

# The Societal Response to Psychopathy in the Community

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## Abstract

The harm usually associated with psychopathy requires therapeutically, legally, and ethically satisfactory solutions. Scholars from different fields have, thus, examined whether empirical evidence shows that individuals with psychopathic traits satisfy concepts, such as responsibility, mental disorder, or disability, that have specific legal or ethical implications. The present paper considers the less discussed issue of whether psychopathy is a disability. As it has been shown for the cases of the responsibility and mental disorder status of psychopathic individuals, we argue that it is undecided whether psychopathy is a disability. Nonetheless, based on insights from disability studies and legislations, we propose that interventions to directly modify the propensities of individuals with psychopathic tendencies should be balanced with modifications of the social and physical environments to accommodate their peculiarities. We also suggest how this social approach in some practical contexts that involve non-offender populations might be effective in addressing some of the negative effects of psychopathy.

## Keywords

disability, neuropsychological impairment, psychopathy, societal response, forensic philosophy

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## **Introduction**

Eliminating, reducing, and preventing the harm that is caused by individuals who systematically engage in socially disruptive acts pose serious and pressing challenges. This is certainly the case for individuals with psychopathic features. Psychopathy refers to a personality construct that is characterized by interpersonal, affective, and behavioral deficits. Typically, individuals with high levels of psychopathy are described as callous, remorseless, affectively shallow, impulsive, and as exhibiting manipulative and deceitful interpersonal styles (Skeem et al., 2011). These individuals are characterized by pervasive antisocial behavior that harms other people (Hare, 2003). Their low affectivity and the tendency to manipulate and take advantage of others, and the use of aggression and violent behavior to accomplish their goals, cause emotional and material damage to their unfortunate victims (Brazil et al., 2021; Garofalo et al., 2020; Reidy et al., 2015). Studies indicate that psychopathic traits are significantly associated with criminal behavior, violent and sexual offending, and homicide (Dhingra & Boduszek, 2013; Fox & DeLisi, 2019). Moreover, offenders with high levels of psychopathy are disproportionately more prone to recidivate with violent crimes than non-psychopathic offenders (Anderson et al., 2018; Hemphill et al., 1998; Kennealy et al., 2010; Leistico et al., 2008; Olver et al., 2014; Walters et al., 2011).

In recent years, the study of psychopathy has expanded beyond the offender populations. Research has shown that psychopathic traits can be found among the general population as well, albeit to a less severe extent (Ray & Fritzon, 2020). Nonetheless, studies in this area indicate that individuals with heightened psychopathic traits harm people, disrupt different kinds of human interactions and relationships, and generally cause personal and social damage in everyday life (Babiak & Hare, 2006; Babiak et al., 2010; Boddy, 2010; Kardum et al., 2017; Mathieu 2021; Mathieu & Babiak 2016; Mooney et al., 2019).

Individuals with high levels of psychopathy seem to be harmed by their own tendencies too. Some studies indicate that psychopathic traits are associated with reduced self-reported ratings of personal well-being and life satisfaction (Aghababaei & Błachnio, 2015; Love & Holder, 2014). More generally, they might suffer punitive restrictions of freedom because of their antisocial behavior and tendencies. In addition, their impulsivity and low affectivity are associated with lower prospects for learning, leading a productive social life, and establishing meaningful relationships, such as friendships or enduring romantic relations (Nadelhoffer & Sinnott-Armstrong, 2013).

Several types of research, concentrating mostly on the offender population, have addressed the challenge that is posed by the harmfulness of psychopathy. Theoretical and empirical investigations on the nature and causes of psychopathy to devise effective interventions are fundamental (Brazil et al., 2018; Jurjako et al., 2020). However, also are relevant investigations of ethical and legal norms or principles, that should determine appropriate social or clinical responses to the harm caused by individuals with elevated psychopathic traits.

There are different normative investigations on how laws and ethical recommendations should apply to individuals with psychopathy. The bulk of the debate concerns

whether these individuals should be held morally (e.g., Levy, 2007; Malatesti & McMillan, 2010; Shoemaker, 2011) or legally responsible (e.g., Glenn, Raine, et al., 2011; Jefferson & Sifferd, 2018; Jurjako & Malatesti, 2018a; Kiehl & Sinnott-Armstrong, 2013; Morse, 2008), and whether they are afflicted by a mental disorder (e.g., Jurjako, 2019; Krupp et al., 2012; Malatesti, 2014; Nadelhoffer & Sinnott-Armstrong, 2013). If empirical evidence warrants that offenders with psychopathy are not morally or legally responsible, then punishment or other social penalties would not be appropriate for them (cf. Jefferson & Sifferd, 2018; Nadelhoffer & Sinnott-Armstrong, 2013). Similarly, if individuals with excessive levels of psychopathy are mentally disordered, then we would be morally justified in treating them in psychiatric institutions. Another central question, although less discussed, is whether psychopathy is a disability (Drukteinis, 2007; Godman, 2018; Steverson, 2020; Wylonis & Sadoff, 2007). If psychopathy is a disability, then society should respond to psychopaths as prescribed by disability legislations or as recommended by disability scholars (ADA, 1990; United Nations, 2006; Watson & Vehmas, 2020; World Health Organization, 2001).

Despite their differences, the normative investigations involve a common approach that focuses on what we suggest calling the *bridging normative concept strategy*. This approach uses concepts, such as that of mental disorder, legal or moral responsibility, social injustice, and disability, to bridge empirical knowledge on psychopathy with specific legal or moral recommendations. For instance, these concepts can relate psychopathy to the prescriptions of the criminal law, as in the case of criminological concepts such as “mental disorder” or “legal responsibility.”

In this paper, going beyond criminal populations, we focus on the more general question about the appropriate social responses to the harm caused by the community dwelling individuals with elevated psychopathic traits. In the literature these individuals go under different names, such as corporate, workplace or even successful psychopaths (Ray & Fritzon, 2020). Regardless of the label, these individuals, who would get high scores on psychopathy measures, tend to cause personal and societal damage, but do not necessarily have long-term history of entanglement with legal or forensic systems. We argue that focussing on bridging normative concepts to investigate how to respond to this class of psychopathic individuals is problematic. One reason is that empirical evidence leaves open whether psychopathic offenders are responsible and whether psychopathy is a mental disorder (Jefferson & Sifferd, 2018; Jurjako, 2019; Jurjako & Malatesti, 2018a; Malatesti & Baccarini, in press; Ramirez, 2018). Moreover, even if the evidence was decisive, still the issue of responsibility would just affect responses to a subpopulation of offenders with psychopathy. Similarly, the issue of mental disorder status might only apply to this subpopulation and severe cases of non-offender psychopaths. The issue whether psychopathy is a disability offers the possibility to consider responses to a wider class of individuals. However, also in this case, we argue that currently available empirical evidence cannot help to decide whether psychopathy is a disability. Despite this, even if psychopathic individuals are not unaccountable, mentally disordered, or disabled, still we are faced with the necessity to devise an appropriate response that will mitigate the harmfulness of their condition.

On a more positive note, and without relying on normative bridging concepts such as disorder, responsibility, or disability, we show that there are normative and practical grounds that highlight the benefits of adopting a context-based approach to intervention, which is traditionally associated with the social model of disability. This approach puts emphasis on how the social and physical environments might be changed to help reduce the limitations in functioning of people with disabilities. In the case of psychopathy, the reduction in negative effects would require thinking about the possibilities of adjusting the relevant social environments to limit the impact of the negative propensities and stimulate the positive “talents” of individuals with psychopathy to reduce the potential harm to others. This perspective is alternative to the dominant one that recommends intervening directly on individuals with psychopathy (i.e., a person-based approach).<sup>1</sup> The negative effects caused by the individuals with psychopathic traits could be reduced or eliminated by finding conditions that aid in enhancing their social inclusion and may increase the chance of them functioning in a way that would allow for equal opportunities in major areas of life, by limiting the harmfulness of their actions.

We proceed as follows. In section 2, we discuss approaches to the social response to psychopathy that focus on the responsibility of offenders with psychopathy and whether psychopathy is a mental disorder. Recent publications show convincingly that the lack of robust empirical evidence discourages pursuing these approaches. If the aim is to offer prescriptions on how to respond to the pressing current challenge of limiting the harm associated with psychopathy, we suggest that the problem of responding to psychopathy can be best addressed within the conceptual framework offered by disability studies. In section 3, we consider the notion of disability and what type of social response it should attract when dealing with psychopathic individuals. This is a promising line of investigation that has attracted very little attention so far. Addressing this problem could motivate accommodating social and physical environments to individuals with high levels of psychopathy as opposed to the dominant interventions aimed at changing them, such as treatment, therapies, and institutionalization. In section 4, we consider whether psychopathy is a disability. We argue that that the current scientific research, although suggestive, offers us mixed results on the issue. Finally, in section 5, we argue that adjusting the social environment to mitigate the negative effects of psychopathy, while at the same time utilizing the potentially adaptive features of psychopathic traits, can still be defended even if psychopathy is not a disability. Moreover, we maintain that this strategy can be pursued without having to first unveil the ultimate causes of psychopathic behavior or the extent of the impairment that it involves. In this regard, we offer also some programmatic considerations on how this social approach might be implemented in the working environment with psychopathic individuals.

## **Approaches to the Social Response to Psychopathy**

Whether psychopathy is a mental disorder has extremely important practical consequences (Jurjako, 2019; Nadelhoffer & Sinnott-Armstrong, 2013; cf. Jefferson &

Sifferd, 2018). In fact, it would allow for a swifter move away from risk prediction, which is what motivates different forensic uses of this construct (Hare & Neumann, 2009), and toward thinking about potential therapies, cures, or other treatments for reducing the maladaptive aspects of psychopathy (Tamatea, in press). This could also provide grounds for medical, pharmacological, and behavioral interventions to reduce the impact of psychopathic tendencies, with or without consent of the affected parties (for discussion, see Baccarini & Malatesti, 2017; Hübner & White, 2016; Sirgiovanni & Garasic, 2020).

However, the debate on the disorder status appears to be at a stalemate that is determined by complex theoretical and empirical issues. Moreover, on the one hand, psychopathy is associated with characteristic emotional deficits and maladaptive behaviors that might be construed as signs of a mental disorder. On the other hand, psychopathic individuals tend not to perceive their personality traits as harmful and do not suffer from overt cognitive deficits, psychotic breakdowns, or delusions that characterize other typical mental disorders (Münch et al., 2020). Moreover, although psychopathy tends to be construed as a personality disorder, it is not an established category in prominent diagnostic manuals, such as the *Diagnostic and Statistical Manual for Mental Disorders* (American Psychiatric Association, 2013) or the *International Classification of Diseases* (World Health Organization, 2020). There is also a lingering suspicion that personality disorders in general, and so psychopathy, present not so much a legitimate medical category as a classification of people according to the degree and the type of deviance they display from established social or moral norms (Charland, 2006; Jalava & Griffiths, 2017; Mullen, 2007; Sadler, 2008). These reservations point to general issues regarding how to define mental disorder, which in the case of psychopathy presents further problems because, depending on the notion of mental disorder adopted, we get different verdicts on whether psychopathy is a mental disorder (Nadelhoffer & Sinnott-Armstrong, 2013). To further complicate issues, some authors maintain that certain features of psychopathy might even present psychologically and/or biologically adaptive traits (Brazil et al., 2021; Jurjako, 2019; Krupp et al., 2012; Međedović et al., 2017). Thus, grounding social responses to psychopathy on the assumption that it is a mental disorder is, to say the least, controversial, and fraught with empirical and theoretical issues.

Some of these problems spill over to the issue of whether psychopathy should be construed as a ground for legal and/or moral unaccountability. These issues are especially pertinent when considering the insanity defence. Usually, legal systems hold a person responsible for her actions if she is in a relevant sense responsive to the prevailing moral and/or legal norms (Hirstein et al., 2018). Roughly, this means that the person understands the norms, how they apply in the relevant context, and that she can consequently regulate her actions. For instance, a psychopathic individual who violently harmed a person would be held responsible for this behavior, and deservedly punished, if she knew that she was violating a relevant norm and could restrain from the violent act but chose to commit it (Pundik, 2019). However, if individuals with extreme psychopathic traits are, due to a mental disorder or some other issue, incapable or less capable to recognize or regulate their actions

considering legal norms, then there would be grounds for judging them unaccountable or legally insane.

The discussion concerning the accountability of psychopathic offenders has a limited importance for informing social response. First, the insanity defence is closely related to issues of psychiatric disorder since the latter plays a major factor in granting the insanity defence to a person (Malatesti et al., 2020). Thus, similar problems to establishing whether psychopathy is a mental disorder permeate the issue whether they should be considered as legally insane. In addition, there are more general theoretical issues concerning the nature of the capacities relevant for accountability, how they should be operationalized and related to empirical research (Hirstein et al., 2018; Yannoulidis, 2012). In this regard, currently, empirical discussions leave open the question whether psychopaths have exculpatory or diminished incapacities that would grant the social responses based on the lack of responsibility (Jalava & Griffiths, 2017; Jefferson & Sifferd, 2018; Jurjako & Malatesti, 2018a).

Second, the class of social practices that are covered by the question of responsibility are restricted in two ways. They are usually framed in the context of the insanity defence which is granted and used in court proceedings on rare occasions (Yannoulidis, 2012). However, the harmfulness of psychopathic traits concerns a wider class of individuals. Moreover, the question of responsibility mostly pertains to the justification of punishment for a crime (Placani & Broadhead, 2020). But psychopathic individuals might cause damages or harm that although not criminal, demand societal response (Fritzon et al., 2020; Skeem et al., 2011). For instance, research on psychopathy in the workplace indicates that psychopathic individuals tend to be abusive to their colleagues and cause damage to the companies they work for (for review, see Ray & Fritzon, 2020).

In this regard, the question whether psychopathy is a disability is interesting and important for several reasons. Disability refers to impairments that are associated with limitations in personal, social, and everyday functioning (for a more detailed discussion, see Section 3 below). From an ethical perspective, a society has obligations to individuals with disabilities to remove obstacles causing the limitations (Wolff, 2011, ch. 7). If psychopathy is associated with limitations in functioning, then we should think about how to remove them. This question seems to be for the most part neglected in the literature (Steverson, 2020). And when it is not, the discussion tends to focus on how psychopathy is disabling for the victims or on the role of psychopathic traits in illegitimately acquiring disability rights (Drukteinis, 2007; Wylonis & Sadoff, 2007; cf. Godman, 2018; Steverson, 2020). This might be because disabilities that are thought to be associated with psychopathy are properly addressed in the literature discussing whether psychopathy is a psychiatric disorder or in the moral and legal literature discussing the responsibility of psychopathic offenders. We can agree that these issues are interrelated in some respects (Godman, 2018). Nonetheless, distinguishing between the concepts of disorder, responsibility, and disability, allows us to see that there are different relevant issues and potential responses regarding the different types of populations of individuals exhibiting psychopathic traits.

In fact, the concepts of disability and disorder play different roles. The concept of disorder refers to a condition which plays important roles in medical classificatory systems, such as the DSM-5 (American Psychiatric Association, 2013) and ICD-11 (World Health Organization, 2020). In contrast, the concept of disability mainly refers to a limitation in functioning or performing an activity which are formally dealt with in documents, bills, and acts that aim at removing or reducing the obstacles that cause such limitations in everyday functioning (see, for instance, United Nations, 2006). Given these differences, a person might have a disability without suffering from a disorder and vice versa. For instance, a war veteran may miss an arm and, in that sense, manifest a disability in certain areas of functioning, without suffering or being in a condition that might be categorized as a disorder. Alternatively, a person might have a disorder, such as a mild case of systemic lupus, which does not limit his or her normal functioning.

The issues introduced by the assignment of a disability status to psychopathy differ also from issues regarding psychopaths' legal or moral responsibility. Disability offers the possibility of extending our ethical concerns to a wider population, a wider class of social responses, and suggests original ways of investigating them. First, disability can regard also psychopathic individuals that are not offenders. This can relate to the so-called successful or corporate psychopaths who often do not commit blue-collar criminal acts, or at least stay below the "forensic radar" (Fritzon et al., 2020; Mathieu 2021). Second, the question of responsibility, although motivated by concerns for fairness and justice, does not touch upon the problems of whether and, eventually, what we owe to the individuals with psychopathic personalities (Godman, 2018).

The latter question is usually posed in the disability literature (Watson & Vehmas, 2020). If a person has a disability, then, from a moral point of view, the society owes to this individual something that can compensate for his or her disability or to make the necessary social, cultural, and physical adjustments that will remove or lessen the impact of those disabilities (see Wolff, 2011, ch. 7). Thus, if psychopathy is a disability or essentially involves some disabilities, then we might ask how we can arrange our environments to reduce those disabilities or to make compensations to psychopathic individuals.

It could be objected, however, that while it is ethically justified to investigate the issue of the mental illness status of psychopaths or that of their criminal accountability, there are less reasons to investigate whether they are disabled. This research, in fact, implies that society might owe something to psychopathic individuals. The paramount discourse about psychopaths, however, is that of protection of society from dangerous criminals, especially those prone to use violence as a means for their ends (Tamatea, in press).

We argue, nonetheless, that the question whether we owe something to the psychopaths is worth considering even though it may seem unusual (see also Gillett & Huang, 2013; Godman, 2018). Although psychopathy has a history of being used as a categorical construct, a more contemporary view is that it is a dimensional construct, which implies that not all of those who have psychopathic traits are criminals who cannot have any place within society (Skeem et al., 2011). Thus, although we do

not want to deny that the appropriate social response to some psychopathic individuals is containment, the concern should be to establish whether and when society should pay special attention and accommodate to the characteristics of psychopathic individuals without having to resort to containment. In our societies, there are surely more pressing problems of social justice, as poverty and related lack of access to resources and opportunities. However, if considered a disability, the presence of psychopathic traits might put a further burden on an individual with respect to other non-psychopathic individuals with the same capacities and resources (see Wolff, 2011, pp. 153–154). Moreover, the disability perspective could show that further unfair burden can be relieved. Thus, in the next section we consider how to conceptualize the construct of disability. After that, we discuss its implications for thinking about the appropriate social, clinical, and organizational responses to individuals with elevated psychopathic traits.

## The Concept of Disability and the Recommended Social Responses

Since the late 1960s the concept of disability and its ethical and legal significance has been the focus of political activism, legislations, and the topic of a new and fast-growing interdisciplinary area of studies (Watson & Vehmas, 2020). This composite cultural and social movement has specifically highlighted the normative, but also theoretical and empirical, relevance of establishing the source of the problem with disabilities (see, e.g., Barnes, 2016; Shakespeare, 2014; Wasserman et al., 2016). Wasserman et al. (2016), based on official definitions recognized by international organizations, usefully emphasize two features that different views on disability share. These features include:

- (i) A physical or mental characteristic labeled or perceived as an impairment or dysfunction (. . .) and (ii) some personal or social limitation associated with that impairment. (Wasserman et al., 2016, section 1)

This definition should be read in a noncommittal way. In the first clause, it is made clear that disabilities involve characteristics that are *perceived* as dysfunctions or impairments, indicating that there is no assumption that these impairments are in some sense objective or biologically grounded. In fact, depending on one's more substantive view of the nature of disability, the definition can be supplemented with additional constraints. In this regard, Wasserman et al. (2016) distinguish between a continuum of positions, ranging from what is called the *medical model* on one end of the spectrum to the so-called *radical social model* on the other end of the spectrum (for recent discussion, see Jenkins & Webster, 2020).

The medical model presupposes that the limitations that people with disabilities experience are grounded or caused by impairments that are internal to the person. Usually, these impairments are understood as stemming from organs or body parts that fall below some norm of proper functioning. Thus, they are considered as

dysfunctional or defective. This view makes the concept of disability somewhat like the concept of medical disorder in that it purports to ground impairments in objective internally defined dysfunctions (see, e.g., Boorse, 1977).

Alternatively, the social model locates the sources of limitations in the mismatches between the capacities of a person with disabilities and the structure of the physical and social environments (Wasserman et al., 2016). According to socially oriented models, the impairment component should be at most read as a neutral description of a person's body, organ, or biopsychological mechanism (Barnes, 2016). These approaches put emphasis on external physical and social organizations of different aspects of a society (for short "social factors") that create obstacles and limitations for some people to fully participate in social lives, working spaces, and fulfilling personal goals (Shakespeare, 2014). Moreover, the obstacles that limit normal function, beside strictly social factors, also include other people's prejudicial or stigmatizing attitudes toward individuals with disabilities (Barnes, 2016; Wasserman et al., 2016).

The medical model is usually associated with the direct intervention on the individual with the disability. In contrast, the social views of disability prioritize changes in the external environments, including people's attitudes toward individuals with disabilities, as the preferred ways of solving issues related to the experience of disabilities (Wolff, 2011, ch. 7). For instance, if a person's disability includes using a wheelchair, then the proper solution is to make our physical environment friendly for those who use wheelchairs by building ramps and otherwise making accessible physical spaces and objects within them.

For the purposes of this paper, we consider several reasons that recommend combining the insights from the medical model and those of the social one into what we call the *hybrid account* (see Shakespeare, 2014). This type of view is adopted in many relevant conventions and acts addressing the rights of individuals with disabilities, including, for instance, the *International classification of functioning, disability and health* (ICF) (World Health Organization, 2001), UK's the *Disability discrimination act* (Legislation.Gov.UK, 1995), and the US's *Americans with disabilities act* (GoveTrack.US, 1990). In this regard, disability is usually defined as a mental or physical impairment that engenders long-term limitations in major life activities.

The hybrid model, due to its social component, is more humane than the medical one because it does not impose constraints on how an ideally functional human being should look like or what traits he or she should possess. Historically, addressing the social factors involved in disability has motivated activist movements for the rights of people with disabilities and offered them unprecedented opportunities of personal empowerment (Barnes, 2016; Shakespeare, 2014). This model also recognizes the presence of internal impairments that is denied by radical versions of the social model of disability. According to the latter approaches, disability is a completely socially determined condition to be released by social change, often within the framework of radical social constructionist theorizing (see, e.g., Tremain, 2001). However, it should be noted that, unlike the pure medical model, here the notion of impairment has a role in explaining how a condition is limiting in a certain context of living and acting (see also Jenkins & Webster, 2020). Moreover, from a political and ethical point of view,

the recognition of the specific impairments involved in different types of disability might best serve the interests of those affected. In fact, conceptualizing their condition as just a matter of social oppression and injustice toward an undifferentiated minority of people with disability, would exclude the opportunity of medical treatment when needed, required, and appropriate (Shakespeare 2014). In this regard, qualitative studies show how people with several disabilities recognize the relevance of biological or physical impairments (Lock et al., 2005; Sherry, 2002; van de Ven et al., 2005), and this in turn suggests that the relation between impairment and disability cannot be disregarded, as the extreme social model or the extreme medical model would suggest (Danermark & Gellerstedt, 2004; Gabel & Peters, 2004; Shakespeare, 2014; Williams, 1999). Thus, the hybrid model might better capture the experience of people with disability.

In the next section, we move on to investigate whether psychopathy relates to impairments that could be relevant for its status of disability.

### **Is Psychopathy a Disability?**

Before deciding whether psychopathy is a disability, we need to determine what kinds of data are relevant for this type of inquiry. Given that psychopathy is not typically associated with physical impairments in sensory systems or bodily disfigurement, it seems appropriate to consider whether it involves mental impairment. In this case, at least three, not necessarily exclusive, options can be considered. One option involves investigating whether the personality and behavioral traits that characterize psychopathy can alone individuate a disability (see Steverson, 2020, ch. 3). For instance, a diagnosis of acute depression, without accompanying neurobiological explanation, often confers disability status to a person. This is because the diagnosis is associated with incapacities or limited capacities to participate in important life activities. Another option involves considering the etiology of psychopathy to establish whether its associated traits lead to beneficial or maladaptive behavior. The third option is to consider explanations backed by neuropsychological and neuroimaging data. Let us then examine the relations between these options and establish which are preferable.

Regarding the diagnostic features, there are two reasons for not relying entirely on them. First, items in syndrome-based diagnosis track behavioral performances and personality traits but not necessarily incapacities (Cardella, 2020; Jurjako & Malatesti, 2018b). Second, as we have seen in section 2, the mental or personality disorder status of psychopathy is controversial. Therefore, we might expect a similar controversy about its disability status. Moreover, diagnostic items appear to confer a negative role to psychopathy when granting disability rights to claimants. Claims made by individuals with elevated psychopathic traits are typically associated, due to interpersonally deceptive styles, with malingering and faking the disability status to illegitimately attain certain rights (Drukteinis, 2007; Wylonis & Sadoff, 2007). Let us now examine whether etiological/functional explanations are more useful to establish whether psychopathy is a disability.

Research that regards psychopathy as an adaptive response to adverse social and/or biological environments discourages regarding this condition as a disability (see, e.g., Glenn, Kurzban, et al., 2011; Jurjako, 2019; Krupp et al., 2013; Lalumière et al., 2008; Mealey, 1995; Međedović et al., 2017). Some have argued that the low affectivity and the interpersonal traits of psychopathy enable reproductive success and result from an adaptive life strategy (Jonason et al., 2010; Međedović, 2018; Međedović et al., 2017). Regarding their etiology, some think that these traits might be genetically encoded, while others put more emphasis on the environmental disturbances that affect fetal growth or to adverse childhood environments that involve abuse, negligent parenting, toxic environments, and so on, that facilitate the development of antisociality and low affectivity (for review, see Glenn & Raine, 2014).

Regardless of the specific social or biological etiologies, the relevance of the adaptationist line of reasoning for the present context can be illustrated with the life-history theory (see, e.g., Buss, 2009; Del Giudice et al., 2015). According to this account, given that organisms have limited resources and time at their disposal, through different life stages they face adaptive trade-offs. One of the most important of them concerns the allocation of energy to reproduction as opposed to survival. For instance, investing time and energy in reproductive efforts reduces time and energy for the strategies that increase longevity. According to the life-history theory, due to such trade-offs and the environmental conditions in which an organism finds itself, a continuity of correlated strategies can be formulated that are adaptive in different environments (Del Giudice et al., 2015). To take the most extreme cases, in environments that are poor in resources and where survival prospects are uncertain, it pays-off to invest energy into earlier and more casual mating, early reproduction, leave many offspring, not be risk averse and invest less trust in partners. This is called the *fast-life strategy*. In rich and certain environments, it pays off to invest into cooperation, trust your partners, start later with reproduction efforts, have less offspring, and invest more in parenting. This is called the *slow-life strategy*. Now, regardless of the proximal biological, psychological and/or social mechanisms that lead to psychopathy, some argue that psychopathic traits, especially those pertaining to interpersonal styles, are adaptive in harsh environments and support the fast-life strategy (Jonason et al., 2010; Međedović et al., 2017). This makes sense when it is coupled with the information that psychopathic individuals mostly grew up in abusive and uncertain environments, where the fast-strategies are beneficial. From this perspective, psychopathy does not seem to be a disability. On the contrary, it seems to be an adaptation to a specific environmental niche (Jurjako, 2019).

Although these considerations provide very important routes of investigations on the etiology and maintenance of psychopathic traits, it must be recognized that there is no consensus on the adaptive nature of some psychopathic features (Glenn, Kurzban, et al., 2011; Skeem et al., 2011). Moreover, the presence of biological or social adaptations, whatever their ultimate etiology, might not be unanimously considered as evidence for a lack of impairment (Murphy, 2005). Some argue that disorders and impairments from which people suffer consist in the mismatches between their evolutionary origins and the environments in which those individuals currently inhabit (see,

e.g., Garson, 2015, ch. 8). For instance, because of growing up in a war zone, a person may develop an adaptation to respond to loud noises by immediately taking cover. If this person were to be transferred to a peaceful environment, this type of responses to loud noises might be maladaptive. Similarly, it might be argued that even if many of the psychopathic traits are adaptive in harsh and abusive environments, still it might be the case that they are maladaptive in the affluent western societies to which this research pertains (for discussion, see Jurjako, 2019). In any case, a final option is left to be investigated.

In addressing the problem whether psychopathy is a disability, an analysis of the currently available evidence on the neuropsychological performances of psychopaths is useful to overcome some of the mentioned problems with exclusive reliance on diagnostic features or etiological hypotheses. For instance, suspicion that psychopaths might be granted disability status due to their manipulative ways would be implausible if it could be shown that psychopathic traits and behaviors are underpinned by discernible neuropsychological impairments (Drukteinis, 2007). Similarly, the proximal mechanisms that contribute to psychopathy might determine impairments that would render psychopathy a disability, independently from the ultimate account of their etiology.

Empirical studies suggest that psychopathic traits might be underlined by neuropsychological abnormalities that are exhibited in a range of behavioral and cognitive tasks, and neuroimaging studies (Brazil & Cima, 2016). Some influential studies pertain to learning and decision-making processes (Glimmerveen et al., in press). For instance, early studies using psychophysiological measures showed that psychopathic individuals show reduced skin conductance (i.e., lower electrodermal responses) when facing punishing stimuli and were less likely to learn to avoid aversive outcomes based on cues indicating punishment (Lykken, 1957). One example of this is a passive avoidance learning task where the goal is to learn to avoid pressing the lever associated with electric shock. In this type of study, psychopathic offenders were less likely to avoid punishing stimuli on subsequent tasks. Interestingly, other studies have reproduced the same pattern of responses when it comes to punishing stimuli, but normal levels of responding when learning is based on rewarding stimuli (Blair, Mitchell, Leonard, et al., 2004). In addition, evidence indicates that psychopathic individuals have a reduced startle reflex, that is, reduced eyeblink, compared to non-psychopathic individuals when observing negative images (such as mutilated bodies and aimed guns), while exhibiting normal reflexes when observing positive (such as food and sports scenes) or neutral images (such as household objects) (Patrick et al., 1993). Moreover, studies investigating the recognition of emotions suggest that psychopathic individuals exhibit impairments in recognizing fear when looking at pictures of people's faces (Blair, Mitchell, Peschardt, et al., 2004). These results have led to conceptualizations of psychopathy as involving reduced reactions to and processing of fear-related stimuli (Hoppenbrouwers et al., 2016).

In addition, neuroimaging studies suggest that while participating in learning and recognition tasks, psychopathic individuals show aberrant activation patterns in the functional connections between the amygdala, ventromedial prefrontal cortex,

orbitofrontal cortex, and the broader paralimbic areas of the brain (Glenn & Raine, 2014; Poepl et al., 2019). These are the brain areas underpinning reinforcement learning and processing of emotional stimuli.

In sum, the evidence on learning and processing of emotional information, and their neurobiological correlates, portrays individuals with elevated levels of psychopathy as people who exhibit learning and decision-making impairments that are underpinned by dysfunctions in neurobiological processes. These abnormalities might explain why psychopathic individuals are prone to violent and abusive behavior, use other people as means to their ends, and do not learn sufficiently from their experience (Blair et al., 2005).

Whether these abnormalities in learning processes amount to disabilities depend on whether they can be regarded as impairments that then explain the limitations in personal and social functioning. Some theories attribute these learning abnormalities to impairments in emotional/affective processing, while others suggest that non-affective cognitive deficits are more central (Brazil & Cima, 2016). According to the affect-based theories, individuals with psychopathy are unable to experience or process negative emotions and aversive stimuli (see, e.g., Blair et al., 2005). These incapacities to process negative affective stimuli then explain why psychopathic individuals exhibit abnormalities in learning from punishment, recognizing emotional states in other people, and easily engage in violent and generally antisocial behavior. Alternatively, according to the cognitive theories, such as the response modulation hypothesis (RMH) and the impaired integration model, psychopathic individuals suffer from more general deficits in processing information (see, e.g., Hamilton et al., 2015; Koenigs & Newman, 2013).

The claim made in the RMH is that the deficits seen in psychopathy, rather than being confined to the processing of emotional stimuli, are driven by disturbed allocation of attention. For instance, in aversive learning tasks, psychopathic individuals tend to focus their attention on rewards and disregard the punishing stimuli that are relevant for successful performance on the task. However, when their attention is directed to punishing stimuli, they perform similarly to control groups (Newman & Baskin-Sommers, 2011). Similar pattern of responses seems to be exhibited across different tasks. In a series of studies, Newman and colleagues found evidence that psychopathic individuals exhibit abnormal or normal performance on facial emotion recognition tasks, aversive learning, and even brain activation patterns (such as in the amygdala) depending on how experimenters direct their attention during the performance of the relevant tasks (Baskin-Sommers et al., 2011; Larson et al., 2013; Newman & Baskin-Sommers, 2011). These studies indicate that psychopathic individuals might suffer from more general impairments in allocation of information processing resources (Smith & Lilienfeld, 2015).

If these theories are roughly correct, then we might have grounds for saying that learning abnormalities associated with psychopathy are responsible for limitations in personal and social functioning. Moreover, we would be justified in claiming that these abnormalities are constituted by impaired cognitive or affective mechanisms that are outside of their control. Thereby, we would be justified to think that these

impairments amount to disabilities for which our societies should offer some compensation or readjustment of the physical and social environments.

The notion of impairment relevant for the adopted hybrid account requires minimally an enduring bodily, emotional, or psychological damage that explains the inability to perform important life activities. However, currently available studies on psychopathy do not support such a strong conclusion (Groat & Shane, 2020). The studies supporting the information processing accounts indicate that psychopathic individuals do not suffer from incapacities, in the sense of irrevocable and pervasive damage to the abilities to learn from punishment or recognizing emotional stimuli (Jurjako & Malatesti, 2018b; Koenigs & Newman, 2013). As noted earlier, across different studies, it has been shown that typical learning deficits appear and disappear depending on the instructions and how the attention of individuals with psychopathy is focused (Baskin-Sommers et al., 2011). Moreover, the variability in results might be explained by motivation-based approaches to psychopathy. According to these approaches, psychopathy is associated with aberrant emotional and cognitive processing that can be explained by their lack of motivation to process distinct types of information (Groat & Shane, 2020). Thus, the motivations, desires, or even the value judgments that psychopathic individuals attach to experiencing different stimuli might have downstream effects on how those stimuli will be processed in their cognitive and emotional systems. If this is the case, then the abnormalities in the brain activation patterns of individuals with psychopathy, as exhibited by numerous neuroimaging studies (e.g., Koenigs et al., 2011), would not support the presence of disability. In fact, these peculiarities can be construed as downstream effects of these individuals' motivational structure and not as a temporal precursor of it. Therefore, these abnormalities would not explain the antisocial behavior of individuals with psychopathy independently from how they are otherwise motivated to act.

Given these open empirical possibilities, we do not have sufficient reason to consider psychopathic aberrations in learning as manifestations of disabilities caused by the impairments in the internal resources. In contrast to typical cases of impairments that are associated with different forms of disability, the empirical evidence does not unequivocally indicate that the learning and emotion processing abnormalities seen in relation to elevated levels of psychopathy concern issues that are beyond their control (Groat & Shane, 2020; see also Godman, 2018). In fact, if learning difficulties appear and disappear depending on the type of rewards, attention, or the motivations of the individuals with psychopathy, then they seem to be *able* to control their behaviors and the outcomes of those behaviors.

Our tentative conclusion is that more speculative etiological considerations and independent neuropsychological studies show that also the concept of disability cannot be currently used to bridge the empirical research on psychopathy with recommendations about the appropriate social response to it. As in the case of mental disorder or responsibility, empirical data offered by these studies are inconclusive. Nonetheless, we maintain that thinking about the appropriate social responses from the perspective of disability might fruitfully inform the clinical, organizational, and social policies for

reducing the negative effects of psychopathy. In the next section, we show how this perspective might be applied in the case of psychopathy.

## **The Social Model of Intervention without Disability: A Pragmatic Approach**

Although the empirical evidence on the disability status of psychopathy is inconclusive, there are grounds for recommending the social response that is associated with the social model of disability. The main reason for adopting such an approach is that we are facing the personal and social costs engendered by psychopathic individuals, while there is still no effective and agreed upon treatment that would significantly reduce maladaptive behaviors associated with psychopathy (Brazil et al., 2018). We maintain that an emphasis on the social factors introduces alternative perspectives on how psychopathic individuals and their problems could be approached (for a complementary view, see Gillett & Huang, 2013).

This model would prioritize adjusting the external environment and people's attitudes in a way that will reduce the lack of opportunities experienced by psychopathic individuals and the victims of their behavior. Thus, it redirects our attention away from solely focusing on the personally internal resources that might be difficult to change or compensate for, and toward external factors regarding how the physical and social environments, including social expectations, might be adjusted in a way that would reduce negative effects of psychopathic behavior.

This approach has implications for therapy, working clinicians, and counseling. Given that individuals with high levels of psychopathy tend to lack normal empathic reactions, then empathy-based therapies aimed at reducing maladaptive behaviors associated with psychopathy are expected to be harder to implement (Hare, 2003; Skeem et al., 2011). Instead, different types of treatment would probably be more effective if therapists, clinicians, or other relevant stakeholders, would create a more strategic relationship with psychopathic individuals. The disability studies perspective pushes the more radical idea that therapy or counseling should not be based on attempts to change the individual with high levels of psychopathy, because both research and clinical track records tell us that this is unlikely to be effective without the solutions that still need to become available, and whose use could raise serious ethical worries (Hübner & White, 2016). Our suggestion is to shift away from predominantly thinking about fixing the internal resources of the individual and to also start thinking more about how to choose social and work niches that would reduce the detrimental impact of psychopathy on others, while at the same time preserving the well-being of individuals with psychopathy. In this regard, the role of policy makers, directors of human resources, and guiding counsellors would be to create such personal, social, and cultural niches and make them enticing enough to attract psychopathic individuals to inhabit them.

However, there might be an immediate obstacle to making the social environment hospitable to psychopathy. In fact, the defining traits of this condition are usually

associated with some form of antisocial behavior. In everyday life, psychopathic behavior is associated with abuses of colleagues and intimate partners, misusing their trust, and in general producing emotional and material damage (Babiak et al., 2010; Drukteinis, 2007; Wylonis & Sadoff, 2007). Moreover, psychopathy is associated with violent behavior that can be an aggravating factor in the court (Aspinwall et al., 2012). Thus, the proposal could be interpreted as recommending rearranging the social environment so that individuals with psychopathy may continue to act antisocially without harming others or themselves. This might seem like an impossible requirement to satisfy.

Nonetheless, the problem might seem less insurmountable when recognizing that the enhancement programs should start from early on in childhood before maladaptive behaviors associated with psychopathy get traction. Providing a warm and caring parental involvement when raising kids might have a beneficial effect on reducing psychopathic traits in adulthood (Gao et al., 2010; Hawes et al., 2014; Kimonis et al., 2019). Moreover, the information processing abnormalities exhibited by children with psychopathic tendencies might be used as a resource rather than a defect if the learning environment is properly structured (Godman, 2018). For instance, evidence indicates that children with elevated callous-unemotional traits also show deficits in responding and learning from punishing stimuli, more generally showing aberrations in processing emotional stimuli, such as fear, and their underlying physiological processes (see, e.g., Blair, 2013; Marsh et al., 2011; Sylvers et al., 2011). From the more social perspective, these aberrations might be regarded as an opportunity to adjust the learning environment to exploit these learning peculiarities (Kimonis et al., 2019). More specifically, the parents, educators, and therapists might tailor their teaching strategies and learning environments by relying more on rewarding stimuli and providing more positive feedback when trying to instill valuable information to children with psychopathic tendencies. What these rewarding stimuli might be will probably depend on the context and personal preferences (Glimmerveen et al., 2018). That is why it is important to investigate individual differences in the preference structure and learning styles exhibited by children and adults with psychopathic tendencies (see, e.g., Moul & Dadds, 2013).

Furthermore, we recommend a social response to balance the negative and positive features of a wider class of people with psychopathy than that of incarcerated offenders with this condition. The social environment should be rearranged to reduce the negative effects associated with different psychopathic traits. In fact, individuals with elevated psychopathic traits may be found in many areas of social life, and more surprisingly, even occupying leading business or social roles (Babiak & Hare, 2006; Babiak et al., 2010; Boddy, 2010; Fritzson et al., 2020; Pavlič & Mededović, 2019). This often puts psychopathic individuals in a position to cause great personal and material damage. Such traits are correlated with decreased ratings of management style, the propensity for teamwork, and performance appraisals (Babiak et al., 2010). These results suggest that employees and colleagues perceive individuals with elevated psychopathic traits as not being good in managing staff, teamwork, and accomplishing their tasks. In fact, individuals with elevated psychopathic traits are perceived

as causing problems ranging from bullying their colleagues or subordinates to creating hostile working environments, thereby reducing job satisfaction and productivity of other workers (Babiak & Hare, 2006; Boddy, 2010).

On the other hand, the social perspective we recommend could accommodate the view proposing that some features of psychopathy may be adaptive in certain situations. For instance, some research indicates that around 4% of people working in the corporate world exhibit extreme psychopathic traits as opposed to the general population, where the estimates are that only 1% of the people exhibit such personality traits (Babiak et al., 2010; Neumann & Hare, 2008). The data also show that this overrepresentation of individuals with psychopathic traits is displayed among the individuals in the top management of corporations (Babiak et al., 2010). This indicates that some of the psychopathic traits might be positively associated with career advancement in certain areas of life (see also Eisenbarth et al., 2018; Pavlič & Mededović, 2019). In particular, the study by Babiak et al. (2010) provide evidence that interpersonal psychopathic traits, as measured by Hare's (2003), are associated with positive perceptions of the communication skills, creativity, and innovativeness. Other studies indicate that psychopathic traits are correlated with work-related success in settings where individuals with psychopathic tendencies are not expected to cooperate with other co-workers. According to a study by ten Brinke et al. (2015; see also Mokros et al., 2008), psychopathic traits predicted greater monetary gains in a bargaining situation where the success did not depend on cooperation with other participants in the process. When success depended on cooperating with other participants, then individuals with psychopathic traits performed less well in terms of monetary gains.

Taking these data into consideration may offer a way of exploiting them to better manage the impact of psychopathy. From the perspective of the social organization of workplaces, disability studies can suggest how to accommodate the workplaces to help reduce the negative impact of individuals with psychopathic tendencies. In particular, the tasks that individuals with elevated psychopathic traits are expected to perform should not overly depend on cooperating with other colleagues (however, see Testori et al., 2019). Thus, this might include securing physical spaces and work niches where there is not much expectancy to cooperate and be nice to other people. Other options involve providing the psychopathic individuals incentives to take on job opportunities where their imaginativeness, creativity, and overall impression management skills can come to the fore without the negative effects. Thus, they might be incentivized to work in departments dealing with bargaining and business negotiations with other departmental units and firms, without being offered an opportunity to run their own teams or supervising workers that require management skills and cooperativeness. In this way, the working environment might profit from having a ruthless negotiator where psychopathic interpersonal traits might play a positive role, while minimizing the negative effects that psychopathic individuals impinge on other people when they are expected to cooperate with them. In addition, the awareness of the co-workers that they are dealing with individuals who exhibit higher psychopathic traits should allow them to take more strategic attitudes toward them, which among other things, should include not expecting warm and respectful interactions with them.

Although we focus on non-institutionalized individuals, this approach might also suggest beneficial responses to those in forensic and penitentiary institutions. A more hospitable social environment to the typical traits of psychopathy, as far as they do not issue in criminal or serious antisocial behavior, could feed back a different stance toward rehabilitation or treatment. In fact, this might suggest more modest goals for these responses than providing these agents with a sophisticated moral perspective and control. Moreover, in terms of management within institutions it could suggest offering a more hospitable way to accommodate them in terms of expectations of the staff who is dealing with them and their integration with the life of the institution.

These considerations are admittedly programmatic. Especially in contexts where employment law is highly protective of hiring and firing “at will,” it is not realistic to expect that employers would prefer to change the work environment as opposed to firing the person with psychopathic traits. Thus, our aim is not to *prescribe* to employers to accommodate the workspace to psychopaths instead of firing them if they are not good at their jobs. Our discussion highlights the societal challenge of addressing the problems caused by psychopaths in the workplace, and other social contexts, when it is recognized that they are not clearly mentally disordered, disabled, or unaccountable. Now, simply firing them and leaving to wander further in our societies does not meet this challenge. Given these circumstances, our suggestion is that the employers, with a support from the relevant social institutions, should seriously consider the radical option of thinking how to change the relevant aspects of the workplace and other socially relevant niches that might mitigate the negative impact of psychopathic traits and increase their potentially positive ones.

In addition, our discussion is limited and more should be said about practical implications and difficulties with our proposal. We do not discuss, for instance, whether individuals with psychopathy could be screened in the workplace, how this data may be used, and whether we are ethically allowed to do this in the first place (Boddy, 2016). Without screening for psychopaths in the workplace, it would be hard to know whether the workplace should be adjusted and to which degree. However, these are pressing and relevant questions that touch upon the issues of human rights that go beyond the confines of this paper (for a book-length discussion, see Steverson, 2020).

Nonetheless, even without solving this problem one thing should be emphasized. The research on successful psychopathy and the presence of this notion in the popular culture indicates that people, especially the employers in the corporate world are increasingly aware of the existence of psychopaths and the problems they might cause (see, e.g., Shermer, 2012; Steinberger, 2004). Thus, to be prepared to come across a psychopathic individual in the corporate world, for instance, even in one’s own firm, should be expected from the managing personnel and human resources. In this regard, they can think about adjusting and training themselves how to notice such individuals to respond pre-emptively to the problems they are expected to cause (Babiak & Hare, 2006). Thus, our suggestion offers a reason for employers to evaluate how they could reduce the negative effects of psychopathic traits by adjusting the working environment and whether they could benefit from other capacities of their potentially psychopathic employees.

In any event, in this paper our main point is to show how the social perspective on disability can broaden our views and scopes for dealing with psychopathic individuals. Although we do not have conclusive evidence that psychopaths have impairments that would grant disability status, we might still consider the radical perspective on how individuals with elevated psychopathy traits, almost paradoxically, may be more included in the fabric of our society than if we were thinking about how to reduce maladaptive behaviors from the perspective of the medical model with its tendency to focus on the improvement of an individuals' internal resources and capacities. By putting the social perspective at the forefront, we open the possibility of thinking how not only individuals but also the society in general might benefit from a greater inclusion of psychopathic individuals in societal and work niches.

## Conclusion

The goal of this paper is to reflect on how to respond to the harmfulness of psychopathy by bringing to bear the increasing scientific knowledge about this condition with normative recommendations on how to treat individuals with psychopathic tendencies. We have argued that several systematic approaches to this challenge, followed by philosophers, legal scholars, and behavioral scientists, face conceptual challenges and empirical limitations. The core of these investigations is to establish whether scientific knowledge authorizes us to characterize individuals with psychopathy as mentally disordered or disabled or legally or morally unaccountable. We have highlighted that, besides difficulties generated by accounting for these concepts, even when they are carefully regimented, the empirical evidence on whether they apply to psychopathy is not conclusive.

Nonetheless, we offer a perspective that might inform clinical and organizational approaches to psychopathy and broaden our views on the possibilities of treating and reducing the harmfulness caused by individuals with elevated psychopathy traits. In fact, this perspective directs our attention not so much on how the personally and socially negative aspects of psychopathic traits might be cured or fixed, but how they might be accommodated, and exploited when possible, by changing the social environment and reducing the social expectations regarding the individuals with psychopathy. We indicated that this change in the perspective might be more fruitfully applied in the case of subclinical psychopathy, that is, with respect to arranging and designing workplace environments in which psychopathic individuals and their employers might prosper without causing damage to other people. The bottom line of this approach is that the social perspective associated with disability studies might be more fruitful when it comes to thinking about appropriate responses to psychopathy than it was previously thought. In this sense, the benefits of taking up this approach might provide additional boost in devising intervention programs whose goal is to reduce personally and socially maladaptive features of psychopathy.

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## Note

1. For a similar suggestion, see Gillett and Huang (2013). However, they ground their view on the contentious claim that psychopathy is caused by unjust societal conditions. Instead, we argue that the social perspective on intervention is worth contemplating whatever the ultimate causes of psychopathy are.

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