

Defending psychopathy: an argument from values and moral responsibility

Luca Malatesti · John McMillan

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Abstract How psychopaths and their capacity for moral action are viewed is not only philosophically interesting but is also important and relevant for policy. The philosophical discussion of psychopathy has focussed upon the psychological faculties that are prerequisites for moral responsibility and empirical findings regarding psychopathy that are relevant to philosophical accounts of moral understanding and motivation. However, there are legitimate worries about whether psychopathy is a robust scientific construct, and there are risks attached to reifying psychopathy or other psychiatric constructs. We defend the concept of psychopathy by pointing out the relevance of empirical studies about it for our ordinary practices of ascribing moral responsibility and folk psychological accounts of moral understanding and motivation.

Keywords Psychopathy · Antisocial personality disorder · Antipsychiatry · Responsibility · Values · Moral understanding

Introduction

The moral and legal responsibility of those who are diagnosed with ‘antisocial personality disorder’ (ASPD),¹ or being a ‘psychopath’, is a relevant and pressing

¹ Throughout this paper, we will refer to ‘antisocial personality disorder’ as it is defined in DSM-IV [1]. DSM-V, which will be released in 2013, is expected to merge psychopathy and ASPD as one of five disordered personality types. At the time of writing, the draft version of DSM-V is not publicly available, so we are unable to discuss the interesting and important changes that might come into effect in 2013.

L. Malatesti (✉)
Department of Philosophy, University of Rijeka, Sveučilišna avenija 4, 51000 Rijeka, Croatia
e-mail: lmalatesti@ffri.hr

J. McMillan
Bioethics Centre, University of Otago, P.O. Box 913, Dunedin 9054, New Zealand
e-mail: John.mcmillan@otago.ac.nz

issue for policy making and judiciary practice. Philosophers have contributed significantly to this debate by paying attention to those who fall under the diagnosis of psychopathy as standardized by Robert Hare's *Psychopathy Checklist-Revised* (PCL-R) [2]. The philosophical discussion of the psychopath's capacity for responsibility focuses upon the psychological faculties that are prerequisites for moral responsibility and empirical findings on psychopathy that are relevant to philosophical accounts of moral understanding and motivation.²

There are, nevertheless, legitimate worries about relying upon the concept of psychopathy [8]. The main concern is that 'psychopathy' might not be a robust scientific construct or a reasonable foundation upon which to make practical recommendations about how those labelled as psychopathic should be treated. There are risks attached to reifying psychopathy or other psychiatric constructs, and these are cornerstones of the antipsychiatric challenge. Moreover, some philosophers have simply assumed that psychopathy is a robust concept in their interpretation of the empirical evidence about psychopathy.

Our aim in this article is to defend the use in philosophy of the concept of psychopathy, as devised by Robert Hare. Our central claim is supported by arguments about psychiatric classification and the relevance of empirical studies on psychopathy for our ordinary practices of ascribing moral responsibility and for our folk psychological accounts of moral understanding and motivation. We will proceed as follows. In the next section, we will explain Hare's *Psychopathy Checklist-Revised* (PCL-R). We will then summarise the principal features of psychopaths as classified by the PCL-R. These features suggest functional impairments, and it is exactly these impairments that have attracted the interest of philosophers.

Then, we will consider two objections to the use of psychopathy within these philosophical debates. The first objection is based on the premise that we presently do not have an account of the underlying neurological causes of psychopathy and that we should therefore reject it. To this, we will reply by arguing that the functional impairments correlated to high scores on the PCL-R are enough to ground the philosophical use of this notion. When formulating this reply, we will commit ourselves to the thesis that psychopathy is a value-laden notion.

That leads to the second major objection we consider: PCL-R is not valid because it is a value-laden construct. We will consider some insights from the debate about the role of values in psychiatric classification and argue that this criticism is not effective. Although we recognise that the ultimate plausibility of psychopathy has to be decided within the boundary of psychiatric research, especially in relation to questions about its underlying neural causes or correlates, we will argue that, at least for the case of psychopathy, the central steps in the individuation of certain behaviours and expressions of mental states as symptoms clustering in a mental illness are possible only with the adoption of a system of values.

² For a collection of recent significant philosophical contributions, see [3]. In addition, for an extensive annotated online bibliography, see [4]. Our contributions to this debate are [5–7].

Psychopathy: diagnosis and functional impairments

Robert Hare refined the concept of psychopathy described in the seminal work of Hervey Cleckley [9]. Hare's *Psychopathy Checklist-Revised* (PCL-R) is a diagnostic tool that aims to establish how a subject scores on different dimensions of behaviour and personality [10].

The PCL-R is used to evaluate a subject on 20 items: (1) glib/superficial charm, (2) grandiose sense of self-worth, (3) need for stimulation/proneness to boredom, (4) pathological lying, (5) conning/manipulativeness, (6) lack of remorse or guilt, (7) shallow affect, (8) callous/lack of empathy, (9) parasitic lifestyle, (10) poor behavioural controls, (11) promiscuous sexual behaviour, (12) early behavioural problems, (13) lack of realistic long-term goals, (14) impulsivity, (15) irresponsibility, (16) failure to accept responsibility for one's own actions, (17) many short-term marital relationships, (18) juvenile delinquency, (19) revocation of conditional release, and (20) criminal versatility. The PCL-R is applied via semi-structured interviews and intensive study of the history of the subject. For each element in the list, there is a score ranging from 0 to 2 points; the maximum total score is thus 40 points. When a subject scores 30 or more points he/she is considered psychopathic.³

The PCL-R has been used as a unifying diagnostic tool in scientific research [11]. Several studies support the existence of significant correlations between high scores in the PCL-R and functional impairments [12]. There is a constellation of functional impairments related both to emotional and cognitive spheres that appear to be correlated with psychopathy. These impairments can be more or less related to the two principal dimensions of the construct: the first dimension has to do with personality traits that are related to emotions, and the second concerns antisocial behaviour.⁴ Some studies suggest that psychopaths have reduced levels of anxiety [13, 14]. These results offer an important characterisation of psychopaths given that there are results showing that, in general, a high level of anxiety is associated with antisocial behaviour [12, pp. 47–48]. Other studies offer evidence for the conclusion that while comparison individuals show strong physiological reactions to certain threatening stimuli, including imaginary situations, psychopaths show reduced responses to these events [15–17]. Finally, research suggests that psychopathy correlates significantly with functional impairments, such as a startle reflex to sudden threatening stimuli [18].

There are results that appear to show that psychopaths are impaired in specific forms of learning that are taken to be correlated with or enabled by particular emotional responses. In controlled conditions, psychopathic individuals commit more *passive avoidance* errors than comparison individuals [19–21]. This means that psychopaths appear to have deficits in a type of instrumental learning that involves learning both to respond to stimuli that give rise to reward and to avoid responding to stimuli that give rise to punishment. Thus, the formation of a stimulus-reinforcement association required for this type of learning is defective in

³ This cut-off value is usually adopted in North America; in Europe, a value of 25 is often used.

⁴ This dichotomy is used here for illustrative purposes. The factorisation and, thus, dimensionality of psychopathy as measured by PCL-R is a debated issue between experts [2].

psychopaths. Moreover, there are results, perhaps more controversial, concerning the reduced attention capacity of psychopaths [22; 12, pp. 63–65].

Finally, some studies suggest that psychopaths have functional impairments that appear to be especially and directly relevant to the philosophical investigation of their moral responsibility. These empirical studies concern the empathic reaction of psychopaths to distressed people. Psychopathy is associated with reduced emotional responses, as measured by skin conductance, to the observation of the administration of punishment [23, 24].

In addition, there are studies about the moral reasoning and understanding of psychopaths. An important psychological paradigm for the investigation of moral understanding was developed by Elliot Turiel [25]. His paradigm is based on the distinction between moral and conventional. The participant is presented with vignettes involving moral and conventional transgressions. An action is a moral transgression when it has consequences for the rights and welfare of other individuals, such as hurting another individual or damaging his/her property. Conventional transgressions are defined by their consequences for the social order; these are actions such as talking in class or dressing in clothes of the opposite-sex. The participant has to make judgments about the transgressions. It has emerged that four-year-old children find it acceptable to transgress conventional rules imposed by authorities (e.g., teachers or parents) in some circumstances. However, they think that moral transgressions are always impermissible. For instance, they would judge moral transgressions to be unacceptable even in cases where the authorities imposing moral rules are not present.

Empirical results suggest that adult psychopaths, when compared to non-psychopaths, manifest insensitivity to the distinction between moral and conventional transgression [26, 27]. Now, an ordinary conception of moral understanding will require, at least, that an individual should be capable of distinguishing between conventional and moral transgressions. Therefore, the application of Turiel's paradigm to psychopaths appears to offer evidence for the conclusion that they fail to draw a distinction that is importantly related to moral understanding.

The limits of a causal understanding of psychopathy

PCL-R and the correlation between functional impairments and psychopathy have given impetus to theorizing about the causes of psychopathy and, in recent years, the use of brain imagining techniques for uncovering the structural and functional neural abnormalities of psychopaths. There are several theoretical proposals that aim to integrate neurological and neuropsychological data and theories about the causes of antisocial behaviour and affective abnormalities, and the specific functional deficits observed in psychopaths as characterised by PCL-R. Here, we mention three of these hypotheses.

One of the earlier hypotheses was that a dysfunction of the hippocampus might have a primary role in psychopathy [28, 29]. Recent studies of visualisation appear to support at least some correlation between dysfunctions in the hippocampus of psychopaths [30]. Psychopathy has also been associated with structural and

functional impairment in frontal lobes and the prefrontal cortex (PFC) [31–35]. Finally, James Blair and colleagues suggest that amygdala dysfunction is the key neurological cause of psychopathy besides impairments in the orbitofrontal and ventrolateral cortex in response selection and control [12].

However, despite the undeniable role that PCL-R has played in organising and unifying empirical studies and theorizing, a widely accepted theory of the neural causes of psychopathy is not in sight. In particular, it seems that so far, brain image studies offer a limited knowledge of the neural causes of this disorder. As stated in a recent survey of these studies: ‘the empirical basis for any discussion of the neuroanatomical basis of psychopathy based on imaging is very limited’ [31, p. 27]. Clearly, all this suggests that we have to agree with the critics of PCL-R and of the related notion of psychopathy, who argue that we presently do not have a satisfactory account of the ultimate neural causes of the behaviours of those who score high in the PCL-R. This point is well stressed, for instance, by Paul Mullen: ‘If researchers could move from brain imaging of the amygdala, or whatever, to making a diagnosis of psychopathy or to useful predictions about future behavior, then a causal hypothesis would be worth entertaining. They cannot’ [8, p. 145]. Mullen concludes that the lack of a unitary neurological account of the causes of psychopathy as measured by PCL-R should cast serious doubt on the use of psychopathy in psychiatry and philosophy. Similarly, it has been argued that on the basis of our current knowledge, different neural underpinnings might accompany different dimensions of the construct of psychopathy, thereby showing that PCL-R picks out a heterogeneous collection of disparate neurological bases that should be abandoned [36, 37]. However, we think that these criticisms share a questionable assumption.

A too demanding notion of validity

The criticisms of psychopathy presented in the previous section appear to rely on a common view of when a scientific concept is valid. A particular construct can be said to be valid when it reflects an aspect of reality. Now, the kind of ‘neural causal priority’ view advanced by Mullen and the worries about the neural heterogeneity of psychopathy appear to be based on an absolute and reductionist understanding of the notion of validity. A notion of absolute validity requires that PCL-R cut objective reality at ‘its joints’. In other words PCL-R should refer to some unitary and independent reality. A reductionist understanding of this notion implies that this unitary reality is at the level of basic natural science or, as more often stated, at some level of neuroscientific description. However, there are some considerations against this understanding of the validity of a construct. Therefore, the conclusion that psychopathy is not valid can be resisted.

Studies support the *reliability* of PCL-R and its subsequent versions [2]. This means that different, properly trained, evaluators will assign similar scores to the same individuals when using PCL-R. And this factor has played an important role in PCL-R becoming a standard classificatory tool for the vast literature focused on the functional and neurological study of psychopaths [11]. In particular, PCL-R and the

factorisation of the disorder of psychopathy in a dimension related to aggression and another associated with certain unemotional features appear to suggest new research hypotheses to be tested [31]. Thus, although there is no evidence at the moment that psychopathy is a disorder caused by precise neural deficits, PCL-R is in a pragmatic sense a 'robust scientific' concept insofar as it offers the possibility of conducting empirical research upon the neural bases of a series of specific functional impairments. However, these are not the only reasons in favour of PCL-R, despite the neurological causes of psychopathy being unknown.

It can be easily conceded that PCL-R does not cut neural reality at its joints. However, one should not conclude that PCL-R is not a valid diagnostic tool. Those who argue for this conclusion assume that in order for a psychiatric construct to be valid, it must be reducible to a neurological level. This assumption is too demanding. First of all, there are philosophical difficulties in understanding validity in this way. For example, as is familiar from the philosophy of mind, even amongst naturalistically oriented philosophers, the idea that cutting mental reality at its joints implies necessarily cutting it at its neurological or physical joints is not generally accepted and is keenly debated [38]. Similarly, it is problematic to assume that PCL-R is valid if and only if it individuates a construct that is mapped onto specific types of neurological correlates and explained by a limited class of neurological causes. We claim that the phenomenon of psychopathy is individuated via a diagnosis that is based upon folk-psychological descriptions of clusters of behaviours and ways of thinking and feeling that are deviant from ordinary ones.

In particular, in the philosophical debate, the focus has been upon whether or not psychopaths possess the faculties that appear to be central to many philosophical analyses of moral responsibility. Some faculties relate to the capacity to exercise control over their actions, others involve the capacity to have epistemic contact with reality but also, and this appears to be relevant for the case of psychopaths, with moral norms. In particular, philosophers debate whether rational capacities or a certain kind of emotive response are relevant to moral understanding [6, 39].

Thus, what is required for philosophical debate about the moral responsibility of psychopaths is that it is possible to give a philosophical account of the psychological faculties required for moral understanding and control, and thus moral responsibility, based on the assumed functional impairments associated with psychopathy. In this type of investigation, the underlying neurological causes or the issue of whether or not psychopathy is a neurologically homogeneous phenomenon is not relevant. What is relevant is whether certain functional impairments, that seem to be recognized by experts as having an association with scoring high on the PCL-R, can be understood plausibly as undermining the capacity for control and moral understanding as expressed in most theories of moral responsibility.

So, ultimately, all of this matters because of the way in which controlling our actions and them being informed by moral understanding is important for whether or not we hold people morally responsible for what they do. This way of defending PCL-R, therefore, has the implication that this diagnosis is valuable because it helps us to make normative judgments of this kind. This is not simply a matter of the moral attitude that we should take to those who are or are not capable of being morally responsible, but it also matters for the law. While the legal test for criminal

responsibility is different from how we ordinarily view moral responsibility, they do overlap. If someone being tried for an offence did not understand the nature of the action he or she was performing, this can be used as a defence or as a mitigating condition when sentencing.⁵ While defending psychopathy by indexing it to its relevance for the capacities for moral responsibility is a promising way to defend psychopathy as scientifically credible, this kind of defence renders it vulnerable to an attack.

Values and psychopathy

Anti-psychiatrists such as Thomas Szasz are sceptical about the legitimacy of all mental illnesses and claim that they are merely a disagreement about the appropriateness of behaviours [43, 44]. Szasz has a simple, objective view of disease: he maintains that the only genuine diseases are bodily disorders defined by their departure from an objective state. There is some encouraging evidence that psychopaths have functional brain abnormalities. However, this type of response is, as we have already noted, not satisfactory, given the lack of an ultimate and agreed upon neurological explanation of psychopathy.

In addition, the core of Szasz's criticism is based on the fact that psychopathy is revealed fundamentally as a departure from certain social, psychological, and ethical norms. He could then reply that, even conceding that there are biological differences between psychopaths and other individuals, we should prove that these differences constitute a disorder, i.e., a pathological departure from specific biological functions or other objective states.

We think that in the case of psychopathy, societal or psychological values can be part of an acceptable construct for delineating this disorder, especially when the focus is upon a question such as moral responsibility, which is critical for how we respond to those falling under this concept. The practice of holding people responsible is based on folk-psychological practices of describing, explaining, and predicting behaviour that is relevant to values [39]. These practices reveal that the ways in which psychopaths behave is different from the behavioural traits of most other people. Now, PCL-R refines and operationalizes 'psychopathy' by employing concepts available at the level of these folk psychological practises. However, PCL-R is superior to our everyday unaided practise, and thus more 'valid', in a not too demanding sense, for three reasons.

First, this diagnostic tool counts, amongst other valuable psychometric features, inter-rater reliability; different trained users at different times will score individuals similarly. Second, the PCL-R is, as a matter of fact, a unifying tool for a vast amount of empirical and theoretical research on psychopathy. Finally, although there are no unifying data available about the underlying neurological correlates and causes, some functional impairments associate in a statistically significant way with high scores on PCL-R. Specifically, in the light of some philosophical accounts of

⁵ For more on the relationship between moral and legal responsibility and how this bears upon psychopathy, see [40–42].

action and moral responsibility, these impairments appear to be relevant to the ascription of moral responsibility.

Conclusion

Recent philosophical work on psychopathy has investigated whether and how ascriptions of moral and criminal responsibility should be sensitive to the impairments as described by PCL-R. When investigating the moral and criminal responsibility of psychopaths, it is important to recognise that they stand out because their personalities and behaviours are deviant in relation to our ordinary practises and expectations about moral conduct. These practises shape, for instance, our assumptions about the appropriateness of guilt and the kind of justifications and explanations that are relevant to cases where others are harmed.

We have shown that the PCL-R offers a reliable, inter-subjective tool that regiments the notion of psychopathy along dimensions recognised by our ordinary practices of moral conduct. Moreover, it is significantly correlated with certain forms of abnormal behaviour suggestive of functional impairments.

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