

Commentary on David Cooke, *Psychopathic personality disorder: capturing an elusive concept*

David Cooke discusses the problem of disentangling the construct of psychopathy from its operationalisations and diagnostic tools. He introduces work on a concept map for psychopathy, the Comprehensive Assessment of Psychopathic Personality (CAPP). In this post, I summarize and comment on key aspects of Cooke's paper. I apologize in advance for any misunderstandings of his claims and arguments.

Cooke rightly stresses the importance of distinguishing between the construct of a disorder and between its measurement or operationalisation. We need to keep the questions 'what is psychopathy' and 'how do we tell whether, or to what extent, someone is psychopathic' separate. Confusing the two, Cooke explains, is like confusing the score somebody achieves in an IQ test with their actual intelligence. He argues that this confusion arises in psychopathy research because the most prominent measure of psychopathy, Richard Hare's PCLR, is confused with the construct itself, rather than being understood as one way of diagnosing someone as psychopathic.

This problem is compounded by the fact that as a measure, the PCL-R gives a lot of prominence to antisocial behaviour, which can be caused in a number of different ways, as Cooke and other authors (e.g. Blackburn, 1988) have rightly pointed out. What we want from a psychological construct are underlying psychological differences which *explain* differences in behaviour. The worry that a measure for psychopathy will group together a psychologically heterogeneous group of people who may not suffer from the same underlying dysfunctions is also practically important: this would have implications for the likelihood of treatment success, but also for judgments regarding the question whether psychopaths suffer from psychological dysfunctions relevant to criminal responsibility (cf. Jefferson & Sifferd, same issue).

What then, is Cooke's proposal for an improved mapping of the construct? In mapping the concept of psychopathy, Cooke and colleagues pursued a bottom up approach, taking evidence from different psychopathy measures, clinicians and research literature. They ended up with a set of 33 symptoms (each again subdivided into 3 descriptive terms) which were categorised into 6 domains of personality function. The traits listed in the map are not behaviourally specified; instead they are personality characteristics. An example is the term 'unempathic' which is further broken down into the three characteristics 'uncompassionate', 'cruel' and 'callous,' his way of listing traits serves the purpose of allowing broad application. However, it should be noted that this move away from behavioural ways of specifying psychopathic traits comes at a certain price. The narrowness of behaviourally specified symptoms in the Diagnostic and Statistical Manual of Mental Disorders (DSM), and to a lesser extent, in the PCL-R, carries the benefit of higher reliability, it is easier to agree on

whether a certain characteristic or symptom is present if we have already agreed on how it manifests behaviourally. This is why the behavioural specification was adopted in the DSM.

When assessing their map for content validity, Cooke et al. looked for two things; whether the CAPP was translatable into other languages, and whether speakers of other languages would group the relevant traits similarly. They also looked at prototypicality. Cooke explains that like most natural language terms, diagnostic terms exhibit prototypicality, i.e. we have a prototype which is a cluster of the classic or core features of disorder X. Thus, he argues that diagnostic categories are 'best represented by clear cases of PPD [Psychopathic Personality Disorder] rather than by its boundaries with other categories' (p.22). Cooke therefore takes the fact that CAPP symptoms score high on prototypicality for psychopathy symptoms as confirming evidence that the construct is the right one.

There is, however, a slight snag here. It would seem that in order for a good fit with our existing concept to be evidence that we have identified psychopathy as it occurs in the world, we need to believe that our lay and expert concept of psychopathy is already on the right track. In other words, it is hard to see how we can get beyond possible errors or mischaracterisations when we validate our concept by seeing whether it matches up with an existing concept people hold. This difficulty can potentially be overcome if we notice that psychopathic properties do not reliably cluster together or that there might be further traits that often co-occur.

In the final part of his paper, Cooke suggests new ways of operationalising and measuring psychopathy which better capture the construct. I am, for the reasons outlined above, sympathetic to operationalisation that focus on behavioural evidence for underlying psychological dysfunction rather than criminal behaviour. However, I am concerned that this will lead to further fragmentation of research on psychopathy. The PCL-R is frequently called the gold standard in psychopathy diagnosis, and it is used as the diagnostic tool for many scientific studies. It would be a great loss if the fact that different operationalisations are endorsed means that information from studies that use the PCL-R as a measure is not included under the refined construct.

Anneli Jefferson
Leverhulme Early Career Fellow
Department of Philosophy
University of Birmingham

Work Cited

Blackburn, R. (1988). On moral judgements and personality disorders. The myth of psychopathic personality revisited. *The British Journal of Psychiatry*, 153(4), 505-512.
doi:10.1192/bjp.153.4.505