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Reasons to expect psychopathy and Antisocial Personality Disorder (ASPD) to vary across cultures

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Abstract

I present two philosophical arguments that Antisocial Personality Disorder (ASPD) and Psychopathy can be expected to be culturally variable. I argue that the ways in which people with ASPD and psychopaths can be expected to act will vary with societal values and culture. In the second part of the chapter, I will briefly review some of the empirical literature on cross-cultural variation in ASPD and psychopathy and argue that it is consistent with my philosophical claims. My conclusion in this chapter is that methods of diagnosis will need to be culturally specific. A diagnostic instrument (such as the PCL-R or DSM) should not be uncritically employed in cultures that are very different from those in which it was initially developed.

Keywords: psychopathy, PCL-R, cultural variation, looping, action

There is much interest in the question of whether ASPD and psychopathy vary cross-culturally. In the first part of this chapter, I contribute to the debate by presenting two philosophical arguments that ASPD and Psychopathy can be expected to be culturally variable. I argue that the ways in which people with ASPD and psychopathy can be expected to act will vary with societal values and culture. In the second part of the chapter, I will briefly review some of the empirical literature on cross-cultural variation in ASPD and psychopathy, and argue that it is consistent with my philosophical claims. My conclusion in

this chapter is that methods of diagnosis will need to be culturally specific. A diagnostic instrument (such as the PCL-R or DSM) should not be uncritically employed in cultures that are very different from those in which it was initially developed.

Classification and prediction

It can be useful for scientists to categorise individuals into types because classification can enable us to predict how individuals of a type will behave. Before thinking about psychopathy and ASPD let us start by considering those areas of science in which classification does more or less successfully enable prediction. The Periodic Table provides perhaps the best example of the potential importance of classification for science. The Periodic Table provides a classificatory basis for chemistry that enables different types of substance to be classified, and via this classification, for them to be understood and controlled. Thus, once a scientist has determined that a particular chemical sample is lead, say, they know how it will behave and how to treat it if they wish to use it in various ways. What is more, samples of lead can be expected to have the same properties wherever, or whenever, they are found; lead in the US in the 1920s behaves the same as lead in Kenya in the 2020s. In this sort of case, classification grounds explanations and predictions, which are robust across space and time.

The predictions that are facilitated by classifications in biology are less impressive but still pretty good. Of course, the characteristics of plants do vary across time; plant species naturally evolve to take on different characteristics, and artificial breeding can lead to more rapid changes. The characteristics of plants also vary with environment; plants that are small houseplants in Northern Europe may grow to large trees in the tropics. However, despite this variation, biological classification does facilitate predictions that at least sometimes work in new contexts. Consider that all colonial powers invested heavily in botanical gardens and natural history collections as they acquired empires (Browne 1996). The aim was to catalogue, study and control the natural world. The conditions required to grow crops could be studied in botanical gardens. Pests could be identified via matching specimens with those in natural history collections. Such efforts at predicting how biological organisms would behave in different environments were at least sometimes successful.

As these examples illustrate, in certain areas of science, classification can enable us to predict and control in ways that are robust across space and time. When philosophers talk about the power of such classificatory schemes they often start talking about “natural kinds”. Chemical elements and biological species are commonly taken to be paradigm examples of natural kinds. Members of a natural kind are alike, and natural laws mean that members of a kind will behave similarly. Depending on the author, other conditions have also been added: Natural kinds have been claimed to be universal (in the sense of occurring everywhere), discrete, to have essential properties, and so on and so forth (see, for example, the conditions imposed by Zachar 2000, Haslam 2002). In earlier work I spent a lot of time talking about natural kinds (Cooper 2005). Now it seems to me that the term “natural kind” has become so encrusted with metaphysical baggage as to be unhelpful. Instead of talking of natural kinds I will talk of “repeatables” (as also in Cooper 2013). This makes clear the basic important idea; some entities in the world are alike, and will behave in similar ways.

As applied to mental disorders, the idea that there may be repeatables is this: if we consider individual cases of mental disorder some can be seen to be similar to each other with respect to symptoms. In some cases, patients who are grouped together on the basis of symptoms will also be alike in more fundamental ways (maybe they all have the same genetic abnormality, or all have similar levels of some neurotransmitter, or all have similar relationships with their childhood caregivers). If we group cases together on the basis of the right similarities, then the hope is that the groups that such a process generates will be inductively powerful. External validation on the basis of treatment response, family history, demographic correlates and so on can give additional reason to believe that patients who are being classified together are similar in genuinely important respects. If all goes well, a case that falls in a particular group can be expected to behave in ways that are similar to others of its class. The importance of such similarities is obvious if one thinks of treatments. The hope would be that a treatment that is found to work for one member of a class will work for others in that class too. Or, that at least is the hope.

The question of this chapter can now be framed. Is ASPD or psychopathy plausibly a ‘repeatable’ kind?¹ Are people diagnosed with ASPD or psychopathy likely to be such that they can reasonably be expected to be importantly similar, regardless of their culture? To

¹This issue is also addressed by Malatesti and McMillan (2014), who think psychopathy plausibly constitutes a ‘robust scientific construct’ and by Brzović, Jurjako, and Šustar (2017) who argue that psychopathy may be too heterogeneous to constitute a natural kind but can instead be considered a ‘pragmatic kind’.

look ahead to the argument to come, I will argue that we should not expect that people diagnosed with ASPD or psychopathy will 'look alike' or behave in similar ways irrespective of culture. 'Intentional actions' play a central role in the diagnosis of ASPD and psychopathy, and such actions can be expected to be radically culturally variable. Before I can develop my argument for this claim in detail, however, it is necessary to clarify exactly what is meant by 'ASPD' or 'psychopathy'.

Clarifying concepts – what is ASPD or Psychopathy?

So far, I have talked indiscriminately of 'ASPD' and 'psychopathy', but before progressing further, some further clarification is required. Antisocial Personality Disorder is included as a diagnosis within the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), but even within the DSM the definition of Antisocial Personality Disorder is somewhat ambiguous. It might be supposed that the diagnostic criteria included in the DSM provides a clear operational definition of ASPD. A DSM-diagnosis of ASPD requires that an individual has engaged in various types of bad action (e.g. criminal acts, lying, fighting, consistent irresponsibility). The pattern of bad actions needs to be deep-seated, and to have begun in childhood. However, even if we restrict our attention to the DSM, it would be overly simplistic to say that the concept of ASPD can be captured purely in terms of the DSM diagnostic criteria. The DSM includes ASPD amongst the *personality disorders*, and the DSM understanding of personality disorder is richer than the diagnostic criteria for ASPD taken in isolation might suggest. The DSM defines 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' (American Psychiatric Association, 2013, p.645). Built into the DSM concept of personality disorder is the notion that someone who meets the diagnostic criteria for ASPD can be supposed to be a person with particular deep-seated and maladaptive personality traits; there is supposed to be something amiss with their inner psychological experience, and not simply with their outer behaviour. In addition, when considering differential diagnosis, the DSM-5 states that ASPD should be distinguished from criminal behaviour that is not indicative of a personality disorder 'Only when antisocial personality traits are inflexible, maladaptive, and persistent and cause significant functional impairment or subjective distress do they constitute

antisocial personality disorder ‘ (American Psychiatric Association , 2013, p.663). The DSM concept of ASPD thus seems to go beyond merely satisfying the explicit diagnostic criteria. The DSM takes someone with ASPD to be someone who not only acts badly for a prolonged period (as per the diagnostic criteria), but suggests in addition that they act badly *because* they have a deep-seated maladaptive personality.

ASPD is a DSM diagnosis, but ‘psychopathy’, though commonly discussed in the research literature, is not. The conceptual links between ASPD and psychopathy are debatable. Martyn Pickersgill, a sociologist of psychiatry, studied the ambiguities in the concepts of ASPD and psychopathy, as employed by British psychiatrists and clinical psychologists (Pickersgill 2009). He interviewed clinicians and researchers, conducted ethnographical work at clinical conferences, and examined treatment guidelines. Pickersgill found that (at least in the UK)

- (1) Sometimes the terms ‘ASPD’ and ‘psychopathy’ are used interchangeably
- (2) Sometimes psychopathy is spoken of as if it were a severe form of ASPD
- (3) Sometimes psychopathy is spoken of as a character type (excitement seeking, callous, lacking remorse etc.) that might or might not lead to criminal behaviour
- (4) Sometimes psychopathy is treated as a construct defined by a particular diagnostic test, the PCL-R (and note that PCL-R includes items that score both bad actions and character traits)²

These various conceptions are distinct – sometimes radically so. Note in particular that character-type psychopaths (Definition 3) might not be psychopaths in any of the ‘acting-badly’ senses (Definitions 1, 2 and 4) (as noted and discussed by Skeem and Cooke 2010). Depending on context, character-type psychopaths might act in different ways; for example Lykken (1995) hypothesised that common personality traits (notably fearlessness) can give rise to both antisocial and heroic behaviour (Smith et al. 2013 find some empirical support for this suggestion). Conversely, many people meet the DSM-5 diagnostic criteria for ASPD (which consider only whether someone has acted badly for a prolonged period) but are not character-type psychopaths (as found, for example, by Poythress et al., 2010; Ogloff, Campbell and Shepherd, 2016). People engage in antisocial behaviour for a wide range of

² Part of the reason why the PCL-R is often taken to define psychopathy, is that the PCL-R test is presented within a particular theoretical framework, making easy for readers to take the test to operationalise a concept of psychopathy.

reasons, not all of which are indicative of an abnormal personality (for example, poor people living in crime-ridden environments may have few options but to engage in criminal activity). Pickersgill's finding, that the terms 'ASPD' and 'psychopath' are used in very different ways by different writers, indicates that it is important to be aware of the conceptual complexity that surrounds the use of these terms, and to be explicit about exactly what types of people one is interested in.

In the remainder of this chapter, I will develop two lines of argument that demonstrate that culture needs to be considered when trying to interpret and predict the behaviour of people with ASPD or psychopathy. In the first argument I am concerned with understandings of ASPD or psychopathy whereby people with ASPD or psychopathy are understood to be people:

- With a particular character type
- Where this character type disposes them to behave badly
- And where such people can be picked out fairly reliably on the basis of their bad actions (as in the DSM ASPD criteria, or using the PCL-R)

I will argue that diagnostic instruments, such as the PCL-R and the DSM ASPD diagnostic criteria, that seek to pick out people with a particular character type on the basis of their actions, should not be uncritically employed in cultures other than those in which they were developed.

In the second argument, I go on to argue that folk knowledge of psychiatric diagnoses affects how people who might be diagnosed behave. This means that the behaviour of people diagnosed with ASPD or psychopathy can be expected to vary with folk understandings of these diagnoses (which can again be expected to be culturally variable). This second argument is applicable to all instances in which mental health experts diagnose people who have some ideas about mental health diagnoses.

First philosophical argument for cultural variation: The meaning of actions varies with cultural setting.

The DSM diagnostic criteria for ASPD seeks to pick out a group of people who, through having committed various bad actions in the past, can safely be supposed to have a

personality disorder which disposes them to commit bad actions in the future. The aims of the PCL-R, which scores someone both on the basis of past bad actions and character traits, similarly seeks to pick out ‘psychopaths’ – where psychopaths are understood to be people with a personality that will dispose them to act badly.

Here I will argue that seeking to pick out a type of person via using diagnostic criteria that include ‘intentional actions’ can be expected to be problematic across cultures. The types of people who will receive scores for ‘bad actions’ on the DSM or PCL-R will not be the same types of people across cultures.

Intentional actions are actions that people perform for reasons, for example waving in greeting, signing a form, punching someone. Intentional actions can be distinguished from mere behaviours, such as sneezing or tripping over, in that in the case of intentional actions an actor will be able to give a reason for their action if they are asked. For example, if I’m asked why I’m signing the form I might say that I want my son to go to football club and am signing to give permission. Classically, a reason will consist of a belief and desire pair; I want to achieve something and believe my action will help bring about my goal. In many cases, either the relevant beliefs or desires will be too obvious to be explicitly stated (so I might say ‘I hit him because I wanted to hurt him’ without bothering to state that I believe a punch to be painful, or a bank robber might say ‘I smashed the safe because that’s where the money was’ without making explicit that he desires money). Note that the reasons for an action do not need to be good reasons for it to count as an intentional action; the belief may be false, and the desires foolish.

Very many of the diagnostic criteria included in the DSM for ASPD and on the PCL-R are concerned with intentional actions, for example, deceiving someone, starting a fight, promiscuous sex, robbery, intentionally leading a ‘parasitic lifestyle’. I will argue that intentional actions cannot be understood as being ‘caused by’ an underlying personality type in anything like the way that the behaviours of chemical elements or biological species can be understood to be caused by their underlying natures. Lead has a particular melting point because of its chemical make-up. Polar bears hunt seals because of their particular physiology (which itself can be explained by their genetic make-up, which can be explained by their evolutionary history). But, a psychopathic personality-type (characterized by callousness, risk taking, lack of fear, and so on), cannot cause someone to start fights or be sexually promiscuous in anything like the same sort of way.

My argument that culture must be taken into consideration when thinking about the ways in which character-types will manifest in actions will depend on the work of Alistair MacIntyre. In *After Virtue* (1981). MacIntyre argues that intentional actions can only be understood within a narrative “settings”, which are culturally specific. To illustrate this point, MacIntyre asks us to consider a man digging in his garden. In order to see the man’s activity as consisting of actions as opposed to being mere bodily behaviour, we have to be able to make sense of the man’s intentions. We have to perceive him as being “up to something”. Suppose that when we ask him what he is doing the man says he is preparing for winter. MacIntyre says that we can only make sense of this within a particular cultural and historical framework. We have to understand that people (at least in the UK) commonly dig their gardens before the frosts come to render the soil workable in the spring. MacIntyre concludes, “We cannot...characterize behaviour independently of intentions, and we cannot characterize intentions independently of the settings that make those intentions intelligible both to agents themselves and to others.” (1985, p.206). Making sense of an action thus requires placing it in a narrative sequence.

When MacIntyre talks of the “settings” that make actions intelligible he often seems to have relatively rich networks of social traditions in mind. It is plausible that certain actions only make sense within a fairly rich cultural frame. It only makes sense to intend to “get married”, or to “give an inaugural lecture”, or to “mark the boundary of gang territory”, within certain cultural settings.

There are other actions that seem less culturally specific. It seems safe to assume that throughout history and across all societies people have intended to light fires, or pick berries, or to brush their teeth. Still, even in these sorts of case, our interpretation of what an actor ‘is up to’ tends to depend on exactly how an action is performed and varies with cultural setting. To illustrate, consider how the same thinly described action ‘killing a swan’ will be taken to be indicative of very different likely motivations depending on cultural context. In the UK swans have long been protected birds. Historically, swans were eaten only by royalty, today they live in parks and are fed bread by children. In the UK, swans cannot legitimately be seen as food. When people do catch and eat swans in the UK, this is considered to be a terrible thing. Tabloids newspapers fairly regularly run stories about immigrants catching and eating swans from parks. Such headlines stir up intense feelings, and it is often unclear whether the stories are true or myths designed to whip-up racist sentiment. The point for us here is that although in some cultures catching and eating a swan might be an innocent act of food

gathering, in some cultures it is not. Even in the case of those apparently “straightforward” actions that have been done by all people in all cultures (eating, going to sleep, lighting fires) the interpretation of a particular action is often culturally specific.

How does this relate to ASPD and psychopathy? My worry is that the diagnostic criteria list various types of “bad” intentional action (arrestable acts, lying, promiscuous sex, starting fights, avoiding employment). Note, that in addition a diagnosis of ASPD requires a childhood history of conduct disorder, and the diagnosis of conduct disorders also depends on a list of intentional actions (truancy, stealing, starting fights).

However, as with killing swans, the meaning of such intentional actions will vary radically with cultural setting. To illustrate, let’s consider “truancy”, and how the meaning of skipping school varies with setting. Compare three cases of truancy, and the likely character of the child involved:

Truant 1 - is a child living in an academically competitive environment where exams are essential for getting a job. They skip school for no better reason than to play with friends. We can fairly safely assume that the child is disobedient and reckless.

Truant 2- is a child living in a culture in which there is full employment and where employers do not care about school results. This child skips school to start a job with the knowledge of their parents (as many teenagers did in the UK in the 1950s or 60s). This child may be engaged in a behavior that is technically illegal, but they are not reckless or disobedient.

Truant 3 - is a child from a conservative religious family who skips school because her parents do not approve of some planned lessons on LGBT issues. Truant 3 is an obedient child.

My point is that the sorts of child who will ‘truant’ in these different cultural settings are very different types of people. The DSM includes ‘truancy’ amongst the diagnostic criteria for conduct disorder, but it is only in certain cultural settings that it makes sense to take truancy to be a likely indicator of an incipient personality disorder.

Similar points can be made about many of the other actions included in the diagnostic criteria for ASPD or psychopathy. Promiscuous sexual behaviour is included in the text description of ASPD in DSM-5 and in the PCL-R. In some cultures, monogamy is a widely upheld ideal.

In other cultures, it may be entirely culturally acceptable for single people to engage in consensual casual sex. The type of person who has many sexual partners will be very different in these distinct cultures. 'Starting fights' is also included in both the DSM diagnostic criteria for ASPD and PCL-R, but again the types of person who are likely to 'start fights' varies with cultural setting. There are many cultures in which people participate in consensual fighting as a sort of (possibly illegal) sport (this goes on in some towns in the UK where young men will congregate at known locations on particular evenings to fight). Someone who starts fights in such a setting is very different from someone who loses their temper in an argument and lashes out. The DSM supposes that someone who starts fights is reckless and unusually violent, but there are cultural settings in which 'starting fights' need not be indicative of such a personality.

The difficulties discussed here are to some extent already acknowledged in the DSM. The DSM acknowledges that ASPD appears to be associated with low socioeconomic status in ways that may be problematic and discusses concerns that 'the diagnosis may at times be misapplied to individuals in settings in which seemingly antisocial behaviour may be part of a protective survival strategy' (American Psychiatric Association, 2013, p.662). Clinicians are urged to 'consider the social and economic context in which behaviours occur' when assessing antisocial traits. However, despite the warning, the DSM currently provides no guidance as to exactly how social context can properly be considered when making diagnoses.

I have argued that diagnostic checklists that include intentional actions (such as the DSM-5 diagnostic criteria for ASPD, and the PCL-R) cannot be expected to be reliable across cultures. The PCL-R was originally developed to pick out likely psychopaths in male, North American prison populations. In such a population (with a broadly shared cultural understanding) it can be expected to be more or less reliable; in this population someone who engages in promiscuous sex, and has a poor work history, and starts fights, and has a parasitic lifestyle, and so on, can fairly be expected to have a psychopathic personality-type (assuming they score over the certain threshold). But, when descriptions of intentional actions are included in diagnostic criteria, then those diagnostic criteria can only be expected to be reliable in cultures very similar to that for which they were designed. Before such checklists can be used in other cultural settings recalibration is required. For example, for use in cultures where promiscuous sex between consenting adults is socially acceptable, such behaviours cannot be taken to be indicative of possible psychopathy. In devising a diagnostic

check list for use in such a culture, items relating to promiscuous sex would need to be removed, and possibly replaced by other items that could be more fairly be taken to be indicative of a psychopathic character-type within the culture.

Second philosophical argument for cultural variation: Looping and psychiatric diagnosis

In this chapter, I argue that the ways in which people with ASPD and psychopathy can be expected to behave will vary with cultural setting. One of the important relevant ways in which cultures can vary is in regard to folk beliefs about psychiatry and psychiatric diagnoses. Over the last few decades, Ian Hacking's work has stressed the importance of the fact that humans respond to being classified in ways that other classified entities do not (1986, 1988, 1992, 1995a, 1995b). A child who is told they are stupid may stop trying at school and fall behind yet further; a diagnosis of “problem drinking” may come to motivate abstinence; a whole class of people may respond to a classification with new forms of resistance, as in “fat pride”. Such interactions between classifications and behaviour mean that “human kinds” - the kinds classified by the human sciences – become moving targets. No sooner has a kind been picked out than behaviours shift and classifications have to be revised.

One of Hacking's best developed examples of such “looping effects” concerns Multiple Personality Disorder (1995a). When cases of Multiple Personality Disorder were first reported, someone with MPD would typically possess just two or three clearly distinct personalities. Over time, however, usual symptoms shifted. Hacking makes a convincing case that the shift in symptoms was in part caused by changing prototypes of the disorder being made available in the media. The media tended to report more florid cases, and over time people with MPD started to present with more and more personalities, and as their numbers increased, these personalities became more diverse, and also more fragmentary. Note that in this case Hacking's claim is not that patients intentionally copy the symptoms of publicised cases. Rather the mechanism is more subtle and subconscious, but still the consequence is that a distressed individual will most likely manifest distress in ways that are culturally recognised.

In the case of ASPD and psychopathy, in many cultures, those who might be so diagnosed are acutely aware the meanings of the diagnosis and can alter their behaviour in response to it.

For example, often people with ASPD or psychopathy will not want to be diagnosed as having ASPD or psychopathy, and so will be motivated to deceive interviewers.

The PCL-R is commonly employed in forensic settings. Those who fear they may have to sit the PCL-R and want to pass it, can find out about the test and prepare for it. Copies of the PCL-R Manual circulate in prisons. Prison authorities regard the manual as ‘contraband’, and confiscate it when found (Hare 1998).³

Abraham Gentry’s (2011), *Pass the PCL-R: Your Guide to Passing the Hare Psychopathy Checklist-Revised Aka the Psychopath Test* can be purchased from Amazon. The book blurb states

This guide will take you step by step through the test. It will explain the questions asked, what traits the clinicians are looking for, how they will score your answers, and exercises to prepare. The PCL-R is unlike any other test. Many seemingly innocent traits are scored against you!

If you, your friend or client have been convicted of a felony or are facing a parole hearing soon, it is very likely the PCL-R will be given. Know the rules of the game, arm yourself with the right knowledge, and rebuild your life!

Gentry’s book goes through the PCL-R item by item and gives examples of “good” and “bad” answers. Readers are told how much eye-contact with the interviewer will be considered appropriate and instructed on what to say if they are caught out lying. The author provides an email at the end for readers who want individual coaching. In cultures where those who are likely to be given a PCL-R test can access and read such books, the answers provided in diagnostic interviews are likely to vary from ‘untutored’ responses.

To test how easy it might be for interviewees to intentionally manipulate test results, Rogers, Vitacco, Jackson et al (2002) asked young offenders to either ‘fake bad’ or ‘fake good’ when

³ Hare developed the PCL-R. He comments ‘The extent to which knowledge of the scoring criteria for the PCL-R items would influence an offender’s score is uncertain and in need of investigation. However, assuming that the rater is reasonably skilled and that proper scoring procedures are used, the problem may not be too serious. I doubt, for example, that a psychopathic offender, knowing how item 6, callous/lack of empathy, is scored, could convince experienced clinicians that he was a warm, caring individual and that he warranted a score of 1 or 0 on the item. PCL-R items are scored by carefully integrating interview and file information. Further, an item score reflects lifetime functioning and is not sensitive to short-term changes in personality or behavioural patterns (Hare, 1998, p.111)’ I fear that Hare’s optimism in the abilities of scorers may be misplaced. See later discussion of empirical study on how easy it is to ‘fake’ PCL-R scores by Rogers, Vitacco, Jackson et al (2002).

being interviewed for the Psychopathy Checklist: Youth Version. The interviewers were trained in administering the PCL-YV and had access to institutional files on each interviewee (as is usual with this test). Rogers et al. found that interviewees were able to significantly manipulate their test results. In particular, adolescent offenders with a moderate score on the PCL-YV (of >14) at baseline were able to intentionally decrease their total scores by an average of 7.89 points (p.44). Like the PCL-R, the PCL-YV has a maximum possible score of 40. A reduction of around 8 points is of great practical significance, as it would be enough to bring most interviewees below the 30 'cut-off' that is usually taken to signify psychopathy

Folk conceptions of ASPD and psychopathy, and knowledge of diagnostic processes, will affect how people behave in diagnostic settings. More subtle and pervasive effects will also occur. The ways in which each of us acts depend in part on how we think of ourselves; I might avoid dating because I think myself unattractive, or apply to foster children on the basis that I think I'll be a good parent, and so on. The actions of individuals diagnosed with psychopathy or ASPD will also be affected by how they think about themselves, and how this is coloured by their knowledge of their diagnosis.

In general, 'ASPD' and 'psychopathy' are bad labels for someone to receive. In essence, for someone to be diagnosed with ASPD or psychopathy is for them to be told that they are a bad person, and that there is little hope of them ever becoming better. I was interested in how people diagnosed with ASPD responded to being diagnosed and so I looked at posts on an online forum for people with antisocial personality disorder (at psychforums.com). There are, of course, methodological problems which mean it is unwise to uncritically accept the comments on such a site as the 'views of people with ASPD'. Online internet fora are peculiar eco-systems where some of those who post on a forum for 'people with ASPD' may well not actually have ASPD. Nevertheless, the posts give some indication of possible culturally-salient responses to diagnosis with ASPD. I first looked at the online forum in 2008, and then again more recently in 2016 and 2018. Folk knowledge of psychiatric diagnoses changes over time, and there were some interesting differences in the online discussions in 2008 as compared to later. Going through the 2008 posts, at that time, there seemed to be three basic responses to receiving an ASPD diagnosis:

- i. Challenge the diagnosis – some people who are given a diagnosis of ASPD respond to their diagnosis by refusing to believe the diagnosis. Either they give reasons for distrusting the individual clinician who diagnosed them, or they give

reasons for thinking that all psychiatric diagnosis are unreliable. Such a response can be expected to decrease the chances that someone will engage with therapeutic services.

- ii. Some embrace the diagnosis. Some people who are given diagnoses of ASPD (or who self-diagnose) accept the diagnosis and take pride in being bad people. Online they swap stories about the bad things they have done, for example torturing small animals and homeless people. On occasion, discussion turns philosophical, and some present themselves as being moral relativists, or think of themselves as Nietzschean supermen. Such a response can be expected to increase the chances that someone will act badly (although some such discussion may be bluster, it can be expected that someone who takes pride in being evil does more bad things than someone who does not).
- iii. Some don't know what to do. Some discussants were diagnosed with ASPD and then did not know what to do. Some reported that mental health services became inaccessible to them once they received a personality disorder diagnosis and that they would like therapy but were unable to access it.

In 2008, there were no readily accessible narratives that outlined how one might respond well to a diagnosis of ASPD. In so far as the disorder was considered basically untreatable and indicative of someone being a bad person I could neither find online, nor imagine, how someone might integrate a diagnosis of ASPD into their conception of themselves in any positive way.

However, folk understandings of psychiatric diagnoses evolve over time, and in 2016 and 2018, the range of possible reactions to diagnosis on the forum had broadened. It is now fairly easy to find online discussion of the possibility that someone might be a “good psychopath” – that is someone who has the character-traits of psychopathy but who finds a social niche where being callous, ruthless and thrill-seeking is not a problem. The possibility that many business people, surgeons, and special forces soldiers have psychopathic-type characters but manage to lead socially acceptable lives is now widely discussed (for a review see Smith and Lilienfeld 2013, for an example of a popular book taking such a line see

Dutton and McNab 2014).⁴ Plausibly this new, more positive discussion, makes it easier for those who are diagnosed with ASPD, or psychopathy, to accept their diagnosis and simultaneously make pro-social plans that will enable them to live well. Now it is a viable possibility that someone with a psychopathic personality-type might set out to find a social niche where they might be able live a personally rewarding and also socially-acceptable life.

How someone with ASPD or psychopathy will behave depends in part on how they come to understand their diagnosis. Folk understandings of ASPD and psychopathy are culturally variable and change over-time. This means that those who want to research or treat ASPD or psychopathy need to take cultural context into account. Most obviously, those with ASPD or psychopathy who have read guides to passing diagnostic tests cannot be diagnosed in the same ways as naïve interviewees. More subtly, folk conceptions of ASPD and psychopathy, and of psychiatric diagnosis and therapy, will shape how someone with ASPD or psychopathy conceives of, and shapes, their possible future actions.

Philosophy meets the empirical literature

In this chapter I have presented two philosophical arguments that the actions of those with ASPD and psychopathy can be expected to vary with culture. I have claimed this should cause problems with the use of diagnostic tests (such as the PCL-R, or the diagnostic criteria for ASPD in the DSM) when they are employed in different cultures. In this final section I consider whether my claims are consistent with the empirical evidence. Most relevant empirical studies to date have examined the PCL-R. The results can be hard to interpret, many are controversial, and new studies are always being conducted. Here I do not attempt a comprehensive review of empirical work in this area. Rather I briefly discuss some of the types of study being performed and discuss how the methods and results fit with the philosophical arguments of this chapter.

It is well known that the proportion of people in prison populations who receive a PCL-R score of over 30 (the traditional cut-off for psychopathy) varies by culture. For example, Cooke (1995) found only 3% of Scottish male prisoners obtained such a score; much less than the 28% reported for the US. It might be that the proportion of people who develop into

⁴ Smith and Lilienfeld review discussions in the media and academic studies. Note that they suggest that popular claims that psychopaths 'do well' in business may be over-played.

psychopaths varies by society. If childhood experiences have some effect on whether a child grows up to be a psychopath, then differences in child-rearing practices, and in the incidence of traumatic experiences, could be expected to lead to there being differences in the prevalence of psychopathy in different places. It would be highly surprising, however, if the incidence of psychopathy genuinely varied by a factor of 9 between Scotland and the US. It seems more likely that the difference is either an artefact of sampling, or produced by cultural bias in the methods used for diagnosis,

That some cross-cultural differences in the apparent prevalence of psychopathy is due to sampling effects is very likely. Psychopaths have to be caught prior to being counted, and so differences in judicial systems can affect apparent prevalence rates (Wernke & Huss 2008). Another possibility is that the numbers of psychopaths found at any one location varies because psychopaths may be attracted to big, exciting cities. Cooke and Michie (1999) suggest that many Scottish-born psychopaths migrate to London and so never feature in Scottish figures.

A number of different types of study have sought to examine whether the test used for diagnosis, the PCL-R, is itself culturally-biased. Most simply, some studies have examined whether the PCL-R 'works in practice' in different cultural settings. In such studies, the key question is whether the PCL-R can be used to predict some outcome of practical importance (recidivism rates, or the likelihood of future violence) in different cultural settings. Hare, Clark, Grann and Thornton (2000) review studies and argue that the PCL-R has been shown to work (more or less) to predict recidivism and future violence in the U.S., Sweden and England. Studies of this type are important, but take a 'broad brush' approach, and are not suited to detecting possible issues with cultural bias at the level of particular items in the PCL-R.

Confirmatory factor analysis can be used to explore the various dimensions underlying PCL-R results in different cultural settings. Cooke, Michie, Hart and Clark (2005) compared PCL-R results from Continental Europe and the US. They found similar factors in both sets of samples, suggesting that a common syndrome 'psychopathy' could be found in both Continental Europe and the US. Some researchers in the field, however, worry that factor analysis may not be an appropriate approach in this area. Factor analysis assumes that any covariation between items is produced by a 'common cause', and this assumption may be

unjustified (Verschuere et al. 2018). There are also concerns that factor analytic studies of psychopathy have yielded conflicting results (Boduszek and Debowska 2016).

Verschuere et al (2018) employed a different statistical method, network analysis, to examine whether the same features of psychopathy seem central to the condition in the US and the Netherlands. They found some differences, with items related to irresponsibility and parasitic lifestyle being more central in the Netherlands than the US. Currently, however, there is some dispute whether network analyses of psychopathology are sufficiently replicable for much weight to be placed on them (Forbes, Wright, Markon, and Krueger 2017).

Item Response Theory analyses can be used to estimate the association between scores on a particular item on the PCL-R (e.g. promiscuous sexual behaviour) and the latent trait that underlies the scores. As such studies can hone-in on possible cultural differences in responses to individual items on the PCL-R, these studies are of most direct relevance to the arguments of this chapter. If my claims are correct, then one should expect that Item Response studies should show that those items on the PCL-R that code for intentional actions sometimes behave differently in different cultural settings. There are some studies that suggest this is the case. In their study comparing PCL-R results from the US and Continental Europe, Cooke and colleagues (2005), found ‘there was very little cross-cultural bias in ratings of affective symptoms of psychopathy, but distinct bias in ratings of the interpersonal and behavioral symptoms.’ (p. 290) This is consistent with the argument of this chapter, as the interpersonal and behavioural symptoms, which are more culturally variant, more frequently involve intentional actions. Employing similar methodology, Shariat, Assadi, Noroozian et al (2010) compared PCL-R scores from Iran and North America. They found that, in Iran, the PCL-R Superficial, Deceitful and Grandiose items failed to discriminate between psychopaths and non-psychopaths. Shariat, Assadi and Noroozian suggest that socially-accepted forms of polite lying and manipulation are widespread in Iran. As such, and in line with the philosophical argument I present above, in the Iranian context, lying is not indicative of personality traits suggestive of psychopathy, and so fails to help pick out psychopaths. Note, however, that although some results from some Item Response Theory analyses are consistent with my arguments here, other interpretations of the results are also possible. I have argued that the type of personality who will act in particular ways will vary with culture, and this is one possible explanation of Shariat et al.’s findings. However, there are also other possible explanations of their findings, for example, the differences might be caused by issues relating to translating the PCL-R, or there might be cultural differences in the ways in

which individuals *report* acting (as distinguished from cultural differences in the ways people actually act). As such, I don't take the empirical findings to prove my argument is correct, I note only that they are consistent with my claims.

Summary

In this chapter, I have discussed some of the ways in which culture needs to be considered when thinking about how people with ASPD or psychopathy can be diagnosed and how they can be expected to act. Culture makes a difference to the meaning of actions, and to what actions seem possible. As a result, an underlying maladaptive personality that is characteristic of ASPD or psychopathy cannot be expected to lead to the same sorts of actions irrespective of cultural setting. In addition, people who are diagnosed with ASPD or psychopathy gain knowledge of these diagnoses and alter their behaviour in response. While chemical elements have the same properties throughout history and in all places, the actions that can be taken to be characteristic of those with ASPD or psychopathy will vary with cultural setting.

I opened this chapter by asking whether ASPD or psychopathy can be considered a 'repeatable' scientific kind. I have argued that the ways in which someone with ASPD or psychopathy can be expected to behave will vary with cultural setting. This being said, nothing I have said here goes against the idea that there might be a particular psychopathic personality type (callous, thrill seeking, emotionally cold etc.) that can be found amongst all peoples at all times. However, though the personality-type might be 'repeatable' across space and time, the ways in which that personality-type can be expected to manifest in action will vary.

References

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders. Fifth Edition*. Washington: American Psychiatric Publishing.
- Boduszek, D. & Debowska, A. (2016). Critical evaluation of psychopathy measurement (PCL-R and SRP-III/SF) and recommendations for future research. *Journal of Criminal Justice, 44*, 1-12.
- Brzović, Z., Jurjako, M., Šustar, P. (2017). The kindness of psychopaths. *International Studies in the Philosophy of Science, 31*(2),189-211.
- Browne, J. (1996). Biogeography and empire. In *Cultures of natural history*, N. Jardine, J. Secord & E Spary (eds.) 305-21. Cambridge: Cambridge University Press.
- Cooke, D.J. (1995). Psychopathic disturbance in the Scottish prison population: The cross-cultural generalisability of the Hare Psychopathy Checklist. *Psychology, Crime and Law, 2*(2), 101-118.
- Cooke, D.J. and Michie, C. (1999). Psychopathy across cultures: North America and Scotland compared. *Journal of Abnormal Psychology, 108*(1), 58-68.
- Cooke, D.J., Michie, C., Hart, S.D., Clark, D. (2005). Searching for the pan-cultural core of psychopathic personality disorder. *Personality and Individual Differences, 39*(2), 283-295.
- Cooper, R. (2005) *Classifying Madness: A philosophical examination of the Diagnostic and Statistical Manual of Mental Disorders*. Dordrecht: Springer.
- Cooper, R. (2013) Natural kinds. In *Oxford Handbook of Philosophy and Psychiatry*, K. Fulford, M. Davies, G. Graham, J. Sadler, G. Stanghellini & T. Thornton (eds.) 950-964. Oxford: Oxford University Press.
- Dutton, K. and McNab, A. (2014). *The Good Psychopath's Guide to Success: How to use your inner psychopath to get the most out of life*. London: Bantam Press.

Forbes, M.K., Wright, A.G., Markon, K.E. and Krueger, R.F. (2017). Further evidence that psychopathology networks have limited replicability and utility: Response to Borsboom et al. (2017) and Steinley et al.(2017). *Journal of Abnormal Psychology*, 126(7), 1011-1016.

Gentry, A. (2011). *Pass the PCL-R: Your guide to passing the Hare Psychopathy Checklist-Revised*. Self-published Abraham Gentry.

Hacking, I. (1986). Making up people. In T. Heller, M. Sosna and D. Wellberry (eds.) *Reconstructing Individualism*. (pp.222-236). Stanford, California: Stanford University Press.

Hacking, I. (1988). The sociology of knowledge about child abuse. *Nous*. 22, 53-63.

Hacking, I. (1992). World-making by kind-making: Child abuse for example. In M.Douglas and D.Hull (eds.) *How Classification Works*. (pp.180-238). Edinburgh: Edinburgh University Press.

Hacking, I. (1995a.) *Rewriting the Soul*. Princeton: Princeton University Press.

Hacking, I. (1995b.) The looping effects of human kinds. In D. Sperber, A. Premack (eds.) *Causal Cognition*. (pp.351-394). Oxford: Clarendon Press.

Hare, R.D. (1990). *The Hare Psychopathy Checklist –Revised*. New York: Multi-Health Systems, Inc

Hare, R.D., (1998). The Hare PCL-R: Some issues concerning its use and misuse. *Legal and Criminological Psychology*, 3(1), 99-119.

Hare, R.D., Clark, D., Grann, M., Thornton, D. (2000). Psychopathy and the predictive validity of the PCL-R: An international perspective. *Behavioral Sciences & The Law*, 18(5), 623-645.

Haslam, N. (2002). Kinds of kinds: A conceptual taxonomy of psychiatric categories. *Philosophy, Psychiatry, Psychology*, 9, 203-217.

Lykken, D.T. (1995). *The Antisocial Personalities*. Hillsdale, New Jersey: Lawrence Erlbaum Associates.

MacIntyre, A. (1985). *After Virtue: A study in moral theory*. Second Edition. London: Duckworth.

Malatesti, L. and McMillan, J. (2014). Defending psychopathy: an argument from values and moral responsibility. *Theoretical medicine and bioethics*, 35(1), 7-16.

Ogloff, J.R., Campbell, R.E., Shepherd, S.M. (2016). Disentangling psychopathy from antisocial personality disorder: An Australian analysis. *Journal of Forensic Psychology Practice*, 16(3), 198-215.

Pickersgill, M. D. (2009). NICE guidelines, clinical practice and antisocial personality disorder: the ethical implications of ontological uncertainty. *Journal of Medical Ethics*, 35(11), 668-671.

Poythress, N.G., Edens, J.F., Skeem, J.L., Lilienfeld, S.O., Douglas, K.S., Frick, P.J., Patrick, C.J., Epstein, M. and Wang, T. (2010). Identifying subtypes among offenders with antisocial personality disorder: A cluster-analytic study. *Journal of Abnormal Psychology*, 119 (2), .389-400.

Rogers, R., Vitacco, M.J., Jackson, R.L., Martin, M., Collins, M. and Sewell, K.W., 2002. Faking psychopathy? An examination of response styles with antisocial youth. *Journal of Personality Assessment*, 78(1), 31-46.

Skeem, J. L., & Cooke, D. J. (2010). Is criminal behavior a central component of psychopathy? Conceptual directions for resolving the debate. *Psychological Assessment*, 22(2), 433-445.

Smith, S.F. and Lilienfeld, S.O. (2013). Psychopathy in the workplace: The knowns and unknowns. *Aggression and Violent Behavior*, 18(2), 204-218.

Smith, S.F., Lilienfeld, S.O., Coffey, K. and Dabbs, J.M. (2013). Are psychopaths and heroes twigs off the same branch? Evidence from college, community, and presidential samples. *Journal of Research in Personality*, 47(5), 634-646.

Wernke, M.R. and Huss, M.T. (2008). An alternative explanation for cross-cultural differences in the expression of psychopathy. *Aggression and Violent Behavior*, 13(3), 229-236.

Zachar, P. (2000). Psychiatric disorders are not natural kinds. *Philosophy, Psychiatry, Psychology*. 7, 167-182.

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