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## Constructing ‘the Psychopath’: A Discourse Analysis of Psychologists’ Understandings of Psychopathy

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### ABSTRACT

**Background:** Psychopathy is a controversial psychological construct used within forensic settings to understand the psychology of forensic service users. Contemporary research into psychopathy indicates ontological confusion, limitations with assessment practices and the presence of a negative bias towards individuals identified as psychopathic.

**Aims:** A moderate social constructionist epistemology underpins this study. Its purpose was to widen the clinical frame of psychopathy via sociological inquiry through an examination of how ‘the psychopath’ is constructed discursively by a particular group of specialists working directly with individuals with a psychopathy label.

**Methods:** Subjects were eight clinical psychologists currently working throughout the UK in forensic mental health settings (low, medium and high-secure hospitals). Semi-structured interviews were conducted and the data were analysed qualitatively, using Discourse Analysis methods.

**Findings:** Analysis demonstrated that persons with psychopathy are constructed as problematised individuals, located within four overarching, recurrent discursive sites: dangerous, challenging, manipulative, and psychologically deficient. Participants utilised ‘at risk’ and ‘trauma’ discourses to explain the aetiology of psychopathy and ‘intuition’ talk was employed as a marker of the presence of psychopathy. The findings of the study and their clinical implications are discussed.

<Key-words>

psychopathy, clinical psychology, discourse analysis, forensic mental health

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## I. Introduction

The Ministry of Justice (2011, p. 4) defines psychopathy as a “particularly severe form of antisocial personality disorder” and states that it is an important personality disorder-type within offender services due to its relationship with high levels of re-offending, violence and failure to comply with treatment. Correspondingly, a long-standing endeavour to identify the presence of psychopathy across prison and forensic populations persists (Jeandarme, Edens, Habets et al., 2017). Despite this imperative, there remains an absence of clarity with regards to the conceptualisation of psychopathy (Kirkman, 2008; Lilienfeld & Arkowitz, 2007). Multiple definitions of the construct are used which are, at times, contradictory and only partially overlapping (Skeem, Poythress, Edens et al., 2003). Nonetheless, most mainstream literature into psychopathy has particular descriptive qualities in common. These are a lack of empathy, and a ‘cold’, callous personality, as well as behavioural features of impulsivity, antisociality, criminality and a failure to act ‘morally’ (e.g. Berg, Hecht, Latzman et al., 2015; Farrington, Ullrich & Salekin, 2010; Schaich Borg, Kahn, Sinnott-Armstrong et al., 2013).

In the UK, psychopathy has historically been a legal rather than a clinical category. Several psychometric measures are used in prison and forensic settings to establish the presence of psychopathy, most notably the Psychopathy Checklist Revised (PCL-R Hare, 2003). However, recent research points to limitations of a range of psychopathy assessment tools (Singh, Grann & Fazel, 2011). The implications of this raise serious ethical concerns when one considers that those assessed for, and classified with, psychopathy are subject to harsher criminal sentencing in Europe (Pham & Saloppé, 2013) and more likely to be sentenced to the death penalty in the USA (Blais & Forth, 2014; Edens, Davis, Fernandez et al., 2012). A high PCL-R score has also been found to be the strongest predictor of whether an individual is recommended for release from high security settings (Manguno-Mire, Thompson, Bertman-Pate et al., 2007).

To date, the social component of psychopathy has been poorly investigated, perhaps pointing to the pervasiveness of the belief that some people are pathologically ‘bad’. A very small number of studies have investigated how psychopathy is constructed discursively and how this contributes to the way individuals with the label are understood. Recent studies demonstrate a blurriness of fact and fantasy in scientific discourse when delineating psychopathy and positioning the psychopath (Federman, Holmes & Jacob, 2009; Hamilton, 2008). Likewise, studies have demonstrated the complexity of experts’ talk and its powerful, constitutive effects, such as the construction of personality disorder treatment (whether preventative or curative) as both a therapeutic necessity and a professional ethical duty (Pickersgill, 2009; Richman, Mercer & Mason, 1999). Along these lines, this article examines both the dominant discourses drawn upon by clinical psychologists when constructing psychopathy and psychopaths,

and the co-occurring subjectivities and implications for action that are made possible for clinical psychologists through these various discursive constructions.

## II. Subjects and Methods

### 1. Participants and Data Collection

A purposeful sampling method was utilised for recruitment to the study. Eight participants were interviewed in total, in line with recommendations for in-depth analysis and to achieve theoretical saturation (Georgaca & Avdi, 2012). Three participants were male, five were female. All participants were between the ages of 30 and 50 and identified as White British. Participants were working in low, medium and high secure NHS forensic services across the UK.

Individual interviews were conducted with each participant using a semi-structured interview guide, developed in reference to the literature, to ensure a degree of uniformity in the topics covered during each interview. Broadly speaking, the interviewees were asked to talk about how they understood the concept of psychopathy, their experiences of working with this identified group, their thoughts on the impact of the label and related assessment processes on themselves, the individuals assigned the label, and the systems in which they practice.

Interviews were digitally recorded and transcribed verbatim by the lead author using a Jefferson-lite approach (Banister, Bunn, Burman et al., 2011). A total of 435.7 minutes of data were produced (mean = 54.46; range = 48.18–65.86).

### 2. Epistemology

This study draws on a moderate social constructionist framework. Research in this tradition assumes that the types of reality available are co-constructed socially and through language, whilst also being shaped by underlying material structures and mechanisms. Central to the moderate social constructionist argument is the presence of an interacting and interactive process between individual and society, which shapes available ways of being in the world, as well as what can be claimed as valid knowledge (Elder-Vass, 2012).

### 3. Methodology

Data were analysed qualitatively, using a Discourse Analysis method (Willig, 2008) which outlines a six-stage non-linear process of analysis via identification and investigation of: 1) discursive constructions; 2) discourses; 3) action orientation; 4) subject positions; 5) practice; 6) subjectivity. According to this methodological approach, 'discourses' are recurrent systems of statements used to talk about objects and events in the world. As such, a Discourse Analysis enables exploration of the distinctive ways that a phenomenon can be talked about, points to operations of power and ways in which

individuals are 'subjectified'; that is, the particular kinds of self that are made possible (Foucault, 1982).

### III. Results

#### 1. Discursive Constructions of Psychopathy

Four overarching discursive constructions of psychopathy were identified; dangerous, challenging, manipulative, psychologically deficient. This article focuses on one example from each discursive site to evidence the analytical point.

##### 1) Dangerous

Individuals with psychopathy were constructed as dangerous in a variety of ways: to more vulnerable service users; to staff, both physically and psychologically; to society at large. The prevailing sense was that psychopaths are responsible for a disproportionate amount of distress and difficulty in forensic settings, despite their rarity; this discourse is in keeping with prevailing messages about psychopathy and aligns with wider extra-discursive practices, such as the Dangerous and Severe Personality Disorders governmental initiative (Duggan, 2011). In making sense of the psychopath as uniquely dangerous, this discursive construction is part of a framework which legitimises the need to incarcerate and contain. In the following extract, this sense of dangerousness is produced through multiple mechanisms: (1) emphasising that psychopathy is 'more than' Anti-social Personality Disorder (APD); (2) emphasising that a person with psychopathy 'feels' different to all others; (3) articulating a need for 'intuition', implying that psychopathy is difficult to predict and foresee:

**Extract 1** I think we've got lots of antisocial people here but not many psychopaths, if you wanna call it that, but it's a subset I think of APD. Erm (.) so you know if you look at the PCL assessment, half of it is basically antisocial PD you know, have they done all these things in the past that tick the box, (.) erm but then you've got that sort of feeling, I mean it's kind of a- it's a bit of intuition and experience I suppose, and working out who you would score highly I think, but it's very much the sort of charismatic (.) you know lying, real sort of lack of empathy type of err type of people you know who are high PCL scorers, and antisocial (.) is maybe a bit more about erm I suppose both are to do with early circumstances but I think (.) you can put anyone into kind of really difficult situations and they might end up with antisocial PD, I think it takes (.) specific people to end up with sort of high PCL scores I think. (.) It's a small subset I'd say.

The participant draws on a number of discourses in this construction of psychopathy; he emphasises that APD and psychopathy are separate but related to one another, with

APD constructed as comparatively commonplace across forensic settings. He legitimises this knowledge by drawing on the PCL-R as an objective diagnostic practice and, doing so, privileges associated biomedical assumptions of individualism and internal pathology. Thus, psychopathy is constructed as something rare but clinically identifiable.

The participant draws on 'intuition' talk to exemplify psychopathy's distinctness. This was a common discursive mechanism across the dataset; its effect is to move possible constructions of the psychopath away from, or beyond, psychological assessment processes and nosological features, into a non-scientific space, whereby reliance on subjective 'feelings' are legitimate means for the identification of psychopathy. One consequence of this talk is that the participant positions themselves away from a status of scientist-practitioner, instead producing clinical experience and 'gut-feeling' as useful forms of knowledge. Likewise, instinct talk means that the construction of the psychopath as deceitfully charming -a 'classic' characterisation of the psychopath- does not require legitimation by objective means; as with all 'folk devils', the deviance of the psychopath is not necessarily located in the acts they commit, but in how they 'make' others feel (Cohen, 2002).

The construct of empathy is identified as a central lacking feature of psychopathy. Empathy is a concept within the purview of professional psychology and an example of a lay-term which has been co-opted by the psychology profession as technical language (e.g. its inclusion on the PCL-R). By subsuming lay descriptions into professional terminology, asymmetric power relations are maintained and individuals with psychopathy are reproduced as sites for psychological attention and state intervention.

The participant then emphasises different aspects of a biopsychosocial model to construct both APD and psychopathy as contrasting psychopathologies; while both are acknowledged as arising in part from "early circumstances", a *biopsychosocial* discourse constructs APD as a natural response by "anyone" in extreme circumstances, whereas a *biopsychosocial* discourse constructs individuals with psychopathy as having a predisposing vulnerability to developing the disorder. The practical implication of these constructions is that the behaviours of some individuals are difficult to comprehend without the use of the psychopathy label. Through such talk, the PCL-R and the psychopathy label are established as useful clinical tools for making sense of these behaviours, and for validating professionals' emotional responses.

## 2) Challenging

Participants constructed psychopathy as extremely challenging for staff teams to manage. Psychological language of 'splitting' and 'boundaries' was routinely called upon in this construction, suggesting that these terms have particular cultural valence within forensic contexts. Several participants expressed ambivalence about the psychopathy concept and the 'challenging' construction was utilised to manage this ambivalence; through it, the label is presented as necessary and helpful within forensic contexts. Thus,

participants adopted a theoretical critical position towards psychopathy but negated this within their practice by constructing psychopathy as a useful and meaningful concept for day-to-day working:

**Extract 2** I think I quite enjoy working with people sometimes that are less (.) less psychotic in some ways and more (.) kind of (.) you know more of a personality presentation. I think you often have to think much more about the dynamics in the therapeutic relationship and as a psychologist you often feel like you have to- they're the people I use supervision more for, if that makes sense. Thinking about difficulties, you feel like boundaries are often pushed more erm (.) you know kind of often they're the people that (.) the team struggles more with like nursing staff and things, you might be thinking about how to work with them directly, and support (.) nursing staff from kind of barriers constantly being (.) pushed and maybe teams feel like they're being split and (.) you know people are told different things and you know er (.) lying or telling fibs is a quite predominant feature and can be quite hard to manage in a team erm when people are sort of told different things and played in different ways and I think psychology can have a real use in that kind of like (.) you know, as sort of overall consultation and and sort of leadership role.

The participant begins by framing the additional challenge posed by those with psychopathy as an exciting alternative to other work, recruiting clinical language and mental illness versus personality disorder distinctions into this construction. As in extract 1, psychopathy is constructed as a rare and unusual phenomenon, with the label used by staff as an explanation for an otherwise incomprehensible individual. Through this discursive construction, high levels of supervision are framed as necessary, further reinforcing the construction of psychopathy as professionally challenging.

The participant describes the nature of the challenge presented by individuals with psychopathy, utilising metaphors of boundaries and splitting; both are concepts within the particular purview of professional psychology, drawn from psychodynamic discourse. As in extract 1, the challenge posed by the psychopath is described using technical knowledge which constructs the observation of psychopathy as neutral and objective, whilst simultaneously enabling a role for psychology in its explication and governance.

The participant describes ways in which the team "struggles" in relation to individuals identified as psychopathic; most notably, dishonesty and misinformation are central to this struggle. Behaviours constituted as challenging (e.g. "telling fibs") are institutionally deviant and, therefore, they should be managed distally through extra-discursive structures (i.e. secure facilities), and proximally, through consultation and leadership from knowledgeable psychology professionals. Thus, the constitutive and reinforcing relationship between a body (the psychopath), a collective (psychology

professions) and institutions (medicine, government) is illustrated in the discursive construction of psychopathy as challenging (Lemke, 2013).

### 3) Manipulative

A recurring construction of psychopathy across participants' talk was an individual identifiable by their capacity to manipulate others. Related terms used were deceitful, dishonest, scheming, slippery, duplicitous and devious. This construction is in keeping with dominant depictions throughout the wider literature, which signify the psychopath as deviant or 'bad' (e.g. Berg, Hecht, Latzman et al., 2015; Borg, Kahn, Sinnott-armstrong et al., 2013). The concept 'manipulative' is another lay term which has been appropriated by psychology professionals and given a status of scientific, objective trait; its inclusion on the PCL-R is evidence of this process of language co-option:

#### Extract 3

I think er feeling as though you're being kind of manipulated, erm (.) sometimes (.) people can be quite skilled- but the thing about kind of manipulation (.) is err I think it's quite unsettling, because whereas people with other personality disorders you can feel as though you're being manipulated, (.) it- you- it's more kind of easily understandable, and it's almost- you put it in the frame of (.) the life that they've been through, so you can see the lens by which the person is in-interpreting you and trying to move in a in a certain kind of direction or- yeah. Whereas with kind of- with people with psychopathy, it's almost like you don't know the reason for which they're doing it in that way and sometimes it can just be in order to manipulate you, because that's one of their kind of their strengths (.) so you don't necessarily see the kind of the reason why somebody's pushing or pulling you in a certain direction. It's also I think gives you a real sense of feeling ill at ease erm and and unsafe, because you're not- it's almost like it's excavating the ground from beneath your feet, kind of thing. Erm with other people, you can more quickly get on to ground (.) where you're working on common goals together (.) er whereas the ground kind of shifts er with people with psychopathy [...] <sup>1</sup> If you're not clear about the concept, which lots of people aren't, then you find that you're either using the label in a very black and white way, which doesn't help you or you don't know that that much about it and you're slipping about all over the place, without having, you know, anchor points kind of for yourself (.) and you can't use the other person as an anchor

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<sup>1</sup> Denotes text omitted for brevity



The participant draws on the language of the PCL-R (Hare, 2003) whilst simultaneously utilising intuition talk to describe “a feeling” of manipulation. As in extracts 1 and 2, the behaviours of, and emotional responses towards, individuals with psychopathy are constructed as incomprehensible. This is reinforced by a concurrent construction of other ‘kinds’ of service user, whose violence or damaging behaviours are comprehensible in the context of their diagnoses and histories. Hence, a unique form of manipulation is assigned to the psychopath, one that is especially inexplicable and alarming. A ‘relational spectrum’ of deviancy is constructed, whereby the extent of an individual’s deviance is measurable according to the extent of professionals’ discomfort (Foucault, 1991). Out of this construction, the label of psychopathy is positioned as a meaningful explanation for both an individual’s behaviours and a professional’s feelings. In so doing, a mutually reinforcing surveillance process is in action, requiring psychology professionals to engage in self-regulatory monitoring and formulation of their own internal emotional responses.

Throughout this extract, the participant employs an extended metaphor of being on unstable ground to describe the quality of his experience. Through this, the psychopath is constructed as disruptive and powerful with a corresponding subject position of vulnerability and professional instability. This construction necessitates introspection on the part of the clinical psychologist, thus, evaluation of one’s internal states in-vivo becomes part of the sense-making process. The metaphor and comparative construction are simultaneously extended, serving to emphasise the unique challenge that individuals with psychopathy pose to the therapeutic endeavour, as compared to other service users. From this position, the participant establishes specialist knowledge about psychopathy as essential for preventing therapeutic uncertainty and misuse of the label through oversimplification. In this way, knowledge of psychopathy and self-knowledge are constructed as valuable safeguards, uniquely essential when working with psychopaths due to their manipulative nature.

#### 4) Psychologically Damaged

Persons with psychopathy were constructed as vulnerable figures who are psychologically damaged, possibly not in control of, or responsible for, their actions. Various psychology theories were drawn on in this talk. A tension was present in the construction: participants drew on ‘trauma’ discourses (e.g. Dillon, Johnstone & Longden, 2012; Patel, 2011) to explain subsequent psychological deficiency and also ‘genetic vulnerability/at risk’ discourses (e.g. Laajasalo & Häkkänen, 2004) to evidence a predisposing deficiency; though both were present, the extent to which participants privileged one discourse over another varied:

**Extract 4** [...] psychopathy is a defence erm a defence against psychosis erm (.) and the fragmentation of the mind that that implies and also at the route of that is erm (.) just a a terrible, terrible attachment disorder, a

deeply disorganised attachment in the sense that (.) the child really hasn't been able to (.) establish any any sort of stable internal object, so everything's terribly frightening and awful and I think the people we see, you can see that, it coexists doesn't it and people move in and out of that; it's often people have attracted- and he<sup>2</sup> talks about this, people have attracted several different diagnoses throughout their lives, most commonly personality disorder, some kind of PCL-R assessment that indicates psychopathic traits and erm just psychosis or psychotic disorder erm and that coupled with sort of depression, anxiety and other things, but yeah. So psychopathy is the sort of cold-front, if you like, of the the the sort of terrible sequela of disorganised attachment.

A system of profession-specific knowledge is established, through which the psychopath can be understood via complex psychodynamic formulations. An image of a psychologically deprived child is called upon to emphasise a sympathetic stance and also to legitimise a nuanced, non-reductive conceptualisation; co-occurring expert and subversive subjectivities are constructed. The construction of psychopathy as a sad consequence of an adverse early life and some form of predisposing characteristic localises explanations of psychopathy at the level of care-giving and nurture experiences and is articulated as ultimate evidence for the authenticity of object relations and attachment theories. Thus, psychopathy's status as archetypal personality disorder is reproduced. This construction also neutralises the need to investigate wider, societal-level factors by relocating the 'badness' of psychopathy, as per lay-understandings, from the individual to the parent-child constellation. Moreover, in locating a forensic-specific construction of the psychopath as damaged but comprehensible through particular psychology knowledges, and by drawing on an 'at risk' discourse, a legitimate claim can be made for state intervention in order to prevent future psychopathy; this claim is explicitly made elsewhere in the dataset.

#### IV. Discussion

Persons with psychopathy were constructed as problematised individuals in a variety of ways: dangerous, challenging, manipulative, psychologically damaged. Psychiatric and diagnostic discourses of classification and related traits were frequently drawn on to describe psychopathy, privileging associated biomedical assumptions of individualism and internal pathology. Reliance on psychology and psychiatry technologies (e.g. formulation and diagnostic labelling) in order to 'understand' and make sense of individuals was apparent and the scientific value of diagnostic systems (DSM

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<sup>2</sup> The participant is referring to Rob Hale, a psychopathy theorist

and PCL-R) was emphasised for their ability to distinguish differing psychopathologies. Constructions of those with psychopathy as uniquely challenging align with wider mainstream constructions of psychopathy in forensic settings and legitimises priorities of management rather than therapy strategies (Bowen & Mason, 2012; Mason, Caulfield, Hall et al, 2010; Mason, Hall, Caulfield et al., 2010).

An 'at risk' discourse constructed individuals with psychopathy as having a pre-existing vulnerability to developing the disorder; this is resonant with findings from previous discursive literature (e.g. Pickersgill, 2009) suggesting the availability of this discourse for forensic practitioners, beyond the bounds of the present study. The 'at risk' discourse was also located alongside a 'trauma' discourse and rooted in a 'forensic specific' context, which constructed individuals with psychopathy in forensic mental health settings as victims of their early life experiences; this appears to relate to previous studies into the presence of a relational interaction as contributing to the manifestation of psychopathic traits (e.g. Brody & Rosenfeld, 2002; Giovagnoli, Ducro, Pham et al., 2013). Multiple psychological theories were utilised to legitimise this discourse.

'Intuition' talk occurred across participants' accounts. This straddled scientific (clinical judgement) and mythical (a "feeling" or "sense") discursive locations, further distinguishing individuals with psychopathy as both 'other' and otherworldly, as well as emphasising that the concept itself is elusive. Previous discursive research findings on the presence of an overlap between 'professional' and 'lay' understandings of psychopathy is resonant here (Federman, Holmes & Jacobs, 2009; Hamilton, 2008), as well as legitimising contemporary concerns regarding the use of expert opinion during court proceedings (Scott, 2014). Perhaps most significantly, this research finding serves to operationalise previous research into clinical limitations of the use of psychopathy as a psychological concept (McPhail, 2013).

In summary, participants' talk produced psychopathy and those so ascribed as simultaneously bad and mad, and located them in a unique moral and social space, implying a biopsychosocial understanding for psychopathy. These findings dovetail with the wider essentialist research agenda which prioritises investigation of a biological hypothesis for psychopathy and, increasingly, a neurobiological hypothesis (e.g. Baron-Cohen, 2011). Interest in psychosocial factors is positioned through this lens, with 'signs and symptoms' of psychopathy (i.e. behaviours and characteristics) understood as manifestations of some form of psychological damage. Processes of medicalising deviance and reifying psychopathy were, therefore, operant in participants' accounts, making a culture of social control a legitimate practice. This is concordant with concerns raised by critical researchers (e.g. Cohen, 2002).

### **1. Implications for Practice**

The findings of this research point to important clinical and research implications in relation to psychopathy in forensic settings. Arising recommendations are aimed at

mental health professionals working with those identified as psychopathic, those involved in service and policy development, and researchers investigating the field.

### **1) Clinical Labelling and Diagnosis**

Despite acknowledging the limitations of the psychopathy label, participants repeatedly articulated that it would not be possible to do away with it because it stands in for an experience that mental health professionals find difficult to understand, and that labelling is a part of contemporary human life. *If* labelling is an inevitable process, a potential solution might be to re-vision the label away from its controversial history. One possible alternative might be for clinicians to begin using the term 'high risk, high need' (McPhail, 2013), which more appropriately reflects that individuals with psychopathy in forensic settings often require high levels of therapeutic input and care and moves away from the moral overtones and elusiveness of the psychopathy label, shedding its historical baggage in the process. Research has indicated that this conceptualisation engenders more positive outcomes for individuals (Wilson, Cortoni & McWhinnie, 2009). Labelling theory is resonant here; it may be that the label psychopathy promotes deviant behaviour, while an alternative label makes different ways-of-being possible (Thoits, 2010).

### **2) Policy and Service Development**

The findings of this research indicate the presence of a complex relationship between medical and legal domains; a biolegal space (Foucault, 1988). Clinical psychology has the capacity to apply its skills base to service and policy development agendas, therefore, it is important that this is taken as an opportunity to foster shifts in discourses at a systemic institutional level. One possibility in this regard is that policy developers, and healthcare professionals advising them, emphasise ontological uncertainties related to psychopathy within policy and guidance documents. Policy has a key role in governing clinical practice, thus, discussion of practice guidance and its clinical and social implications should occur concurrently; to separate them is unethical. In coproducing these issues, clinicians would be better placed to make fully-informed decisions about their practice. While this may produce a quandary for clinicians to actively navigate in daily practice, such awareness-raising is essential in providing ethical healthcare to service users (Horley, 2013).

Service practices should be evaluated in light of the absence of a clearly defined conceptual definition of psychopathy and questioning whether it is appropriate to measure something that is not clearly defined in the literature. This may relate to practices within forensic systems, which can act as boundaries to the production of alternative ways of understanding people with this label. For example, the absence of any strengths-based clinical tools may reinforce problematised constructions. It is possible that the development and introduction of an alternative, strengths-based

measure for psychopathy, may enable different understandings of the phenomenon, or enrich the presently underdeveloped alternative descriptions that are available to clinicians.

## 2. Critical Review

In interviewing clinical psychologists this research seeks to attend to the continuities and discontinuities in how psychopathy is talked about by an invested and dominant professional group, and to attend to the dynamic constitution and reconstitution of manifold and contradictory discourse practices (Davies & Harré, 1990). Additionally, psychologists in forensic settings are most likely to conduct psychopathy assessments (rather than psychiatrists or nurses), meaning that they hold an expert position in relation to the construct. Thus, they are the preferential research population for this study.

Given the extreme nature of prevailing discursive constructions of psychopathy, when clinical psychologists were asked to talk about their work it is unsurprising that a dis-ease with underlying assumptions was expressed and negotiated throughout their accounts. It is possible that asking professionals to describe how and why they work in particular ways implies that the legitimacy of their practices is being called into question. Indeed, scepticism as to the motives of the researcher, and what might be 'uncovered' about current practices, were concerns articulated by those who declined to participate in the study.

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