

Decolonizing Psychopathy: Gendered and Cultural Perspectives

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ABSTRACT

The diagnosis of psychopathy has far-reaching consequences. It can change the course of people's lives. Hence, it is essential to ensure that it is diagnosed correctly. However, current measures of psychology seem to be significantly lacking, especially in the diagnosis of women and people of other cultures. In terms of gender, it misappropriately punishes women who show more male-based traits of aggression and violence but evades more subtle forms of psychopathy such as manipulation. In terms of culture sensitivities, current measures of psychopathy punish lack of empathy, not realising that cultural variations in Theory of Mind significantly impact empathy expressions. This paper critically examines the gender and cultural biases in psychopathy assessments, revealing a skewed emphasis on male-centric aggression, overlooking passive traits exhibited by females. Additionally, cultural influences challenge the universal applicability of psychopathy tests, with the Western-centric development of these assessments contributing to biases. The intersectional lens emphasises the need for a more inclusive methodology, urging a decolonised approach to psychopathy. The paper calls for a holistic understanding, advocating for qualitative fieldwork to complement quantitative approaches, serving as a foundational step towards a more accurate, culturally relevant, and inclusive approach to studying psychopathy.

INTRODUCTION

Psychopathy is a complex personality disorder characterised by enduring antisocial behaviour, diminished empathy, and manipulative interpersonal traits. It has long been a subject of fascination and inquiry within the realm of psychology. However, we believe that the methods of assessing psychopathy are heavily strife with bias, both gendered and cultural.

Gender biases to the methodology come from the psychometric tests used to assess the trait being developed only men in the sample population. This thus favours male-centred displays of aggression that have a skewed focus on displays of aggression and antisocial behaviour, overlooking traits of aggression in females that are more passive, e.g. manipulation. In the realm of cultural influences, the same psychometric tests do not also consider what norms of "aggression", "grandiose", and "narcissism" are prevalent in different cultures, making some societies more vulnerable to the diagnosis. One such area where we have found such a cultural variation is the "Theory of Mind" (TOM), which refers to our ability to predict what others are thinking and feeling. TOM is directly linked to empathy which is a core feature of psychopathy and variations in TOM are fundamentally going to cause some cultures to test either higher or lower on the psychopathy test as opposed to the urban, western, affluent, and educated population these tests were developed using. There are also likely to be racially and ethnically motivated differences which is currently beyond the scope of this paper.

This paper aims to highlight how flawed the current study of psychopathy is and wants to promote an intersectional approach to its focus. One that considers the gender and cultural background of the population before making a diagnosis. Towards this we first introduce psychopathy, then we highlight the gendered biases to its investigation, and end with how the cultural biases driven by differences in TOM drive up the unreliability and invalidity of the psychopathy tests. We conclude by prompting future researchers to take an ethnographic approach to studying psychopathy, to form a holistic picture. The exact method with which this data can be collected is currently beyond the scope of this paper, but also a stepping stone for future researchers that aim to promote decolonised psychology.

METHODOLOGY

This research paper employed a comprehensive methodology to critically examine gender and cultural biases in

psychopathy assessments, ultimately advocating for a more inclusive and intersectional approach. The initial phase involved an extensive literature review conducted through Google Scholar, utilising search terms such as “psychopathy and its traits,” “gender biases in psychopathic assessment,” and “cultural influences in psychopathic testing.” This search aimed to identify relevant scholarly articles, ensuring a diverse range of perspectives on psychopathy assessment methodologies. A thorough analysis ensued, wherein 50 article abstracts were meticulously reviewed to identify key themes and insights. The selection process prioritised articles that addressed gender biases in psychometric tests, cultural influences on psychopathy assessments, and the impact of Theory of Mind (TOM) on empathy expression. From this initial pool, 10-12 articles were selected as primary references for this research paper, providing a well-rounded foundation for the examination of gender and cultural biases in psychopathy assessments.

The chosen articles covered diverse topics, including the development and limitations of psychometric tests such as the Psychopathy Checklist-Revised (PCL-R), the sex role hypothesis in psychopathy, cultural variations in Theory of Mind, and the impact of Western-centric biases in psychological research. This multidimensional approach aimed to capture the complexity of psychopathy and its assessment across different genders and cultural contexts.

It is essential to acknowledge my positionality in this study. As an Indian woman conducting the research, there is an awareness of potential biases associated with cultural perspectives and gender dynamics. This recognition enhances the reflexivity of the study, contributing to a more nuanced interpretation of the findings. There is a call for a decolonised and intersectional approach, emphasising the importance of embracing diverse perspectives in the study of psychopathy.

Psychopathy:

Psychopathy is a neuropsychiatric condition, characterised by the lack of empathy, high impulsivity and aggression along with the presence of antisocial and manipulative behaviours that often result in criminal activities (Anderson & Kiehl, 2014). Psychopathy, currently not a part of the Diagnostic Statistical Manual (DSM), however, antisocial personality disorder (ASPD) is. This means that while all psychopaths have ASPD, not all people with ASPD have psychopathy. Psychopathy is a unique cognitive pattern defined by its affective and interpersonal features (Abdalla-Filho & Völlm, 2020).

One of the most distinctive traits of psychopathy is the absence of genuine empathy. Empathy refers to the capacity to understand and share the feelings of others. It often is a result of an inherent behavioural trait called ‘theory of mind’ (TOM) (Zunshine, 2008), which is the cognitive ability to perceive and understand the mental states of others. Recent research has shown that psychopaths lack the ability to automatically take into account others’ perspectives and hence lack automatic theory of mind abilities. The same research however, showed that they do have intact ability of TOM, and can engage with it only intentionally. This explains why psychopaths generally lack the feelings of empathy on a day to day basis (Drayton et al., 2018a).

Individuals with psychopathic traits can use this intact TOM ability to manipulate others for personal gain, often without any sense of guilt or empathy. Psychopaths possess a skill in presenting themselves in a favourable light, using their charismatic and engaging demeanour to win people’s trust (Drayton et al., 2018b).

Psychopathy is most commonly measured using the Psychopathy Checklist-Revised (PCL-R), which was developed by Canadian psychologist Dr. Robert D. Hare in the 1970s (Morana, 2011). The PCL-R is a psychometric assessment scale that is widely recognised and utilised by mental health professionals, researchers, and legal experts to evaluate and diagnose psychopathy.

The PCL-R is structured around a comprehensive assessment of 20 key personality and behavioural traits associated with psychopathy, such as glibness, irresponsibility, impulsivity, etc. The test also considers one’s criminal history including behaviours such as criminal versatility, pathological lying, juvenile delinquency, etc. (W. Braamhorst *et al.*, 2015). These traits are scored based on information obtained through interviews, clinical observations, and a review of an individual’s history. The assessment typically involves examining the individual’s criminal history, interpersonal relationships, and behavioural patterns.

Scores on the PCL-R can range from 0 to 40, with higher scores indicating a greater degree of psychopathy. While there is no specific threshold score for diagnosing psychopathy, individuals with scores above 30 are generally considered to exhibit high levels of psychopathic traits (Conley & Brown, 2023).

The PCL-R however, is rife with bias. Its development and initial validity was only developed using white male respondents in North-America (Horan et al., 2015). As such, we contest that it lacks ecological validity with different

genders and cultures. In this paper, we will next analyse these gendered and cultured biases and finally propose a more novel, intersectional lens at understanding psychopathy.

Gender and psychopathy:

Psychopathy, as it is diagnosed by the scales today, seems to be more prototypically male. This is because most of the assessment tools and diagnostic criteria for psychopathy were initially developed based on research with male participants. These scales include the PCL-R as well as a different psychopathy measuring scale known as Comprehensive Assessment of Psychopathic Personality (CAPP).

Research done on these scales, especially CAPP, have found that out of 33 items that comprise this scale, 26 were prototypically male. This means that they are associated to stereotypes associated to men rather than women. These include items such as aggression, recklessness, domineering, lack of vulnerability, etc that are associated to traditional male displays of behaviour, an access of which, in combination, is then diagnosed with psychopathy.

Female psychopathy often differs from its male counterpart in several key ways, due to their socialisation where being more demure and passive is promoted. Females with psychopathy tend to exhibit less physical violence, grandiosity, and overt antisocial behaviour. Instead, they lean towards using impression management techniques, appearing charming, sociable, and emotionally attuned to manipulate and control others. This impression management is a key trait in female psychopathy, allowing them to conceal their true intentions and psychopathic traits effectively. Furthermore, female psychopaths are often highly manipulative and deceitful, relying on their interpersonal skills to exploit others emotionally and financially. They may also display self-destructive tendencies, engage in impulsive behaviours, use their sexuality for manipulation, and exhibit emotional instability and mood swings. It is also important to note that individual variation exists within the realm of psychopathy, making it a complex and multifaceted personality disorder influenced by various factors such as genetics and upbringing.

The sex role hypothesis in psychopathy underscores how societal expectations and gender roles can impact the diagnosis and perception of psychopathy in men and women. It acknowledges the risk of misdiagnosis when women who display aggression or assertiveness, traditionally considered male behaviours, are wrongly labelled as psychopaths, despite not meeting the complete psychopathy criteria. Conversely, the hypothesis highlights that female psychopaths who do not exhibit overt violence or criminality may be underdiagnosed, as they may engage in more covert forms of manipulation and relational aggression, making their psychopathy less conspicuous and, consequently, more likely to go unnoticed or misdiagnosed. This hypothesis underscores the diagnostic challenges in recognizing psychopathy in females and emphasises the need for a more nuanced understanding of how psychopathic traits can manifest differently in women. Additionally, it highlights the potential influence of societal tolerance and expectations in shaping the presentation and perception of psychopathy in different genders, ultimately contributing to variations in diagnosis and treatment approaches. This calls for a reevaluation of how psychopathy is contemporarily assessed and viewed.

Culture and psychopathy:

Research in psychology is often underscored by the WEIRD and WASP biases. The WEIRD or Western, Educated, Industrialised, Rich and Democratic bias refers to the over-reliance on data from a narrow demographic subset, typically western, educated, and affluent individuals, leading to skewed understandings of human behaviour that may not be universally applicable. This limited perspective fails to capture the diverse range of human experiences across cultures and socioeconomic backgrounds. Additionally, the WASP bias referring to Western Academic Scientific Psychology emphasises the dominance of western cognition and traditions in psychological methodologies, potentially overlooking valuable insights from non-western philosophies and indigenous knowledge systems. These biases are also prevalent in research about psychopathy, where methods to assess it are mostly developed by Northern American academics using Northern American participants.

This has led to the study of psychopathy overlooking some important variations in the practice and expression of Theory of Mind (TOM), which fundamentally underscores the experience of empathy and thus psychopathy. One concept directly linked to TOM is the opacity of mind. It refers to the extent to which individuals conceal their true thoughts and feelings. Cultural variations in the opacity of mind are intriguing aspects of human social interactions. Some cultures, particularly those emphasising emotional restraint and interpersonal harmony, may encourage individuals to mask their true emotions, leading to higher opacity of mind. In cultures influenced by collectivist values, it is often considered impolite and invasive to try to read people's minds. Respect for personal boundaries and privacy is highly valued, and attempting to decipher someone's thoughts without their explicit consent is seen as disrespectful. In contrast, cultures that value openness and direct expression of emotions may have lower opacity of mind, as people in these societies tend to be more transparent with

their feelings. In cultures influenced by individualist values, attempting to read someone's mind might be considered a norm. Such cultures value open communication and assertiveness, considering it a sign of honesty and transparency.

Theory of Mind is a crucial element of empathy. It is likely that people from different cultures because of these cultural differences in TOM will perform differently on the same test of empathy that has been developed in the West. Empathy is one of the core components of psychopathy and variation in that is also likely to cause variation in how different people from different cultures perform on the psychopathy measures as they stand today. Empathy is simply one of the many elements that make up psychopathy. Other concepts that makeup psychopathy are also likely to have cultural influences on expression, however, discussing those is currently beyond the scope of this paper. Having said that, not accounting for such cultural variations is going to inaccurately punish some and reward some cultures and their members.

Hence, considering cultural differences and sensitivities is crucial for ensuring the validity of psychological testing methods. If testing methods do not account for cultural nuances, the results may not accurately reflect the behaviour and cognitive processes of individuals from diverse cultural backgrounds. In India, a culturally rich and diverse country, social norms, interpersonal boundaries, and expressions of psychopathy and theory of mind can significantly differ across regions and communities. Therefore, to achieve validity in psychological assessments related to psychopathy and theory of mind in India, it is essential to incorporate culturally sensitive approaches. This might involve adapting testing methods to align with culturally specific behaviours and expressions, ensuring that the assessments accurately capture the intricacies of psychopathy and theory of mind within the Indian cultural context.

CONCLUSION

In conclusion, this paper sheds light on the inherent flaws in the current study of psychopathy, urging for a decolonised and intersectional approach. By uncovering gender biases in psychometric tests that disproportionately favour male-centric displays of aggression, and cultural biases stemming from the neglect of diverse norms and values, particularly in Theory of Mind, we emphasise the need for a more nuanced understanding. As an Indian woman, the intersection of gender and cultural perspectives is especially crucial, highlighting the limitations of current assessments developed in Western contexts. The call to decolonise the concept of psychopathy urges researchers to move beyond the confines of WEIRD (Western, Educated, Industrialised, Rich and Democratic) and WASP (Western Academic Scientific Psychology) biases, promoting a more inclusive and culturally sensitive methodology. This entails recognising the diversity within psychopathy expressions and advocating for qualitative fieldwork alongside quantitative approaches, to acknowledge the unique gendered and cultural behaviours. We aim to serve as a stepping stone for future researchers to embrace a holistic and intersectional lens in the study of psychopathy, fostering a more accurate and culturally relevant understanding of this complex personality disorder.

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