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SPECIAL ISSUE
PSYCHOPATHY: PHILOSOPHICAL AND EMPIRICAL CHALLENGES

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INTRODUCTION

PSYCHOPATHY: PHILOSOPHICAL AND EMPIRICAL CHALLENGES

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For the last twenty years philosophers of an analytic bent have been fascinated by psychopathy and new empirical findings about it. This is a syndrome that is often characterised by egocentrism, shallow emotions, impulsivity, lack of remorse and antisocial behaviour that involves manipulating others and criminal versatility. Scientific studies of psychopaths have been used to argue in favour of philosophical positions or theories about the nature of moral judgment, motivation, and moral psychology more generally. Some authors have argued that psychopaths' lack of empathy and guilt support moral sentimentalism, the position that normal moral judgment is grounded in human emotions and affective capacities (Aaltola 2014; Nichols 2004; Prinz 2006). However, this view has been challenged on empirical grounds by supporters of rationalism, the position that rational capacities are the essential prerequisites for moral understanding and motivation (Kennett 2010; Maibom 2005; cf. Malatesti 2009).

Philosophical investigations have drawn upon scientific research to frame responses to the social problems created by criminal psychopaths (Malatesti and McMillan 2010). Some philosophers have argued that neuropsychological studies indicate that psychopaths have serious deficits in capacities underlying moral and/or legal responsibility and thus should not be held accountable or completely accountable for their wrong doing (for a review, see Litton 2010). Psychopathy has recently also been investigated from a bioethical perspective (Jurjako, Malatesti, and Brazil 2018c), where the debate is ongoing about the justifiability and prospects for moral bioenhancement or modification of psychopaths (Baccarini and Malatesti 2017; Hübner and White 2016).

Philosophers have also weighed in on debates about the status of the construct of psychopathy. In particular, some have started investigating the mental illness status of psychopathy (Malatesti 2014; Nadelhoffer and Sinnott-Armstrong 2013; Reimer 2008) and ventured into investigating what type of category psychopathy is and how best to explain it (Brzović, Jurjako, and Šustar 2017; Hirstein and Sifferd 2014; Malatesti and McMillan 2014).[1]

[1] For a bibliography of the literature covering these issues, see the entry "Psychopathy" on Philpapers at: http://philpapers.org/browse/psychopathy, edited by Malatesti et al.

This special issue of the *European Journal of Analytic Philosophy* aims to exemplify and promote advancements in several of these philosophical discussions. The selection of contributions was guided by the need to document how the landscape of the philosophical debates on psychopathy has changed in recent years. Many previously taken for granted assumptions are now being reconsidered and challenged from theoretical, conceptual and empirical angles. In what follows we will consider the principal dimensions of this change. However, before undertaking this task, we will say something about how psychopathy is commonly conceptualized in these discussions.

Although there are various measures of psychopathy, the Psychopathy Checklist Revised (PCL-R), a diagnostic tool devised by Robert Hare (2003), has contributed significantly to crystalize the contemporary scientifically informed picture of psychopathy (Skeem et al. 2011). The PCL-R has contributed to the flourishing of a vigorous scientific research on psychopathy that is focussed on its measure, its behavioural and functional correlates, and its neuropsychological, neural and even genetic explanations (see the new edition of Patrick 2018). Given such a prominence of the PCL-R in the scientific study of psychopathy, and most papers in this special issue presuppose familiarity with it, let us consider it in more details.

The PCL-R consists of 20 items (see figure 1). On each item, a person can score 0, 1, or 2 points, indicating that the trait does not apply to her, somewhat applies to her, or fully applies to her, respectively. Thus, the maximum score is 40. The PCL-R is often used as a categorical measure, where the pragmatic cut-off score line is placed at 30 in North America and at 25 points in many European countries.

Factor 1	**Factor 2**
Facet 1: Interpersonal traits	**Facet 3: Lifestyle traits**
1. Glibness/Superficial charm	3. Need for stimulation
2. Grandiose sense of self-worth	9. Parasitic lifestyle
4. Pathological lying	13. Lack of realistic, long-term goals
5. Conning/Manipulative	14. Impulsivity
	15. Irresponsibility
Facet 2: Affective traits	**Facet 4: Antisocial traits**
6. Lack of remorse or guilt	10. Poor behavioural controls
7. Shallow affect	12. Early behavioural problems
8. Callous/Lack of empathy	18. Juvenile delinquency
16. Failure to accept responsibility	19. Revocation of conditional release
	20. Criminal versatility

Items not belonging to any of the facets:

11. Promiscuous sexual behaviour, 17. Many short-term marital relationships

Figure 1: (Hare 2003)

The prevalent opinion amongst philosophers was that psychopaths, due to their lack of remorse, empathy and inability to understand and conform to moral and social norms, should not be considered accountable for their pervasive antisocial behaviour. Besides philosophical arguments that were based on psychological and behavioural descriptions of typical psychopaths (see, e.g. Cleckley 1976), these opinions were reinforced by early empirical studies on how psychopaths fail to distinguish between moral and conventional violations, indicating that they do not possess adequate moral understanding (Blair 1995, 1997).

These arguments seemed to support the claim that psychopaths should not be held morally and/or legally responsible since they lack proper moral understanding and the capacities underlying receptivity to social and legally mandated norms of conduct (Levy 2007; Malatesti and McMillan 2010; Morse 2008; cf. Shoemaker 2011). This prompted some authors to go so far as to argue that psychopaths might lack the prerequisite psychological capacities and moral capacities for participating in cooperative societies as full members with equal rights and duties (see, e.g. Gaus 2011, 210).

Recently these views have been disputed on empirical and conceptual grounds. More recent empirical studies have not replicated the finding that psychopaths cannot make a distinction between moral and conventional violations (Aharoni, Sinnott-Armstrong, and Kiehl 2012, 2014). Currently available evidence indicates that psychopaths might have relatively preserved capacities for producing normal patterns of moral judgment (Borg and Sinnott-Armstrong 2013). These results led to a change in perspective, where some authors, far from thinking that psychopaths are not capable of grasping human morality, investigate the specific variations in the content of moral and personal values that psychopathic individuals might be prone to endorse (Glenn et al. 2017). On the more philosophical side, research indicates that psychopaths might well possess the relevant moral psychological judgments and volitional abilities and thus we cannot so easily exclude the option that psychopaths should be held morally and criminally responsible for their wrong doings (Jalava and Griffiths 2017; Jurjako and Malatesti 2018a; see also Maibom 2008).

Psychopathy has traditionally been conceptualized as a personality disorder (Cooke et al. 2012). In addition to behavioural and personality characteristics, neuroscientific observations of aberrant brain activation patterns have been correlated with psychopathy and these have been taken as further evidence that psychopathic individuals suffer from neurodevelopmental deficits that can justify considering psychopathy a mental disorder (Leedom and Almas 2012; Nadelhoffer and Sinnott-Armstrong 2013). Viewing psychopathy as a mental disorder justifies investigating behavioural, cognitive or pharmacological treatments for psychopathy (Blair, Mitchell, and Blair 2005).

This default view has been challenged from multiple perspectives. Some authors argue that psychopathic personality traits are socially or even evolutionary adaptive and therefore should not be seen as symptoms of a disorder (Krupp et al. 2012, 2013; see also Reimer 2008). In fact, unlike other major mental disorders, such as autism, depression, and schizophrenia, there are indications that some psychopathic traits under certain conditions might be positively correlated with evolutionary fitness (Međedović et al. 2017). In addition, it has long been recognized that psychopaths do not experience subjective distress for being psychopaths (Hare 2003).

This might prompt questions regarding the legitimacy or feasibility of curing psychopathic individuals. For instance, if psychopathy is not what we would standardly consider to be a mental illness then we might wonder about the prospects for finding a treatment for reducing psychopathic traits (Maibom 2014). Or what would be a justification for finding such a procedure and applying it to psychopathic individuals (Hübner and White 2016; see also Baccarini and Malatesti 2017). Moreover, we might wonder how the mental disorder status of psychopathy affects questions of their moral and criminal responsibility (Reimer 2008).

All of these issues about psychopathy become additionally complicated when we take into account the heterogeneity of the construct of psychopathy (Brzović, Jurjako, and Šustar 2017). The literature on psychopathy tends to distinguish between primary and

secondary, successful and unsuccessful psychopathy, sociopathy and psychopathy, etc. (for a review, see Skeem et al. 2011). The first distinction is often explicated in terms of anxiety levels, where primary psychopaths are low anxious while secondary are high anxious. Successful psychopaths, unlike the unsuccessful ones, are supposed to have superior rational and volitional capacities which might protect them from maladaptive behaviour or enable them to escape institutionalisation (Ishikawa et al. 2001). The difference between sociopathy and psychopathy is based on a difference in the aetiology of the two conditions (the first is sociologically determined while the second is genetically based) even though they may be characterized by the same behavioural and cognitive impairments (for a review, see Brazil et al. 2018).

The heterogeneity of psychopathy is also exhibited in the fact that psychopathic personality and behavioural traits are not necessarily co-instantiated (Lilienfeld 2013). Moreover, they can differentially correlate with different neuropsychological tasks and measures. For instance, it seems that Factor 1 and Factor 2 traits of the PCL-R can be present to a different degree indicating that a person might score high on Factor 1 but low on Factor 2 and vice versa (Lilienfeld, Watts, and Smith 2015). In addition, different measurements of psychopathy correlate differently with neuropsychological tasks. In particular, Baskin-Sommers et al. (2015) showed that the interpersonal-affective traits measured by the PCL-R and fearless-dominance traits (which are taken to capture the same interpersonal-affective traits) from a self-report measure exhibit opposite correlations on a battery of tasks that measure different aspects of executive function within the same population of incarcerated offenders.

All these issues have spilled over to philosophical or legal debates about the responsibility of psychopaths and foundational issues about the concept of psychopathy itself and how to measure it. For instance, some research indicates that there might be a difference between successful and unsuccessful psychopaths, where the first, as opposed to the latter group, are supposed to be characterized by better than average rational and volitional capacities which might enable them to stay below radar and not being caught (Ishikawa et al. 2001; see also Maes and Brazil 2013). If this is the case, then some authors argue that we should separately judge the responsibility status of psychopaths, where the idea is that while unsuccessful psychopaths might not be accountable for their behaviour, the successful ones still might be given their superior rational and volitional capacities (Ramirez 2015; Sifferd and Hirstein 2013; see also Jurjako and Malatesti 2018b).

Regarding the foundational problems related to the heterogeneity of psychopathy, some researchers advocate turning to a more bottom-up approach to classifying psychopathy and more generally individuals exhibiting antisocial behaviour (Brazil et al. 2018). There is a wealth of genetic and neurobiological studies regarding the biological underpinnings and correlates of psychopathy and antisocial personality disorder (for a recent review, see Brazil and Cima 2016). Following the guidelines of the Research Domain Criteria (RDoC, Insel and Cuthbert 2015), the idea is to rebuild the classificatory systems of people exhibiting severe forms of antisocial behaviour by forming groups based on their genetic, neurobiological, cognitive, and behavioural phenotypes to enhance diagnostic procedures and devising appropriate treatments that might reduce maladaptive behaviour related to psychopathy (Brazil et al. 2018). Recently, investigations into ethical problems and benefits of such an approach have been undertaken (Jurjako, Malatesti, and Brazil 2018c). Other researchers advocate adopting a more conceptual task to re-examine the concept of psychopathy and by doing a rigorous conceptual and explicative analysis to capture the essential features of psychopathy and provide proper grounds for building a valid measure of it (see, e.g. Cooke et al. 2012).

This special issue presents an interdisciplinary effort to address some of these central recent challenges for the philosophical investigation of psychopathy. In the first three articles the authors address the foundational issues on the concept of psychopathy and its measurement. In the other three articles, the authors discuss the philosophical and practical implications of scientific study of psychopathy.

David Cooke in his paper "Psychopathic personality disorder: Capturing an elusive concept" reflects on the problem of how to define and measure "psychopathy". Describing someone as a psychopath can have important legal, social, and clinical consequences for that person. Given the social relevance of this concept, it is important to be clear about what the defining features of psychopathy are and how to properly operationalize it in scientific research. Cooke emphasizes that this problem has not been resolved because of the various conceptualizations and operationalisations of psychopathy in the literature. More importantly, the lack of clarity on the concept of psychopathy has, according to Cooke, often led to the confusion between the concept and measures of psychopathy. Cooke emphasizes that these two things must be kept distinct, and that a path towards developing reliable and valid operationalisations of psychopathy is to develop a clear concept of it. The solution that Cooke proposes is to go back to the basics, so to say, and develop a concept map of psychopathy. Cooke and colleagues named this concept map the Comprehensive Assessment of Psychopathic Personality (CAPP). Cooke provides an overview of considerations supporting the content validity of CAPP and discusses how it can be operationalized in scientific research.

In his contribution "False-positives in psychopathy assessment: Proposing theory-driven exclusion criteria in research sampling", Rasmus Rosenberg Larsen addresses, from a philosophical perspective, the foundational issue of how to develop adequate procedures for measuring psychopathy. The research on psychopathy is fraught with mixed results about many issues that have been relevant for philosophical discussions. Rosenberg Larsen notes that even studies of profound deficits in moral understanding and the capacities underlying moral judgment, once thought to be defining features of psychopathy, have not been corroborated (or have even been disproved) by the latest scientific research. There is more than one explanation for these inconsistencies in the psychopathy research. Rosenberg Larsen considers the possibility that widely used measures of psychopathy contain diagnostic criteria that are too inclusive. If this is the case, then many samples would be contaminated with false-positives, i.e. people who are not psychopaths would be wrongfully categorized as such and included in research samples. Thus, the hypothesized (moral) deficits that real psychopaths supposedly have would then be difficult to detect due to the generated false-positives. To remedy this problem, Rosenberg Larsen proposes to use "theory-driven exclusion criteria" to develop more precise sampling procedures. Exclusion criteria refer to features that a subject participating in a clinical study cannot have. To develop appropriate exclusion criteria for studies on psychopaths, Rosenberg Larsen turns to foundational issues related to characterizing the essential features of psychopathy. He finds such features to be based upon deficits in the moral psychology of psychopaths. Based on these moral deficits, he discusses how sampling in scientific research on psychopathy might be improved.

Janko Međedović, Tara Bulut, Drago Savić, and Nikola Đuričić in their contribution "Delineating psychopathy from cognitive empathy: The case of Psychopathic Personality Traits Scale" weigh in on the debate regarding the concept of psychopathy. Among other things, there is an ongoing debate about whether the antisocial characteristics, as described by, for instance, Factor 2 of the PCL-R, should be thought of as capturing core features of psychopathy or just representing correlates or even some

causal consequences of other core psychopathic traits. Međedović and colleagues discuss Psychopathic Personality Traits Scale (PPTS), a new conceptualisation of psychopathy according to which antisocial traits do not represent core features of psychopathy. PPTS is built on the presupposition that only Factor 1 of the PCL-R captures the core psychopathic traits, and thus it dispenses with the behavioural traits as captured by Factor 2 of the PCL-R.

According to PPTS, psychopathy is characterized by four broad features: affective responsiveness, cognitive responsiveness, interpersonal manipulation, and egocentricity. The main aim of Međedović et al.'s study is to test the psychometric features of PPTS. They note that what is here labelled as "cognitive responsiveness" and refers to the "inability to understand the emotional states of others" is usually not conceptualized as one of the core features of psychopathy. Indeed, their psychometric study of PPTS shows that cognitive responsiveness correlates significantly less with the other three traits, than the rest of them correlate with each other. In this regard, they discuss the potential implication of their study that Cognitive responsiveness might not be a core feature of psychopathy.

Heidi Maibom, in her contribution "What can philosophers learn from psychopathy?", discusses the possible implications of scientific research on psychopathy for moral philosophy. She challenges some common assumptions that have so far underpinned philosophical reflection on the significance of psychopathy for moral psychology by focussing on the following key domains: empathy, decision-making, the proper conceptualization of impairments correlated with psychopathy, and whether psychopathy presents a unified kind. She argues that although empathy is often viewed as the core deficit explaining immoral behaviour of psychopaths that grounds judgments of moral non-accountability, scientific research is rather mixed and ambiguous regarding these connections. She argues that there are no conclusive reasons for thinking that psychopaths completely lack empathy or that they completely lack affective responses underlying our notion of empathy. Similar nuanced conclusions ensue regarding the decision-making impairments and other disabilities correlated with psychopathy. Scientific studies indicate that psychopaths exhibit affective and decision-making deficits, but it is rarely warranted to claim that psychopaths in general lack altogether these psychological capacities. Some of the incongruities in the studies might result from the fact that the category of psychopathy is heterogeneous, comprising individuals with different personality, behavioural and biological traits. In this respect, Maibom draws on the scientific literature that distinguishes between primary (low anxious) and secondary (high anxious) psychopaths. She then investigates what are the philosophical, clinical and practical implications of this distinction.

Anneli Jefferson and Katrina Sifferd in their paper "Are psychopaths legally insane?" discuss the legal accountability of psychopaths within the more general problem of the impact of psychiatric diagnosis on the legal defence by the reason of insanity. They argue that whether psychopathy is or is not a mental illness might be orthogonal for settling the question whether they should be excused from criminal responsibility. Moreover, they argue that given the heterogeneity in the construct of psychopathy, it is unlikely that there could be a reliable inference from a diagnosis of psychopathy to claiming that this provides grounds for the insanity defence.

Erick Ramirez in his paper "Shame, embarrassment, and the subjectivity requirement" addresses the question of psychopaths' moral responsibility. Ramirez situates his discussion within a family of reactive theories of moral responsibility. Many of these theories presuppose the subjectivity requirement, according to which to be an

appropriate target of ascriptions of responsibility one must have a capacity to exhibit and experience a range of morally relevant emotions and attitudes.

Many in the past have argued that psychopaths should not be held morally responsible because they do not satisfy the subjectivity requirement. In particular, guiltlessness is thought to be one of the defining features of psychopathy. It could be argued that since psychopaths lack the capacity for experiencing guilt in response to their wrongdoing they cannot be appropriate targets of other people's reactive attitudes and thus cannot be held morally responsible. Against this dominant opinion, Ramirez argues that there is a sense in which psychopaths might be held morally responsible even if we take for granted that psychopaths exhibit severe deficits in empathy and guilt. He distinguishes between several subtypes of psychopathy. Ramirez discusses studies regarding "successful" and "secondary psychopaths" who can understand and experience shame and embarrassment. This indicates that, at least with regard to experiencing morally relevant emotions such as shame and embarrassment, psychopaths can satisfy the subjectivity requirement. Thus, Ramirez argues that, to the extent they are responsive to shame-based norms, psychopaths cannot be completely exempt from moral responsibility.

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PSYCHOPATHIC PERSONALITY DISORDER: CAPTURING AN ELUSIVE CONCEPT

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Original scientific article – Received: 28/08/2018 Accepted: 11/09/2018

ABSTRACT

The diagnosis of psychopathic personality disorder has salience for forensic clinical practice. It influences decisions regarding risk, treatability and sentencing, indeed, in certain jurisdictions it serves as an aggravating factor that increases the likelihood of a capital sentence. The concatenation of symptom that is associated with modern conceptions of the disorder can be discerned in early writings, including the book of Psalms. Despite its forensic clinical importance and historical pedigree the concept remains elusive and controverted. In this paper I describe an attempt to map the concept of psychopathic personality disorder—the Comprehensive Assessment of Psychopathic Personality (CAPP). I outline the processes used to create the concept map; I summarise evidence in support of the content validity of the map and describe different operations designed to operationalise the construct. It is only when conceptual clarity is achieved that valid operations and measures can be created. I end with a plea for more carefully considered application of statistical methods; applications that better fit the theoretical questions being posed.

Keywords: *Psychopathic personality disorder, Comprehensive Assessment of Psychopathic Personality, CAPP, Conceptual Model, Measurement*

1. Psychopathic Personality Disorder: Capturing an elusive concept

"*I can calculate the motion of the heavenly bodies, but not the madness of people.*"
Sir Isaac Newton

Psychopathy has been described as an "unfortunate term with a disreputable history" (Mullen 1992, 343); while this may be true, clinicians encounter patients with profound symptoms of personality pathology which require description; patients about whom the clinician needs to communicate diagnostic formulations. Patients who suffer from Psychopathic Personality Disorder (PPD) can be particularly challenging; they are hard to assess and manage; they are resistant to standard treatments; they show an elevated risk of engaging in criminal behaviour, substance use and suicidal behaviour; they have difficulty in maintaining intimate relationships and they tend to die at a younger age than their peers (Cooke and Logan 2018; Douglas, Vincent, and Edens 2018; Ellingson et al. 2018; Hare 1991; Polaschek and Skeem 2018).

PPD is a dangerous concept: Within court proceedings the term may be more prejudicial than probative, it can have a profound impact on how someone is viewed and treated within the legal system (Edens, Petrila, and Kelley 2018); in certain jurisdictions those who are deemed to be psychopathic are more likely to suffer capital punishment (Edens et al. 2013); the diagnosis is often used as a reason to exclude the sufferer from treatment (Ogloff 2006). Nonetheless, the concept—and one measure of the concept, the Psychopathy Checklist-Revised (PCL-R, Hare 1991)—is one of the most widely used in forensic practice (Archer et al. 2006). PPD remains salient in clinical practice because there remains a cohort of patients whom clinicians need to identify and understand.

In this paper, I will describe an attempt to return to basics in order to articulate a concept map of the disorder—The Comprehensive Assessment of Psychopathic Personality (CAPP). I will discuss the growing evidence in support of the concept map and multiple methods for measuring it. I will further argue that greater care is required in the selection of statistical methodologies in order that the method fits the conceptual questions being posed with greater verisimilitude.

2. The history and mystery of the concept of psychopathic personality disorder

How robust is the concept of PPD; is it founded on rigorous underpinnings or founded in sand? PPD is a form of personality disorder. Personality disorders are forms of mental disorder that are chronic in nature, starting in adolescence or early adulthood; they affect how an individual thinks, feels and behaves; the consequences of these disorders are chronic disturbance in the individual's relations with self, others and their environment. This chronic disturbance leads, in turn, to subjective distress and/or a failure to properly fulfil social roles and obligations (American Psychiatric Association 2013). PPD is a particularly virulent form of personality disorder. Historically PPD has long been associated with criminal and antisocial behaviour including violent behaviour. There is evidence in pre-clinical writings (e.g., The Old Testament, Chaucer's Canterbury Tales and the Icelandic Sagas) that observers perceived symptom clusters that today would be considered prototypical of PPD, and critically, they linked these symptoms to criminal acts.

In early clinical descriptions three distinct strands linking personality pathology and criminal acts can be discerned (Arrigo and Shipley 2001; Berrios 1996). Clinical writers in the early part of the nineteenth century linked repeated acts of violence to a strand of personality pathology characterised by behavioural dyscontrol (e.g., recklessness and impulsivity) in patients who suffered neither psychotic symptoms nor impaired intellectual functioning (e.g., Pinel, Partridge, Prichard). Early twentieth century nosologists emphasised a second strand of personality pathology—an interpersonal aspect—that is characterised by persuasiveness and charm, self-confidence and social assertiveness; these traits were linked to crimes including swindling and fraud (e.g., Cleckley, Kraepelin, Schneider). Kraepelin graphically described these individuals as *morbid liars and swindlers* (Kraepelin 1904). A third strand that can be discerned in early clinical writings is an affective strand, an aspect that is characterised by the traits of being cold, callous, predatory and remorseless; these traits being linked particularly to instrumental violence (e.g., Schneider, Pinel, Rush). Thus, historically clinicians have identified three distinct aspects of PPD— interpersonal, affective and behavioural— each of which might be linked to criminal acts. It is for this reason, that of all mental disorders, PPD has featured so strongly in the forensic arena.

Despite its forensic importance PPD remains a controversial clinical concept (Hart and Cook 2012). Indeed, as a concept its definition remains obscure, at least a dozen distinctive clinical descriptions exist, each emphasising different patterns of symptoms (Arrigo and Shipley 2001; Berrios 1996). The lack of conceptual clarity inevitably leads to a lack of operational clarity; there exists little consensus about how best to assess and diagnose PPD (Cooke et al. 2012; Hart and Cook 2012).

Over several decades, the dominant measure of PPD has been the Psychopathy Checklist-Revised (PCL-R; Hare 1991). Using this procedure, a trained assessor gathers evidence concerning life-time patterns of behaviour and personality traits relating to twenty items thought, by the author of the test, to characterise PPD; the evidence is based on an interview(s) and a systematic file review. The PCL-R has informed the field about the nature of PPD, however, an unfortunate consequence of its dominance in the field is operationalism. Frequently, researchers and clinicians confuse the PCL-R score with the psychopathy concept rather than merely a fallible estimate of an underlying concept. This is equivalent to confusing a score on an IQ test with intelligence. Self-evidently, the diagnostic criteria for PPD—or indeed any other clinical condition—are not the same as that clinical condition anymore than a map is the same as the landscape that it depicts. A danger of such operationalism is that it is never possible to discern whether observations are the consequence of peculiar qualities of the measure, or whether they actually inform us about characteristics of the underlying construct (Skeem and Cooke 2010a).

Clearly, clinicians and researchers in psychology require tools and procedures for measuring PPD, however, unless the concept to be evaluated is mapped out prior to operationalising the concept then confusion may reign. That the explication of a concept must precede the development of measures of that concept has long been recognised in psychological science yet, regrettably, this necessity has frequently been ignored (Blashfield and Livesley; 1991; Cook and Campbell 1978; Smith, Fischer, and Fister 2003). Inevitably, incomplete concept explication will result in imperfect measures, and repeated analysis of imperfect measures cannot inform our understanding of concepts (Skeem and Cooke 2010a). Clear differentiation between a concept and the measures of that concept, promotes our understanding of associations amongst different measurement procedures, and may in turn further inform our understanding of the nature of the concept (Cook and Campbell 1978; Cooke et al. 2012; Hart and Cook 2012; Smith et al. 2003).

3. The measurement challenge

In a modern-day parable, Richters (1997) related the case of the Hubble Space Telescope. The telescope, launched in 1990, in order to deliver high-resolution images of the universe, produced initial images that caused disappointment—if not dismay. The images were no clearer than those obtained from earth-based telescopes. Acceptance of the Hubble data as being accurate could have led to prolonged scientific endeavours focused on the wrong phenomena with resources being diverted away from the problem of interest. Fortunately, the problem was relatively easy to identify—spherical aberration deep in the complex optical structure of the telescope—because those trying to resolve the problem had access to the advanced and detailed knowledge base of physics and optics. Clearly, psychology lacks this detailed knowledge base, it is a comparatively young discipline, and indeed, the phenomena of concern to psychology are inherently more complex than those in the physical and biological sciences (Richters 1997).

Psychology lacks the articulated theories, methods or measures that characterise the more established sciences. Further, as Richters (1997) remarked: "Nor is it yet able to proceed with surefooted confidence in its ability to discriminate successfully between facts and artefacts, flawed data, real and illusory phenomena" (p. 194). This quote encapsulates the challenges inherent in the quest for a greater understanding of PPD—perhaps we have been looking at PPD through a faulty telescope. This challenge can only be tackled by asking the questions: What is PPD? This is the fundamental question that must be examined before we can start to evaluate those who might suffer from the disorder.

4. The development of a Concept Map of Psychopathic Personality Disorder

Cook and Campbell (1979) recommended "the careful pre-experimental explication of constructs so that the definitions are *clear* and in conformity with public understanding of the words being used" (p. 60; emphasis in original). Unfortunately, the explication of concepts is surprisingly rare in the field of psychopathology in general, and in personality disorder more particularly. My colleagues and I have endeavoured to rectify this position by developing a concept map of PPD (Cooke et al. 2012).

Concept maps are efforts to explicitly lay out knowledge about a particular topic in simple, graphical forms. Key informational elements of the topic are represented by circles or ovals; the relations amongst these key elements are generally represented by lines with or without arrowheads. (For an overview of concept maps, see Edwards and Fraser 1983; O'Donnell, Dansereau, and Hall 2002). We developed a concept map to represent key symptoms of PPD, named the Comprehensive Assessment of Psychopathic Personality or CAPP (Cooke et al. 2004). Our goal was to develop an explicit definition of PPD that could form the basis for content validation research as well as for the development of various measures of PPD.

Our endeavour was underpinned by six guiding principles. First, symptoms of PPD should belong to the domain of personal deviance, not social or cultural deviance; that is the symptoms belong to the domain of pathological personality traits not to the domain of acts that violate social norms e.g., sexual promiscuity or criminal behaviour (Blackburn 1992; Skeem and Cooke 2010a, 2010b). Symptoms that reflected personality pathology were selected. This reduces the tautological thinking inherent in many measures in the field whereby personality disorder is used to explain criminal behaviour but PPD is defined by reference to criminal behaviour. Second, clarity is enhanced when assessment is based on basic-level features (Rosch 1978). Clarity is achieved by defining symptoms in atomistic terms, that is, terms reflecting basic features of personality functioning in contrast to complex blends of symptoms such as are central to some PCL-R items. Third, we adopted the lexical hypothesis, a hypothesis which proposes that because humans are a highly linguistic species characteristics of personality—and personality disorder—will be well represented as single word descriptors within natural language (Saucier and Goldberg 2001). Our symptoms, therefore, were described in natural language. Jargon was eschewed. Fourth, there is growing evidence that the symptoms of personality disorder are not as stable as previously assumed (e.g., Tyrer 2005; Reichborn-Kjennerud et al. 2015); thus, within the CAPP model, symptoms were defined to reflect the dynamic nature of such symptoms. This contrasts markedly with the PCL-R which was designed to provide a life-time diagnosis and is thus unable to capture fluctuations or remission in symptoms either as a consequence of treatment or, indeed, natural maturation. Fifth, following theoretical accounts of normal personality (e.g., Clark 1995) we assumed that the atomistic symptoms could be grouped hierarchically in conceptually meaningful ways.

Grouping symptoms into conceptual domains has the advantage of providing additional context for interpreting symptoms, further reducing potential ambiguity in their meaning. Hierarchical models of personality provide a parsimonious organizational structure for symptoms, a structure which both provides breadth of description (i.e., bandwidth) and precision (i.e., fidelity). Sixth, we considered that the concept map should provide a comprehensive description of all putative symptoms of the disorder: Which symptoms are primary and which are secondary remains an empirical question. Symptoms can be deleted from the model after the fact; it is less easy to determine retrospectively which symptoms should be added.

Guided by these principles we undertook a number of processes in order to create our concept map—The Comprehensive Assessment of Psychopathic Personality or CAPP (Cooke et al. 2004, 2012). In psychology, concept development can be approached either as a top-down process or a bottom-up process. The PCL-R can be regarded as being based upon an orthodox top-down approach as it is based on the influential work of (Cleckley 1976). In the first edition of the PCL-R manual Hare explicitly acknowledged his debt to Cleckley: "To a large extent the 'Cleckley psychopath' is the clinical basis for the PCL-R and the PCL-R" (Hare 1991, 2). Unfortunately, the inherent vulnerability of the top-down approach is its very reliance on the views of one individual, views that will be shaped by their experience, including the source and types of patients referred to them and the culture within which they are embedded. The top-down approach may lead to faulty conceptualisation because of the inaccurate, idiosyncratic or inaccurate sampling of the clinical phenomena of concern.

Blashfield and Livesley (1991) are proponents of the bottom-up approach to concept specification in psychopathology; they provided a route map: "Ideally, representations of the construct are developed through many procedures, such as literature reviews, expert judgements, analysis of relevant research, and direct observations of behaviors provide a comprehensive representation of the construct" (Blashfield and Livesley 1991, 266).

Thus, it is clear that in order to build a concept map it is crucial to adopt a multi-method, multi-source approach to determining which informational elements to select, and how to structure them. It is important to identify all clinically relevant elements, but also, it is important to filter out secondary or irrelevant content (Blashfield and Livesley 1991; Clark and Watson 1995; Smith et al. 2003). We endeavoured to follow this route map.

First, we carried out a detailed literature review. Clark and Watson (1995) argued that this initial step can be used, not only to determine whether a new model is required, but also, to elucidate the description and limits of the target concept. We considered three broad literatures. First, we examined existing diagnostic criteria (e.g., American Psychiatric Association 2000; Hare 1991; Hart, Cox, and Hare 1995; World Health Organisation 1992). Second, we reviewed the detailed clinical descriptions of PPD provided by scholars (e.g., Arieti 1963; Cleckley 1976; Henderson 1939; Karpman 1948; McCord and McCord 1964; Millon and Davis 1996; Schneider 1958). Third, we consider the descriptions of PPD available in the research literature (e.g., Blackburn 1998; Lykken 1995).

From this process, we were able to garner a lengthy list of putative symptoms of PPD. However, as Blashfield and Livesley (1991) advised, it is also important to access expert judgements, and indeed, judgements based on direct observations of people who display the condition of interest. In order to achieve this, we consulted a cohort of subject matter experts (SMEs) from Europe and North America, that is, with a cohort of

clinicians who worked closely with patients with PPD. It was important to us to interview clinicians who adopted various different conceptual frameworks in their therapeutic work. These clinicians were asked to describe, in their own words, not only the symptoms of a recent patient with PPD, but also the symptoms they had observed in patients with PPD in the past.

These two processes, the review of the literatures and the interviews with subject matter experts, provided us with a large list of putative symptoms of this disorder. The conceptual challenge was how to brigade this information in a theoretically meaningful manner. As noted above we adopted the lexical hypothesis as the means by which to systematise our analysis of the putative symptoms. The lexical hypothesis proposes that salient individual differences are encoded in lay language in basic and simple terms; and further, that clusters of broadly synonymous terms for an attribute indicates that the attribute has psychological significance (Saucier and Goldberg 2001).

Having adopted the lexical approach to personality (Saucier and Goldberg 2001), we translated the various descriptions of PPD symptoms—obtained from the multiple sources—into natural language trait-descriptive adjectives or brief adjectival phrases. We then consolidated the list by grouping those symptoms that were (virtually) synonymous. To avoid premature closure on the concept we did not exclude symptoms or features of PPD that were controversial, although we excluded those that were highly idiosyncratic (i.e., identified by a single expert); put differently, we attempted to ensure that the CAPP reflected the consensus—as opposed to unanimous—views of the major sources.

The result of this process was a set of 33 symptoms, each a trait-descriptive adjective or adjectival phrase. Given that linguistic terms are inherently fuzzy (Block 1995) we "triangulated" the meaning of each symptom using three synonymous adjective or adjectival phrases. For example, the symptom *Antagonistic* was defined as *Contemptuous*, *Disagreeable*, and *Hostile*. Providing definitions for symptoms framed in natural (i.e., common or lay) language may sound unnecessary, but of course many words in English—and other languages—can have multiple meanings and most can have multiple connotations; the definitions, quite literally, help concept map readers to triangulate more precisely our intended meaning of the symptoms. This triangulation allows for nuanced definitions of symptoms and can provide ranked expressions of the symptom of concern. For example, the symptom *Aggressive* is defined in terms of intensity by three adjectives (*Threatening, Bullying,* and *Violent*), while the symptom *Unempathic* is defined in terms of intensity by three different adjectives (*Uncompassionate, Callous, Cruel)*.

Finally, we realised that the 33 symptoms could be distributed on a rational basis into six categories that reflect basic functional domains of personality functioning: *Attachment*, *Behavioural*, *Cognitive*, *Dominance*, *Emotional*, and *Self*. These basic domains have been identified in various empirically-derived models of personality (e.g., John and Srivastava 1999; Lee and Ashton 2004). The allocation of symptoms into these conceptual domains provided additional context for interpreting symptoms, further reducing potential ambiguity in their meaning.

The end product of this process was a concept map that is hierarchical, with PPD at the first (top) level; six domains of symptoms at the second level; 33 symptoms at the third level; and 99 defining adjectives or adjectival phrases at the bottom level.

The CAPP concept map is a graphical representation of the domain of PPD symptomatology that is comprehensive, yet comprehensible (see Figure 1 in Cooke et

al. 2012). This approach to construct explication has a number of practical and theoretical advantages. First, it avoids terms-of-art such as PCL-R item descriptions *Revocation of conditional release* or *Parasitic lifestyle* (Hare 1991) and should make communication with decision-makers more intelligible. Second, because symptoms are focused on basic features of personality functioning it is possible to parse the complex blends of symptoms found in other diagnostic approaches (e.g., DSM-5; American Psychiatric Association 2013 or PCL-R; Hare 1991) into their basic elements and, thereby, clarify their specific meaning for the client being assessed. For example, the PCL-R item *Shallow Affect* is regarded as a central symptom of PPD but it is a complex blend containing eight CAPP symptoms from three conceptual domains, i.e., from the *Attachment* domain (*Detached, Uncommitted, Uncaring*), from the *Emotions* domain (*Lacks Emotional Depth*, *Unempathic*, *Lacks Anxiety* and *Lacks Pleasure*) and from the *Dominance* domain (*Insincere*). This increased specificity is likely to yield incremental validity over alternative diagnostic procedures currently in use as well as enhancing the clarity of clinical formulation in the individual case (Dawson et al. 2012; Kreis and Cooke 2012).

Third, the CAPP concept map is specified by open concepts, that is, by concepts which are not defined in terms of fixed and restricted sets of behavioural indicators. This is not true of other diagnostic approaches to PPD or cognate disorders which rely to some degree on DSM-5, for example, "being irritable and aggressive as suggested by frequent assaults or physical fights" (American Psychiatric Association 2013) or Multiple marital relationships and Revocation of conditional release (PCL-R; Hare 1991). The specification of the model in terms of open concepts means that the symptoms are not tailored for use in limited contexts (e.g., institutional contexts), with specific populations (e.g., individuals of certain age, gender or race) or across specific time periods (e.g., past 2 years v. life-time), rather CAPP symptoms have a broad application.

The entire concept map, including all levels of the hierarchy, can be represented in about 180 words of text or a single graphic and is readily understood even by people with no training or experience in mental disorder. The CAPP model was developed explicitly to direct the development of new measures that could assist in clinical formulation and the detection of change in symptomatology brought about by intervention or natural variation (e.g., Cooke and Logan 2014, 2017; Cooke et al. 2012; Kreis and Cooke 2012).

5. Evaluating the CAPP concept map

As noted above, the CAPP concept map was designed to facilitate the development of different forms of psychological assessment—interviews, self-ratings, expert observation ratings and self-report inventories. However, prior to the development of instruments, it is important to demonstrate the validity of the concept to be measured—in psychology this is known as content validity.

Two broad streams of evidence support the content validity of the CAPP conceptual map; translations and prototypicallity studies. A first stream of evidence can be found in the work on translation of the model into languages other than English. As noted above, the lexical hypothesis proposes that salient predicates in the language attest to the significance of a psychological concept or phenomenon; the lexical hypotheses further proposes that salient psychological phenomenon should be represented in all languages (Saucier and Goldberg 2001). Thus, the ability to translate the CAPP conceptual model—content and structure— into other languages is a strong assay of the model

with the greater the distance of the language of translation from the source language—English—the more rigorous the test of the model (Saucier and Goldberg 2001).

To date successful translations have been completed into several of the West Germanic branch of Indo-European languages to which English belongs. These languages include Dutch and German, as well as closely related North Germanic branch that includes languages such as Danish, Norwegian, and Swedish (e.g., Hoff et al. 2012; Sörman et al. 2014). In addition, there have been successful translations into more distant branches of the same Indo-European family, such as Balto-Slavic (e.g., Lithuanian, Russian), Indo-Iranian (e.g., Persian; Shariat, personal communication, August 28, 2012), and the Romance languages (e.g., French, Italian, Spanish; Flórez et al. 2015). Of considerable interest is the fact and that the CAPP conceptual map can be reproduced in languages from completely different language families, including Afro-Asiatic (e.g., Semitic languages such as Hebrew), Austronesian (e.g., Malay), Koreanic (e.g., Korean), Sino-Tibetan (e.g., various dialects of Chinese). This work is still in progress with a number of other translations underway, however, the broad conclusion is that it is possible to find cognate terms for all of the CAPP symptoms and that these terms display similar networks of connections across languages. This body of evidence provides support for both the validity of the CAPP as a concept map and the cross-cultural relevance of the construct of PPD (Cooke 1996; Cooke and Michie 1999).

A second stream of research into the content validity of the CAPP concept map is based on prototypicallity methodologies. Prototypicality analysis is an approach that has been used to study concepts of mental disorder for many years (e.g., Westen, Shedler, and Bradley 2006). Diagnostic categories such as PPD are inherently fuzzy; they are essentially Roschian categories best represented by clear cases of PPD rather than by its boundaries with other categories. Rosch and colleagues (Rosch 1973), argued that most, if not all, natural language concepts have fuzzy boundaries; they are best conceptualised in terms of a prototype—or best exemplar—with other members of the concept being ordered in terms of their similarity to the theoretical ideal. Symptoms with high prototypicallity should be present in the majority of category members with less typical features only being present in a minority of members. In prototypicallity studies judges—expert or lay—are asked to consider the concept of interest and specify whether a feature is central or not as a defining feature of that concept. With respect to the CAPP conceptual map, prototypicality studies determine the extent to which CAPP symptoms are judged to be characteristic of the concept of PPD.

A variety of prototypicality studies have been undertaken using different language versions of the CAPP concept map and different populations. First, some studies have examined the overall prototypicality of individual CAPP symptoms; these symptoms have been contrasted with so-called "foil" symptoms, that is, with symptoms of personality disorders that are conceptually irrelevant to PPD. Studies of this type have been carried out in languages as diverse as English, Norwegian, French, Spanish, Persian and Korean (e.g., Flórez et al. 2015; Kreis et al. 2012; Pauli et al. 2018; Sea 2018). The overarching conclusions of this strand of research are that the CAPP symptoms are rated as significantly more prototypical of PPD than are foil symptoms and certain CAPP symptoms are more prototypical than others (e.g., *Lacks remorse*, *Unempathic*, *Self-centred* are rated highly prototypical). The prototypicality ratings for CAPP symptoms are highly consistent across groups of raters within a given language (e.g., mental health professionals versus lay-people) and across languages. These studies provide further support to the construct validity of the CAPP concept map.

Other prototypicallity studies have assessed the consistency of prototypicality of CAPP symptoms across groups such as age, gender (e.g., males versus females with PPD) or

across language/culture (e.g., different language versions of the CAPP). The general conclusions of this research are that prototypicality ratings are quite consistent across different groups implying that the concept may be less biased than other concepts of PPD. Pauli et al. (2018), for example, concluded that "…the CAPP symptoms are relatively gender-neutral" (p. 106).

Finally, some prototypicality studies have examined the boundaries of the PPD concept with related concepts such as borderline personality disorder. Viljoen et al. (2015) used a parallel concept map—the Comprehensive Assessment of Borderline Personality (CABP). The general conclusions of their research are that most CAPP symptoms have good specificity, that is, the symptoms are rated as moderately to highly prototypical of PPD but not of other disorders (Pauli et al. 2018; Viljoen et al. 2015). In sum, there is growing evidence of the content validity of the CAPP concept model. How can this model be applied in practice?

6. From concept to measurement

Concepts outdo operations; operational problems cannot be resolved when conceptual problems have not been tackled. However, the validation of the CAPP concept can only properly proceed when the concept map escapes from its ivory tower and impacts on the reality of real people, and real cases. This requires different operationalisations of the concept.

One of the challenges that has faced the field of research into PPD has been the over-reliance on the PCL-R and its progeny as a means of operationalising the concept: fundamentally, there is a danger of mono-method bias that means it is not possible to determine whether observations are a consequence of PPD or a consequence of idiosyncratic features of the measurement instrument (Skeem and Cooke 2010a). This over-reliance further threatens the validity of any knowledge derived about PPD as there are the twin hazards of construct under-representation (i.e., the failure to capture core features of the disorder) and construct irrelevance (i.e., the inclusion of features that are not cardinal features of the disorder or that are at best secondary or associated features. Such secondary features may have low sensitivity (i.e., features that are not found in all people with the disorder) or low specificity (i.e., features that are found in people diagnosed with many disorders not merely PPD). For example, criminal behaviour is something that may not be a symptom of PPD but rather a sequelae or consequence of the core personality structure of PPD (Cooke et al. 2006; Cooke and Sellbom in press; Skeem and Cooke 2010a). The heated debate over the role of criminal and antisocial behaviour as features of PPD is a good example of the problem that may emerge as a consequence of mono-method bias (Cooke, Michie, and Hart 2006; Cooke et al. 2006; Cooke and Sellbom in press; Poythress and Petrila 2010; Skeem and Cooke 2010a, 2010b).

The sufficiency of any operation is limited by the quality of the underpinning conceptualisation; it is tied inherently to that conceptualisation, careful explication must direct both the development and evaluation of any operations designed to measure the concept. Inevitably, explication that is inadequate will lead to inadequate measurement.

Test of most hypotheses in the field of PPD—being dependent on variants of the PCL-R—are not risky in the Popperian sense as they do not entail, for example, different conceptualisations or different approaches to measurement including interview, expert observation scales and self-report (Sellbom et al. 2018). By comparing different

approaches to operationalization of the PPD construct it is more likely that method and concept can be disentangled. Clearly, when findings converge across different operationalizations of PPD this provides more compelling evidence about the concept *per se*. Further, when findings are sustained despite heterogonous irrelevances or variations in people, settings, or treatments the validity of knowledge is enhanced (Shadish, Cook, and Campbell 1999).

The CAPP concept map has served as the basis for a number of procedures for operationalizing the concept. As data accumulate using different operations they can provide information—that over time—can be used to further refine the CAPP model (Cooke and Logan 2018; Edwards and Bagozzi 2003).

7. Current measures of the CAPP model

At this time, there are four broad approaches available for operationalizing the CAPP model. The CAPP-Symptom Rating Scale-Clinical Interview (CAPP SRS-CI) provides the most detailed clinical analysis of an individual's psychopathic symptoms (see Cooke and Logan 2018 for a comprehensive description); it is used to evaluate overall symptom severity, both trait extremity and functional impairment. A trained interviewer, having carried out a detailed review of background files, carries out a semi-structured interview with the person of interest. This interview has been carefully tailored for the client group and is designed to yield information about the 33 symptoms in the CAPP conceptual map. The interviewer prompts the client to discuss each symptom related area by using one or more starter questions; the client's responses are followed-up using a series of more directed interview probes. The interview is carefully designed to support the development of rapport, it promotes listening and the observation of traits that are indicative of the disorder. These are essential element of the assessment process; they allow the interviewer to detect and monitor patterns of defensive and deceptive responding and also allow the interviewer to manage the impact that resistance and minimisation may have on the collection of information. A number of studies have demonstrated the field reliability of this method (e.g., Pedersen et al. 2010; Sandvik et al. 2012; Sea 2018).

A second approach is to capture the knowledge of an informant systematically. It is the case that assessments of PPD often take place in the context of secure settings—prisons and secure forensic hospitals. Staff who work in these facilities often have extensive knowledge of clients. The CAPP SRS-Informant Report (CAPP SRS-IR) was developed to tap into this valuable source of knowledge. The informant derived information provides a source of information from an alternative perspective, together with the CAPP SRS-CI this should provide a more comprehensive and nuanced depiction of the client's psychopathic symptomatology. The Informant Report may also assist in circumstances where the client refuses to partake in the CAPP interview—this does occur, albeit rarely, in forensic clinical practice.

A third approach to assess the CAPP traits, particularly for research rather than clinical purposes, is through the use of lexical markers. The CAPP Lexical Rating Scales (CAPP-LRS) are used when rating trait extremity or prototypicallity in contexts where it is not possible to evaluate functional impairment. As noted above participants are asked to rate the extent to which the adjectives used to define symptoms in the CAPP are characteristic of themselves or others. Technically, these are not ratings of symptoms as no attempt is made to determine the clinical severity, that is, the associated functional impairment; rather the ratings are essentially personality descriptions the meaning of which is self-evident (Goldberg 1993). Sellbom, Cooke and Hart (2015) analysed lexical

ratings of CAPP traits from a large sample of community-based participants. Their bifactor modelling approach demonstrated a strong general factor underpinning these ratings indicating that ratings can be conceived as reflecting a coherent construct. Further, the bifactor modelling approach allowed each lexical rating to be ranked in order of strength of its relationship with the underlying general factor. These factor loadings correlated at .76 with the prototypicallity ratings of these symptoms by experts (Kreis et al. 2012). This provides further support for the content validity of the CAPP model particularly given the very different conceptual and empirical processes used to derive the data. Correlations with CAPP lexical self-ratings can also be used to elucidate the meaning of items, subscales, and total scores of self-report measures of PPD (e.g., Gatner, Douglas, and Hart 2017); the CAPP model serving as a *Rosetta Stone* allowing cross-translations across different measures of the concept (Cooke et al. 2012).

The fourth approach to the operationalisation of the CAPP model is the development of a self-report inventory. The self-report assessment of PPD is clearly subject to a number of challenges, however, self-report methods are demonstrating something of a renaissance (Sellbom et al. 2018). A self-report scale (CAPP-SR, Sellbom and Cooke 2016) is currently being evaluated (Sellbom, Cooke, and Shou 2018). Initially, over 500 candidate items for the 33 CAPP symptoms were prepared. These items were evaluated by four independent CAPP experts and rated for quality and relevance to particular CAPP domains and symptoms. The resultant experimental form of 299 items was administered to 553 participants from a community sample designed to reflect the 2016 US census demographics. Items for the final version were selected by psychometric analysis using item response theory modelling and confirmatory factor analysis. These procedures allowed the systematic selection of items designed to maximise the information—in a technical psychometric sense—across the range of each of the CAPP symptoms. A final version of 99 items was developed and tested in two samples in the USA and New Zealand and showed promising pattern of convergent and discriminant validity with other self-report psychopathy scales as well as with independent prototypicality ratings. As such the new CAPP-SR inventory shows promise for furthering research into PPD. One obvious avenue of research is in populations of individuals where moderate to high levels of psychopathy occur but in the absence of an overt criminal history (Mullins-Sweatt et al. 2010).

In sum, data regarding the elements of the CAPP concept map can now be gathered using multimodal approaches to the assessment of these important symptoms. While this has practical significance, it can also contribute to our understanding of the disorder.

8. From measurement to concept

The development of different measurement technologies by which the conceptual model is instantiated not only allows assessment of the practical utility of the CAPP concept map, but also, provides means by which the conceptual model can be further validated (Edwards and Bagozzi 2000). Psychological science progresses through the iteration and refinement of both concepts and measures; new findings clarifying existing models which, in turn, assists with the development of new measures (Haynes, Richard, and Kubany 1995). As noted elsewhere (Cooke et al. 2012; Cooke and Logan 2015), from the beginning, we explicitly adopted an inductive approach to the construction of the CAPP measures as little can be known empirically about the underlying nature of the structure of the construct (Smith, Fischer, and Fister 2003). Progress can only be achieved through the successive iteration and refinement of both

the construct of interest and multiple putative measures of the construct of interest (Blashfield and Livesley 1991; Cook and Campbell 1979; Strauss and Smith 2009).

How data derived from these measures are analysed is an important challenge for the field. Science, like most human endeavours is subject to fashion: This can be problematic. Gigerenzer (2002) noted that psychological science is subject to rituals designed to make results appear highly informative; editors, reviewers and researchers alike sustain these rituals. Referring to psychological studies Ludwig Wittgenstein remarked trenchantly: "…the existence of the experimental method makes us think we have the means of solving the problems which trouble us; though problem and method pass each other by" (Wittgenstein 1958, 243). I would argue that if understanding is to progress not only is it essential to have clearer pre-experimental explication of the concept of interest, but it is essential to have more flexibility in our approaches to data analysis.

Returning to the Hubble space telescope analogy not only is it necessary to consider PPD through many measurement lenses, it is also important to consider our data through many statistical lenses. Perhaps the best illustration of the conceptual and empirical cul-de-sac in the area of PPD is the debate about how many dimensions underpins the PCL-R items (Cooke and Skeem 2010a, 2010b; Hare and Neumann 2010). It can be argued that this illustrates Wittgenstein's point where there is a clear misalignment between how symptoms might be viewed and the analytic technique used to evaluate the question. Indeed, the over-reliance on confirmatory factor analysis (CFA) to explore the latent structure of psychopathy from PCL-R ratings, amongst other measures, is problematic (Booth and Hughes 2014; Furnhamet al. 2012; Hopwood and Donnellan 2010; Marsh et al. 2014).

Briefly, CFA models are founded on the independent clusters model; in other words, it is assumed that any symptom of PPD is underpinned by one—and only one— latent trait, and that each symptom has zero loadings on all other latent traits—an unrealistic assumption. Humans are active, reactive, interactive and adaptive organisms; traits combine in complex and unknown ways; their interplay may be synergistic—amounting to more than the sum of their individual effects—resulting in the disorder described as PPD. Richters (1997) expressed the essential nature of this challenge:

> The extraordinary human capacity for equifinal and multifinal functioning, however, renders the structural homogeneity assumption untenable. Very similar patterns of overt functioning may be caused by qualitatively different underlying structures both within the same individual at different points in time, and across different individuals at the same time (equi-finality). Conversely, different patterns of overt functioning may stem from very similar processes within the same individual over time, and across different individuals at the same time (multi-finality). (Richters 1997, 206-207)

Simple CFA models represent a mismatch between method and the problem to be tackled. Space precludes detailed discussion, however, there are a growing number of techniques that endeavour to model these complexities including exploratory structural equation modelling (ESEM; Cooke and Sellbom in press) and network analyses (Preszler et al. 2018; Verschuere et al. 2018). Within ESEM approaches the Independent Clusters Model is eschewed and symptoms are modelled so that they may be underpinned by more than latent factor. Within network analyses no assumption is made regarding a latent cause of PPD but rather it is assumed that the covariation among the symptoms of PPD are the consequence of the interactions amongst the

symptoms (Borsboom and Cramer 2013); symptoms may reinforce each other through positive feedback loops. For example, if we select symptoms from three CAPP conceptual domains, e.g., *Self-Aggrandising (Self* domain)*, Antagonistic* (*Dominance* domain) and *Intolerant* (*Cognitive* domain) it is easy to conceive how these three symptoms could resonate in a positive feedback loop to result in an individual displaying the symptom *Aggressive* (*Behavioural* Domain).

To conclude, PPD remains an elusive concept yet it is one that has serious implications for those who suffer from the disorder—and for their victims. It is only through the processes of careful construct explication, the development of multi-modal measurement procedures, and the selection of appropriate analytic techniques, which truly model the complex patterns of equi-finality and multi-finality of human behaviour, that we will begin to capture the essence of this important concept. The research on the CAPP concept map described here represents the first step on a long road. This is a journey that could benefit from the rigour that philosophical discourse could inject.

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FALSE-POSITIVES IN PSYCHOPATHY ASSESSMENT: PROPOSING THEORY-DRIVEN EXCLUSION CRITERIA IN RESEARCH SAMPLING

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ABSTRACT

Recent debates in psychopathy studies have articulated concerns about false-positives in assessment and research sampling. These are pressing concerns for research progress, since scientific quality depends on sample quality, that is, if we wish to study psychopathy we must be certain that the individuals we study are, in fact, psychopaths. Thus, if conventional assessment tools yield substantial false-positives, this would explain why central research is laden with discrepancies and nonreplicable findings. This paper draws on moral psychology in order to develop tentative theory-driven exclusion criteria applicable in research sampling. Implementing standardized procedures to discriminate between research participants has the potential to yield more homogenous and discrete samples, a vital prerequisite for research progress in etiology, epidemiology, and treatment strategies.

Keywords: *Psychopathy, PCL-R, False-Positives, Moral Psychology, Exclusion Criteria*

1. Introduction

Psychopathy is a personality disorder associated with interpersonal callous traits and antisocial behaviors (Hart and Cook 2012). The diagnosis is widely seen as one of the most researched and validated psychiatric disorders (Hare, Neumann, and Widiger 2012). Though the diagnosis has a history of diverse application, currently, it is primarily utilized in forensic psychiatry and psychology (Gacono 2016), presumably propelled by two orthodox beliefs about psychopaths, namely, that they are (1) disproportionately responsible for violent crimes (Baskin-Sommers et al. 2016; Reidy et al. 2015), which is intimately related to their (2) psychological incapacity to sufficiently grasp, and be motivated by, interpersonal moral values (Blair 2017; Hare and Neumann 2008; Stratton, Kiehl, and Hanlon 2015).

However, these orthodox views have shown to be particularly difficult to substantiate in scientific research. For instance, a large-scale meta-analysis by Yang and colleagues (2010) found no statistically significant relationship between diagnosed psychopathic *personality traits* and *violence* (similarly, see Kennealy et al. 2010; Singh, Grann, and Fazel 2011). Though the link between diagnosed psychopaths and general delinquency is moderate (e.g. Serin, Brown, and Wolf 2016), critics have argued that this is a trivial

epiphenomenon of data being collected from an incarcerated populace (Camp et al. 2013; Skeem and Cooke 2010a).

Next, the view that psychopaths have difficulty perceiving moral values, let alone be motivated by them, has been similarly difficult to prove. In a meta-analysis on diagnosed psychopaths' moral judgment and comprehension, Marshall and colleagues (2018) did not only find the hypothesis poorly corroborated, but also determined that there was "evidence against the view that psychopathic individuals possess a *pronounced and overarching* moral deficit" (Marshall, Watts, and Lilienfeld 2018, 47, original italics). Though a handful of studies suggest idiosyncrasies in terms of moral judgment in diagnosed psychopaths (e.g. Blair 2011; Glenn et al. 2009), these findings could hardly support the stronger claim that psychopaths are psychologically *abnormal* with regards to morality (for a similar conclusion, see Borg and Sinnott-Armstrong, 2013).

Some researchers have interpreted these (and other challenging) findings as altogether undermining for the research paradigm (e.g. Cavadino 1998; Jalava, Maraun, and Griffiths 2015; Mullen 2007), where others have proposed more cautious, auxiliary explanations. One such proposal is that the incongruities are not necessarily signs of a null-hypothesis, but instead signs of measurement error resulting from significant false-positives in research sampling (e.g. Cooke et al. 2004; Cooke, Michie, and Skeem 2007). Indeed, psychopathy studies are conducted on *diagnosed* psychopaths, meaning that samples are selected through applying conventional diagnostic criteria, which altogether casts a net that may be too inclusive, i.e. selecting individuals who are not *actual* psychopaths (false-positives) (e.g. Skeem & Cooke 2010a, 437). The consequence being that if our research sampling is inadequately representing of the diagnostic entity we purport to study, this is likely to show up in research results as tangible discrepancies.

One way to deal with these concerns is to use so-called *exclusion criteria* in research sampling. Exclusion criteria are a set of predefined conditions that are used to identify and exclude specific individuals from a study (Salkind, 2010). While exclusion criteria are common in psychopathy studies, it is typically used to minimize sample *contamination* (e.g. comorbidity, demographics, intelligence, etc.). In this sense, exclusion criteria are essential, but they are nevertheless poorly equipped to counter the more profound problem of false-positives: identifying individuals who meet the diagnostic threshold of psychopathy, but who are not *actual* psychopaths.

This paper aims to demonstrate how so-called *theory-driven* exclusion criteria are a viable method to counter the false-positive problem. Though this method is not novel to mental health studies, it has yet to be broadly embraced by psychopathy researchers. An example of a theory-driven exclusion criterion is "bereavement" in Major Depressive Disorder research, which selects for individuals suffering from depressive states due to losing a significant other (spouse, relative, etc.). Such practice signals a theoretical commitment, namely, that the depressive effect of losing a loved one is a *normal* reaction, and therefore not a valid sign of psychological *abnormality* (e.g. Wakefield and First 2012). The effect of such an exclusion criterion is that depression false-positives (e.g. people experiencing prolonged sadness of bereavement) are not included in the research, and therefore will not distort research findings. In a methodologically similar fashion, this paper draws on moral psychological research to develop tentative theory-driven exclusion criteria with the aim of locating psychopathy false-positives in sample selection.

The paper proceeds as follows: First, the relationship between theory, research paradigms, and clinical models is surveyed to highlight important complexities concerning false-positives. Second, one specific theory of psychopathy is outlined, which will serve as the benchmark for identifying false-positives. Third, on the basis of these false-positive examples a clear exclusion criterion is formulated. The paper is concluded with a brief discussion on how such an exclusion criterion can be implemented in existing data sets and research paradigms, leading to potentially more homogenous research sampling, better suited for proper scientific inquiry.

2. Structural Challenges in Psychopathy Studies

This section considers some general observations, challenges and structures of psychopathy studies, elucidating why false-positives have become an eminent problem. Though these considerations will appear mundane to some readers, they are nevertheless essential in explaining the general motivation behind developing theory-driven exclusion criteria, hereunder the potential advantages as well as challenges inherent to such a method.

Psychopathy studies are arguably as old as *modern* mental health research. When Benjamin Rush in 1786 suggested the existence of the disorder (which he called *anomia*), it was not only a novel contribution to the nosological nomenclature of his days, but also a proposal to expand the general concerns of the mental health profession to also include mood and personality disorders (Rush 1972). In Rush's day, mental illness was typically associated with either severe psychosis or cognitive underdevelopment, and abnormalities of mood, personality, etc., was believed to be separate from the scope of mental health (e.g. Goodey 2011). Rush's diagnostic label, then, pushed research interests in the direction of contemporary psychiatric concerns.

Larger professional concerns aside, Rush's newly proposed concept was more precisely an attempt to account for a specific patient phenomenon: those individuals who exhibited behaviors so obscene, irrational, and self-defeating, that they could hardly be seen as a variation of normal human conduct, but which could still not be explained with reference to insanity. Instead, Rush's explanation was that these individuals had a fundamental inability to distinguish between, and thereby be motivated by, the normative fabric of society. As a case illustration, Rush gave an anecdotal example of a young man named Servin who had a dazing intellect and pronounced social skills. However, Servin was also "treacherous, cruel, cowardly, deceitful, a liar, a cheat, a drunkard and a glutton, a sharper in play, immersed in every species of vice, a blasphemer, an atheist. In a word—in him might be found all vices that are contrary to nature" (Rush 1972, 7). With Rush's concept, medical men of the day now had a relatively simple and intelligible account of a complex phenomenon, namely, when seemingly *normal* individuals were behaving overtly antisocial: it was a disease of the moral faculty (see also Carlson and Simpson 1965).

Though the immediate time after Rush saw an excess of innovations of the psychopathy diagnosis (e.g. Sass and Felthous 2014), the central tenets of Rush's proposal are still, to this day, considered germane: psychopathic patients are not suffering from a disorder of the intellect, but instead, their disorder allegedly consists of an incapability to know right from wrong, premediating them towards antisocial conduct. This perspective was, for instance, dominant in Hervey Cleckley's opus, *The Mask of Sanity* (1988 [first edition in 1941]), a work that is broadly acknowledged as the bedrock of contemporary psychopathy research. As Cleckley observed:

> [The psychopath] is *unfamiliar* with the primary facts or data of what might be called personal values and is altogether incapable of understanding such matters. It is *impossible* for him to take even a slight interest in the tragedy or joy or the striving of humanity as presented in serious literature or art. He is also *indifferent* to all these matters in life itself. Beauty and ugliness, except in a very superficial sense, goodness, evil, love, horror, and humor have *no* actual meaning, *no* power to move him. He is, furthermore, *lacking* in the ability to see that others are moved. It is as though he were colorblind, despite his sharp intelligence, to this aspect of human existence. It *cannot* be explained to him because there is *nothing* in his orbit of awareness that can bridge the gap with comparison. He can repeat the words and say glibly that he understands, and there is *no* way for him to realize that he does *not* understand. (Cleckley 1988*,* 59, my emphasis)

While this general viewpoint—i.e. psychopathy as an inability to properly distinguish between right and wrong—has not been sufficiently supported by science (e.g. Borg and Sinnott-Armstrong, 2013; Lilienfeld 2018; Marshall, Watts, and Meffert et al. 2013; Marshall et al. 2017), its centrality must not be underestimated. For instance, if diagnosed psychopaths are not incapacitated in terms of moral psychology, it is difficult to see what makes them different from individuals who knowingly and deliberately behave immorally. Contrary to regular individuals who (for whatever reason) behave antisocially, psychopaths are hypothesized to stand out by having etiological mechanisms underpinning their antisocial behavior and attitudes. Thus, the term psychopathy was, and still is today, meant as a scientific hypothesis about a distinct class of people marked by a distinct psychology (i.e. a "personality disorder"); psychopathy was not proposed as a mere Latinized, non-scientific word for people who behave badly (in such a case, the expression "being a bad person" would suffice).

So, why has Rush's hypothesis proved so difficult to support in scientific research designs? One answer to this question is that the disorder does not exist; that there is no such thing as being moral-psychologically incapacitated. This simple answer is the null hypothesis of psychopathy research, and it is an answer that more and more researchers currently lean towards, perhaps evident in the attempts to reframe the scientific discussion (e.g. Blackburn 1988; Brzović, Jurjako, and Šustar 2017; Lilienfeld, Smith, and Watts 2016; Mullen 2007; Patrick 2006).

However, there are convincing auxiliary explanations for the discrepant findings. First, we must acknowledge the complexity of the alleged phenomenon before we draw precarious conclusions. Psychopathy studies are not dealing with concrete objects ready-made for scientific scrutiny. Instead, psychopathy studies begin with a rather elusive phenomenon, namely, a specific patient class characterized by an appearance of "normality", but who exhibit, all things considered, abnormal psychological symptoms (i.e. callous personality) and behavioral signs (i.e. antisocial). Quite literally, the research tradition starts with patients entering a clinical practice (e.g. via some kind of forensic institution), and as a result of their seeming abnormalities, researchers hypothesize that they make up a homogenous class, that is, a class of individuals sharing the same hypothesized medical condition. Thus, before we criticize the research, we must acknowledge that it is first of all excruciatingly difficult to accurately measure—based on signs and symptoms—which individuals belong to the alleged homogenous group of patients (e.g. Brazil et al. 2018). And if the phenomenon in and by itself is difficult to demarcate, we must also anticipate that the science about the phenomenon will be difficult to parse out.

A second related explanation for the discrepant findings is found in the general structures of how research on psychopathy is conducted. Psychopathy research can be divided (roughly) into three hierarchically interrelated domains: (1) theory formulation, (2) empirical test paradigms, and (3) clinical modelling. This structure mirrors general research efforts in mental illness (for a more detailed version, see Smith 2005):

(1) Theory Formulation: The first domain is a theory building effort, which essentially is an attempt to schematize intelligible research hypotheses that reflect—to the best of our knowledge—the psychological abnormalities (i.e. signs and symptoms) that are associated with the patient class. Whatever is formulated in this domain will be the basic guidelines for our research hypotheses and designs.

(2) Empirical test paradigms: The second domain is a data generating effort where various hypotheses are tested in different research designs. It is here that we figure out whether one hypothesis is better supported than others, or whether some hypotheses are falsified. Conclusively, the results in this domain will ideally feed back into the domain of (1) theory formulation, in an attempt to sophisticate these working theories.

(3) Clinical modelling: The third domain is where theories and research efforts come together with the aim of building models that can be utilized in clinical settings, for instance, in order to inform treatment and behavior prediction efforts. Psychopathy assessment tools are examples of the final product in this domain. This portrayal of the scientific field as a hierarchically interrelated domain-specific effort is, of course, a particularly idealized version of what actually goes on. Most research efforts are intimately involved in more than one of these domains at the same time, and often, in the same specific research design (e.g. Skeem and Cooke 2010b). Thus, when philosophers of science speak of such a division of research efforts, we must also understand that the practical reality is somewhat different. However, this does not remove from the fact that there exist discrete separations in terms of different scientific challenges (e.g. theory formulation, empirical testing of theory, and clinical application). But more importantly, it also serves to inform us in what ways crucial links are made between the different knowledge building efforts.

With this tripartite hierarchy in mind, we can thus locate the focus of the present contribution, i.e. the effect of false-positive *assessments* in research *sampling*. More specifically, how the clinical models of psychopathy can influence the dynamics within the two other research domains through a *backward relation*: when the clinical model (partly or wholly) functions as a potential source of measurement error in theoretical and empirical research efforts. This observation warrants a further explanation.

The lion's share of psychopathy research is conducted on *diagnosed* psychopaths, that is, individuals from forensic institutions. The most common method to diagnose patients with psychopathy is the *Hare Psychopathy Checklist-Revised* (PCL-R) (Hare 2003), which consists of 20 diagnostic items loading on two factors (dividable into four facets) of *interpersonal/affective* (Factor 1) and *social deviance* (Factor 2). Examples of the diagnostic items include *glibness/superficial charm*, *pathological lying*, *lack of remorse/guilt*, *shallow affect*, *poor behavioral control*, *impulsivity*, *irresponsibility*, *criminal versatility*, etc. A PCL-R assessment is provided by reviewing the patient record as well as administering a semi-structured interview. From this information, the patient is evaluated in accordance to the 20 diagnostic items, scoring each item from 0 to 2 points, where 0 is given if the item is not present, 1 if it is somewhat present, and 2 if the item is definitely present. As such, a patient can score on a scale ranging from 0 to

40, where a score of 30 is considered the *clinical* threshold for a proper diagnosis; though, *research designs* typically include patients scoring between 20-40.

Naturally, the quality of psychopathy research is therefore contingent on the ability of the PCL-R to discriminate non-psychopaths from psychopaths. That is, empirical research is dependent on the ability of the PCL-R to correctly select individuals who are *actual* psychopaths. Where the terminology "actual psychopaths" is here understood as the state where an individual meets the most valid *theoretical* criteria for psychopathy (i.e. level 1 in the hierarchy), which is not necessarily the same as meeting the *conventional* threshold for psychopathy (i.e. level 3 in the hierarchy). Indeed, it could be that the PCL-R is primarily build on one specific theory of psychopathy, which deviates from the theory we wish to test in a research design. One key challenge, then, is to develop a method that can accurately discriminate and exclude within the PCL-R sample, so the individuals we eventually select for a study are a more appropriate match for the theory of psychopathy we seek to test. This challenge is the topic of the following two sections.

3. Theory Formulation

The central proposal of this paper is to demonstrate how to identify theory-driven exclusion criteria, and how this can work in favor of reducing false-positives in research samples. Such a method begins by first detailing and formalizing an applied theory of psychopathy, and how to use such a theoretical formalization to develop exclusion criteria for research sampling procedures. As hinted at in the previous section, this method is based on the Popperian view of science, that our understanding of any phenomenon is a *theoretical understanding* (Popper 2002), meaning that a valid account of psychopathy is contingent on the ability of a theory to demarcate and predict features essential to the studied phenomenon. A theory-driven exclusion criterion, then, will rely mostly on specific predictions (i.e. necessary conditions) that follows from the relevant theory of psychopathy.

The first aspect that needs to be considered regards the choice of theory. Psychopathy studies are rife with unique theories offering everything from subtle to drastically different accounts of the clinical phenomenon (e.g. Blackburn 2006; Brazil and Cima 2015). Any attempt of developing theory-driven exclusion criteria will be wholly contingent on which exact theory is tested in the research design. For example, contemporary psychopathy research is mainly dominated by two competing types of theories, which we may refer to as: *Emotion Deficit Theories* (e.g. the Emotion-Based Learning Theory [Blair, Mitchell, and Blair 2005]) and *Cognitive Theories* (e.g. the Response Modulation Hypothesis [Hamilton and Newman 2018]). The former theories build on a view that psychopathy is an affective dispositional dysfunction (e.g. psychopaths cannot process certain emotions properly), and the latter posits psychopathy as a disorder of executive cognitive functions (e.g. psychopathy is underpinned by an attention deficit). Given the fundamental differences between these two types of theories, the exclusion criteria we derive will likewise be diverse. In other words, the view on whether psychopathy is an *affective deficit* or a *cognitive deficit* will also determine what exactly is rendered a false-positive in the class of PCL-R diagnosed individuals. Though the *method* proposed in this paper is generally applicable in any research paradigm, the remainder of the paper will focus only on *Emotion Deficit Theories*.[1]

1 It should be emphasized that these two theories are not necessarily mutually exclusive, that is, the signs and symptoms observed in the patient class could be caused by at least two distinct etiologies,

Emotion Deficit Theories have been formulated in several different versions and substantiated with different arguments (e.g. Blair, Mitchell, and Blair 2005; Cleckley 1988; Fowles and Dindo 2006; Hare 1998; Lykken 1995; McCord and McCord 1964), and for the current purpose it would be redundant to describe the differences between them. However, central to all versions is the universal claim that psychopathy is underpinned by a significant impairment of emotion processing, which consequently leads to impoverished moral learning, motivation, comprehension, etc. (e.g. Blair 2017). The stereotypical psychopath, according to these theories, is the calm and fearless person who cares for no one except (presumably) him/herself; the root of the careless, fearless personality being a deprivation of the type of emotional content, which most people take as a cornerstone of their life experiences. As the creator of the PCL-R, Robert Hare, so illustratively put it: "Completely lacking in conscience and in feelings for others, they [psychopaths] selfishly take what they want and do as they please, violating social norms and expectations without the slightest sense of guilt or regret" (Hare 1993, xi).[2]

Positing a link between emotional disaffection and moral psychological impairment conveys a specific philosophical commitment. Indeed, for this claim to make any philosophical sense, it must necessarily be the case that ordinary moral psychology (i.e. moral learning, values, motivation, judgment, etc.) is connected in some *non-trivial* way to our emotional perceptions. Put differently, if the claim is that the psychopathy disorder is one of emotional dysfunction, and this disorder is also causing moral psychological deficiencies, then it necessarily has to be the case that there is a *bona fide* psychological link between morality and emotions. If, one day, psychologists falsify such a hypothesis, the Emotion Deficit Theories of psychopathy will likewise cease to be meaningful.[3]

There are, however, good reasons to believe that the hypothesis is on stable ground. Recent developments in moral psychology have emphasized the salient role emotions play in moral judgments and beliefs (e.g. Bloom 2013; Greene 2013; Haidt 2012; Pizarro, Inbar, and Helion 2011; Prinz 2016). Though there are many different and sound theories of emotion-based morality (i.e. sentimentalism), one of the more recent and elaborate defenses of the necessary link between emotions and morality comes from Jesse Prinz's *The Emotional Construction of Morals* (2007). In this work, Prinz argues that moral beliefs are composed of emotional dispositions (i.e. sentiments), namely, that when we judge something to be moral or immoral, what is really going on is that we are associating either a positive or negative emotion with our experiences (Prinz 2007, 13-14). For instance, when a person utters the sentence, "it was immoral

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which could amount to both affective and cognitive disorders (e.g. Moul, Killcross, and Dadds 2012). This possibility further underlies the importance of developing theory-driven exclusion criteria: i.e. theory-driven exclusion criteria will here be a viable method for testing multiple etiological hypotheses from the same base sample.

2 This stereotype is sometimes referred to as primary psychopathy, a term that was introduced by Ben Karpman (1941). There have been repeated concerns about the PCL-R also "tapping" into the notion of so-called secondary psychopathy, which is the neurotic, impulsive stereotype (e.g. Blackburn et al. 2008). This further underlines the importance of developing theory-driven exclusion criteria to separate primary from secondary psychopathy in the PCL-R (e.g. Skeem and Cooke 2010a).

3 Notice that this theory is not committed to the stronger claim that there is a link between emotions and normative ethics. Psychological theories of psychopathy are only committed to moral psychological statements, that is, the extent to which people perceive and relate to moral values.

when John stole Mary's bicycle", what is really reported is a *feeling of disapprobation* associated with the event of John stealing Mary's bicycle.

The stronger claim that Prinz is making is that moral beliefs are *necessarily* and *sufficiently* caused by emotional perceptions: moral claims *are* sentimental claims. Prinz argues that there are intuitive and empirical evidence of this. Many people would readily agree that their moral beliefs are visceral, that they have strong feelings associated with their moral values, or as Prinz puts it, that their moral judgments "ooze of sentiment" (2007, 13). We are taken aback, flabbergasted, or stunned when we witness a miscarriage of justice; and we are positively thrilled and grateful when we read about a local hero. However, while these mundane observations might convince you that emotions seemingly co-occur with morality, it could be that they are not causal or constructive parts of morality. It could be that morality is a fully rational process, which just happens to trigger our emotions in an intimate, reliable fashion.

Prinz (and like-minded theorists) rejects this criticism, emphasizing that it is difficult to square reason-based moral theory with empirical cases where moral judgments appear to be sufficiently composed of emotional content alone. For instance, in Haidt and colleagues' now famous study (2000), test subjects were asked to rationally qualify a variety of stereotypical moral beliefs (e.g. whether they believe it is immoral to eat discarded human tissue). The study found that when test-subjects were incapable of qualifying their moral beliefs (i.e. incapable of giving reasons for why they believe something to be immoral), the majority still chose to stick to their initial judgement, defending their moral position with unqualified statements of sentiment; an indication that emotions may play a sufficient role in moral evaluation (for similar findings, see Hindriks 2015; Rozin et al. 1999; Uhlmann and Zhu 2014).

There are other types of research that supports Prinz's theory, for instance, neurobiological studies that find moral task solving reliably activating the same brain regions that are also involved in emotional processing (Garrigan, Adlam, and Langdon 2016; Greene and Haidt 2002; Shenhav and Greene 2014). However, it is not the purpose of this paper to defend Prinz's theory. All that is needed for now is to acknowledge the theoretical link between moral emotional psychology and the deficits that psychopaths allegedly exhibit according to Emotion Deficit Theories. Prinz's work gives us a concrete theory for why a deprivation of emotional perceptions will cause a substantially different moral psychology. If an individual is deprived of emotional content, the theory predicts substantially different performances in moral psychological test-paradigms.

More importantly, however, what Prinz's theory allows us to do is to qualify our sample selection from a *contrapositive* argument. That is, because Prinz's theory states that morality is necessarily and sufficiently grounded in emotional perceptions, it thus follows theoretically that if a person has no (or severely deprived) emotional perceptions, such a person will then not be capable of having ordinary moral psychological states. Inadvertently, then, Prinz is giving a theoretical explanation for the clinical phenomenon of psychopathy research, i.e. individuals who are ignorant to the moral fabric of society are *necessarily* the individuals who are also deprived of emotional psychological states.[4]

4 Interestingly, Prinz discusses the phenomenon of psychopathy to a great extent, taking the existence of psychopaths as an empirically supporting element of his moral theory, namely, that his theory can predict moral-psychological abnormalities in people with affective deficits (Prinz 2007, 42-47).

Prinz's theory is also compatible with the medical definition of psychopathy as a *personality disorder*. Though mental health researchers in general tend to disagree on what exactly this term implies (e.g. Kendler, Zachar, and Craver 2011; Lilienfeld, Smith, and Watts 2013), it is uncontroversial to posit that the label "personality disorder" is not meant to indicate subtle abnormalities in personality. For example, just because a person has statistically outlying moral viewpoints, it does not follow that such a person is psychopathic. What is implied by the term "personality disorder" is the more profound notion of having *global abnormalities*, that is, psychopaths must have full-fledged problems with perceiving moral psychological content (as a derivative of them lacking emotional content). Similarly, when we speak of personality disorders defined by emotional instability (e.g. Borderline Personality Disorder [APA 2013, 663]), we do not infer this disorder from singular episodes or discrete, subtle instabilities. Instead, having a Borderline Personality Disorder means that the individual exemplifies emotional instability over a prolonged period, across related contexts and situations.[5] Thus, when we speak about psychopathy, the disorder is understood to be one of global impairment of emotion dispositions manifest across context and time, as opposed to minor subtleties over a few episodes. As we will see in the next section, this seemingly trivial observation becomes rather important when developing exclusion criteria.

4. Theory-Driven Exclusion Criteria

In the following section, one specific exclusion criterion is formulated. This is done by demarcating concrete instances of false-positives in a PCL-R assessment/sample, and, from this example, deriving necessary and sufficient conditions that capture such false-positives from a sample selection.

From Prinz's moral psychological theory, it may be tempting to conclude that psychopaths can be *spotted* by singling out individuals who appear to have no emotions associated with typical moral situations. We may therefore conclude that, in fact, many of the 20 items in the PCL-R are already doing exactly that (i.e. related to deprivation of moral emotions).[6] This approach builds on the aforementioned view that psychopaths are incapable of feeling for and with others, and therefore they will also stand out as those who are disaffected by ordinary morality.

While this viewpoint is not necessarily false, it shall be demonstrated that it misses a crucial aspect about moral psychology, namely, that there are many cases where people are perfectly capable of having emotions—and thereby capable of moral perceptions—but nevertheless fail to demonstrate this capability. To an outside observer (e.g. a psychologist), then, such cases will appear as proper instances of

5 Relatedly, the Diagnostic and Statistical Manual of Mental Disorders defines a personality disorder as an "enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment" (APA 2013, 645).

6 It will be up for discussion exactly how many items of the PCL-R are substantially related to moral emotions. What seems to be obvious, however, is that the PCL-R naturally seeks to portray this central aspect of psychopathy. Arguably, the following 12 items are somewhat closely related to a lack of moral emotional perceptions: grandiose sense of self-worth, pathological lying, cunning/manipulative, lack of remorse or guilt, shallow affect, callous/lack of empathy, failure to accept responsibility for own actions, parasitic lifestyle, irresponsibility, juvenile delinquency, revocation of conditional release, and criminal versatility (Hare 2003).

psychopathy, and therefore count positively towards a diagnosis. However, since such cases are not examples of proper psychopathy—because the individuals in question are fully morally capable—these cases will then be false-positives. The following will account for three such examples of false-positives under the subtitles: (a) moral blocking, (b) moral dimensionality, and (c) moral plasticity.

(a) Moral Blocking: Cases of moral blocking refer to instances where a person holds a proper moral belief, say, believing that murder is wrong, but nevertheless fails to emote when experiencing or committing a homicidal act; an event that under normal circumstances would have triggered an aversive emotional reaction, and thereby resulted in perceiving the situation as properly immoral.

The actuality of moral blocking builds on a perhaps trivial observation about human capacities, namely, that we are particularly good at convincing ourselves of an alternative interpretation of reality; especially when it comes to the moral fabric of our everyday lives. As noted by Albert Bandura, "people do not ordinarily engage in harmful conducts until they have justified to themselves the morality of their actions" (Bandura 1999, 194). What Bandura is referring to is the peculiar cognitive ability to *overrule* or *reason out* one's own moral viewpoints. Examples of such cases are many. Sometimes these morally blocking reasons are developed on a socio-political scale. For instance, as noticed by Arne Johan Vetlesen, in the years leading up to the genocide of the Bosnian Muslim population in Serbia in 1995, the media was overtly engaged with rhetorical arguments portraying Serbians as the righteous and supreme people of the region, while vilifying and denigrating Bosnians as unvirtuous subhumans (Vetlesen 2005, 175-182). The argument here being, that even though we can assume that most Serbians (even in the time of civil conflict) believed murder to be morally wrong, there may have been psychological mechanisms at work, which would bar *some* people from experiencing genocidal acts as an immoral issue at all (e.g. Vetlesen 2005, 189-193).

This point is, of course, difficult to prove in a research setup, and concrete evidence of moral blocking is primarily anecdotal. A particularly illustrative anecdotal case of moral blocking we find in Daniel Goldhagen's book *Hitler's Willing Executioners* (1996). In this work, Goldhagen challenges a leading view that most evildoings under the Nazi regime were carried out by obedient minions, as opposed to maliciously willing individuals (e.g. Milgram 1974). In the following quote, Goldhagen contemplates what must have gone through the head of German police officers when they were ordered to grab, say, a captured Jewish girl and walk her into the woods where she was to be executed point blank. Is the policeman merely obeying authority; or is he more profoundly failing to perceive the moral fabric of the situation?

> It is highly likely that, back in Germany, these men had previously walked through woods with their own children by their sides, marching gaily and inquisitively along. With what thoughts and emotions did each of these men march, gazing sidelong at the form of, say, an eight- or twelve-year-old girl, who to the unideologized mind would have looked like any other girl? In these moments, each killer had a personalized, face-to-face relationship to his victim, to his little girl. Did he see a little girl, and ask himself why he was about to kill this little, delicate human being who, if seen as a little girl by him, would normally have received his compassion, protection, and nurturance? Or did he see a Jew, a young one, but a Jew nonetheless? Did he wonder incredulously what could possibly justify his blowing a vulnerable little girl's brains out? Or did he understand the reasonableness of the

> order, the necessity of nipping the believed-in Jewish blight in the bud? The "Jew-child," after all, was mother to the Jew. (Goldhagen 1996, 217-218)

No doubt that many of Nazi regime's executioners had deep moral quarrels (e.g. Browning 1992, 67-68), but it seems equally viable that some executioners were not perceiving, and thereby not feeling, the moral gravity of the situation. If the latter is the case, as Goldhagen would like us to believe, then there seems to be at least two explanations for such a phenomenon: perhaps the soldiers were fully incapable of perceiving moral values, namely, that they were full-blown psychopathic individuals; or perhaps some of the soldiers, while perfectly capable of perceiving moral values, simply did not perceive the situation as morally relevant. Speaking to the latter case, we can think of moral blocking as a *failure of perception*, as when a person is morally capable, yet his/her moral values are overruled, that is, *blocked* by other psychological mechanisms. To an outside observer, however, both individuals—the psychopathic and the morally blocking executioner—would appear as proper psychopathic, though, the latter case is a false-positive.

(b) Moral Dimensionality: Cases of moral dimensionality refer to situations where a person holds seemingly paradoxical moral views. For instance, in *situation x* a person believes that stealing is wrong, and in *situation y* the same person believes stealing is permissible. Thus, when such a person commits an act of theft in situation x or y respectively, he/she will have likewise diametrically different moral emotions associated with the act.

The reality of moral dimensionality speaks to a rather mundane observation about human nature, namely, that our moral beliefs are scarcely consistent (e.g. Hauser et al. 2007; Hooker and Little 2000). Though we arguably tend to speak about morality—and, in particular, our own moral values—as grounded in some sort of universal principle, the reality is that our moral landscape can be rather multifaceted. Consider, for instance, a typical case of moral hypocrisy: John comes home from a long day of hard work and is met by his neighbor who is furious that some boys vandalized his white picketed fence. John strongly feels with his neighbor that what the boys did was unacceptable. After they agree that something should be done about it, John walks into to the house and turns on the TV. He immediately starts laughing when he sees the news reporting from the local credit union, which has been vandalized by the same boys. Excited, John yells out to his wife: "It was about time that somebody stuck it to those bankers!"

In this case of hypocrisy, John holds two different sets of sentiments about the same basic action: John is disposed to feeling disapprobation when his neighbor's property is vandalized (i.e. feeling that this case of vandalism is wrong) and feeling approbation when the local credit union is vandalized (i.e. feeling that this case of vandalism is right). Examples of moral dimensionality can, however, be much more profound than frivolous hypocrisy. If we take a closer look at the anecdotal case from Goldhagen's work, we might be able to explain some of the *willing executioners* (i.e. the real moral evildoers of Goldhagen's popular book) as individuals who are merely carrying out what they believe to be moral acts. Like in the case of John's dimensionality, some of these soldiers might *feel* justified in ending the lives of people with Jewish heritage, while if they were asked to execute a person they saw as a moral equal, they would feel heavily against it.

Instead of holding universal beliefs about morality, the claim from moral dimensionality is that people appear to hold (at least some) beliefs that are nominalist in nature. In

Robert Lifton's book *The Nazi Doctors* (1986), he uses the term "doubling" to describe the phenomenon of Nazi doctors being capable of treating human lives differently depending on whether they practiced inside or outside the walls of the harrowing concentration camps. The doctors that worked on both sides of these walls could *divide their self* into one that was killing and one that was treating, without this seemingly paradoxical self-understanding showing manifest signs of discomfort (Lifton 1986, 421).

Lifton and Goldhagen's examples bring complex challenges to psychopathy assessment. As with moral blocking, the case of moral dimensionality raises clear instances that, to an outside observer, would appear as if we are dealing with proper psychopathic individuals, for example, the Nazi executioner or doctor who, disaffected and deprived of guilt, goes to *work* and participates in some of the most heinous crimes known to humankind. In these cases, however, we are not necessarily dealing with a psychopath, since when these men left the premises of Nazi operations, many of them presumably returned to their families as sincerely loving and caring fathers, the only seeming abnormality being the killings, which to us may appear psychopathic; but to them a dutiful moral act. Thus, in the case of childrearing, family men, we are necessarily dealing with a false-positive.

(c) Moral Plasticity: Cases of moral plasticity refer to situations where a person (all things equal) changes their moral belief (i.e. sentiment) about a specific issue over a course of time. For instance, when a person in *time 1* believes killing to be wrong, but in *time 2* now believes killing is justified. Over such a period, then, this person will have changed their emotional disposition from in *time 1*, feeling disapprobation about killing, to feeling approbation in *time 2*. While we evidently change many of our moral viewpoints throughout our lives (and thus, according to Prinz, we change our sentiments/feelings), what the example of moral plasticity also captures is how our emotional dispositions may change due to overexposure to specific conditions.

It is a rather uncontroversial observation that emotional dispositions are in and by themselves plastic entities. What this means is simply that we are likely to emote differently in a situation that occurs on a routinely repeated scale. As Elijah Millgram noticed, the first time we were confronted (probably as a child) with the sight of a street person in need of food and shelter, it is likely that we reacted with much more emotional vigor, compared to when we encounter such a person for the nth time (Millgram 1999). Similarly, we may speculate that the way experienced surgeons move the scalpel calmly through human flesh hardly resembles the first time they did it in Med School.

If emotions are plastic in this sense, it thus follows from Prinz's moral emotionist outline that our moral psychology is similarly plastic. It might turn out that the more we are exposed to morally troubling situations, the more attenuated our emotional dispositions become. Again, there are plenty of anecdotal evidence for such cases. Consider here an extreme case of plasticity taken from a letter correspondence between a Nazi soldier, Walter Mattner, and his fiancée, reporting from a systematic mass slaughtering of Jews in Belarus, which Mattner took an active role in:

> There's still something else I have to tell you. I was in fact also present at the enormous mass killings the day before yesterday. For the first truckload my hand trembled slightly when shooting, but one gets used to it. By the time the tenth truck arrived I was already aiming steadily and fired surely at the many women, children and infants. Bear in mind that I also have two babies at home, to whom these hordes would do the same, if not ten times

> worse. The death we gave them was a nice, short death, compared to the hellish torture meted out to thousands upon thousands in the dungeons of the GPU [Soviet state police]. (EHRI 2017)

It would perhaps be too simple to explain Mattner's (rather disturbing) moral beliefs as an instance of moral plasticity. However, we do see aspects of plasticity in the way he is emoting strongly to the mass murdering, but after "ten truckloads" his emotions are no longer present with the same vigor. On Prinz's theory, we could speculate that Mattner was, in fact, feeling aversion and thereby moral disapprobation throughout the initial killings, but after a while his views altered with his attenuated emotions. This is, of course, mere speculation. However, what the Mattner-example gives us, though, is a proper case of a potential false-positive in a PCL-R assessment. While Mattner's actions would most certainly meet the threshold for many PCL-R items, it is nevertheless possible that he has none of the affective deficits that Emotion Deficit Theories hypothesize. After all, Mattner is emoting strongly in the beginning of the killing.

The cases of moral *blocking*, *dimensionality*, and *plasticity* were presented here as a way of illustrating concrete cases of false-positives in a PCL-R assessment. Cases of such individuals would most likely be diagnosed with psychopathic traits (because of their behavior), but from a theoretical standpoint they do not meet the fundamental qualities of the disorder (i.e. the emotional deficit). If psychopathy is a true personality disorder, its signs and symptoms must be present over time and context. In neither of the cases thus described are the individuals exhibiting a disordered psychology, that is, a global impairment of the emotional and moral psychological capacities over and across context; their seeming deficit is an instantaneous peculiarity. Though their acts are disturbing and morally problematic, their state is not a valid sign of a personality disorder.

It must be expected that critical comments can challenge the reality, prevalence, and frequency of these case examples. Such critical comments are not only anticipated, they are also vitally needed. What has been discussed so far are mere initial sketches, where a detailed consideration is beyond the scope of the present paper. Having said this, one potential objection must be briefly considered.

Let us assume, for the sake of the argument, that moral blocking, dimensionality, and plasticity are true examples of how our moral psychology can function, and that these cases therefore are proper examples of false-positives. Nonetheless, one might still hesitate about their prevalence and frequency in psychopathy samples. Indeed, the discussed case examples were not necessarily everyday happenings, but ostensibly rather rare episodes of moral idiosyncrasies. How can such uniqueness be relevant to psychological practices?

There seems to be good arguments against such objection. For one, psychopaths are often described as being involved in rather obscene and unique antisocial behaviors, and the case examples thus described are not necessarily more unique on this already too bizarre scale. Secondly, the way the argument was presented in the different case examples might seem absurd, but they are readily applicable in the many moral demeanors we find diagnosed psychopaths to be involved in. For example, while we might look at the typical gangster as a cold-blooded psychopathic criminal, there are no reasons why the behavior of such a person could not (instead) be a case of, say, moral plasticity. We may speculate that in such a person's everyday life they have accepted a certain *moral standard* premediated by their dog-eat-dog environment. When such patients speak to the psychologist about, say, a homicidal conviction, the psychologist

might rate this episode in isolation, completely neglecting that, in fact, the hardened gangsters may hold strong feelings about friends and family, individuals they are readily prepared to give his life.

With these qualifying remarks in mind, we can thus derive some guidelines for a theory-driven exclusion criterion meant to capture instances of moral blocking, dimensionality, and plasticity. This criterion we may refer to as: *Sufficient Moral Psychological Emotions*. By detecting other moral episodes (across contexts) where the patient has demonstrated a capability of sufficient moral psychological mechanisms, namely, having feelings associated with moral values, judgments, beliefs, etc. researchers will be able to reliably discriminate cases of moral blocking, dimensionality, and plasticity from the class of PCL-R diagnosed individuals. Moreover, the exclusion criterion is meant to select individuals who are morally capable, from those who are incapable, which, according to Emotion Deficit Theories, is a consequence of having attenuated emotions. Inadvertently, this exclusion criterion is also consistent with the view that psychopathy is a personality disorder, meaning that psychopathy necessarily is manifest across contexts; thus, being capable of forming any sufficient moral psychological beliefs and judgements is a capability *necessarily* reserved for non-psychopaths.

If the argument thus far is reasonable, it may still be discussed whether the exclusion criteria should be introduced in sampling procedures as a taxometric criterion or as a dimensional criterion. In terms of the former usage, it would be a matter of detecting one instance (or a conventionally decided number of instances) of sufficient moral psychological judgments, beliefs, values, etc. In terms of the latter usage, it would be a matter of detecting to *what degree* a person can be said to exhibit the exclusion criterion (e.g. scoring it on a Likert scale from 1-7, as is sometimes the procedure with anxiety criterion in sampling [e.g. Zeier and Newman 2013]). Indeed, while we may be able to quantify the exact number of concrete cases of proper moralizing, Prinz's moral theory seems to imply that moral beliefs are not simple taxometric entities, but also dimensional in terms of the extent to which (i.e. emotional vigor) a person believes a situation to be morally relevant. The details of such considerations, however, go beyond the scope of this paper.

5. Concluding Remarks

In sum, this paper has suggested that one way to counter the false-positive problem in psychopathy research sampling is to introduce theory-driven exclusion criteria; and in relation to Emotion Deficit Theories, *Sufficient Moral Psychological* states were proposed to capture discrete false-positives portrayed under *moral blocking*, *dimensionality*, and *plasticity*. Importantly, this argument should not be understood as a "catch-all" for false-positives in PCL-R assessment/sampling, but relevant only for studies pertaining to Emotion Deficit Theories, and further, as a criterion for excluding specific false-positives within this theoretical outline. Thus, the current contribution is merely a methodological outline for formalizing and implementing one specific exclusion criterion for one specific theory.

This paper was motivated by recent concerns in the field about false-positives. For example, in their widely cited critique of the PCL-R, Jennifer Skeem and David Cooke emphasized that the assessment method was an inadequate mapping of the research domain, due to "underinclusion and overinclusion of people and of the construct [i.e. psychopathy] itself" (Skeem and Cooke 2010a, 436). The larger concern being that if the PCL-R continues to function as a *gold standard* for assessing and sampling psychopaths

for scientific research, our inquiries are bound to overlook the many subtleties articulated by various theories of psychopathy; subtleties that are essential for theory and construct validation (Skeem and Cooke 2010a, 437-439). Introducing *Sufficient Moral Psychological* states as an exclusion criterion is thus an attempt to accommodate specific demands in the field.

If this method is sound, however, it still remains to be implemented in future research in order to test its actualized positive and/or negative impact on data and analyses. While it should be relatively straightforward to apply such an exclusion criterion when composing research samples (e.g. during assessment procedures), the strength of exclusion criteria in general, and this criterion in particular, is that it can be implemented in existing data samples and as re-assessments of already concluded studies. In cases where data collection consists of detailed patient records, researchers will be able to exclude test subjects with a fair amount of discretion. However, in cases where data sets consist of the raw PCL-R item scores, researchers may look for scores on the following three items: lack of remorse or guilt, shallow affect, and callous/lack of empathy. If the subject does not score 2 points on these three items, it may be taken as an indication of reported emotional dispositions, which signals an inference to a (relatively) proper functioning moral emotional psychology.

Over and above the practical considerations, the implementation of exclusion criteria must (ideally) be guided by standardized definitions and procedures. Only through shared guidelines in sampling practices will it be possible to achieve the needed homogeneity in data samples, which is not only a prerequisite for meaningful data accumulation, but also for community wide and cross-disciplinary research efforts in terms of etiology, epidemiology, and treatment developments.

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DELINEATING PSYCHOPATHY FROM COGNITIVE EMPATHY: THE CASE OF PSYCHOPATHIC PERSONALITY TRAITS SCALE

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ABSTRACT

There is an ongoing debate regarding the content of psychopathy, especially about the status of antisocial behavior and disinhibition characteristics as core psychopathy features. Psychopathic Personality Traits Scale (PPTS) represents a novel model of psychopathy based on core psychopathy markers such as Interpersonal manipulation, Egocentricity and Affective responsiveness. However, this model presupposes another narrow trait of psychopathy: cognitive responsiveness, which represents a lack of cognitive empathy. Since previous models of psychopathy do not depict this feature as a core psychopathy trait, the goal of this study was to empirically evaluate if the lack of cognitive empathy is a narrow psychopathy trait or its correlate. The research was conducted on a community sample via online study (N=342; M_{age}=23.7 years; 31% males). Results showed that the correlations between Cognitive responsiveness and other psychopathy features were significantly lower than intercorrelations of other three traits. Factor analysis, conducted on PPTS items, provided a two-factor solution, where Cognitive responsiveness was yielded as a factor separate from other psychopathy indicators. Finally, the exploration of the shared latent space of psychopathy and cognitive empathy resulted in the two-factor solution where psychopathy and the lack of cognitive empathy were extracted as correlated but separate latent variables. The data clearly supported the former model. Research results showed that the lack of cognitive empathy should not be considered an indicator of psychopathy but its correlate. The findings emphasize the need to be cautious in conceptualization of the psychopathy construct.

***Keywords**: Conceptualization of psychopathy, Psychopathic Personality Traits Scale, cognitive empathy, psychopathy*

1. Introduction

1.2. The debate on the content and definition of psychopathy

Psychopathy is a complex, multidimensional construct. It is often depicted by manipulative behavior, affective callousness and coldness; reckless lifestyle and criminal behavior (Hare, 2003). In the four-factor model of psychopathy, these traits are labeled as Interpersonal, Affective, Lifestyle and Antisocial traits (Hare and Neumann 2009). This model of psychopathy received much of scientific and practical attention, while the instrument which operationalizes it (PCL-R: Psychopathy Check List-Revised) is frequently labeled as the "gold standard" in psychopathy assessment (Acheson 2005).

However, there is an ongoing debate regarding the content of the psychopathy construct. It is based on the notion of some researchers that the four-factor model of psychopathy may incorporate some features which are not the core characteristics of psychopathy, but rather its correlates, or even behavioral consequences of psychopathy. The primary targets of this critique are Antisocial characteristics. In the four-factor model of psychopathy they are primarily saturated with criminal behavior, its duration, and variety (Hare 2003). Yet, many researchers claim that antisocial and criminal behavior are not the core features of psychopathy, but a type of behavior which might be associated with it (Cooke and Michie 2001; Cooke, Michie, Hart, and Clark 2004; Cooke, Michie, and Skeem 2007; Johansson, Andershed, Kerr, and Levander 2002; Međedović, Petrović, Kujačić, Želeskov-Đorić, and Savić 2015). Although this debate is still ongoing (see for example Hare and Neumann 2009; 2010; Neumann, Vitacco, Hare, and Wupperman 2005 for opposite opinion), it is notable that contemporary models of psychopathy do not posit antisocial behavior as a separate narrow psychopathy trait (e.g. Benning, Patrick, Hicks, Blonigen, and Krueger 2003; Patrick, Fowles, and Krueger 2009).

1.3. The Psychopathic Personality Traits Scale

Some researchers went even further in an attempt to provide a more specific and conceptually homogenous construct of psychopathy. In this conceptualization of psychopathy, disinhibition and erratic lifestyle are also not considered the core psychopathic traits (Boduszek, and Debowska 2016). The Psychopathic Personality Traits Scale (PPTS) emerges from this conceptual framework which claims that only Factor 1 traits from PCL-R model (manipulative, grandiose, emotional coldness) capture the core characteristics of psychopathy. Because of this, behavioral indicators should not be present in an inventory which tends to capture the core features of psychopathy. Based on this premise, Boduszek and colleagues constructed the PPTS (Boduszek, Debowska, Dhingra, and DeLisi 2016). In this model, psychopathy consists of four traits: Affective responsiveness (lack of empathy, emotional callousness), Cognitive responsiveness (inability to understand the emotional states of others), Interpersonal manipulation (conning and deception) and Egocentricity (self-interest, disregard for others). The instrument was only recently constructed and the empirical data on this psychopathy model are lacking. However, it shows promising predictive capabilities since the original research found associations between PPTS traits and several psychopathy-related outcomes (Boduszek et al. 2016).

1.4. Psychopathy and cognitive empathy

Affective callousness, manipulation and egocentrism have already been described in most of the psychopathy literature, so it is not questionable if they represent markers of psychopathy. However, the lack of understanding the emotions in other individuals is

rarely assumed to be one of the core psychopathy features. This cognitive process is very similar to cognitive empathy, a process of inferring the mental states of others, sometime called perspective taking (Davis, 1983). In their seminal paper, Boduszek et al. (2016) refer only to one study which indeed found that convicts with elevated psychopathy had deficits in understanding affective states of others (Shamay-Tsoory, Harari, Aharon-Peretz, and Levkovitz 2010). Some other studies also found this relationship. However, the relationship was based on behavioral aspects of psychopathy. While the core psychopathy traits (manipulation and shallow affect) were unrelated to cognitive empathy (Brook and Kosson, 2013). Moreover, there are also data which suggest that cognitive empathy, in contrast to affective empathy, is intact in psychopathic individuals (Blair, 2008). Studies, conducted both on adolescents (Jones, Happé, Gilbert, Burnett and Viding 2010) and adults (Mullins-Nelson, Salekin, and Leistico 2006), converged to the conclusion that manipulative and affective psychopathic traits are unrelated to cognitive empathy.

1.5. Goals of the present study

PPTS is a promising new instrument for assessing psychopathy. It is based solely on the core psychopathy characteristics. This is a reconceptualization which could be fruitful for the field of psychopathy. However, it assumes that the lack of cognitive empathy is a core characteristic of psychopathy, and current empirical data does not support this assumption. The key goal of the present study was to evaluate whether it is better to conceptualize the lack of cognitive empathy as a correlate, or as a endogenous psychopathy trait. Following this key aim of the study, we set narrower goals and the accompanied hypotheses: 1) correlations between Cognitive responsiveness and other PPTS traits should be lower than intercorrelations of the three remaining traits; 2) factor analysis of PPTS items should extract the factor of cognitive empathy as a factor separate from global psychopathy; 3) Cognitive responsiveness should show higher congruence with cognitive empathy than with other measures of psychopathy. In order to test the last hypothesis, we included additional external measures to the analysis: two other measures of psychopathy - the Dirty Dozen measure (Jonason and Webster, 2010); the Short Dark triad measure (Jones and Paulhus 2014); and the scale of cognitive empathy itself (Davis 1983). More precisely, this hypothesis is stated as follows: if the latent space of psychopathy and cognitive empathy is examined, two factors should be extracted - one loaded by psychopathy measures and one constituted by both measures of cognitive empathy.

2. Method

2.1. Sample and procedure

The study was conducted online, using Google forms as a platform for the questionnaire. Participants were recruited via social networks. The final sample consisted of 342 subjects. Mean age of participants was 23.7 years (SD=6.89). Majority of participants were females (69%). Most of the participants had completed high school (68.7%). All of the items were marked as mandatory in the online study, so there were no missing answers.

2.2. Measures

We used Psychopathic Personality Traits Scale (Boduszek et al. 2016) to measure psychopathy traits. It comprises four scales: Affective responsiveness, Cognitive responsiveness, Interpersonal manipulation and Egocentricity. Every subscale consists

of five items. The scale was translated and adapted via back translation process. The lead author of the original scale participated in the adaptation. The original inventory had dichotomous response scale. This was justified with the need to make the process of responding as simple as possible for the convicts, who were participants in the original study (Boduszek et al. 2016). We decided to use the five-point Likert scale for two reasons: 1) most of the self-report psychopathy inventories have 5-point response scale (e.g. SRP-4: Paulhus, Neumann, and Hare 2016); 2) Likert scale inventories show better psychometric properties than dichotomous scales (e.g. Muñiz, García-Cueto, and Lozano 2005).

Two additional measures of psychopathy were administered in the present study: the four-item psychopathy scale taken from the Dirty Dozen inventory (Jonason and Webster 2010), and a scale taken from the Short Dark Triad inventory (SD3: Jones and Paulhus 2014). The latter one is comprised of nine items. Both are self -report measures with the standard Likert scale for responding.

In order to independently evaluate cognitive empathy, we used Perspective Taking scale from the Interpersonal Reactivity Index (Davis 1983). This self-report scale consists of six items with a five-point Likert scale for responding.

3. Results

3.1. Descriptive statistics and correlations between the examined scales

First we calculated descriptive statistics, the reliabilities of the administrated scales, and the correlations between them. Cronbach's α statistic of internal consistency was used as a reliability measure. Pearson coefficients of linear correlation were calculated as measures of bivariate association between the variables. The results of these analyses are shown in Table 1.

Table 1

Descriptive statistics, reliabilities and correlations between examined variables

	M	SD	1	2	3	4	5	6	7
1. Affective responsiveness	1.90	0.77	(.74)						
2. Cognitive responsiveness	2.08	0.71	.42**	(.71)					
3. Interpersonal manipulation	2.28	0.99	.46**	.06	(.82)				
4. Egocentricity	2.78	0.66	.36**	.01	.52**	(.65)			
5. Perspective taking	3.59	0.76	-.43**	-.56**	-.22**	-.22**	(.73)		
6. Psychopathy SD3	2.07	0.69	.51**	.24**	.64**	.34**	-.38**	(.75)	
7. Psychopathy DD	1.97	1.02	.65**	.25**	.55**	.42**	-.32**	.58**	(.67)

Notes: α coefficients of reliability are shown in parentheses; ** - p<.01; SD3 - Short Dark Triad; DD - Dirty Dozen

All scales had appropriate reliabilities; only the Egocentricity scale showed somewhat lower coefficient of internal consistency. The correlations between PPTS scales were generally positive. However, Cognitive responsiveness was not associated with either

Interpersonal manipulation or Egocentricity. Perspective taking was negatively correlated with all PPTS scales. SD3 and Dirty Dozen psychopathy scales were positively related to PPTS measures (however, note that the correlations with Cognitive responsiveness were smaller in magnitude) and negatively to Perspective taking. The effect sizes of associations were ranged from small to medium.

3.2. The factor structure of the PPTS items

Determining the factor structure of the PPTS was the analytical procedure used for testing the second hypothesis of the study. However, there is another reason for performing this analysis. In the original study of PPTS (Boduszek et al. 2016), the authors performed structural modeling, where they decided on the best fitting model for the study. However, the exploratory factor analysis was never conducted on these data. We conducted Principal Axis Factoring (PAF) on the 20 items of PPTS. Parallel analysis was used in order to determine the optimal number of factors to be analyzed. It suggested that two factors optimally describe the data. Since the extracted latent variables should depict the same construct, we rotated them in the promax position. The pattern matrix of PCA, together with the results of Parallel analysis is shown in Table 2.

Table 2
The pattern matrix of PPTS items

	1	2
Random eigenvalues	*1.45*	*1.37*
Observed eigenvalues	*4.76*	*2.31*
I don't care if I upset someone to get what I want.	.63	
Before criticizing somebody, I try to imagine and understand how it would make them feel.		.59
I know how to make another person feel guilty.	.72	
I tend to focus on my own thoughts and ideas rather than on what others might be thinking.	.32	
What other people feel doesn't concern me.	.54	
I always try to consider the other person's feelings before I do something.		.66
I know how to pay someone compliments to get something out of them.	.74	
I don't usually appreciate the other person's viewpoint if I don't agree with it.	.31	
Seeing people cry doesn't really upset me.	.47	
I am good at predicting how someone will feel.	-.41	.55
I know how to simulate emotions like pain and hurt to make others feel sorry for me.	.66	
In general, I'm only willing to help other people if doing so will benefit me as well.	.52	
I tend to get emotionally involved with a friend's problems.		.52
I'm quick to spot when someone is feeling awkward or uncomfortable.		.71
I sometimes provoke people on purpose to see their reaction.	.63	
I believe in the motto: "I'll scratch your back, if you scratch mine".	.31	
I get filled with sorrow when people talk about the death of their loved ones.		.46
I find it difficult to understand what other people feel.		-.41
I sometimes tell people what they want to hear to get what I want from them.	.64	
It's natural for human behaviour to be motivated by self-interest.	.50	

Note: the results of parallel analysis are shown in the first two rows. Loadings below .30 are omitted.

The first extracted factor can be interpreted as general psychopathy (23.82% of original items' variance explained). It is loaded by items of shallow affectivity, manipulativeness and self-interest. The second factor is mostly loaded by items of Cognitive

responsiveness scale or cognitive empathy (11.56% of original items variance explained). Some of the items of affective responses to the emotional states of others are loaded on this factor as well. This is not surprising since the previous data generally show that cognitive and emotional empathy are positively related (Reniers, Corcoran, Drake, Shryane, and Völlm 2011). However, the important fact is that two extracted factors (psychopathy and cognitive empathy) have low negative association (r=-.25; p<.01).

3.3. The latent space of psychopathy and cognitive empathy measures

Finally, we conducted another factor analysis, this time in a shared space of psychopathy and cognitive empathy measures. Once again, PAF was used as a method for the factor extraction. Both Guttman-Kaiser criterion and parallel analysis converged to the two-factor solution. The first latent variable (Eigenvalue=3.40; 48.63% of observed measures variance explained) was positively loaded by PPTS Manipulation and Egocentricity, together with two other measures of psychopathy: the Dark Triad scale and Dirty Dozen measure. The second factor (Eigenvalue=1.36; 19.37% of observed measures variance explained) was positively loaded by PPTS Cognitive responsiveness and negatively by the Perspective taking scale from Interpersonal Reactivity Index. These two factors were positively correlated (r=.36; p<.01). The graphical representation of the measures' positions in the two-dimensional latent space is shown in Figure 1.

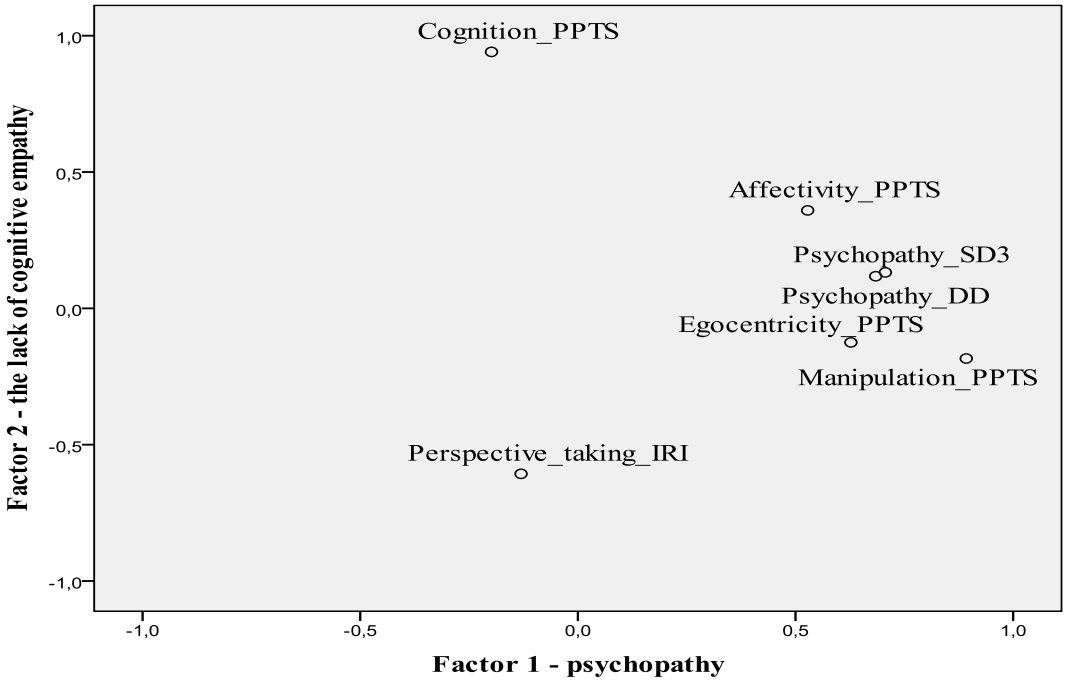

Figure 1
The position of analyzed measures in the two-dimensional latent space
Notes: PPTS - Psychopathic Personality Traits Scale; DD - Dirty Dozen; SD3 - Short Dark Triad; IRI - Interpersonal Reactivity Index

4. Discussion

The concept of psychopathy has instigated a great number of empirical studies in the past several decades. In recent years, there is an ongoing debate regarding the content of psychopathy and the accurate description of core psychopathic features. Several

researchers argued that antisocial behavior should not be considered an endogenous psychopathic characteristic (Cooke and Michie 2001; Cooke et al. 2004; 2007; Johansson et al. 2002; Međedović et al. 2015). Furthermore, there is an initiative claiming that only personality features like manipulativeness and emotional coldness should be regarded as core markers of psychopathy (Boduszek, and Debowska 2016). In an attempt to operationalize this model, Boduszek and colleagues introduced the lack of cognitive empathy in the description of psychopathy (Boduszek et al. 2016). Since previous models of psychopathy did not include this indicator as a core psychopathy trait, the goal of the present study was to empirically evaluate whether the lack of cognitive empathy is the integral feature of psychopathy or perhaps it's correlate. We formulated several hypotheses which favor the latter case. The research findings were largely in accordance with our assumptions.

4.1. Is (the lack of) cognitive empathy a psychopathic trait or its correlate?

When analyzing the correlations between the PPTS traits it can clearly be seen that Cognitive responsiveness shows a lack of congruence with other psychopathy traits. While the other psychopathy traits all have positive correlations amongst themselves, Cognitive responsiveness is not significantly associated nether with Interpersonal manipulation, nor with Egocentricity. It is related only to Affective responsiveness. This finding does not imply that Cognitive responsiveness should be treated as a core psychopathy trait: it is well known that cognitive and affective empathy are positively related (Reniers et al. 2011; Wai and Tiliopoulos 2012). Congruent results were obtained in the factor analysis of PPTS items. The items of Cognitive responsiveness, together with some Affective responsiveness items, loaded on a factor separate from general psychopathy. In fact, these two factors have only a small negative correlation. Nevertheless, this finding has an important limitation. It is possible that the second factor in FA was in fact the method artifact, since all of the items which loaded on it are reversely coded.

In order to provide another evidence of conceptual difference between cognitive empathy and psychopathy, we explored the latent space of psychopathy and cognitive empathy. If cognitive responsiveness is a part of psychopathy it should converge to other psychopathy measures, together with remaining three scales of PPTS. Nevertheless, cognitive responsiveness separated into a distinct latent variable, together with the perspective taking, a measure of cognitive empathy from the Interpersonal Reactivity Index (Davis 1983) which had a negative loading on it. This finding implies that both of these measures may not be the indicators of psychopathy per se, but a manifestation of an aberration in cognitive empathy which correlates with psychopathic traits.

In general, our data favors the view that the lack of cognitive empathy is not the core psychopathy trait, but possibly its correlate. This conclusion is in line with a number of previous empirical studies and theoretical assumptions which claim that cognitive empathy can be intact in psychopaths (Blair 2008; Jones et al. 2010; Mullins-Nelson et al. 2006; Wai and Tiliopoulos 2012). Negative correlations between psychopathy and inferring the emotional states of others probably can be explained by fundamental association between affective and cognitive empathy. In spite of this, empirical findings show that cognitive and affective empathy are separate systems (Shamay-Tsoory, Aharon-Peretz, and Perry 2009). In accordance, it seems that it is better to observe psychopathy and cognitive empathy as separate constructs, and the exact relation between them as potentially being moderated by several factors.

4.2. Limitations and future directions

While the sample size of the present study was high enough to test the research hypotheses, it is possible that the sex ratio in the sample might have affected the results of the study. Perhaps the variables we analyzed could show somewhat different relations in a sample with higher proportion of males. Furthermore, the original study (Boduszek et al. 2016) was conducted on a sample of convicts and previous research indicated that there are differences in the relations between psychopathy and other constructs depending on whether the study sample was selected from the population of inmates or from community participants (Međedović 2015). Nevertheless, the question of core psychopathy traits and its correlates must not be constrained by the sample structure: if a trait is to be considered an integral characteristic of psychopathy, this should apply for any sample considered. Thus, future studies should investigate structural relations between psychopathy and cognitive empathy in different samples, while using various measures of these constructs as well.

5. Concluding remarks

We believe that Boduszek and collaborators are right in their attempt to reconceptualize the construct of psychopathy (Boduszek et al. 2016). Furthermore, we agree with them when it comes to the direction they chose in this reconceptualization (Boduszek, and Debowska 2016): available empirical evidence and theoretical work suggests that the features depicted in the so-called Factor 1 of psychopathy (Hare 2003) are the essential features of psychopathy. These features are manipulation, self-centered behavior, and affective callousness. However, when we try to reconceptualize psychopathy, we must be careful not to make the same mistakes we argue against: to include the psychological phenomena which are not back up by previous data or theory in the construct of psychopathy. Only then we should be able to further advance our understanding and future research of the psychopathy concept.

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WHAT CAN PHILOSOPHERS LEARN FROM PSYCHOPATHY?

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ABSTRACT

Many spectacular claims about psychopaths are circulated. This contribution aims at providing the reader with the more complex reality of the phenomenon (or phenomena), and to point to issues of particular interest to philosophers working in moral psychology and moral theory. I first discuss the current evidence regarding psychopaths' deficient empathy and decision-making skills. I then explore what difference it makes to our thinking whether we regard their deficit dimensionally (as involving abilities that are on or off) and whether we focus on primary or secondary psychopathy. My conclusion is that most grand claims about psychopathy settling long-standing debates in moral philosophy and psychology are overblown, but there is much to be learnt from this disorder when it comes to formulating modern theories of moral psychology.

Keywords: *psychopathy, empathy, decision-making, dimensional approach, rationalism, sentimentalism, responsibility*

1. Introduction

Psychopathy has been a topic of intense fascination for people in general and philosophers in particular. More or less extraordinary claims about the disorder are circulated. Psychopaths have *no* conscience, *no* empathy, are coldblooded killers, and so on. Philosophers have been fascinated by the idea that psychopaths are a class of beings, hitherto thought to be mythical, who are *moral knaves.* That is, they have no sense of morality whatsoever. What better population to study, then, if one wants to explore moral psychology? As I am about to show, the truth about psychopathy is much more complex than some of the literature would suggest. Any straightforward interpretation of psychopathy as supporting sentimentalism or rationalism in ethics is too simplistic, and the question of their moral and legal responsibility is vexed. My point is not that we cannot use evidence from this disorder in our moral theorizing. To the contrary, I think we can learn a lot from this literature, but it is not what we thought we would.

In this paper, the goal is to introduce the reader to a complex literature that problematizes quick conclusions about what psychopathy, as a disorder, shows about empathy, decision-making, and their respective roles in moral judgment and responsibility. The aim is to raise questions and problems, so as to make the reader rethink the common wisdom about psychopathy *and* to think more creatively and flexibly about concepts and categories in moral theory and moral psychology. My main aim here is therefore not to propound a certain view on these matters. I've done so elsewhere (Maibom 2005, 2008, 2014, forthcoming). I will, of course, make suggestions and comments, and I cannot guarantee that my presentation will not be partial to my

own philosophical worldview. Nonetheless, I attempt to be as factual as I can. In what follows, I consider the following four issues: empathy, decision-making, abilities versus interests, and whether psychopathy is a unified kind. I then argue that these four areas are fertile ones for philosophers to engage closer with.

2. Hard truths about empathy measures

Lack of empathy is one of the diagnostic features of psychopathy, along with 19 others in the *Hare Psychopathy-Checklist Revised* (*PCL-R,* Hare 2003). Consequently, one ought to be on safe ground maintaining that psychopaths lack empathy. There are two problems with this assumption. First, 'empathy' as tested for on the *PCL-R* is a rather broad category, extending beyond many common philosophical and psychological conceptions of the concept. Second, since psychopathy is diagnosed once a person scores 30 out of 40 points on the *PCL-R*, there is always the possibility that the person scores '0' on lack of empathy, i.e. shows intact empathy, while scoring high on other features. Nothing excludes the possibility of a psychopath who experiences empathy. How frequently this happens, if at all, is an interesting, but unexplored question (to my knowledge).

For obvious reasons, philosophers have found the idea that an empathy deficit lies at the core of the immorality or amorality of psychopaths enticing. As explanations go, what could be more compelling than that a person cheats, mistreats, and harms others because he lacks empathy for them? Shaun Nichols (2004), for instance, argued that psychopaths are amoral because they lack the motivation, coming from the capacity to empathize with others, to act on moral norms. His idea was that normal human morality melds motivation coming from empathy (or empathy-like emotions) with knowledge of a set of moral norms or rules. His idea was partly inspired by Robert Blair (1995) who had argued that psychopaths lack a so-called 'Violence Inhibition Mechanism,' which is also linked to lack of empathy. This was seen as forming the core of the immoral profile of the psychopath. Blair has later changed his view on the basis of pretty incontrovertible evidence that decision-making capacities are also heavily impacted in psychopathy. Nonetheless, he still maintains that reduced affective responding to the pain and suffering of others lies at the core of the disorder. More recently, David Shoemaker (2015, 2017) has argued that whereas psychopaths are appropriate targets for certain responsibility judgments (attributability, for instance), they are not *accountable* for their actions due to their deficient empathy (see also Ramirez in this issue). In other words, it is perfectly appropriate for us to experience disdain for their rotten characters, but they are not appropriate targets of anger.

And so what has been discussed for a long time among philosophers is not *whether* psychopaths lack empathy, and what that really amounts to, but rather whether their immorality should be linked to this deficit specifically (Kennett 2002; Maibom 2005, 2014; McGeer 2008). If we set aside their actions, which express a noteworthy lack of empathy for their victims, the actual experimental evidence for lack of empathy in psychopaths is surprisingly mixed. Self-report measures generally support the idea that psychopaths experience *intact* empathy. I know of at least four studies that show intact performance on the empathic concern subscale of the *Interpersonal Reactivity Index* (*IRI,* Davis 1983) (van Borries et al. 2012; Domes et al. 2013; Lishner et al. 2012; Shamay-Tsoory et al. 2010), and only one that shows deficient performance, but only in secondary psychopaths (Mullins-Nelson 2006). Because psychopathy is so closely associated with mendacity and conning, these results tend to be dismissed. It is argued that psychopaths *pretend* to be normal. And it is certainly quite reasonable to take what they say with a grain of salt. Psychopaths do evince a disconnect between their actions,

their physiological and neurophysiological reactions, and their verbal reports (see, e.g. Ellis et al. 2016). However, an alternative to their lying about being empathic is that they simply do not understand that they are unempathetic. They may not "get" what empathy is. This would fit with their generally quite poor self-knowledge (Cleckley 1982).

To avoid the confound of psychopaths dissimulating, some studies have used other tools to measure empathy that are thought to be less under conscious control. In general, such studies show stronger support of the idea that psychopaths lack empathy. Their skin conductance and fear potentiated startle responses to observing others in distress are reduced on many tests (Birbaumer 2005; Blair 1999; Herpertz et al. 2001; House and Milligan 1976), and few, if any, show intact performance (but see Gao et al. 2012). Physiological measures, however, are notoriously imprecise. Skin conductance measures arousal. When there is a large increase in it, it shows the person is stressed or experiences fear, or something along those lines. Fear potentiated startle *also* measures stress or fear. And so the more solid tests of psychopathic lack of empathy actually measure whether pictures of people in distress make psychopaths stressed or fearful. Physiological tests, then, do *not* measure what psychologists call 'empathic concern' or what philosophers call 'sympathy'. After all, empathic concern is characterized as a soft, caring, and warm emotion, not a stress response (see Batson 1991). Nonetheless, these tests do indicate that psychopaths have a deficient *personal distress* response to suffering. This type of response is generally not thought to be relevant to moral responding to others because it appears to be primarily self-directed.

Unsurprisingly, the search for empathy, or lack thereof, has moved into the area of neuroscience. And here we have a bunch of studies that show that some empathy related areas—the anterior insula (AI), the anterior cingulate cortex (ACC), the inferior frontal gyrus (IFG), and the amygdala—are underactivated in psychopaths when they are exposed to pictures of people in pain or in painful situations (Birbaumer 2005; Decety et al. 2013a, 2013b; Meffert et al. 2013). However, not all studies show underactivation in such areas (Decety at al. 2014, intact activation in AI). More interestingly, it turns out that certain *instructions* normalize, or almost normalize, activation in these empathy related areas. In one study, Harma Meffert and colleagues found that if you instruct psychopaths to *feel with* a hand that is being slapped, their AI, ACC, and IFG show normal activation (suggesting intact empathy). Jean Decety and his collaborators (2015) also found intact activation in the AI (and vmPFC) when they instructed psychopaths to *feel with* either victims or perpetrators of violence. In another interesting twist, Decety found that when you show psychopaths a picture of a person in a painful situation and instruct them to imagine that this is happening to them, their empathy related areas respond normally or close to normally (Decety et al. 2013a). This contrasts with the level of activation when the instruction is to imagine that this is happening to *someone else* (abnormally low activation compared to controls).

What should we make of these studies? The most cautious interpretation is, I believe, that psychopaths do not, in the general run of things, empathize much with others. They will report that they do, but since their self-reports do not correspond well with their behavior or their bodily responses, there are reasons to be somewhat skeptical about that claim. It seems plausible, however, that they have the *capacity* to empathize. Not only do they empathize with people when so instructed (assuming that intact activation of the empathy related areas show empathizing), but also when they imagine that something hurtful or painful is happening *to them* (depicted to them by a photograph of someone else undergoing that experience). This latter case seems to me to be a *bona*

fide example of someone empathizing with a future self. And so the neuroscientific data suggests another complication to the neat picture of psychopathic lack of empathy.

EEG studies are another source of information about what, exactly, is going on in psychopaths when they are exposed to the suffering of others. Here the evidence is somewhat mixed. However, Decety, Lewis, and Cowell (2015) found that the initial orienting response to pain or suffering in others was intact in psychopaths. The later response—the so-called late positive potential (LPP)—was most abnormal. LPP indicates a continued allocation of attentional resources and continued processing of information about the target event. In other words, it reveals a continued preoccupation with what is happening to the suffering other. The substantially weaker response in psychopaths suggests a lack of continued interest in this particular stimulus. So it seems that it is not that psychopaths fail to notice suffering in others, it is merely that it is of limited interest to them. What is even more interesting, particularly to philosophers concerned with moral responsibility, is that these later empathy responses appear to be under conscious control (Decety, Yang, and Chen 2010). Social psychological research also supports the fact that empathy responses are controllable to some extent. For instance, empathic *accuracy* can be increased by monetary rewards (Hess, Blaison, and Dandeneau 2017; Klein and Hodges 2001). Moreover, emotional *mimicry* is also affected by such rewards. In effect, a subject can increase or decrease her overall *affective* empathy when properly motivated (Hess, Blaison, and Dandeneau 2017). This suggests that mimicry of facial expressions is not automatic. Indeed, Ursula Hess and Agneta Fischer (2014) argue that we only mimic facial expressions in affiliative contexts. This, again, suggests that the psychopath's abnormal response to people in distress is merely a heightened version of a relatively pedestrian human tendency; one that is under a good degree of conscious control.

What, then, can philosophers learn about empathy from psychopathy? First, what psychologists measure when they measure 'empathy' is only loosely related to what philosophers typically have in mind by 'empathy.' Most of the studies on psychopaths and empathy measure a distress response to others' suffering, which is well conceptualized as involving primarily stress, fear, or anxiety. Other studies suggest that the deficient response in psychopaths has to do with orienting normally to a threat. We may suppose that other people being in pain constitutes an indirect threat to us, which is why we react to it so strongly. Psychopaths experience a depressed response in these circumstances. This response, however, has little to do with the warm, generous, compassionate response associated with 'empathic concern'. We are not even sure whether the response measured is *empathic* distress, since measuring other-orientedness directly is problematic. What psychopaths are deficient in may simply be what psychologists call 'personal distress'. Second, psychopaths don't seem to *lack* empathy altogether. All we have evidence for is *reduced* responsivity, i.e. an *impairment* not a lack. This re-conceptualization could be important for assessment of responsibility and planning of treatment. Third, there is the intriguing possibility that psychopaths *can* empathize perfectly well with others, but they often choose not to. This should not come as a shock, since this is what nice people do all the time when they are overwhelmed by the suffering they are exposed to in real life or on television. Psychopaths may merely have a heightened version of this relatively normal human response. Fourth, if empathy is going to form the basis of psychopaths' deficient moral outlook, then we better make sure that lack of empathy as it is measured in psychopaths is something we believe is morally relevant. If the main component here is to see suffering in others as a threat, some moral philosophers may want to get off the boat. Or, at the very least, they may want to revise their theory of what types of emotional responses are morally relevant.

3. Making good decisions

A number of philosophers have pointed out that psychopaths also have substantial deficits in action planning, execution, and practical reasoning more generally (e.g. Kennett 2002; Maibom 2005). Many of these difficulties are attributable to narrowed attention or, as some researchers say, an attention bottleneck (Baskin-Sommers, Curtin, and Newman 2011). Others may be fear specific, although some researchers ascribe the fear deficit to the attention issues (ibid.).

The anecdotal evidence for decision-making deficits is pretty strong. Robert Hare recounts the story of a psychopath who, having forgotten his wallet, bludgeoned a shopkeeper so as not to have to pay for the beer that he was bringing to a party (Hare 1993, 58-59). Ted Bundy decided to represent himself in court because he distrusted his lawyer, and made his own situation even worse by doing so. One can find anecdote after anecdote in the two foundational books on psychopathy, Robert Hare's *Without a Conscience* (Hare 1993) and Hervey Cleckley's *The Mask of Sanity* (Cleckley 1982). The main difference between the two is that Hare's stories describe more violence since he was working in the prison system. Cleckley was a psychiatrist in private practice. Nonetheless, the stories he tells are quite colorful and would have landed his psychopaths in considerable trouble had their family not covered for them. Anecdotes, however, will only take you so far.

The evidence shows that psychopaths have subtle, but nonetheless pervasive, attention deficits. They are relatively insensitive to contextual information that is not the focus of their attention (see, e.g. Hiatt and Newman 2006; Newman and Kosson 1985; Newman et al. 1990). By contrast, non-psychopaths typically attend to many features of actions or situations. Narrowed attention is obviously a problem when peripheral (non-central) information is relevant to interpreting one's situation or the action one is considering performing. The problem is exacerbated by psychopaths also having difficulties *shifting* attention from one feature of a situation to another (Hiatt and Newman 2006; Newman, Patterson, and Kosson 1987).

Another intriguing feature of psychopaths is that they are relatively insensitive to punishment. It is not that psychopaths do not feel pain, fear, or disappointment (Hoppenbrouwers, Bulten, and Brazil 2016). But complexity and goal pursuit seems to interfere with their responses in a way that differs markedly from ordinary people. Punishment in the context of pursuit of a goal is not processed normally, and does not lead to normal avoidance behavior, whereas straightforward negative reinforcement responses are intact (Hiatt and Newman 2006). However, when simple reward-punishments contingencies are learned, psychopaths find it much harder to unlearn them than do nonpsychopaths (Blair et al. 2001; Brazil et al. 2013; Newman and Kosson 1986; Newman, Patterson, and Kosson 1987; Newman et al. 1990).

This abnormal reaction to punishment appears to be a function of reduced sensitivity to threat or, if you like, relative fearlessness. As we saw in the previous section, psychopaths do not react defensively to the pain or suffering of others. At least one study also shows that whereas negative social imagery, such as angry faces, leads to retreat in ordinary people, it does not inhibit approach in psychopaths (van Borries et al. 2012). Combined, these two deficits strongly indicate that psychopaths are relatively insensitive to social threats. This contrasts generally with their fear responses to direct threats to themselves, which are intact. For instance, when faced with images of open shark jaws, attacking snakes, or pointed guns, psychopaths have normal physiological reactions, although they are sometimes somewhat unresponsive to unpleasant imagery (Levenston et al. 2000). This could be a function of their attention being strained, as

indicated by Newman and colleagues (2010) or of how familiar the imagery is, as shown by Baskin-Sommers, Curtin, and Newman (2013). In a range of situations, however, their fear response is intact.

Philosophers have debated whether or not deficient fear responses should count as an emotion specific deficit or a decision-making issue. This discussion is usually about whether sentimentalism or rationalism is supported by psychopaths' deficits. The trouble is that neither sentimentalism nor rationalism have been developed as theories in ways that are particularly sensitive to what we now know about emotion, cognition, and decision-making. One can make a case that intact fear responses are central to good decision-making, and that fear is not the kind of emotion that sentimentalists want to found moral judgments on (Maibom 2005). I expect a nimble sentimentalist can make the opposite claim also. After all, fear is very much an *emotion.* We should acknowledge that we are in need of new theories of the involvement of reason and emotion in moral judgment that are more sensitive to recent psychological and neurophysiological developments (see, e.g. Kurth 2018).

Deficient decision-making can affect moral reasoning in pretty straightforward ways. I have argued that if one gets transfixed by one's goal and has difficulties keeping a range of other considerations in mind, what might be sacrificed in this battle over attentional resources is information about the welfare of the subject, moral and legal norms, or the categorical imperative, if you like (Maibom 2005). Others argue for more broad sweeping interpretations of psychopaths' practical reasoning impairments. For instance, Jeanette Kennett (2002) maintains that psychopaths do not understand either what ends are or the reasons they generate. Because psychopaths do not suffer from a *general* impairment of decision-making, we might want to be hesitant about making such sweeping claims (see also Glenn et al. 2017). Nonetheless, one of the things the psychopathy literature indicates is that a number of small and circumscribed deficits can have rather large effects. (For a view that psychopaths do *not* suffer from impaired practical reason, see Jurjako and Malatesti 2016).

Not paying proper attention to all the ins and outs of a situation is not, of course, a sexy moral deficit. And it does not have the majesty of the failure to grasp a categorical imperative. It is nevertheless pretty obvious that attention and fear impairments play an important role in some of the immoral activities that psychopaths engage in. After all, psychopaths are known to act impulsively or with poor forethought. Whether this issue can be conceptualized in such a way as to give a satisfactory grounding in moral psychological theory is a separate question, but it is one we are not currently in a position to dismiss.

4. Abilities: the psychopathology of everyday life

The best way to use psychopathy to show something interesting about human moral psychology is to show that they lack such and such capacities, and show how the correlation with their amorality is more than a simple accident. As should be clear from what I have said so far, there are precious few capacities that psychopaths *lack altogether.* They do not lack the ability to empathize, they do not lack the capacity to make decent decisions, they are not fear*less,* and so on. This means that the best way to proceed is to think in terms of *deficits,* not *lacks.*

Does shifting the discourse from lacking abilities to deficient ones make any difference? It does. It helps us see this disorder as something that is *continuous* with nonpathological expressions of similar traits. That this way of thinking about

psychopathology is becoming more popular is evidenced in the fact that more and more studies of psychopathic traits are conducted online, or in university settings with participants that would never meet the clinical criteria for psychopathy (e.g. Glenn, Raine, and Schug 2009; Lishner at el. 2012). Such studies are nevertheless taken to be informative about psychopathy as a clinical category. What this strategy reveals is that psychopathy is seen to be constituted by a collection of features that can be found in the general population, though typically in less severe forms. In other words, mental illness is seen as *continuous* with ordinary mental functioning, so that studying the latter can be revelatory about the former. For instance, Glenn, Raine, and Schug (2009) report that high psychopathy scores (in a community sample) are correlated with reduced amygdala activity in emotional moral judgments. This stands to reason, of course. If being mentally ill is merely a matter of the degree and severity of your psychological abnormalities compared to others, then we can study the less severe cases to throw light on the more severe ones. Let me just note in passing that the debate over whether we should regard mental disorder in a categorical or a dimensional fashion is not limited to psychopathy. It is discussed in the *Diagnostic and Statistical Manual of Mental Disorders-5,* and alternative dimensional schemes are explored in The National Institute of Mental Health's Research Domain Criteria Program (RDoC). The underlying thought is familiar from Freud's thinking about the psychopathology of everyday life, even if only in basic conception (Freud 1914).

Because it is much easier to think in terms of all or nothing, and because it gives rise to much neater explanations, philosophers have had the tendency to apply categorical thinking to psychopathy. Psychopaths have been said to lack a conception of reason (Kennett 2002), lack empathy (Nichols 2004), or something of that sort. This discourse draws a line in the sand between psychopaths and "us" that the data does not support, and dramatizes the disorder considerably. If psychopathic traits are distributed in the population—including the highly educated part of the population—we cannot theorize in ways that make psychopaths abnormal and everybody else normal. And whereas this caution seems straightforward, obvious, but perhaps even unnecessary, it is rarely heeded. Once we take it to heart, however, it subtly changes the way we think about psychopaths *and* actual human moral agency.

Let me give you one example. It is said that psychopaths lack empathy. As we saw, many measures of empathy detect little to no deficit. Other measures reveal depressed functioning. Moreover, there are significant differences between individual psychopaths here, just as in the general population. But reduced functioning in empathy related tasks is often interpreted as lack of a capacity. This has rather large effects on how we conceptualize what psychopathy is, the degree of responsibility we can ascribe to people suffering from this disorder, and reasonable treatment options. But suppose we think of psychopaths' empathy deficit not so much in terms of *other* psychiatric populations—such as Borderline Personality Disorder or Autism Spectrum Disorder—but more in terms of ordinary people's everyday failure to empathize. Might that help us understand psychopathic (im)morality better? Let's see. People are very good at empathizing with people they are familiar with and with whom they identify; they have a harder time with strangers, people in different countries, and so on. This fact is part of some people's crusade *against* empathy being central to morality (Bloom 2016; Prinz 2011). If we look at deficient empathy in psychopaths on the model of deficient empathy in ordinary people, what do we find?

Ordinary people have empathy blind spots for people and creatures that it is in their interest to exploit. Human history is full of such examples: foreigners, "natives", slaves, and women have historically been treated with extreme cruelty and disregard for their wellbeing by people who were quite happy to empathize with "their own". We turn a

blind eye to the suffering that may be involved in our satisfying our desires or needs. One need only point to the horrific practice of factory farming, which produces most of the meat in the United States. People who consume factory farmed meat are not generally incapable of empathy, nor do they lack feeling when it comes to the plight of nonhuman animals. Many have dogs and other pets they care for greatly. But the group of animals that we have an interest in subjugating, shall we say, is left outside this circle of concern. Why not assume that the lack of empathy we observe in psychopaths is better understood on this model, than positing a rather mysterious and overwhelming lack of care for suffering others? Notice how this interpretation of psychopaths' empathy deficit as motivated fits the data that I presented in section 2.

The idea that deficient empathy is often a matter of having "blind spots" receives additional support from the literature on rape. It is probably not the case that rapists experience a *general* lack of empathy (Varker et al. 2008). Indeed, there is intriguing evidence that suggests that rapists lack empathy *for their particular victim group* (Beach and Browne 1999; Fernandez et al. 1999; Fernandez and Marshall 2003, and Fischer). Child molesters can, for instance, be quite empathetic towards adult female rape victims. Their lacuna seems to be specific to children of whatever sex they are interested in. And so merely giving these individuals general empathy training would presumably be useless. Indeed, previous attempts indicate that psychopaths do not improve with such training (Hare 1991). The barrier against empathizing with one's preferred victim group must somehow be removed. So perhaps new models of treatment that address *motivational* issues in empathy, specifically, should be explored. And if such issues are common in ordinary people, we have lots of data to work with to design new treatments.

If we move on to consider how an approach to psychopathy in terms of deficient, not lacking, abilities affect ascriptions of responsibility, we find that it leaves no quick way of absolving psychopaths for their harmful actions. If psychopaths do not simply lack empathy, we cannot absolve them for their harmful actions by reference to this fact preventing them from truly understanding harm norms. Instead, we must show that the empathy impairment they suffer from is sufficient to render their moral understanding so deficient that they cannot truly be said to know right from wrong. Alternatively, we must show that the empathy deficit is of a kind that attenuates responsibility. It must, in other words, be morally relevant. Determining whether this is the case is going to be more difficult than if we were simply dealing with an absent ability (for a more detailed discussion, see Jefferson and Sifferd in this issue).

5. Primary versus secondary psychopathy

In the philosophical literature psychopathy is often presented as if it were a unified category. And in a way it is, of course. It is a category generally accepted by researchers and professionals—although it does not appear in the *DSM* anymore (it is largely subsumed under Antisocial Personality Disorder)—and it is predictive of things like recidivism (Hare 2003). It is therefore tempting to think it is a psychiatric kind, i.e. a psychiatric equivalent of a natural kind (Malatesti and McMillan 2014). But psychopathy, as it is currently diagnosed, is unlikely to constitute *a* kind (e.g. Brzović, Jurjako, and Šustar 2017). For one, there is now general agreement that psychopathy comes in two types: primary and secondary, or low-anxious and high-anxious (e.g. Hicks et al. 2004; Kosson et al. 2016). This division is significant because the behavior of particular interest to researchers—immoral and criminal behavior—appears to spring from at least partially different causes in the two groups. If the two subtypes are

distinct, this might also explain why the data on psychopaths' moral abilities is so mixed (for a review, see Maibom forthcoming). Let us have a quick look at this issue.

James Blair (1995) first argued that psychopaths have a deficient Violence Inhibition Mechanism. This deficit gives rise to a range of other deficits: in empathy, in guilt and remorse, and so on. Blair later became interested in different forms of aggression, namely instrumental and reactive aggression (Blair, Mitchell, and Blair 2005). He then argued that what sets psychopaths apart from other criminals is the high degree of instrumental aggression they engage in. As the term indicates, reactive aggression is aggression following an event, such as an insult, an attack, or something similar. It is a retaliatory response. High degrees of reactive aggression are associated with impulsivity. By contrast, instrumental aggression is aggression not directly provoked by a preceding event, but used to get some resource of interest to the perpetrator. It is usually premeditated. An example would be to hurt someone and threaten to hurt them more, if they do not comply with certain demands. Blair builds his theory around this particular type of aggression, arguing that amygdala dysfunction lies at the core of psychopathy, with its distinctive patterns of instrumental aggression. The basic idea is that a level of affective *insensitivity* on the part of psychopaths facilitates such behavior. On his view, high levels of *reactive* aggression are more common in children diagnosed with Conduct Disorder and adults with Antisocial Personality Disorder (Blair, Mitchell, and Blair 2005). He tends to think of these groups *not* in terms of psychopathy.

Blair's point is not, of course, that psychopaths *only* engage in instrumental violence, but that the high frequency with which they do sets them apart from other criminals. As a matter of fact, psychopathy is predictive of aggression in inpatient settings, whether reactive or instrumental (Stafford and Cornell 2003). Since *secondary* or high-anxious psychopaths are known for their reactive aggression (Kosson et al. 2016; Swogger et al. 2010), Blair's account is less suited to explain psychopathy *per se* than primary psychopathy specifically. After all, the explanation for high levels of reactive aggression is notably different from that provided by Blair for the high levels of instrumental aggression. In a later paper, Blair argues that impairments in *stimulus-reinforcement learning* and response reversal gives rise to frustration, which makes psychopaths more susceptible to reactive aggression also. The impairment is not due to deficient amygdala functioning, but to dysfunction in the ventromedial prefrontal cortex (Blair 2010). If it is indeed true that the two forms of aggression line up reasonably well with the primary vs. secondary distinction, the two groups cannot be understood, treated, or assigned responsibility on the same model.

Now, one of the aspects of psychopathy that has received the most focus is their relative lack of concern for others, primarily in the context of violence. Increased violence has, in turn, been associated with deficient empathy. But there is evidence that secondary psychopaths are *more* violent than primary psychopaths (Hicks et al. 2004; Kimonis et al. 2012; Vidal, Skeem, and Camp 2010), and their violence tends to be reactive. What is interesting about this fact is that secondary psychopaths are primarily characterized by behavioral and lifestyle issues, including impulsivity, but not *affective* deficits. They may not score high on lack of empathy, for instance. Kimonis et al. (2012) found that secondary, but not primary, psychopaths accord substantial attentional resources to processing emotional faces. Moreover, higher levels of anxiety are associated with better performance on startle probes, a typical measure of emotional responsivity to unpleasant imagery, such as harm to others (Justus and Finn 2006). Female psychopaths have also been found to have more intact responses to unpleasant and

threatening stimuli than male psychopaths (Justus and Finn 2006), possibly because women are more prone to fear and anxiety than are men (Campbell 2006).[1]

If this distinction between primary and secondary forms of psychopathy holds, we need to rethink some of the common conceptualizations of psychopathy. Secondary psychopathy, on this picture, is more like Antisocial Personality Disorder and may be amenable to treatment as such. Early proponent of the distinction, Benjamin Karpman, argued that secondary psychopaths suffer from an emotional *disturbance,* not deficient affectivity, and are amenable to psychotherapeutic treatment *on the basis of their capacity for moral training* (Karpman 1948). Although the surface features of disregard for the rights and wellbeing of others are shared between the two types of psychopaths, the origins of these attitudes are likely to be quite different (see also Brazil et al. 2018). For moral psychologists, this is of enormous significance when it comes to conceptualizing the various pathways to morality and immorality.

The most obvious candidate for the classical psychopath, as far as philosophers are concerned, is the *primary* psychopath. In psychiatric parlance, such psychopaths are high on *PCL-R* Factor 1 issues, i.e. emotional and interpersonal deficits. They tend to suffer from *deficient* emotional reactivity and depressed interpersonal emotions, such as guilt, shame, remorse, and empathy (probably: personal distress). But they are not likely to be the most violent of psychopaths. They may engage more in manipulative, exploitative, and conning behaviors. And when they are violent, it is more likely to be planned and goal-directed (Blair, Mitchell, and Blair 2005; Hart and Dempster 1997). It is *this* kind of psychopathy, presumably, that is the best target for people who believe that having the right kind of emotional sensitivity to others is necessary for being morally responsive to them. It is important to note, however, that the premeditation that is involved in these types of behaviors usually counts against a person being excused for their immoral actions, *particularly* if this can be combined with a decent declarative knowledge of right and wrong.

There is a real possibility, then, that most of the work on psychopaths' affective profile and moral capacity is based on research which conflates two interestingly different subtypes. This could explain why the data is often so maddeningly conflicting (Brazil et al. 2018). If there are various pathways to immorality or amorality, we need more new research that examines the distinctive contributions of the different facets of psychopathy to moral judgment and behavior.

6. Some take-home messages for the curious

I have picked four themes in psychopathy research that I believe are of particular interest to philosophers. A common theme unites them; psychopathy is a much more complex and multifaceted disorder than it is often given credit for. It may not, in fact, be *one* disorder at all. And whereas the criminal histories of many psychopathic individuals are long and shocking, their actual documentable deficits are often quite subtle, and very specific. We can make no sweeping statements about psychopaths such as: they lack empathy or they lack practical reason. But here are some things we can learn. First, the specific empathy deficit we have evidence for in psychopaths is an impaired distress

[1] Mullins-Nelson et al. (2013) found that primary psychopaths score within the normal range on IRI-EC, whereas secondary psychopaths score abnormally low on IRI-EC, contrary to what one would expect from factor scores. This lends further support to the idea that primary psychopaths are either more deceptive or simply have less understanding of themselves because of their emotional deficit. It also suggests that the lack of empathy measured in secondary psychopaths may be due to hostility towards others, rather than affective insensitivity to them.

response to distress cues. What does this amount to? Compared to ordinary people, psychopaths experience less fear, anxiety, and defensiveness in face of suffering others. There are many reasons to think that this is highly relevant to the ease with which psychopaths violate harm norms. But if this is right, it means that this type of response in ordinary people may underpin *their* adherence to moral and legal norms too. It is not a response that has been accorded much attention by moral psychologists or philosophers, however. Perhaps it is time for this to change. Second, we have no basis upon which to conclude that psychopaths are *incapable* of forming a conception of reason based on their rather subtle and specific learning impairments. But we do have reasons to think that fear and anxiety play important roles in learning and good decision-making, and this has ramifications for how to think of moral psychology (see also Kurth 2018). Third, what is emerging is a complex picture of various impairments in abilities that are imperfectly instantiated in the population at large. For instance, people are more or less empathic. Moreover, the empathy impairment psychopaths (primary psychopaths?) suffer from may have more to do with their being relatively uninterested in others' suffering than with their ability to feel distress at others' distress. How to conceptualize such a deficit within theories of responsibility and punishment is an urgent and fascinating problem. Exploring this issue further may help us to think of abilities themselves quite differently. Fourth, disaggregating subtypes of common mental disorders may turn out to be crucial for drawing more wide-ranging conclusions from psychological results with such populations. There is a real possibility that the psychopathy literature is currently of limited help in revealing the true correlations between immoral behavior, moral judgment, and psychological capacities, such as attention, anxiety, empathy, and learning. That ought to make us a bit more careful about positing our own favored causation model—no empathy, hence no true moral understanding, say—to a complex phenomenon such as psychopathy.

It is, of course, somewhat dismaying to have to recognize that a disorder that seemed so perfectly suited for settling disputes in moral psychology is so maddeningly complex. But post-truth age or not, the evidence is pretty solid. It is clear that *both* affective impairments or disturbances *and* decision-making and learning deficits contribute to poor compliance with moral and legal norms in psychopaths. What philosophers want to know is whether the psychological underpinnings are morally relevant or not. And that is an important question to be sure. But we cannot use simplistic formulations of sentimentalism and rationalism, such as Hume *versus* Kant, to help us here. For their view of what reason is differs markedly from what we now know is involved in making good decisions. For instance, intact *affective* responding to threats clearly is one important learning mechanism without which you will develop relatively poor decision-making skills (Damasio 1994). We can *decide* to say this supports rationalism or sentimentalism, but why not update our philosophy? Why not think of modern and more empirically viable ways of conceptualizing what we have discovered? Instead of fitting psychopathy into a procrustean bed of philosophical dignitaries, perhaps it is time to update our view of moral psychology.

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ARE PSYCHOPATHS LEGALLY INSANE?*

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ABSTRACT

The question of whether psychopaths are criminally and morally responsible has generated significant controversy in the literature. In this paper, we discuss what relevance a psychopathy diagnosis has for criminal responsibility. It has been argued that figuring out whether psychopathy is a mental illness is of fundamental importance, because it is a precondition for psychopaths' eligibility to be excused via the legal insanity defense. But even if psychopathy counts as a mental illness, this alone is not sufficient to show the insanity defense is applicable; it must also be shown that, as a result of the illness, specific deficits in moral understanding or control are present. In this paper, we show that a diagnosis of psychopathy will generally not indicate that a defendant is eligible for an insanity defense. This is because the group of individuals subsumed under the diagnosis is so heterogeneous that while some psychopaths do show significant impairments in affect and control which may impact on their responsibility, many psychopaths are not incapacitated in a way relevant to responsibility.

Keywords: *psychopathy, mental disorder, dysfunction, criminal responsibility, insanity defense*

1. Introduction

The question of whether psychopaths are criminally and morally responsible has generated significant controversy in the literature. In this paper, we discuss what relevance a psychopathy diagnosis has for criminal responsibility. Nadelhoffer and Sinnott-Armstrong (2013) have argued that figuring out whether psychopathy is a mental illness is of fundamental importance, because it is a precondition for psychopaths' eligibility to be excused via the legal insanity defense. However, even if psychopathy counts as a mental illness, this alone is not sufficient to show the insanity defense is applicable; it must also be shown that, as a result of the illness, specific

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deficits in moral understanding or control are present.[1] In this paper, we show that a diagnosis of psychopathy will generally not indicate that a defendant is eligible for an insanity defense. This is because the group of individuals subsumed under the diagnosis is so heterogeneous that many psychopaths are not incapacitated in a way relevant to responsibility. First, in section two, we will explain how psychopathy is defined and diagnosed. We will then discuss the relationship between mental illness and legal culpability in section three. Finally, we discuss the question of whether psychopaths as a group exhibit incapacities relevant for an insanity defense in section four.

2. The psychopathy construct and how psychopathy is diagnosed

2.1. Diagnosis

Psychopathy is a personality disorder characterized by affective and behavioral anomalies. It is not currently a recognized mental disorder in the DSM-5, which instead operates with the definition of antisocial personality disorder (ASPD). However, the DSM-5 does link ASPD to psychopathy as follows: "The essential feature of antisocial personality disorder is a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood. This pattern has also been referred to as psychopathy, sociopathy, and dissocial personality disorder" (APA 2013, 659). The ICD 10 (International Classification of Diseases 10, compiled by the World Health Organization) lists psychopathy under dissocial personality disorder.

The history of psychopathy as a diagnosis goes back at least to Philippe Pinel (Pinel 1962) and Ludwig Koch, who introduced the term 'psychopathy' (Koch 1891). However, Hervey Cleckley is generally considered the father of the present-day construct. In his 1941 book 'The Mask of Sanity' Cleckley tried to give a systematic account of psychopathy and provided a number of diagnostic criteria, including the affective ones which are now thought to be central. For example, Cleckley lists egocentricity and incapacity for love as criteria for diagnosis, as well as poverty in major affective reactions.

In the last 50 years or so, psychopaths have primarily been the subject of forensic psychology, and this discipline has yielded the standard assessment tool for diagnosing psychopathy, Hare's Psychopathy checklist, the PCL-R (Psychopathy Checklist Revised) (Hare 1991). Hare and his colleagues developed the psychopathy checklist as a tool for distinguishing psychopathic from non-psychopathic subjects in the prison population for research purposes (Hare 1999, 32). The construct of psychopathy that the PCLR is meant to diagnose is the one originally developed by Cleckley.

The list of traits for which a potentially psychopathic individual is assessed is subdivided into two main factors - affective/interpersonal and antisocial behavior/lifestyle. The affective/interpersonal dimension lists the following characteristics: Glibness, superficial charm, grandiose sense of self-worth, deceitfulness; shallow affect, lack of empathy, lack of remorse or guilt, manipulativeness. The items

[1] As we discuss below, some legal tests for insanity, including the U.S. Model Penal Code test, require that a defendant should either have deficits in moral understanding or in volitional control (1985). However, the common law test of the U.K., U.S.A. and Australia, known as the M'Naghten rule, requires that a defendant lack moral understanding and does not excuse those lacking control.

found in the antisocial behavior/lifestyle factor are: Impulsivity, thrill seeking, early behavioral problems, parasitic lifestyle, poor behavioral controls, lack of realistic long-term goals, juvenile delinquency, revocation of conditional release. Items which do not fit into the two main categories are promiscuity, many short-term relationships, and criminal versatility.

While the PCL-R is the best-known and most frequently used tool for diagnosing psychopathy, psychopathy was initially introduced as a clinical diagnosis by Cleckley and there are tests for the diagnosis of psychopathy which do not primarily target the prison population; for example the PPI-R (Lilienfeld and Widows 2005) or the Levenson Self-Report Psychopathy Scale (Levenson et al. 1995). The latter two are self-report tools, which involve certain limitations, given the fact that dishonesty is a core diagnostic criterion of psychopathy. There is, furthermore, ongoing uncertainty about the extent to which different self-report measures pinpoint the same construct (Lilienfeld and Fowler 2006).

The criteria a subject has to meet to qualify as psychopathic on the PCL-R and those for the DSM category of Antisocial Personality Disorder (ASPD) exhibit a large overlap. This may suggest that psychopathy is just the forensic equivalent to ASPD. This is not the case, however. Scientists working on psychopathy agree that psychopathic individuals form a subset of people with ASPD (Blair 2008; Harris et al. 2001; Skeem et al. 2011). The main difference between the two diagnoses is that criteria for the diagnosis of psychopathy explicitly include personality traits (callousness, grandiose sense of self-worth, irresponsibility), whereas the ASPD diagnosis in the DSM focuses more strongly on observable antisocial behavior (cf. DSM 5). However, the diagnostic criteria for ASPD has moved closer to those for psychopathy in the current DSM-5. As the ASPD diagnosis is less specific than the PCL-R, someone diagnosed with psychopathy will normally also be diagnosable as having ASPD, but not vice versa. Individuals diagnosed with psychopathy also frequently meet the criteria for other Axis II B disorders such as narcissistic or borderline personality disorder. In particular, it has been hypothesized that borderline personality disorder might be the female phenotype of secondary psychopathy (Sprague et al. 2012). Given the focus on socially undesirable personality characteristics in axis II cluster B personality disorders, the presence of an overlap is hardly surprising. Furthermore, some of the key characteristics, such as problems with empathy, are shared across such diagnoses as psychopathy, narcissistic personality disorder and borderline personality disorder (Baron-Cohen 2012).

2.2. Diagnostic criteria and the psychopathy construct

From the outset, antisocial behavior has figured prominently in the diagnostic criteria for psychopathy. This has led to a number of discussions regarding the question whether what we are faced with is a genuine medical condition or a pattern of disvalued behavior (cf. Blackburn 1988; Karpman 1948). The heavy reliance on antisocial behavior complicates the picture, because the relation between social deviance and personality traits needs to be established. Making antisocial behavior part of the diagnostic criteria risks including very diverse individuals with regard to the cause of the undesirable behavior; and this is indeed an objection raised against both ASPD and psychopathy as diagnostic categories (Blackburn 1988; Mullen 2007). As Blackburn points out: “The contribution of personality characteristics to antisocial behavior is an empirical question which can only be answered if the two are identified independently” (Blackburn 1988, 507).

The problem of using undesirable behavior as a diagnostic criterion is part of a more general problem regarding our understanding of a condition and the way it is diagnosed

in psychiatry. Diagnostic criteria serve the purpose of establishing when someone has condition x. In psychology and psychiatry, we do this by looking at behavior, which is generally the only way we can access differences at the psychological level. The reason why the DSM is so strongly focused on behavioral measures is because they make a diagnosis reliable across patients and clinicians (Cooper 2014). However, what we are really after is something that goes beyond a mere behavioral description, something that indicates the underlying cognitive and emotional dysfunctions which lead to this kind of behavior (namely, some causes of the behavior). In a review paper, Skeem and colleagues draw attention to this in the context of psychopathy, saying that

> The PCL-R has played an extraordinarily generative role in research and practice over the past three decades—so much so, that concerns have been raised that the measure has become equated in many minds with the psychopathy construct itself. (Skeem et al. 2011, 95)

The diagnostic criteria of the PCL-R do attempt to capture the specific underlying personality characteristics which Cleckley used to define psychopathy. The most important underlying characteristics assessed by the diagnostic are affective deficits, most notably in empathy, as well as problems with impulse control. Both are central to the construct of psychopathy. Thus, while antisocial behavior figures prominently in the diagnosis, it is supposed to be linked to the affective deficits. Emotional deficits of psychopaths thus help distinguish psychopathy from less well circumscribed conditions such as antisocial personality disorder and provide us with characteristics which help to explain the problematic behaviors exhibited by psychopaths.

As we will argue below, it is these underlying cognitive or emotional dysfunctions that we are interested in when we make judgments regarding a psychopath's criminal and moral responsibility. We want to know whether the psychopath has certain psychological features which make immoral or illegal behavior difficult or impossible to avoid, or lacks understanding of what constitutes morally right or wrong action.

2.3. Further distinctions between different types of psychopath

The literature often subdivides psychopaths further according to behavioral profiles, hypothesized underlying causes, etc. One such division is between primary and secondary psychopathy (Lykken 1996; Mealey 1995; Newman et al. 2005; see also Maibom's contribution to this issue), and another is the one between successful and unsuccessful psychopaths (Gao and Raine 2010; Ishikawa et al. 2001; Sifferd and Hirstein 2013). The primary/secondary distinction tracks affective differences. Primary psychopaths are characterized by low anxiety, whereas secondary psychopaths are more anxious (cf Lykken 1996; Newman et al. 2005). Primary psychopathy is also associated with fearlessness, low emotional empathy, and is inversely associated with negative emotionality, whereas secondary psychopathy is associated with negative emotionality, impulsivity, frustration, sensation-seeking, and reactive aggression (Skeem et al. 2011). In sum, it seems that when divided this way, only primary psychopaths may have flattened affect.

Some authors also take the primary/secondary psychopathy distinction to distinguish the way psychopaths acquired the condition. Primary psychopaths are 'born psychopaths', whereas secondary psychopaths are thought to have developed psychopathic traits because of other psychological deficits or in reaction to a difficult social and familial environment (Mealey 1995; Porter 1996). There is a growing body of evidence which shows that psychopathy is correlated with childhood abuse and neglect (Craparo et al. 2013; Marshall and Cooke 1999). On the primary/secondary distinction,

individuals whose condition is caused by abuse and neglect would be secondary psychopaths.

Work on primary versus secondary psychopathy indicates that psychopaths may be heterogeneous both in terms of the specific traits that they manifest and in the etiology of their condition. This should already cause us to question whether psychopaths, as a group, have a mental disorder that ought to be considered exculpatory. In addition, there is a further important distinction made in the literature between so-called successful psychopaths, who remain undetected (at least by the law) but whose behavior may well be immoral or illegal, and unsuccessful psychopaths, who tend to get caught up in the criminal justice system (Ishikawa et al. 2001). Whether there is a significant number of successful psychopaths is far from clear (Skeem et al. 2011), but that some people with psychopathic tendencies actually manage to avoid contact with the law or psychiatric institutions is assumed by authors whose positions on psychopathy differ significantly (Babiak and Hare 2007; Babiak et al. 2010; Hare 1999). Both individuals who exhibit psychopathic traits but refrain from 'traditional criminal activity,' and those who engage in criminal activity but manage to escape conviction have been categorized as successful psychopaths (Anderson and Kiehl 2012).

Conceptions and ways of classifying psychopaths as successful (i.e. the tests administered) are not uniform across the literature (cf. Gao et al. 2010). However, on the most general level possible, we can say that successful psychopaths are those individuals who have escaped imprisonment but exhibit psychopathic traits. Whether their success can be explained by the fact that they score lower on certain psychopathic traits, such as lack of impulse control, as a number of authors hypothesize (Poythress and Hall 2011) is still under investigation. Even so, the two categories of psychopaths – successful and unsuccessful – seem to exhibit differences regarding the core underlying dysfunctions or causes of psychopathy, including emotionality and impulsivity, as we shall see below.

A further factor that is important when considering the condition is that, like most mental disorders, psychopathy is increasingly viewed as dimensional. A dimensional conception of mental disorders stresses the continuity between traits found in the population overall and those found in certain disorders, conceptualizing pathological traits as varying in degree, rather than in kind. In other words, psychopathic traits lie on a continuum and can to a lesser degree also be found in individuals who do not meet the criteria for a diagnosis of psychopathy. "[A] "psychopath" as we think of him/her likely represents the extreme end of the continuum of symptom severity" (Glenn et al. 2011, 372). Hare and Neumann (2008) also suggest that it may be more useful to characterize people as exhibiting psychopathic traits to varying degrees rather than positing a psychopath/non-psychopath dichotomy.

3. Capacity responsibility and legal insanity as an excuse

As noted above, Nadelhoffer and Sinnott-Armstrong argue that whether psychopathy counts as a disorder or illness is important, because if this is the case, psychopaths may be eligible for the insanity defense. They note that "the crucial point here is that neither formulation [of the insanity defense] has any chance of applying to psychopaths unless psychopathy is a "disease of the mind" (M'Naghten) or a "mental disease" (ALI/MPC)" (Nadelhoffer and Sinnott-Armstrong 2013, 230). Nadelhoffer and Sinnott-Armstrong claim psychopathy is a disorder on all reasonable definitions of disorder. We are not so sure this is the case; it seems to us that whether psychopathy counts as a disorder depends upon the definition of disorder used and the subtype of psychopathy under

consideration. Thus, while Nadelhoffer and Sinnott-Armstrong argue that psychopaths should count as disordered on an adaptationist, harmful dysfunction account, too, a number of authors have recently argued that on Wakefield's harmful dysfunction approach, psychopathy should not be understood as a disorder, but as an adaptation (Harris et al. 2001; Krupp et al. 2013; Lalumière et al. 2008; Reimer 2008).

Rather than resolving the question whether psychopathy is a disorder, we recommend a different approach. We contend that what is relevant is whether psychopaths meet whatever threshold capacities are needed for criminal responsibility. We take this approach for a number of reasons. First, on a practical note, it is worth pointing out that whether a condition is counted as a disorder by the courts will be more likely to depend on whether it features as a disorder in the two main diagnostic manuals, the DSM-5 and the ICD 10, then on whether it counts as a disorder according to a specific philosophical account of mental illness. Second, possession of a mental disorder is a necessary but not sufficient condition for legal insanity. Once it is established that a defendant has a mental disorder, it must still be shown how this disorder affects his criminal responsibility (if at all). We are more interested here in determining whether psychopaths possess the deficits that indicate they are not fully responsible. Third, we take it that legal insanity is not the only means for a defendant with such deficits to claim a legal excuse. If a psychopath does not have the relevant capacities for criminal responsibility, then he may be eligible for either the legal insanity defense, if the court counts psychopathy as a disorder; or, if the court does not recognize psychopathy as a disorder, the same deficits may ground a claim of diminished mental capacity. Diminished mental capacity is a partial failure of proof defense, which means that to be eligible for the excuse a defendant must lack the mental capacity to form the specific mental intent required for his crime (Morse 1984). A defendant with diminished mental capacity may be capable of being reckless; but may not be capable of the level of understanding or control over her act to have committed it "purposely" (the mental state required for first degree murder under the U.S. Model Penal Code).[2]

In the end, we will argue that the group "psychopath" – as identified by current diagnostics, described above – is so heterogeneous with regard to the capacities necessary for responsibility that a diagnosis of psychopathy is at best an indicator to the court that further psychological testing is required to prove that the defendant ought to be excused as legally insane (or due to diminished mental capacity).

A number of authors argue that when we aim to establish responsibility, the status of a condition as a disorder is not what is at stake, rather it is the specific psychological dysfunctions that matter (Butlin and Papineau 2017; Vincent 2008,).[3] Butlin and Papineau (2017) make the following assertion in the context of the question whether addiction is a disease:

> Of course, issues of responsibility, blame and punishment are real and pressing, and particularly so with respect to addicts. But they are best addressed directly, without a detour into the issue of disease. We can

[2] The Model Penal Code was developed by the American Legal Institute to serve as a guide for state legislators, and to encourage uniformity across the US state penal codes. (1985)

[3] The Swiss criminal code reflects this view. Swiss Article 19 – 1 states that "If the person concerned was unable at the time of the act to appreciate that his act was wrong or to act in accordance with this appreciation of the act, he is not liable to prosecution."

> simply ask straight off about the responsibility, blame, and punishment of addicts, without also worrying about whether addicts are ill or not. (Butlin and Papineau 2017, 101)

However, the issues of whether a condition should count as a disorder, and whether it mitigates responsibility, are closely linked. Indeed, they normally rely on the same facts – facts about psychological deficits that impair agents' decision making and actions in such a way that we take them to be ill, and less able or unable to meet moral demands. So, a diagnosis of a disorder may be read as shorthand for the existence of cognitive deficits or dysfunctions which *may* also lead to lack of what legal scholars call "capacity responsibility" – the general mental capacities an agent must possess to be legally liable for her actions (Hart 1968). According to Hart, these include: "understanding, reasoning, and control of conduct: the ability to understand what conduct legal and moral rules require, to deliberate and reach decisions concerning these requirements; and to conform to decisions when made" (Hart 1968, 227).

Medical diagnoses serve different purposes than categories of excuse. Legal excuses aim to identify those whose ability to understand and obey the law is severely underdeveloped or diminished; whereas categories of disease are shaped by the medical professions' aims of diagnosing and treating illness. Thus, there are significant differences between categorization of disordered or diminished mental processes by the law versus the medical profession. Many mental disorders identified for treatment have little or no significance regarding the diagnosed person's capacity to commit a crime; and many persons excused from criminal culpability do not suffer from a mental disorder (e.g., young children).

Tests used by courts to determine if a defendant is legally insane attempt to identify capacities necessary for a person to be law-abiding, and then ask whether they are missing or diminished in a mentally ill defendant. The test for insanity adopted by most U.S. states, the M'Naghten rule, excuses a defendant who, due to a severe mental disease or defect, is unable to appreciate the nature and quality of the wrongfulness of his act. The other legal standard used in the U.S., found in the Model Penal Code (1985), requires that at the time of the criminal act a defendant diagnosed with a relevant mental defect lacked "substantial capacity to either appreciate the criminality of his conduct or to conform his conduct to the requirements of the law." Thus, the M'Naghten rule employs a purely cognitive conception of insanity, whereas the MPC rule requires that responsible defendants possess both cognitive and volitional competence.

Which test is best? David Brink and Dana Nelkin (2013) have argued that the capacities required for criminal blame and punishment are those necessary to provide an offender with "fair opportunity to avoid wrongdoing" (Brink and Nelkin 2013, 284). Certain cognitive and volitional capacities provide this fair opportunity because they allow an offender to understand moral and legal rules, and to exert control over his behavior to avoid breaking such rules (Brink and Nelkin 2013). Recognition of wrongdoing involves understanding the nature of one's act in relation to the law, as well as in relation to the circumstances surrounding the act (Brink and Nelkin 2013). Volitional capacities include a person's ability to plan and act according to that plan, to avoid impulsive reactive behavior, and in general, to inhibit behavior based on an understanding of its nature and consequences. Brink and Nelkin argue that legal excuses require substantial impairment of *either* cognitive or volitional capacities. They thus embrace the MPC test, which has both a cognitive and a volitional prong. This test is fairer to defendants because it recognizes the two main ways in which they may lack fair opportunity to be law-abiding due to their mental disorder.

As noted above, both the M'Naghten and the MPC test require that a mental disorder should cause the mental deficiencies that serve to excuse a defendant. Legal scholar Michael Moore has argued that both the M'Naghten and MPC tests assume a relation of weak relevance between an underlying mental illness and legal insanity (Moore 2015). This means that by these standards a mental disease or defect is not sufficient to excuse someone from legal responsibility: the disease or defect must cause substantial cognitive or volitional incapacity. However, Moore argues, if substantial mental incapacity is doing the exculpatory work, why does the cause of that incapacity matter to determining legal responsibility? If being unable to understand the nature and quality of one's act, or unable to control one's behavior is sufficient for excusing one from legal responsibility, then it is unclear why it matters whether such inability is caused by mental illness rather than something else.

Moore therefore claims that weak-relevance collapses into a position asserting no relevance between mental illness and responsibility, and advocates for a strong-relevance position instead. A medical concept is strongly relevant if it, by itself, captures conditions of moral and legal excuse (Moore 2015). Moore claims that in cases where mental illness provides a legal excuse, it does so by denying moral agency: like very young children, certain persons with mental illness lack the capacity to understand and follow legal rules. Moore thus seems to claim that certain mental illnesses identify persons who lack the capacity to commit a crime, or those who lack "capacity responsibility" (again, using legal scholar H.L.A. Hart's terminology). Hart argued that capacity responsibility is a foundational requirement for the efficacy of law: if a person or class of persons cannot perceive the law as a reason to act and conform their behavior to it, the law fails as applied to that person or class; because the law cannot influence their behavior (for instance, if they are seriously mentally ill), they fall outside of its reach (Hart 1968). A person with capacity responsibility can be found to have legal liability responsibility, which consists of the specific mental state attributions the criminal law must assign to a defendant if he or she is to be found guilty of a criminal act (e.g. acting "purposely" - with the purpose of causing criminal harm). In the case of the diminished mental capacity defense, degraded mental capacities may mean the defendant could not have performed an act "purposely" or "knowingly," but might still have been reckless and thus still partially responsible.

Moore argues that mental illnesses that are strongly relevant to legal insanity are special in their exculpatory power because they usually cannot be attributed to any actions or decisions by the person who is ill. In this way mental illnesses are unlike voluntary intoxication, which may also lead to a lack of capacity but can be traced back to a decision made by the defendant. In his discussion of the Anders Breivik case, Moore claims that the medical diagnosis "psychosis" is strongly relevant to legal insanity. A person suffering from psychosis at the time he commits a crime lacks capacity responsibility, and thus ought to be excused from criminal culpability. This means that if Breivik was properly diagnosed as psychotic at the time of his crimes, he is excused.

However, in an article reflecting on the Breivik case, Bortolotti, Broome, and Mameli disagree, both that certain medical diagnoses are strongly relevant to criminal culpability, and that Breivik in particular ought to be excused due to his diagnosis of psychosis (Bortolotti, Broome, and Mameli 2014). Bortolotti et al. agree with Moore that proof of an underlying mental illness is a way of identifying a group of persons for whom certain mental incapacities are generally exculpatory. However, they note that not every person found to have a significant mental disorder at the time of their crime will be found to have incapacities significant enough for them to be excused. Bortolotti and colleagues thus embrace a weak-relevance position, and claim that even if Breivik did have delusions, and was properly diagnosed as psychotic at the time of his crime,

this fact may still be irrelevant to whether he is criminally responsible. Because the level of cognitive and social functioning can vary widely amongst those with psychosis, even a diagnosis or the symptom of hallucinations or delusions themselves do not necessarily indicate the quality of a persons' legal and moral agency. They make a similar case in another paper which discusses a case study of a patient suffering from delusions, who attacks his neighbor. They argue that delusions per se do not excuse, but that it would have to be the case that what the individual did was either no action at all, or an action which would be justified if the delusion were in fact a true belief (Broome et al. 2010). They conclude, contra Moore, that no particular set of psychiatric symptoms or diagnoses is strongly relevant to a determination of legal insanity.[4]

We agree with Bortolotti and colleagues and feel that no mental illnesses are strongly relevant to legal insanity. Even a diagnosis of schizophrenia, the illness most likely to underpin a successful plea of legal insanity in the US, may be irrelevant to a person's capacity responsibility if it is controlled by medication, or if the person had sufficient mental capacity to understand the specific moral and or legal rule broken by her crime, and the ability to have acted in accordance with those rules at the time the crime was committed. To put it more strongly, many mental disorders are probably largely irrelevant to a person's capacity responsibility. Mental illnesses such as obsessive-compulsive disorder, depression, and phobias typically will not impact a person's capacity to understand moral and legal rules, or to obey those rules. An exception might be the ability of a clinically depressed person to prepare and file a very complex set of tax returns on time – the inertia that some persons with clinical depression experience might inhibit their ability to spend hours preparing their taxes. Parents with depression or bipolar disorder may also fail in their responsibility to care for their children partly because of their condition but be less than fully legally responsible for doing so. But in general, even severe mood and personality disorders are unlikely to impact a person's ability to understand the relationship between her act and the law, or the volitional capacity to inhibit illegal behavior.

On the other hand, there may be cases where a defendant not diagnosed with a mental disorder is seriously incapacitated with regard to his ability to understand moral and legal rules, or to obey those rules. Such incapacities are not exculpatory if they are self-inflicted – for example, if a person had voluntarily taken a dose of LSD. However, if a court determined that a defendant had serious mental deficits that were not due to a mental disorder, but also were not due to the defendant's own actions, then the court may find the defendant partially excused due to diminished mental capacity. One example might be persons with severe intellectual disabilities.

4. Do psychopaths lack capacity responsibility (are psychopaths legally insane)?

The question addressed in this section is whether psychopathy is either strongly or weakly relevant to legal insanity such that a diagnosis of psychopathy should be considered exculpatory by criminal courts. We maintain that a diagnosis of psychopathy is only very weakly relevant to legal responsibility, because the diagnosis does not reliably pick out persons who lack the cognitive and volitional capacities necessary for capacity responsibility. To put it another way, psychopathy does not reliably map onto incapacities necessary for a person to have a fair opportunity to be law-abiding. The

[4] Similar points have recently been made about the relationship between mental illness and moral responsibility (King and May 2018).

best current science indicates that the heterogeneity of the group "psychopath" with regard to both cognitive and volitional competence means the diagnosis is, at best, a signal to a criminal court that further psychological testing may be warranted.

The two symptoms most likely to impact psychopaths' capacity responsibility (and thus their fair opportunity to be law-abiding) are (1) psychopaths' affective deficits, and (2) deficits psychopaths may have in their cognitive control network, or executive functions. The former may impact a defendant's ability to understand legal and moral rules, and the latter are thought to be related to impulsivity and an inability to inhibit anti-social and illegal behavior. Below we review the most current evidence regarding these two types of deficits in psychopaths.

4.1. Affective deficits

As discussed above, the PCL-R, the diagnostic most commonly used to identify psychopathy, describes psychopaths as callous, unempathetic, emotionally shallow, and unlikely to feel guilt. A number of authors (Fine and Kennett 2004; Levy 2007, 2014; Morse 2008) have argued that the affective deficits may be related to an inability to distinguish between moral and conventional rules, leading to psychopaths' inability to understand moral requirements, and therefore supporting the conclusion that psychopaths are not fully responsible. There is some evidence that psychopaths are not as good at detecting emotions in voices of other people, especially fear (Blair et al. 2002). One study also indicates that psychopaths exhibit poorer recognition of fear and sadness in faces (Blair 2008). Birbaumer et al. (2005) found reduced activity in brain regions associated with emotionality, reporting reduced vmPFC and amygdala activity in individuals with psychopathy during aversive conditioning (Birbaumer et al. 2005). Blair, Mitchell and Blair (2005) have also argued that amygdala function is impaired in psychopaths, leading to dysfunctional creation and processing of affect-laden representations, particularly of others the psychopath may harm (Blair et al. 2005). These findings might be taken to show that psychopaths do not have the necessary affective reactions that allow other people to develop moral understanding and pro-social behavior. Glenn and colleagues found reduced activity in the amygdalae of psychopaths during emotional decision making, and found that a subgroup of these subjects who were skilled at conning and manipulation showed reduced activity within this "moral circuit" (Glenn et al. 2009). They suggest failure in these circuits results in deficits in considering how one's actions affect others, failure to consider the emotional perspective of the harmed other, or a failure to integrate emotion into decision making processes (Glenn et al. 2009).

However, other studies showed that psychopaths do not show a differential brain response to emotional terms when compared to non-psychopathic controls (Williamson et al. 1991). Further, it seems that affective deficits differ across subcategories of psychopath. Cleckley argued that primary psychopaths commit antisocial acts due to a lack of empathy and fear, but secondary psychopaths, although they share many of the antisocial behaviors of primary psychopaths, are remorseful and fearful (Cleckley 1976). As noted above, primary psychopathy may be inversely associated with negative emotionality; whereas secondary psychopathy is correlated with negative emotionality, impulsivity, and reactive aggression (Skeem et al. 2007). Thus it seems only primary psychopaths may have affective deficits. Another way of categorizing psychopaths also indicates differences in affect: "unsuccessful psychopaths" tend to have reduced prefrontal and amygdala volume (Yang et al. 2005), reduced autonomic levels (Hare 1982), and impaired fear conditioning (Birbaumer et al. 2012). However, psychopaths termed "successful" - due to their ability to avoid the criminal justice system - show no reductions in prefrontal or amygdala volume (Yang et al. 2005), and intact or even

enhanced autonomic levels (Ishikawa et al. 2001). Ishikawa et al. (2001) found that successful psychopaths actually had greater autonomic responses than both unsuccessful psychopaths and non-psychopathic controls (as measured by their heart rate reactivity) during a task designed to produce embarrassment: preparing and then delivering a two-minute speech detailing their personal faults and weaknesses. A qualifying score on the PCL-R would not indicate which subcategory a psychopath falls into, because they might have reached their score by scoring particularly high on factor one (affective/interpersonal traits), or on factor two (antisocial behavior/lifestyle), or comparably high on either.

Even more interesting is new evidence that psychopaths may be able to correct for affective deficits. A recent review indicates psychopaths do not show abnormal subjective experience of fear, but instead insensitivity to fear-related cues (Hoppenbrouwers, Bulten, and Brazil 2016). Further, there is evidence that psychopaths may be able to appropriately adjust their top-down attention to better recognize and respond to affective cues (Koenigs and Newman 2013). In a recent article, Jurjako and Malatesti argue that although psychopaths seem to have trouble with cognitive tasks involving emotions, such as passive avoidance, response-reversal, and gambling tasks, the deficits are highly context dependent (Jurjako and Malatesti 2018a). When psychopaths are attentive to their goals on a passive-avoidance task, they score similarly to controls (Koenigs and Newman 2013). Further, psychopaths' performance on gambling tasks is predicted by their attention scores such that those who pay more attention score better (Lösel and Schmucker 2004). We agree with Malatesti and Jurjako that this new evidence indicates at least some psychopaths with affective deficits may be able to correct for such deficits via attentional control.[5]

There is further evidence that even if psychopaths suffer from affective deficits, this may not result in a lack of moral knowledge impacting a psychopath's ability to be law-abiding. As mentioned earlier in this section, some studies seemed to indicate that psychopaths fail to grasp the difference between moral and conventional rules (Blair 1995, 1997). This was thought to have implications for psychopaths' responsibility: because psychopaths couldn't "feel" the difference between a moral violation (such as hitting someone) and a conventional rule violation (such as a rule against parking in a certain place), they had a harder time obeying and understanding the force of moral rules. More recent studies, however, showed that when psychopaths were explicitly forced to decide which norm violations were moral vs. conventional, they performed in a manner equal to controls (Aharoni, Sinnott-Armstrong, and Kiehl 2012, 2014).[6] Again, attentional control seemed to ameliorate any deficits psychopaths experience in moral knowledge.

[5] What abilities of correction and compensation these findings would support depends on how the specific differences observed in experimental settings translate into capacities relevant for moral action and judgment. As the findings don't directly test capacities we are interested in when assessing responsibility, a certain amount of interpretation regarding the likely implications for the relevant capacities is required. If the thought is that affective deficits make acting morally more difficult in certain situations, then the ability to compensate seems highly relevant. If the underlying model is one by which affective deficits stunt the development of moral understanding generally, the ability to compensate locally may be less relevant.

[6] For a discussion of the current evidence on psychopaths understanding of the moral conventional distinction, see Godman and Jefferson (2017).

This conclusion is in keeping with a study by Glenn et al. (2009) that showed psychopaths solve moral decision tasks by utilizing different brain areas than controls, including the dorsolateral prefrontal cortex. This may mean they are able to access moral knowledge from faculties other than the affective system. If this is the case, then any affective deficits they suffer may not be exculpatory.

4.2. Cognitive control

The studies above indicate that psychopaths' ability to correct for affective deficits is dependent on their capacity for top-down attentional control, which is thought to be a part of the larger cognitive control system. Cognitive scientists often call the components of this system "executive functions," which are thought to be accomplished by the fronto-parietal cognitive control network (working together with adjunctive areas). Executive functions include planning and goal-setting; monitoring of perceptions, emotions, and behavior; utilization of working memory; inhibition; and task-switching, as well as top-down attention. Recent research indicates that persons diagnosed as psychopaths may have very different executive profiles (Jurjako and Malatesti 2018b). Some studies indicated that unsuccessful psychopaths had reduced prefrontal and amygdala volumes as well as hippocampal abnormalities, possibly resulting in reduced executive functioning, including impaired decision-making (Gao and Raine 2010). In contrast, a community-recruited sample of psychopaths did not show similar structural and functional impairments of the prefrontal cortex, amygdala and hippocampus (Gao and Raine 2010).[7] One Ishikawa et al. study found that, compared with unsuccessful psychopaths who had at least one criminal conviction and controls, successful psychopaths had better executive functioning as measured by the Wisconsin Card Sorting Task (WCST) (Ishikawa et al. 2001).[8] Ishikawa and colleagues suggested that better executive function might play a protective role for successful psychopaths, decreasing their tendency to be caught up in the criminal justice system (Ishikawa et al. 2001). A recent review of existing studies by Maes and Brazil (2013) examined the relationship between executive function and the two psychopathy factors measured by the PCL-R. Specifically, Maes and Brazil tried to determine if there was a positive correlation between the affective-interpersonal (factor 1) aspects of psychopathy and executive function; and also whether the anti-social/behavioral (factor 2) aspects of psychopathy were negatively correlated with executive function. Across the different studies, they found no consistent results indicating a significant correlation between the affective-interpersonal aspects of psychopathy and increased executive function ability (Maes and Brazil 2013). Although there were more negative associations between factor 2 and executive functions than factor 1, the majority of these associations were non-significant (Maes and Brazil 2013). It is therefore too early to tell whether psychopathy factors predict executive function abilities, or whether executive function abilities predict scores on the PCL-R.

Recent studies of executive functions within subsets of psychopaths indicate that even unsuccessful psychopaths may not do worse on tasks testing "cool EFs" (non-emotional

[7] It should be noted here that Gao and Raine's study included psychopaths who were diagnosed as such using different measures. This leaves open the possibility that the set of individuals was even more heterogenous than we would expect using just one measure, for instance the PCL-R.

[8] The WCST is used to assess the following frontal lobe functions: strategic planning, organized searching, shifting of cognitive sets, considered attention, and modulating responses (Ishikawa et al. 2001).

tasks, often tested by the Wisconsin Card Sorting Test). One study by Pera-Guardiola et al. (2016) indicated that prisoners with lower scores of psychopathy may suffer from EF deficits tested by the WCST (a "cool" task) in comparison with prisoners who score higher on the psychopath diagnostic and those without a psychopathy diagnosis. This study thus seems to indicate that higher scores on the PCL-R don't necessarily indicate higher deficits in "cool" EFs. Instead, the study indicated that antisocial personality disorder might more accurately track deficits in "cool" EFs as opposed to scores on the PCL-R (Pera-Guardiola et al. 2016).

Some psychopaths, however, may suffer from deficits in tasks testing "hot EFs" (tasks involving emotion, often tested by gambling tasks). Such tasks touch upon both of the characteristics of psychopathy that may make it harder for psychopaths to be law-abiding: emotional deficits may impact cognitive control of behavior or the ability to inhibit action, especially in response to a psychopath's understanding the nature and/or consequences of one's actions. In comparison to non-psychopathic controls, both successful and unsuccessful psychopaths perform worse on gambling tasks (Mitchell et al. 2002). Psychopaths, when compared to controls, show non-risk-aversive behavior, making them more likely to sustain major losses.

However, Jurjako and Malatesti argue that deficits in performance in "hot" EF tasks are not significant enough to be exculpatory because they are so context-dependent and, as discussed above, may be corrected for (Jurjako and Malatesti 2018b). As already mentioned, in conditions where psychopaths pay attention to certain aspects of the gambling game, and pause before making a decision, psychopaths perform as well as controls. This seems to indicate that deficits on "hot" EF tasks may be primarily due to problems of affect and can be ameliorated with "cool" EFs such as attentional focus. In addition, persons who have difficulty making good moral decisions due to strong emotional responses may also have opportunities to control their emotional reactions via limiting their exposure to the environments or conditions that trigger such responses (Roskies 2012).[9] Jurjako and Malatesti conclude that once variability between psychopaths on EF tasks is taken into consideration, "it is not clear that there is sufficient evidence indicating that psychopaths suffer from general impairments underlying the control capacities" (Jurjako and Malatesti 2018a, 1018).

5. Conclusions

The DSM-5 does not classify psychopathy as a standalone mental illness or disorder; instead it is best understood as sub-type of Antisocial Personality Disorder. While on some definitions psychopathy may be properly conceived of as a disorder (e.g., because it exhibits both dysfunctionality and harmfulness), we have argued that a diagnosis of psychopathy will frequently be insufficient to ground a successful legal insanity defense. This is because the group of individuals subsumed under the diagnosis is so heterogeneous that many psychopaths are not mentally incapacitated in a way relevant to responsibility.

We claim that evidence of a mental disorder is only weakly relevant to establishing legal insanity, which means that on the MPC test for legal insanity – which we feel is fairer to

[9] Examples may include a person avoiding extended time with children if he finds them sexually attractive, avoiding alcohol if a person knows it leads him to impulsive or aggressive behavior; and a person avoiding others who tend to make him anxious or upset.

defendants than the M'Naghten test – a mental disorder must be shown to result in substantial impairment of either cognitive or volitional capacities. These capacities could be impaired by the two primary symptoms of psychopathy, affective deficits and problems with cognitive control. This is because these symptoms could deny a defendant a fair opportunity to be law-abiding by impacting his ability to understand moral and legal rules, and to exert control over his behavior to avoid breaking such rules (Brink and Nelkin 2013). However, current science indicates that psychopaths are a heterogeneous group with regard to both affect and cognitive control, and thus, with regard to how such symptoms might impact a defendant's cognitive or volitional capacities. This means a diagnosis of psychopathy using the standard diagnostics does not provide evidence or proof that a defendant is legally insane. At best, the diagnosis may indicate to the court that further psychological testing for substantial mental impairment is required to establish whether the requirements for legal insanity might be met.

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SHAME, EMBARRASSMENT, AND THE SUBJECTIVITY REQUIREMENT

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ABSTRACT

Reactive theories of responsibility see moral accountability as grounded on the capacity for feeling reactive-attitudes. I respond to a recent argument gaining ground in this tradition that excludes psychopaths from accountability. The argument relies on what Paul Russell has called the 'subjectivity requirement'. On this view, the capacity to feel and direct reactive-attitudes at oneself is a necessary condition for responsibility. I argue that even if moral attitudes like guilt are impossible for psychopaths to deploy, that psychopaths, especially the "successful" and "secondary" subtypes of psychopathy, can satisfy the subjectivity requirement with regard to shame. I appeal to evidence that embarrassment and shame are grounded on the same affective process and data that psychopathic judgments about embarrassment are neurotypical. If I am right, then psychopaths ought to be open to shame-based forms of accountability including shame punishments. I conclude by considering why psychopaths rarely self-report shame. I argue that lacking a capacity to see oneself as flawed is a different sort of failure than lacking the capacity to feel.

Keywords: *accountability, embarrassment, psychopathy, reactive attitude, shame*

1. Introduction

In this paper, I focus on a criticism of psychopathic accountability grounded in what have historically been referred to as reactive theories of responsibility. Although I will not offer a general defense of the framework here, reactive theories of responsibility have enjoyed resurgence of late (Russell 2004; Talbert 2012; Wallace 1994). In part, this resurgence owes its origin to the methodological assumptions built into reactive theories of responsibility.

Traditional theories of responsibility typically take metaphysical questions as a starting point. These approaches begin by examining the concepts of responsibility, freedom, and determinism and then use the theory that emerges to make sense of, and critique, our everyday practices involving responsibility. Of central focus in these accounts are questions stemming from the compatibility of responsibility with physical determinism. Reactive theories of responsibility invert this relationship by favoring an examination of a community's practices over metaphysical issues. Reactive theorists claim that we can learn what responsibility amounts to by studying the behaviors that ground the family of practices involved in *holding* someone responsible (Strawson 1962). In doing so, reactive approaches avoid traditional pitfalls associated with philosophical questions over the nature of free will and determinism. For the reactive theorist, the existence of a

set of responsibility-ascribing practices is evidence of the irrelevance of metaphysical issues to questions of responsibility. Whether or not physical determinism is true, they argue, our practices of praising and blaming would survive (Strawson 1962).

An additional claim that is shared by reactive theories of responsibility, and one I examine closely in this article, is that to be the type of being that can be held responsible at all, an agent must have the capacity to feel reactive-attitudes and direct them at oneself. Following Paul Russell, I will call this demand "the subjectivity requirement" (Russell 2004). Reactive theories of responsibility are *reactive* in the sense that the ultimate basis for our responsibility-ascribing practices (praise, blame, formal and informal punishments, etc.) is located in the conditions that make it appropriate for individuals to direct reactive-attitudes at themselves and others. Responsibility ascriptions are grounded on affective expressions (i.e., reactive attitudes) of distinct types. Reactive-attitudes include any emotions that we feel toward others (and ourselves) as a response to perceived intentional behavior.

Contrary to other theories of responsibility that require agents to verbally articulate or defend the reasons behind their actions (Smith 2012), reactive theorists hold that it is an agent's *capacity* for reactive-attitudes that ground our practices of praise and blame. Paul Russell and other reactive theorists have argued that psychopaths are incapable of satisfying this subjectivity requirement (Fischer and Ravizza 1998; Greenspan 2003; Russell 2004); they therefore conclude that psychopaths cannot be held accountable or that this fact diminishes the degree to which they are responsible.[1] Although the subjectivity requirement has intuitive force, especially when it comes to explaining why it would be unfair to hold someone responsible on the basis of emotions they cannot understand, I challenge the claim that psychopaths fail the subjectivity requirement especially with regard to reactive-attitudes like shame.

I focus my attention on a promising account of shame, however, my arguments are compatible with a wide range of theories of the nature of shame and embarrassment. On my view, shame and embarrassment are not differentiated by unique physiological or neurological profiles. Very few emotions can be differentiated in this way (Lindquist et al. 2012; Ramirez 2017a; Russell and Barrett 1999). Instead, shame and embarrassment are differentiated *behaviorally* according to what the persons who are experiencing the emotion express to others about their situation when they use labels like 'shame' or 'embarrassment' to describe how they feel (Sabini, Garvey, and Hall 2001). Although data is preliminary, I argue that available evidence suggests that at least some psychopaths are capable of satisfying the subjectivity requirement for shame-based norms and therefore are open to shame-based forms of accountability.

I begin by briefly laying out relevant features of psychopathic agency. I pay special attention to two emerging subclasses of psychopaths in this analysis: successful psychopaths and secondary psychopaths. I then turn my attention to Russell's argument for the subjectivity requirement and his argument exempting psychopaths from responsibility. I conclude by claiming that even if we grant all of Russell's claims about psychopathic agency, they ought not fully exempt psychopaths, especially successful and secondary psychopaths, from shame-based forms of accountability.

[1] Greenspan's view is interesting because it allows for externalist routes to moral understanding and hence, although she believes that the subjectivity requirement might explain how most agents come to acquire moral understanding, she argues that the psychopath's failure of the subjectivity requirement should mitigate, to some degree, our judgment of the psychopath.

2. Psychopathy

Psychopathy itself is a controversial construct (Skeem and Cooke 2010). A full specification of the condition is beyond the scope of this article; however, when I refer to psychopathy I mean to pick out the condition identified by Hervey Cleckley and elaborated upon by Robert Hare. This condition is most often diagnosed using a diagnostic tool called the Psychopathy Checklist (PCL-R). I do not intend to simultaneously refer to the condition known as Antisocial-Personality Disorder (ASPD) in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association 2013).

There are important reasons for keeping these sometimes overlapping diagnoses distinct. For example, although about 80% of incarcerated men in the United States meet the diagnostic criteria for ASPD, only 15%-38% would meet the diagnostic criteria for psychopathy under the PCL-R standard (Hildebrand and deRuiter 2004). Psychopathy is a spectrum-disorder diagnosed primarily in terms of characteristic emotional profiles and personality traits.[2] On the other hand, subjects may be diagnosed with ASPD based on a history of misconduct and law-breaking without regard to their personality traits or emotional capacities (Gurley 2009). Furthermore, I distinguish between what are known as 'primary' and 'secondary' forms of psychopathy. Primary psychopaths are sometimes defined in terms of their confidence and inflated perception of social rank along with high scores on self-esteem; secondary psychopaths perceive themselves as lower in social rank (especially in comparison with primary psychopaths) and demonstrate a propensity to engage in self-defeating behavior (Morrison and Gilbert 2001). This difference in perceptions of social rank and standing will factor in my assessment of the secondary psychopath's receptivity to shame.[3]

Perhaps the most notable diagnostic feature shared by psychopaths is a deficit of "empathic distress" or what is sometimes referred to as "mirroring" forms of empathy (Ramirez 2017b). Empathic distress is the name for the process by which neurotypical and autistic individuals come to instinctively find the pain of others aversive. Most individuals, if shown an image or film of others suffering, will tend to respond with characteristic behavioral and physiological changes correlated with distress (Fecteau, Pascual-Leone, and Theoret 2008; Ramirez 2017b). Psychopaths, on the other hand, tend to act with diminished, in some cases profoundly diminished, behavior associated with empathic distress. The degree to which individual psychopaths lack empathic distress can vary, which makes sense given its dimensional nature and the fact that these processes are not typically under conscious control (Decety 2012; Ly et al. 2012).

[2] Hervey Cleckley, who first operationalized the term "psychopath," identified sixteen traits ranging from "superficial charm" and "absence of remorse and shame" to "pathological egocentricity" and "untruthfulness and insincerity" to define the population (1941/1988, 338-399). Though Cleckley identifies some of these traits behaviorally (e.g., superficial charm), others are identified only via reference to internal mental states (e.g., absence of remorse or shame).

[3] Much disagreement exists about how best to understand the 'primary' and 'secondary' distinction. For example, while Morrison and Gilbert (2007) distinguish between primary and secondary psychopathy in terms of rank perception, some researchers argue that primary and secondary psychopaths should be distinguished in terms of whether they are capable of remorse and fear (Dean et al. 2012) or anxiety (Kimonis et al. 2011) while others focus on the differential standing of theorized Behavioral Inhibition Systems (BIS) and Behavioral Activation Systems (BAS) (Ross et al. 2007). Still others view primary psychopathy as congenital while secondary is acquired (Sethi et al. 2018).

Psychopaths also notoriously have difficulty distinguishing between what psychologists refer to as moral norm violations and conventional norm violations (Dolan and Fullam 2010). They tend to behave as if all norms have the same kind of authority, namely they appear to behave as if all norms are norms of convention. Most of us note, for example, that there is a difference between wearing white after Labor Day and using someone's credit card without their permission. Although both are violations of a norm, subjects typically understand them as being importantly different.

Psychologists using the "moral/conventional" experimental paradigm have traditionally characterized moral norms as norms that are serious, harm-based, independent from authority, and that generalize beyond their present context. Norms of convention, on the other hand, are characterized as dependent on authority and whose scope is limited by context. For example, subjects generally believe that it would be wrong to steal from someone no matter the context whereas they are likely to relativize their judgment that it is wrong to wear white after Labor Day only to cultures that hold such a fashion norm. Children began to mark the moral/conventional distinction at a little over two years of age (Turiel 1977). Psychopaths, on the other hand, do not consistently or clearly behave as if there is a difference between these norms. Though the data regarding the "moral/conventional" experimental paradigm have been historically seen as important, they are not beyond challenge (Aharoni, Sinnott-Armstrong, and Kiehl 2012; Jalava and Griffiths 2017). The argument that follows is therefore predicated on results that may be overturned with refinements in experimental design and better data.[4] In other words, if successful psychopathy survive as a genuine scientific category, the proceeding argument applies to its successful and secondary variants.

Historically, philosophers have interpreted psychopathic performance in the "moral/conventional" paradigm as a sign that psychopaths lack access to genuine moral concepts.[5] Recently, there has been significant debate about the moral/conventional task and what it demonstrates about an individual's moral competence. Some critics claim that the characterization of morality assumed by psychologists in the moral/conventional task is incomplete. They argue that it does not capture an accurate

[4] It is difficult to say much with any precision when it comes to the study of psychopaths. In part this is because the term itself is under debate (Skeeme and Cooke 2010) though different researchers tend to use dramatically different populations which makes generalizing difficult. For example, Aharoni, Sinnott-Armstrong, and Kiehl (2014) used the PCL-R in their investigation of psychopathic understanding of the moral/conventional task. They drew their sample from a larger study of convicted felons which excluded those "age greater than 59, history of psychosis, loss of consciousness due to head injury greater than 15 minutes, English literacy below 4th grade level, intelligence quotient (IQ) less than 65" Aharoni, Sinnott-Armstrong, and Kiehl (2014, 5). They thus would not capture successful primary or secondary psychopaths in their study. Dolan and Fullam (2010) assessed juvenile psychopaths using the PCL-YV and claimed to have found differences between juvenile psychopaths and other incarcerated juveniles when it came to the moral/conventional distinction. In his pioneering study on the phenomenon, James Blair (1995) used PCL scores generated without interview and drawing exclusively from institutionalized populations.

[5] Quite a few philosophers interpret the moral/conventional paradigm as demonstrating that psychopaths do not understand moral concepts at all. Neil Levy for example has argued that "psychopaths fail to grasp the distinction; for them, all transgressions are rule dependent" (2007, 131); Jesse Prinz has interpreted the moral/conventional data as showing "that psychopaths can give lip service to morality, but their comprehension is superficial at best" (2007, 44). Shaun Nichols has claimed that "although there is a sense in which psychopaths do know right from wrong, they don't know (conventional) wrong from (moral) wrong" and that this gives us "some justification in maintaining that they use moral terms only in an inverted-commas sense" (2002, 14).

conception of morality (Vargas and Nichols 2007). Other critics, who have meta-ethical questions about the nature of morality and the value of the moral/conventional paradigm as a measure of moral knowledge, prefer to interpret psychopaths as capable of accessing moral concepts using non-emotional routes ignored by the task (Greenspan 2003; Kumar 2016; Maibom 2005, 2010b). I believe we can make progress by sidestepping these debates about the nature of moral concepts and moral knowledge. Even if critics of the standard interpretation of the moral/conventional paradigm are correct, the moral/conventional data do appear to capture a wide range of harm and fairness-based norms that psychopaths do not appear to understand in a neurotypical way. Furthermore, though meta-ethical questions about the nature of moral concepts can complicate what subjects may be doing when they perform the task, the divergences that appear in the task are worth taking seriously.

Psychopathy is also often comorbid with other personality disorders (Nioche et al. 2010; Warren et al. 2003). This can make it difficult to isolate the effects of psychopathy on individuals, as opposed to one or more of their comorbid conditions. There is evidence, however, that some psychopaths lack comorbid mental illnesses and are able to function relatively successfully in complicated social situations. These "successful psychopaths" are especially useful because they allow us to examine the effects of psychopathy in isolation from other conditions (Babiak et al. 2010). It remains a live possibility that successful psychopaths are capable of instrumental reasoning despite their other affective deficits (Jurjako and Malatesti 2016). Questions remain, however, regarding the nature of their capacity for distinctly moral reasoning (Ramirez 2013, *forthcoming*).

In what follows, I focus my analysis narrowly on successful psychopaths and on secondary psychopaths. Reactive theorists have tended to view the psychopath as *exempt* from moral responsibility in a general sense. I now examine the subjectivity requirement and the argument that it exempts psychopaths from responsibility.

3. The subjectivity requirement

Reactive theories of responsibility require that agents be able to *feel* reactive-attitudes and direct them at themselves to be the kind of agents that can be held responsible. Note that we can engage in self-protective measures against agents without holding them responsible. For example, we routinely cage or destroy dangerous animals while acknowledging that they are not responsible in a deep sense for the harms they cause. A dangerous animal may be *causally responsible* for harm or property damage while lacking the sort of agency that can make them *morally responsible* for what they do. If responsibility requires the capacity to direct reactive-attitudes at oneself then psychopaths, given their emotional deficits, might appear to be exempt from responsibility on this basis.

Responsible agents, on many theories, must have a certain kind of *control* over their actions that requires that the agent is rational in the right sort of way.[6] This 'right way' involves having the capacity to direct reactive-attitudes at oneself. One reason to think that the capacity for self-directing emotions is important is because it might be essential that one be able to hold oneself accountable to be the sort of agent that can be held

[6] Wallace calls this kind of control "reflective self-control" (1994, 160-165) while Fischer and Ravizza have referred to it as "guidance control" (1998, 33). In both cases, control requires an affectively-informed capacity for reasons-responsiveness.

accountable by others. That is, to be a candidate for praise or blame, one must be able to have the capacity to engage in praising and blaming practices and these practices are inextricably bound up with reactive-attitudes. An agent who did not feel or understand these emotions would therefore be incapable of understanding the practices of praise and blame that these emotions ground. "The responsible agent," Russell says, "must be able to feel and understand moral sentiments or reactive-attitudes" (Russell 2004, 295). Self-directed reactive-attitudes are important because they give us a kind of understanding of our moral practices. There is a sense in which access to these attitudes gives us access to the normative concepts involved in their application. Indeed, Russell goes so far as to say that "[t]o appreciate and understand moral considerations fully is precisely to be able to apply them to oneself and others and feel the appropriate way when violations occur. Failing this the agent just 'does not really get it'" (Russell 2004, 295).

If we agree with Russell about the role of the subjectivity requirement, then we may be tempted to excuse psychopaths from responsibility because they seem to lack the capacity to direct the relevant attitude at themselves. Because they fail the subjectivity requirement, psychopaths 'do not really get it.' Their purported inability to feel the relevant attitudes leave them outside the moral community. This strand of thought is closely connected with another concerning the nature of moral reasons. If moral reasons are accessed (or constituted) by reactive-attitudes, then it makes sense that only agents that can feel reactive-attitudes can understand moral reasons in a way that would allow us to hold them accountable. These reasons are often taken as decisive reasons for excluding psychopaths from responsibility.

It is important to note that theories of responsibility are not simultaneously theories of punishment. A theory of responsibility tells us which agents are apt targets for punishment (i.e., which beings have the requisite capacities to be proper subjects of punishment in the first place) but it does not tell us when (if ever), or how much, to punish a person (Brink 2012). In saying that psychopaths can satisfy the subjectivity requirement and that they are therefore proper subjects of accountability, I claim that psychopaths can, on a reactive theory of responsibility, be proper subjects of punishment. They fit, in other words, within the general framework of our practice of holding one another accountable. I am not, however, claiming that we *must* punish them. Similarly, when philosophers like Neil Levy claim that psychopaths *cannot* satisfy the subjectivity requirement, they claim that psychopaths are not even the kind of beings who can come up for assessment within a theory of punishment (Levy 2007). They are exempt from these considerations.

Psychopaths, on that view, are more like dangerous animals than they are like other human agents (Levy 2007). If Levy is right, then psychopaths must be dealt with from the same perspective that we deal with other dangerous, but non-responsible, beings. We can see them as objects to control in the interest of public safety but it would be a mistake to treat them as if they were accountable for what they do (in the same way in which it would be a mistake to bring back the medieval practice of animal trials). If I am right, however, then psychopaths are at least apt candidates for punishment in much the same way neurotypical persons are. Other considerations, more properly belonging within the framework of a theory of punishment, would need to be addressed before we can say whether any psychopath should be subject to state-sanctioned punishment (Brink 2014).

4. Shame and the subjectivity requirement

Although I will ultimately argue that at least some types of psychopaths have the sort of agency that allows us to hold them accountable, the pull of the subjectivity requirement is strong. There *is* something intuitively plausible about the claim that agents need *some* form of reactive understanding in order for it to be fair to hold them responsible. There does seem to be something unfair about holding someone responsible on the basis of emotions they cannot feel and thus cannot understand internally. This element of the subjectivity requirement is worth holding on to if possible.

In this section, I argue that at least some types of psychopaths can satisfy the subjectivity requirement with regard to shame. I intend these arguments to build on the claims from the previous section. Successful psychopaths, by most accounts, are able practical reasoners (Babiak, Neumann, and Hare 2010; Jurjako and Malatesti 2018; Ramirez 2015).[7] If we feel the pull of the subjectivity requirement but are convinced, or are willing to grant for the sake of argument, that psychopaths are unable to feel or understand guilt, then we must look to attitudes other than guilt to ground psychopathic accountability.

To understand why psychopaths ought to be capable of feeling shame I need to explain what I mean by shame and how shame differs from embarrassment. Shame is a normatively powerful reactive-attitude. It can be directed both at the self (i.e., 'I should be ashamed of myself') but also onto others (i.e., '*they* should be ashamed of themselves'). There is reason to think that many cultures use shame, instead of guilt, to govern many of their practices of praising and blaming (Benedict 1946/2006; Wong and Tsai 2007). Shame therefore seems like an ideal candidate for a reactive-attitude that can be used in place of guilt. It grounds a family of retributive practices that extend beyond guilt-based retributivism. If we want to make room for psychopathic responsibility *and* for the subjectivity requirement, then we can look to shame as a normatively powerful alternative to guilt.

Conflicting analyses of shame and embarrassment abound in the philosophical and psychological literatures (Calhoun, 2004; Deonna, Rodogno, and Teroni 2012; Keltner and Buswell 1997; Maibom 2010a; Ramirez 2017a; Tagney and Miller 1996; Taylor 1985; Williams 1986/2006). Shame and embarrassment, along with pride and guilt, are 'self-conscious emotions' because they function to keep track of assessments we and others make of our 'self.' Shame and embarrassment are similar to one another, and distinct from guilt, in the sense that they are sensitive to the ways that real or imagined others view us. Though similar, shame and embarrassment are also importantly different from one another.

Being outed as a liar seems like an occasion for shame whereas a verbal gaffe might be the subject of (mere) embarrassment. In both cases, each emotion is triggered by a scenario where an actual (or imagined) person judges one of our 'whole-self' properties. Whole-self properties are properties that relate to who we are as opposed to facts or judgments about what we have done. This connection with the self is an important marker that helps distinguish shame and embarrassment from other emotions. Guilt, for example, does not target the self but instead targets a person's actions. With guilt,

[7] Though see Sifferd and Hirstein (2013) for both an alternative take on how to draw the successful/unsuccessful psychopathy distinction and the implications of such a distinction for moral responsibility.

the focus is on something *wrong* that an agent has *done*. Within the logic of guilt, a person must focus on reparative action to undo the harm that the agent's own actions have caused. The kinds of judgments that ground shame and embarrassment, though they may sometimes relate to action, have a different focus. Although we feel guilty for what we have *done,* we are ashamed of *ourselves.* Actions matter with respect to shame only if they reveal an underlying negative aspect of the whole-self that an individual can feel ashamed about. Removing shame may involve reparative actions but the ultimate purpose of these actions is to become a different sort of person (a person who is no longer in possession of the relevant whole-self property that caused the shame in the first place).

I focus my analysis on one promising theory of shame and embarrassment developed by psychologist John Sabini and his colleagues (Sabini and Silver 1997; Sabini 2000; Sabini et al. 2001). Although I focus on one theory in particular, my argument is compatible with any theory of shame and embarrassment that rejects conceiving of these emotions as 'basic' or phylogenetically primitive. Although a full defense of this conception of emotion is beyond the scope of the article, there are independent reasons for thinking that emotions are best understood as non-basic psychological constructions (Barrett 2006; Lindquist et al. 2012; Roberson, van der Vyver, and Barrett 2014).

Sabini claims that shame and embarrassment are not distinct emotions. For example, Sabini argues that shame and embarrassment lack phenomenologically distinct feels. Instances of embarrassment can range from mild to severe as can instances of shame. Shame and embarrassment also appear to have the same reported objects (whole-self properties). Importantly, Sabini and his colleagues argue that shame and embarrassment lack emotion-specific physiological patterns that distinguish one from the other. Without a subject-independent way to distinguish embarrassment from shame, Sabini concludes that these emotions are best understood as resulting from the same affective process. This is what we should expect to discover if shame and embarrassment are not 'basic' emotional modules (Ramirez 2017a). On Sabini's view, shame and embarrassment are manifestations of the same emotion but the label that an agent attaches to that emotion (by calling it "shame" or "embarrassment") has an important social function. On their view, shame and embarrassment are behaviorally distinguishable from one another via a subject's choice of label. This label helps to communicate their attitudes about the situation that gave rise to it.

Both shame and embarrassment arise when we believe that others have appraised our whole-self properties (our character, talents, appearance, sexual identity, racial identity, etc.). We call our feeling shame, according to Sabini, when we wish to indicate (to ourselves or to others) that we *agree*, even if reluctantly, with the judgment that others (real or imagined) have made of us.[8] We call the feeling embarrassment to express that we *disagree* with the evaluation made *but* that we agree that our (real or imagined) judges had rational grounds for their mistaken assessment. For example, if I find myself in a situation where I think I look like a slob but my sense of myself is that I'm not really all that slobby, then I will be embarrassed by the situation. I certainly look like a slob, but I am not really one (I don't perceive myself to manifest the whole-self property of 'being a slob'). On the other hand, Sabini claims that if we find ourselves in a situation where we believe that others do not even have grounds for their mistaken evaluation of our whole-self property then we will tend to respond with neither embarrassment nor shame but with anger ("I'm dressed perfectly well, you have no right to call me a slob!").

[8] "Agreement" here does imply reflective endorsement of the norms that make the property a failing. For example, someone can feel ashamed of their heritage even if they would not reflectively endorse the norms that back this judgment (D'Arms and Jacobson 2003).

We say that we are embarrassed when we accidentally spill food on ourselves because in doing so we express that we don't think we are clumsy even though it looks like we are. We say that we feel ashamed of ourselves if called a liar because, in doing so, we express that we believe we are a liar and the situation has exposed this fact about us. Note that we can have attitudes about ourselves that we would reject upon reflection or full information. According to Sabini:

When someone makes the appraisal that something has happened that might be taken as evidence that his or herself has been discredited, an emotional state is triggered. That painful, inhibiting state, one that leads one to want to become small and hide, might be called "State A." If the person is later asked (or for some other reason chooses) to describe that state, if the person wishes to imply that he or she sees the revealed flaw as real, then he or she will call it shame. However, if he or she wishes not to license the inference that he or she believes a real flaw of the self was revealed, then he or she will call it embarrassment. (Sabini, Garvey, and Hall 2001, 106)

On Sabini's view, anyone capable of feeling embarrassment should be capable of feeling shame. The two are both manifestations of State A. This fact about shame and embarrassment is crucial in determining whether psychopaths can satisfy the subjectivity requirement.

Readers convinced that embarrassment and shame are distinct in a robust sense are invited to consider whether the marker they believe serves to distinguish shame from embarrassment also requires revising other commonly accepted emotional subtypes. Psychologists often distinguish between "core," "animal-reminder" and "socio-moral" forms of disgust, for example (Haidt 1997). Each subtype of disgust is readily recognizable as an instance of the more general emotional category. This remains the case even though the three forms of disgust have different objects (food-based disease vectors, reminders of our animal natures, and immoral actions). They also have different constituent thoughts that accompany them.

Similarly, consider the stark differences between the experiences of "moral guilt" "survivor's guilt" and what is sometimes called "Catholic guilt." Although the relationship between the agent and wrongdoing is different in each case, all three are readily recognizable as instances of the more general emotional category: guilt. The connections between shame and embarrassment are at least as close, in this context, as the ones that exist between "core" and "socio-moral" forms of disgust or between "Catholic guilt" and "survivor's guilt." The fact that we lack a label for "State A" should, in this context, not serve as evidence against its existence given the lack of other independently distinguishing markers for shame and embarrassment.

There is, unfortunately, scant research into psychopathic susceptibility to shame and embarrassment. Though available data comprise only a handful of studies, they do suggest that psychopaths ought to be capable of feeling ashamed. If Sabini is right about the relationship between 'State A' and embarrassment/shame then at least some psychopaths can satisfy the subjectivity requirement and can be held reactively accountable using shame-based attitudes and punishments.

To make headway on this question, it's instructive to look again at how some psychologists and philosophers have concluded that psychopaths do not understand moral concepts in the same way as non-psychopathic agents. In part, that conclusion was grounded on how psychopaths appeared to collapse moral norms into conventional norms. Although I remain agnostic about ongoing debates regarding the nature of

'moral' presumed by the moral/conventional task, it is worth looking at the nature of the *inference* that the "moral/conventional" paradigm has been taken to license. Psychopathic judgments about norm violations diverged from non-psychopathic judgements of the same norms. Because psychopaths were seen as judging norm violations differently than neurotypical persons, it was inferred that they do not understand moral norms (in the same way as non-psychopaths).

Analogously, if psychopaths had a problem understanding embarrassment, we should expect their judgments about embarrassing scenarios to diverge from neurotypical judgments. There is some evidence that speaks directly to this question. Two studies, one focusing on psychopathic youth and the other on psychopathic adults, do not show this kind of divergence on psychopathic judgments about embarrassment (Blair 1995, 1997). They suggest that psychopathy does not undermine an agent's ability to understand embarrassment and therefore provide some evidence for psychopathic capacities for shame. Psychopathic susceptibility to shame and embarrassment is an understudied topic.[9] The evidence that is available, however, speaks in favor of the possibility that some psychopaths are capable of feeling shame.

One study examined how psychopathic juveniles attributed emotions to characters in emotionally salient scenarios (Blair 1997). Subjects read each scenario and were then asked to say what emotion the character in the scenario should feel afterward. In line with those who interpret the "moral/conventional" paradigm as demonstrating an inability for psychopaths to understand moral concepts associated with guilt, psychopathic juveniles diverged dramatically from neurotypical juveniles on 'guilt-scenarios' (scenarios where the character in the scenario is meant to feel guilty). They did not differ from neurotypical subjects in their attributions during happiness, fear, or embarrassment scenarios.

A second study used a similar methodology to examine the emotional attributions of adult psychopaths (Blair 1995). As in the previous study, adult psychopaths diverged from neurotypical agents only in scenarios where the character in the vignette is meant to feel guilty. As with juvenile psychopaths, adult psychopaths did not differ from controls in their attributions of happiness, sadness, or embarrassment to characters when the scenarios called for these emotions.

These results suggest that psychopaths understand embarrassment as well as any of us. Unlike data from the "moral/conventional" paradigm, psychopaths do not suffer from an embarrassment distinction failure.[10] These results make sense if psychopaths feel what Sabini called 'State A.' Because the main worry stemming from the subjectivity requirement was a concern about the fairness of holding psychopaths accountable on the basis of reactive-attitudes they are not susceptible to, shame-based norms may be fairly applied to psychopaths. If embarrassment and shame are connected, then psychopaths *satisfy* the subjectivity requirement: they ought to have the capacity to feel ashamed of themselves. Additionally, secondary psychopaths (those who perceive themselves as lower in social rank and who can be occasionally impulsive and self-destructive) have reported feelings shame (Campbell and Ellison 2005). Though data is tentative, and require replication, it is suggestive.

[9] James Blair has noted (personal communication, June 22, 2015) that research into this question is currently vanishingly small and that more research needs to be done in this area.

[10] Psychopaths will sometimes report feeling shame, though in varying degrees (and always to a lesser degree than non-psychopathic persons). Reports of shame appear to vary based on whether one is a "primary" or "secondary" psychopath (Morrison and Gilbert 2001).

We now have the resources to show that at least some psychopaths satisfy the subjectivity requirement. Psychopaths ought to feel ashamed of themselves for treating people in ways that neglect the needs, concerns, or interests of others. This is because psychopaths have the capacity to feel ashamed about the kinds of people they are. The fact that many psychopaths elect *not* to be ashamed of themselves (because they do not wish to express that they agree with us about their whole-self failings) does not excuse them from accountability. In the case of successful and secondary psychopaths, we should presume the presence of a capacity to feel shame and therefore see them as open to shame-based forms of accountability.

Shame, unlike guilt, is not a distinctly moral attitude. Because guilt requires the judgment that one has acted wrongly, it necessarily requires the invocation of moral concepts in its application. The connection between guilt and morality is one reason why some have been tempted to view the psychopath's performance on the moral/conventional task, and Blair's vignette tasks, as evidence that psychopaths lack moral knowledge. If moral responsibility requires moral understanding and moral understanding is required to feel guilt, then this spells trouble for psychopathic responsibility. Shame, however, offers us another route for responsibility. Because shame does not require the tokening of moral concepts for its application (we can, are, and arguably ought to be ashamed of some of our amoral whole-self properties), it is possible to reach successful and secondary psychopaths via shame even if we believe that they are incapable of guilt.[11]

Shame can serve as a powerful ground for accountability. Shame-based retributive punishments, for example, are widespread and their use in many countries is increasing (Book 1999; Flanders 2006; Whitman 1998). When properly applied, shame has been found to be effective as a way of inhibiting recidivism when used in correctional contexts (Tangney, Stuewig, and Martinez 2014). It would be problematic to deploy retributive punishments against psychopaths if retributivism were a purely guilt-based practice. However, shame also grounds retributive practices.[12] Since at least some psychopaths should be expected to understand reasons grounded in shame, then it would be fair to hold these psychopaths open to shame punishment even if we think they are also incapable of feeling guilt. Such psychopaths ought to be receptive to shame-based reasons and therefore ought to be open to shame-based punishment.

5. A potential criticism

It might be said that my account begs the question when it comes to psychopaths and shame and that it reveals a hidden problem with the subjectivity requirement itself. On the theory of shame and embarrassment I appeal to, shame and embarrassment are grounded on the same underlying affective mechanism. What differentiates shame from embarrassment depends on behavioral differences grounded in what the agents *feeling* the state are *communicating* to others about the assessments they perceive are being

[11] Relevant non-moral whole-self properties here might include being: unprofessional, disgusting, rude, a bad artist, etc.

[12] Broadening the realm of normative accountability beyond the narrowly moral also helps us to avoid another problematic feature of reactive accounts. Dana Nelkin (2015) has argued, for example, that equating accountability with the conditions that make it appropriate to deploy moral reactive-attitudes may be a mistake.

made of their whole-self properties. But, if Sabini and his colleagues are right then how do we make sense of data that suggests that psychopaths rarely self-report feeling ashamed of themselves and that these reports are typically provided by secondary psychopaths?

Psychopaths, an objector might say, though capable of embarrassment, are only capable of embarrassment because they can accept that others will perceive some aspect of their whole-selves as flawed but they are *unable* to see themselves in this way. This would imply that the psychopaths cannot feel ashamed of themselves. They cannot be ashamed because they lack another crucial capacity: the capacity to see that their character is flawed and to understand that it would be appropriate to feel ashamed given the kind of person they are. If psychopaths lack the capacity to see themselves as flawed or to understand that it would be appropriate to feel ashamed about their character, an objector might say, then that explains why they rarely claim to feel ashamed of themselves. It would be *unfair*, we might go on to say, to hold psychopaths accountable if they cannot see themselves as flawed in the way required by shame.

This is an interesting objection. What I wish to say is that *even if this turns out to be the case,* that this is a new and different assessment of the psychopath's normative failing. The subjectivity requirement identifies a lack of capacity for *feeling* as the source of the psychopath's normative confusion. This is not what is being said now. This objection goes beyond the subjectivity requirement in the sense that it requires that agents not only have the capacity to feel the relevant emotion but also to understand that they ought to see their characters as worthy of shame. In this case it is not a lack of *capacity to feel* shame that excuses. Instead, subjects' inability to see an aspect of their whole-self as flawed is what is meant to excuse them. Their inability to judge that it would be appropriate to feel ashamed of their character is now used as a means of excusing them from responsibility.

We should worry about a response like this. If I am right about how best to understand the nature of shame and embarrassment, then we should rightly wonder why the inability of psychopaths to *be* ashamed, as a result of this kind of incapacity, should excuse them from accountability given that they do not lack the capacity to *feel* ashamed. It matters, in other words, why psychopaths cannot understand that it would be appropriate to feel ashamed about the kind of characters they have cultivated. They may be responsible for this failing as well.

One feature that forms a major axis for a diagnosis of psychopathy, along with borderline personality disorder, is a narcissistic personality (Webster and Jonason 2013). If we must make sense of why it is that psychopaths appear to understand shame and embarrassment but do not readily (or often) report feeling ashamed of themselves, it may very well be that the narcissistic aspects of the psychopathic personality loom large in such an explanation.

Stated in this way, it is not obvious that psychopaths are failing the subjectivity requirement nor that they merit exemption from responsibility on the basis of their narcissistic traits. If narcissistic elements of a psychopathic personality explain why they are unable to see their character failings and this is meant to excuse them from responsibility, then these narcissistic personality traits should be exculpatory broadly (e.g., it should also excuse individuals with borderline or narcissistic personality disorders). However, powerful arguments have been raised to suggest that narcissism is better understood as a normative failing (to be corrected) than a mental illness (to be excused) (Charland 2004).

A second problem is that this response threatens to exempt too many. If psychopaths are exempt from accountability because they cannot see themselves as flawed, then the danger is that *any agents* incapable of seeing themselves as flawed would also be exempt from accountability. The unrepentant slave-owner, the committed suicide bomber, and the staunch misogynist would join the psychopath as exempt from responsibility so long as each is convinced that what they are doing is right (Talbert 2012). This would require abandoning the intuitively plausible aspects of the subjectivity requirement that one needs to be able to feel the relevant reactive-attitudes in order to be held accountable. In all of these cases, the agents involved can feel guilt or shame (we might suppose), but their deeply held values prevent them from feeling it on specific occasions.

Instead, I suggest that reactive-attitude theorists rethink their relationship to the psychopath. Although psychopaths have profound affective irregularities these irregularities do not rise to a level that exempts them from all forms of accountability especially when we narrow our sights to successful psychopaths and secondary psychopaths. We need to take seriously the kind of will that these psychopaths can express and be ready to explore forms of accountability tied to shame appropriate to their capacities.

6. Conclusion

The Subjectivity Requirement is often thought to excuse psychopaths from accountability. I have argued that even if we grant that psychopaths are incapable of feeling guilty about what they do that at least two classes of psychopath—successful psychopaths and secondary psychopaths—are capable of feeling ashamed about the kinds of people they are. Psychopaths are open to shame even if they can rarely bring themselves, as a result of narcissistic personality traits, to accept this fact about themselves.

If I am right about the structure of shame and embarrassment, then psychopaths should be open not only to attitudes like resentment but also other normative attitudes like shame, disgust, hatred, and scorn. Because shame is not normative but not essentially moral, it would remain appropriate to hold psychopaths responsible using shame even if it turns out to be the case that psychopaths do not understand moral emotions like guilt. Although being open to shame-based punishment does not necessarily require that we punish, only a full theory of punishment can do this, we should consider punishment in the special case of psychopathy. In part this stems from the fact that standard therapeutic approaches fail to find much purchase with the psychopath. It is worth revisiting the forms of accountability that attitudes like shame can ground and especially important to broaden research on psychopathic receptivity to shame punishment.

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ABSTRACTS (IN CROATIAN)

PSIHOPATSKI POREMEĆAJ LIČNOSTI: HVATANJE NEUHVATLJIVOG POJMA

DAVID J. COOKE
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SAŽETAK

Dijagnoza psihopatskog poremećaja ličnosti važna je za forenzičko-kliničku praksu. Utječe na odluke koje se odnose na rizik, mogućnost tretmana i izricanje kazne, a u određenim jurisdikcijama služi kao otežavajući čimbenik koji povećava vjerojatnost smrtne kazne. Povezanost simptoma povezanih s modernim koncepcijama psihopatskog poremećaja mogu se primijetiti u ranim djelima, uključujući biblijsku knjigu psalama. Unatoč svojoj forenzičko-kliničkoj važnosti i povijesnom pedigreu pojam psihopatije ostaje neuhvatljiv i osporavan. U ovom radu opisujem pokušaj mapiranja pojma psihopatskog poremećaja ličnosti – komprehenzivno vrednovanje psihopatske ličnosti (eng. Comprehensive Assessment of Psychopathic Personality – CAPP). Opisujem procese koji se koriste pri stvaranju ove mape pojma, sumiram dokaze u korist sadržajne valjanosti mape i opisujem različite postupke osmišljene za operacionalizaciju konstrukta. Jedino kada se postigne pojmovna jasnoća mogu se stvoriti valjani postupci i instrumenti. Završavam pozivom na pažljivije razmatranje primjena statističkih metoda; primjena koje više odgovaraju teorijskim pitanjima koja se postavljaju.

Ključne riječi: Psihopatski poremećaj ličnosti; komprehenzivno vrednovanje psihopatske ličnosti (eng. Comprehensive Assessment of Psychopathic Personality, CAPP); pojmovni model; mjerenje

LAŽNA POZITIVNOST U PROCJENJIVANJU PSIHOPATIJE: PRIJEDLOG TEORIJSKI VOĐENIH KRITERIJA IZUZIMANJA ZA ISTRAŽIVAČKE UZORKE

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SAŽETAK

Nedavne debate u istraživanju psihopatije artikulirale su zabrinutost vezanu za lažne pozitive u procjenjivanju i istraživačkim uzorcima. To su istaknute brige za napredak u istraživanju zbog toga što njegova kvaliteta ovisi o kvaliteti uzorka, tj. ako želimo istraživati psihopatiju moramo biti sigurni da su pojedinci koje istražujemo stvarno psihopati. Česti lažni pozitivi konvencionalnih instrumenata objašnjavaju zašto su središnja istraživanja obilježena diskrepancijama i ne-replikabilnim pronalascima. Ovaj se rad oslanja na moralnu psihologiju kako bi razvio tentativne teorijski vođene kriterije izuzimanja koji se mogu primijeniti u istraživačkom sempliranju. Implementiranje standardnih procedura za razlikovanje sudionika u nekom istraživanju može dati homogenije i diskretnije uzorke, što je vitalni preduvjet za istraživački napredak u etiologiji, epidemiologiji i osmišljavanju tretmana.

Ključne riječi: Psihopatija; PCL-R; lažni pozitivi; moralna psihologija; kriteriji izuzimanja

RAZGRANIČENJE PSIHOPATIJE OD KOGNITIVNE EMPATIJE: SLUČAJ SKALE PSIHOPATSKIH KARAKTERISTIKA LIČNOSTI

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SAŽETAK

U tijeku je rasprava koja se odnosi na pitanje sadržaja psihopatije, posebice statusa antisocijalnog ponašanja i dezinhibicijskih karakteristika kao temeljnih obilježja psihopatije. Skala psihopatskih crta ličnosti (eng. Psychopathic Personality Traits Scale – PPTS) predstavlja novi model psihopatije koji se temelji na osnovnim markerima psihopatije poput interpersonalne manipulacije, egocentrizma i afektivnog reagiranja. Međutim, ovaj model pretpostavlja da psihopatija ima jedno drugo usko obilježje: kognitivno reagiranje, koje predstavlja nedostatak kognitivne empatije. S obzirom na to da drugi modeli psihopatije ne predstavljaju ovo svojstvo kao temeljno obilježje psihopatije, cilj je ove studije empirijski procijeniti je li nedostatak kognitivne empatije usko obilježje psihopatije ili njezin korelat. Istraživanje je vođeno na uzorku iz opće populacije putem internetske studije (N=342; Mgodine=23.7 godine; 31% muških). Rezultati su pokazali da su korelacije između kognitivnog reagiranja i drugih obilježja psihopatije značajno manje nego međukorelacije drugih triju obilježja. Faktorska analiza, provedena na PPTS česticama, dala je dvofaktorsko rješenje, gdje kognitivno reagiranje predstavlja poseban faktor odvojen od drugih indikatora psihopatije. Konačno, eksploracija latentnog prostora koji dijele psihopatija i kognitivna empatija dala je dvofaktorsko rješenje gdje su psihopatija i nedostatak kognitivne empatije izvučeni kao korelati, no odvojene latentne varijable. Podaci jasno podržavaju prijašnji model. Rezultati istraživanja pokazuju da se nedostatak kognitivne empatije ne bi trebao uzimati kao indikator psihopatije nego njezin korelat. Pronalasci ukazuju na potrebu za opreznošću kada se konceptualizira konstrukt psihopatije.

Ključne riječi: Konceptualizacija psihopatije; Skala psihopatskih crta ličnosti (eng. Psychopathic Personality Traits Scale, PPTS); kognitivna empatija; psihopatija

ŠTO FILOZOFI MOGU NAUČITI OD PSIHOPATIJE?

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Sveučilište u Cincinnatiju

SAŽETAK

U filozofskim raspravama prisutne su mnoge spektakularne tvrdnje o psihopatima. Ovaj rad nastoji čitatelju pružiti kompleksniju stvarnost fenomena i ukazati na probleme koji su od posebnog interesa za filozofe koji se bave moralnom psihologijom i moralnom teorijom. Prvo raspravljam dokaznu građu koja se odnosi na oštećenu empatiju i sposobnosti za donošenje odluka. Nakon toga istražujem kakvu razliku u našem razmišljanju čini smatramo li njihove deficite dimenzionalno (tako da uključuju sposobnosti koje su uključene ili isključene) i fokusiramo li se na primarnu ili sekundarnu psihopatiju. Moj zaključak je da je većina velikih tvrdnji o psihopatiji koje rješavaju dugotrajne debate u moralnoj filozofiji i psihologiji prenapuhana, međutim ima mnogo toga što možemo naučiti iz tog poremećaja, a odnosi se na formuliranje modernih teorija u moralnoj psihologiji.

Ključne riječi: Psihopatija; empatija; odlučivanje; dimenzionalni pristup; racionalizam; sentimentalizam; odgovornost

JESU LI PSIHOPATI PRAVNO NEUBROJIVI?

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SAŽETAK

Pitanje jesu li psihopati krivično i moralno odgovorni potaklo je značajnu kontroverzu u literaturi. U ovom radu raspravljamo o tome koja je relevantnost dijagnoze psihopatije za krivičnu odgovornost. Argumentiralo se da je spoznaja je li psihopatija mentalna bolest od fundamentalne važnosti zato što je to preduvjet da bi se psihopati kvalificirali za ekskulpaciju putem obrane iz krivične neubrojivosti. No, čak i ako psihopatija jest mentalna bolest, to nije dovoljno kako bi se pokazalo da se može primijeniti obrana iz krivične neubrojivosti; također mora se pokazati da su, kao rezultat bolesti, prisutni specifični deficiti u moralnom razumijevanju ili kontroli. U ovom radu, pokazujemo da dijagnoza psihopatije općenito neće ukazivati da je branjenik kvalificiran za obranu neubrojivosti zbog toga što je grupa pojedinaca koji potpadaju pod dijagnozu toliko heterogena da, iako neki psihopati pokazuju značajna afektivna oštećenja i oštećenja u kontroli koja mogu utjecati na njihovu odgovornost, mnogi psihopati nisu onesposobljeni na način koji je relevantan za odgovornost.

Ključne riječi: Psihopatija; mentalni poremećaj; disfunkcija; krivična odgovornost; obrana neubrojivosti

STID, OSRAMOĆENJE I ZAHTJEV SUBJEKTIVNOSTI

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SAŽETAK

Reaktivne teorije odgovornosti vide moralnu uračunljivost kao utemeljenu na sposobnosti za osjećanje reaktivnih stavova. Odgovaram na nedavni argument koji je utemeljen u toj tradiciji te oslobađa psihopate odgovornosti. Argument se oslanja na ono što je Paul Russell nazvao „zahtjev subjektivnosti". Prema ovome gledištu, sposobnost za osjećanje i usmjeravanje reaktivnih stavova prema samome sebi nužan je uvjet za odgovornost. Argumentiram da čak i ako je psihopatima nemoguće koristiti moralne stavove poput krivnje, oni, naročito "uspješni" i "sekundarni" podtipovi psihopatije, mogu zadovoljiti zahtjev subjektivnosti s obzirom na stid. Pozivam se na dokaznu građu prema kojoj su osramoćenje i stid utemeljeni na istom afektivnom procesu te podacima koji ukazuju na to da su sudovi psihopata o sramoti neurotipični. Ako sam u pravu, tada bi psihopati trebali biti otvoreni za oblike uračunljivosti koji su utemeljeni na stidu, uključujući kažnjavanje putem sramoćenja. Zaključujem s razmatranjem zašto psihopati rijetko izražavaju stid. Argumentiram da je nesposobnost da osoba sebe vidi kao manjkavu drukčija vrsta nedostatka nego neposjedovanje sposobnosti doživljavanja osjećaja.

Ključne riječi: Uračunljivost; osramoćenje; psihopatija; reaktivni stavovi; stid

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