopathy is not the symptoms itself, but their cause.

Finally, the idea that psychopathy can be used to explain certain psychological and behavioural abnormalities holds much intuitive and popular appeal. In Saturday Night Online Magazine (September 1, 2001), for example, one finds the following:

> One night when I was alone in the office, Jonathan appeared, accompanied by what anyone should have recognized as two prostitutes. "These are two high-ranking staff from the Ministry of Defence," he said without missing a beat. "We're going over the details of a contract, which I'm afraid is classified top secret. You'll have to leave the building." His voice and eyes were absolutely persuasive and I complied. A few weeks later Jonathan was arrested. He had embezzled tens of thousands of pounds from the small firm, used the company as a mailing address for a marijuana importing business he was running on the side, and robbed the apartment of the company's owner, who was letting him stay there temporarily.... Knowing Jonathan is probably a psychopath makes me feel better. It's an explanation.

Most generally speaking then, the analogy between the classification of medical conditions and mental disorders is this: In medical conditions, something goes wrong with the body while in mental disorders, something goes wrong with the mind. As we have already seen, mental disorders are more specifically pathologies of behaviour, sensation, perception, memory, thought, dreaming, motivation, emotion, and so forth. (Remember, that depending on how one defines mental disorder, abnormal behaviour is either caused by an abnormality of the mind, or it is the abnormality itself). Both medical conditions and mental disorders may have any number and type of causes. Just as in mental disorders, medical conditions may be caused psychologically (consider, for instance hypertension and obesity), physically, or by a combination of the two. Both also result in what may be termed "symptoms." In medical conditions, these symptoms are typically physical, while in mental disorders they are either psychological or behavioural.

Blackburn (1998) summarizes the relationship between abnormalities of the mind and their behavioural symptoms as follows: "it is commonly assumed that psychopathy embodies the relationship between abnormal personality and aggression" (p. 50), and Hare (1998) argues that "One important symptom of psychopathy is persistent, frequent, and varied asocial and antisocial behavior....Any comprehensive examination of crime must include a discussion of the distinctive role of psychopathy" (p. 197).

Graphically, the analogy between medical conditions and mental disorders looks as follows:

Medical condition: Cause(s) → Body → Physical Symptoms

Mental disorder: Cause(s) → Mind → Behaviour

As an example, consider the following:

Influenza: Influenza Virus → Cell Injury → Inflammation of Mucous Membrane, Fever, etc.

Psychopathy: Cause unknown → Psychopathic Experience → Psychopathic Behaviour

Appendix A shows a more complete categorization of psychopathy into these three realms.

The classification of both medical conditions and mental disorders begins at the end of the equation, moving towards the beginning. The process of classification is thus completed at causal explanation. At this point, the combination of cause, cell injury or psychological experience, and physical or behavioural symptoms constitute the entirety

of the medical condition or the mental disorder, respectively. The only major empirical difference between medical conditions and mental disorders in this formulation is that while the causes of many medical conditions are known, the consensus view of the psychological and psychiatric communities is that the causes of mental disorders are yet to be discovered.

3.2 Analysis

What is to be made of the argument that mental disorders are analogous to medical conditions, and can thus be used to explain psychological and behavioural phenomena? Not much, it turns out. As has already been established, medical conditions are called medical conditions, because it has been empirically demonstrated that they cause cell injury. In other words, the rules of application for the term "medical condition" require that a certain empirical – causal – state of affairs hold between a given type of cell damage and its symptoms. But what are the rules of application for the term "mental disorder"? The rules of application for "mental disorder" are given by reference to "family resemblance" (in Rosenhan and Seligman's use of the term) of a given condition to something like the eight criteria of abnormality stated above. Thus, these are the criteria against which one may compare whether or not something can be said to be a mental disorder. That psychopathy meets these criteria cannot therefore be *due* to a mental disorder. To claim otherwise would be circular. In other words, being a certain type of person is the grounds for calling that person a psychopath. Being that type of a person is also the grounds for calling him or her mentally disordered. It is therefore circular to argue that being that type of a person is caused by a mental disorder. The same circularity applies to the argument that psychopathic behavior is caused by a

specific symptom or set of symptoms of psychopathy – say, impulsivity or need for stimulation. The attribution of impulsivity, for instance, is made on the basis that a given person has acted impulsively. It would therefore be nonsense to turn around and argue that that person's impulsive behavior is caused by "impulsivity". To put the entire matter succinctly, medical conditions can explain, mental disorders can only describe.

This conflation between description and explanation is specifically instructive in the explanatory use of psychopathy in legal arguments. In such uses it is assumed that, once the facts and impressions of a person x's life and character are known, statements, such as "x is a psychopath", "x has scored (insert number) on the Psychopathy Checklist", or "x has a mental disorder" represent *new information about* x, and that this information has the potential to alter x's standing before the law. While such statements may sound like discoveries about x, the fact is, that they are merely matters of definition. To offer facts and impressions about x's life is to provide potentially new information ("your honour, I submit that x has been arrested for robbery twice before", "x strikes me as self-centred", "x has tortured a cat" etc.), but once these are known, to arrive at conclusions about x being a psychopath and in effect having a mental disorder one only needs to know the rules that fix the use of terms "psychopath" and "mental disorder", and follow them correctly (of course, to take nothing away from the assessing clinician, these rules are not simple, and must be learned in the process of clinical training). Conversely, if psychopathy diagnosis is given prior to all facts and impressions about x being known, this diagnosis is new information about x, but only insofar as it describes x (e.g. "x is glib, irresponsible, has had many short-term marital relationships" etc.)

The confusion over matters of description and explanation – or, more broadly, between conceptual and empirical matters – has a long and interesting history in the

legal discourse. At times it has become downright comical, as typified by the aftermath of a famous case, *Durham v. United States, 1954*, involving a psychopathy diagnosis as an exculpating circumstance. Moore (1984) writes:

> Shortly after the *Durham* decision, the staff at St. Elizabeth's Hospital, which was composed of those psychiatrists most often called to testify in District of Columbia criminal cases, made a policy decision that sociopathic or psychopathic personality disturbances would not be regarded as mental illnesses within the meaning of the *Durham* rule. Psychiatrists from St. Elizabeth's Hospital thereafter so testified in Distirct of Columbia cases. Three years later, however, at a weekend meeting, the staff changed the policy, and decided that henceforth, psychopathic or sociopathic personality disturbances would be considered mental diseases for legal purposes. (pp. 228-229)

Equally instructive – though not with the same obvious potential for practical application – is the argument for differential "expression" of psychopathy in different populations. Here it is assumed that the discovery of psychopaths in different populations is the same thing as discovering *psychopathy* in different populations. If members of these different populations have somewhat different combinations of psychopathic symptoms, the assumption is that psychopathy, as a causal entity, has a population-dependent expression. While arguments of this type are sensible when applied for instance to medical conditions, such as allergic reactions that may result in sneezing, itching, redness of the eyes, shortness of breath etc., singly or in any combination, they make no sense in the case of mental disorders, which only describe people. The discovery of different patterns of psychopathic symptoms in different populations is thus only a discovery about people, not about psychopathy. In other words, it is people in different populations, not psychopathy, that are different.

The present analysis so far has challenged the logic of psychopathy as a direct cause of behaviour. But what can be said of it as an indirect, theoretical explanation? Even if one were to abandon psychopathy as a direct causal explanation, could one still sustain an argument about psychopathy being, causing, or being caused by a defect, and this defect being a cause of behavior? In effect, the answer to this has already been given, and the reader is asked to consult the previously given discussion on defects, impairments, dysfunctions and so forth with reference to medical conditions and diseases. Recall that in Chapter 2 it was demonstrated that psychopathy is not a dysfunction in either of the two medical senses of dysfunction – an inability of something (a person, an organ, or a cell) to do what it previously could do, or an inability of that thing to perform its natural function.

In conclusion, then, it may reasonably be argued that psychopathy is a mental disorder. Indeed, there appears to be very little to suggest otherwise. What is at issue, however, is the significance of the term "mental disorder". That psychopathy is a mental disorder is not a discovery but a matter of definition, and as such provides no causal information. Thus, it matters very little practically or theoretically whether or not psychopathy is a mental disorder, and it may well be asked whether any debate over the matter is not superfluous. At best, such debates serve to indicate the lack of conceptual clarity in the fields that engage in them.

4 EMPIRICAL ARGUMENTS

> There is still a lot of opposition – some criminologists, sociologists, and psychologists don't like psychopathy at all…I can spend the entire day going through the literature – it's overwhelming, and unless you're semi-brain dead you're stunned by it.
>
> ROBERT HARE in Saturday Night Online Magazine (Kuitenbrouwer, 2001)

What psychopathy may and may not properly be called, and what implications each proposed term carries are matters of clarity. It should be obvious that without conceptual clarity the probability of an intelligible discussion on psychopathy is, if not nil, then at least greatly reduced. But is conceptual clarity such as we have provided here *absolutely necessary*, and is it necessary *now*? Can conceptual murkiness be tolerated if other conditions of good science are satisfied? Can it not be argued, as Cleckley (1982) does with his warning about "threshing out on philosophic, metaphysical, and religious planes the ultimate whys and wherefores" of psychopathy, as "it is possible and practicable to meet these emergencies at another point" (p. 264), that the time of conceptual clarification has not arrived yet? In other words, might it not be the case that conceptual clarification of psychopathy is merely a polishing or a luxury, to be attempted only after serious science has run its course?

The case against the necessity of knowing exactly what constitutes psychopathy, is frequently made by perhaps the most prominent proponent of psychopathy, Robert Hare. Consider the following quotes:

> Clinical and empirical evidence…clearly indicates that the construct [psychopathy], whatever we label it…is anything but mythological. It is true that the etiology, dynamics, and conceptual boundaries of the

> disorder are the subject of much speculation, but at the same time, there is a reasonably consistent clinical tradition concerning its core affective, interpersonal, and behavioral attributes. (Hare, 1996, p. 27)

> Some commentators – perhaps influenced by belief systems intolerant of clinical constructs, or overwhelmed by the fuzzy, inconsistent, or legalistic ways in which the term has been used – assert that psychopathy is not a useful or viable construct, and that it represents a moral judgment rather than a valid scientific proposition, presumably because most of its defining features are couched in negative or "pejorative" terms.... These assertions and arguments are made and held without empirical support, and in spite of the very extensive body of clinical and empirical evidence now available concerning the construct validity of the disorder. In some cases – usually on the basis of a single study or doctoral dissertation – and investigator confidently concludes that his or her particular findings raise serious questions about the construct of psychopathy or about the ability of the PCL-R to measure the construct. Construct validation is a complex process that depends on converging evidence from a variety of studies, paradigms, and perspectives. The fact is, as measured by the PCL-R, psychopathy is a well-validated clinical construct. (Hare, 2004, p. 9)

> I don't feel comfortable calling it [psychopathy] a disease. Much of their behaviour, even the neurobiological patterns we observe, could be because they're using different strategies to get around the world. These strategies don't have to involve faulty wiring, just different wiring." Are these people qualitatively different from us? "I would think yes," says Hare. "Do they form a discrete taxon or category? I would say probably – the evidence is suggesting that. But does this mean that's because they have a broken motor? I don't know. It could be a natural variation. (Excerpt of an interview with Hare in Saturday Night Magazine, September 1, 2001)

The first quote makes the point that it matters little what one calls psychopathy (and Hare is indeed true to his thesis by calling it by a few different names), while the second elaborates on why this is so. The third quote, given in an informal interview and thus the most unguarded statement of the set, exemplifies his general attitude, which one might call "conceptual openness." Put together, the argument runs something like this: (1) The meaning of psychopathy is an empirical question, (2) this empirical question

has not yet been settled, (3) but science tells us that psychopathy is *something*, and (4) therefore, one must maintain an open mind about the meaning of psychopathy until science delivers its verdict.

The logic of this argument borrows from a process called construct validation, hence Hare's (2004, p. 9) assertion concerning the "empirical evidence now available concerning the construct validity of the disorder.... The fact is, as measured by the PCL-R, psychopathy is a well-validated clinical construct". Let us briefly describe the logic of construct validation through the words of its founders.

Construct validation is a process first proposed by Cronbach and Meehl in 1955. According to Cronbach and Meehl, the aim of construct validation is to reveal "an interlocking system of laws" that relate "observable properties or quantities to each other, theoretical constructs to observables, or different theoretical constructs to one another" (p. 290). In the context of psychological and psychiatric classification, "observable properties" are understood as symptoms while "theoretical constructs" are understood as the causes underlying them. The alluded to "system of laws", called a "nomological network", thus establishes links within and between the observed and unobserved elements. The end result of such a network is to justify explanations of people's behavior by reference to the constructs that give rise to them (Norris, 1983). As Cronbach (1971) states: "a description that refers to a person's internal processes... invariably requires construct validation" (p. 477).

Construct validation further posits that the discovery of the system of laws determines the meaning of that which is being studied. On this, Cronbach and Meehl (1955) write: "We will be able to say what [for example] anxiety is when we know all of the laws involving it; meanwhile, since we are in the process of discovering these laws,

we do not yet know precisely what anxiety is" (p. 294). In other words, the meaning of what, say, the PCL-R measures is given, piece by piece, as correlates and causes of psychopathy are discovered. Construct validation would thus appear to explain Hare's "conceptual openness"; he only needs to know "roughly" what psychopathy is, the rest being filled in by empirical studies.

The pedigree of construct validation is readily traced to a philosophy of science known as *empirical realism*. Since its introduction in the mid 20th century by writers such as Feigl (1950), Hempel (1965), Rozeboom (1960), Sellars (1972), and Tuomela (1973) empirical realism has gained popularity especially among behavioural scientists whose allegiance to the rigid and at times naïve early 20th century formulations of positivism had begun to waver. Today, empirical realism holds a prominent place in much of mainstream psychological work, even though the connection to philosophy is rarely discussed. Tuomela (1973) summarizes the fundamental tenets of empirical realism as follows: (1) Entities, processes, mechanisms and so forth exist independent of human perception of them, (2) such things are knowable, though only partially and through successive approximations, (3) knowledge of such things is attained by the joint action of experience (observation, scientific experiment etc.) and reason (i.e. theory), (4) factual knowledge of such things is hypothetical and hence corrigible, and (5) knowledge of such things is indirect.

The basic theories of existence (ontology) and knowledge (epistemology) put forth by empirical realism are *ontological* and *epistemological realism*, respectively. Ontological realism posits the existence of physical objects that exist independently of human perception (i.e. they are by nature unobservable). Without such ontological commitment, empirical realists argue, there can be no coherent philosophical foundation

for science (Slaney, 2001). Epistemological realism, on the other hand, posits that one may have knowledge about the existence and nature of the unobservable objects. However, such knowledge, although supported by the accumulation of empirical findings, is by nature hypothetical and thus not absolute. Absolute knowledge can be gained only about observables[24], whereas, according to empirical realism, observables are only manifestations (or "symptoms", "indicators" etc.) of the unobservables (Slaney, 2001).

Thus, the meaning of psychopathy according to this view is revealed gradually. If psychopathy is to be found within a "system of laws" by way of empirically supported theories about psychopaths, then it is to be assumed that the term "psychopathy" denotes a construct, which has the power to bring about its observable manifestations. This is merely another way of saying that psychopathy is a *natural category*. By arguing that psychopathy is a well-validated construct Hare means that, by strength of construct validation studies, psychopathy can be said – with the uncertainty inherent in the model of science given by empirical realism – to be a natural category. The inherent uncertainty here also relieves the investigator from "premature" commitments to the meaning of psychopathy and hence from painstaking conceptual work, because, as empirical realism posits, conceptual decisions are really made empirically.

In light of this, let us examine the arguments, that (1) The meaning of psychopathy is an empirical question, (2) this empirical question has not yet been settled, (3) but science tells us that psychopathy is *something*, and (4) therefore, one

[24] Though, of course, an empirical realist may also recognize the fallibility of knowledge of observables.

must maintain an open mind about the meaning of psychopathy while science delivers its verdict.

For the sake of the present analysis, points (1) and (2) form a concise logical proposition, and are best studied together before pronouncing on (3) and (4). Points (1) and (2) may be expressed by the general sentiment put forth by Hare's three quotes at the beginning of this chapter, and which may be paraphrased like this: "the meaning of psychopathy is not known". This argument can be shown to be logically untenable by way of a few basic observations. Firstly, because the meaning of a concept is, in part, a function of the meanings of its constituent parts (i.e. the 20 diagnostic criteria in the case of psychopathy), the statement "the meaning of psychopathy is not known" already presupposes a grasp of the meaning of the concept "psychopathy". Without such grasp, the statement itself would be meaningless, for since the not knowing is purportedly about something, and if there is truly nothing, neither knowing or not knowing nor agreement or disagreement about it can occur.

Thus, if any sense of (1) and (2) is to be made, it cannot be taken at face value. Most likely, then, (1) and (2) mean, that the meaning of psychopathy is not *exactly* known. Or, as Hare (1996, p. 27) puts it, the "conceptual boundaries of the disorder are the subject of much speculation, but at the same time, there is a reasonably consistent clinical tradition concerning its core affective, interpersonal, and behavioral attributes." This might mean that a pool of candidate definitions is known, but the correct one out of the pool is yet to be chosen. Review of psychopathy literature (or its synopsis in Hare's third quote given above) suggests that the pool includes such definitions as disease, mental disorder, a mode of adaptation, and a mythological construct. That is, psychopathy is either something pathological within individuals or then it is simply

something like an illusion, a hoax, or a category mistake. Thus, with respect to the former, to a definitional question about psychopathy one might answer "no-one knows exactly what it is. It might be a disease or a mental disorder. Its symptoms, as far as we know, are...(the 20 PCL-R diagnostic criteria)."

But how is this much known? To what empirical study or studies can one attribute the knowledge about the pool of candidate definitions out of which one must be the true definition? How do we know that psychopathy may not for instance be a type of a water buffalo or an island off the Antarctic, but that it may be a disease? Even if it were discovered that someone had a water buffalo or knew of an island named "psychopathy", any psychopathy researcher worth their salt would object that this is not what they had in mind. But what proof can they offer for such an objection? Most likely, the objection would be, that psychopathy cannot be a buffalo or an island, because psychopathy is about people. But again, what proof can be offered for the assertion that psychopathy is about people? The proof, it must finally be admitted, is definitional – psychopathy is by definition about people. Also, only by the same definitional grounds does one know that psychopathy is not about all types of people (it is not about nice people, for instance), but about a very particular type of person. Thus, one must at last admit that the general meaning of psychopathy is known. This is not to say, however, that the exact definition of psychopathy is set and unchangeable. Although the majority of modern psychopathy research and theory is conducted with the agreement that psychopathy consists of the twenty PCL-R items, many disagree on the exact number and type of diagnostic criteria. This disagreement does not mean that the "true" meaning of psychopathy is yet to be discovered, for as we have already seen, the meaning of

psychopathy is determined definitionally. Thus, two different definitions of psychopathy delineate two different types of people[25].

But, while it must be that the meaning of the concept of psychopathy is known, it is also true that some things about psychopathy are not known. What is not known about psychopathy are its correlates and causes. The question of correlates and causes is categorically different from the question of meaning; the former is an empirical question while the latter is a conceptual question. Furthermore, the former is predicated on knowledge of the latter. That is, the cause of or correlates to something cannot be discovered until that something is known. To wit, causal claims are of the type "*if x then y*". Without knowledge of y (or without grasp of the meaning of terms that denote x and y), the claim is not causal, but only about the existence of x. Similarly, claims about correlations are of the type "*x and y*". Without knowledge about y, the claim is not about correlation, but about x singly.

Thus, (1) and (2) indicate a conflation between conceptual and empirical questions. Hare and others know the answer to the conceptual question – psychopathy is a characterization of a specific type of person; those who sufficiently meet the 20 diagnostic criteria given in the PCL-R are called "psychopaths". No one, however, knows the full answer to the empirical question, for only a certain number of correlates of certain magnitude to psychopathy are known, and the causal picture is wholly unknown. Point (4) "one must maintain an open mind about the meaning of psychopathy while science delivers its verdict", then must be "empirical openness", not "conceptual

[25] Of course, any given individual may fit two different descriptions. Yet, individuals can only be described as psychopaths if they fit the definition in use. Thus, in the presence of two or more definitions of psychopathy, the specific definition must be given before any person can be meaningfully classified as a psychopath.

openness". That is, a coherent research programme about psychopathy neither requires nor allows uncertainty about the meaning of psychopathy, but must be open to the discovery of any number of possible causes and correlates to it. And this is well enough, for the cause or causes of psychopathy are certainly elusive and worth investigating. But, of course, no such investigation would be possible if the researcher did not know what it is that the causes and correlates are causes and correlates to.

If it has so far been shown that construct validation fails in its method for providing meaning, it does not follow that construct validation fails as a whole. For, it might still be argued that the process of construct validation, if successful, has the ability to detect causes. This leaves us with (3) *science tells us that psychopathy is something.* From our discussion above it is clear that (3) refers not to conceptual but to empirical matters. That is, (3) refers not to the meaning of psychopathy, but to either its cause (or causes) or its correlates, which according to construct validation may be taken as indicators of causes as well. The rest of the chapter will examine the empirical studies of psychopathy which, one way or another, attempt to establish the truth of (3).

A logical point to start is the argument that there exist law-like relationships (i.e. positive correlations) among the diagnostic criteria of psychopathy. The criterion of intercorrelation rests at the foundation of construct validation. Cronbach and Meehl (1955) write: "If a trait such as dominance is hypothesized, and the items inquire about behaviours subsumed under this label, then the hypothesis appears to require that these items be generally intercorrelated" (p. 63). Let us call this *theory 1.* But, before

examining the empirical support for *theory 1*, we must first discuss the method for testing it at some length. The most common test is factor analysis.

4.1 Theory 1

Factor analysis: The method of factor analysis was developed specifically to provide mathematical models for the purpose of explaining psychological theories of human ability and behavior (Blashfield, 1984). Initially, the method was developed for the study of mental abilities. During the early twentieth century, Charles Spearman (1933) noted that scores on the mental ability tests that he was studying were positively correlated. That is, a person's good performance on one test increased the probability that he or she would perform well on other tests of mental ability as well. Thus, Spearman postulated a "general factor" (g) that would explain these correlations. Factor analysis was developed by Spearman (1933) as a test of the hypothesis that such a factor existed and as a tool to provide a definition for g. Since then, factor analysis has been used for a variety of purposes, such as that of classifying diseases by reducing a number of observed symptoms into sets (syndromes). In this way, symptoms that are correlated with one another, but largely independent of other subsets, are combined into sets, or factors (Blashfield, 1984; Harman, 1967). In a similar manner to Spearman's use of factor analysis to support the concept of g, factor analysis is often used to test the hypothesis that a latent component, which can be hypothesized to be the cause of symptom correlations, exists. As Meehl (1986, p. 221) puts it: "Covariation is the essence of descriptive science and the touchstone of scientific thinking."

Mathematically, the one-dimensional common factor analysis model for n observed variables, Y, is expressed as follows:

(1) $$Y = \Lambda X + \delta$$

with X representing the latent common factor to Y, δ the vector of unique factors, or residuals and Λ the factor loadings. Each observed variable is portrayed as a linear combination of a latent factor common to all of the variables, and a unique factor not shared by the other variables. In addition, common factors are assumed to have zero correlation with the unique factors, and unique factors are assumed to be mutually uncorrelated. The joint consequence is that, if the observables conform, then covariance matrix Σ has decomposition :

(2) $$\Sigma = \Lambda\Lambda' + \Psi^2$$

in which Ψ^2 is a diagonal matrix containing unique variance.

The "meaning" of the factor is interpreted according to the factor loadings of the variables. The process is called *factor interpretation*. Typically, those variables with a large loading (for example, in excess of .30) provide the basis for this interpretation (e.g., Tabachnick & Fidell, 1996).

The common heuristic assumption behind the use of factor analysis is either that the latent common factor is an indication of an underlying causal mechanism, or that the variables measure the same trait. Consequently, the common factor X is taken to serve as an indicator of a characteristic of the subject (from whom the variable was measured), or a common causal entity, and the unique factor δ as an index of what is idiosyncratic to the subject (e.g., McDonald, 1981; Meehl, 1992). Metaphorically, then, the common factor can be seen as a "signal" to be picked up in the face of residual noise with the magnitude of the latter given by Ψ^2. Cattell (1952) summarizes the guiding premise of factor analysis as follows:

> We are like the crew of a ship approaching some strange coast through a fog. It is easy to seize on some arbitrary, transient point of visibility and still easier to convince ourselves that it proves the existence of structure created by our own imaginations on the basis of pretentious hypotheses. Factor analysis, however, comes to our rescue as a kind of radar to avoid both the trivial and the unreal, for it gives us – however roughly at first – the shape of the real structures hidden in the swirling multiplicity of variables. (p. 16)

Findings: Symptoms (i.e. items contained in the PCL-R or a similar measure) considered to constitute psychopathy have been factor analyzed extensively. Today, it is widely accepted that items measuring psychopathy form two distinct factors, which are interpreted as "selfish, callous, and remorseless use of others (Factor 1) and chronically unstable, antisocial, and socially deviant lifestyle (Factor 2)" (Hare et al., 1990, p. 340). These factors are argued to make up "the higher order construct of psychopathy" (Harpur et al., 1994, p. 153). The two-factor solution is widely viewed as the "gold standard" (Cooke and Michie, 2001, p. 172) solution.

Thus, it is argued that factor analytic studies inform us of (a) what the indicators of psychopathy jointly measure (a "higher order construct of psychopathy"), and (b) what the indicators jointly and potentially suggest about the world (that psychopathy denotes a natural category with potentially causal powers). With reference to (b), consider the following claims:

> The finding that Factor 1 items are most likely to occur in the most extreme cases may explain the established finding that although Factor 2 items are related to socioeconomic status, educational attainment, and family of origin, Factor 1 items are independent of these variables…It is likely that psychopathic personality disorder occurs as a consequence of the concatenation of biological vulnerability, critical early experiences, and social pressures…At extreme levels the trait emerges unmodified by

the social context; the absence of any moderating effect of social context on Factor 1 items tends to implicate biological processes. (Cooke and Michie, 1997, p. 12)

...social environment has an influence on the behavioural component (Factor 2) of psychopathy...In contrast, the emotional component (Factor 1) is unrelated to SES...We suggest that it is biological make-up that determines whether individuals show emotional difficulties. (Mitchell and Blair, 2000, p. 357)

In contrast with the PCL-R, the PPI [Psychopathic Personality Inventory] is a personality–based inventory that relies on a broad range of content to draw inferences about psychopathic tendencies in nonprisoners. The presence of two orthogonal factors in this instrument is consistent with the idea of separate etiological processes underlying the emotional-interpersonal and antisocial behavior facets of psychopathy and offers a potential means of investigating these processes separately within the general population. (Benning, Patrick, Hicks, Blonigen, and Krueger, 2003, p. 347)

Although Kosson, Smith, and Newman (1990) reported similar correlations between psychopathy and criminal activity for Caucasian and African American offenders, the pattern of correlations between psychopathy and personality scores was different, and an exploratory factor analysis suggested differences in underlying factor structure. Moreover, some of the laboratory deficits observed in Caucasian offenders do not generalize to African American offenders....One possible explanation for the differences in factor analysis and laboratory findings across ethnicity is that the psychopathy syndrome is different in African Americans than in Caucasian samples. Thus, African Americans and Caucasians with high PCL-R scores are characterized by some similar but some different underlying mechanisms. For example, it could be argued that African American psychopaths share with Caucasian psychopaths a propensity for violent and non-violent criminal activity, criminal versatility, and cognitive deficits associated with left-hemisphere activation...but that African American psychopaths are not characterized by the same appraisal and response modulation deficit. (Cooke, Kosson, and Michie, 2001, p. 531-532)

The establishment of psychopathy as a natural category[26] or type has thus gained support from factor analytic studies. On this matter, Hare and Cox (1978) conclude:

> Empirical evidence supports this clinical belief in the utility and validity of the concept of psychopathy. This evidence includes (i) research on physiological and behavioral correlates, and (ii) multivariate studies which have succeeded in delineating factors and typologies that are compatible with the clinical concept of psychopathy. (p. 5)

Thus, in keeping with the construct validation program, in establishing the existence of a natural category, one must first establish that a "something" exists. This process typically begins with clinical observation, leading to a hypothesis that such a "something" exists, which in turn leads to confirmation or rejection of the hypothesis by statistical means. In the present case, it has repeatedly been argued that the clinical hypothesis has been confirmed by means of factor analysis. But, faithful to empirical realism, construct validation via factor analysis here serves a *dual* purpose: not only does it confirm the existence of a "something", which may now be called a "factor", but it also suggests that this factor denotes an underlying, unobservable construct with causal powers[27].

[26] The concept of a natural category is close in meaning to the concept of *validity*. Due to the vague and inconsistent use of the latter, however, the current discussion will make reference only to the former.

[27] It should be noted that factor analysis is not the only statistical method with these proposed properties. Factor analysis, rather, is only an example of a set of measures, commonly referred to as "taxometric analyses", which test distributions of scores, and include such measures as the maxcov-hitmax method. For the use of these methods with psychopathy, see for example Harris, Rice, and Quinsey, 1994. Although our analysis of theory 1 explicitly addresses factor analysis, it applies to the same extent to all taxometric analyses based on the criterion of item correlation.

4.2 Theory 1 – Analysis

Let us first examine the empirical bases of the natural category argument. If the psychopathic symptoms were to jointly indicate a natural category, the argument goes, then one of the following two things should occur: (A) should psychopathy be considered a proper mental disorder, rather than an instance of comorbidity of two or more mental disorders, then the diagnostic features would be expected to form a single factor, or (B) should a factor analytic solution indicate a cause or causes of psychopathy, then factor analyses should yield a consistent number of factors indicating exactly this. Neither way of interpreting factor analytic results, however, is supported by evidence. Recall, that the "gold standard" solution posits two distinct factors. Other research (e.g., Cooke and Michie, 2001; Johansson, Andershed, Kerr, and Levander, 2002), however, supports a three-factor solution. Furthermore, Miller, Lynam, Widiger, and Leukenfeld (2001) favour the widely used Five-Factor Model of personality to represent psychopathy, while Lilienfeld and Andrews (1996), using a self-report measure of psychopathy, suggest the presence of eight factors. Thus, factor analytic literature on psychopathy appears to support neither (A) nor (B) [28].

However, these discrepancies are not fatal to the argument that psychopathy is a natural category. Since the factor analytic results depend on a number of contingencies (most importantly, the samples used and the manner in which the symptoms manifest themselves, be it categorically, in any given continuous manner, or as an unfolding model), some of which are not known (i.e. the manner of symptom manifestation), a

[28] Hare's assertion, based on "General Factor Saturation" findings by Cooke and Michie (1997, 2001), that the factors in fact measure a single, superordinate factor is untenable, because General Factor Saturation does not indicate anything about the items, but only speaks to the number of factors an analysis of the factors themselves would likely yield.

certain amount of discrepancy and uncertainty is to be excpected. The only conclusion to be drawn from the factor anlytic results is, therefore, that they do not conform to the general expectations of mainstream psychopathy research.

However, let us grant *theory 1* a reprieve, and imagine a state of affairs in which every factor analytic study on psychopaths yielded a clean one-factor solution. What would such a finding tell us? The answer is readily available in the logic of correlation. The positive correlation between, say, height and weight means that there exist relatively many people who are (a) tall and heavy, and (b) short and light; and relatively few people who are (c) tall and light, and (d) short and heavy (and, of course, many people who are of average height and weight). A unidimensional solution to the twenty items of the PCL-R would establish a similar pattern, but only with a very large number (210 altogether) of such positive pairings in a pattern specified by the model. These pairings would begin like this: there exist relatively many people who are (a) glib and have a grandiose sense of self worth, and (b) who aren't glib and who don't have a grandiose sense of self-worth; and relatively few people who are (c) glib but who do not have a grandiose sense of self worth, and (d) not glib, but who have a grandiose sense of self worth (and many people who are of average glibness and grandiosity of self worth).

In other words, a correlation among peoples' height and weight or between the twenty PCL-R items tells us about the existence of types of people. It does not, however, tell us *why* these people are the way they are. Put yet another way, whether or not people vary along certain dimensions in a certain way is a statistical question; *why* they do so is not. But of course construct validation theory admits as much. In construct validation, a unidimensional factor solution is taken not as a discovery of a specific cause, but as an *indication* or a *suggestion* that *a* cause exists, the nature of which is to

be determined by some branch of natural science. This argument is a natural extension of determinism, according to which all events are caused. If we were to accept determinism, the deduction would go like this:

All things are caused (major premise)

The latent common factor X (in $Y = \Lambda X + \delta$) *is an event* (minor premise)

Therefore X is caused (conclusion)

Whether or not one is committed to determinism, the case does not appear altogether unreasonable – surely it is reasonable to enquire as to the causes of an event, whether or not one ultimately finds them. The case does not, therefore, hinge on the major premise. It hinges and falls, however, on the minor premise, for X is not an event. The interpretation of the latent common factor as an indication of an underlying, unobservable cause rests on a literal interpretation of a metaphor. If, in the ideal world the twenty PCL-R items are found to be unidimensional, the "event" metaphor would stipulate that the items have in some way actively "come together" (and reasons for this "coming together" must be found). But of course the items do no such thing. Factor analysis merely describes data in terms of a mathematical equation. If the data are describable by a a unidimensional factor solution, this simply means that the data and the people from whom the data are extracted are of a certain type. This also explains the reason why factor analytic results are inconsistent – the results are not about a search for an underlying cause, but about people, and as samples change, so do the results (see discussion on results above). The empirical question, then, turns into the soberingly old-fashioned: "why are there different types of people?" Since we already know that there are different types of people – and factor analysis merely confirms this – the empirical questions about the reasons for any given type's existence turn out to be mind-

numbingly complex. Take a tiny sample of such questions inspired by an imaginary one-factor solution to the PCL-R items[29]:

- Why does superficial charm correlate positively with revocation of conditional release, but not with monogamy?
- Why are there relatively many people who have a grandiose sense of self worth, and who have many short-term marital relationships, but relatively few people with normal or low sense of self worth and many short-term marital relationships?
- Why are some people promiscuous, lying criminals with no sense of remorse?
- Is there a single thing that causes (a) pathological lying and (b) the correlation between parasitic lifestyle, early behavioural problems, and impulsivity?

How are these and countless other relevant questions to be answered? They are, quite simply, to be answered by the disciplines designed to answer "why" questions, including biology, psychology, sociology, theology, and so forth – whomever supplies the best answer wins. The winner cannot however rely on statistical methodology such as factor analysis, for questions about the existence and nature of causes are outside its purview.

But, one can easily imagine a rebuttal of the following sort: is it not possible, that the existence of this very type of person (psychopath) is due to a knowable cause or causes? And, in consequence, does not a unidimensional factor solution in a sense

[29] Let us assume that the scores on the items were extracted from the general population. If they were extracted from a prison population, then simply add "in prison" to the end of every question.

"identify" or "suggest" this cause (or, alternatively, a multidimensional solution having the property of identifying multiple causes)? This rebuttal borrows heavily from the medical sciences, in which factor analyses are indeed likely to yield one-factor solutions to certain symptoms with certain knowable cause or causes[30]. Of course, this scenario is possible with regard to psychopathy as well. To dismiss such a possibility would be foolish indeed. But, it should be borne in mind, that in the medical sciences, the cause or causes of a given condition are identified independently of factor analysis. Given the fact that the case of one factor denoting one cause (and multiple factors denoting multiple causes) is one possibility among an infinite number of possibilities, the medical sciences are wise indeed to not rely on factor analyses as causal indicators. Infinity of possibilities, furthermore, is by no means reduced by factor analytic solutions of any kind no less so in the human than the medial sciences. Thus, the likelihood of a cause or causes denoted by factor solutions is not a function of empirical evidence (such as the more and larger correlations, the larger the possibility of an underlying cause), and the belief in such a reduction is by definition a metaphysical belief, the very antithesis of scientific thinking.

In summary, the hypothesis that psychopathy is a "construct" in a causal sense is not supported by factor analytic studies. Firstly, and contrary to expectations, factor analyses have not confirmed the existence of a single factor consisting of the diagnostic criteria for psychopathy. Rather, the data appear to fit into a solution of two, three, or more factors. Secondly, regardless of how data fit into the factor analytic model, the

[30] It is important to note that by no means all symptoms of known medical conditions should yield one-factor solutions. For instance, diseases with unfolding symptoms, such as syphilis, should not be "detectable" with factor analysis. On the other hand, many one-factor solutions – say, including stomach ache, vomiting, and dizziness – do not indicate a single cause.

model does not have the property of suggesting anything about underlying causal structures or functions. In consequence, the conclusion that a two or three factor structure suggests two or three causes, respectively, is neither indicated nor contra-indicated by factor analytic (or any other correlational) findings, but is metaphysical in nature.

Thus, the claim that a factor indicates an underlying cause is a *hypothesis*, with no logical primacy to any number of competing hypotheses. But, as the history of the health sciences attests, there are well-supported and poorly supported causal hypotheses. How well are causal hypotheses for psychopathy supported? Though the conclusion is already known – cause or causes to psycopathy are unknown – let us again follow Hare's lead in the matter, and consider the findings to be merely suggestive. Hare (2004, p. 7) argues:

> The biological, social, psychological, and environmental factors responsible for the development and maintenance of psychopathy are not well understood..., although recent application of cognitive/affective neuroscience and developmental psychopathology are beginning to provide important clues.

What follows is a brief list of currently dominant causal hypotheses, loosely based on Hare's (2004) summary of validation studies of the PCL-R, each followed by an analysis of their status as "important clues" in solving the causal puzzle.

4.3 Theory 2

A classic causal explanation for psychopathy posits an emotional abnormality. Summarizing experimental research on psychopaths, Hare (2004) writes: "Most clinical accounts of psychpathy make specific reference to difficulties in processing, understanding, and using emotional material" (p. 111), and Blair, Mitchell, and Blair (2005) write: "The advantage of the concept of psychopathy is that it identifies a population who share a common etiology, a dysfunction in specific forms of emotional processing" (p. 12). These emotional "difficulties" have been reported on several fronts. Let us briefly review some of the main categories of the emotion deficit theories by way of examples.

Cleckley (1976) has theorized, that psychopathy is caused by a deficiency in the experience of common emotions, and that this is reflected in an anomalous processing of emotional words. The often-quoted expression for this condition expresses this premise as the idea that psychopaths "know the words but not the music" (Johns and Quay, 1962, p. 217). For instance, Willimason, Harpur, and Hare (1991) have supported this hypothesis by comparing the reaction times and event-related potentials (brain waves) of eight psychopaths and eight non-psychopaths as they perceived affective and non-affective words. Williamson et al. (1991) proved that while the non-psychopaths reacted faster to affective than neutral words, the psychopaths showed no such difference. Correspondingly, electrodes placed on the subjects' scalps showed that, on average, the psychopaths and the non-psychopaths showed different brain activity during the task. Similar differences in psychopaths' and non-psychopaths' brain activity

during the processing of negative and positive emotional words were observed by Kiehl, Hare, McDonald, and Brink (1999) and Intrator et al. (1997).

Hare, Williamson, and Harpur (1988) have also shown differences in the way a sample of psychopaths and non-psychopaths analysed the emotional polarity of words and phrases. Specifically, the psychopaths appeared to order words and phrases differently along a good-bad continuum than the non-psychopaths. Blair et al. (1995), on the other hand, report differences in how psychopaths and non-psychopaths attribute guilt to characters in stories. Findings of this type do not generalize to all populations and all types of experimental tasks, however [Lorenz and Newman, 2002, showed that reaction-time differences in word-processing did not occur in an African-American sample; Hare, Williamson, and Harpur's (1988) findings did not apply to picture tasks, and Blair et al. (1995) did not find differences in attributions of emotions other than guilt]. Nonetheless, many researchers consider this line of investigation to be the most convincing form of proof for qualitative difference between psychopaths and non-psychopaths (e.g., Siever, 1998).

Emotional deficits of one sort or another are believed to manifest themselves in other domains as well. For instance, Hare and Gillstrom (unpublished manuscript, quoted in Hare, 2004) found that a sample of psychopaths differed in their use of hand gestures from non-psychopaths when discussing emotional material (in this case, family life). Samples of psychopaths and non-psychopaths have also been shown to differ in startle responses to an auditory stimulus as a function of viewing either a pleasant, unpleasant, or neutral visual stimuli (e.g., Levenston, Patrick, Bradley, and Lang, 2000). Further, Patrick, Cuthbert, and Lang (1994) have shown differences between psychopaths' and non-psychopaths' skin conductance, heart rate, and facial muscle

activity as a function of imagining emotional versus neutral sentences, and Blair, Jones, Clark, and Smith (1997) found skin conductance differences between a sample of psychopaths and non-psychopaths while distressing images were shown. Kiehl et al. (2001) discovered that psychopaths showed different brain activation (as assessed by fMRI) from non-psychopathic offenders and noncriminals during processing of emotional words. Finally, some researchers (e.g., Day and Wong, 1996) have shown different hemispheric activation for processing emotional words between samples of psychopaths and non-psychopaths.

4.4 Theory 2 – Analysis

The argument that psychopaths and non-psychopaths differ in their experience and display of emotion is well supported by both clinical observation and laboratory studies. Conclusions, such as: "...laboratory data strongly support the clinical observation that one key component of psychopathy in men and women is abnormal emotional processing" (Sutton, Vitale, and Newman, 2002, p. 618), appear, by sheer weight of evidence, to stand. The problem with this conclusion is, however, not lack of empirical evidence, but instead the fact that *it does not require empirical evidence.* That psychopaths manifest abnormal emotional processing is a matter of definition. Consider PCL-R items 6, 7, and 8, and their descriptions (Hare, 2004) that read as follows:

> *Item 6: Lack of Remorse or Guilt.* Description: Item 6 describes an individual who shows a general lack of concern for the negative consequences that his actions, both criminal and noncriminal, have on others. He is more concerned with the effects that his actions have upon himself than he is about any suffering experienced by his victims or damage done to society. He may be completely forthright about the matter, calmly stating that he has no sense of guilt, that he is not sorry for

the things he has done, and that there is no reason why he should be concerned now that the matter is finished. On the other hand, he may verbalize some remorse, but his actions do not confirm his words. Lack of remorse may be indicated by a failure to appreciate the seriousness of his actions (e.g., feeling the his criminal sentences were too severe or that he was judged unfairly, etc.); by arguing that his victims, others, society, or extenuating circumstances were really to blame; or by repeatedly engaging in activities that are clearly harmful to others. For example, he may blame the criminal justice system or the media for damaging his reputation and for preventing him from realizing his potential.

Item 7: Shallow Affect. Description: Item 7 describes an individual who appears unable to experience a normal range and depth of emotion. At times, he may impress as cold and unemotional. Displays of emotion generally are dramatic, shallow, short-lived; they leave careful observers with the impression that he is playacting and that little of real significance is going on below the surface. He may admit that he is unemotional or that he shams emotions. Sometimes the individual claims to experience strong emotions, yet he seems unable to describe the subtleties of various affective states. He may equate love with sexual arousal, sadness with frustration, and anger with irritability. Also, his emotions may not be consistent with his actions or with his situation.

Item 8: Callous/Lack of Empathy. Description: Item 8 describes an individual whose attitudes and behavior indicate a profound lack of empathy and callous disregard for the feelings, rights, and welfare of others. He is only concerned with "Number 1," and views others as objects to be manipulated. He is cynical and selfish. Any appreciation of the pain, anguish, or discomfort of others is merely abstract and intellectual. He has no hesitation in mocking other people, including those who have experienced misfortune or who suffer from a mental and/or physical handicap. His contempt and lack of concern for others may lead him to describe himself as a "loner by choice." He views emotionality as a sign of weakness.

Thus, this much is known by definition: People who fit these descriptions have unusual emotional processes in both the statistical and moral sense. On the other hand, by way of support for *theory 2*, this much is known empirically: psychopaths (i.e. individuals who are very likely to meet the definition for items 6-8) process emotions abnormally, *even in the laboratory* (i.e. in the statistical, but not the moral sense). In

other words, *theory 2* does not function here as a hypothesis for psychopaths' emotional processing, for it is already known that psychopaths process emotions abnormally. Rather, experiments to test *theory 2* are designed to provide correlates for this abnormal processing of emotions. Results of these experiments therefore supply answers only within this design, answers of this form: high likelihood of abnormal emotional processing correlates to a certain extent with particular reaction time, skin conductance, brain wave, brain function, startle response, guilt attribution, facial muscle activity etc. rates during experimental manipulations that are, at least theoretically, related to emotional processing.

But what is this theoretical relationship? In correlating PCL-R scores with various behavioural and physiological measures of emotional processing, some have concluded that indeed, defective affect may not be a symptom but a cause of psychopathy. This would appear to make theoretical sense, for the various physiological and response time differences between psychopaths and non-psychopath may be interpreted to mean that psychopaths not only process emotions abnormally, but that they actually *lack* certain key emotions, an interpretation that can be neatly applied back to the PCL-R diagnostic criteria. Such a reading of the research findings would allow one to conclude that a specific lack of emotion concerning the welfare of others could indeed explain all facets of psychopathy.

If this interpretation were true, however, and an emotional deficit were the single cause of psychopathy, then a theoretical relationship should logically extend to the remaining characteristics of psychopathy. Let us see this reasoning to its conclusion.

(1) The relationship between *theory 2* and *glibness/superficial charm* is not obvious, but certainly possible. It may be argued, that "character" (perhaps the opposite

of glibness and superficial charm) is forged by a deep feeling or feelings of some sort or another. These might include feelings of justice, fairness, friendship, and so forth. In the absence of such feelings, glibness and superficial charm might prevail.

(2) The relationship between *theory 2* and *grandiose sense of self worth* is far from obvious, and certainly nothing in the PCL-R description of the latter suggests it. On the contrary, grandiose sense of self worth seems to suggest excess rather than a deficit of feeling.

(3) The relationship between *theory 2* and need for *stimulation/proneness to boredom* is almost equally difficult to establish. Here, again, an excess of a certain type of feeling (boredom) on the one hand, and a desire for a different type (thrill, novelty) on the other, is suggested.

(4) The relationship between *theory 2* and *pathological lying* is easier to argue than the previous two relationships. Since lying is morally wrong, it may be argued that not feeling badly about lying might make lying easier. Let us call this type of deficiency, "lack of moral emotion". However, it should be noted, that this type of argument works only in the negative. Otherwise, it would also have to be shown that the act of lying, or what it achieves (e.g., material or psychological gains), does not make the psychopath feel good, for feeling good is also an emotion. Let us call this type of deficiency, "lack of negative emotion".

(5) The relationship between *theory 2* and being *conning/manipulative* is also plausible, but only with reference to a lack of moral and negative emotions about conning and manipulating.

(6), (7), and (8) As already discussed, an emotional deficit is practically a synonym for *lack of remorse or guilt, shallow affect, and callousness/lack of empathy.*

(9) The relationship between *theory 2* and *parasitic lifestyle* is difficult to argue. Only if being "parasitic" is considered bad (and the wording certainly implies this), and a psychopath lacks moral and negative emotions about being "parasitic", might this type of behaviour result.

(10) The relationship between *theory 2* and *poor behavior controls* does not appear theoretically sound, especially in light of the relevant PCL-R description (Hare, 2004), which reads:

> Item 10 [poor behavioural controls] describes an individual with inadequate behavioural controls. He may be described as short-tempered or hot-headed. He tends to respond to frustration, failure, discipline, and criticism with violent behavior or with threats and verbal abuse. He takes offense easily and becomes angry and aggressive over trivialities; these behaviors will often seem inappropriate, given the context in which they occur. They are often short-lived, and the individual may quickly act as if nothing out of the ordinary has happened. His behavioral controls, ordinarily not very strong, appear to be further weakened by alcohol.

In light of this, the relationship between an emotional deficit and poor behavioural controls seems contradictory: while *theory 2* posits too little emotion, the item description for (10) posits too much of it. If the relationship between *theory 2* and item (10) is to make sense, one must qualify the relationship rather heavily. This might be done, for instance by proposing that too much and too little emotion not arise at the same time, or that the emotions be separated by target (too much emotion about one's self, too little about others), or that they be separated by quality (too much bad emotion, too little good emotion). This is certainly an intricate theory for which the emotional deficit theory of psychopathy has little to say.

(11) The relationship between *theory 2* and *promiscuous sexual behavior* is theoretically feasible. The PCL-R description of the items reads in part: "Item 11 describes an individual whose sexual relations with others are impersonal, casual, or trivial". In other words, sex without emotion. However, the theory holds only with reference to negative emotions.

(12) The relationship between *theory 2* and *early behavioral problems* is also feasible, but only with regard to moral and negative emotions.

(13) The relationship between *theory 2* and *lack of realistic, long-term goals* is not easily established. While reason and emotion have traditionally been considered to be separate human capacities, emotional deficit theory of psychopathy would seem to posit lack of emotion as the cause of lack of reason. The theory only holds if long-term goals are in fact derived from emotions, such as worry about the future, rather than from reason. This would be an interesting proposition requiring some elaboration. Furthermore, a coherent theory would have to reconcile a lack of realistic, long-term goals with the conning/manipulative aspect of psychopaths. To wit, the latter reads in part:

> Item 5 is...concerned with the use of deceit and deception to cheat, bilk, defraud, or manipulate others. The use of schemes and scams, motivated by a desire for personal gain (money, sex, status, power, etc.)....Some of these operations are elaborate and well thought out. (Hare, 2004)

Hence, the lack of realistic, long-term goals must not involve goals of a criminal nature, however profitable. If the emotional deficit theory were to hold, one would have to posit a

deficiency in reason of a specific kind, a kind tempered with concern for morality and the law.

(14) The relationship between *theory 2* and *impulsivity* is much the same as with (13). Here, again, lack of reason rather than emotion is suggested.

(15) The relationship between *theory 2* and *irresponsibility* is easily conceptualised, but only with regard to moral and negative emotions.

(16) The relationship between *theory 2* and *failure to accept responsibility* for own actions would appear to be much the same as with (15).

(17) The relationship between *theory 2* and *many short-term relationships* is extremely complex. The abrupt, chronic abandonment of marital partners does indeed make theoretical sense for someone with deficits in moral and negative emotions. But how does the theory account for the establishment of such relationships? The theory might of course posit a special category of feeling – let us call it "marital feeling' – which is present in psychopaths, but only to a certain degree (say, to the extent of an average of one year). The existence of this marital feeling would not allow a psychopath to remain single, but the briefness of it would also prevent him or her from remaining in a marital relationship for very long.

(18), (19), and (20) The relationship between *theory 2* and *juvenile delinquency*, *revocation of conditional release*, *and criminal versatility* again makes sense with regard to moral and negative emotions.

Clearly, the theoretical relationships between an emotional deficit and the twenty PCL-R items are far from obvious. The three main categories of theoretical explanation appear to lack either parsimony or intuitive appeal, are tautological, or are limited in their scope to lack of moral and negative emotions. Since so many explanations appear to fall

into the last category, let us examine its logic further. To recap, the explanation runs like this: a psychopath does x, because he or she does not feel bad about doing x, and not because he or she feels good about doing it. This would serve as an explanation for psychopathic behaviour, since it is assumed that a non-psychopath would be prevented from doing x by a bad feeling associated with doing it. In other words, a negative emotion serves as a deterrent for x, and in the absence of such a feeling, x is committed. The English language equivalent for this feeling is, of course, "conscience". Could psychopathy then be caused by the lack of conscience? At first blush, this possibility seems theoretically sound, for lack of conscience and the twenty diagnostic criteria for psychopathy are conceptually very close. Indeed, the very link is evoked in the title of Hare's popular 1993 book, *Without Conscience: The Disturbing World of the Psychopaths Among Us*. The book jacket reads:

> We often think of psychopaths as the disturbed criminals who capture headlines and crowd the nation's prisons. But not all psychopaths are killers. They are more likely to be men and women you know who move through life with supreme self-confidence – but without conscience.

It is clear, however, that neither the title nor the quote offer lack of conscience as a causal theory of psychopathy, but rather as a description of it. To be a psychopath and to lack conscience are much the same thing (though one may lack conscience and not be a psychopath, but not vice versa). It would surely be difficult to justify the belief that a person who lies, cons, manipulates, commits crimes etc., and does not feel responsible or guilty about any of these actions really has a conscience. In other words, lack of conscience is *inferred* from bad behaviour. From this it follows that the commission of

bad actions cannot be *explained* by the lack of conscience, for such an explanation would be circular.

Thus, on closer inspection the theoretical relationship between *theory 2* and psychopathy, despite its initial appeal, turns out to be quite unsatisfying.

4.5 Theory 3

Similarly to theory 2, some researchers have proposed that psychopathy is caused by a cognitive deficit in the processing of abstract material (the similarity here to theory 2 has to do with the fact that emotional material is abstract). While psychopaths appear to understand the meaning of concrete as well as abstract concepts (e.g., Williamson et al., 1991), they appear to show abnormalities in response time and attendant brain activation while processing abstract concepts. For instance, Kiehl et al. (2004) found that psychopaths take longer than non-psychopaths to recognize abstract words, and psychopaths do not show the same brain activity difference while processing abstract and concrete stimuli that non-psychopaths do. Other research (e.g., Kiehl, Hare, McDonald, and Brink, 1999) has reported similar results. Kiehl et al. (2004, pp. 306-307) summarize the results and elaborate the causal picture as follows:

> For the sake of argument, if we assume that psychopathy is present at an early age and that abnormalities in semantic processes related to conceptually abstract material are also present at that age, then how might these abnormalities lead to psychopathic-like behavior? Perhaps psychopathic individuals have difficulty engaging in cognitive functions that involve material that has no concrete realization in the external world. We might speculate that complex social emotions such as love, empathy, guilt and remorse may be a form of more abstract functioning. Thus, difficulties in processing and integrating these conceptually abstract representations to regulate or modulate behavior would be impaired in these individuals....Given the growing evidence supporting abnormalities

> in processing conceptually abstract representations, these data suggest that abstract processing deficits may be a fundamental abnormality in psychopathy.

4.6 Theory 3 - Analysis

The appeal of this theory is obvious. Firstly, difficulty in the processing of abstract concepts is not contained in the diagnostic criteria for psychopathy. Thus, if all psychopaths indeed have difficulty in the processing of abstract concepts, a causal hypothesis, however cautious, might be warranted. Secondly, the theoretical relationship between *theory 3* and psychopathy should be relatively easy to establish, for one only needs to think of an abstract concept denoted by each of the twenty PCL-R items, find its opposite, and consider psychopaths deficient in the processing of that opposing concept. The processing of that concept would then lead to an inability to experience that concept or participate in its instantiation in one way or another. The list might read something like this:

(1) Glibness and superficial charm – character.

(2) Grandiose sense of self worth – humility.

(3) Need for stimulation/proneness to boredom – patience or contentedness.

(4) Pathological lying – honesty.

(5) Conning/manipulative – honesty.

(6) Lack of remorse or guilt – remorse and guilt.

(7) Shallow affect – emotional depth.

(8) Callous/lack of empathy – empathy.

(9) Parasitic lifestyle – self-sufficiency.

(10) Poor behavioural controls – self-control.

(11) Promiscuous sexual behavior – chastity.

(12) Early behavioural problems – honesty, empathy, regard for law, regard for property, respect for authority etc.

(13) Lack of realistic, long-term goals – planning, delay of gratification.

(14) Impulsivity – prudence.

(15) Irresponsibility – responsibility.

(16) Failure to accept responsibility for own actions – responsibility.

(17) Many short-term marital relationships – love, commitment.

(18) Juvenile delinquency – see (12).

(19) Revocation of conditional release – see (12).

(20) Criminal versatility – see (12).

Thus, if a psychopath has difficulty processing for instace the concepts of "guilt", "remorse", and "honesty", then he or she might, in fact, find it easy to lie and not have the experience of guilt and remorse. But why end the list here? Since the theory does not restrict the type or number of abstract terms for which psychopaths' processing falters, one might as well consider psychopaths deficient in the experience or instantiation of any abstract terms, including "bad", "dishonesty", "crime", "selfishness", "money", and "God". If the theory holds, a psychopath deficient in the processing of these particular abstract terms would be a good, honest, law-abiding, unselfish, and poor atheist. Of course this person would no longer be a psychopath, but only a person with a deficit in the processing of abstract concepts. Thus, rather than providing a causal account of psychopathy, *theory 3* merely provides an account of someone who is

concrete, the relationship between concreteness and badness not being stipulated by the theory. This would imply that a further empirical distinction should be made between those individuals who are merely concrete and those who are concrete and psychopathic. The basis for this distinction is difficult to imagine, and a review of the psychopathy literature reveals no such distinctions.

To make theoretical sense, therefore, a limitation must be introduced to *theory 3*, and it is that psychopaths must be deficient only in the processing of *morally good* abstract concepts. Note the similarity here to *theory 2*, much of which made theoretical sense only with respect to emotions of a moral nature. We shall return to the idea of a moral faculty in chapter 5.

4.7 Theory 4

A large body of research by Newman and colleagues has examined a hypothesis according to which psychopathy is caused by a defect in response modulation. Newman (1998, p. 85) defines response modulation as the process of "suspending a dominant response set in order to accommodate feedback from the environment." A deficit in response modulation would, in turn, involve poor attention to contextual cues while pursuing a given activity, and an attendant perseveration with non-adaptive behavior (i.e., being stubborn). Put in theoretical terms, the idea goes like this:

> Failure to accommodate such information hampers self-regulation because it renders the individual relatively insensitive to unexpected feedback that signals potential punishment, unexpected changes in environmental contingencies which indicate that current behavior is no longer adaptive, incidental affective cues that normally guide interpersonal interactions, and a range of other incidental cues that would

> otherwise accentuate alternative response strategies (e.g., delay of gratification). (Newman et al., 2002, quoted in Hare, 2004, p. 130).

This theory has gained support from experiments in which samples of psychopaths perseverated in using a losing strategy in card games significantly longer than non-psychopaths. Some studies have also shown differences in samples of psychopaths' and non-psychopaths' event-related potentials during response modulation tasks, which occurred in areas presumed to be involved in response inhibition (Kiehl, Smith, Hare, and Liddle, 2000). Although results from these studies are equivocal (see, e.g., Hiatt, Schmitt, and Newman, 2004), and were not replicated in a female sample (Vitale and Newman, 2001), Newman et al. (2002) have nonetheless offered the theory as an alternative to language and emotional deficit theories of psychopathy.

Theory 4 and *theory 5* share the same explanatory strategy, and will be analyzed together.

4.8 Theory 5

Traditional learning and motivation theories have also provided causal accounts of psychopathy. Chief among these is the theory that psychopaths have difficulty learning normal fear responses and avoiding punishment. In an often-cited study, Lykken (1957) studied psychopaths' and non-psychopaths' fear response in a classical conditioning experiment, and found that psychopaths experienced significantly less anxiety (as measured by skin conductance rates) to a painful stimulus than non-psychopaths. Furthermore, in an operant conditioning experiment, psychopaths showed significantly less avoidance learning of painful stimuli than non-psychopaths. Other

studies have confirmed this finding when measuring electrodermal activity, but not always with other indices of fear (especially heart rate) (for a review of these findings, see Lykken, 1995). This theory has been used primarily to explain psychopaths' chronic criminal activity in the face of the high probability of punishment. Bartol and Bartol (1986, p. 67), for instance, write:

> Lykken's data indicate that psychopaths do in fact have an under-responsive autonomic nervous system and, as a result, do not learn to avoid aversive situations as well as most other people. Does this provide at least partial explanation for why psychopaths continue to get into trouble with the law, despite the threat of imprisonment?

4.9 Theory 4 and 5 - Analysis

Like *theory 3*, *theories 4* and *5* are not contained within the diagnostic criteria for psychopathy. However, like *theory 3*, the success of *theories 4* and *5* hinges on theoretical feasibility. Fundamentally, both *theories 4* and *5* posit that psychopathy consists of a set of maladaptive behaviors, only disagreeing on the reasons for engaging in them. *Theory 4* attributes these maladaptive behaviours to poor attention to contextual cues, while *theory 5* attributes them to a lack of fear. To be theoretically feasible, *theories 4* and *5* must demonstrate that the diagnostic criteria for psychopathy are instances of maladaptive behaviour. On the other hand, for the theories to be specific, it must be shown that psychopathy represents a special case of maladaptive behaviour. In other words, the same cause cannot explain all cases (from pro-social to socially neutral to psychopathic) non-adaptive behavior. Let us examine these in turn.

(1) There does not appear to be anything inherently maladaptive about *glibness and superficial charm*, as is evident in the item description:

> Item 1 describes a glib, voluble, verbally facile individual who exudes an insincere and superficial sort of charm. He is often an amusing and entertaining conversationalist, is always ready with a quick and clever comeback, and is able to tell unlikely but convincing stories that place him in a good light. He may succeed in presenting himself well and may even be quite likeable. However, he generally seems too slick and smooth to be entirely believable. He appears to have knowledge in many areas, and may casually use technical terms and jargon effectively enough to impress most people. Careful questioning will usually reveal that his knowledge is only superficial.

This description appears to suggest that the only inherently problematic situation for a psychopath is "careful questioning". Since life outside academic institutions or psychiatric interviews rarely consists of careful questioning, the psychopath does not seem to be at a particular disadvantage on this score.

(2) *Grandiose sense of self worth* also appears to be adaptively neutral.

(3) *Need for stimulation and proneness to boredom* may be maladaptive, but only if one's response to these conditions is maladaptive. Taken at face value, there is nothing maladaptive about (3).

(4) *Pathological lying* may be adaptive or maladaptive, depending on whether or not one is caught for it. Again, it appears that (4) is mainly maladaptive under "careful questioning".

(5) Whether or not *conning and manipulating* is adaptive appears again to be contingent on being caught.

(6) There is nothing inherently maladaptive about the *lack of remorse and guilt*.

(7) There is nothing inherently maladaptive about *shallow affect.*

(8) There is nothing inherently maladaptive about being *callous and lacking empathy.*

(9) Having a *parasitic lifestyle* in the animal world is a survival strategy. It is not obvious that it should have the opposite effect in the human world.

(10) *Poor behavioural controls* may certainly lead to non-adaptive circumstances.

(11) *Promiscuous sexual behavior* may be adaptive, non-adaptive, or something in between. Much of that, of course, depends on other circumstances such as the availability and use of condoms.

(12) *Early behavioural problems* are by definition maladaptive.

(13) *Lack of realistic, long-term goals* may, again, by definition be maladaptive if one considers reason to be a mode of adaptation. However, the item description does not seem to offer (13) as much more than a regular character trait or preference. The adaptiveness of (13) therefore appears to depend on the moral outlook of the observer. The description (Hare, 2004) reads as follows:

> Item 13 describes an individual who demonstrates an inability or unwillingness to formulate an carry out realistic, long-term plans and goals. He tends to live day to day and to change his plans frequently. He does not give serious thought to the future nor does he worry about it very much. He is seldom disturbed by the knowledge that he has done little with his life so far and that he is going nowhere. He may say that he is not interested in having a steady job or that he has not really thought about it much. He may lead a nomadic existence and describe himself as a drifter. Sometimes, the individual claims to have specific goals. For example, he may state that he is thinking of becoming a lawyer, writer, brain surgeon, social worker, psychologist, airline pilot, and so forth, but is unaware of the qualifications required for these professions. Also, he wants to make it to "easy street," and is interested in "get-rich-quick" schemes. However, in such cases, questioning reveals that he has no

> idea of how to achieve these goals, and the goals appears unrealistic given his education and employment record.

Aside from the awkwardness of baseless career aspirations, the item description does not appear to provide firm grounds for (13) being maladaptive.

(14) *Impulsivity*, much like (13), may be maladaptive in cases where forethought is an asset. Where forethought does not matter, (14) appears to be adaptively neutral.

(15) *Irresponsibility* may certainly be maladaptive, but as the item description (Hare, 2004) for it shows, the harm appears to be mainly towards others:

> Item 15 describes an individual who habitually fails to fulfil or honor obligations and commitments to others. He has little or no sense of duty or loyalty to family, friends, employers, society, ideas, or causes. His irresponsibility is evident in a variety of areas including financial dealings (a poor credit rating, defaulting on loans, failure to discharge debt, etc.); behavior that puts others at risk (drunk driving, recurrent speeding, etc.); work behavior (frequently late or absent, careless or sloppy performance not attributable to lack of ability, etc.); business relationships (violating contractual arrangements, not paying bills, etc.); and relationships with family and friends (failure to provide financial support for spouse or children, causing them unnecessary hardship, etc.).

A literal reading of this would make it appear that the sole maladaptive function of (15) for the psychopath him or herself is a poor credit rating.

(16) There does not seem to be anything inherently maladaptive about the *failure to accept responsibility for one's own actions*.

(17) *Many short-term marital relationships* may be adaptive, maladaptive, or something in between. Materially speaking, much would depend on the spouses' wealth and the ability of the various divorce settlements to get at it.

(18) The adaptiveness of *juvenile delinquency* depends on whether or not one is caught. However, since the item description for (18) considers "charges and convictions for criminal offenses" (Hare, 2004) one may surmise that (18) means having been caught.

(19) *Revocation of conditional* release is certainly not adaptive, unless one wishes to be housed in a prison.

(20) The case with *criminal versatility* is identical to (18).

Thus, the only unequivocally maladaptive characteristics of psychopathy appear to be poor behavioural controls and early behavioural problems, while juvenile delinquency and criminal versatility appear to have as much to do with the effectiveness of law enforcement and the likelihood of prosecution as with psychopaths themselves. Also, while much of psychopathic behaviour can under certain circumstances be considered maladaptive (i.e. when caught), the case is much more difficult to make with reference to psychopathic traits, such as glibness/superficial charm, grandiose sense of self worth, lack of remorse or guilt, shallow affect, and callous/lack of empathy. This is, of course, due to the fact that *theories 4 and 5* strictly concern behaviour, and not psychological experience or character traits.[31] In short, *theories 4 and 5* by definition address only certain aspects of psychopathy, and even these are in need of such qualification as to render them of dubious merit.

[31] One may confirm this by analyzing the theoretical relationship between theories 4 and 5 and the twenty diagnostic criteria of psychopathy. The analysis would show that while various psychopathic behaviours might under certain circumstances bear a theoretical relationship to poor response modulation or lack of fear, psychopathic character traits would not fare as well.

Let us now briefly turn to the matter of psychopathy as a special case of maladaptive behaviour. Ignoring the results of our analysis above, let us assume for the sake of argument that behaviours and experiences that instantiate psychopathy are maladaptive. Were such maladaptiveness to accord with *theory 4* or *5*, it would have to be the case that either all maladaptive behaviour and experience (psychopathic and non-psychopathic) accords with *theories 4* and *5*, or that only psychopathic behaviour and experience accord with these theories. What kind of proof the former would require is quite impossible to imagine, so broad and circumstance-dependent is the universe of maladaptive behaviours. On the other hand, if the latter were to hold, one would need to prove how a distinction between psychopathic and non-psychopathic non-adaptive behaviour could be drawn. This proof is equally difficult to imagine, for it would require distinctions far more substantive and subtle than the *theories 4* and *5* currently offer.

In summary, the source of theoretical weaknesses in *theories 2-5* is relatively easy to diagnose. Each theory puts forth a causal account between two psychological phenomena. On the cause end of the equation lie the various defects (emotion, processing of abstract material, response modulation, or fear conditioning), and on the effect end, psychopathy. When this relationship makes little theoretical sense, the theory falters. And this is no surprise, for as a general rule psychological concepts rarely relate to one another with the coherence one is accustomed to expect in the material world. Psychological concepts are in fact paradigmatically loose and complex. In consequence, psychological explanations of other psychological phenomena often fall prey to just the kinds of shortcomings apparent in *theories 2-5*. One might be tempted to ask, therefore, exactly how important theoretical feasibility is in the construction of causal theories of psychological phenomena? Can it not be argued, for instance, that the relationship

between *theories 2-5* and psychopathy is merely an approximation or a good guess, and that the relationship between any given psychological phenomenon and psychopathy is only an imprecisely theorized relationship between two surface phenomena beneath which lies a physical reality of cause and effect. *Theories 2-5* do indeed make claims about the physical causes of their respective psychological phenomena – which in turn supposedly cause psychopathy – and physiological theories (*theories 6-8* to be examined below) avoid psychological explanations altogether. A physical explanation appears to avoid the problems inherent to linking psychological phenomenon to other psychological phenomenon by turning instead to the widely accepted brain-behaviour causal account. Let us then examine the theories according to which psychopathy is directly caused by some phenomenon in the brain. *Theories 6-8* will be analyzed together.

4.10 Theory 6

Biochemical abnormalities, specifically in serotonergic activity, have been suggested as a cause for psychopathy. While one study reported significant correlations between scores on the PCL-R and specific indices of serotonergic activity (Soderstrom, Blennow, Manhem, and Forsman, 2001), no such relationships were found with a different index (Stalenheim, von Knorring, and Oreland, 1997). On the other hand, several studies have found the expected relationship between violence and testosterone levels, and at least one study found a significant difference in testosterone levels between of psychopaths and non-psychopaths (Stalenheim, Erikkson, von Knorring, and Wide, 1998).

4.11 Theory 7

It has also been suggested that psychopathy may be caused by functional brain abnormalities. Aside from studies showing differences between psychopaths' and non-psychopaths' brain activation during the processing of emotional material, no reliable data have emerged to show general functional differences. Soderstrom et al. (2002), however, found significant correlations between the PCL-R factor 1 (Interpersonal/Affective) and resting regional cerebral blood flow in certain areas of the brain. This study did not find any correlations between psychopathy and an expected pattern of behavioural changes as measured by neuropsychological tests (Hare, 2004), casting doubt on the significance of the findings. While some samples of psychopaths have shown significant behavioral differences on certain neuropsychological tests (see, e.g., Lapierre, Braun, and Hodgins, 1995), generally neuropsychological and neurobiological test results have proven inconclusive (e.g., Dolan, 1994; Harris, Rice, and Lalumiere, 2001; Siever, 1998).

4.12 Theory 8

Several theorists have posited some type of structural abnormality of the brain as the cause of psychopathy. The hypothesis that psychopathy may be caused by head injury has gained some support from a study by Yeudall (1977), who showed that criminals with psychopathic features are more likely than non-psychopathic criminals to have suffered a neurological insult. Aside from this, however, neither neuropsychological nor neuroimaging studies have reliably shown that psychopaths and non-psychopaths brains have actual structural differences (e.g. Hare, 1993; Hare, 2004; Siever, 1998).

4.13 Theories 6-8 – Analysis

Despite the fact that no reliable differences between the brain structure or function of psychopaths and non-psychopaths have been discovered, let us assume for the sake of argument that such differences do exist. Let us assume further that such differences manifest themselves in accordance with *theories 6-8*. In other words, let us assume that psychopaths' and non-psychopaths' brains show structural, functional, and biochemical differences (whether or not they be related to one another), and let us for the moment by-pass the troublesome matter of determining what constitutes a "defect", and simply decide to call that which the psychopaths' brains do or do not have in comparison to non-psychopaths "the big defect". Having established the existence of the big defect in psychopaths' brains, the task of establishing a causal relationship between it and psychopathy appears, at first, relatively simple. A guaranteed way of settling the cause-effect relationship between the big defect and psychopathy is of course the development of a cure. If the big defect can be fixed by one means or another with the result of cessation of psychopathic behaviour and feeling (though since many of the diagnostic criteria are historical, one's score on the PCL-R would not reflect such a change immediately), any objection to a causal claim would be toothless. Barring the unprecedented event of a cure, however, let us proceed with less dramatic means to establish a cause-effect relationship between the big defect and the behaviours and feelings which instantiate psychopathy. What follows are the fundamental questions to be asked of such a relationship before it may be deemed satisfactory.

Effect. If the big defect is theorized as the cause of psychopathy, in order to complete the cause-effect equation, the diagnostic criteria for psychopathy must be such

that they do not contradict one another (i.e. it would be logically impossible for x to cause both y and not y)[32]. Is this true of psychopathy? A close inspection reveals that the big defect theory of psychopathy would give rise to a number of contradictory events (i.e. both y and not y). For instance, the big defect would have to account for both making and not making plans (conning/manipulative vs. lack of realistic, long term goals, the difference here being only the moral nature of plans), establishing marital relationships and ending them (many short-term marital relationships), committing crimes and not committing them (think of all the crimes any given healthy person, including a psychopath, could have committed but did not), lying and telling the truth (pathological lying vs. telling the truth about, say, one's lack of remorse or guilt. To wit, the PCL-R description for item 6 in part reads: "He may be completely forthright about the matter, calmly stating that he has no sense of guilt"), or knowing and not knowing (glibness and superficial charm: knowing enough about things to appear knowledgeable, but not enough to withstand "careful questioning").

Empirical relationships. In what way does the big defect make contact with psychopathic behaviour or feeling? Does it, for example, guide one's hand in the act of acquiring, signing, and handing out a bad cheque? Does it in some way make contact with one's belief about money, truth, and untruth (without which the handing out of a bad cheque would be pointless and random)? How do these beliefs make contact with the physical acts of acquiring, signing, and handing out the cheque? The form of these questions should be obvious to anyone familiar with the classic mind-body problem,

[32] Of course, one might argue that the effect of the big defect is "inconsistency" in a manner similar to bi-polar disorder. This would, however, require the delineation of non-overlapping psychopathic "episodes", a task of some difficulty given the complex nature of the diagnostic criteria of psychopathy.

which is the problem of contact between a physical event and a psychological one. To this one may naturally reply by pointing to empirical findings from the neurosciences, demonstrating that stimulation or removal of certain parts of the brain result in certain types of predictable feelings and behaviours, such as seeing lights, moving limbs, failure to comprehend language, pleasure and pain, and even the experience of religious ecstasy. These feelings and behaviours, however, are paradigmatically not of complex beliefs, complex feelings (e.g., grandiose sense of self-worth), and complex, intentional acts such as writing a bad cheque, starting, maintaining, and ending a relationship, perpetrating a scam, or having a "pseudo-intellectual" conversation. At the very least, the burden of proof that such beliefs, feelings, and behaviours are the result of specific brain processes lies with those making the causal claim.

A brief note of clarification, however, is in order. There is no disagreement on the fact that things in the human brain may correlate with simple and complex beliefs, feelings, and behaviours. And of course in the absence of a brain, no human activity whatsoever is possible. It is an entirely different matter, however, to posit the brain as the origin of such behaviour, feeling, and action that has not experimentally been produced by manipulation of the brain. Therefore, until phenomena of the complexity of psychopathic behaviour, belief, and feeling are replicated by way of experiment, the mind-body problem will remain relevant to the matter at hand. In other words, the solution to the empirical relationships problem with regards to psychopathy will first require the dissolution of the classic mind-body problem.

Strength of relationships. When a psychopath has a "pseudo-intellectual" conversation, perpetrates a scam, commits an assault, quits a job, robs a bank, ends a marriage, or rationalizes an offence, can he or she not do otherwise? Can he or she not

experience such things as remorse and guilt, or is it that he or she simply chooses not to experience them? If these things are caused by the big defect, then it would follow that a psychopath's behaviour, beliefs, and feelings are entirely determined by it. Yet psychopaths are not raving lunatics, and at least their behaviour appears selective (they are likely to pass the classic theoretical test for criminal insanity: they would not commit a given offence while a policeman's gun was pointed at them). Is it perhaps then that the big defect leads to a "tendency" or "predisposition" to do, think, and feel certain things? This would mean that the big defect can be said to cause psychopathy, but only imperfectly so. But how imperfectly? Does the big defect exert some form of pressure on the mind and the body measurable in kinetic energy with known maximum and minimum force? Or is it simply measurable as probability of a given act, belief, or feeling (the larger the big defect, perhaps the larger the probability)? What accounts for the left-over behaviour, belief, and feeling? Free will and intention? To put the matter succinctly, the problem of the strength of relationships between psychopathic action and feeling and the big defect will first require a resolution of the free will vs. determinism debate.

Biology and morality. Since the idea that binds the twenty diagnostic criteria for psychopathy appears to be "badness" (more of this in Chapter 5), it would appear that the big defect causes different manifestations of badness. Such reasoning would seem to require the existence of a physical structure or process – or any number of them – responsible for morality. If such things exist, why does the psychopathy literature in the last one hundred years make so little mention of them? We shall elaborate on these questions in chapter 5.

Thus, the establishment of a cause-effect relationship between a physical defect and psychopathy is an excessively difficult matter. First, one must establish that such a

defect exists. Second, one must provide a physical cure (a psychological cure, for instance, would not confirm the causal relationship). In the absence of a physical cure, one must address (a) how a defect may cause contradictory events to occur, (b) the mind-body problem, and (c) the free will vs. determinism problem, and (d) whether a physical structure or process responsible for morality exists in the brain. Since not one of these challenges has been met as of yet, the "physical cause" theories of psychopathy find themselves as poorly supported as the psychological theories 2-5.

4.14 Theory 9

Environmental causes of psychopathy have been studied extensively. Here we shall exemplify such work with the most popular subject of study – family background. For instance, DeVita, Forth, and Hare (1990, quoted in Hare, 2004) studied the correlation between a number of family background variables and psychopathy in a sample of male offenders, establishing significant correlations only with parental rejection and lack of parental supervision. Wong (quoted in Hare, 2004) also found some modest correlations between family stability and PCL-R scores, correlations being higher with Factor 2 (Social Deviance) than Factor 1. Summarizing the attempts to establish stable correlations, Forth and Burke (1998) however concluded that the enterprise has proven generally inconclusive.

4.15 Theory 9 - Analysis

It is unnecessary to dwell on this theory here, for the logical hurdles in establishing *theory 9* as a causal theory are nearly identical to those faced by the

physical theories[33]. One need only substitute "environment" for "the big defect", and observe the similarities.

4.16 Construct validation

Causal theories of psychopathy fall short of the mark both theoretically (see above) and empirically (the above studies – whether or not supporting differences between psychopaths and non-psychpaths – typically fall far short on several validity and reliability indices. See for example Hare, 2004; also see methodological debates between causal researchers whose findings contradict one another; also see, e.g., Walters, 2004 for an "outsider" critique). However, the case is very different for construct validation. The only criterion of significance for construct validation is the establishment of "law-like relationships". Therefore, the bar is significantly lower here than it is for explicitly causal claims. In consequence, construct validation may appear to succeed where causal claims fail.

Hare (2004) lists a number of sources for the construct validation of psychopathy, only one of which is causal research in line with theories such as *theories 2-9* above. The rest of the sources include (a) "content-related evidence", or proof that "the items in the PCL and PCL-R generally are consistent with traditional and current clinical views on the personality traits and behaviours that define the construct of psychopathy" (Hare, 2004, p. 87); (b) "concurrent evidence", or correlations between PCL-R scores and scores on measures purportedly measuring the same or similar things, such as antisocial personality disorder or self-report measures of psychopathy; (c) "convergent

[33] With the exception of radical behaviourist theory, which presents its own set of theoretical and empirical problems.

and discriminant evidence", or "evidence that PCL scores are related, in appropriate ways, to a variety of clinical, self-report, and demographic variables", on the one hand, and that "they are unrelated to, or weakly related to, variables that theoretically should not be associated with psychopathy" (Hare, 2004, p. 95). Variables that should correlate with psychopathy include antisocial personality disorder (note the overlap with (b) immediately above), conduct disorder, substance use, and other personality disorders, such as histrionic personality disorder and narcissistic personality disorder. Also of interest here are correlations between PCL-R scores and scores on various types of personality tests purportedly measuring similar, but not identical characteristics. On the other hand, things that should not in theory correlate positively with psychopathy include anxiety (see theory 5), depression, and suicide. Finally, according to Hare (2004), one should observe (d) "crime-related evidence", or proof that psychopaths engage in more criminal activity than do non-psychopaths.

While evidence for (a) to (d) is in reality variable (for a summary of findings, see Hare, 2004), let us assume that psychopathy does consistently correlate highly and in the correct direction with the expected variables. This would certainly fulfil the criterion of "law-like relationships" for construct validity. There would be little to argue, therefore, against the construct validity of psychopathy. But a question remains: what exactly does construct validity offer? Does it function as a type of ontological machine, which takes in x (correlations), and gives out y (cause)? In other words, does it promise something above and beyond what it requires? To answer this, we must consider two issues. Firstly, one must consider whether the logic of construct validation is one of an "ontological machine". In effect, the answer to this question has already been given with regard to *theory 1*, where it was shown that correlations, no matter how numerous and

strong, offer no account of reasons for them. Recall that a cause or causes underlying any given number of correlations is one among an infinity of possibilities. Sorting out these possibilities is not the domain of correlational techniques, such as factor analysis or other forms of construct validation, but of the various branches of inquiry that deal with the actual mechanics of the world. Furthermore, recall that the probability of finding an underlying cause or causes is not increased by increasing the number of correlations. The probability of a cause underlying a single correlation is unknown; the multiplication of this unknown does not result in increased certainty.

Secondly, one must consider the sense in which the above kinds of correlations can offer "evidence" of causality. Recall, that proof for the existence of a natural category (i.e. that which is supposedly designated by a construct) is given by the discovery of extra-criterial attributes (see Chapter 1). Correlations of the type (a) to (d), however, are not extra-criterial. Evidence for (a) simply means that clinicians and researchers agree on what constitutes psychopathy. Such agreement suggests nothing about causes (the argument that such agreement might be "caused" by the same thing as causes psychopathy is, fortunately, not advanced by anyone), but concerns concepts and the people using them. Evidence for (b) and (c), on the other hand means that things, which mean the same or close to the same thing go together empirically, and vice versa. That different indices agree on the description of a given individual (with their own associated scores, graphic displays, and unique terms of course) speaks not of an underlying reality but of similarity of concepts (for example, that a selfish person can also be characterized as "narcissistic"). Finally, since the commission of crimes and other bad things – for which it is meaningful not to take responsibility or feel guilt and remorse – is a part of the diagnostic criteria for psychopathy, evidence for (d) is nothing but rephrasing of what it

means, in part, to be a psychopath. Indeed, nothing in logic suggests reasons for *studying* the relationship between offending and psychopathy. Yet, Hare (2004) alone cites over one hundred studies proving that psychopaths commit more crimes and other ethical breaches than non-psychpaths. Consider the following by Hare (2004, p. 131):

> In recent years there has been a dramatic change in the perceived and actual role played by psychopathy in the criminal justice system. Formerly, a prevailing view was that clinical diagnoses such as psychopathy were of little value in understanding and predicting criminal behaviours. However, even a cursory inspection of the features that define the disorders – callousness, impulsivity, egocentricity, grandiosity, irresponsibility, lack of empathy, guilt, or remorse, and so forth – indicates that psychopaths should be much more likely than other members of the general public to bend and beak the rules and laws of society. They lack many of the characteristics important for inhibiting antisocial and violent behaviour, and may represent the perfect prescription for asocial, antisocial, and criminal acts. With respect to violence, Silver, Mulvey, and Monahan...commented, "Psychopathy's defining characteristics, such as impulsivity, criminal versatility, callousness, and lack of empathy or remorse make the conceptual link between violence and psychopathy straightforward"....The strong association between psychopathy and criminal behaviour is well documented....Some commentators believe that psychopathy is not important for understanding criminals...but such a belief clearly is inconsistent with the empirical literature.

In other words, an excess of one hundred studies have confirmed that those who commit many crimes indeed commit many crimes.

Thus, while it may be legitimate to posit that psychopathy "has construct validity", it should be born in mind that construct validity implies nothing above and beyond what it requires. In the case of psychopathy, construct validity is merely a statement about the accumulation of correlations, the significance of which, if not self-evident (see the

correlation between commission of crimes and commission of crimes), is yet to be explained.

As our analysis in this chapter so far attests, psychopathy research is a complex web of philosophical and empirical claims. Where one ends and the other begins is often difficult to assess. Given the complexity of the field, it is easy to imagine a number of objections that may be offered to this analysis. Let us examine a selection of these next.

Objection: Your discussion on the problems with the "big defect" theory is misleading. Most researchers who believe in a biological cause to psychopathy would recognize the absurdity of positing a direct biology-behaviour link, and would generally agree with your conclusions without fear of contradiction. This is because the proposed link between biology and behaviour is usually one of an interaction *between the biological constitution and the environment, rather than one of a direct cause-effect relationship.*

Reply: This position is indeed a popular one. Discussing a possible genetic causal link to psychopathy Blair, Mitchell, and Blair (2005) put the idea as follows:

> Growing evidence is emerging to suggest a genetic contribution to psychopathy. Early twin, adoption, and family studies indicated the heritability of antisocial behavior.... However, such studies are difficult to interpret. Most antisocial behavior is goal directed: the individual mugs the victim for their wallet, the individual steals the bag to obtain its contents, the individual engages in an elaborate sting operation to gain another person's money. It is extremely unlikely that there is a direct genetic contribution to these specific *behaviors*, or at least it is as likely as there is a direct genetic contribution to an individual using a light switch so that he/she can navigate a room. An individual learns to use a light switch, and under particular conditions an individual migh learn to mug people for their wallets. However, where genetics *are* likely to play a role is in determining the probability that the individual will *learn* an antisocial strategy to gain money (mugging other people) as opposed to a strategy sanctioned by society (using an ATM machine at the end of a working

> day). Many individuals have argued that the emotional dysfunction shown by individual with psychopathy makes them more likely to learn antisocial strategies to reach goals.... This suggests that there may be a genetic contribution to the emotional dysfunction *behind* the behavior, and that it is this which results in an apparent genetic contribution to antisocial behavior. Recent data suggests that there is indeed a genetic contribution to the emotional dysfunction facilitating antisocial behaviors. (p. 29) [italics original]

The appeal of this theory is obvious, for it seems to eliminate the difficult task of explaining the causal mechanisms required by the direct biology-behaviour theories. Also, it seems sound by analogy. As for the latter, consider the relatively uncontroversial proposition that human (and animal) abilities and characteristics of a certain type are caused by an interaction between biology and environment. For instance, a child born to two gifted mathematicians will likely be able to solve more difficult mathematical problems than a child born to, say, two Lombrosian degenerates. This comparison will of course only be meaningful in an environment in which both children are exposed to the study of mathematics[34]. Now it would appear that a person with a biological predisposition to psychopathy will similarly exceed his or her non-psychopathic peers in all things psychopathic, granted that such concepts as morality, crime, and the law, and such conditions as allow for making moral and legal decisions exist. In Blair, Mitchell, and Blair's (2005) words, a psychopathic constitution will increase "the probability that the individual will *learn* an antisocial stragety" in exactly the same way as having two mathematically gifted parents will increase one's probability of doing well in mathematics.

[34] Let us for the moment ignore the question of respective learning environments.

This analogy is even more appealing because the relationship between such things as mathematical ability and biological constitution has the properties of a scientific proposition. Certain biological traits may be shown, for instance, to be present in all individuals who score above a certain cut-off point in a certain mathematical test, and absent in others. The establishment of this relationship in principle only requires technological sophistication – which may or may not arrive – and an honest effort on the mathematics test by the participants.

Psychopathy, however, is not a characteristic at par with such things as mathematical ability. What makes the relationship between mathematical ability and biological constitution a proposition of scientific kind is the fact that the participants are separated by their *ability*, not choice; some are able to solve complex problems, others are not, regardless of effort. For the analogy to hold, it would have to be shown that non-psychopaths are not *capable* or *as capable* of learning psychopathic behaviours as those with a psychopathic constitution. But clearly most people *can* lie, steal, manipulate, kill, have promiscuous sex, marry and re-marry, and so forth, though they choose not to do so very much[35]. Therefore, mathematical ability and moral behaviour are of two categorically different types – one deals with ability, the other with choice. And since moral choice is a matter of conscience, the interaction theory turns out to simply restate the obvious, which is that psychopaths lack conscience.

In addition, the further advantage of sidestepping the need to explain the exact causal mechanism between biology and behaviour by the introduction of an intervening environment variable is illusory. For just as a direct cause-and-effect theory of

[35] The *ability* to learn behaviours denoted by psychopathy appears to be rather a question of intelligence than morality.

psychopathy must explicate how something biological can cause behaviour, so must an interaction theory explicate how something biological can *interact* with the environment, and then *jointly* cause behaviour. Rather than deflecting a need for causal explanations, the thesis that something biological can determine "the probability that the individual will *learn* an antisocial strategy" in fact calls for extra layers of explanation. While it is required of the direct cause-and-effect theories that they explain the biological event or structure, the behaviour, and the relationship between the two, the interaction theory must explain (a) the biological process or structure, (b) the relationship between the biological process and the environment, and (c) the relationship between (a), (b), and behaviour (see, Slife & Williams, 1995 for a good discussion of this problem). In other words, the interaction theory must answer such questions as: by what process or processes is the probability of learning increased or decreased? What does the connection between the biological structure or event and the psychological event of learning look like? What is the causal relationship between learning and behaviour like? How much of this learning and behaviour is determined by genes, environment, and free will respectively? Without clarification of points of this type, statements, such as "dysfunction *behind* the behavior" remain, at best, metaphorically useful but scientifically empty.

Objection: Although causal research on psychopathy is admittedly still in its infancy, results from empirical studies may still be seen as important clues.

Reply: Whether or not empirical results from causal-like studies of psychopathy are clues – and important ones at that – is impossible to determine. The belief that any given number of correlations is indicative of a construct, and that a construct is indicative of a cause or causes is a metaphysical belief. If one subscribes to this belief, then it is

understandable that one should consider current empirical findings about psychopaths to be important clues. However, since by definition the underwriting belief is not based on empirical evidence, any claim about the existence and/or importance of causal clues also goes beyond empirical evidence, and as such cannot be evaluated. The only way to test such a claim is by reference to the actual cause or causes of psychopathy, should they be discovered. Until such time, all claims concerning "clues" must be considered a part of the metaphysical tradition.

Objection: But causal hypotheses based on clues are frequently and publicly put forth in the medical sciences. For instance, the exact cause of lung cancer is still unknown, yet it is considered acceptable to warn the public about the potential cause-effect relationship between cigarette smoking and lung cancer.

Reply: The relationship of the kind that exists or does not exist between the active ingredients of cigarettes and the growth of tumours is empirically testable. If laboratory tests prove beyond doubt that such a relationship exists, then the causal case can be made with certainty. If the relationship is present but weak, then the case can be made with the help of terms, such as "important clues". If no such relationship is established in the laboratory, then an observed correlation between cigarette smoking and lung cancer does not appear to be an important causal clue at all, and a person making a causal claim of any sort between the two can be called to task on empirical grounds. No similar grounds exist for determining the importance of causal clues with respect to psychopathy, since only correlations are observed.

Objection: But the empirical findings about psychopaths must still be interpreted. What non-causal interpretation can you offer?

Reply: The request for an alternative interpretation of data is fundamentally a request for an alternative metaphysical theory, subject to deceptive and ambiguous pronouncements such as "important clues", and "suggestions". Therefore, rather than shifting through an infinity of competing interpretations, one must ask whether interpretation of data should be needed in the first place. If empirical research is based on the premise of providing empirical answers to empirical questions, then there should be neither need nor room to interpret what the answers really mean. If the answers leave the researcher wondering about their meaning, it is clear that the original question was not truly empirical. The request to find "the extra meaning" of empirical data is thus an admission of either an unclear research question or of metaphysical aspirations, or both. A refusal to provide an alternative interpretation of the data is therefore not an admission of defeat, but a call for clarity and restraint.

However, in some instances data interpretation *can* generate fruitful research questions. The value of data interpretation depends on both the scientific plausibility and the imagination of the interpreter, and the attempt here is not to suppress the latter, but to point out the logic of the former. This point will be elaborated below.

Objection: While these admonitions might be valid in the ideal world – or in the natural sciences – the behavioural sciences deal with complex and loose phenomena in which data are subject to error variance, and data interpretation may be used to suggest such reasonable conclusions as, say, that psychopathy has a number of causes, or that there are different types of psychopaths.

Reply: The behavioural sciences do indeed deal with complex and loose phenomena. The admission of this is the first step in avoiding the conflation between empirical, conceptual, and metaphysical claims. The complexity and looseness of the

psychological world is not, however, an invitation to metaphysics; each claim must be either empirically supported, conceptually sound, or explicitly admitted to be metaphysical. The suggestions, for example, that the murkiness of the empirical picture is due to the fact that there are multiple causes to psychopathy and/or that there are different types of psychopaths is no more empirically warranted than their opposite[36]. (The source of this belief is easy to understand, for since the psychological world in general is admittedly complex, and since data gleaned from it does not seem to unequivocally support one thing or another, it is tempting and certainly less controversial to posit that the nature of psychopathy must therefore be correspondingly complex).

Objection: You appear to interpret all of psychopathy research in a causal light. However, many psychopathy researchers are quite cautious, and frame their work as strictly correlational.

Reply: Other than for the purposes of prediction, it is difficult to imagine why one should be interested in the correlates of psychopathy (allusions to "pure science" are yet to be made in psychopathy research). The encouragement to "data interpretation" virtually guarantees the viewing of correlational findings as more than correlational. Hare (2004, p. 87) puts this bluntly: "Much of this literature involves the use of the PCL-R in the criminal justice system, and this sometimes leads to the conclusion that it is primarily a risk instrument rather than what it really is, a measure of a psychological construct." Interpretations of correlational studies typically read something like this: "A growing body of research has focused on the nature and bases of affective anomalies in psychopaths" (Levenston, Patrick, Bradley, and Lang, 2000, p. 373). "Accumulating empirical evidence

[36] The latter, by the way, is an empirical matter only in part, for its instantiation depends on deciding on the diagnostic criteria of such subtypes first, and only then finding whether anyone matches them.

supports Cleckely's view that an emotional deficit lays at the core of psychopathy" (Day and Wong, 1996, p. 648);

> Empirical data provides [sic] evidence that psychopathic individuals show a variety of neuro-cognitive abnormalities. Studies have uncovered impairments in fear conditioning, startle reflex priming, response modulation, linguistic processing, and autonomic responding to distress cues. Drawing on these findings and others, researchers have suggested that psychopathy is the result of deficits in systems mediating fear, response modulation, general affective processing, or empathy. (Mitchell, Colledge, Leonard, and Blair, 2002, p. 2013)

> Despite their mask of sanity, psychopathic individuals display subtle yet pervasive processing deficits that may underlie their disinhibited and antisocial behavior. Psychopathic offenders are reliably distinguished from nonpsychopathic criminals by their poor passive avoidance..., abnormal physiological responses to aversive cues..., unusual cerebral lateralization, insensitivity to peripheral information, and abnormal language processing. (Hiatt, Schmitt, and Newman, 2004, p. 50)

While the above quotes carefully avoid using the term "cause" (we shall discuss this general phenomenon in Chapter 7), their message is clear: the purpose for correlational studies is their potential for identifying causes.

Objection: *Are you implicitly suggesting that the cause or causes for psychopathy will never be found?*

Reply: The conclusions of this chapter may be summarized as follows: All that is known of psychopathy in an empirical sense – aside from the empirical fact that psychopaths exist – is correlational. Correlations do not, in any number or constellation (see theory 1), suggest the reason for their existence. In addition, the psychological theories of psychopathy (*theories 2-5*) make little theoretical sense. Physical theories of psychopathy (*theories 6-9*) do not address the fundamental problems concerning the

biology of morality and the occasionally contradictory nature of effects. Also, they are subject to the classic mind-body interaction and the free will versus determinism problems. All of these make for theoretical conundrums, which still wait for a coherent answer. These, in addition to the various empirical shortcomings of causal research (a topic which is not central to the argument in this work), would by all accounts make the claim of "important clues" appear an exaggeration.

This is not to suggest, however, as some appear to have done, that psychopathy is a "mythological construct". Psychopathy is a descriptive term – indeed a mental disorder – which applies to a number of people. But, as we have seen, why such people, or any other type of person should exist remains very much an open question.

5 THE MORAL FACULTY

The most remarkable feature of a majority of the causal theories of psychopathy is not that they lack empirical proof – should absence of causal evidence put an end to psychological research programs by fiat, none would be left standing – but that they lack *logical justification*. Left unanswered by the causal theories 2-9 are exactly what deficits in emotion, processing of abstract material, response modulation, fear conditioning, the brain or the environment respectively have to do with those behaviours and feelings that constitute psychopathy. As we have seen, those attributes which constitute psychopathy are so diverse that causal theories positing a single deficit in psychological experience or ability of the sort given by theories 2-9 are, on close inspection, logically unsupported. The prospect is no brighter if the theories are taken in combinations. If more than one causal theory is proposed to be true of all psychopaths, then an intelligible explanation of specific causes and effects, followed by logical connections between them, should be given. Yet, no theoretical explanation as to why a certain defect should cause a given feature of psychopathy but not another is readily available[37].

On the other hand, a meta-theory according to which many defects cause the same features of psychopathy (and in principle all eight, and perhaps more, causal theories can simultaneously be true) would simply retain the built-in logical shortcomings of the individual theories. Little of logical value is therefore salvaged by the currently popular causal hypotheses, which make reference to complex but non-specific interactions between biology and the environment.

Thus, a close reading reveals that currently popular causal theories of psychopathy, or any combination of them, are not *about* psychopathy. This is not to say, however, that psychopathy is not about anything. Although the logical relationships between the diagnostic criteria for psychopathy are not described by theories 2-9, this does not mean that such logic does not exist. In fact, a few – conspicuously few, as will soon become apparent – modern mainstream writers note such a logic. Recall, that the opening sentence of Hare's (1993) *Without Conscience: The Disturbing World of the Psychopaths Among Us*, reads: "Psychopathy is a personality disorder defined by a distinctive cluster of behaviors and inferred personality traits, most of which society views as pejorative" (p. ix). Elsewhere, Millon, Simonsen, and Birket-Smith (1998) write:

> Throughout this checkered history [of psychopathy], the notion of a psychopathic character has served to designate a rather varied collection of behaviors that have little in common other than being viewed as repugnant to the social mores of the time. (p. 3)

In other words, these writers argue that the psychopathy concept is held together by the fact that its diagnostic features are subject to moral condemnation by the general population. And, more specifically, they are condemned on the basis that they denote *reprehensible character*. If it can be shown, therefore, that the diagnostic criteria for psychopathy each denote a condemnable character trait, then it would appear that psychopathy is really about reprehensible character[38]. Before examining this proposition,

[37] Some authors have attempted to explain the emergence of n number of factors by n number of causes (see Chapter 4), but have invariably failed to make the logical connections between causes and effects in the manner sought here.

[38] This does not mean, however, that other common denominators cannot also exist. These would be difficult to imagine, though, and liable to the same problems as causal theories 2-9.

however, let us consider what the constituents of this proposition – "character" and "reprehensible" – mean.

Brandt (1959) offers a helpful definition of both terms. For Brandt, character is: "a relatively enduring response-tendency of the whole person" (p. 466). Further, according to Brandt traits of character show two distinguishing features. Firstly, they are judged to be "either social assets or social liabilities, usually important ones" (p. 467). And secondly, behaviours which instantiate character traits are thought to be voluntary.

The term "reprehensible" is more difficult to define. After a lengthy dissertation on the subject, Brandt settles for the rather cumbersome but intellectually satisfying:

> Y did X, and X would not have occurred had not the character of Y been in some respect less desirable than average...and on this account it is objectively justified...for Y to feel guilt or remorse, and for others to have unfavorable attitudes such as anger or contempt or disgust toward Y. (p. 460)

When the two definitions are combined, we have a relatively concise statement of the problem at hand: "something can be reprehensible only if it would not have occurred but for a defect of character" (Brandt, 1959, p. p. 468).

While generally compelling, the definition of "reprehensible" offered by Brandt must, for our purposes, answer the following question: what does it mean for us to be "*objectively justified*" in having "unfavorable attitudes such as anger or contempt or disgust toward Y"? Against which criterion or criteria can behaviour X be judged objectively? The answer is naturally contentious, and a matter of *moral theory*. Even a cursory review of moral philosophy reveals a number of competing answers to the question, including those given by utilitarianism, divine command theory, deontological

theory, virtue-based theory, emotivism, and relativism. Given this, it would be a futile exercise to seek an objective basis for determining whether the diagnostic criteria for psychopathy are morally reprehensible or not. The task is not entirely subjective either, however, for there exist relatively unambiguous standards of conduct throughout the societies with which we are presently concerned. Some of these standards are explicitly codified, while others are intuitively felt but generally accepted. Explicitly codified standards can be found for instance in Aristotle's list of moral virtues (see *Nicomachean Ethics*, Book II, c. vii), Kant's (1785/1959) categorical imperative, several catalogues of virtues and sins in Christian theology (see, e.g. MacQuarrie, 1967), as well as in various criminal codes.

While the number and type of vices, sins, and virtues (although these are decidedly outdated terms, we will use them henceforth for lack of a better term) have changed as a function of time and location, most writers concerned with morality since Aristotle would recognize relatively standard lists. On the positive side, such behaviours as instantiate character traits of courage, honesty, benevolence, rationality, self-control, fairness, faithfulness, kindness, patience, conscientiousness, integrity, humbleness, selflessness, and gratitude would be recognized quite uncontroversially as good, and their opposites, including such things as the seven deadly sins (lust, gluttony, greed, sloth, wrath, envy, and pride), as bad.

The task, therefore, is to examine the diagnostic criteria for psychopathy against the definitions of "character" and "reprehensible". The first task will be a matter of determining whether each diagnostic criterion is, as a general description of a person, a relatively enduring response-tendency (and this they must be; otherwise they would not qualify as diagnostic features), which is (a) specifically social in nature, and (b) under

voluntary control[39]. The second task will be to study the fit between each diagnostic criterion and explicit and implicit moral practices of the 20th and 21st centuries. This will require reference to the above catalogues of virtues, vices, and sins, as well as to relevant moral theories to determine whether the diagnostic criteria indicate such behaviour as would reasonably arouse unfavourable attitudes in those observing it. In other words, it will be established whether the diagnostic features are reasonably seen as morally reprehensible, morally neutral, or morally admirable character traits. If the latter two can be ruled out, the thesis that psychopathy is about morally reprehensible character may hold.

(1) *Glibness/superficial charm* is properly speaking a character trait, for it is both of social and voluntary nature. Both the idea of glibness and superficial charm as well as the item description for (1) (quoted in full in Chapter 4) are difficult to read in a morally positive or neutral light. Terms used throughout the item description, such as "glib", "superficial", "insincere", and "too slick and smooth", are negative character traits, contrasting with such traits as "sincere" and "thoughtful". Indeed, the Item description ends with the instruction that "people who present as sincere and straightforward...are typically scored as 0".

The relationship between superficiality and reprehensible character in the history of Western thought is not typically given directly, though, but by default. From Socrates' admonition that the unexamined life is not worth living to the Stoics to St. Augustine to

[39] The question here is whether the diagnostic criteria as descriptions of any and all persons are generally to be taken as characterizations of voluntary behavior. No consideration here is given to the disease model of psychopathy with its implication of determinism.

the modern moral censure of those who show "style over substance," superficiality has not exactly and explicitly been considered a vice or a sin, but its opposites – sincerity and thoughtfulness – have remained moral virtues. Glibness/superficial charm, thus, appears to indicate reprehensible character.

(2) *Grandiose sense of self worth* is generally considered to be both social and voluntary in nature. And, in a similar vein to item 1, the item description for (2) is difficult to read in morally neutral or positive terms. The description, in part, reads:

> Item 2 describes an individual with a grossly inflated view of his abilities and self-worth. He may impress as a braggart. He often appears self-assured, opinionated, and cocky during the interview, perhaps giving the impression that he is performing or giving a press conference. His inflated ego and exaggerated regard for his own abilities are remarkable, given the facts of his life.

The description is noteworthy for its departure from the typical PCL-R manual tone, which usually refrains from making explicit moral evaluations. Here, however, the clinician is asked to make a comparison between the client's *actual* and *perceived self-worth*. The more the latter exceeds the former, the better the match (for best match, the discrepancy should be "gross"). The basis on which item 2 is a statement of reprehensible character is best expressed in Christian theology in the form of its deadliest of the Seven Deadly Sins, *pride*, a trait which has not lost much of its moral tone in the 20th and 21st centuries for anyone but the most extreme adherents of the self-esteem movement. Compare, for instance, the item description for (2) to the *Oxford English Dictionary* (2004) definition of pride: "A high or overweening opinion of one's

own qualities, attainments, or estate, wich gives rise to a feeling and attitude of superiority over and contempt for others; inordinate self-esteem."

(3) *Need for stimulation/proneness to boredom*. While the *need* to do something is in itself neither of social nor voluntary character, the behaviours (such as starting and quitting relationships and jobs) which instantiate the item are properly seen as both social and voluntary. The item description for (3) reads as follows:

> Item 3 describes an individual who demonstrates a chronic and excessive need for novel and exciting stimulation, and an unusual proneness to boredom. He will usually express a strong interest in taking chances, "living life in the fast lane" or "on the edge," being "where the action is," and in doing things that are exciting, risky, or challenging. He may try and use many types of drugs. He frequently complains that school, work, and long-term relationships are boring and tedious. He may comment that he has itchy feet, needs to be on the go, and can't imaging [sic] working at the same job for any length of time. He will often refuse to attempt, or will readily quit, any task that he finds routine, monotonous, or uninteresting.

As in the case of item 1, the reference to reprehensible character in (3) is not based directly and explicitly in its moral condemnation, but in the fact that its opposite signifies moral virtue. If such traits as *patience* and *conscientiousness* are to be taken as virtues, as they are in everyday judgements of such things as parenting, study, and work, then item (3) would by default be reprehensible. Indeed, the terms "patience" and "conscientiousness" form the backbone of what is now commonly called the "protestant work ethic", the moral basis of modern market-driven economy (see, e.g., Weber, 1930), and their absence suggests at the very least a mild moral failure and a reputation as "unreliable".

(4) *Pathological lying* is both social and voluntary, and the fact that lying from the moral point of view is generally reprehensible is beyond question.

(5) *Conning/Manipulative*. See item 4.

(6) *Lack of Remorse or Guilt* is an unquestionably social characteristic, as its instantiation requires the breach of social norms. It is not necessarily perceived as voluntary, however, for emotions are rarely perceived to fall under voluntary control. Yet, their absence is readily seen as morally reprehensible, for remorse and guilt are paradigmatically moral emotions, and as such form the basis of *conscience* (see chapter 4). Lack of moral feeling (especially in the negative direction, as in feeling badly about committing a bad act), therefore, indicates lack of conscience. Lack of remorse or guilt is therefore morally reprehensible on two counts. On the one hand, lack of conscience indicates non-participation in the moral world, which itself is immoral[40]. On the other hand, an individual's lack of conscience as indexed by lack of remorse or guilt is impossible to establish without there being something one should feel remorseful or guilty about. Therefore, item 5 indicates both a morally reprehensible mind as well as the commission of morally reprehensible acts.

(7) *Shallow affect*. This item is worth quoting in full:

> Item 7 describes an individual who appears unable to experience a normal range and depth of emotion. At time, he may impress as cold and unemotional. Displays of emotion generally are dramatic, shallow, short-lived; they leave careful observers with the impression that he is playacting and that little of real significance is going on below the surface. He may admit that he is unemotional or that he shams emotions. Sometimes the individual claims to experience strong emotions, yet he

[40] Opting out of the moral realm cannot be seen as a neutral matter of preference. While a decision to or not to feel bad about committing a bad act may be subjected to a rational analysis (see, e.g., Bittner, 1992), the decision itself cannot be detached from moral evaluation.

> seems unable to describe the subtleties of various affective states. He may equate love with sexual arousal, sadness with frustration, and anger with irritability. Also, his emotion may not be consistent with his actions or with his situation.
> **Sources of information:** In the interview, look for inconsistencies between verbal expressions of emotion and behavior. For example, if the individual expresses love for family or friends, can he provide details about their current whereabouts, health, financial condition, and general well-being? If a family member or friend has become seriously ill or has died, what effect did this have on him? Did he visit the hospital or attend the funeral? Are strong verbal expressions of emotion accompanied by nonverbal behaviors consistent with that emotion? (Try to take into account the fact that incarceration may have an effect on the individual's general level of emotional expression and on his willingness to reveal his feelings to those whom he thinks may be associated with the institution.) File information should be used to assess the validity of reports made during the interview. For example, the individual may state that he is close to his family, whereas his files indicate that he does not write or phone them and has had no visits from them. Also, files may contain interviews with friends and relatives indicating that his behavior towards them has usually been incompatible with his verbal expressions of affection.

Detached from the accompanying item description, shallowness of affect in itself is neither a character trait nor an object of moral condemnation. On the one hand, affect would not typically be seen as either social or voluntary. On the other hand, a person may simply not feel very strongly or deeply about anything, and yet be a morally good being. Such persons are described by such morally neutral character terms as "casual", "laid-back", and "laissez-faire" (though "lazy" does have a morally negative connotation). In yet another sense, a person may be said to demonstrate "flat affect" in a psychiatric sense if that individual's facial expressions and tone of voice are limited in range, and he or she appears withdrawn. In a psychiatric context, these traits may suggest for instance depression or schizophrenia. Item 7 is not, however, about either of these senses of the concept. The psychiatric sense is ruled out by the description "displays of emotion

generally are dramatic, shallow, short-lived". The neutral character sense is ruled out more subtly but no less conclusively. Rather than looking for signs of casualness, the clinician is instructed to "look for inconsistencies between verbal expressions of emotion and behavior." Since a casual person who pretends dramatic displays of emotion is a contradiction in terms, it becomes clear that item 7 is not about a morally neutral casual character trait.

What, then, is item 7 about? The answer is threefold. Firstly, it is about pretence, which is social and voluntary, as well as morally reprehensible. If a person claims to have strong emotions about something, but the claim is contradicted by evidence, the individual appears to match the item. And since pretence ("playacting", "shamming") is in the same moral category as lying, conning, and manipulating, the item appears to demand moral condemnation.

Secondly, while the item description suggests shallowness in the experience of all normal emotions, the sources of information for scoring the item speak solely of the experience of one category of emotion – love and affection. That each scoring example is about a pro-social emotion does not appear coincidental, for if a person's behaviour were such that it could not instantiate morally reprehensive emotions, that person would surely not be a psychopath. That is, if a psychopath was truly unable to feel any emotions, then he or she could also not experience such things as a grandiose sense of self-esteem (item 2), a need for stimulation/proneness for boredom (item 3), frustration and anger (item 10), sexual arousal (item 11), or whim (item 14).[41] From this, and from the exclusive discussion of the shallowness of pro-social emotions in the "sources of

information" section, it seems logical that item 7 is mostly about the absence of moral and pro-social emotions, in much the same way as item 6 is. And while this is not properly speaking a character trait, it is certainly morally reprehensible.

Thirdly, the "sources of information" suggest that the item is not as much about emotion as it is about the morally condemnable absence of pro-social behaviour. If a person behaves in loving and caring ways, that person's depth of emotion does not appear to raise concern with regard to the item. Absence of pro-social behaviour, finally, establishes a character trait that is morally reprehensible.

(8) *Callous/lack of empathy*. Although callousness is a paradigmatically social and voluntary characteristic, lack of empathy is typically not seen as voluntary. Yet, the immorality of that which is described by item 8 is unequivocal. Similarly to (7), item 8 implies both non-participation in the moral world (lack of feeling for the suffering of others), and morally reprehensible behaviour (meaningfully applied, "callousness" only describes antisocial acts).

(9) *Parasitic lifestyle* is unequivocally a social and voluntary characteristic. While there is nothing inherently immoral about dependence on others in times of need, dependence without such need is morally reprehensible. The item description for (9) makes this clear:

> ...an individual for whom financial dependence on others is an intentional part of his lifestyle. Although able-bodied, he avoids steady, gainful employment; instead, he continually relies on family, relatives, friends, or social assistance. He obtains what he wants by presenting himself as helpless or as deserving of sympathy and support, by using threats or

[41] The criterion, which meaningfully distinguishes psychopathic and non-psychopathic emotions – such as anger as opposed to love – appears to be the duration of the emotion. Psychopathic emotions appear to be fleeting, while non-psychopathic emotions can be of any duration.

> coercion, or by exploiting his victim's weaknesses, His use of others in this way is not simply the result of temporary circumstances that prevent him from working or from supporting himself. Rather, it reflects a persistent pattern of behavior in which others are called upon to support him and to cater to his needs, no matter what the economic and emotional cost to them.

The immorality of someone who matches this description is most succinctly expressed in Kant's famous *principle of ends*, which Pojman (1999) paraphrases as: "So act as to threat humanity, whether in your own person or in that of any other, in every case as an end and never as merely a means" (p. 146).

(10) *Poor behavioral controls* is a social characteristic, and voluntary insofar as it is instantiated by what a person actually does, regardless of how easy or difficult it is to exercise self-control. It is also morally reprehensible, for as it is clear that item 10 does not refer to all types of behaviour – such as poorly controlled philanthropy – but only to acts of an antisocial nature. Recall, that the item description in part reads:

> He tends to respond to frustration, failure, discipline, and criticism with violent behavior or with threats and verbal abuse. He takes offense easily and becomes angry and aggressive over trivialities; these behaviors will often seem inappropriate, given the context in which they occur.

Theologically, item 10 is a relatively close match with the deadly sin of *wrath*, which *The Oxford English Dictionary* defines as "vehement or violent anger; intense exasperation or resentment; deep indignation". It is also the reverse of such widely accepted virtues as *patience* and *self-control*.

(11) *Promiscuous sexual behavior*. The item description reads as follows:

> Item 11 describes an individual whose sexual relations with others are impersonal, casual, or trivial. This may be reflected in frequent casual liaisons (e.g., "one-night stands"), indiscriminate selection of sexual partners, maintenance of several sexual relationships at the same time, frequent infidelities, prostitution, or willingness to participate in a wide variety of sexual activities. In addition, the individual may coerce others into sexual activity with him, and may have charges or convictions for sexual assault.

Behaviours and feelings described by item 11 are both of a social and voluntary nature. For several reasons, they are also of immoral nature. Firstly, the term "promiscuous" has a derogative connotation (see e.g., *Oxford English Dictionary*)[42], suggesting reduced moral value of the person to whom the term applies as well as those things or acts, which he or she so indiscriminately chooses. Promiscuous *sexual* behaviour, more specifically, runs counter to the myths, prohibitions, institutions, and legislation that most if not all societies erect to limit the number and character of human sex acts (consider for instance the institution of marriage, the Roman Catholic virtue of *chastity*, and the richness of derogatory expressions for those who are indiscriminate in their sexual practices, such as "whore", "letch", "slut", "dog", "adulterer", and being "loose").

Lastly, the scoring of the item depends not only on the quantity of a person's sex acts, but also on their emotional quality. Indeed, the item description gives "impersonal, casual, or trivial" nature of sexual behaviour as the item's central aspect, the high frequency of actual sex being merely a "reflection" of this quality. The moral aspect of this item is therefore akin to the rest of the items concerning emotional poverty,

[42] As an example of the term's use, The Oxford English Dictionary offers the following phrase from Samuel Johnson: "Secrets are not to be made cheap by promiscuous publication".

particularly as regards those virtuous emotions, which are supposedly natural (in the case of item 11, the emotion is love) [i.e. (6), (7), and (8)].

(12) *Early behavioural problems* is a proper characterization of a person, and as the item description is simply a list of immoral acts committed before age 12, the moral quality of a person who matches well with item 12 is unequivocal. The description reads as follows:

> Item 12 describes an individual who had serious behavioural problems as a child (i.e., age 12 and below). These problems may include persistent lying, cheating, theft, robbery, fire-setting, truancy, disruption of classroom activities, substance abuse (including alcohol and glue sniffing), vandalism, violence, bullying, running away from home, and precocious sexual activities. These behaviors are more serious than those exhibited by most children, and they often result in complaints by other people, suspension or expulsion from school, or contacts with the police.

(13) *Lack of realistic, long-term goals* is properly speaking voluntary, and it is social insofar as it is chiefly instantiated by a lack of social goals, such as education and employment (see Chapter 4 for full item description). However, from a moral perspective, item 13 appears to be rather different from all of the items considered so far, for nothing in its common application suggests immorality. The PCL-R item description, however, manages to bridge the gap between having goals and moral character as follows: "He is seldom disturbed by the knowledge that he has done little with his life so far and that he is going nowhere". The assumption here is, of course, that there are things one should do and directions one's life should take, and item 13 indicates a failure to comply with these directives. Implicitly, therefore, it is assumed that

the assessing clinician be aware of the value of the general paths one may take in life. The foundation for this awareness is, at least in part, moral judgment concerning the respective value of different life paths. And, as suggested by the quote above, those paths, which are described by item 13, are morally reprehensive.

Also, one may find explicit condemnation of behaviour described by item 13 in Christian theology. Recall that the item description in part reads: "he wants to make it to 'easy street,' and is interested in 'get-rich-quick' schemes." Of this, Proverb 28, says: "A faithful man shall abound with blessings: but he that maketh haste to be rich shall not be innocent". This admonition is well in keeping with the modern ethic of earning one's living by honest labour.

(14) *Impulsivity* has both a significant social and voluntary character. Its relationship to morality is perhaps the weakest of the 20 PCL-R items. The item description for (14) reads as follows:

> Item 14 describes an individual whose behavior is generally impulsive, unpremeditated, and lacking in reflection or forethought. He usually does things on the "spur of the moment" because he "feels like it" or because an opportunity presents itself. He is unlikely to spend much time weighing the pros and cons of a course of action, or in considering the possible consequences of his actions to himself or to others. He will often break off relationships, quit jobs, change plans suddenly, or move from place to place, on little more than a whim and without bothering to inform others.

While it is clear that impulsivity that leads to harm to others is by definition immoral, consequence-free or self-destructive impulsivity may be divorced from moral

consideration altogether[43]. However, as the language of the item description itself suggests ("without *bothering* to inform others") moral neutrality is not exactly what (14) appears to be about. Lack of consideration for the consequences of one's actions – regardless of the actual consequences – provides grounds for moral condemnation because it points to such vices as recklessness, imprudence, and selfishness.

(15) *Irresponsibility* is a paradigmatically social and voluntary trait. The item description for (15) is given in its entirety in chapter 4. For the present analysis, the first sentence should suffice to settle its moral character: "Item 15 describes an individual who habitually fails to fulfil or honor obligations and commitments to others." Counterindicated here are, of course, such virtues as honesty, fairness, and faithfulness.

(16) *Failure to accept responsibility for own actions* is also a paradigmatically social and voluntary trait. The item description reads as follows:

> Item 16 describes an individual who is unable or unwilling to accept personal responsibility for his own actions (both criminal and noncriminal) or for the consequences of his actions. He usually has some excuse for his behavior, including rationalization and placing the blame on others (society, his family, accomplices, victims, the system, etc.). In extreme cases, he may deny accusations made against him, despite overwhelming evidence. For example, he may claim that he is being "framed" by others or that he has memory loss for the events in question. More frequently, though, he will accept responsibility for his actions in a superficial manner, and then will greatly minimize or even deny the consequences of his actions. Examples here include admitting to assaults, but claiming the victims lied about physical injuries; or, admitting to thefts, but claiming that because the victims were insured, nobody really suffered.

[43] At best, impulsivity runs counter to the Roman Catholic Virtue of *moderation*, a virtue well entrenched in middle-class society, but soundly rejected in a number of sub-cultures (for instance various youth cultures, as well as in a good portion of the arts community).

Since it is evident that item 16 applies only in one moral direction (i.e. it is assumed that the item does not deal with failure to accept responsibility for good behaviour), a person characterized by it faces moral censure on two counts. Firstly, the person must have acted immorally for the item to be relevant. Secondly, the individual, by attempts to falsely reduce demands on his or her moral character for the sake of personal benefit, undermines the foundation of morality itself. For, implicit in the demands of a legitimate system of morals is that individuals within the system willingly submit themselves to its authority. Traditionally, therefore, individuals guilty of moral trespasses have been made to submit to the judgment of either the aggrieved party, a council of peers, a judicial system of some sort, or at times a deity (for a discussion on the relationship between the criminal and the institutions that determine issues of guilt and restitution, see Cayley, 1998). When an individual, by way of usurping functions of the relevant institutions fails to submit to these judgments, he or she fails to play the role of a moral agent. In other words, by outright denial of his or her guilt, an excuse for it, or minimization of its extent, the individual effectively does the work that, in properly functioning systems of morality, belongs to the institutions of justice. Such a failure to play by the rules is, of course, subject to instinctual as well as reasoned moral condemnation[44].

Finally, on the topic of responsibility, the Old Testament has the following to say: "He that covereth his sins shall not prosper: but whoso confesseth and forsaketh them shall have mercy" (Proverbs 28). This sentiment is by no means limited to Christian theology or to the period of the Old Testament.

[44] Paradoxically, for those who advocate psychopathy as a causal agent, the psychopath would be correct in rejecting responsibility for his or her actions.

(17) *Many short-term marital relationships* certainly indicate a social and voluntary character trait. Its moral character is derived essentially from item 15. The breaking of marital vows here is simply an instance of a failed commitment.

(18) *Juvenile delinquency*. Item 18 is self-explanatory.

(19) *Revocation of conditional release*. As the revocation of conditional release implies a breach of trust or of law, the item is self-explanatory.

(20) *Criminal versatility*. This item is also self-explanatory.

The conclusion from this analysis may be summarized as follows. Roughly speaking, the diagnostic criteria for psychopathy consist of twenty ways in which one may run afoul of conventional morality. In other words, the diagnostic criteria designate morally reprehensible character. Only those who fail to follow conventional morality can qualify as psychopaths, and the broader the scope of one's moral transgressions, the more justification there is for being termed a psychopath.

On close inspection it also becomes obvious that without reference to conventional morality, psychopathy would not qualify as a mental disorder. This is easily confirmed by the criteria for a mental disorder given in chapter 3[45]. Recall, that of the criteria for a mental disorder only *statistical infrequency*, *violation of moral and ideal standards, increased risk of disability, dysfunction, death, or loss of freedom; and observer discomfort*, apply to psychopathy. Since *violation of moral and ideal standards* is by definition about morality, and *observer discomfort* is a function of moral contempt and disgust for the psychopath, only *statistical infrequency* and *increased risk of*

disability, dysfunction, death, or loss of freedom, seem to remain as morally neutral criteria by which psychopathy might be considered a mental disorder. In close scrutiny, however, even these criteria turn out to have much in common with morality.

Let us consider increased risk of disability, dysfunction, death, or loss of freedom first. The risk of disability, dysfunction, and death can be understood in two ways – either as risk to oneself or to others. In the first sense, the criteria are irrelevant or peripheral to the psychopath him or herself, and at best have to do with the company he or she keeps (be it by choice or by necessity). The risk of disability, dysfunction, and death to others is, however, obviously relevant. Yet, it should be noted, that it is relevant to psychopathy in the *moral* sense only, for while all forms of harm to others are a reasonable criterion for "abnormal", only intentional harm is a reasonable criterion for psychopathy. Of the 106 categories of crime tabulated in the PCL-R (Hare, 2004, pp. 46-48), which count towards a diagnosis of psychopathy for at least item 20, only vagrancy is a plausibly unintentional act[46]. Furthermore, items (6) *Lack of remorse or guilt*, and (16) *failure to accept responsibility for own actions*, indicate acts for which one should feel remorseful, guilty, and responsible, thus excluding acts of an accidental and unintentional nature. The presence of criminal intention (*mens rea*, or "guilty mind"), therefore, appears to be the criterion by which the risk of disability, dysfunction, or death is understood in making of a psychopathy diagnosis. And guilt, of course, is a moral concept. Thus, it is reasonable to argue that this criterion in the context of psychopathy cannot be convincingly divorced from moral reproach.

[45] These are statistical infrequency, violation of moral and ideal standards, personal distress, disability or dysfunction, increased risk of disability, dysfunction, death, or loss of freedom, unexpectedness, irrationality and incomprehensibility, and observer discomfort.

This leaves us with statistical infrequency as the lone morally neutral criterion. While statistical infrequency alone is obviously no criterion of mental disorder, let us briefly examine its relationship to psychopathy. Firstly, statistical infrequency of psychopathy is a function not only of the nature of the diagnostic criteria, but also of their number. That is, the frequency of any given event – which in this case is the diagnosis of psychopathy – is a factor of how that event is defined. By increasing the number of necessary criteria and reducing the number of sufficient criteria for an event, one thereby reduces its frequency. By relaxing the criteria, conversely, one increases its probability of occurrence. Since the number of criteria for psychopathy is 20, and the recommended cut-off score for a diagnosis is 30 (each item being scored as either 0, 1, or 2) (Hare, 2004), it may be argued that psychopathy is rare by definition. Secondly, since it was already demonstrated, that psychopathy is properly speaking "abnormal" only in the moral sense of the term, its infrequency should be irrelevant to the concept of mental disorder as long as mental disorders are to be understood as something more than synonyms for moral violations.

In sum, then, since the only grounds for considering psychopathy a mental disorder are moral violations, psychopathy is unmistakably *about* morally reprehensible character.

[46] Criminal negligence, dangerous driving, and careless driving come close, but are by definition criminal offences only in the absence of external causes, such as sudden changes in weather or heart attack.

5.1 Psychopathy and morality – A history

While the relationship between psychopathy and morality is rarely explained in today's mainstream psychopathy literature,[47] this has not always been the case. The early formulations of the modern psychopathy concept make frequent and explicit reference to the idea of *moral faculty* or *moral sense*, whose derangement by one means or another would directly result in psychopathy-like conditions. In a series of lectures in the late 18th and early 19th centuries, Benjamin Rush (who provided the first systematic formulation of what is now known as psychopathy; Werlinder, 1978) delineated the mind into ten faculties: instinct, memory, imagination, understanding, will, passions, the principle of faith, and the moral faculties. The last of these is further divisible into the moral faculty proper, conscience, and the sense of deity (Carlson, Wollock, & Noel, 1981)[48]. Of the moral faculties, Rush writes:

> They are those portions of the mind which are calculated to receive impressions from certain objects only. They are innate; that is, born with us.... These faculties have been called senses, and not without reason, for like the senses they possess a power of discriminating the impressions that are made upon them, when they relate to the objects which were intended to act upon them. Their peculiar aptitude to their own specific impressions is as certain, and as universal, as the peculiar fitness of the eye and ear is, to impressions of color and sounds.
>
> I have called them *faculties*, because they are three in number; and *moral*, because they are all intended chiefly to promote our moral happiness.
>
> They are 1. the moral faculty properly so called, 2. the sense of Deity, or the theosophic faculty, as Dr. Gall calls it, and 3. conscience.

[47] In addition to the implicit or explicit references to evil as quoted in Chapter 1, only two mentions linking morality and psychopathy were discovered, both of which were quoted at the beginning of this chapter.

[48] Rush's division of the mind into these specific faculties loosely follows the work of the Scottish Common Sense philosophers, especially those of Reid and Hutcheson (see, e.g., Broadie, 2003, and Carlson, Wollock, & Noel, 1981)

> First, the *moral faculty* is as much a necessary and universal component part of a complete human mind, as memory or imagination. It is what an inspired writer calls "the light that enlightened every man that cometh into the world." It exists, it is true, in a feeble and often in a perverted state in some nations, and in many individuals, but the same thing may be said of all the other faculties of the mind. It has sometimes been confounded with the sense of Deity and with conscience, but it differs from the former in having for its objects the duties we owe to our selves and fellow creatures only, and from the latter first in performing the office of a legislator or governor of our moral conduct; whereas conscience performs the office of a judge. It acquits or condemns us according as we have acted agreeably, or contrary to the dictates of the moral faculty. Second, in determining upon the morality or immorality of actions in *others*, whereas conscience determines upon the morality or immorality of our own actions only. Thirdly, in being seated in the will, whereas conscience is seated in the understanding, and fourthly, in being torpid, or absent, while the conscience retains its natural vigor. This is supposed to be the case with infernal spirits, hence we read that with the strongest propensities to evil, conscience forces from them a belief of the Gospel, and trembling apprehensions of the consequences off their immoral conduct. [italics original] (Carlson, Wollock, & Noel, 1981)

According to Rush, the moral faculties are physiologically based, and can therefore be diseased in a physical sense of the term. In a 1786 essay titled *The Influences of Physical Causes upon the Moral Faculty*, Rush describes at length the mechanisms by which this may come about, using the term *anomia* for the total absence of moral faculty, and *micronomia* for a partially absent or weak moral faculty (Werlinder, 1978).

Many writers in the 19th and early 20th centuries were influenced by Rush, basing their theories of comprehensive immorality (and attendant lack of corresponding deficit in reason) on variations of anomia and micronomia. From this evolved a more descriptive, and ultimately controversial term – *moral insanity* (Maughs, 1941; Werlinder, 1978). Consider for instance Prichard in 1837: "There is reason to believe that this species of insanity [moral insanity] has been the real source of moral phenomena of an anomalous

and unusual kind, and of certain perversions of a natural inclination which excite the greatest disgust and abhorrence" (quoted in Maughs, 1941, p. 333); Maudsley in 1874: "Notwithstanding prejudices to the contrary, there is a disorder of mind in which, without illusion, delusion, or hallucination, the symptoms are mainly exhibited in the perversion of these mental faculties which are usually called the active and moral powers" (quoted in Werlinder, 1978, p. 81); Krafft-Ebing in 1888: "[moral tenets remain] inert notions, uselessly burdening the consciousness of the defective individual who does not comprehend how to conclude from them any motives or contra-motives for his doings" (quoted in Werlinder, 1978, p. 76); and Muller in 1899: "Its [moral insanity's] significant feature is a lack of, or distortion of the moral feelings and ambitions" (quoted in Werlinder, 1978, p. 78). Some went so far as to localize morality in a particular region of the brain (Maughs, 1941). In 1875, Benedikt, for instance, wrote: "Everything points to the fact that the back hemisphere of the brain is the seat of the feelings, and consequently also of the moral sentiments. Undeniably, we have to do with ethically retarded individuals, in a scientific sense" (quoted in Verplaetse, 2004, p. 310). Werlinder (1978) summarizes the general outlines of late 19th century thought as follows:

> [T]here is throughout an assertion of the evil, false, egoistic, and often aggressive nature of the morally deranged or imbecile. In most cases he is made out to be a real "moral monster", as Campagne expressed it. Another metaphoric expression of the time was Schule's "morally colorblind". Both of these designations imply a congenital, irremedial moral defect, and the therapeutic pessimism in regard to these individuals is nearly total. (p. 84)

In the early decades of the 20th century, however, the situation begins to gradually change. Without proposing fundamental alteration to the diagnostic features of

moral insanity, theorists nevertheless begin to disparage its explicitly moral connotation. Calls were made to abandon outdated "philosophical" views concerning an inborn moral sense or faculty in favour of more "objective" and "scientific" theories. Applauding this general direction of early 20th century thought Maughs (1941) writes:

> Beginning with the turn of the twentieth century these theoretical discussions began to be abandoned and research into the problem became more scientific. In early attempts to get away from the baneful connotation of 'moral insanity' new descriptive terms were introduced into the terminology. (pp. 465-466)

Discussing a 1918 work of Gruhle, Werlinder (1978) writes:

> Gruhle also touches on the question of the pejorative tone of the word psychopathy, not less relevant today...He writes..."It has become apparent that many traits are socially repugnant, leading to a variety of difficulties in day to day life, bringing about conflicts, etc., and so one has become accustomed to considering psychopathic as something inferior." This seems completely wrong to him. The objective concepts in true natural science should not be mixed with social value judgements. (p. 99)

One of the most vocal opponents of the moral faculty theory of psychopathy in the early 20th century was Cyril Burt, who in 1926 categorically announced the death of the moral faculty view: "'morality' is no longer to be regarded as an innate faculty subject to congenital defects, but as a quality acquired through training and experience" (quoted in Werlinder, 1978, p. 133).

Along with the theoretical shift from "philosophy" to "science" came changes in terminology. Anderson (quoted in Werlinder, 1978) writes: "Thus nomenclature in England for this group of anti-social individuals has progressed from "moral insanity" to

"moral imbecility" to "moral defect" and finally to "psychopathic personality" (p. 140). In the1940s Cleckley further attempted to divorce psychopathy from the negative connotations of moral insanity, proposing an even more neutral term "semantic dementia". Thus, by the 1950s the moral faculty view of psychopathy had come to be seen by many as an archaic inheritance from the Dark Ages of psychopathy research. In 1951, Cameron and Margaret write:

> The residue of this tortuous and perplexing historical development is unfortunately with us. For example, the popular labels for social deviation now...seem merely to be a restatement of the outmoded category of "constitutional psychopathic inferiority." They do not refer to new concepts. Moreover, the accounts of psychopathic behavior given by present-day behavior pathologists are still likely to be accusations rather than descriptions. The evaluative attitudes of nineteenth-century psychiatry continue to tinge our modern classifications; and the psychopath stands accused of crime, or exploitation and of inability to profit from corrective procedures.
>
> The background of "psychopathic personality" in nineteenth-century psychiatry, although relevant as past history, need not dictate the present and future development of the concept. Nor can we afford to perpetuate the implication that social deviation is morally bad. We cannot ignore the effects of parental emphasis, of others' reactions and of self-reactions in training a growing child to socially deviant behavior (quoted in Millon et al., 1998, p. 19).

Referring to Cameron and Margaret's position above, Millon et al. (1998) conclude "this plea that we progress beyond the perspective of moral and social judgments as a basis for clinical concepts is as relevant today as it was when written" (p. 19). Elsewhere, referring to Bursten's 1972 position (which is consistent with that of Cameron and Margaret above), Millon et al. (1998) write: "Bursten's specific proposals for the manipulative personality are highly debatable, but his desire to protect personality diagnoses from value judgments...[is] both relevant and appropriate" (p. 21).

The conclusions to be drawn from this summary are as follows: The existence of the moral faculty or sense, and therefore also its relation to psychopathy, has been roundly rejected as of late. Much of empirical literature currently construes psychopathy as a medical condition or a mental disorder, with the attendant view that its diagnosis is in no way related to moral condemnation. Even those writers who do comment on the moral aspects of psychopathy appear to view the relationship between immorality and psychopathy as merely coincidental. Recall the quotes given earlier supporting the view that psychopathy and morality are related, which read: "Psychopathy is a personality disorder defined by a distinctive cluster of behaviors and inferred personality traits, most of which society views as pejorative" (Hare, 1993, p. ix); and

> Throughout this checkered history [of psychopathy], the notion of a psychopathic character has served to designate a rather varied collection of behaviors that have little in common other than being viewed as repugnant to the social mores of the time. (Millon et al., 1998, p. 3)

Both quotes suggest, that while psychopathy and immorality are related, the relation is not *internal* to the logic of psychopathy. Rather, the suggestion goes, the connection between psychopathy and immorality is a matter of *societal perception* only. Those who are unacquainted with the science of psychopathy may view immorality and psychopathy as the same thing, whereas the scientific community understands and duly notes the difference. That this is what is in fact suggested should be obvious from the fact, that the second quote comes from the very same authors whose stated aim it is to "protect personality diagnoses from value judgments."

Given that psychopathy is not a medical condition, and that the only grounds for considering it a mental disorder are moral, much of psychopathy literature appears confused over the relationship between psychopathy and morality. While it may be tolerable to psychopathy researchers that the general population draw a parallel between psychopathy and immorality, the researchers themselves claim immunity from moral considerations, opting for scientific objectivity instead. However, as our analysis has shown, psychopathy is simply a shorthand expression for twenty instances of morally reprehensible character, and a diagnosis of psychopathy cannot therefore occur without moral condemnation.

It should be noted, however, that this is not a condemnation of psychopathy research per se, but only of those who confuse its relation to morality. In fact, should one entertain the existence of a moral faculty, there would be nothing in principle unscientific about an attempt to study it. On the one hand, the term "faculty", after all, simply refers to capacities, and a "moral faculty" does not necessarily mean anything beyond a capacity to act and feel in accordance with moral tenets. On the other hand, whether or not such a faculty has material existence in the same sense as, say, Broca's area for speech does, would indeed be an empirical question par excellence.

To round out the consequences of the present chapter, let us consider a few foreseeable objections to it.

Objection: Granted that psychopathy is about morally reprehensible character, is it not possible that moral behaviour and feeling have specific physical or psychological causes, such as those given by causal theories 2-9, and that these causes can be discovered by science?

Reply: This is certainly possible.

Objection: If this is possible, is not the discovery of the "true nature" of psychopathy relatively unimportant as anything other than a philosophical exercise?

Reply: If the foregoing analysis is correct, at least two implications are suggested. Firstly, historical and theoretical literature on psychopathy appears to suffer from obvious self-contradictions. The foregoing analysis should point this out, and clarify certain aspects of the history of the psychopathy concept. Secondly, it is widely accepted that the study of moral behaviour and feeling requires broad understanding of concepts, such as law, custom, religion, individualism, social cohesion, history, and mental ability, to name a few. Psychopathy, on the other hand, is considered to be a very specific topic of research, with the title "psychopath" denoting a very special type of individual. While the psychopath *is* a very specific and special type of individual, he or she is special and specific because he or she is a moral anomaly. Therefore, one should expect the understanding of immorality – as denoted by psychopathy, for instance – to require an understanding of morality equal in breadth to the study of morality in general. Yet, the understanding of psychopathy in the larger context of morality is relatively absent from mainstream psychopathy literature[49]. At the very least, good reasons for such exclusion should be given, and questions of the following kind should be answered: Why is the list of morally reprehensible character traits limited to the twenty items currently given in the PCL-R? Are there no more than twenty ways of running afoul of conventional morality? If there are, what is the rationale for their exclusion? How does one account for changing moral standards or for different moral standards in different

[49] The typical attempt to relate psychopathy to morality is the cross-cultural study of psychopathy (e.g., Cooke, 1998). Such studies usually proceed from the assumption that psychopathy is a mental or a medical disorder, which may or may not manifest itself differently in different cultures. Such studies therefore assume, that the findings are about psychopaths rather than about those who classify it.

cultures? Why are no morally neutral items included in the PCL-R? If a defect (biological or psychological) is assumed to cause psychopathy, why are its symptoms strictly of moral kind?

Objection: The reason for the study of psychopathy with a scientific focus is that the likelihood of discovering the cause or causes of morality in general is greatest by studying its most extreme manifestations.

Reply: This would imply that by multiplying the number and severity of immoral behaviour one is not simultaneously multiplying its causes or reasons. In other words, the untested assumption of this objection is that the cause or causes of all immoral behaviour are the same, and they are simply more present in one way or another in their most extreme manifestations. Although this makes intuitive sense by medical analogy – such as the cause of death by poison being easiest to determine where the poison in the body exists in large quantities – it is far from intuitive with respect to moral and immoral behaviour. To confirm this point, recall our discussion in Chapter 4 on the theoretical relationship between the diagnostic criteria of psychopathy and causal theories 2-9, and in particular the difficulty in establishing a coherent relationship between any single cause and the twenty diagnostic criteria of psychopathy.

Alternatively, it would be difficult to argue that psychopathy is caused differently from less extreme forms of immorality, since those behaviours and feelings which instantiate psychopathy are, when taken singly, simply "less extreme forms of immorality". In other words, the individual diagnostic criteria for psychopathy can match

equally well to a psychopath as to a non-psychopath, the only difference being that more of them must be present in the former than in the latter[50].

Objection: You have mischaracterized modern psychopathy research by assuming that relative silence on the moral aspects of psychopathy indicates misunderstanding of the matter. Most researchers understand the relationship between psychopathy and morality, but attempt to remove themselves from it for pragmatic reasons. If psychopathy is explicitly portrayed as a matter of morality, psychopaths will be denied their rightful status as objects of science and as subjects of treatment.

Reply: The concern for the intrusion of morality into the domain of science of psychopathy is widely held. Millon et al. (1998), for instance, write:

> [P]sychologists and psychiatrists must not simply condemn these patients, but must seek to understand them. To quote the distinguished Danish psychiatrist Georg Sturup…: "Don't forget these people. They have no one, yet they are people. They are desperately lacking and in terrible pain. Those who understand this are so rare; you must not turn your back on them." (p. 28)

While it would be unethical to morally blame those whose actions are not morally blameworthy, it should be noted that the rejection of moral considerations in psychopathy research is purely cosmetic. The fundamental logic of psychopathy research has by and large remained unchanged since Benjamin Rush's day. Rush named the moral faculty as an object of his search, and believed that the derangement of this faculty caused a psychopathy-like condition. Similarly, modern psychopathy

[50] This is what makes possible the debate over whether psychopathy is a categorical or a dimensional construct.

research searches for the causes of psychopathy within the biological or psychological constitution of the psychopath. Should such a cause be discovered, the temptation to name it “the moral faculty” would be great indeed, and in no way inappropriate.

6 DEGENERATION

Standard historical accounts of the psychopathy concept (e.g., Arrigo & Shipley, 2001, Maughs, 1941; McCord & McCord, 1964; Millon et al., 1998; Werlinder, 1978) implicitly or explicitly argue that our understanding of psychopathy has evolved in a manner similar to our understanding of many other scientific objects, particularly those of diseases. On the one hand, the study of diseases as well as psychopathy has increased in its methodological sophistication and rigour. On the other hand, as our understanding of diseases has evolved from supernatural causal explanations to biological ones, so has our understanding of immorality – specifically by way of the psychopathy concept – evolved from a moral and theological understanding to one of scientific objectivity. That the methods employed in the study of psychopathy have improved and multiplied with time is undoubtedly true. That this has been accompanied by a general move toward value neutrality is, however, not as clear, as argued in Chapter 5. The present chapter will further this argument by describing a continuum between a late 19th and early 20th century theory of degeneration – a theory which historically serves as an exemplar of a marriage between science and morality – and the modern psychopathy concept. As the continuity of these two ideas shows, the relationship between morality and the science of psychopathy has, from its inception to the present, been closer than acknowledged by standard accounts of psychopathy, and consequently modern psychopathy theory and research continues Rush's original project of locating the moral faculty. The bulk of this chapter has been published as Jalava (2006).

Let us begin with a brief description of the general theory of degeneration in its social and intellectual contexts of the late 19th century Europe.

6.1 The 19th century and degenerationism

In the judgment of most historians, the 19th century can be characterized as an age of progress, particularly with regard to Central Europe and North America. The period saw not only the development of new industries (e.g. electrical and chemical industries), sources of power (e.g. electricity), forms of organization (e.g. the joint stock investment bank), and means of transportation (most importantly, railways) (e.g., Townson, 1994), but also an increasingly popular belief in the *idea* of progress itself. Progress in the manufacture of goods, the economy, the conceptions and practices of freedom, equality, and popular sovereignty etc. in the 19th did not seem merely desirable, but in fact historically necessary. Theorists, such as Comte, Hegel, Marx, and Spencer purported to show that all history could be seen as a continuous, gradual ascent towards a given end (Nisbet, 1980). A dictionary article of 1875, for instance, defined progress as follows:

> Humanity is perfectible and it moves incessantly from less good to better, from ignorance to science, from barbarism to civilization...the idea that humanity becomes day by day better and happier is particularly dear to our century. Faith in the law of progress is the true faith of our century (Quoted in Pick, 1989).

The idea of progress was at once a social, political, and scientific theory. The theory of evolution as described in Darwin's *The Origin of Species* (1859/1968) provided for many social theorists the necessary scientific foundation for the idea of social and political progress. The terms "evolution" and "progress" were in fact often used interchangeably in the 19th century (Nisbet, 1980).

The rapid industrial, political, and economic progress in 19th century Europe and North America was, however, paralleled by a sustained discussion about increasing rates of crime, insanity, vagrancy, prostitution, and so on. Confronted with this apparent paradox, evolutionary scientists, criminal anthropologists, and psychiatrists postulated that civilization and scientific progress could be a cause of physical and social pathology as much as a defense against it (Pick, 1989). This led to the emergence of a general theory of degeneration[51]. According to this theory, a host of individual and social pathologies in a fine and infinite network of diseases, disorders, and moral habits, could be explained by a biologically based affliction. The primary symptoms of the affliction were thought to be a weakening of the vital forces and will power of its victim. In this way, a wide range of social and medical deviations, including crime, violence, religious fanaticism, mysticism, insanity, absence of shame, impulsiveness, masturbation, vagrancy, alcoholism, prostitution, suicide, inertia, apathy, egotism, gambling, tattooing, and pornography, could be explained by reference to a biological defect within the individual (Hirsch, 1896; Nye, 1984; Gelb, 1995).

The theory of degeneration was predicated on the evolutionary theory. The forces of degeneration opposed those of evolution, and those afflicted with degeneration were thought to represent a return to an earlier evolutionary stage. Lombrosos-Ferrero (1911/1972) writes:

[51] The theory of degeneration has never been reduced to a concrete, simple theory or axiom, nor has it been identified with a single theorist or circle of theorists, much as the psychopathy concept. The concept of degeneration was produced and refined within and between several discourses, including the human sciences, the natural sciences, fictional narratives, and socio-political commentaries (Pick, 1989).

> The criminal is an atavistic being, a relic of a vanished race. This is by no means an uncommon occurrence in nature. Atavism, the reversion to a former state, is the first feeble indication of the reaction opposed by nature to the perturbing causes which seek to alter her delicate mechanism. Under certain unfavourable conditions, cold and poor soil, the common oak will develop characteristics of the oak of the Quaternary period. The dog left to run wild in the forest will in a few generations revert to the type of his original wolf-like progenitor...This tendency to alter under special conditions is common to human beings, in whom hunger, syphilis, trauma, and still more frequently, morbid conditions inherited from insane, criminal or diseased progenitors, or the abuse of nerve poisons, such as alcohol, tobacco, or morphine, cause various alterations, of which criminality – that is, a return to the characteristics peculiar to primitive savages – is in reality the least serious, because it represents a less advanced stage than other forms of cerebral alteration. (pp. 135-136)

Furthermore, degeneration was considered heritable and progressive. Two theories of inheritance of degeneration were put forth. According to the first, lineage was direct: in other words, an alcoholic would beget an alcoholic, a violent criminal a violent criminal. According to the second theory, the lineage was indirect (e.g., Lombroso-Ferrero, 1911/1972). Morel's (Quoted in Hirsch, 1896, p. 118-119) theory of degeneration, for instance, posits an indirect lineage as follows:

> *First Generation*: Nervous temperament; moral depravity; excesses.
> *Second Generation*: Tendency to apoplexy and severe neuroses; alcoholism.
> *Third Generation*: Mental derangements; suicide; intellectual incapacity.
> *Fourth Generation*: Hereditary imbecility; deformities; arrested development; With this last generation the race comes to an end by sterility.

Regardless of the mode of inheritance, the overarching notion of the degeneration theory was that of a deep and all-encompassing biological process that could manifest itself in any number of ways.

The theory of degeneration and the emergence of criminology as a new human science are closely linked. From the Enlightenment until the late 19th century, the prevailing "classical school" criminological theory had treated crime as a result of rational calculation by the criminal. In 1876 Cesare Lombroso published his *L'Uomo Delinquente* (The criminal man), in which he challenged the notion of universal criminal free will and rationality. Lombroso argued that roughly one third of all offenders were of a "born-criminal type", characterized as atavistic, biologically determined life forms whose mental and physiological characteristics resembled those of children, apes, and primitive people (Lombroso-Ferrero 1911/1972; Leps, 1992). Lombroso describes his discovery of the type in a famous paragraph as follows:

> This was not merely an idea, but a revelation. At the sight of that skull, I seemed to see all of a sudden, lighted up as a vast plain under a flaming sky, the problem of the nature of the criminal – an atavistic being who reproduces in his person the ferocious instincts of primitive humanity and the inferior animals. Thus were explained anatomically the enormous jaws, high cheek bones, prominent superciliary arches, solitary lines in the palms, extreme size of the orbits, handle-shaped ears found in criminals, savages and apes, insensibility to pain, extremely acute sight, tattooing, excessive idleness, love of orgies, and the irresponsible craving of evil for its own sake, the desire not only to extinguish life in the victim, but to mutilate the corpse, tear its flesh and drink its blood (1911/1972, p. xxiv-xxv).

Thus, for Lombroso the born-criminal type represented a throwback in evolution, and was characterized by a set of hereditary physical, psychological, and moral signs.

These included abnormalities in the head, the brain, the face, the limbs, as well as aberrations in the moral sense, as indicated by lack of remorse, treachery, vanity, impulsiveness, and so on. These signs, Lombroso argued, differentiated the born-criminal type from a normal criminal. Overt behavior of the average criminal and the born-criminal type could, according to Lombroso, be identical, but the various signs would set the two types apart decisively. Lombroso-Ferrero (1911/1972) summarizes this as follows: "the born criminal possesses certain physical and mental characteristics, which mark him out as a special type, materially and morally diverse from the bulk of mankind" (p. 51). Thus, the born-criminal was defined not simply as an individual who commits crimes, but as a type of individual with certain dispositions and biological markers, to the point where Lombroso could declare: "He may not be a legal criminal, but he is a criminal anthropologically" (quoted in Hacking, 2001, p. 148). Other degenerationists agreed with this. Talbot (1898/1984), for instance, argued that degeneration could afflict not only the career criminal, but also scientists, lawyers, administrators, mathematicians, and artists alike.

The theory of the born-criminal type was hence entirely deterministic, arguing that the type was innately driven to act as apes and savages did, whose innate aggressiveness and criminality Lombroso also claimed to have proven. Since the atavistic character was imprinted by nature, it was also assumed to be wholly impervious to reform. In consequence, Lombroso called for the type's execution or permanent seclusion from society (Leps, 1992).

The degenerate, described in these or similar terms, appeared widely in medical and evolutionary literature as well as in popular fiction, newspaper articles, and political treatises through the latter half of the 19th and into the early 20th century. Although the

theory had already begun to lose its specificity and mystique in serious medicine and psychiatry in the 1890s, the ultimate end of degenerationist theory did not come until after World War II. The fascist ideology in Germany had justified its genocidal practices by attributing degeneration to Slavic, Jewish, and other unwanted elements, culminating in the "Final Solution". Following these events, it became clear that the theory could not henceforth be seriously entertained with good conscience (Pick, 1989).

In summary, although a variety of more or less detailed degenerationist theories were put forth in the late 19th and early 20th centuries, all shared certain features, which may be summarized as follows:

(1) There exist interconnected types of disorder and deviance

(2) These connections are brought about by a biological defect

(3) This biological defect is heritable

(4) Individuals afflicted with degeneration represent atavism

(5) The degenerate may be identified by physical and psychological signs, which may be subtle and covert.

6.2 Psychopathy and degeneration

As was the case with many psychological and social ills in the late 19th century, psychopathy (under several different monikers) was briefly included in the list of symptoms designating degeneration. Stedman (quoted in Maughs, 1941) suggested that psychopathy be renamed "degenerative insanity of the moral type" (p. 466). Hirsch (1896) offered the following characterization of the degenerate, essentially describing the modern psychopath:

> In still other degenerates we find a well-developed action of the intellect combined with an almost total absence of feeling. The moral sense, sympathy, pity, love, etc., are conditions utterly strange to such people. They act from cold calculation. Selfishness and heartlessness mark all their acts. Those curmudgeons whose sole satisfaction is the heaping up of wealth, to whose life all ideal features are foreign, who stick at no legal means of attaining their selfish ends, who are not only without feeling for the sufferings of their fellow-men, but are even cold and indifferent to their nearest family, belong to this category of mental degeneration. (p. 130)

A review of psychopathy literature reveals a diminishing frequency of explicit references to an association between psychopathy and degeneration during the first decades of the 20th century. After World War II that association had, along with the entire theory of degeneration, become a mere historical curiosity. Theories of the causes and nature of psychopathy, however, continued to be published unabated. These theories, although making no explicit reference to the theory of degeneration, nonetheless manifest the logic of the degeneration project in several key aspects. Let us examine the relationship between the degeneration theory and modern psychopathy research by way of the major tenets shared by these constructs.

(1) There exist interconnected types disorder and deviance. The degenerationist belief in the reliable relationship between a variety of psychological, physical, moral, and social ills is reflected in both the diagnostic criteria for psychopathy and in the notion of *comorbid* symptomology of psychopaths. Firstly, the very existence of psychopathy as a diagnostic category is predicated on the observation that certain types of disorder and deviance as captured by the PCL-R correlate highly and positively (see Chapter 4).

The types of concern reflected in the diagnostic criteria for psychopathy include psychological problems ("need for stimulation/proneness to boredom", "poor behavior controls", "early behavior problems", and "impulsivity"), criminality ("juvenile

delinquency", "criminal versatility", as well as the unlawful activity suggested in "revocation of conditional release"), and implicit and explicit moral transgressions (in essence, all twenty items fall under this category. See Chapter 5).

Secondly, psychopathy researchers have, in the tradition of standard clinical research, conducted comorbidity studies. Although several technical definitions of comorbidity exist (Wittchen, 1996), the gist of the notion is the co-existence of two or more disorders in a given individual. Comorbidity studies of psychopathy (or antisocial personality disorder) have, however, extended the definition to include not only mental and physical disorders, but a variety of social and moral problems as well. Although social and moral concerns of societies shift over time, the scope of modern comorbidity studies of psychopathy manages to capture a bulk of the purported manifestations of degeneracy with surprising accuracy. Among the disorders and social problems whose comorbidity with psychopathy (or antisocial personality disorder) have recently been studied are schizophrenia (Robins, Tipp, & Pryzbeck, 1991), somatization disorder (Smith, Golding, Kashner, & Rost, 1991), mood disorders (Swanson, Bland, & Newman, 1994), suicide attempts and suicide (Robins, quoted in Dahl, 1998), alcoholism (Knop, Jensen, & Mortensen, 1998), narcotic addiction (Vaglum, 1998), pedophilia (Dorr, 1998), as well as job troubles, negligence towards children, illegal activities, marital relationships and promiscuity, physical violence, vagrancy, lying, the use of aliases, and traffic offences (Swanson et al., 1994).

The moral component shared by degeneration theory and psychopathy (and its comorbid conditions) is particularly striking. One finds in both cases references to behaviour and feeling problematic not primarily in the medical or legal, but in the moral sense. These concerns include "deviant" expressions of sexuality and marital life,

selfishness, vagrancy, dishonesty, and the use of mind-altering substances. Although it may be argued that certain excesses or deficiencies in these realms may indeed individually constitute a mental disorder or be caused by a medical one, the central points in this discussion are, on the one hand, the clustering of behaviours that signify the absence of normative morality in psychopathy and degeneracy, and on the other hand, that the study (and possible treatment) of moral thought and behaviour in both are seen to properly belong to the realm of science.

(2) These connections are brought about by a biological defect. The degenerationist thesis that the constellations of interconnected types of disorder and deviance are caused by a common biological defect is paralleled by theories of causality in psychopathy research. Biological causes of psychopathy have long been assumed to exist, and even though none has been identified yet, the general consensus is, that it is at the very least reasonable to search for them (see Chapters 1 and 4).

Finally, comorbidity studies of psychopathy have been conducted under the assumption that comorbidity between certain types of deviance and disorder is not necessarily a random or spontaneous occurrence, but can also be attributed to some underlying biological defect. Dahl (1998) states:

> Comorbidity can have several causes...Two disorders can be comorbid simply by chance, since they occur completely independently of each other. *They can have a common core liability that takes on different expressions.* They can both be a part of a spectrum of related disorders. One disorder can predispose a person to or make the person vulnerable to the other, and one disorder can be a complication of the other. For psychpathy, all these causes of comorbidity are found. (p. 292) [italics added]

(3) This biological defect is heritable. Psychopathy researchers have proposed both direct and indirect modes of heritability. For instance, reviewing the evidence of direct lineage of antisocial personality disorder from animal and twin adoption studies McGuffin and Thapar (1998), conclude: "These studies therefore represent a first step in what will undoubtedly be a long and complicated road toward discovering a molecular-genetic basis for antisocial personality disorder" (p. 227).

Vaglum (1998), on the other hand, reviewing evidence of the relationship between antisocial personality disorder and narcotic addiction, makes a claim of indirect inheritability, concluding in striking resemblance to Morel's generational theory:

> Most genetic and developmental research seems to support a developmental process model, starting with APD or hyperaggression in the biological parents, and leading to hyperaggression, oppositional defiant disorder, CD [conduct disorder], adult APD, and eventually substance misuse in the offspring (p. 338).

(4) Individuals afflicted with degeneration represent atavism. The thesis that the degenerate manifests in his or her person an evolutionary throwback is frequently and more or less formally made in psychopathy research. Longstanding and varied theories have portrayed psychopaths as representing characteristics typical of either an earlier stage of human development (whether child-like or primitive) or of evolutionarily less developed species. Consider, for instance, the following statements:

> The fact that the behavior of the psychopath appears to be a type of reaction that expresses itself through primitive responses awaken suspicion of malfunctioning in the higher cortical regions which are presumed to exercise restraint and control over those lower 'centers' through which basic drives and motives are mediated. It is not too far-

> fetched to suggest that since these higher centers are phylogenetically more recent, a specific anlage of psychopathy may be a structurally defective brain. (Lindner, 1944, p. 10)

> Most human beings pass beyond the "opportunistic stage". They develop a "proprium"....Here the psychopath falters...he does not pass beyond the animally conditioned stage of learning. (McCord & McCord, 1964, p. 14)

> The frequent finding that the brain-wave activity of some psychopaths bears a certain resemblance to that generally found in children has led some investigators to propose that psychopathic behavior reflects cortical immaturity. The simplicity of this maturational retardation hypothesis is quite appealing, particularly when it is recognized that some of the psychopath's characteristics – egocentricity, impulsivity, inability to delay gratification – are also found to a certain extent in children. (Hare, 1970, p. 32)

> Within each of us lies a hard, reptilian core of need. Neurophysiology places that core of primal needs in our brainstem and limbic system; evolution and our individual development bury those needs under many layers of inhibition, of learned responses, of conditioned stimuli taking the place of primary stimuli. This process of conditioning, of restraining that primitive core breaks down in the psychopath. (Grisolia, 2001, p. 79)

> Although there is absolutely no neuroanatomical or neurophysiological research to support a correlation between a psychopathic behavior and the functional prevalence of the reptilian cerebrotype, the conceptual parallels are striking. I would hypothesize that the term reptilian state describes the functional psychobiology of certain primary, psychopathic characters. (Meloy, 2002, pp. 68-69)

Implicit in the theory of atavism is the suggestion that the difference between degenerates and non-degenerates is a striking one. Even though theoretically atavism operates along an evolutionary continuum, the strangeness of the degenerate is clearly expressed (see e.g., Lombroso's revelation above). The extent of the division between psychopaths and non-psychopaths is regularly made in modern psychopathy research. This point should be obvious from the following quotes: "true psychopaths, with their consistently antisocial behavior, present the average observer with a phenomenon so

spectacularly alien that it seems almost incredible that such people exist" (Rieber & Vetter, 1994, p. 1); "the true psychopath is lost to humanity" (Rieber & Vetter, 1994, p. 7); "to say that there is something unusual about people like him [a psychopath] is an understatement" (Hare, 2001, p. 21); "lacking empathy or any developed emotional life, the psychopath may be said to be less human than the rest of us (Grisolia, 2001); In time, after developing inner controls, the normal baby acquires 'human nature.' Why do a few children (the psychopaths) never make this transition into 'humanness'?" (McCord & McCord, 1964, p. 56). In similar vein, Abbott (2001) describes psychopaths' behavior as "inhuman" (p. 296), while Reid (1998) argues, that "There is no (reasonable) ethic which requires that we treat him [the psychopath] as we treat other adults; indeed, to do so is foolish. If we treat him as if he were like us, *we will continue to fail*, an he will continue to take from us." [italics original] (p. 115). Finally, consider Lindner's (1944) sentiment:

> History has assigned to this country and her allies the task of cleansing civilization of the predatory creature [the psychopath] whose typical history is presented in this volume. Psychological science has provided us with an instrument to study him closely and at first hand; to examine him thoroughly as we would a virulent bacillus. (p. 14)

(5) The degenerate may be identified by physical and psychological signs, which may be subtle and covert. Both the degenerate (particularly Lombroso's "born-criminal type") and the psychopath are conceived of as types, whose distinguishing characteristic may be difficult to detect without the use of certain specialized techniques. Such techniques would range from Lombroso's careful physical and psychological examinations to the modern PCL-R. With respect to indicators, psychopathy researchers

frequently argue, that the manifest, behavioral signs of psychopathy are merely rough approximations of the more fundamental and true biological signs. Hare (1970, p. 27-28), for instance, writes:

> At present, our descriptions of psychopathy are almost entirely clinical in nature. If we could establish that psychopaths differ from other individuals on some physiological variable, this variable might be used as one of the defining characteristics of psychopathy....Moreover, many of the clinical *assumptions* could be evaluated by making the appropriate physiological observations. For example, the psychopath's *presumed* absence of anxiety could be tested by taking measurements of autonomic nervous system activity...under conditions generally assumed to generate anxiety. [italics added]

Moreover, as Lombroso and other degenerationists held that degeneracy was not an affliction exclusive to the criminal, so do modern psychopathy researchers argue for the existence of the "white collar" or "subclinical" psychopath (this topic will be discussed in more detail in Chapter 7). For instance, Hare (1993, p. 113) writes:

> ...many psychopaths never go to prison or any other facility. They appear to function reasonably well – as lawyers, doctors, psychiatrists, academics, mercenaries, police officers, cult leaders, military personnel, businesspeople, writers, artists, entertainers, and so forth – without breaking the law, or at the least without being caught or convicted.

Stone's (1993) metaphoric discussion of psychopathy as "stain" at once communicates a notion of signs as subtle and multi-layered (i.e. biological and behavioral). It is also suggestive of a certain ubiquity of the disorder across social strata. He writes:

> Like a spoonful of India ink in a quarter-jar of water, even a "little" psychopathy goes a long way in coloring the personality and in determining the life-course. In ordinary, everyday society one encounters with frequency: crooked salesmen, company embezzlers, scam-artists, philanderers, schemers who blackmail their lovers, "rip-off" cheats of every description, dishonest politicoes, etc. The complete list would be very long. Most have never spent a day in jail nor ever raised a hand against another person. (p. 306)

6.3 Conclusion

Thus, to a large extent modern psychopathy theory and research appear to be predicated on the same basic tenets as degeneration theory, suggesting that modern conceptions of psychopathy are simply modified forms of the theory of degeneration. Modern psychopathy theory and research would therefore seem to be a logical continuation of Rush's original objective of establishing a scientific study of morality, as both degeneration and psychopathy theories rely heavily on a medicalized view of morality.

The continuum between degeneration theory and psychopathy research is important to acknowledge for the simple reason that while the degeneration theory was rejected by the end of WWII, psychopathy research has flourished, and has been generally accepted as a legitimate line of inquiry. Since the demise of degeneration theory was by and large politically motivated (i.e. due to the embarrassment over the use of the theory by the Third Reich to exterminate Jews, Slavs, and other unwanted populations), it would be legitimate to hypothesize that modern psychopathy theory and research have perpetuated the intuitively appealing theory of degeneration using a morally and politically palatable form. Furthermore, it is possible that the psychopathy

concept is more acceptable than degeneration theory at least in part because of the purging of *explicit* moral overtones from the former. This possibility will be discussed further in Chapter 7.

None of this is to suggest, however, that either degeneration theory or modern psychopathy theory is necessarily wrong. Indeed, the longevity of the degeneration theory – perhaps now in the form of psychopathy theory – may be attributable to it being essentially correct. Although there is no solid evidence proving that the theory in its entirety is correct, there are, on the other hand, no absolute empirical or logical grounds to suggest the opposite either. As shown above, several studies have suggested that, taken singly, there may be some empirical substance to tenets (1) to (3), and, by extension, tenet (5). That is, different forms of deviance and disorder do appear to correlate highly, some forms of deviance and disorder may have a common biological cause (or at least, correlates), and some forms of deviance and disorder may be heritable. Whether or not a single entity or process (whether one calls it "degeneration" or "psychopathy" is of little scientific importance) is involved in all such events is, of course, debatable, but there is also no rule to prevent one from theorizing that this be the case. Furthermore, although tenet (4) (atavism) has, by admission of many of the researchers themselves, remained only a theoretical position, its intuitive appeal is quite obvious. In many respects psychopaths do appear strange, bestial, and uncivilized, and

the appeal of a science of morality – whether in the form of Rush's studies on the moral faculty, degeneration theory, or psychopathy – is therefore well established[52].

[52] Hacking (2001) suggests another possible reason for the longevity of the degeneration theory. He proposes that the allure of the degeneracy theory may lie in its flexibility and power to address popular fears of crime, deviance, and disorder. Auxiliary hypotheses around the hard core (a term used by the philosopher of science Imre Lakatos) of the degeneracy program, according to Hacking, allow the scientific community to claim ownership over problems society deems critical at any given time. As an example of this mechanism, Hacking points out that in the late 1880s vagrancy was explained in the context of degeneracy mainly as a function of concern over the prevalence of homeless people at the time.

7 RHETORIC

What may be characterized as a sustained project to subject immorality to scientific study has, in one form or another, been underway for over two hundred years. Despite efforts to disavow the central nature of the project – that it is about morality – and despite a nagging failure to deliver long-awaited causal proofs, the project continues unabated. But if over two decades of work has provided no cure and only a web of correlations to go along with a wide variety of claims ranging from the plausible to the metaphysical and the tautological, one might wonder why the project continues to receive funding, produce research, and appear in university curricula and in popular media? Could it be that the correlations and the various claims made about them, whether based on physical evidence or not, *are* in fact convincing enough to carry the project? Correlational data and data interpretation are, after all, the traditional currency of the behavioural scientist, and many social science projects enjoy long lives without producing knowledge of an even remotely causal nature. But if this is also the case with the psychopathy project, one might be puzzled to find within the project a number of statements, which contain none of the caution that properly characterizes correlational work. Consider, for instance the following statements: "At mid-century, social science underwent another shift of emphasis. The problem of definition seemed close to solution, and the issues of causation had been clarified by research" (McCord & McCord, 1964, p. 34); "We believe that the understanding of psychopathy has increased enormously in the past 10 years. It is now possible to consider the biological basis of the disorder and emerge with a coherent picture" (Blair, Mitchell, & Blair, 2005, p. 155); "I am certain that

a necessary, but not alone sufficient, biological substrate must exist for the development of a psychopathic character disorder" (Meloy, 2002, p. 87); and

> Based on these findings, it is argued that there are good reasons to believe that a variety of social and biological factors exist that predispose the individual toward criminal behavior. In combination with the fact that criminal behavior also meets a number of the definitions of disorder, it is concluded that there is reasonable evidence either to directly support the view that crime is a disorder or alternatively to give serious consideration to this possibility. At the very least, there is sufficient evidence in favor of the notion that crime is a disorder to place the burden of proof on those wishing to disprove this position. (Raine, 1993, p. 292)

If the causal evidence of psychopathy – of which these quotes speak – was to be judged strictly on its scientific merits, the conclusion would have to read something like "the biological, social, psychological, and environmental factors responsible for the development and maintenance of psychopathy are not well known" (Hare, 2004, p. 7). Yet, one is told that the causal picture is "clarified", "coherent", and "certain", and that those who believe that crime (which is a significant component of psychopathy) is a disorder (in the sense that its "predisposing factors" are known) no longer suffer the burden of proof for this claim. The discrepancy between not knowing the cause or causes of psychopathy on the one hand, and having a "clarified", "coherent", or "certain" causal picture on the other does not appear to be merely a question of access to information – it is not likely that the cause or causes of psychopathy are known to some but kept from others. Instead, it would appear that some psychopathy researchers simply portray the causal picture in a very optimistic light; so optimistic in fact, that they appear to have conflated correlation with causation.

Confusions of this sort are not limited to the causal conclusions about psychopathy. For instance, Chapter 2 suggested that some psychopathy researchers consider psychopathy to be a medical condition, Chapter 3 suggested that some researchers attach significance to the idea of psychopathy as a mental disorder, and Chapter 5 suggested that some take psychopathy to be a morally neutral concept. But why should these types of confusion prevail in a literature that to all appearances is guided by the tenets of science (which in turn ought to be supported by logic)? Could it be that some researchers are plainly mistaken about the nature of their work? Or could it be that certain mistakes or exaggerations are purposeful? Might some claims about psychopathy be made not because they are strictly correct, but because they are useful in some non-scientific sense, in, for instance, furthering certain interests of the psychopathy project as a whole?

The interests of the psychopathy project (or any other scientific endeavour) can be served in two principal ways. On the one hand, its interests are served scientifically by way of empirical discoveries or theoretical coherence. On the other hand, the interests of the project are served non-scientifically by way of grants, publications, professional appointments, and more peripherally, publicity through the popular media[53]. The present chapter examines methods by which such non-scientific interests of the psychopathy project may be achieved. Here it will be argued that the psychopathy project has employed a number of rhetorical strategies in the service of advancing the project's non-scientific interests. It will be argued that by way of these techniques the psychopathy project, despite its various shortomings, has often sought to create the

[53] These, of course, may be instrumental in advancing scientific interests, but the point is that they themselves are not of a scientific nature.

appearance of a legitimate and scientifically successful line of enquiry with a well-justified claim to research grants, publications, professional appointments, and representation in the popular media.

7.1 Medical terminology

The point that psychopathy has been framed in terminology borrowed from the medical sciences should by now be obvious. If the analyses from chapters 2 to 5 are correct, then it should also be clear that in many cases such uses are either inappropriate or their connotations misunderstood: Psychopathy is not a medical condition, it may be – though without any causal or ontological implications – termed a mental disorder, and it does not appear to be a morally neutral concept. Thus, there appears to be little or no scientific or logical justification (and confusion is not a justification) or value in much of the application of medical, morally neutral terms to psychopathy. Why then should such terms make an appearance in psychopathy literature so frequently? Medical terminology, quite simply, lends the psychopathy project the appearance of being a medical science. Medical sciences, more than the social sciences, command funding, prestige, and attention from popular media (the medical sciences do this of course by the promise of cures). By extension then, if the psychopathy project can be presented as a branch of the medical sciences, or at least as a project very much like the medical sciences, the project should also enjoy these privileges. In other words, the use of medical terminology serves a rhetorical function to secure for the psychopathy project certain non-scientific benefits that are typically reserved to the medical sciences.

7.2 Public emergency

The case for the study of psychopathy is sometimes made on the basis that psychopaths constitute an imminent and constant threat to society. This case, whether made implicitly or explicitly, consists of a few basic arguments. First, it is shown by reference to empirical studies that psychopaths do indeed cause a disproportionate amount of damage to society. To this effect, one reads such statements as the following:

> The strong association between psychopathy and criminal behavior is well documented.... Some commentators believe that psychopathy is not important for understanding criminals...but such a belief clearly is inconsistent with the empirical literature. (Hare, 2004, p. 131)

> Researchers have long known that a large proportion of violent crime is committed by those offenders who exhibit persistent antisociality beginning from a very young age. In fact, it has typically been found that about 5% of the serious offenders in a cohort account for more than 50% of violent crime in that group.... This lifetime criminal persistence has alternately (and often interchangeably) been referred to as psychopathy...sociopathy...and antisocial personality disorder. (Skilling, Quinsey, & Craig, 2002, pp. 450-451)

> The strong association between psychopathy and crime is a natural consequence of the interpersonal, affective, and behavioral features that define the disorder.... For example, psychopathic offenders *demonstrably* are more egocentric, callous, manipulative, impulsive, and irresponsible and less capable of experiencing guilt, and remorse than are other offenders.... An extensive research literature indicates that psychopathic (PCL-R) criminals reoffend more quickly, more often, and more violently following release from custody than do other offenders. (Gretton, McBride, Hare, O'Shaughnessy, & Kumka, 2001, p. 428) [italics added]

> Correlates of psychopathy include prolific, versatile, and violent offending, frequent and violent recidivism, substance use disorders, and deficits in a variety of laboratory measures of hypothesized pathologies of the disorder. Psychopathic offenders commit more types of crimes, as well as more crimes of any type, than the average criminal offender. (Miller, Lynam, Widiger, & Leukenfeld, 2001, p. 254)

This case is amplified at times by such non-essential but worrisome statistics as the relatively large number of psychopaths in the general population (estimated at around 0.75 – 1 percent of the general population (see, e.g., Blair, Mitchell, & Blair, 2005; Cleckley, 1964; Hare, 1993). The possibility that the relative number of psychopaths is increasing (Robins & Regier, 1991), and that crime rates are also increasing (Hare, 1993/1999; McCord, 1982; Wolman, 1987).

The case concludes on a generally alarming note. Hare (1993) for instance describes psychopaths as:

> ...a dark mystery with staggering implications for society.... To give you some idea of the enormity of the problem that faces us, consider that there are at least 2 million psychopaths in North America; the citizens of New York have as many as 100,000 psychopaths among them. And these are conservative estimates. Far from being an esoteric, isolated problem that affects only a few people, psychopathy touches virtually every one of us...the prevalence of psychopathy in our society is about the same as that of schizophrenia.... However, the scope of the personal pain and distress associated with schizophrenia is small compared to the extensive personal, social, and economic carnage wrought by psychopaths. (p. 2)

Lindner (1944) puts the point more simply: "psychopathy represents the most expensive and most destructive of all known forms of aberrant behavior" (p. 151).

Finally, from this follow certain priorities, which Cleckley (1982) describes as follows:

> An important point to express and, if possible, establish is this: medical attention or any other practical step to help or ameliorate misfortune or

> pain [caused by psychopaths] must not wait for a threshing out on philosophic, metaphysical, and religious planes of the ultimate whys and wherefores, the final determining of blame or responsibility. It is possible to meet these emergencies at another point. (p. 264)

The rhetorical effect of such a "public emergency" case is profound. If an emergency does exist, then surely something should be done about it. And if science does have something useful to say about the cause of the emergency, then science should be properly equipped and funded to do its work. Furthermore, both the evidence and the intentions of those making the case appear unassailable. It matters little that the standard method of estimating the the size of specific populations – random sampling – has never been applied to psychopathy (Blair, Mitchell, & Blair, 2005), that any population trends are therefore impossible to establish, and that crime rates in Canada and the U.S. (where the bulk of psychopathy research is conducted) have generally been decreasing since the early 1990s (see U.S. Department of Justice, 2006; Statistics Canada, 2006), for psychopaths still cause disproportionate damage to society. Consequently, it would be desirable if scientific research could put an end to the damage, or at the very least give a coherent explanation as to its causes.

On close inspection, however, the case for a public emergency is entirely rhetorical. The criminal behaviour of psychopaths is not a matter of "empirical literature", "demonstration", "correlation", "association", or any other method of empirical proof, but a matter of definition, for the diagnostic criteria for psychopathy include several items, which either directly or indirectly concern criminal offending (juvenile delinquency, revocation of conditional release, and criminal versatility are directly related, and conning/manipulative, lack of remorse or guilt, callous, lack of empathy, poor behavioral

controls, early behavioral problems, impulsivity, and failure to accept responsibility for own actions are indirectly related to crime). By virtue of this definition, one does not therefore need research to suggest that psychopaths constitute a public problem, yet, for some reason the case is made with reference to the researcher's stock-in-trade, empirical evidence. It is possible that this claim is made as a result of general confusion about the difference between empirical and conceptual issues, but this is likely only a partial explanation. In addition, the case for a "public emergency" may be made because (a) empirical evidence convinces the reader that the psychopathy researcher is involved in a *scientific* project, (b) that the project is a valid one, because *science* (which only the expert can practice), and not grammar (which basic literacy should afford) has shown that psychopathy constitutes a public emergency.

In addition to appealing to professional journals, funding agencies, and the public imagination a case for a scientifically proven public emergency has the further advantage of protecting the psychopathy project from encroachment by non-empirical modes of assessment. Cleckley's (1982) admonition against "threshing out on philosophic, metaphysical, and religious planes" (p. 264) advances exactly this argument. For it is easily understood that a public emergency is an event that requires action. Philosophical, metaphysical, or theological work, in contrast, implies contemplation and debate, neither of which seems useful during an emergency situation. Cleckley's argument would, therefore, discount precisely the kinds of critical assessments as exemplified by the present work.

7.3 Concept flexibility

Paradoxically, what makes the "public emergency" case true by tautology should also provide a certain amount of consolation for the public. Since the diagnostic criteria for psychopathy are comprehensively defined, and the cutoff score for a diagnosis is relatively high, the psychopath should be a fairly recognizable and therefore avoidable figure. Recall for instance Rieber and Vetter's (1994) description, that "true psychopaths, with their consistently antisocial behavior, present the average observer with a phenomenon so spectacularly alien that it seems almost incredible that such people exist" (p. 1), or Hare's (2001) sentiment, that "to say that there is something unusual about people like him [a psychopath] is an understatement" (p. 21). It would appear, therefore, that psychopathy should concern the observer not so much as a surprise event (such as a virus or the "everyman" serial killer might) than as a phenomenon that is explicitly and demonically alien[54]. If the analysis in Chapter 5 is valid, even a person not familiar with the 20 items of the PCL-R only needs to imagine as many examples of an "immoral", "bad" or "evil" character as he or she can, and the resulting list would undoubtedly overlap a good deal with the official diagnostic criteria for psychopathy, thus providing a template for the type of person to avoid. But for some psychopathy researchers, the case is not as simple as this. Consider the following:

> Although psychopaths are of particular concern to the criminal justice system, it is important to note that psychopathy is not synonymous with

[54] The exception to this would be a psychopath, who cons and manipulates (i.e. scoring 2 on item 5. Pathological lying would only apply if done in the service of conning and manipulating), and does it well. To successfully give the impression of not being a psychopath, however, the individual would have to simultaneously suppress the expression of a great number of other diagnostic criteria at least for the period of the particular con, which, if long, might in turn result in lowering his or her score on the PCL-R.

> criminality.... Many psychopaths ignore or violate society's rules and expectations but nevertheless manage to avoid conviction and incarceration by the criminal justice system.... Some are unreliable and untrusthworthy employees, unscrupulous and predatory businessmen, corrupt politicians, or unethical and immoral professionals who use prestige and power to victimize their clients, patients, and the general public. Except for occasional news and anecdotal clinical reports, we know little about these individuals. Systematic research is needed to determine the prevalence of psychopathy in the general population (which I have estimated at about 1%), the variety of criminal and noncriminal ways in which the disorder manifests itself, and the extent to which research with criminal psychopaths informs us about psychopaths in general. There are indications that the personality structure and propensity for unethical behavior are probably much the same in criminal psychopaths as in their noncriminal (or "subcriminal") counterparts. (Hare, 2004, p. 8)

In practice, this means for instance dividing research participants not necessarily into psychopaths and non-psychopaths (i.e. into those with a score of 30 or above and the rest), but into "a high PCL-R group (termed psychopaths), defined by a score of 30 or more; a medium PCL-R group (mixed), defined by a score between about 20 and 30; and a low PCL-R group (non-psychopaths), defined by a score below 20." (Hare, 2004, p. 30). At other times, different cutoff scores might be considered for different purposes (e.g., research, treatment, and assessment of risk) and for different geographical regions. Of the latter, Hare (2004) writes: "a cut score of 25 has proven useful in the British criminal system.... Similarly, a PCL-R cut score of 26...appears useful for prediction and other applied purposes in the Swedish criminal justice system" (p. 30).

Other writers have proposed a similar scenario. Cleckley, for instance, describes a class of individuals he terms "white-collar psychopaths", a group which is simply able to "keep up a far better and more consistent outward appearance of being normal [than the criminal psychopath]" (1976, p. 191). Cooke (1998) extends the psychpathy concept

by way of antisocial personality disorder as follows: "IRT analysis suggests that APD may be a less severe form of psychopathy, with the behavioral features of the disorder being evident at lower levels of the trait than the interpersonal and affective features" (p. 270). And Stone (1993), in an already quoted passage writes:

> Like a spoonful of India ink in a quart-jar of water, even a "little" psychopathy goes a long way in coloring the personality and in dertermining the direction of the life-course. In ordinary, everyday society one encounters with frequency: crooked salesmen, company embezzlers, scam-artists, philanderers, schemers who blackmail their lovers, "rip-off" cheats of every description, dishonest politicoes, etc. The complete list would be very long. Most have never spent a day in jail nor ever raised a hand against another person. (p. 306)

In summary, though nobody knows how many psychopaths exist or even what exactly constitutes psychopathy ("systematic research is needed to determine...the variety of ways in which the disorder manifests itself"), psychopaths of varying types and intensity can be found nearly everywhere.

Although the admission that the diagnostic criteria for psychopathy might not, after all, be the complete or the correct set would seem to contradict Hare's previous conclusion, that "psychpathy is one of the best-validated clinical constructs in the realm of psychopathology" (Hare, 1998, p. 189), the move to "open up" or "loosen" the diagnostic criteria is rhetorically ingenious and sweeping. Firstly, if in trying to locate a psychopath one does not truly know what to look for, the case for a public emergency becomes increasingly pressing. To know that a danger exists, but to not know what shape it might take is a truly terrifying proposition, akin to the news of a mysterious epidemic running loose in one's community.

Secondly, the proposition that psychopathy may be widely and discreetly distributed in the form of "subcriminal" or "white-collar" psychopaths extends the psychopathy project to concern populations it could not otherwise concern. By extending its target population, the psychopathy project therefore also extends its realm of influence and expertise with the attendant effect of demanding increased research time, space, and funding. To appreciate this, consider Hare's (2004) call for "systematic research" to settle the exact nature of the non-criminal psychopath.

The proposed presence of the "white-collar" or "sub-criminal" psychopath also has a powerful claim on popular imagination, as evidenced by such newspaper and magazine article titles as "How to Spot the Office Psychos" (MacLean's, May 29, 2006), "Behind Every Bush, Psychopaths" (Chicago Tribune, July 20, 2003), "Expert Warns of Dangers of the Corporate Psychopath: Call for Screening to Prevent Scandals" (The National Post, August 29, 2002), and "Corporate Psychos Blend in Well" (The Vancouver Sun, January 24, 2004).

In addition, the general flexibility of the psychopathy concept allows the researcher to endorse non-commitment to major diagnostic issues. Like most psychological concepts, psychopathy presents the diagnostic dilemma of determining whether it is distributed categorically (one either has psychopathy or not) or continuously (one can have different levels of psychopathy). Although it would appear that the above quotes promote a strictly continuous view of psychopathy, some writers (notably Hare) suggest that the presence of "subcriminal" psychopaths may be compatible with both a categorical and a continuous view. Of this Hare (2004) writes:

> The PCL-R provides a dimensional score that represents the extent to which a given individual is judged to match the "prototypical psychopath." The higher the score the closer the match and, presumably, the greater the confidence that the individual is a psychopath. These dimensional ratings are more useful than categorical diagnoses in several respects: For example, they have superior psychometric properties, and they do not require that assumptions be made about whether the underlying construct is continuous or categorical.... The difficulty is to determine the most appropriate cut score to use for these purposes. This problem is not unique to the PCL-R. In most cases, psychiatric diagnoses (e.g., DSM-IV) are based on more or less arbitrary sets of criteria. (p. 30)

Thus, Hare argues that it is perfectly legitimate to sidestep the question of trait distribution. Indeed, elsewhere he makes the point quite forcefully as follows:

> Perhaps it is so difficult to decide whether psychopathy is best viewed as a typology or as a dimensional concept because both views are appropriate, representing, as it were, different sides of the same coin. Similarly, it is possible that "the conflict between typology and dimensionality is a pseudoconflict dependent upon the state of knowledge of the field" (Zubin, 1967, p. 398), and that research on psychopathy and other disorders of behavior can be fruitfully carried out without formal commitment to a particular view. (Hare, 1970, p. 12)

Flexibility of the psychopathy concept in this regard serves an important rhetorical function by rendering a legitimate scientific problem a "pseudoconflict" by fiat. It solves the trait distribution problem, in effect, by resolving not to solve it. If psychopathy can by definition be distributed in a number of ways, then surely no claim about it can be falsified, and no empirical result about the distribution can therefore threaten the survival of the psychopathy project in part or as a whole. Rhetorically speaking, it is of no great importance that the psychopathy concept may flex and constrict without scientific consequence – and without scientific or theoretical rationale

other than utility – as long as the flexibility is decided in advance to pose no serious problem whatsover.

7.4 Ambiguous language

Imagine that all psychopathy researchers were asked: "Do you know what causes psychopathy?" Considering the requirements for a coherent causal explanation (see Chapter 4), the answer should currently be "no". An answer of "yes" could be interpreted either as an instance of ignorance, lying or, should proofs follow, an unprecedented paradigm shift in science. But of course, researchers rarely face such forced-choice questions, and nature, particularly human nature, rarely allows for straightforward causal explanations. Psychopathy researchers, for instance, have thus far only been able to study extra-criterial differences between psychopaths and non-psychopaths – differences that may or may not exist and may or may not turn out to be causal – and discuss how their work may shed light on the actual mechanics of cause.

In doing so, the researcher may run the risk of being wrong or being caught for groundless or exaggerated claims (see the above quotes on the causal picture, as well as Chapter 4), but fundamentally the researcher is entirely at liberty to theorize. That is, the researcher may be called to task for claiming knowledge of a "clarified", "certain", or "coherent" causal picture in the absence of one, but he or she is free to *posit* any number of causal *theories* as long as they are shown to have at least a modicum of coherence and/or empirical weight.

But if this is the case, the following observation should come as a surprise: psychopathy literature is nearly void of explicitly stated causal theories. Although a great number of articles and books on psychopathy deal with what appears to be the causal

question, the word "cause" is almost always absent from these discussions. Rather, one reads statements such as the following: "Accumulating empirical evidence supports Clekely's view that an emotional deficit lays at the core of psychpathy" (Day & Wong, 1996, p. 648); "Emotional deviation is central to the clinical coneption of psychopathy...and a growing body of research has focused on the nature and bases of affective anomalies in psychopaths" (Levenston, Patrick, Bradley, & Lang, 2000, p. 373); "current findings suggest some specific directions for further study of the mechanisms underlying psychopathy" (Kosson, Suchy, Mayer, & Libby, 2002, p. 409); "Despite this mask of sanity, psychopathic individuals display subtle yet pervasive processing deficits that may underlie their disinhibited and antisocial behaviors" (Hiatt, Schmitt, Newman, 2004, p. 50); "The results are consistent with other studies of semantic processing in psychopathy and support the theory that psychopathy is associated with right hemisphere abnormalities for processing conceptually abstract material" (Kiehl, Smith, Mendrek, Forster, Hare, & Liddle, 2004, p. 297); "The relationship between psychopaths' abnormal asymmetries and task complexity suggests that their performance asymmetries may reflect poor interhemispheric integration" (Hiatt, Lorenz, & Newman, 2002, p. 1266); "the current study provides valuable new information about basic affective reactivity differences in psychopathic individuals, and adds to a growing body of data indicating that such differences are uniquely tied to the emotional interpersonal facet of psychopathy" (Verona, Patrick, Curtin, Bradley, & Lang, 2004, p. 107); "The implication is that Factor 2 of the PCL-R reflects a broad vulnerability dimension, predominantly genetic in nature...that is associated with various acting-out behaviors" (Benning, Patrick, Hicks, Blonigen, & Krueger, 2003, p. 341); "Such research could be important for revealing the factors underlying psychopathy and linking it with criminality"

(Johansson, Andershed, Kerr, & Levander, 2002, p. 84); "The theoretical importance of the two factors described here depends largely on the degree to which they are derived from the personality structure underlying psychopathy" (Harpur, Hakstian, & Hare, 1988, p. 746); and even Hare's (2004) "the biological, social, psychological, and environmental factors responsible for the development and maintenance of psychopathy are not well known" (p. 7).

The shortage of explicitly stated causal theories becomes increasingly pronounced with time – the more recent the publication, the less likely it is to speak of causes[55]. The closest approximation to causal language in recent psychopathy literature comes in the occasional use of the term "etiology", which properly means "the assignment of cause", "the science or philosophy of causation", or "that branch of medical science which investigates the causes and origin of diseases" (*The Oxford English Dictionary*). In psychopathy literature, this term is sometimes used properly, as in "It also remains to be determined what implications these and other linguistic processes might have for the etiology and dynamics of psychopathy" (Williamson, Harpur, & Hare, 1991, p. 271); and sometimes ungrammatically, as in "IRT methods are likely to be useful procedures for enhancing not only our knowledge of the functioning of the PCL-R and its constituent items, but also our understanding of the etiology of this important disorder" (Cooke & Michie, 1997, pp. 12-13); or in "The advantage of the concept of psychopathy is that it identifies a population who share a common etiology, a dysfunction in specific forms of emotional processing" (Blair, Mitchell, & Blair, 2005, p. 12).

[55] Blair, Mitchell, and Blair's (2005) work is a refreshing departure from this trend.

But why should the psychopathy researcher increasingly opt for these cumbersome, ambiguous, and at times ungrammatical expressions over the straightforward and informative "cause"? Although it may simply be, that the art of clear expression is gradually being lost, it may also be that the ambiguity is intentional, for ambiguity can serve a rhetorical purpose.

The purpose in the case of the psychopathy project may be described as follows: what a researcher means by a "causal theory" is plainly obvious; it is a conjecture about the cause of a given event, and as an explicit causal theory, it is also open to such critiques as offered in Chapter 4. However, what the researcher means by "mechanisms", "processes", "dimensions", "factors", or "personality structures" "underlying", "uniquely tied to", "reflecting", "laying at the core", "being associated with", or "the bases" of psychopathy is decidedly unclear.

As opposed to "causal theory", expressions of the above kind are evocative and open to interpretation. They can bring to mind a great and unspecified range of possibilities. A "mechanism", "process", "dimension", "factor", or "structure" may be many things. They may refer to something biological or something psychological – even the currently popular "biopsychosocial" – but cannot be pinned down to anything specific (until perhaps clarified by further research, whereby a "psychological process", for example, may turn out to be "biological").

These expressions are not accompanied by an explanation of what a psychological process or structure can look like, since, of course "psychological process", "personality structures", and so forth are metaphors and as such do not strictly speaking look like anything. And, when things of this order "underlay", "lay at the core" or at the "bases" of psychopathy, one may mean that they actually cause psychopathy, are

symptoms of psychopathy, or that they in some way simply exist "below" psychopathic behaviour and feeling without necessarily doing anything other than "laying" there. But since there is no "above", "at level with", "below", at the "surface", or at the "core" of psychopathy in any material sense, things can only "lay" there metaphorically. To "be associated with", "uniquely tied to", or "reflecting" something is a condition similarly opaque and open to interpretation.

Metaphoric statements of this kind are thus inherently ambiguous, and therefore do not serve a scientific purpose. Their rhetorical purpose, on the other hand, is obvious. Metaphorical expressions of the above kind are not open to logical and empirical critiques in the same way an explicitly causal theory is, yet they intimate *causal-like* knowledge, or suggest that a causal picture may be "emerging". They serve as *provisional* theories, which may inspire cautious optimism and some confidence that progress *is* being made without running the risk of being subjected to the close scrutiny that would be called for by bona fide causal theories. Should such a provisional theory fall short under close scrutiny, one may offer the defense that the theory was never intended as "causal" in any strict sense – and indeed this is why the theorist avoided the term in the first place – but only as a cautious hypothesis, an idea, or a suggestion for further research. In other words, provisional theories, made possible by the use of metaphorical and ambiguous expression, can be many things to many people depending on the requirements of the situation, and can therefore be of great rhetorical benefit when close theoretical scrutiny is particularly unwanted.

7.5 The appearance of theory

The rationale for research projects is given in the form of theories. A causal theory, for instance, provides a logical basis for empirical case building about a cause or causes of a given event by way of another event. Without such a basis, scientific projects lack the coherence required for making cases, and are therefore unlikely to attract the necessary scientific momentum and funding. Thus, legitimate theories serve both scientific and non-scientific purposes. They set out clear hypotheses to be tested and the conditions under which to test them, and in so doing gather unto themselves a critical mass of interest from the research community, funding agencies, and sometimes the popular media. This, in turn, allows for the theory to be tested. Through hypothesis testing, the theory may be verified, falsified, or modified (see e.g., Harding, 1976; Popper, 1959). Thus, a mark of a legitimate theory is that it creates conditions that allow it to be tested and falsified. At times however, theories, which do not allow testing are proposed. Most famous examples of these are Freud's theory of the unconscious in psychology, and string theory in physics (see e.g., Woit, 2006). While some such theories may fall for their very lack of falsifiability, others survive on the sheer merit of their brilliance and complexity (see the two examples above), and still others survive by way of rhetoric. As an example of the last, consider the "emotional deficit" theory of psychopathy.

A currently popular causal theory of psychopathy posits an emotional deficit (see Theory 2 in Chapter 4). Recall that the precursor to this theory, put forward by Cleckley (1941), posited that psychopathic traits may be caused by what he termed "semantic dementia", a defect "in which meaning-related associative and elaborative processes are

missing" (Williamson, Harpur, & Hare, 1991, p. 260). Johns and Quay's (1962) statement that psychopaths "know the words but not the music" (p. 217) is an oft-quoted and apt shorthand for this theory. The "semantic dementia" theory has more recently evolved into the "emotional deficit" theory, according to which psychopaths' inability to process emotionally laden terms is only a "symptom" or "reflection" of a general emotional deficiency (see e.g., Hare, 2004; Williamson, Harpur, & Hare, 1991). The emotional deficit theory in its various manifestations has generated much research, and it would therefore appear that the theory has provided a *rationale* for a program of empirical study. Yet, as shown in Chapter 4, the emotional deficit theory is circular, and thus untestable and scientifically useless. Thus, a question arises: Since the theory lacks the sort of brilliance evident in the theory of the unconscious and string theory, how can one explain its popularity?

The answer appears to lie in the way in which the theory is presented. Since a causal theory requires the explanation of one event by another, a straightforward proposition that psychopathy – which by definition indicates a lack of emotion – is caused by lack of emotion should alert most readers to its obvious tautology. It is not as easy to note the tautology, however, when the theory is presented in its usual sequence, which proposes that psychopaths may suffer from "semantic dementia", for nothing in the diagnostic criteria deals with semantics per se. The cause (semantic dementia) thus appears to be qualitatively different from the effect (psychopathy), and the proposition has the appearance of being a causal theory. This first proposition, then, not only appears non-circular itself, but it also promises to remove the threat of circularity from subsequent causal theories concerning emotion, for the proposition that psychopathy is

caused by an emotional deficit can now be understood not as an instance of circular reasoning, but simply as a development of the original theory.

The ease of mistaking the emotional deficit theory for a scientific theory is compounded by the fact that an emotional deficit as such is not stated explicitly in the diagnostic criteria for psychopathy (instead of suffering from an "emotional deficit", psychopaths only lack specific emotions, namely empathy, remorse, guilt, and strong emotions generally). And since the diagnostic criteria are diverse, ranging from marriage to crime, it is relatively easy to confuse the definition of psychopathy with causal hypotheses for it. Yet, any confusion should be ameliorated by a simple analogy.

Consider a group of individuals, let us call them Marvins, who know the basic rules and terminology of basketball, but who do not actually play the game very well. The latter can be proven by way of a measure called the "Basketball Checklist – Revised", an index that is composed of 20 diagnostic criteria for basketball skills, and includes such tasks as three point shooting, jump shooting, dribbling, rebounding, passing, lateral mobility, and one-on-one defence. The Marvins perform very poorly on this test. Metaphorically, then, one might define a Marvin as someone who knows the words (i.e. the rules and terminology), but not the music (i.e. the actual skill) of basketball. Now the question is raised as to why the Marvins are not good basketball players. Researcher A is intrigued by the discrepancy between the Marvins' basketball knowledge and skill, and proposes that the Marvins may be poor basketball players because they suffer from "semantic dementia", defined in this case as an inability to process the full significance of basketball language (i.e. "knowing the words but not the music"). Researcher A proceeds to present basketball words to a sample of Marvins and a sample of NBA players. He then examines whether these groups differ on various reaction measures to

the words, and he discovers significant differences between the groups on a number of indices. Subsequent studies confirm these findings.

A new generation of researchers now proposes an extension to the theory. They propose that the "defects" shown by the Marvins in the language processing tests can be generalized from "semantic dementia concerning basketball language" to a general deficit in basketball skills. Having traveled the full circle, the theory now enjoys wide popularity, and the following claim makes its first appearance in a definitive text on Marvinism: "Most clinical accounts of Marvinism make specific reference to difficulties in processing, understanding, and using basketball material". Serious theoretical and policy debates erupt over a suggestion that Marvins be excused from all basketball related activities at school on the basis of their disorder.

By definition, psychopaths who do not suffer from an intellectual deficit know the meaning of emotional words, yet their behaviour suggests that they do not actually feel emotions consistent with those terms. Therefore, substitute "psychopath" with "Marvin", and "emotion" with "basketball", and the case for circularity – though with all the appearance to the contrary in the psychopathy case – should be obvious.

Let us for the moment assume that circularity such as this is not the product of incompetence but of design. If this is the case, the rhetorical benefits of well-crafted circularity are many. Firstly, and as already noted, since the medical model of psychopathy is not strongly supported by empirical evidence, any show of theoretical rationale supported by data is welcome news. By portraying an emotional deficit of psychopathy not as a partial definition for psychopathy, but as a causal hypothesis for it, one may construe any data showing emotion-related differences between psychopaths and non-psychopaths as evidence that psychopathy is a natural category. And such data

should not be difficult to come by, since psychopaths by definition have an emotional deficit (e.g., if emotion speeds up the recognition of certain words, then those who lack emotions should be relatively slower in recognizing the same words).

In addition, by gradually eroding the difference between what is given by definition and what is given by theory, the psychopathy project places itself in a position of relative immunity from criticism, for since an emotional deficit can be given either by definition or by theory depending on the circumstance (i.e. definitional for diagnosis, and theoretical for research), a charge of circularity can be countered by commitment to neither (i.e. a definitional emotional deficit "may turn out" to be causal). If it is further accepted that those things, which the social sciences study are truly unclear, then perhaps it may be argued that initial uncertainty and attendant circularity are acceptable. It does not really matter, then, that vagueness and circularity of this kind are more the creation of the social sciences than inherent in their subject matter.

In defense of the psychopathy project in general, however, it should be noted that while the emotional deficit theory is wholly circular, the empirical data gathered in the service of the theory may in time prove valuable. The study of the psychopath's behaviour and brain functioning in situations in which one is expected to have an emotional reaction may ultimately prove to be an important research angle. Theoretically, psychopathy research should benefit from the knowledge of the general causes of emotion or lack of it, and of the relationship between emotion and behaviour. Therefore, since psychopaths lack certain of the normal emotions, studies conducted on such things as the difference between psychopaths' and non-psychopaths' processing of emotional words may at least clarify one aspect of the puzzle – what does and does not correlate with emotion.

Yet a question remains: why should such work be conducted in the guise of a causal theory? Once again, the answer may be that to do so is rhetorically beneficial. More specifically, the significant questions – the causes of emotion and the relationship between emotion and behaviour – are very broad, explicitly causal, and barring a paradigm shift, unlikely to yield satisfying answers anytime soon. The "semantic dementia" and "emotional deficit" theories, however, promise a set of well-defined empirical questions answerable in relatively short order, with the *appearance* that actual (non-circular and at least causal-like) theories are being tested. In other words, by way of these theories, the psychopathy project is lent both the semblance of a rationale and an impression that research questions of manageable size but of significant scientific importance are being asked.

7.6 The historical psychopath

The modern diagnosis of psychopathy is a highly circumscribed act. The PCL-R assessment procedure is described in the *PCL-R Technical Manual* (Hare, 2004) in great and indeed technical detail, including recommendations for the professional qualifications of the assessor, as well as instructions on the subject interview and collateral review, item scoring, and interpretation. These are accompanied with proclamations such as the following: "It behooves those who use the PCL-R to justify its application, relevance, and implications in a given context" (p. 16); "Users must be aware of the potential misuses of the PCL-R.... These include, but are not limited to, inadequate qualifications, inappropriate applications, and failure to adhere to accepted professional standards for psychological assessment." (p. 16); "It is important to be cautious and judicious when using the PCL-R with populations or groups of individuals

for whom it has not been validated" (p. 17); and, even more emphatically: "**The PCL-R should be used as designed or not used at all**" (p. 15) [bold type in original]. If these instructions and warnings are meant and taken seriously, then it would appear that the term "psychopath" should be reserved only to those who have been properly assessed with the PCL-R. Yet, one reads such statements as the following:

> Psychopathy began to emerge as a formal clinical construct in the last century, but references to individuals we now readily recognize as having been psychopathic can be found in biblical, classical, medieval, and other historical sources. (Hare, 1996, p. 27)
>
> As an identified mental disorder and evolving label, psychopathy has a long history, dating back many centuries. Indeed, researchers have found reference to psychopathic individuals in biblical, classical, and medieval texts. (Arrigo & Shipley, 2001, p. 325)
>
> We have in this biblical example of the "stubborn and rebellious son" a kind of diagnostic category which describes a character and behavioural condition which was not regarded as either normal or as insane. The condition did not exempt form punishment, but did require special procedures for proof and definition. In these respects the biblical "stubborn and rebellious son" closely resembles the *maniaque sans delire* of Pinel, the moral insanity of Pritchard, and our present day category of 'character disorder, psychopath or antisocial personality.' It appear to us reasonable to speculate that the personality disorders assumed under these various rubrics – from biblical times to modern day psychiatry – are essentially the same. (Rotenberg & Diamond, 1971, pp. 37-38.) [italics original]
>
> Though it would hardly be convincing to claim that we can establish a medical diagnosis, or a full psychiatric explanation, of this public figure who lived almost two and a half thousand years ago [Alcibiades], there are many points in the incomplete records of his life available to us that strongly suggest Alcibiades may have been a spectacular example of what during recent decades we have, in bewilderment and amazement, come to designate as the psychopath. (Cleckley, 1976, p. 335)
>
> Various commentators provide evidence suggesting that psychopaths can be identified in a range of societies and at different points in historical time.... Psychopathic individuals are regarded as distinct individuals; the diagnosis is not, as some would allege, merely a mechanism for

> identifying those who do not fit with the expectations of modern industrialized societies. (Cooke, 1998, p. 262)

Clearly these writers contradict both the letter and the spirit of Hare's (2004) instruction on the application of the psychopathy label (and Hare indeed contradicts himself). Although it may be argued that the writers here apply the term "psychopath" loosely in some unspecified "non-PCL-R" sense[56], the practice of identifying the historical psychopath appears nevertheless to contravene any legitimate effort to stamp psychopathy with the approval of science. If individuals at any time, dead or alive, and with or without the help of controls and protocols can be labelled as psychopaths, then surely the researcher will have a difficult time explaining exactly what he or she is studying. Thus, no scientific reason for the identification of the historical psychopath can be given. A non-scientific, rhetorical purpose of the practice, however, is easy to observe. Such a purpose is in fact explicitly stated in Cooke's (1998) quote above, which in part reads: "Psychopathic individuals are regarded as distinct individuals; the diagnosis is not, as some would allege, merely a mechanism for identifying those who do not fit with the expectations of modern industrialized societies" (Cooke, 1998, p. 262). For its intended rhetorical purpose – as long as it is not recognized as such – the value of Cooke's argument is by no means diminished by the fact that it is not logically very convincing (it may be that those labelled as psychopaths or some similar term do not fit into *any* society, industrialized or not. Therefore, if the diagnosis of psychopathy is a moral folly, the folly does not become justified by compounding it). Rhetorically, the case that psychopaths have always existed lends a certain degree of legitimacy to the

psychopathy project. A disorder that can be proven timeless and widespread suggests that it is also "real" or "true" in the same way as medical or severe psychiatric conditions (such as schizophrenia or mental retardation) are "real" or "true". If this is the case, then psychopathy cannot be dismissed as a condition of the same order as such socially conditioned and determined – and thus "fleeting" – conditions as witchcraft (and the moral panic accompanying it), air rage, or Beatlemania.

7.7 Conclusion

Although the psychopathy project employs a number of rhetorical strategies, it should be noted that this alone does not imply that the project lacks a scientific foundation. The scientific status of the project can only be evaluated with reference to the merits of particular results and claims (see Chapter 4). However, such an evaluation will be difficult to conduct if the project is heavily obscured by rhetoric. Furthermore, the sheer amount of rhetoric in the psychopathy project *should* give some cause for concern, for its presence can be understood in only two ways. If on the one hand the rhetoric is unabashedly intentional, then one may rightly be alarmed about the need for such a heavy dose of it[57]. It might lead one to wonder whether the project is in some type of trouble. Does it need to bolster a flagging case or cases? Can it not withstand the asking of certain questions? Do the researchers doubt that their work can stand on its scientific merits alone?

[56] The use might also refer to the flexible sense of the "white-collar" or "subcriminal" psychopath. Yet, as long as the sense of the term is not defined, the practice remains suspect.

[57] This is not in reference to such accepted rhetorical tools as the use of logic, figures, examples, counter-examples, thought experiments, drawing distinctions, and so forth. Rather, here the concern is with techniques that serve to obscure rather than advance a logical or scientific case, such as given in the six examples above.

If on the other hand the forms of rhetoric outlined above are made in the name and service of scientific thinking and logic, at least certain aspects of the project (or particular researchers) seem to be proceeding in some confusion, and this can be of no benefit either to the project itself or to the public who funds it and presumably enjoys its benefits.

Now, it may be that the majority of the researchers, including those engaged in the heavy rhetorical work, pursue their research in good faith, and only regard rhetoric as a necessary evil in pursuit of research monies. Rhetoric in this case may be justified pragmatically – just as it may be practical to slide the cut off score for psychopathy up or down depending on need and locale, so it may be justified to portray the psychopathy project as more advanced and coherent than it actually is. If one does fundamentally believe in the long-term promise of the project, perhaps the public (including the research and funding communities) need not be aware of the project's true complexity and occasional moments of inertia. If this is the case, and the project's future does hold more promise than its present, then the project must be deemed rather successful, for much of its rhetoric has so far achieved its aim, and done so without revealing its true identity.

8 CONCLUSION – PSYCHOLOGY FOR TECHNICIANS

Contrary to Cleckely's (1982) discounting of "threshing out on philosophic, metaphysical, and religious planes of the ultimate whys and wherefores [of psychopathy], the final determining of blame or responsibility" (p. 264), it seems the point at which to assess the value of the psychopathy project on precisely such grounds has come. Indeed, since the project itself relies on a number of philosophical, metaphysical, and religious cases (e.g., empirical realism, the interpretation of factor analytic results, and Judeo-Christian morality evident in the selection of the PCL-R items), it would seem odd that such an assessment should not have come sooner. Although a number of critical readings of the psychopathy project have been offered (see Chapter 1), many central issues of logic, morality, and rhetoric inherent to the project have thus far gone unaddressed, resulting in less than comprehensive assessments of its merits. And since Cleckley's admonition against conceptual analyses can be construed as a rhetorical device, it is possible to proceed against the warning.

To give a balanced assessment of the psychopathy project, one must bear in mind that such an account should be tempered with considerations for the utility of the psychopathy concept. It is the concept's promise of application for the public good, in any case, that appears to have given it its longevity. First, let us then briefly characterize the current and possible future benefits of the psychopathy project. This analysis would run as follows: The foundational claims made about psychopathy, as studied in the present work, are generally unrelated to its utility. Even if only one psychopath exists, the term will assist in communication about this person, and the greater the number of psychopaths, the greater the concept's communicative value (although one might

wonder exactly how much is lost in replacing "this person is a psychopath" with "this person does not have a conscience"). Furthermore, if a diagnosis of psychopathy can improve the prediction of such things as re-offending, hostage negotiating, or treatment success, the project has proven itself valuable. Of course one might again question whether a measure of past and present moral behaviour that simply predicts future moral behaviour is truly the kind of scientific breakthrough some have claimed it to be. Nevertheless, since "construct valid" tests are what the average test consumer today demands, let us assume that the PCL-R with its attendant validation studies generally do what the market wants them to do. Finally, should a cause or causes of psychopathy come to light in the future, the project will have proven itself an unmitigated success.

Moreover, although some writers are clearly concerned about the possible implications of the misuse of the PCL-R, the potential benefits of the checklist do seem to far outweigh its potential for harm (see e.g., Hare, 2004), particularly if researchers and clinicians follow their own and their peers' advice and use the concept only in the ways it is intended to be used.

A complete *cost-benefit* analysis, however, is in principle impossible to carry out. The trade-off between the actual cost of two centuries of the psychopathy project and its actual human or financial benefit would by nature be mired in indescribable and unresolvable empirical and moral controversies. Consequently, the matter must be allowed to rest here.

Thus, given the state of scientific knowledge about psychopathy, currently all that can be said of the utility of the concept as balanced against its costs is this: A great deal of money, time, and manpower has been spent for the benefit of communication and prediction. But since no one has apparently yet asked for their money back, it may be

that the project has for those concerned been well worth the investment, even without consideration of its possible future achievements.

But, of course, and as the amount of rhetoric invested in the psychopathy project attests, the project is buoyed by much more than its current achievements. Most importantly, it appears to enjoy a promissory note of sorts – if it does come to pass that the causes of psychopathy are discovered, then no cost-benefit analyses and no conceptual critiques of the sort offered here will appear to be worth the paper they are printed on. It is this very promissory note, therefore, which appears to cast doubt on the value of critical works such as this one. For if the psychopathy project succeeds, great benefits will follow, and all those who appear to have stood in its way (in the way Cleckley suggested) will undoubtedly emerge unfavourably. If on the other hand the project falters, it will probably falter with not the slightest nod to conceptual critiques of the present sort. As the history of psychology suggests, most extinct or near-extinct concepts become so through a very gradual loss of momentum, creeping institutional neglect, and the passing away of their chief advocates (see e.g. German structuralism, radical behaviourism, a number of Cattell's personality concepts, such as "parmia" and "premsia", and the more recent concept of self-monitoring), and not through lengthy conceptual appraisals. So much is professionally, financially, and perhaps emotionally invested in the project that it is unlikely to suddenly fall out of favour or dramatically change complexion simply because it is shown to suffer from a number of logical shortcomings and empirical mischaracterizations.

Thus, a comprehensive assessment of the psychopathy project's value appears to be either practically or philosophically rigged from the start. There is yet, however, a reasonably instructive way to assess the project's value – all the while running the risk of

appearing irrelevant should the psychopathy project succeed – and this is by way of an examination of exactly what and how much the project has added to our understanding of what psychopathy is ultimately about – human immorality and evil.

To this end, let us consider a case of a hypothetical intelligent layperson, who is presented with only the broadest, most essential arguments from the psychopathy project. Let these arguments be the following: (a) psychopaths, identifiable by way of the PCL-R, exist, (b) psychopathy may be caused by something internal to psychopaths, and (c) the latter is suggested by empirical studies, which confirm the presence of a number of extra-criterial physical and behavioural differences between psychopaths and non-psychopaths. Armed with these three arguments along with the twenty diagnostic criteria given in the PCL-R, the intelligent layperson sets out to examine the ways in which her understanding of evil has improved as a consequence.

The substance of (a) neither surprises nor enlightens the intelligent layperson. She need not be exceptionally worldly to know that different types of people exist. She recognizes that the PCL-R criteria taken together denote a "very bad" person whom she would like to avoid, and she has never truly doubted that this type of person, like the innumerable other types she has encountered, read about or imagined, might also exist. She would further take it as a matter of common sense that the PCL-R would identify a psychopath, since the scale itself supplies the definition for the type it measures.

Furthermore, not being a behaviourist, the intelligent layperson would find (b) a highly uncontroversial position. She need not have taken sides on the free will vs. determinism debate to recognize that people, herself included, behave, think, and feel as they do because of some event within their minds, bodies, and/or brains. That this assumption would be true of psychopaths as well would not merit a second thought from

her. Furthermore, she would not be surprised that scientists have postulated specific causes for psychopathic behaviour, thought, and feeling, for it is their role to postulate such things. She might not guess what these particular hypothesized causes are, but she would not in the least be surprised that no such hypotheses have been conclusively confirmed. Otherwise, she might fear that she has entirely missed a scientific revolution of sorts, for she understands that the "why we do things" question has always been posed as the last of the great scientific mysteries.

The intelligent layperson might, however, be intrigued and enlightened by (c), for unlike (a) and (b), this proposition moves beyond common sense and definitional matters. Most importantly, the discovery of extra-criterial physical differences between psychopaths and non-psychopaths might suggest knowledge of causes. Despite this, if she were to inquire as to whether this is in fact what the findings suggest, and were she to be answered truthfully – that it is impossible yet to tell – it would be unlikely that she would have learned anything beyond the fact that psychopaths and non-psychopaths are different from one another in more ways than their diagnoses, and that part of the scientific role involves hypothesizing causes from empirical evidence such as this. She might even surmise that psychopathy is not an exclusive case in featuring extra-criterial attributes. She may have thought it unsurprising that groups such as nice people, philosophers, teatotallers, and good politicians also possess characteristics not contained in the definition "niceness", "being a philosopher", "teatotalling", or "being a good politician", although she might know that the social sciences would not, as a rule, interest themselves with finding causes and correlates to mundane or harmless characteristics such as these.

Thus, it may be concluded that the presentation of (a), (b), and (c) has left the intelligent layperson unmoved and little wiser than before. However, one might object that these points are such arbitrary generalizations as to appear hollow by way of their very presentation (and indeed the exercise itself might be accused of being clumsily rhetorical). Rather, the real work of the psychopathy project, it might be argued, lies in its details and in its usefulness. As for the former, one might take Hare's lead, and have the intelligent layperson consider the minutiae of the empirical research, which Hare describes as "overwhelming, and unless you're semi-brain dead you're stunned by it" (Saturday Night Magazine, September 1, 2001). But would the intelligent layperson, whose brain by definition is intact, be stunned by it?

Although it is difficult to conclusively state what does and does not stun the modern person, it should be quite safe to assume that nothing in the details of psychopathy research is likely to thoroughly astonish a person with even a modicum of critical skill. If she does manage to learn the meaning of the many highly specific statistical, psychological, and biological terms, and if she does manage to make sense of the many rhetorical arguments (both being relatively difficult tasks, with the likely effect of stumping rather than stunning her), she might well conclude that while much sophisticated technology is in evidence, the fundamental questions of interest to any layperson still remain unanswered. More specifically, no empirical result will explain to her either the cause of or the cure for psychopathy. Indeed, an intelligent layperson is unlikely to be satisfied with anything less, for unless she is inherently interested in the actual workings of statistical, psychological, or biological research – which we may define not to be the case – she will remain firmly indifferent in the face of results from which nothing decisive can be concluded.

This, then, is the fundamental feature of the psychopathy project with respect to its ability to illuminate the nature of human evil – unless it can *explain* evil (as in giving its cause), it will be of little intellectual benefit. The psychopathy concept, to wit, is not a *description of evil acts*, but a description of individuals. When applied to a person, it informs what that person is like, but the information thus gained is no more than a summary of the person's behaviour. Furthermore, although correlational findings about psychopaths can serve as descriptions of psychopaths, no such findings can to the same extent describe evil. This follows from the simple fact that evil can take innumerable forms, whereas psychopathy can, by definition, take only a limited number.

However, even though the psychopathy project is limited in its ability to clarify the nature of evil, it may, as some commentators (e.g., Blackburn, 1988; Gunn, 1998; Toch, 1998) have suggested, provide a good description of our *concerns* about evil. As Chapter 5 pointed out, the only valid grounds for considering psychopathy a mental disorder is its morally reprehensible character. Thus, the choice of the twenty PCL-R items can to some extent describe the nature of moral concern in the 20th and 21st centuries. Therefore, just as the construction of the Seven Deadly Sins illustrates by way of reduction the moral concerns of the early Roman Catholic Church, so the moral concerns of the contemporary person are illustrated and reduced in the form of the twenty PCL-R items. Yet, while both reductions may be necessary – the former for theological, and the latter for scientific reasons – both nevertheless provide an impoverished description of evil itself. Thus, just as the medieval person might turn to the Bible rather than the Seven Deadly Sins for a fully realized description of human evil (as well as goodness and everything in between), so the modern person may neglect the

PCL-R manual in favour of more imaginative descriptions of immoral thought and conduct.

To this end, she might well turn to writers such as William Shakespeare (any major work will do), Thomas Hobbes (*The Leviathan*, 1651/1962), Johann Wolfgang von Goethe (*Faust*, 1833/1993), Fyodor Dostoyevsky (*Crime and Punishment*, 1866/1991), Friedrich Nietzsche (*On the Genealogy of Morals*, 1887/1967), Oscar Wilde (*The Picture of Dorian Gray*, 1891/2004), Hannah Arendt (*Eichmann in Jerusalem*, 1964), John Steinbeck (*East of Eden*, 1952), Truman Capote (*In Cold Blood*, 1965), or Norman Mailer (*The Executioner's Song*, 1979), a picture she might well round out with a reading of the Bible. As of late, a fairly subtle and substantial portrayal of evil has also become available in the form of film and television (by way of, say, *The Night of the Hunter*, *Psycho*, *Fargo*, *Twin Peaks*, or *The Sopranos*), mediums, which by the strength of their ability to flesh out character, setting, and mood can offer rather more detailed and dynamic characterizations of evil than what the psychopathy project has so far offered. For what works of imaginative (or semi-imaginative) and philosophical art lose in technological rigour, they gain in the ability to describe human psychological experience, and it is exactly in the description of psychological experience that works of art are much better equipped to illuminate the nature of evil than the psychopathy project currently is.

Of course it should be recognized that while such works of art may certainly deepen our understanding of evil, they will do nothing for science or public safety in the manner the psychopathy project can, at least in principle, do. Furthermore, an objection could be made that the psychopathy project's main achievements were not intended to be descriptive in the first place. The project's greatest contribution to date, the PCL-R, is after all a tool, and not a work of journalism or imagination. And this is exactly where the

rub lies. While one may consider the prediction of future moral behaviour from past moral behaviour – i.e. what the PCL-R does – a minor *technical* achievement, it can hardly be characterized as a *psychological* triumph. Indeed, the psychopathy project can hardly be described as a psychological project at all as long as "psychological" refers to such unobservables as thought, feeling, and motivation[58].

It may be argued, however, that psychopaths by definition do not lend themselves to psychological study, for it is the very poverty of thought (for anything other than self-preservation and enrichment), feeling, and motivation (again, for anything other than self-preservation and enrichment) that characterizes the type. By the same token, however, psychopathy should not by definition lend itself to psychological *understanding*, which is simply another way of phrasing the unhelpful adage, that some evil is (psychologically) "inexplicable". Thus, if one is to accept this at face value (and it is by no means clear that one should), the only avenue left for the psychologist in understanding the psychopath is a scientific study of its causes, the mode of study being predicated on the definition of its subject. That is, since psychopaths lack certain of the defining characteristics of human beings, then perhaps they should be studied as scientific objects instead.

And indeed, the psychopathy project has increasingly become a project characterized not by psychological sophistication but by technological rigour. The project both relies on technology (such as statistical techniques and brain imaging technology),

[58] Psychoanalytic and similar readings of psychopathy may be counted as exceptions. It is unclear, however, exactly how much such readings have benefited from the rest of the modern psychopathy project, for little appears to be theoretically gained from replacing "lack of conscience" with "psychopathy", from the limitation of immorality to the twenty PCL-R items, or from validation studies such as enumerated in Chapter 4.

and produces it (such as the PCL-R) with no comparable output in descriptive work, save for the mandatory and cursory clinical vignettes in books with popular appeal. Echoing a larger shift in the conduct and training of psychologists, the psychopathy researcher and the clinician have largely become indistinguishable (a PCL-R assessment, for research purposes, can be done with or without a clinical degree or significant clinical experience[59]), and the results of research studies rarely provide descriptive information aside from a numerical description of control and experimental groups' performance on a given task, averaged across individuals, and followed by a brief note of any theoretical implications this might have. Thus, the project's main achievements appear to be neither predicated on nor conducive to understanding human *psychology*, and the project appears to be largely conducted by personnel whose main competence lies in the use of scientific technology.

Although a progression toward a psychology of this kind need not give cause to general concern, it does lead to an increasingly precarious situation for the psychopathy project. If the project is unable to produce a compelling description of the world, then its claim to existence must rely exclusively on its ability to produce a *useful* account. That is, if one is none-the-wiser for reading what the psychopathy project has to offer, then at least one should be comforted to know that, were it not for the project, the world would be a less safe and predictable place. This in turn would require that the psychopathy project be increasingly justified from the points of view of criteria such as cost-effectiveness and parsimony. This failing, the project's justification by promissory note

[59] According to the PCL-R manual (Hare, 2004) in addition to having an "advanced degree in the social, medical, or behavioural sciences" a researcher need only to have "completed graduate-level courses in psychopathology, statistics, and psychometric theory", with the intimation that they should also have "some experience in interviewing." (p. 17)

would quite necessarily become the explicit claim to its legitimacy, and a good case might be raised as to exactly how many centuries a project may be allowed to run until its promissory note rightly expires.

However, based on the sheer volume of current psychopathy research, let us realistically grant that this promissory note is not likely to expire any time soon. What, then, should be the value of a critique such as offered in the present work? From the substance of the foregoing analyses, a number of recommendations can be made. Let these be the following, in no particular order of importance:

(1) *Clarity*. If it is unclear, not just to an outside observer of the psychopathy project, but to many participating psychologists themselves, exactly what is meant by statements such as "The theoretical importance of the two factors described here depends largely on the degree to which they are derived from the personality structure underlying psychopathy" (Harpur, Hakstian, & Hare, 1988, p. 746). Logically, the statement is nonsensical (psychopathy *is* a description of personality, and as such cannot "underlie" or theoretically inform itself). Yet, statements of this sort pass the critical standards of the psychopathy project in large numbers, leading one to wonder whether the psychopathy concept's ability to aid in communication is not undermined by researchers' inability to do the same. An easy recommendation to make is, therefore, that one's writing about psychopathy – or about anything else for that matter – should be clear. Although lack of clarity can serve a rhetorical purpose, neither science nor its ability to ultimately describe and explain the natural world is served by it.

(2) *Moderation*. Since psychopathy research and theory is not descriptively rich, the project lives and dies by its current utility and its promissory note regarding causal explanation. It is therefore not surprising that these aspects have received great

attention, and a rhetorical case for causal-like knowledge is made with some care. The definitive and informative (and thus critically vulnerable) term "cause" is dutifully avoided in favour of suggestive and elusive language that implies a promise of imminent advances in causal research. Yet current research and theory are most realistically seen as yielding not a revolution in the understanding of human moral behaviour, but rather as a string of minor technical results, which by their nature are unable to account for such things as the mind-body problem, the ability of an effect to cause mutually contradictory events, and the absence or presence of free will (see Chapter 4). The psychopathy project's goal (causal explanation of moral behaviour) should therefore not be portrayed as closer at hand or simpler than it actually is. The conceptual problems, as stated above, do not easily sort themselves out, nor should they be characterized as merely philosophical or otherwise avoidable or resolved by off-hand references to causal biology-environment interaction theories. Currently, the psychopathy project does not allow one to understand either immorality or its causes, and it must be understood that its promissory note to do just that had already been handed out in the 18th century. Thus, if the psychopath's immoderation in its various forms is to be censured, so might it be a good idea to censure the making of immoderate scientific claims.

(3) *Rationale*. A number of statements foundational to the psychopathy project are made with little or no rationale. The medical model, for instance, is assumed with little explanation as to why psychopathy might be a disease, or what it might or might not mean for it to be a mental disorder. The "emotional deficit" theory similarly proceeds with little more than a tautology for a rationale, and studies conducted to determine whether or not psychopaths commit more criminal acts than non-psychopaths are entirely void of

logical reasoning. Insisting on clarity of rationale not only supports theory and empirical case building, but also eliminates the financial and scientific burden of useless studies.

(4) *Assumptions*. In the same way as some early behaviourists – most of whom are easily described as positivists or logical positivists – believed themselves to hold no philosophical assumptions aside from a commitment to science, many modern psychopathy researchers either explicitly deny or simply fail to mention holding certain clearly identifiable philosophical and moral positions. The current work has identified two major examples of these in the form of empirical realism (with an attendant set of metaphysical positions) and a mixture of Judeo-Christian, deontological, and virtue-based ethics. Nothing beyond certain rhetorical benefits (i.e. portraying the psychopathy project as a value-neutral science) can be gained from a denial or concealment of such assumptions. Such implicit and unexamined assumptions run the risk of ossifying into dogma, which in turn jeopardizes the vitality of the project they infect. Furthermore, the psychopathy project runs the additional risk of seriously mischaracterizing the technology it claims to have produced for public good. If marketed and sold as an assumption and value-free tool, the PCL-R and similar scales will owe their market share at least in part to bad faith. Most importantly, and contrary to some explicit declarations, the PCL-R is not a morally neutral tool. Rather, as was shown in Chapter 5, its very existence as a diagnostic measure of a mental disorder is made possible by a collective moral condemnation of those it identifies.

Thus, rather than calling for an end to the psychopathy project, the present work encourages researchers to concern themselves with clarity, moderation, rationale, and the assumptions inherent in the project. In short, the project is in need of *logical*

coherence. If the lack of logical coherence does ultimately lead to the demise or diminution of the project (by way of reduced funding and popular appeal), then perhaps such a demise or diminution is what the project rightly deserves. If, on the other hand, increased logical coherence either does not alter the project's standing or indeed improves it, then this outcome should also be acceptable. It must be counted as unacceptable, however, that the project be allowed to lose in coherence and clarity what it gains in years. The intellectual honesty evident in the early years of the project – in for instance describing as its goal the discovery of the moral faculty – should be emulated rather than disparaged, and metaphysical work, long since denounced in the social sciences, should be either explicitly embraced or done away with altogether. The overwhelming concern over the survival of the psychopathy project – as evidenced by the presence of unrestrained rhetoric – appears to have led researchers to denounce much of what originally lent the project its appeal and urgency – a psychological science born out of profound moral outrage over the character of a certain segment of society. The very fact that the original proposition was made up of a rich tapestry of theological, metaphysical, logical, psychological, legal, and scientific concerns was, and continues to be, a major reason for the scientific and lay popularity of the project. Should the psychopath's behaviour cease to raise moral and legal outrage and censure, the momentum of the psychopathy project would surely suffer. Yet, as long as the true extent of the core proposition is kept implicit, the psychopathy project's merits will increasingly be determined by the technologies it serves and by the technologies it is served by, a rather different yield from that originally anticipated.

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APPENDICES

Appendix A: Psychopathy as a mental illness

Psychopathy		
Cause	Mind	Behaviour
Unknown	Grandiose Sense of Self Worth	Glibness/Superficial Charm
	Need for Stimulation/Proneness to Boredom	Pathological Lying
	Lack of Remorse or Guilt	Conning/Manipulative
	Shallow Affect	Parasitic Lifestyle
	Callous/Lack of Empathy	Poor Behavioral Controls*
	Lack of Realistic, Long-Term Goals	Promiscuous Sexual Behavior
	Failure to Accept Responsibility for Own Actions*	Early Behavioral Problems
		Impulsivity
		Irresponsibility
		Many Short-Term Marital Relationships
		Juvenile Delinquency
		Revocation of Conditional Release**
		Criminal Versatility

*This item may be considered either part of Mind or Behavior

**This implies non-compliant behavior