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# Deconstructing the Psychopath: A Critical Discursive Analysis

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# DECONSTRUCTING THE PSYCHOPATH

## A CRITICAL DISCURSIVE ANALYSIS

*Cary Federman, Dave Holmes, and Jean Daniel Jacob*

*She loved accidents: any mention of an animal run over, a man cut to pieces by a train, was bound to make her rush to the spot.*

—Émile Zola, *La Bête Humaine* (1890)

### INTRODUCTION

The spectacle of the wounded body has always had its lurid attractions. Coverage of serial killings and graphic accounts of brutal murders by various media are part of our “spectacular” culture fascinated by violence and brutality. The television is often the site where private desire and public fantasy meet, and where the fascination regarding dangerous offenders is initiated and nurtured (Knox, 17–18; Lesser). The convening of the public around scenes of violence represents what Mark Seltzer terms the “wound culture,” a lethal space in which the public interest in scars and mutilated and opened bodies constitutes a collective fascination with the unbearable aspects of human life.

Although television news coverage reports violence and atrocities of all kinds, movies are the main medium through which dangerous individuals are presented to the public. The serial killer and psychopathic representations of unexplained violence can be found in such films as *Friday the 13th*, *Halloween*, *Cape Fear*, *The Silence of the Lambs*, and *The Texas Chainsaw Massacre* (Sharrett; Schmid). The emphasis on the hidden danger of the psychopath has replaced the Western, with its more clear-cut images of the dangerous individual, as the most popular genre of film related to the body and to representations of bodily violence in our culture (Corkin). In effect, current horror movies, and their associated prequels and sequels, use an efficient

mixture of gore and frightening scenes of psychopaths preying on the innocent that help foster the socially constructed subjectivity of the dangerous individual (Schneider; Hare 1993, 25, 35–36, 85, 140, 178).

In response to (and also in reaction against) the pervasive discourse of the monstrous and of human monsters as caricatures of madness and danger, the objective of this paper is twofold: first, to conduct a critical, Foucauldian analysis of the psychopath, based on a discursive analysis of psychiatric descriptions of psychopathy, and second, to deconstruct the mythic figure of the psychopath and therefore to shed light on the relationship between psychiatric power and the construction of so-called monsters and psychopaths. Our argument is that the construction of the psychopath, a historically ill-defined concept (Gough; Sutherland 1950b; Cleckley; Hare 1993), as the main figure of modern monstrosity, involves the elaboration of a technical-knowledge system that is capable of characterizing anyone who deviates from the norm as dangerous to persons and to society (Movahedi; Sutherland 1950a; Hare 1993, chapter 7).

To be sure, scientific research has been carried out on the dangerous individual in captivity (Verschuere, Crombez, De Clercq, and Koster; Glueck, 66–70; Hare 1993), thereby linking psychopathy with biological dangerousness. But few have looked at psychopathy from a critical and discursive standpoint. That is, in this essay we examine the way in which the creation of monsters in an earlier age gave way to the scientific inquiry into the character of the dangerous individual in the modern age, creating what Michel Foucault has called a “system of thought” (Foucault 1994, 5–10). Most studies of psychopathy have viewed it as a medical problem (Harris, Skilling, and Rice; Black; Siever; Reid; Skodol), a philosophical problem of evil and responsibility (Benn; Ciocchetti; Stein), or as an individual problem, in some cases, with societal ramifications (Hare 1993; Black; Stout; Same-now). But the medical, philosophic, individual, and social studies of psychopathy have all refrained from characterizing psychopathy as part of a cultural matrix that heightens the public’s sense of the fear of criminality, the fear of the unknown, the fear of the unfamiliar, and the fear of cultural pollution (Hare 1993; Stout; Magid and McKelvey; Black; Harris, Skilling, and Rice, 200–201). Indeed, the study of psychopathy as a clinical reality remains reliant on two strands of thought that explicitly reject cultural, historical, philosophic, and linguistic

analyses: (1) a belief that criminals choose to commit crimes, despite economic, personal, and psychological factors that may or may not influence their choices; and (2) a belief in scientific progress that relies on continuous conceptual changes regarding what constitutes behavioral abnormalities and a belief that research on the brain can reveal personality or behavioral disorders, if not now, then in the future (Martens; Salekin, Neumann, Leistico, and Zalot). Split between those searching for organic causes to explain behavior and those who openly reject any and all causes of psychopathy, except those that are freely chosen, descriptions of psychopaths remain burdened by an inability (1) to explain psychopathy using the history and tools of psychoanalysis; (2) to distinguish psychopathy from other behavioral disorders and syndromes, such as antisocial personality disorder (ASPD), attention deficit disorder (ADD), bipolar disorder, temporal lobe epilepsy (TLE), and schizophrenia, to name a few; and (3) by a legacy of catch-all descriptions of moral insanity dating from the nineteenth century (Maudsley, chapter 2; Cohen and Coffin; Hare 1993; Harris, Skilling, and Rice). To be sure, a few legal scholars, psychologists, psychiatrists, cultural critics, and social scientists have criticized this approach to dangerousness and mental illness (Sutherland 1950b; Foucault 1990b). Aligned with these authors, our analysis is directed at the biopolitical level of the psychiatrization of the monstrous.

Biopolitics rejects a strictly legalistic and positivistic understanding of power over subjects; its gaze is directed at the ever-expanding control over subjects or populations that exist beyond legal and scientific frameworks. Whereas the law “always refers to the sword” (Foucault 1990a, 144), a biopolitical understanding of subjectivity looks beyond the spectacle of law’s power and tries to analyze power relations that emanate from “distributions around the norm” (144). In this understanding, the psychopath does not exist as a mythic figure in film, as a medical entity with a hardwired brain, predisposed toward violence, or as an isolated individual preying on the weak, but as a reality created by certain discursive contexts based on shifting behavioral classifications that try to meet criminological theories of deviance and dangerousness. In this view, the only “cure” for the psychopath is the prison; the only reality of the dangerous individual is the measurement of his hands, feet, and head, insofar as they deviate from the norm (Lombroso, chapter 2; Matsuda); by a photograph that demonstrates

physical abnormalities (Byrnes; Pick); and by the spoken and unspoken word (MacDonald 1911; *Estelle v. Smith*). The analysis of the psychopath (and of psychopathy) is a case study in biopolitics.

Part of the problem with various studies of psychopathy is that its most prominent advocates regard its key descriptive elements, a lack of empathy, guilt, or remorse, and manipulative skill, as consciously chosen behavioral traits, without regard to the person's socioeconomic background (which may hinder clear and concise communication) or a personal history relating to psychological illnesses (Hare 1993, 126). And yet it is not clear in what way the classification "psychopath" adds to our knowledge of the meaning of violence or the origins of deviance. Robert Hare, for example, finds that an infant's "lack of attachment is largely the result, not the cause, of psychopathy" (172), but does not provide any evidence for how a child can become a psychopath on his or her own. At the opposite end of the spectrum, for those studies that focus on psychopathy as an organic matter, where one's penchant for manipulation or outright violence is brought on by genetic deformities, brain injuries, or hormonal imbalances, there is no critical or investigative discussion of the social, legal, and historical elements that constitute the core meaning of psychopathic behavior, as developed by Hare and Hervey Cleckley (Lykken). For the medical community, psychopathy is a stable idea characterizing a stable subject, and it affects behavior the way tuberculosis or epilepsy does; it is a treatable disease.

A critical analysis of psychopathy cannot be undertaken without considering the historical and sociopolitical aspects of the idea of deviance and violence that have generated the idea of a psychopath as a psychic entity unmoored from society's constraints. As a consequence, a critical appraisal of psychopathy needs to take into account the political and historical development of such a concept (Hacking, chapter 9). To be sure, Foucauldian analysis casts a skeptical eye toward any idea that tries to prove that concepts (or persons) exist in an unmediated space, without reference to context, language, and its social effects. Yet one does not need to rely on Foucault to arrive at the idea that the medical and psychological understanding of psychopathy itself is an empty vessel, a characterization of behaviors without stable symptoms, a disease without a cause, and a sociomedical and linguistic construction that pays its respect to the governing powers

of the politics of science. As McCord and McCord have written, “for 150 years, science has known of the psychopath’s existence; for at least 140 years, scientists have quarreled over the definition of this disorder” (2; see also Birnbaum; Levy; Lipton; Sutherland 1950b; Werlinger; Wooton).

The key to understanding the psychopath is his behavioral deviation from the norm. The psychopath’s potential for danger is always offset against the “ordinary criminal” (Cleckley; Hare 1993, 88), whose aims and motives are clear and understandable to criminologists, psychiatrists, and laymen. The psychopath comes into being, and poses a juridical and psychological problem, because the psychopath’s motives, says Hervey Cleckley, are “more obscure” than the common criminal’s (277)—their crimes are more violent, the psychopath’s response may be colder and more chilling, and the victim may be a child or some other undeserving person. As Robert Hare writes, “The callous use of the lonely is a trademark of psychopaths” (Hare 1993, 147). The psychopath, for Hare and Cleckley, chooses to act dangerously, consciously exploiting others’ weaknesses, and takes risks that no ordinary criminal would. And although neither Cleckley nor Hare find the psychopath to be suffering from a disease that could affect judgment or movement, such as autism or epilepsy, they both hold that the threat of punishment does not discourage psychopaths; the psychopath’s problems are constitutional, perhaps genetic, but not environmental (Cleckley, 277; Hare, 1993, chapter 12; Wilson and Herrnstein, chapters 3, 7). More than destroying the peace, the psychopath shatters our complacency that comes from not knowing that dangerousness cannot be detected by body type or by a psychological interview; psychopathy reveals itself by a sudden eruption of the will that exists in a hybrid mental state between sanity and madness (but not insanity or mental illness).

The psychopath, then, can be labeled mentally ill out of a suspicion of organic infirmities yet to be located (Black; Pincus); can be morally disordered, deficient in reasoning or moral understanding, or simply imprudent; can have “an exaggerated extension of the normal personality” (Fields, 264); or can be not insane or mentally ill at all, and, therefore, fully culpable (Pinker, 261–62; Hare, 1993, 1996). Being all things, the psychopath is an invention of gory and frightening narratives that reveal his reality and existence, but only after the event,



as described by psychiatrists, true-crime authors, and newspaper reports of cold-blooded murders.

The narrative of the crime creates the psychopath and the victim; it also exposes our danger to strangers and friends alike. A psychopath is born amid the discursive construct of a motiveless murder. In fact, if the crime in its brutality is without reason, why search for a cause? The inquiry is directed at the criminal subject, and yet the psychopath remains a scientific and historical enigma. Where did he come from? Why did he do it? It is the "personality structure of the psychopath," Hare tells us, that "spells trouble for the rest of us" (Hare 1993, 87). But we are not told what the psychopath's personality structure is made of, how that structure has developed over time, what forces have been at work to create that structure, and within what contexts that structure has emerged. Because the psychopath is not psychotic, we are not told at what point the psychopath's personality stopped developing; there is no inquiry into the unconscious. The psychopath is both the sum total of twenty different psychological states and of any one of its parts (Fields, 261). The psychopath both is and is not, hence his danger and our foreboding. This understanding of the psychopathic individual as an ahistorical construct, who exists outside of societal and personal motives and contexts, involves the psychiatrization of the individual at many levels, but foremost at the level of the risk he poses to his fellow citizens (Janus; Rose).

The study of dangerousness in the psychiatric and criminological domains has gained more attention in the last thirty years (Dorland and Krauss; Vidal and Skeem; Monahan). The technical-knowledge system developed with regard to dangerousness often (if not always) refers to the intrinsically dangerous personality, a designation that ascribes future dangerousness to a calculus of probability: the social calculation of risk and the calculable accident (Castel; Ewald). The study of dangerousness, then, and the associated calculation of risk, is clearly aligned with the elaboration of a social prophylaxis by which the dangerous individual may be named, then tamed, by statistical regularities and so-called "risk management" (Osborne). According to Seltzer, the question that arises from the increased emphasis on dangerousness and risk is whether this way of understanding persons and behaviors, from the outside, "is not also a way for accounting for them from within" (30). Given a dead body and bloody weapon,

determining a previously thought-out motive is not a necessity; dangerousness is determined by the act itself.

Elissa Ely, a medical doctor who writes for the *New York Times*, relates the following story of a man, a recently released inmate incarcerated for “mayhem,” who is at a clinic for a follow-up psychiatric evaluation, but the clinic does not know what to do with him, as he shows no signs of danger or illness. Dr. Ely spoke with someone at the clinic to find out how he was doing.

The prison psychiatrist had described the patient as unrepentant, explosive, satisfied with his crime and “extremely physically fit.” According to the prison record, his conviction was for assault and battery with intent to kill; he had attacked his ex-wife with a machete.

. . . Most of all, he needed money, he said, and if we couldn’t arrange emergency financing, he planned to get it by any means possible.

. . . Do you know how you would get [some money]?

He shrugged.

You would hurt someone?

He nodded.

We had no authority to send him back to prison. We could only send him to a psychiatric emergency room. This was not the right place for him. He did not have a mental illness. He was . . . not hallucinating or suicidal.

Fearing that he posed a threat to society, the clinic called an ambulance and sent him to a hospital, restrained in a gurney. Ely called someone at the hospital to alert him of his arrival.

. . . No one wants a man like this, without psychosis or clear-cut violent behavior, in an emergency room. It means a long night and a large headache. The voice was skeptical. “Doesn’t sound hospitalizable,” it said. I argued, though I would have said the same thing if I had been in that position. Early the next morning, I called back. A different weary voice answered. “We sent him home,” the voice said. “But he doesn’t have a home,” I said. The voice said: “There was no psychiatric illness. We gave him a cab voucher, and he left on his own. He said he’d follow up with you.” (Ely)

The above story demonstrates the difficulty psychiatrists have in determining whether one violent act leads to another, and whether dangerousness is always mental illness. The subject of the story, half criminal, half patient, demonstrated his “psychopathic” behavior by his machete attack against his ex-wife and by showing no clear signs of mental illness. Because the psychopath exists “beyond our normal definition of

insanity" (Norris, 214), he is always already dangerous, and dangerousness "is a characteristic the alleged mental patient shares with the criminal, rather than with the medically ill person" (Szasz, 46). Indeed, it is this empty space, between nonestablished mental illness and the necessity of preserving free will and responsibility, so that choice implicates the criminal not the society at large, that the psychopath occupies, until studies can prove that the psychopath's coldness and lack of affect are the result not of choice but of imbalances within a person's "neuroanatomical structures and monoamine oxidase-type A (MAO) neurotransmitters" (Harris, Skilling, and Rice, 198; Lykken, chapter 12; Goleman 1987), which, would, presumably, obviate the psychopath's guilt (Norris, chapter 13; Tancredi).

Despite the scientific murkiness of the word psychopath as a description of a manipulative, unremorseful, and sometimes violent individual, part of the attraction of the term is its expansiveness, its ability to include burglars, white-collar criminals, and serial killers (Hare 1993, chapter 7). The idea of a willful murderer (or a willful manipulator) without mental illness creates a space for the legal and social construction of personal responsibility to overtake an undefined, misunderstood, and reprehensible action that cannot be defined by science or articulated by the subject. The silence of the accused psychopath, when asked to explain his behavior, is translated as a lack of remorse and a sign of willed guilt. "Guilt?" says convicted serial killer Ted Bundy. "It's the mechanism we use to control people. It's an illusion. It's a kind of social control mechanism—and it's *very* unhealthy" (Michaud and Aynesworth, 288, italics in original). For Hare (1993, 41), however, Bundy's Nietzschean bravado against what he sees as a social construct used as a mechanism of control merits not an investigation into Bundy's understanding of guilt, morality, remorse, and criminal responsibility, but a conclusion about a psychopath's chosen inability to feel remorse or any kind of emotion. Bundy's criticism of societal mores as unhealthy "assumes the mystique of meaningless" (Tithecott 166), creating a nihilistic picture of his behavior and providing a motive for his murders.

Operating on the assumptions that the serial killer is free of mental disease and acts on his own, serial killers provide much fodder for psychopathic studies. They are textbook examples of the "Psychopathic Checklist," first established by Cleckley and expanded upon by

Hare. Serial killers are linguistically manipulative, social misfits, cold, without affect, and operate without motive. Few have been found mentally ill or insane (Schechter). The assumption is that serial killers choose to kill, manipulate, and destroy; that they are sick, diseased, even, but not psychotic. For E. Michael McCann, the prosecutor in the Jeffrey Dahmer trial, Dahmer “was in control at all times and could have chosen not to kill” (*New York Times*, 1992a, 23). McCann rejected the defense’s attempt to make necrophilia a personality disorder that negates free will or criminal responsibility. Dahmer’s use of condoms while having sex with dead bodies provided proof of his rationality and sanity. The jury found Dahmer not insane, and guilty of fifteen murders (Johnson, 1).

The problem with connecting serial killers to psychopathy is that the serial killer’s personality profile fits whatever checklists exist that describe deviant behavior. A serial killer’s actions are so far removed from ordinary criminal behavior, mixing cleverness and duplicity with cannibalism and necrophilia, that explanations can only exist at the periphery of human understanding. But rather than making a perfect fit with psychopathy, the serial killer is very much an empty vessel, a socially constructed monster of modern times. The serial killer, for example, is often thought of as a loner, and therefore as always potentially dangerous, when what is really occurring, particularly in the media’s descriptions of a serial killer’s biography, is the empowering of the lonely by turning them into loners (Tithecott, 113). Similarly, serial killers are often characterized as silent, rarely supplying motives or explanations for their behavior. While it is possible that their silence is a sign of their unflappable natures, biologically derived, it is more interesting to note that their silence is more often explained as a sign of their psychopathological behavior, freely chosen (*New York Times*, 1992b, A16; Goleman 1993, B6).

In a celebrated Supreme Court case, for example, a noted psychiatrist, who was also an advocate of connecting violent criminality with diagnoses of future dangerousness, determined that a convicted killer was a psychopath because of his silence, which he understood as a lack of remorse.

Dr. James Grigson testified before the jury on direct examination: (a) that Smith “is a very severe sociopath”; (b) that “he will continue his previous behavior”; (c) that his sociopathic condition will “only get worse”;

(d) that he has no “regard for another human being’s property or for their life, regardless of who it may be”; (e) that “[t]here is no treatment, no medicine . . . that in any way at all modifies or changes this behavior”; (f) that he “is going to go ahead and commit other similar or same criminal acts if given the opportunity to do so”; and (g) that he “has no remorse or sorrow for what he has done.” (*Estelle v. Smith* 459–60)

For Dr. Grigson, the key to his diagnosis of Smith’s lack of remorse was less what Smith said or did than his silence.

I think that his telling me this story and not saying, you know, “Man, I would do anything to have that man back alive. I wish I hadn’t just stepped over the body.” Or you know, “I wish I had checked to see if he was all right” would indicate a concern, guilt, or remorse. But I didn’t get any of this. (464)

The subject’s silence regarding his deed reinforces the idea that the person is sick but only morally so—sick enough to commit a horrendous act, but not so sick as to be declared irresponsible and not guilty (C. MacDonald). Silence speaks, because it hides the psychopath’s dangerousness (Parker, 86).

For Michel Foucault, the focus on dangerousness as a historical construction of various classificatory schemes, derived from psychiatry, has its roots in late nineteenth-century thought. By the end of the nineteenth century, Foucault writes, the concept of the dangerous individual involved a shift in focus from the criminal act to the character of the actor, permitting layman and specialists to see the signs of danger and illness everywhere (Foucault 1990b; Jastrow).

## HISTORICAL ACCOUNTS OF PSYCHOPATHY

Before the dangerous individual came into existence, the figure of the monster haunted Western thought (Shildrick). According to Foucault (2003, chapter 4), the birth of the monster belongs to the biolegal domain because the monster combines the unnatural, the socially forbidden, and the legally prohibited. The monster is an exceptional personage, a “freakish hybridity” (Cohen 1999, 130) that has transgressed both the natural and the positive laws. In effect, monstrosity appears when the law of nature is perverted and the perception of this perversion is taken to be a threat to social stability. As Kai Erikson has

written, deviants “supply needed services to society by marking the outer limits of group experience and providing a point of contrast which gives the norm some scope and dimension” (1966, 27). Each historical period has its own sort of monsters. Today, the serial killer (especially when rape is coupled with murder, or the murders are especially gruesome, as in the cases of Jeffrey Dahmer, Ed Gein, Ed Kemper, and Ted Bundy, all of whom mutilated their victims; or, as in the cases of Dahmer and John Wayne Gacy, the victims were young boys) accounts for the monster of our time (Tithecott; Norris; Jenkins). The psychopath, living outside the boundaries of psychiatric classifications of mental illness, may be seen as a species in the gallery of monsters.

Psychopathy is the heir to the nineteenth century’s theory of “moral insanity,” the idea that the violent or the dangerous demonstrate no signs of illness or of danger. The term “psychopath” fills in the space left open by the inability of late nineteenth-century alienists and neurologists to locate the seat and trajectory of mental disease and violence in the brain, and moral philosophy’s ethical stance regarding the importance of willed behavior (James, chapter 10; Valverde). In *A Treatise on Insanity*, written in 1837, the alienist James Cowles Prichard described moral insanity as existing in “an apparently unimpaired state of the intellectual faculties” (1973, 20). As Philippe Pinel, considered the father of modern psychiatry, noted, “there were many maniacs who betrayed no lesion whatever of the understanding, but were under the dominion of instinctive and abstract fury, as if the affective faculties alone had sustained injury” (Balfour Browne, 275; Prichard, chapter 2).

Over the course of psychiatry’s history, there have been numerous “catch-all” phrases that have tried to account for behavior that could not be physically located in the brain (Bentall, chapter 3). Lacking the ability to obtain what the historian of science Charles Rosenberg calls “verifiable knowledge” (Rosenberg 1997, 32) of insanity’s etiology, eighteenth- and early nineteenth-century alienists spoke of “moral insanity” as a “condition ‘without any remarkable disorder or defect of the intellect or knowing and reasoning faculties, and particularly without any insane illusion or hallucination’” (Werlinger, 21). At the beginning of the nineteenth century, Benjamin Rush, the founder of American psychiatry, used the word “anomia” for the total absence of a moral faculty, and spoke of “diseases in the moral faculty” and

“moral derangement” (Rush 1805, 23; Rush 1835, chapter 19), both of which he attached to aberrant behavior that lacked organic specificity. Consequently, the idea of a psychopathic monster has often been associated with inexplicable or motiveless crimes, usually involving the murder of close relatives or children (Bromberg; Foucault 1975; Werlinder). The inability among nineteenth-century alienists and neurologists to locate deviant behavior within the body (or in the brain, in particular) led to the idea that psychopaths willingly act contrary to societal norms, and gave rise to the construction of personal responsibility as a space that is free from environmental and hereditary influences (Mercier).

Despite its lack of success in locating the source of violence and of aberrant behavior, the psychiatric profession continued its search for psychopathy’s location. For Pinel in France, asymptomatic mental illness, which was manifested in illusions, odd and unexplainable behavior, and crime, was known as *manie sans délire*, which Pinel’s student, Jean-Étienne Esquirol, defined as an “intellect [that] is more or less injured” while the body remains healthy (Werlinder, 32). For Esquirol, there were madmen who did not experience hallucinations, but “there are none in whom the passions and moral affections are not disordered, perverted, or destroyed” (Prichard, 23; Esquirol, 199–232). Monomania, then, is a disease of the will, in which the subject labors under some particular illusion about reality (for Esquirol, the disease is located in the brain, even if that was not yet provable), and was therefore also called “partial insanity,” but also known by its various subdivisions that implicate deviant and dangerous behavior, such as an obsessive focus on sex and on fire, or willingly committing harm against others (*monomanie érotique, monomanie d’ivresse, monomanie incendiaire, monomanie homicide, monomanie raisonnante*) (Werlinder, 33–34).

At the end of the nineteenth century, most alienists no longer found moral insanity to be a valid scientific concept (Rosenberg 1989; Fink, chapter 3), and it was replaced by the term psychopathic inferiority (Bromberg, 62–63). Motivated by this new spirit of biological and neurological inquiry, Edward Spitzka, in *Insanity: Its Classification, Diagnosis, and Treatment*, defined insanity purely in physical terms, writing that “insanity is a term applied to certain results of brain disease and brain defect which invalidate mental integrity” (1973, 17; 1907). As a sign of his turn-of-the-century progressiveness, Spitzka’s

book has no chapter on or discussion of moral insanity, but he does discuss the role of the retina, the blood, urine, temperature, the intestinal tract, and the skin in insanity (1973, 66–72).

The inability of the psychiatric profession to locate psychopathy within the brain did not lead it to abandon its research into the etiology of the disease. Rather, it intensified its efforts, increasing the forms of behavior classified as psychopathic, and relating the behavior to specific medical ailments already known. Thus, Hervey Cleckley, the modern founder of psychopathic studies, writes, in *The Mask of Sanity*, that by the middle of the twentieth century, the psychopathic personality can be linked with “psychopathic sexuality,” whose manifestations are: “homosexuality, erotomania, sexual perversion, sexual immaturity.” “Pathologic emotionality” is manifested in the “schizoid personality, cyclothymic personality, paranoid personality,” and is associated with “emotional instability.” Amoral or asocial psychopathy is associated with “antisociality, pathologic mendacity, moral deficiency, vagabondage, misanthropy” (Cleckley, 251; see also Krafft-Ebing, 53–77, 223–30).

By the middle of the twentieth century, the term psychopath had become popularly synonymous with evil itself, “representing depths of abhorrence and symbolizing the dark side of the human psyche” (Mason and Mercer, 53; Rosenbaum). According to Robert Hare, who provides a detailed definition of psychopathy, psychopaths are:

Social predators who charm, manipulate, and ruthlessly plow their way through life, leaving a broad trail of broken hearts, shattered expectations, and empty wallets. Completely lacking in conscience and in feelings for others, they selfishly take what they want and do as they please, violating social norms and expectations without the slightest sense of guilt or regret. (1993, xi)

Regardless of the century, the psychopath represents the figure of a cold and ruthless killer, acting without remorse and overt signs of mental illness, and preying on vulnerable individuals. He or she (the psychopath is almost always male, see Blair, Mitchell, and Blair) is driven by immediate personal gratification and acts without compassion and without conscience. Unlike those labeled mentally ill, who can negate the mens rea requirement in all criminal cases by proving their illness caused the crime (Caplan), psychopaths often maintain



responsibility for their behavior: they are their behavior (Michaud and Aynesworth). The assertion of pure legal responsibility and a “diagnosis” of psychopathy begs the question of why psychopaths should fall within the psychiatric domain. Psychopathy, in the words of John Gunn, remains “an elusive concept with moral overtones” (Gunn, 32).

The prominent work of Hare, for example, has shown that psychopathic traits are distributed among the so-called “normal population.” Hare classifies the following behaviors as psychopathic: “glib and superficial charm; egocentricity; selfishness; lack of empathy, guilt, and remorse; deceitfulness and manipulativeness; lack of enduring attachments to people, principles or goals; impulsive and irresponsible behavior; and a tendency to violate explicit social norms” (1980, 118). For Hare, however, psychopaths are not sociopaths because sociopaths are “forged entirely by social forces,” and Hare can find “no convincing evidence that psychopathy is the direct result of early social or environmental factors” (1993, 23, 170). A focus on heredity or the environment would, presumably, implicate society in the etiology of a psychopath (Black 106). A psychopath freely chooses to break the law, according to Hare, with minimal outside and internal factors contributing to the psychopath’s behavior.

For Hare, a psychopath is also not a person suffering from antisocial personality disorder (ASPD), though the symptoms are virtually identical. Antisocial personality disorder is a term “reserved for individuals who are basically unsocialized and whose behavior pattern brings them repeatedly into conflict with society” (Black, 24). Psychopathy, on the other hand, “is defined by a cluster of both personality traits and socially deviant behaviors” (Hare 1993, 24). Hare, then, admits that society has an influence on psychopaths, particularly insofar as “society is moving in the direction of permitting, reinforcing, and in some instances actually valuing some of the traits listed in the *Psychopathy Checklist*” (177), but rejects the idea that society is implicated in the creation of psychopaths. Indeed, Hare shares with Donald Black the idea that diagnoses of antisocial personality disorder and psychopathy could be confused with a general lament about the decline of values within North American culture (Black, 6–7; Hare 1993, 177). That this cocktail of behaviors exists without preconditions or contexts, with unknown organic and environmental causes, subtracts more than adds to scientific knowledge. Without a diseased

brain, the psychopath is a legal entity more than a clinical one, a physical danger to society more than a medical problem in need of attention. And yet, despite its definitional ambiguity, the term remains in vogue in the psychiatric domain (Reid; Blair, Mitchell, and Blair). In light of the multiple symptoms and overlap with other diseases and disorders, psychopathy lends itself to professional libertarianism, under which the psychopath is not a single (and differentiated) clinical disorder but a convenient label (Richman; Hacking).

In 1975, for example, in the United Kingdom, the Butler Report noted that the etiology, symptoms, and treatment of psychopathy are “only to be understood as reference to the particular sense in which the term is employed by the psychiatrists in question” (123). More than thirty years later, we are facing the same gap. The poor conceptual definition of psychopathy leaves room for interpretations of behavior based more on fears of “amorphous moral decay” (Black, 7) than on scientific data that proves psychopathy is a mental disorder, and, as a consequence, it is open to abuses and misuses in the psychiatric domain. Other “on-the-spot constructed diagnoses,” such as “anger management syndrome,” not even listed in the DSM-IV, expose psychiatry and psychology to well-deserved criticisms when substantive conceptual work is simply not undertaken (Lane). In this regard, with an acknowledgment of psychopathy’s limitations, the conceptual definition of psychopathy ought to be clearly defined before any attempt to measure a person’s potential dangerousness is undertaken.

The rhetoric of psychopathy is a component of the powerful psychiatric apparatus, which is a closed system of interpretation, wider than the “clinical,” but based on the assumption and the premise that the psychopath indeed exists as a different entity in the personality disorder realm. In 1994, Blackburn stated that the literature on the subject is compounded by several contradictions: first, the term psychopath is used inconsistently, where it refers to personality disorders in general, a persistently socially deviant individual, or a narrow, more specific class of offenders characterized by a lack of guilt and empathy, impulsivity and intolerance of frustration; second, there is the vagueness and ambiguity concerning the link between treatment and outcomes. As stated by Blackburn, “psychodynamic programmes, for example, tend to identify vague goals, such as improved social responsibility, self-awareness, or self-control, but provide no realistic means

of determining their attainment” (383). Moreover, recent research results (though few controlled studies) also show that although milieu therapy has been recommended as the treatment of choice, psychopaths have a higher rate of general and violent recidivism than do nonpsychopaths (Hemphill; Rice, Harris, and Cormier; Hare 1993, 198; 1998, 201–2).

The fact is that the definition of psychopathy remains unclear because it is simultaneously associated with dangerousness, evil, and illness, as if these three concepts are conceptually indistinguishable (Stein; Reznick). Rhetoric is indebted to metaphors to create shared technical-knowledge and meanings, to instruct the senses to focus in a given direction and to condense psychological complexities into legal shorthand that is easily understood by laymen. Historical investigations, however, show how the construct referred to as “psychopathy” has emerged and also how its definition remains flawed and its treatment ineffective (Hare 1993, chapter 12). If the psychopath is evil or pure dangerousness, could the psychopath be treated by psychiatry, in the absence of physiological or psychological symptoms of mental illness? If not, then is the psychopath a cousin of the monster and of the dangerous individual (Foucault 1990b; Shildrick)?

In the medical realm, as in the legal, there is no consensus as to whether or not mentally disordered persons are especially prone to violence and dangerousness (Warren; Failer; Arrigo; Stone; Elliott; Coid and Cordess). Indeed, the difficulty regarding the study of psychopathy is that both lawyers and psychologists have trouble defining and delimiting its two core features: (1) whether or not psychopaths are mentally ill, or suffer from chemical imbalances or brain impairments; and (2) whether or not psychopaths are dangerous. Hare finds psychopaths not to be “mad” (1993, 5), but it is significant that he does not use the more modern and scientific designations, insanity or mental illness. Psychopathy results “not from a deranged mind but from a cold, calculating rationality combined with a chilling inability to treat others as thinking, feeling human beings” (5). The behavior of psychopaths, he writes, “is the result of *choice*, freely exercised” (22, italics in original). As such, and because psychopaths exist beyond the boundaries of psychology, psychiatry, and psychoanalysis, they need to be constrained by law (Gaylin, chapter 9). From a legal standpoint, however, the courts are prevented from restraining psychopaths before

they act because courts need a guilty act to punish, not a hunch that a guilty act may occur, based on prior behavior, diagnoses of dangerousness, or the classificatory schemes of the *Diagnostic and Statistical Manual of Mental Disorders*. Not surprisingly, legal decisions on dangerousness and civil commitments have ranged from overinclusiveness to underinclusiveness, in part, in an effort to balance the protection of society and the procedural rights of those deemed mentally ill, but equally so because of a lack of hard evidence as to dangerousness's predictability (Pratt; Arrigo, 86–90; Failer; *Barefoot v. Estelle* 1983, 920; *O'Connor v. Donaldson*; Aldige Hiday). In many ways, then, the regard for the psychopath's individual choice has its roots in the history and development of the psychiatric profession's concern for law and order.

### THE PSYCHIATRIC EMPIRE

Historically, medicine did not forge an alliance with madness out of a need for care, but did so in the urgency of terror. Physicians and other health care professionals were not asked to treat individuals, but to protect others (Earle; Foucault 2005; Spitzka 1973; Rothman). By the mid-seventeenth century, we witness the foundation in France of l'Hôpital Général de Paris, an agency of the bourgeois and monarchical orders, designed and designated to isolate individuals whose behavior was qualified as dangerous or disturbing in regard to the social order and morality (Russ; Geller and Harris).

Since at least the eighteenth century, figures of insanity (vagabonds, libertines, the mad, for example) projected the image of fear and of an imminent threat to society (Gilman). From the concrete to the fictitious, madness slowly forged an image of darkness and monstrosity in the social conscience of Western nations (Goldberg). Madness was a subject of fascination for the public and the private domains, where its understanding continued to lie in esoteric knowledge. Goya, for example, says that the origins of monsters lay in the sleep of reason (Beaujour). The hidden but always already present monstrosity of man's nature reflected his animal roots, mixing environmentalism with hereditarianism and history with nature, thereby demonstrating madness's presence at the intersection between man and creature (Davidson; Browne; Foucault 2005; Stevenson; Stoker; Shelley).

Confinement was the social process that rendered possible the immediate exclusion of these individuals and brought about the moment where madness could be identified as a social burden (Foucault, 2005). Consequently, confinement became the institution of a universal morality, where a regime of social control mimicking the family structure was in place to act as the voice of reason and social order (Ignatieff; Rothman; Donzelot). Although confinement was essentially instigated to protect society from all forms of social deviance, this site of exclusion, which will be formally known as the asylum, slowly became the natural space of madness (Foucault 2005; Jodelet; Porter; Scull; Scull, MacKenzie, and Hervey). What the classical age of reason (the period from Descartes to Kant) had recognized as a space of exclusion and correction had, by the nineteenth century, exchanged its language of punishment for a discourse of scientific truth, where the question of individual liberty and the need for personal restriction dictated the mechanisms of both cure and conformity. Madness by Kant's time is defined by the illusionary liberty that was created inside the asylum or prison (Foucault 2005; David-Menard; Meranze).

If the medical professional was able to define madness according to a personal history, the patient's physiognomy, and rudimentary scientific inquiry into the patient's family background, it was only because of the medical professional's ability to control the behavior at issue, not to cure it. What the positivistic view of individual behavior could objectively identify in the psychiatric practice was the result of its domination over individuals (Foucault 2005; Hahn Rafter, chapter 3). Medicine was capable of differentiating madness from sanity by generating classification schemes that labeled any and all kinds of behavior sane or insane, based on the currently available level of scientific research. David Rothman notes, for example, that in nineteenth-century America, "religious anxiety," "fear of poverty," "masturbation," "political excitement," and "disappointed ambition" all were considered to be forms of insanity that could require incarceration (111).

In the relationship between the observed (defined as mad or dangerous, or both) and the observer (the medical practitioner) as the figure of normality to which one can be compared, madness was considered as other (that is, as an exception to the norm), a point of reference that led all too easily to confinement (Foucault 2005). It was between these walls of exclusion that medicine attempted to name,

label, and classify madness (Goldstein; Goldberg; Fink), creating a space for the medicalization of dangerousness that could focus less on visible signs of danger and abnormality and more on behavior itself as the definition of the dangerous individual. Yet a distinct obstacle rendered the task of this nosographic plan extremely difficult. Where madness intersects with the average man, there is the inevitable presence of moral judgment that only sheds light on the ill-defined lines separating the normal and the pathological individual (Canguilhem; Foucault 2005; Maudsley, 30). If, at its roots, medicine was unable to differentiate illness from forms of social deviance (vagabonds, libertines, and criminals) that transgressed social norms, it was necessary to make certain that abnormal behavior could be named and qualified as pathological because of the existence of certain symptoms deemed sufficiently nonenvironmental as to be willed. By the end of the nineteenth century, a constant search by psychiatrists for new and innovative ways to liberate society of deviant and marginal populations enabled the production of specific technologies to attain this end (Curra).

To be sure, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) makes clear that “neither deviant behaviour (e.g., political, religious, or sexual) nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual” (xxi). But this is a declaration, not an examination of actually existing conditions. Indeed, throughout the nineteenth century, it was this method of naming and classifying madness based on behavior that led to the progressive expansion of psychiatry outside the asylum in the twentieth century, where its application could target any individual (Castel, Castel and Lovell, chapter 4; Torrey). The political project of madness opened up new frontiers of control and the normalization of individuals. The subsequent transformation within industrialized societies rendered members of society not usually considered mad as targets of disciplinary technologies (Castel, Castel, and Lovell; S. Cohen; Lyon).

In the second half of the nineteenth century, Gregor Mendel’s breakthrough in regard to heredity only perpetuated the idea of mental illness as an incurable disease, thus creating a new meaning for psychic deficiency (Waller). In light of this discovery, social concerns arose pertaining to the offspring of deviants and controlling their reproduction in society (*Buck v. Bell*; Smith). This new breed of the

feeble-minded suddenly became the target of a vast number of tactical enterprises that would project this issue at a national level (Perron, Fluet, and Holmes; Trent). The threat of these feeble-minded individuals became part of a collective fear:

The feeble-minded form a class of parasites incapable of sustaining their own needs and are unable to take care of their own business. They cause an unbelievable amount of burden in their own homes and constitute a threat of danger for the community. The women are almost always immoral, often transmit venereal diseases and give birth to children as dull as they are . . . all feeble-minded, and mostly idiots, are potential criminals that are only waiting for the occasion to give in to their criminal tendencies. (Castel, Castel, and Lovell, 63; authors' translation)

This conception of mental illness as weakness and as a social, legal, and hygienic form of dangerousness led to the eugenic interventions that envisioned a social castration of mental illness, which cordoned off the mentally ill and feeble-minded from civil society itself, making them vulnerable to scientific experimentation (Kühl; Pick; Trent; Haller).

The ascendancy of the psychiatric apparatus outside the walls of the asylum and into the capillaries of society conceptualized prevention and detection as key elements of its mandate. It is this enlargement of psychiatry's nosographic classes and its institutional apparatus that rendered possible the expansion of psychiatric and legal interventions. The objective of this expansion was not so much to treat mental illness but to contain it within its sphere. This movement was supported by a curative and preventive notion regarding the identification and extermination of pathogenic agents found on the periphery of civil society (Castel, Castel, and Lovell, chapter 5; Boyer, chapter 15).

The mental hygiene movement bypassed the asylum by insisting on the need to educate the public and expose knowledge on all forms of psychic disorders. This movement, which infiltrated the social realm, replaced the older notion of psychiatry and its repressive institutions with a less-than-subtle intrusion into the core of all social life. The contemporary psychiatric system is clearly rooted in this logic, for it extends far beyond the medicalized institution (psychiatric institutions, for instance). It comprises widespread but loosely related assemblages of institutions, discourses, and practices that seek to regulate individual subjectivities before they become uncontrollable (that is, before

sickness becomes dangerousness). Modern psychiatry's imperative is to intervene before health is damaged, to construct an "at-risk" individual, and to manage personal and social relations in the name of mental disorder and the promotion of mental health. The progression from mental illness to mental health has shifted civic ideals based on liberty and personal responsibility toward control and preemption, and permitted the manipulation of values that would facilitate the differentiation between the normal and the pathological.

In this preventive psychiatric endeavor, evaluations of madness in society take on a new form. Moving away from the individual subject, mid-twentieth-century psychiatric evaluations focused on the identification of risk factors in groups of dangerous, mentally ill offenders. As described in the psychiatrization of children, it is not their problems that were the sole component of scrutiny, but their families, their schools, their social environments, and all factors that could contribute to their inability to function (Donzelot; Freedman). In addition, the focal point of psychiatric evaluation moved away from the act of deviance itself (without formally abandoning that narrative) to the interpretation of the evil intention. Motive, previously banished, reappears, as it can now be inferred from the psychopath's level of remorse (*Estelle v. Smith*). In this complex analysis, a differentiation between the act of reasoning (or lack of) and the action itself leads to the scientifically more accurate identification of bad or mad individuals (Foucault 2005). This large-scale diffusion of psychiatric interventions within society also merged alliances with other control systems, in particular, the justice system (Dowbiggin; Sutherland 1950a; Failer). This alliance between the legal and the medical professions drew new lines between the repressive institution (the prison), the judicial sanction, and the notion of treatment. Psychiatry is now fully engaged in the medicalization of law, and the delineation of a new language that defined the dangerous individual and one of its subspecies: the psychopath.

## CONCLUSION

Our historical and discursive approach to the problem of the psychopath represents the philosophical rejection of essentialism and absolutism, which were prevalent in regard to psychiatric concepts and



knowledge production during the first half of the twentieth century. This worldview (or paradigm), known as post-positivism, is still largely in vogue in the scientific domain, where epistemological debates are almost nonexistent and where some discourses are considered “truths,” despite a lack of evidence (Holmes et al.; Murray et al.; Davidson, chapter 5). From a critical standpoint, concepts are considered to change, grow, and develop in an evolutionary manner to enhance, maintain, clarify, and utilize specific disciplines, such as medicine and nursing. This skeptical and historically sensitive approach helps us to understand the sequence “monster–dangerous individual–psychopath.”

Despite its lack of scientific certitude, and its reliance on criminology and cultural critiques of contemporary North American society, psychopathy is embedded in the collective (that is, popular) memory of modern Western thought. But because the scientific community cannot discern the psychopath’s illness, they motive-hunt for a “motiveless malignity” (West 1978, 29). Psychopathy will continue to refer to the most extreme form of association between mental disorder and criminal behavior, but without any scientific basis for that judgment. The psychopath will remain one unified entity in the biopolitical, socio-cultural domain, his image reinforced through various media, such as horror movies. But it would be better for everyone if the word showed up more often in Hollywood and less in the halls of science.

## Note

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