Chapter 13
Unsexed Cruelty: Gender and Psychopathy as Regulatory Discourses in Relation to Violent Women

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Abstract Discourses are social conversations which use words and images to apply meaning to human social experience. As such, they may be highly influential in terms of defining and regulating ideas of what is 'normal' socially, and also what is 'good' in moral terms. In this chapter I will argue that the concept of psychopathy, like that of gender, acts as a regulatory discourse that shapes ideas about what is 'normal' and 'abnormal' in terms of violence to others. I will discuss this argument in relation to women who commit acts of serious violence.

Keywords Psychopathy · Power · Gender · Masculinity · Femininity · Female violence · Stereotypes

13.1 Introduction

In this chapter I explore the regulatory function of human discourse with reference to two specific areas of human function; namely sex and cruelty. Drawing on the work of social anthropologists, I describe how social discourse shapes relationships, especially relationships of power. This regulatory function of discourse is most obvious in relation to gender; where cultural rules emerge about who or what is 'normal' in terms of maleness and femaleness. I want to suggest that there is a kind of parallel between how the concept of 'gender' has developed with the development of the concept of psychopathy; in terms of the deployment of both sociological ideas and bioscientific ideas to validate the concept itself. In so doing, (I suggest) both gender and psychopathy then act as a kind of regulatory discourse which defines normal and abnormal behaviour; whether in relation to being male or female, or being cruel to others. I suggest that studies of violent criminality in women offer some evidence for my argument; and I conclude with some reflections about further research.

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13.2   Culture and Discourses

The study and identification of 'identity', 'difference' and 'otherness' has been the focus of research by anthropologists and sociologists in relation to a variety of human characteristics. In this section on cultural discourses of identity, I draw heavily on the work of the social anthropologist, Dame Henrietta Moore. Moore (2007 p. 10) describes culture as built up through engagement with others; an engagement which is made up of representations, both linguistic and non-linguistic. Groups of humans develop bodies of language and activities that become cultural discourses that structure and influence ideas and issues of importance to the groups involved. Group membership relies on being able to identify with certainty and lack of ambiguity those individuals who are members of 'our' group, and those who are not.

Discourses not only shape group membership; they also shape enquiry into individual selves, both physical and psychological; giving rise to cultural narratives about how things are and how they *should be*. Moore suggests that discourses and cultural narratives are fantasies that we project onto the external world to control anxiety about social relationships (2007 p. 1). They are also profoundly moral in nature insofar as they reflect social values and different kinds of need, demand and desire (p. 51). They are narratives which regulate social relationships and stress cultural values; they invite debate about boundaries and differences that do matter, may matter and don't matter in terms of group rules and identity. Biological studies also divide the world up into categories, contributing to wider public discourses about what 'normal' humans are like and how to recognise them. Both biological and cultural discourses have a regulatory influence over what is considered abnormal, deviant or transgressive; and may also offer solutions to control such deviance.

Discourses of difference and similarity (whether perceived or established) are generally considered to contribute significantly to group cultures and identities; and to act as a kind of gatekeeper to either social inclusion or exclusion. These discourses become the basis for rules and expectations about 'normality' and 'abnormality'. For example, the so-called 'medical model' is a discourse of human health and sickness which is based on the identification of an (allegedly) biological 'norm' from which 'difference' can be reliably identified and measured. The development and establishment of 'norms' for human groups is the work of many groups within society; and these 'norms' become the basis for cultural beliefs and stories about how people should function. Various individual factors, such as sex and personality are also part of the 'story' of how normal individuals function in societies.

As discourses, both gender and personality are ways of relating that underpin power relationships (Moore, 2007, p. 93), and address the discrepancy between those with power and those who are vulnerable. These cultural norms have considerable power insofar as they regulate social inclusion and exclusion; violations of cultural norms in relation to sex, personality and social relationships can lead to social condemnation and exclusion. Discourses especially shape definitions of those who can be considered vulnerable and 'fair game' for exploitation.

13.3 Gender as Regulatory Discourse: Normal and Abnormal Women

Moore (1999a, b, p. 151) describes how the distinction between sex and gender became established in social sciences in the 1970s. She defines 'gender' as the 'cultural elaboration of the meaning and significance of the natural facts of biological difference between men and women'. She goes on to describe (p. 152) how gender was studied in relation to the division of labour between men and women, and the emerging understanding that gender is a process that influences how bodies are sexually defined; with profound implications for reproduction, kinship structures and power relationships.

For both Moore and Judith Butler (1990), gender is a way of performing sexuality; which comprises genital sex assignment, erotic object choice, sexual practices and sexual identity. These aspects of human sexuality do not necessarily fit together according to social conventions (Moore, 1999a, b, p. 157) and gender discourse offers ways that the conventions 'could and *should* be subverted' (emphasis added).

Moore's work in anthropology describes how gender acts as a kind of control over the body and is central to (a) how men and women relate to each other and (b) how constructs of masculinity and femininity are developed culturally (Moore, 2007: pp. 34–36). She describes gender as 'embodied personality' which is influenced by how ideas about masculinity and femininity are constructed socially (p. 75). These discourses give rise to expectations about what 'normal' men and women are like, in terms of power relationships, class and voice (p. 35). Gender identities may not always be conscious or articulated but they are embodied.

An example of how power relationships between the sexes are defined by gender is evident in enduring traditions of 'masculinity' and 'femininity'; which act as normative accounts of what a man should be like, and what a woman should be like. The language emphasises essential difference; both bodily and in terms of personality. These gender role definitions and expectations have a powerful influence on how the sexes behave. Traditional accounts of masculinity suggest that to be male is to be active, decisive and in control; happy to lead and where necessary command. Conversely, femininity implies that to be female is to be passive, non-competitive, non-assertive and happy to follow instruction. It is obvious that in reality, these traits described above may be found in everyone at different times depending on circumstance; but the point is that these stereotypic accounts act as a regulatory discourse to control and limit behaviours by men and women.

The biological sciences have been influential as a further discourse that sustains and support 'norms' about bodies and minds; and feminist scholarship has questioned the apparent 'objectivity' of scientific method in relation to examination of sex difference (e.g. Fox Keller, 2003). For example, Joyce (2006 p. 44) reviewing debates about sex and gender comments on how apparently 'obvious facts' about physical difference are then assumed to be the basis for women's differences to men in the social sphere. If the male body is seen as the 'norm', then the female body may be seen as deviant or damaged in comparison; and the same embodied

difference is then applied to the mind, establishing apparent psychological difference. However, women often describe being defined by their body size, shape and genitals; whereas men are defined in terms of their minds. Moore quotes Strathearn (p. 133) in noting that Western assumptions about the body see it as a kind of property that the mind owns in a '*discourse of possession*'; and these kinds of assumptions can be extended to the possession of female bodies by males who are enabled to exert power using their minds, which are privileged in terms of personal identity.

Much of the study of gender over the last 20 years has explored the social response to those who break or challenge sex role expectations. Butler has noted (1990, 1993) that there is a '*performative*' quality to gender, which she describes as "a reiterative citation of *regulatory norms*' (1990 p. 140: emphasis added). On this account, gender role behaviours communicate something important about where one stands, vis-à-vis social norms. By implication, there may be heavy social penalties for those who challenge those norms; including challenges to the concept of essential differences between men and women and challenges to the ways that people 'do' sex and sexuality. The most obvious example historically of challenge to gender norms is same-sex erotic bonding and identity which, by breaching traditional gender role expectations, caused such alarm that for centuries, it was illegal, confused with mental illness and dysfunctional sexuality and punishable by death. Homoerotic sexuality was only removed from Western professional accounts of mental illness diagnoses in 1976; and in several non-Western countries remains illegal and a capital crime.

There is some consensus that cultural beliefs about gender roles tend to present male-ness as the human default for normality; with considerable implications for medicine and related biological sciences. The World Health Organisation (Garcia Moreno, 1998) describes concerns that gender bias in health sciences and health provision can result in damage to the health of both women and men; because either (a) sexual differences are perceived where there are none or such difference is clinically insignificant or (b) real sex differences are ignored that may be highly relevant for understanding pathology, pharmacology and treatment outcomes.

Developments in neuroscientific research methodology have provided new ways of identifying biological and apparently essential differences between male and female brains. However, the evidence from neuroscience may be confounded by implicit as well as explicit gender bias (Fine, 2010); and it is also unclear how or whether differences between male and female *brains* provide any reliable information about differences between male and female *minds*. There are strongly held conflicting views in this field; for example, Baron-Cohen (2009) claims that neuroscience provides evidence that there are essential differences between male and female brains which have an effect on social behaviour: "The female brain is hardwired for empathy. The male brain is hardwired for understanding and building systems". In contrast Joel (2015) argues that neuroscientific studies indicate that brains are neither essentially 'male' nor 'female' but have a mosaic of features in common and difference.

An appeal to scientific method as a kind of empirical trump card in establishing sexual difference, especially in neuroscience, is a nice example of how debates

about normality and abnormality are socially significant for gender role expectations. A biological difference may be culturally presented as 'natural' and inevitable; but it is not always clear what such a difference might mean socially or morally. Arguments about discrimination between different groups become complex; it may be just to respect differences that matter, but unjust to attribute social significance to differences that do not matter. The focus of social and philosophical debate is then what differences are of significance in a culture or social group; why; and who decides.

Debates about gender raise particular concerns about the use of perceived differences between the sexes to justify different social treatment. There are many historical examples of this; the most obvious being enfranchisement and the many philosophers and lawyers who argued against votes for women. Early studies of criminal rule breaking in society did not mention women because it was assumed that women did not offend (Daly & Chesney-Lind, 1988); and those that did offend were seen as 'masculine' and/or 'damaged', usually by mental illness (Stangle, 2008). Feminist criminologists noted that women who offended were judged to be doubly deviant because they had broken both criminal laws and gender norms (Heidensohn, 1996): I shall return to this issue in more depth later.

The literature on gender as a regulatory discourse is huge; and the scope of this chapter does not allow for further comprehensive review of examples or analysis of what are complex arguments. I end this section with a contemporary example of the regulatory function of gender discourse in human society. Over the last decade, there has been greatly increased interest in the possibility of choosing to change sex; and associated public discussions and debates (in the anglophone world at least) about the social significance of transsexuality. These debates how to define sexual identity and gender have been active, vociferous and even vituperative; and they illustrate how discussions of gender regulate social relationships in moral, legal and political domains. The 'Trans' debates focus not only on what it is to be sexed and gendered; they also show that it is not always clear who gets to decide the answer to these questions. Again, space does not permit a full review of this issue; but it is relevant to this chapter to note that most of the public debate has focussed on who can decide what it is to be a 'real' woman, with considerably less discussion of what it is to be a 'real' man; so that 'normal' maleness and masculinity slip away from the social and regulatory gaze. It is also noteworthy that the WHO have recently (2019) used their regulatory power to define as 'normal' the wish to change gender identity i.e. such a wish is now formally excluded from the social discourse of ill health and sickness.

13.4   Psychopathy as a Kind of Regulatory Discourse: Normal and Abnormal Cruelty

In this section, I argue that the concept of psychopathy (like that of gender) has developed into a social discourse that regulates discussion about human behaviour and social relationships. However, the focus of the psychopathy discourse is not human sexuality but human cruelty; and related questions of what kind of cruelty and social rule-breaking is 'normal' and what is 'abnormal'.

The term 'psychopath' literally means 'an abnormal mind'; and the earliest use of the term was in relation to those people who appeared 'normal' but did not keep social rules or fulfil social expectations. These men (and a few women) caused great social alarm not just because they broke the rules but because their difference of mind was not obvious or visible; they wore a 'mask of sanity' (Cleckley, 1941). In the late 1930s and early post war period, the need to identify threats to the social order was urgent; especially those people who did not care about apparently agreed social values and had no anxiety about breaching them (Chenier, 2012). Psychiatric and psychological studies were a bioscientific response to those perceived threats to social order; as described by Foucault (1978) psychiatry had a crucial regulatory role in making social rule breaking into a kind of 'illness' or mental abnormality.

The concept of 'psychopathy' focussed on those people who broke social conventions but seemed unaffected by negative social responses to them. Cleckley's paradigm study (1941) was not the first to use the term 'psychopath', nor the first psychiatric account; but it was one of the first to explore the concept in such depth using a range of case studies. Cleckley's argument was that psychopaths were not simply 'bad' but instead had some kind of profound emotional impairment; they looked mentally 'normal' but exhibited emotional shallowness which resulted in behaviour that was experienced by others as irrationally cruel. Cleckley surmised that these people did not intend to be cruel, but could not make real affective connections with others; a state of mind which was memorably summarised as 'know[ing] the words but not the music' of human interaction.

Cleckley's psychopaths were cruel, but not violent or predatory. He specifically did not use terms like 'evil' and only a subgroup of his subjects were criminal rule breakers (usually for drunken fights, theft or fraud, not violence). The question of *deliberate* cruelty was studied by Robert Hare who applied Cleckley's concepts to violent offenders detained in prison. Hare's early studies date from the late1970s; a different time sociologically and one where abnormal psychology as a biological science was gaining ground. At this time, there were considerable academic debates about psychopathy and whether it represented a 'real' disorder of mind or a medical term for 'wickedness' (Lewis, 1974; Wootton, 1978 p. 107); reflecting real social anxieties about whether or not to understand human cruelty as a kind of medical condition. A nice example of this anxiety comes from the English Court of Appeal; where the Lord Chief Justice noted that the distinction between the man who would not or could not resist a bad impulse was 'incapable of scientific proof' (R.v.Byrne).

I note here the appeal (or not) to scientific method to establish a socially significant difference, as described above in relation to sexual difference.

The novelty of Hare's approach was to apply Cleckley's concept of psychopathy to violence perpetrators who had been formally identified as legally deviant by the criminal courts. Using a checklist based on Cleckley's work, Hare found that only a third of men imprisoned for severe violence seemed to fit Cleckley's concept of psychopathy (i.e. emotionally disconnected and lacking awareness or concern about others). These 'Hare' psychopaths were subsequently shown to be more likely to violently re-offend than those who did not score highly on the checklist. It is noteworthy that this study also found that violence commission was *not* synonymous with psychopathy.

Professor Hare's work has been massively influential and applied in different penal and secure psychiatric settings around the world. His checklist (Hare, 1980) formalised the concept of psychopathy into a kind of measurable psychopathology, allowing for empirical study and a bioscientific approach to the identification of high-risk offenders. Hare's psychopaths were more violent than Cleckley's; partly because they were also persistently and polymorphously criminal. Hare's group were consciously arrogant, exploitative and contemptuous of human vulnerability, which was not always the case with Cleckley's group. Although both Hare and Cleckley describe their psychopaths as apparently 'charming', Hare argued that this charm is deployed consciously to con and deceive others; whereas Cleckley did not describe this.

To be identified as a 'Hare' psychopath, one must score highly in a number of different domains of individual and social function; including affective dysregulation, poor or absent interpersonal relating, impulsivity and generally antisocial attitudes. However, a crucial aspect of the debate about psychopathy, which is relevant to the theme of this chapter, is whether actual criminal rule breaking is essential to the nature of psychopathy (Skeem & Cooke, 2010). If it is the case that psychopaths always break the criminal law, then this is contradicted by evidence that the most persistent criminal rule breakers are not psychopaths (Vaughn et al., 2011); but offend because of cultural, social and racial pressure. If it is not the case that psychopathy entails criminal rule breaking, and physical harm to others, then this would suggest that the concept broadly includes aspects of personality function that are unpleasant and antisocial but not necessarily risky to others (Edens et al., 2006).

There are several accounts of psychopathy that do not entail violent cruelty or even criminality; but typically rely on three psychological personality traits. For example, Cooke, David et al. (2007) define psychopathy in terms of arrogance & deceitfulness; affective deficiency, and impulsivity combined with irresponsibility. Paulhus' group (Paulhus & Williams, 2002) describes a 'Dark Triad' which includes psychopathy but also includes narcissism and Machiavellianism (Mach for short). Narcissism is a complex concept in its own right (see Gabbard & Crisp, 2018 for a recent review) but can include contempt for others' weakness and arrogance/entitlement. 'Mach' is also complex; but seems to imply a kind of human capacity to cleverly play people off against one another or con people into a course of action whose significance they are not aware of. These three elements together describe a

state of mind in which others are treated (as Kant might have put it) merely as a means to an end. Patrick's group (2009) describes psychopathy in terms of boldness, mean-ness to and dominance of others. Patrick's concept is interesting because of its hints at the importance of psychopathy in regulating social status and the possibility that psychopathy might include some kind of positive psychological skill, given that boldness might in some contexts be valuable. On a similar note, Lilienfield's measure of psychopathy includes a factor called 'fearless dominance' which carries a suggestion of a kind of courage; and also hints at the importance of social ranking sensitivity to some kinds of cruelty. De Clercq et al. (2012) make reference to psychopathy as involving interactions that fall on 'a gradient of power and control'.

On these accounts, the prevalence of psychopathy is likely to be higher than previously thought; and it could be present in apparently 'normal' populations of people who do not break the law. However, establishing 'norms' for cruelty and antisocial states of mind depends on how these concepts are measured; and there are significant differences between the research studies based on populations sampled and the measure used. Studies using the Hare Psychopathy Checklist are usually based on populations in penal and secure services and the use of the checklist requires detailed examination of different sources of information from courts, prison and probation staff. However, many other studies of 'psychopathy' are based on self-report questionnaire studies in university undergraduates where rates of any criminality, let alone cruel violence, are likely to be low (although arrogance, cruelty and contempt for others may well be present in a subgroup). Some of these studies have suggested that 'psychopathy' is normally distributed in the general population but only a sub-group with other risk factors for criminality will actually offend (Edens et al., 2006). There are reports that psychopathy can be associated with social and economic success (Babiak & Hare, 2006); although evidence for the existence of the 'successful' psychopath is 'elusive' (Smith et al., 2014).

Overall, these concepts of psychopathy appear to describe a state of mind which is assumed to be socially harmful and undesirable, even if it does not actually result in physical violence to others and formal criminal rule breaking. In theory, no one would want to be a psychopath and the conclusion seems to be that psychopathy should be controlled or eliminated if it is possible to do so. The above studies seem to suggest that psychopathy is a kind of paradigm of 'badness' that helps to set an endpoint to a spectrum of human cruelty; with psychopathy at one end, and unpleasant-but-normal cruelty at the other.

However, if psychopathy is not defined by violent criminal rule breaking and/or physical cruelty to others but only in terms of nasty mean attitudes to others, then the concept arguably has become a social 'shorthand' for a group of people whom society can justifiably condemn and exclude; as exemplified in this quote from DeLisi (2009): 'Psychopathy mirrors the *elemental* nature and embodies the *pejorative* essence of antisocial behaviour' (emphasis added). The reference to an 'elemental' quality implies a belief that antisocial behaviour is an essential aspect of some human beings; and the existence of this belief may explain the significant increase in studies of psychopathy which look for structural and functional

differences in the brains of psychopaths compared with non-psychopaths (similar to the studies looking for sexual difference cited above).

A further example of psychopathy acting as a regulatory concept is in relation to children. It has been argued that an elemental cruelty in the form of 'callous and unemotional attitudes' can be identified in some children from an early age (Barry et al., 2000); and attitudes are a predictor of antisocial behaviour in adolescence and potential psychopathy. Although those who make this argument emphasise that they are not identifying 'child psychopaths', the titles and tone of many of these studies tend to convey this concept; and these studies often refer to other studies that emphasise the influence of genes on behaviours and personality and the fixed ('elemental') nature of any dysfunction. Such studies usually de-emphasise the influence of social environments and relationships; and are then used to justify social policies that favour reduction in public welfare programs and emphasise individual responsibility and punishment. The cultural narrative of the 'bad seed' who is incorrigibly 'bad' regardless of environment is at odds with the evidence that most violent offenders have been exposed to adverse childhood environments compared to non-offenders or less violent offenders (Fox et al., 2015; Bowen et al., 2018); and Hare's evidence that most violence perpetrators are not and never have been psychopaths.

The majority of the studies cited here are firmly in the domain of neuroscience, and rely on the use of an epistemology that is (or claims to be) objective, impartial, and reliable. They are also located within the field of mental health which, as described above, seeks to distinguish the 'normal' from the abnormal; with the objective to return the abnormal to a normal state. For example, Kiehl and Hoffman (2011) in a review paper claim that psychopathy is 'an astonishingly common mental disorder' (p. 2) with an identifiable brain pathology; which needs to be 'treated in order to reduce the costs to society in terms of criminal process and detention' (p. 7). Similarly Centifanti and Garofalo (2019) argue that psychopathy is a mental disorder; and that if the public is educated about its neuroscientific basis, psychopathy will be seen as having the 'dignity' of a mental illness which may elicit more sympathy and less stigma.

But within this professional literature, there seems to be a profound ambiguity as to whether 'psychopathy' represents highly abnormal and unusual human cruelty (justifying strong legal and moral responses to it); or whether 'psychopathy' is normal and common, and everyone has some degree of psychopathy in their personality, which might even be to their advantage. This ambiguity may be related to an overlap between psychopathy and masculinity: some of the features of psychopathy described above resemble features of stereotypical positive masculinity, such as dominance, fearlessness and charm. Psychopathy has been described as evidence of the presence of a 'warrior gene', (Perbal, 2013; Fallon, 2014) where 'warrior' is a term often associated with a kind of bleak heroism. The moral ambiguity of a kind of 'hero' who is also dangerous and cruel is a frequent trope in many superhero movies and cinematic depictions of psychopathy. The ambiguity is perhaps best illuminated by an internet study of psychopathy which claimed to show that Jesus of Nazareth and Mother Theresa of Calcutta are more 'psychopathic' than a variety of US and UK politicians (Dutton, 2016).

13.5   Cruel and Unusual: Violent Female Offenders

I now turn to examining the implications of the discussion so far for those unusual women who commit acts of serious violence. There is reliable evidence that women are a minority of violence perpetrators across cultures and countries. For this reason, violent women are often seen as both 'abnormal' offenders and also 'abnormal' women. As mentioned above, early criminological discussions of violent offenders did not mention women at all; and later studies minimised the violence and cruelty of such women (Stangle, 2008), using what Allen (1987) describes as 'discursive manoeuvres' (p. 81) in terms of language and agency. Early accounts of female violence tended to emphasise the causative role of emotional distress or mental illness in female violence; or else suggested that women's violence was uniquely 'feminine' (Appignanesi, 2011).

Many criminological studies of female offenders have argued that discourses of gender and gender role stereotypes are fundamental to understanding how female violence is regulated and punished. Heidensohn (1996) argued that female offenders breach sex role stereotypes by taking action and being assertive and socially challenging; and they may be disproportionately punished because of this combined social and criminal abnormality. Van Voorhuis (2012) argues that lack of understanding about why women offend leads to detention in higher custody levels, despite lower levels of violence. Unlike male violence perpetrators, female violence perpetrators are often described in terms of their social vulnerability in patriarchal societies where they may suffer poverty and social disadvantage; or they may be described as victims of prior violence, which may make them mentally ill and at risk of acting violently (Covington, 2002; Bloom et al., 2003).

The depiction of female violence perpetrators as vulnerable and deserving of compassion is both laudable at one level and curious at another. It is laudable to support compassion for offenders as this is likely to be a positive influence on attempts at rehabilitation; but it is not clear why females should excite more compassion than male offenders who have suffered similar exposure to violence and social disadvantage. Arguments based on gender role would suggest that gender role stereotypes portray women as being passive and at the mercy of others; and perhaps being less culpable because less agentic (Widom, 1984). Allen (1987) suggested that such gender-based stereotypes may actually work in women's favour at sentencing where she describes a kind of 'chivalry' effect whereby women offenders receive less punitive sentences for the same offences as males.

One important difference between male and female violence perpetrators relates to their victims; female violence perpetrators tend to attack partners or family members, including their own children. In the UK, children under a year old are statistically at the highest risk of being homicide victims, and the perpetrators are nearly always mothers. These kinds of homicide attract extremes of social condemnation and demand an explanation; maternal mental illness explains a small proportion of offending, but juries find it hard to accept that women might kill their children for a non-psychiatric reason. (Stangle, 2008).

Psychopathy is often raised in cases of female cruelty, especially in relation to women who kill or attack the vulnerable (Seal, 2010). Early studies of psychopathy in women did not include women convicted of violence; and Cleckley's two case studies of psychopathy in women focussed on their tendency to deception and their promiscuity. In this context, it is of interest that Cleckley did not mention female violence perpetrators who were in the public eye at the time that he was writing; such as Bonnie Parker and Kate ('Ma') Barker, both of whom were convicted of fatal violence to others.

Cleckley's examples are also intriguing because his description of psychopathy in young women fits with common negative feminine gender stereotypes. Traditional accounts of 'bad' women have referred to their deceitfulness and their misuse of their sexual allure. A recent review of Cleckley's cases rated them according to current concepts of psychopathy; and found real professional disagreement about whether Cleckley's female 'psychopaths' met current criteria for psychopathy (Crego & Widiger, 2016). A significant concern is that 'promiscuity' is sometimes the only criterion for psychopathy that is reliably identified in women; suggesting that women's sexual behaviour may be pathologized in ways that men's are not (Grann, 2000; Forouzan & Cooke, 2005; Dolan & Vollm, 2009).

Studies using Hare's criteria for psychopathy usually find that only a sub-group of female offenders could be classified as psychopaths (like male violence perpetrators; Nicholls & Petrila, 2005; Nicholls et al., 2005). These women tend to have committed more acts of violence and to exhibit the same kind of callous and antisocial attitudes as the males. These female psychopaths also seem to resemble male psychopaths in terms of exposure to severe trauma (Weiler & Widom, 1996); and other reviews have suggested that although they are numerically fewer in number, female psychopaths seem similar to males in terms of their affective responses and interpersonal dysfunction. The main difference relates to the number and variety of past violent/criminal offences; the base rate for which is low in women.

A key question raised by researchers is whether the study of violent females (especially female psychopathy) can ever use criteria that are gender-neutral (Widom, 1984; Zahn-Waxler, 1993). Psychopathy may be expressed differently in the two sexes because of the influence of gender role constructs in society on personality expression (Salekin et al., 1998; Skeem et al., 2011; Beryl et al., 2014). The Beryl study reviewed all studies of psychopathy in incarcerated women, and noted the widespread use of Hare's checklist which they describe as 'a measure of psychopathy *in American men'*. (emphasis added).

Because base rates for offending generally are low in women, the study of female psychopathy also invites another look at signifiers of *non-offending* psychopathy (such as Patrick's mean-ness and boldness, Paulhus' narcissism or Lilienfeld's fearless dominance). Narcissism as a feature of psychopathy is of particular interest as it often manifests differently in men than women; male narcissists being grandiose and over-bearing and female being fragile and controlling (Grijalva et al., 2015); although Grijalva et al. also advise caution about the influence of gender role stereotypes in looking at personality disorders in women. On a related note, assessing 'boldness' or 'fearless dominance' in women may entail looking for traits that are

stereotypically masculine, thus risking an assumption that female 'psychopaths' are psychopaths when/because they are perceived to behave like men.

Cale and Lilienfeld (2002) suggest that female psychopaths differ from male by doing psychological not physical harm; which raises questions about how psychological harm is to be defined and where the boundaries of 'normal' psychological harm might be set for both sexes. There is also an interesting conflation in this paper of psychopathy, aggression and crime which would make it (theoretically) female violence common (which the data belies). Weizmann-Henelius et al. (2010) also conclude that women could be psychopathic without showing any kind of antisocial behaviour at all which is an approach that seems profoundly different to the ways that psychopathy is understood in males. Such an approach potentially implies that many women could be identified as 'psychopaths' if they are mean or cruel or dominant i.e. unlike traditional accounts of feminine 'niceness'.

Kreis and Cooke (2011) suggest that psychopathy in women is expressed as 'less grandiose, dominant, aggressive; more seductive, emotionally unstable'. They also comment that most violence by women is relational and violent women use impression management to deceive others and manage social relationships. However, they offer no evidence that male perpetrators of relational violence do not act in similar ways; and do not comment on evidence that many male relational violence perpetrators (especially domestic violence and stalking perpetrators) are also reported to be deceptive and plausible in impression management.

The issue of 'seductiveness' as an indicator of female psychopathy links with 'shallow and superficial charm'; another psychopathy 'trait' which may be understood differently by sex and gender. Traditional accounts of positive femininity make 'charm' a valuable aspect of being female; a trait that many women will seek to convey to others, since being charmless is therefore 'unfeminine' and may be 'abnormal'. Women offenders may find themselves in a paradox where it is antisocial *not to* attempt to be charming but attempts to do so may be interpreted as 'shallow charm' and 'manipulative seductiveness'. The signifiers for female psychopathy in this context again look quite unlike those for males; as demonstrated in these quotes from a study of psychopathy in women (Cunliffe et al. 2016):

P 176 Female psychopaths are coquettish, coy, seductive damsel in distress, dramatic, demure 'eliciting pity and sympathy' using sexuality to deceive others

P 178 an excellent example of how female psychopaths are consumed with seeking approval from others

P181 it was common for a female psychopath to characterise herself as a traditional or stay-at-home mom to cover up her parasitic behaviour

13.6   Conclusion

Moore (2007, p164) asks 'to what question is sexual difference the answer?' Similarly, it might be asked 'to what question is the psychopathy the answer?' In this chapter I have tried to suggest that psychopathy answers questions about the nature of human cruelty; and especially whether it is possible to distinguish between normal and abnormal human cruelty. Answering this question involves consideration of social and scientific discourses; and ultimately is also an ethical question insofar as it addresses a question about how we 'should' think about psychopathy.

In this chapter I have described a parallel between how the concept of gender has developed; first with social constructs of what a 'good' or 'normal' woman is; then using bioscientific 'facts' to support these distinctions; and then some current consensus that gender itself acts as a way to regulate power relationships between the sexes. In the same way, the concept of psychopathy starts as a description of 'bad' behaviour which is puzzling and abnormal insofar as most people don't act like this; it then becomes the subject of medical and neuroscientific study which appears to provide facts that validate psychopathy as a mental abnormality. The current study of psychopathy includes debate about its scope; and in that sense, it is a regulatory concept because it regulates relationships between people who are cruel and unusual and people who are not.

I have argued here that gender and psychopathy are both social discourses that regulate human behaviours and attempt to establish norms by which 'offenders can be identified in terms of departure from those norms. Both are discourses that regulate power relationships between different groups of people; masculinity typically confers power and status in societies, and people identified as 'psychopaths' may have power and liberty removed from them using socially approved restraints and constraints. Both are influential in normalising and pathologizing difference; both people who challenge gender role expectations and people labelled as 'psychopaths' may meet hostility and social exclusion. In both cases, psychiatric and neuroscientific evidence (themselves social discourses) has been used to support claims that there are 'essential' differences between groups of people in terms of sex, gender, antisocial behaviour and personality; and negative perceptions of such difference can influence public policy especially in relation to punishment and detention.

By discussing how psychopathy has been studied in violent women, I have tried to show psychopathy has relied on its neuroscientific biomedical facts to normalise regulatory gender stereotypes. The difficulty posed (and faced) by very violent women is that statistically they are highly unusual in terms of 'normal' behaviour for all citizens, both male and female. Such unusual behaviour can be explained using gender role discourse (emphasising how gender roles make people ill or vulnerable to attack) and the discourse of psychopathy (which claims that subgroups of unusually bad people exist in society and can be identified by neuroscience). But attempts to explain female violence using trauma or mental illness often result in falling back on unreliable gender role stereotypes about women as victims or women as mentally vulnerable. Trying to explain female violence using the concept

of psychopathy sometimes results in a tautology of stating that these women acted in cruel and unusual ways, and didn't seem to care about it. But, as we have seen, several studies of psychopathy in women conclude that the evidence for their 'psychopathy' is either because they are not feminine enough or because of a kind of femininity which is natural but 'nasty'.

The concept of psychopathy has its roots in society's general need to regulate the behaviour of those people who are cruel to others and don't seem to care about it. Despite the extensive study of psychopathy over the last three decades, there remains a real ambiguity about whether those who pursue an individualistic or solipsistic world view are normal-but-nasty or abnormal and need containing (Skeem et al., 2016). Patey (2014) suggests that this ambiguity is heightened by the use of neuroscientific discourse to hide psychopathy's political nature as a response to global capitalism and the diminishment of social capital as a public good. Egocentricity, affective coldness and opportunism may appear 'ominous' in the consulting room or clinic (Scott, 1960) but less so in a deregulated and commodified society where social relationships are market based not value based (Sandel, 2012).

I am concerned that many studies of psychopathy claim to be morally neutral insofar as they originate within the realm of bioscientific discourse; but are actually working in a wider way that powerfully influence and control how society sees 'badness' and cruelty. Accounts based on either gender or diagnosis may pathologize 'bad' behaviour in some individuals but normalise it in others; even at the level of organisations and social policies. But as violence rates fall in most social democratic societies where there is rule of law and the economy is not based on the drugs trade (UNDOC, 2014), over simplistic appeals to discourses of gender or psychopathy as explanations for violence or cruelty are increasingly unconvincing.

As violence becomes an unusual way for humans to break the rules, it may make more sense to treat cruelty and violent offending as complex social transactions (Canter, 1994), even as a communication; rather than simply as a feature of abnormal individuals. To understand this communication, we will have to listen to the voices of all the perpetrators and be willing to hear their complex narratives of cruelty. We will need to resist the kind of discourses that appear to be respectful of individual experience but in fact categorise people in ways that stop conversation.

Cases

R.v Byrne [*1960*] 44 Cr App R 246, [*1960*] 2 QB 396.

Lord Parker CJ

Furthermore, in a case where the abnormality of mind is one that affects the accused's self – control the step between 'he did not resist his impulse' and 'he could not resist his impulse' is, as the evidence of this case shows, one which is incapable of scientific proof. A fortiori there is no scientific measurement of the degree of difficulty which an abnormal person finds in controlling his impulses. These problems which in the present state of medical knowledge are scientifically insoluble, the jury can only approach in a broad, common sense way'.

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