

This article was downloaded by: [Maxwell, Bruce]

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Access details: Access Details: [subscription number 908753173]

Publisher Routledge

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## Journal of Moral Education

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title-content=t713432411>

### Are psychopaths morally sensitive?

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Online Publication Date: 01 March 2009

**To cite this Article** Maxwell, Bruce and Le Sage, Leonie(2009)'Are psychopaths morally sensitive?',Journal of Moral Education,38:1,75 — 91

**To link to this Article:** DOI: 10.1080/03057240802601680

**URL:** <http://dx.doi.org/10.1080/03057240802601680>

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# Are psychopaths morally sensitive?

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Philosophical and psychological opinion is divided over whether moral sensitivity, understood as the ability to pick out a situation's morally salient features, necessarily involves emotional engagement. This paper seeks to offer insight into this question. It reasons that if moral sensitivity does draw significantly on affective capacities of response, then moral *insensitivity* should be characteristic of psychopathy, a diagnostic category associated with pathologically low affectivity. The paper considers three bodies of empirical evidence on the moral functioning of psychopaths: (1) psychopathy and the moral/conventional distinction; (2) psychopathy and social perspective-taking competency; and (3) psychopathy and social information processing models of aggressive behaviour. On the basis of this evidence, the conclusion is reached that psychopaths are morally sensitive in the operative sense. Thus, conceptions of moral perception that include affect in their definitions are questionable, as are educational interventions that claim to develop an affective aspect of moral functioning by improving skills in situational moral perception.

## 1. Introduction

What role does affect play in moral functioning? One popular and *prima facie* highly plausible answer to this question is that 'moral sensitivity' (or 'moral perception') draws importantly on capacities of emotional response. A perennial reproach to the Piagetian-Kohlbergian paradigm in moral development theory is that it neglects the affective dimensions of moral functioning and various proposals have been made as to how to complete Kohlberg's theory by taking affect into consideration (e.g. Gibbs, 2003; Peters, 1981). In practical and professional ethics education, the problem of identifying the ways in which moral life might be affectively demanding has also arisen. The instructional methods traditionally employed in applied ethics aim explicitly to improve learners' critical reasoning skills. Does this focus on moral judgement, critics ask, deprive the affective aspects of moral functioning of their due attention? Very often, increasing learners' moral sensitivity is tabled as one way to move practical and professional ethics education forward (cf. Annis, 1992; Callahan, 1980; Coombs, 1998; Hilfiker, 2001; Scholz & Groarke, 1996).

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It is surprising, however, that the significant question of whether, and to what extent, the concept of moral *sensitivity* includes affect has attracted relatively little critical attention. There seems to be broad agreement in educational research that the distinctive function of moral sensitivity is to build a first interpretation of a moral problem; moral sensitivity implies the ability to recognise in real-time a situation's morally salient features, to perceive a situation as presenting a moral problem and to imagine and predict the effects of alternative actions on affected parties' interests and well-being. However, opinion is divided over whether moral sensitivity needs to include in its definition reference to affective processes<sup>1</sup> or whether moral sensitivity can *in principle* draw on affective capacities of response but that it is also possible for an agent to arrive at the sorts of insights moral sensitivity furnishes in their absence.<sup>2</sup> Does emotional involvement play an essential role in human beings' ability to perceive a situation's morally salient features? Does the absence of active emotional engagement blind an agent to such features?

This paper addresses these questions by way of the following hypothesis. Psychopathy is a psychiatric disorder characterised by shallow emotional responding and an apparent absence of such 'moral emotions' as guilt, remorse and other-directed concern. If the ability to pick out morally relevant features of a situation does draw on affective capacities of response, that would predict that psychopaths should also be characteristically morally insensitive. Our reading of the theoretical and empirical evidence does not bear our hypothesis out. Psychopaths, we conclude, *are* morally perceptive in the relevant sense. The first section acknowledges the nosological controversy surrounding psychopathy as a diagnostic category and presents Hare *et al.*'s (1991) argument that, contrary to the claims of critics, psychopathy should be regarded as distinct from antisocial personality disorder. In the following section, we analyse, under three headings, the evidence which we take to support the claim that psychopaths do not suffer from a significant moral-perceptive impairment: (1) psychopathy and the moral/conventional distinction; (2) psychopathy and social perspective-taking competency; and (3) psychopathy and social information processing models of aggressive behaviour.

On the basis of this evidence, the paper claims that, insofar as 'moral sensitivity' is understood as ability to perceive a situation's morally relevant features and to predict the effects of actions on human well-being, it is incorrect to consider moral sensitivity as a predominantly affective moral capacity. For psychopaths can do these, even though they cannot become emotionally engaged. The paper then briefly analyses psychopathic amorality in terms of James Rest's seminal four-component model of moral functioning. In this section we argue that the psychopath's characteristic absence of moral emotions is best considered as falling under Component 3 or 'moral-motivational' dysfunction, rather than affecting Component 1, moral sensitivity. We conclude by underlining three important implications about the use of the moral sensitivity construct in educational research that follow from this study's findings: moral sensitivity is not predominantly affect; 'moral sensitivity' is a questionable label for the faculty of situational moral insight; and the development of moral sensitivity should not be considered a form of *éducation sentimentale*.

## 2. Psychopathy and its nosological controversy

Psychopathy has long been applied to a wide range of psychological disorders and syndromes related to antisocial behaviour. As a medical term, it is absurdly broad; etymologically, ‘psychopathy’ is a disease (*pathos*) of the mind (*psyche*). Nevertheless, in what are now classic works, such as Cleckley’s (1950) *The mask of sanity*, the foundations of the current more specific clinical concept of psychopathy were laid. Cleckley argues that the clinical concept of psychopathy should be reserved for a distinctive disorder whose traits are a lack of conformity to social norms and an absence of guilt, shame and empathy. This low emotionality, however, seems to affect social understanding or social skills in curious ways. The title of Cleckley’s book refers already to what the author considered to be the psychopath’s singular adeptness at masking his disorder by mimicking the reactions of normal and sane people. Owing to the psychopath’s fully-functioning rational faculty, the psychopath comes across at first as being perfectly sane (Cleckley, 1950). Cleckley’s hypothetical interpretation of the psychopath is a fully functioning person in every respect except that he cannot *feel* (cf. esp. pp. 398–399). By all accounts, the psychopath appears to know that he is doing wrong in hurting another person. He is simply unmoved by that fact. The psychopath’s lack of commitment to moral norms and of pro-social, other-regarding emotions, however, has a severe impact at a deeper level of social interaction: psychopaths are prone to irresponsible and egocentric behaviour and seem incapable of long-term engagement in meaningful projects and relationships.

Despite widespread interest in the phenomenon of psychopathy, standard psychiatric diagnostic manuals, the DSM-III (APA, 1984) and the DSM-IV (APA, 1994), do not include an entry for ‘psychopathy’; according to current received wisdom, the DSM diagnostic category of ‘Antisocial Personality Disorder’ (ASPD) is the equivalent of psychopathy. This position is questionable on conceptual and empirical grounds.

Lilienfeld (1998), for example, argues that with the development of a ‘behaviour-based’ approach to describing and categorising psychological and psychiatric disorders, not directly observable ‘internal’ aspects of pathology, are ignored. This means that attempts are made to write characteristic traits and criteria in behavioural terms—such as ‘aggressiveness’ in the case of ASPD. What this inevitably leaves out are the ‘inner’ emotional states and personality traits—remorselessness, manipulativeness, glibness and so on—so central to Cleckley’s (1950) interpretation of the psychopathy concept.

For the purpose of marking out psychopathy from ASPD, Hare and colleagues (1991) developed the Psychopathy Checklist and its successor the Psychopathy Checklist-Revised (PCL-R). The PCL-R is today widely considered to be the most valid and reliable diagnostic tool to determine psychopathy. In contrast to the category of ASPD, the PCL-R explicitly includes personality traits in addition to behavioural characteristics.

The model represents the psychopathy construct as being composed of two so-called clusters of factors or traits (Blair, Mitchell *et al.*, 2005). The PCL-R

distinguishes between factors relative to emotions or interpersonal relations (e.g. absence of certain emotional responses, difficulty maintaining intimate relationships) and behavioural factors (e.g. aggressiveness, impulsiveness). The first cluster of factors is commonly referred to as Factor 1 and the second as Factor 2 (see Table 1). According to Hare *et al.* the two-factor model has an important diagnostic advantage. Whereas both psychopaths and persons with ASPD will score high on behaviour-based Factor 2 in clinical assessments, a person with ASPD will score high on Factor 2 but low on Factor 1. In other words, in the absence of a Factor 1 assessment, which specifically targets emotional and interpersonal traits, psychopathy and ASPD will indeed appear identical to the clinical eye. Research seems to support the hypothesis that the PCL-R does track two discrete psychological disorders (e.g. Hare *et al.*, 1991; see also Blair, Mitchell *et al.*, 2005).

The early work on psychopathy by Cleckley (1950) postulated a rather straightforward causal relation between a lack of guilt and empathy (i.e. Hare's Factor 1 traits) and impulsivity and strong antisocial desires (i.e. Hare's Factor 2 traits). More recent research complicates this picture. As it turns out, Factor 2 traits tend to correlate not with *low* anxiety but with *high* anxiety and emotional distress (Hicks & Patrick, 2006). Furthermore, qualitatively different kinds of aggression have been found to correlate with Factor 1 scores. The high Factor 1 score typical of psychopathy correlates strongly with proactive, controlled aggression, which is aimed at achieving an end that the aggressor perceives to be in his interest (e.g. in a racketeering operation, breaking a shopkeeper's arm as a means of encouraging the owner to make timely 'protection' payments). The low Factor 1 score typical of ASPD, however, correlates with impulsive reactive or 'expressive' aggression, which typically occurs spontaneously as a response to a perceived threat (e.g. a jealous assault) (Blair, Mitchell *et al.*, 2005). The importance of these findings for present purposes is that they suggest that the moral-affective deficiency of the psychopath is a rather isolated deficiency: it differs from ASPD and seems independent of other deficiencies, such as cognitive deficiencies or deficiencies of impulse or aggression controlling skills—deficiencies, if you like, of self-control.

Psychopathy, then, being a moral-emotional deficiency, which leaves intact social understanding and social skills, clearly provides us with an intriguing test case for the hypothesis that moral sensitivity should be conceptualised as necessarily including

Table 1. Hare's 2-factor model of psychopathy

Emotional/interpersonal	Social deviance
Glib and superficial	Impulsive
Egocentric and grandiose	Poor behavioural controls
Lack of remorse or guilt	Need for excitement
Lack of empathy	Lack of responsibility
Deceitful and manipulative	Early behaviour problems
Shallow emotions	Adult antisocial behaviour

Source: Hare (1999, p. 34)

affect. If it should be, we can reasonably expect diagnosed psychopaths to show a marked incapacity in the *in situ* perception of morally relevant facts. This claim is susceptible to empirical scrutiny and established measures of moral sensitivity do exist and could, presumably, be straightforwardly used to test it.<sup>3</sup> If research had been conducted on psychopaths using a standard psychological measure of moral sensitivity and psychopathy turned out to be associated with moral *insensitivity*, this would provide evidence that moral sensitivity could be a predominantly affective process. Pending such direct empirical evidence, we propose to derive conclusions regarding the psychopath's competency in moral sensitivity by analysing investigations that provide insight into other aspects of the moral (dis)functioning of psychopaths.

### 3. Psychopathy and the moral-conventional distinction

Using moral domain theory as a conceptual framework (cf. esp. Nucci, 2001; Turiel, 1983), Blair's (1995) research shows that, when compared with a control group, people with psychopathic tendencies seem less able to understand the distinction between moral rules and social conventions. Based on the results of a question eliciting subjects' justification categories, Blair found that psychopaths are more likely to give 'conventional' rather than 'moral' justifications for transgressions (e.g. 'It's wrong to steal because that's not what's done.'). In other words, psychopaths did not seem to perceive that there are moral norms whose validity is not contingent on the existence of rules (cf. Keefer, 2006; Nucci, 2001). In domain theory, the criterion of 'seriousness' also distinguishes moral norms from conventions (cf. Keefer, 2006; Nucci, 2001). So it is also noteworthy that diagnosed psychopaths tend to have a flat view of the seriousness of rule violations. For instance, a psychopath will typically assert that jay-walking is not much less serious than robbing a bank.

Now from the point of view of the psychopath's moral-perceptive abilities, Blair's findings that psychopaths consistently omit welfare or justice considerations when asked to explain an action's sanction worthiness, appear to be significant. Certainly, this conceptual oversight on the part of an adult is, according to domain theory, a grave impairment of moral functioning. Even children as young as three (Smetana & Braeges, 1990) and those with serious cognitive disabilities (e.g. autistic children: Blair, 1996) make reference to justice and welfare considerations when prompted to justify a moral rule. But does this failing constitute a failing of moral *sensitivity*?

On one hand, it might seem that it does. Blair's research suggests that psychopaths tend not to see that moral norms are distinct from conventions because they do not understand that the point of moral norms, at least as far as domain theory is concerned, is to advance and protect individuals' legitimate interests and basic forms of well-being (cf. Nucci, 2001, p.7). Bearing in mind Rest's (1983, 1986) characterisation of moral sensitivity as that faculty which enables, among other things, awareness of the consequences of actions on 'the welfare of someone else' (Rest, 1983, p.559), the inability to perceive that the violation of a moral norm

harms others' well-being and interests, then, might be reasonably interpreted as a lack of moral sensitivity.<sup>4</sup> On the other hand, the suggestion that psychopaths are insensitive to the fact that 'immoral' actions such as hitting, lying and cheating are detrimental to others' interests and welfare is difficult to square with the portrait of the psychopath in Cleckley's (1950) and Hare's (e.g. 1999) studies of the personal lives of psychopaths. For in the view of both these authors, psychopaths have at least normal, and by some accounts even exceptionally good, social perspective-taking skills. Indeed, the assumption that psychopaths are well able to take the perspective of their victims and gain insight into what motivates them, including their fear of being harmed, helps to account for the psychopathic trait of manipulateness and deceitfulness. Indeed, in Cleckley (1950) and Hare's (1999) reading of the situation, it is precisely their strong perspective-taking abilities, aided by very low concern for others, that explains why psychopaths are so adept at taking advantage of others.

#### **4. Psychopathy and social perspective taking**

Considering the intuitive plausibility of Cleckley's (1950) and Hare's (1999) claims about psychopaths' social perspective-taking abilities, it is unsurprising that research on perspective-taking abilities and psychopathy does not indicate impairment in this regard (e.g. Blair *et al.*, 1996).

Psychopaths' physiological and emotional responses to distress cues are very different from those of non-psychopathic controls. For instance, unlike control subjects, psychopaths show few measurable physiological signs of distress when viewing pictures of distressed people (e.g. Blair, Mitchell *et al.*, 2005). But belief attribution and emotion recognition is not deviant. In these experiments the research subjects were tested on rather simple and general perspective-taking tasks and this leaves open the question of whether these measures are fit to detect a more complex impairment that may manifest itself only in face-to-face situations. Advanced testing of the capacity to construe an adequate theory of mind and to recognise complex emotions, by contrast, tends not to show disability of perspective taking or of distress-clue detection.

Richell *et al.* (2003) and Dolan and Fullam (2004), for example, do not observe impairment in complex theory of mind construal and emotion recognition in adult psychopaths. In similar research, Blair and colleagues (e.g. Blair, Budhani *et al.*, 2005) found normal recognition of emotions among psychopaths, except for fearful expressions. Dadds *et al.* (2006) reproduced Blair, Budhani *et al.*'s (2005) findings but discovered that the deviance in recognising fearful facial expressions disappeared when the test subjects attended to the frightened person's eyes in the experimental images. For their part, Dolan and Fullam (2006) found that psychopaths were less likely to recognise sadness accurately and finally Glass and Newman (2006) showed that psychopathic offenders perform similarly to, or better than, non-psychopathic controls on facial recognition tests that include fearful expressions in conditions where their attention was directed to the facial expressions—and, contrary to Dadds and colleagues' (2006) findings, even when it was not.

Owing to the paucity and recency of these investigations of psychopathy and theory of mind, these results are necessarily provisional. However, there are at least two sources of indirect evidence on social perspective-taking competency in psychopathy.

#### 4.1. Cognitive moral development

First, there is the research into psychopathy and cognitive moral development. According to classical cognitive moral-development theory, development parallels a growth away from cognitive (i.e. Piagetian) 'egocentrism' and towards cognitive 'decentration' (cf. Gibbs, 1991). On this basis, one may assume that weak decentration—be it of pathological origin (as in psychopathy) or a natural feature of human development (as in young children)—would in principle translate into low measured levels of cognitive moral development. Yet the research on cognitive moral development among psychopaths does not indicate significant differences between psychopaths and non-psychopaths in respect of cognitive moral development.

Both Lose (1997) and O'Kane *et al.* (1996), using the same measures and similar groups of incarcerated inmates—namely, Hare's PCL-R and Rest's (1979) Defining Issues Test (DIT)—concluded that when IQ is partialled out there is no significant difference between the DIT scores of psychopaths and those of normal adults.

Another approach to investigating the cognitive moral development of psychopaths probes the tension between the fact that psychopathy is associated with normal theoretical understanding of moral problems but also with poor practical judgement. The studies that adopt this approach proceed by comparing psychopaths' responses to highly hypothetical moral problems with their responses to everyday moral problem problems. Cleckley (1950, pp.414–416), citing unpublished research conducted by Simon *et al.*, claims that psychopaths do score lower on tests of moral reasoning in 'real life' dilemma problems. Similarly, Trevethan and Walker (1989), using Hare's PCL-R with children, not adults, as research subjects, observed that psychopaths' answers to real-life moral dilemma problems tended to be more egoistically oriented, thus confirming the pattern of segmented cognitive moral development hypothesised by their study.

The results of Self *et al.*'s (1995) research on medical students also seem relevant to the present problem. These authors reasoned that if it is the case that affect impacts on moral reasoning abilities, then one might expect a correlation between scores on a standard measure of empathy to correlate positively with DIT scores. The authors reported disappointment: 'empathy was found not to have any correlation to moral reasoning as assessed by the DIT' (p. 451).

Finally, research on so-called 'acquired sociopathy'—the cases of Elliot and Phineas Gage have been classic examples since the publication of the neurologist Damasio's (1994) *Descartes' error*—has shown that the emotional reactions of people whose brains have suffered ventromedial damage in adult life are very similar to those of diagnostic psychopaths. Damasio (1994) also claims that the moral reasoning ability of acquired sociopaths shows impairment neither when applied to hypothetical nor real-life moral problems.



#### 4.2. Social information processing models of aggressive behaviour

Secondly, recent insights from social information processing theory seem to shed light on the social perception and interpretation capacities of psychopathic individuals. According to so-called ‘social information processing’ models (e.g. Crick & Dodge, 1996), behaviour is determined by one’s understanding and evaluation of a situation and positive and negative consequences of one’s act will, in turn, influence one’s representation and evaluation of that situation. Such social information processing proceeds by distinct sequential steps: ‘encoding’, ‘interpreting’, ‘goal-selection or clarification’, ‘response construal and evaluation’, ‘response decision’, ‘behaviour enactment’.

Empirical studies on aggressiveness using this paradigm (e.g. Dodge & Coie, 1987) demonstrate that two different types of aggression, reactive aggression and proactive aggression, correspond with important differences in social information processing. *Reactive aggression* is attributed to mistakes at the level of encoding and interpreting, the first two steps of this process. That is, the reactive aggressive child’s proneness to interpret others’ behaviour is part of a snowball effect where the perception of threat triggers aggressive behaviour on the part of the child, which, in turn, elicits hostile and aggressive reactions of other persons in return, reactions which only reaffirm the hostile expectations of the reactive aggressive child. By contrast, *proactive aggressive children*, do not show deficiencies at the level of encoding or interpreting. It is rather at the levels of goal-selection and evaluation that these children show deviant responses. In short, they expect more positive outcomes of antisocial behaviour and they assign less value to prosocial or relational goals and more value to instrumental egoistic goals. In Arsenio and Lemerise’s (2004) assessment, ‘proactive aggression involves a combination of an amoral or even immoral Machiavellian view of one’s own victimizing behaviours (e.g. “It’s easy and it works”) with a focus on morally relevant knowledge regarding the encoding and interpretation of others’ intentions’ (p. 993). Crucial here is that, as observed above, proactive or ‘cold-blooded’ aggression tends to correlate highly with psychopathy Factor 1, while reactive or ‘hot-blooded’ aggression correlates strongly with ASPD or psychopathy Factor 2 (Blair, Mitchell *et al.*, 2005). Blair, Mitchell *et al.* (2005) take these findings as grounds that the instrumental antisocial behaviour of the Factor 1 psychopath entails no deficiency at the level of detection and interpretation of morally relevant situational distress cues, such as expressions of harm, sadness or fear. In other words, the psychopath is able to correctly perceive and comprehend victims’ inner states.

### 5. Psychopathic amoralism: a Restian analysis

The empirical research on psychopathic moral functioning reviewed and analysed here paints a complex picture but it seems to disconfirm this paper’s working hypothesis. Psychopaths, rather than showing evidence of *impaired* moral-sensitivity, are morally sensitive in the operative sense of being able to perceive a situation’s morally salient aspects, recognise moral dilemmas and gain insight into the effects

that actions can have on human welfare. The conclusion to be drawn, then, seems to be that it is in fact *incorrect* to conceptualise moral sensitivity as a predominantly affective aspect of moral functioning.

In the interest of forestalling an objection to this conclusion, let us point out that even if moral sensitivity does not suppose active emotional engagement on the part of the moral agent, this does not mean that situational moral perception *cannot be* or *never is* an emotionally charged experience. There is no doubt that, in psychologically normal human beings, the perception of morally relevant situational facts may be accompanied by spontaneous emotional reactions. Hume (1751/1957) almost certainly overstated his case that there are *never* rational grounds to reason from psychological contiguity to psychological causality, but he nevertheless had a point: just because two psychological events occur at the same time does not in and of itself say anything about the direction of the causal arrow running between them. The evidence on psychopathic moral functioning and moral sensitivity canvassed here suggests that a better interpretation of the emotions that very often accompany moral perception is that they are *responses* to prior cognitions of morally relevant facts but that they are not implicated in the actual perception of those facts as such. That is to say, for example, I am moved by another's suffering because I see that she is suffering. I do not see that she is suffering because I am moved by her suffering.

Of course, even if this examination of psychopathic moral psychology shows that psychopaths are morally sensitive in a Restian sense—and, hence, that conceptions of moral sensitivity that include affect in their definition are questionable—psychopaths are undoubtedly grossly morally insensitive in another sense. Does the moral psychology of psychopaths tell us anything positive about where emotions *do* intervene critically in moral functioning? Because it is so strongly incorporated into current conceptions of moral psychology and education (cf. Narvaez, 2006; Rest *et al.*, 1999), our analysis will adopt as a theoretical framework James Rest's four-component model of moral functioning. We will argue that the psychopath's characteristically low moral emotionality shows up most dramatically not as impaired Component 1 functioning (i.e. as 'moral insensitivity') but, rather, as gross underdevelopment in respect of Component 3 (i.e. an impairment of Restian 'moral motivation'). Before starting on this tack, a sketch of Rest's influential model is in order.

### 5.1. Rest's four-component model of moral functioning

Rest's four-component model of moral functioning is generally considered a process model that describes a set of necessary operations supposed by the outcome 'moral behaviour' (cf. esp. Rest, 1986, p. 3). As already explained, Component 1, 'moral sensitivity', refers to perceiving a situation as presenting a moral problem, imagining and predicting the effects of action alternatives on others' welfare. Component 2 embraces the process of identifying in a set of circumstances the morally right or preferable action on the basis of considered reflection—that is, 'moral judgement'—while Component 3 takes in the notion of moral integrity or moral responsibility.

'Moral motivation', as Rest labels Component 3, isolates the process whereby an agent prioritises moral values over other competing values and action incentives. The problem of 'moral character', Component 4, is that of implementing the moral action that an agent has resolved to undertake via the other 3 processes: the agent's determination to execute moral actions and pursue goals, her strength of will to resist impediments like fatigue, frustrations, distractions and so on (Rest, 1986, p. 3ff.).

Whether linear or cyclical, process models usually describe a temporal sequence of events. In this respect, the four-component model is perhaps atypical. The ordering of the four processes, Rest (1986) says, depicts a conceptual sequence whereas in real life the components may feed back and influence each other in complex ways (p. 5). This is part of what is meant when it is said that the model's components are not discrete but 'interrelated' (cf. Rest, 1984; Rest *et al.*, 1999): they interact *with each other*. Indeed, with the four-component model Rest was explicitly positioning himself in opposition to rival models of moral functioning, which, in his view, illegitimately separate out the behavioural, emotional and cognitive aspects of morality into independent spheres.

The other way that affect, cognition and behaviour are supposed to be interconnected in Rest's model is within each of the components themselves. What this means is that, when properly understood, each component is actually characterised by process-specific types of 'cognitive-affective interconnections', as Rest (1986, p. 4) puts it. Consider, for instance, Component 3, the motivation component. According to the model, an action proposal regarding the right or best course of action in the face of a moral dilemma and from the moral point of view is arrived at by moral judgement (Component 2), but the agent must still decide whether she will behave in accordance with it or whether she will instead prioritise as action incentives other countervailing needs or concerns (Component 3). Any state of desire supposes the possession of cognitive representation of the object of the desire. According to Rest (1986, pp. 14–15), the fact that desires are 'intentional', in this sense (cf. Ben Ze'ev, 2000; de Sousa, 1987), is one rudimentary way that Component 3 involves a cognitive-affective interconnection. Other instances of cognitive-affective interactions in Component 3 are the influence of mood on the decision to motivationally prioritise moral values and the 'values' themselves that compete for dominance in the moral decision-making process (cf. Rest, 1986, p. 14), which are richly veined with cognitive-affective interconnections. The motives which values evoke, Rest says, are hooked up to 'structures of meaning' that entail logical as well as affective processes, in particular one's personal identification of particular norms and ideals with prior socialisation experiences (p. 14).

Finally, although Rest at times stresses the interconnectedness of the four components, the model's components are also supposed to be developmentally distinct. What this means is that, in his view, there are process-specific forms of maturation that follow distinct and variable developmental trajectories. In other words, Rest's theory accommodates the phenomenon of inter-component developmental segmentation: maturity in one component does not imply maturity in any other (Rest, 1986, p. 4).

### 5.2. Impaired Component-3 functioning in psychopathy

Rest's model's allowance for inter-component developmental *décalage* invites an analysis of psychopathic moral dysfunctionality in terms of the four-component model. If psychopathic amorality is not attributable to moral insensitivity (i.e. atrophied Component 1 functioning) can Rest's model be used as an analytic tool to help to positively place the roots of amoral functioning in the psychopath?

It is a staple of the literature on psychopathic moral functioning that psychopaths are aware that social rules exist and that they understand the social meaning of transgressing them. To this extent, psychopathic individuals can be said to 'know right from wrong'. However, psychopathic individuals tend not to regard social norms as action-guiding. That is, they do not see why they should constrain themselves to acting as social norms require and thus in the psychopath we find a radical practical disconnect between an understanding of the grounds of valid moral norms and the desire to conform to valid norms.

On the basis of even these brief considerations, it may appear that psychopaths have impaired Component 3 functioning. In Rest's schema, as pointed out, 'moral motivation' (Component 3) is the dimension of moral functioning concerned with prioritising 'moral values' over other action incentives. However, the straightforward association of psychopathy with Component 3 dysfunctionality is complicated by the fact that, in Rest's schema, the 'moral-motivation' process centres on the problem of *negotiating conflicts* between moral and competing practical ends. But psychopaths are badly misrepresented as being weak-willed. On one hand, the *weak-willed* agent judges that, all things considered, she ought to conform to some moral norm but, on the other hand, she has a countervailing desire such that she is motivated not to (Stroud & Tappolet, 2003). Because the akratic agent is, on the face of it, the very picture of practical irrationality, small wonder that weakness of the will goes hand in hand with guilt and regret. However, psychopaths are notoriously guilt-free. Presumably, the reason for this is because psychopaths, unlike weak-willed agents, fail to see that there may be good reasons to place restrictions on their own behaviour in consideration of others' needs. In other words, volitional conflicts with respect to moral norms are foreign to the psychological profile of the psychopath.

Psychopaths, then, are clearly not morally weak-willed but are better described as having an 'anthropological' or outsider's view of morality and of moral norms. That is to say, the reason why the psychopath regards moral rules as rules made for other people seems to be because he is constitutionally insensitive to that very category of concern—concern for others' legitimate needs and interests—that makes post-conventional moral agency psychologically possible.<sup>5</sup>

The notion that concern for others intervenes crucially in 'moral-motivational functioning' mirrors Martin Hoffman's (2000) final position on the role of empathy in moral functioning. Hoffman argues that the moral significance of empathy is not in the access it gives to other peoples' perspectives. This can be accounted for primarily in cognitive terms, Hoffman thought. Emotionality or 'empathic distress', as he called it, is instead psychological insurance *against* the use of insight gained in other-directed perspective-taking for the sake of manipulating others and *so that*

agents will use such knowledge as a reason to take others' claims seriously and compromise and negotiate their own claims. The presence of an empathic disposition of concern for others, Hoffman asserts, is a necessary but largely hidden part of the explanation for why perspective taking should serve 'prosocial rather than egoistic ends' (p. 131). Moral sensitivity in this sense is more than being able to see a situation's morally salient features. It involves, as we have argued here, seeing them in a certain light and in the way that is characteristic of the 'moral emotions', such as compassion and concern for others: prospective and actual harms as something to be avoided or alleviated (cf. de Sousa, 2001; Maxwell & Reichenbach, 2007).

Finally, a small body of literature on the use of perspective-taking training in the treatment of psychopathic criminals seems to provide further corroboration of the claim that a lack of 'moral motivation' in Rest's sense is the root cause of psychopathic amorality. One might surmise that if the moral defect of the psychopath is simply causally related to defective perspective-taking capacities then the enhancement of these capacities should be one way to a decrease in antisocial behaviour. Although apparently legitimate doubts may be raised about the methodological soundness of the various investigations into the re-offending of psychopaths who followed treatment programmes (D'Silva *et al.*, 2004), the overall picture is that treatment, and especially social skills and social perspective-taking treatment programmes, do not lead to a decrease but, astonishingly, rather to an increase of criminal behaviour (cf. Rice *et al.*, 1992). Moreover, Hare *et al.* (2000) report on findings that show the phenomenon to be stronger among Factor 1 psychopaths. Offenders, that is, with relatively high Factor 1 scores that followed treatment programmes—for instance, anger management and social skills programmes, or educational or vocational training programmes—had higher re-conviction rates than offenders with relatively low Factor 1 scores. Furthermore, treatment that was 'designed to produce insight and promote the development of co-operation, responsibility, caring and empathy' (Rice, 1997, p. 414) seemed to lead to increased criminality. Assuming, with Rice, that the empathy-training programmes did succeed in improving offenders' perspective-taking abilities, this experience suggests, again, that when perspective taking is psychologically divorced from Hoffmanian empathic disposition of concern for others, knowledge gained through perspective taking contributes in no way to the motivation of moral behaviour.

## 6. Conclusion

Educational research that deals with moral sensitivity tends to assume either that moral sensitivity necessarily includes affect in its definition or it adopts a conception of moral sensitivity that is non-committal about whether affect plays a decisive role in this dimension of moral functioning. This paper aimed to contribute to our understanding of the moral sensitivity construct by reviewing and analysing a body of evidence that seems to speak directly to the theoretical problem of whether moral sensitivity draws importantly on affective capacities of other-directed response. We hypothesised that if moral sensitivity does draw significantly on affective capacities of

response, then moral *insensitivity* should be characteristic of psychopathy, a diagnostic category in abnormal psychology associated with pathologically low emotional responsiveness. Evidence, related to psychopathy and the moral/conventional distinction, on psychopathy and social perspective-taking competency and on psychopathy and social information processing models of aggressive behaviour, was considered. On our reading, this evidence dis-confirms this study's hypothesis. Psychopaths show no special impairment in executing the primary psychological functions that the Restian conception of moral sensitivity describes: psychopathy is associated with neither imperception of morally salient situational features nor a lack of foresight regarding the potential effects of alternative actions on human welfare. If the root cause of psychopathic moral dysfunction does not lie in impaired moral sensitivity, the paper then asked, can it be plausibly linked with dysfunction on another component of Rest's four-component model of moral functioning? In this connection, we argued that the psychopath's absence of other-directed concern (i.e. affective empathy) is best considered as having a detrimental effect on Component 3 in Rest's schema, 'moral motivation'.

The finding that psychopaths are 'morally sensitive' in the Restian sense has at least three implications for how the construct of moral sensitivity should be handled in educational research. As noted above, first and foremost it raises doubts about the acceptability of conceptions of moral sensitivity that feature affect as a necessary element. Secondly, it calls into question the appropriateness of the word 'sensitivity' in labelling that dimension of moral functioning concerned with perceiving a situation's moral features, anticipating harmful consequences of action choices, constructing moral dilemmas. Since the term 'sensitivity' may easily be taken to connote feelings, affect and emotion, it is arguably a loaded term, which begs the question of the role that affect plays in moral perception. Thirdly, there is the matter of whether facilitating the development of skills in moral perception through formal instruction constitutes a departure from its standard cognition-centred pedagogical focus. Moral sensitivity may be teachable, as You and Bebeau's (2005) meta-analysis of moral-sensitivity research has shown. But if, as this study has found, moral sensitivity is more accurately described as a predominantly cognitive (rather than as necessarily affective) moral-psychological process, the belief that the development of moral sensitivity involves the development of an affective dimension of moral functioning is unfounded.

### **Acknowledgements**

Earlier versions of this paper were presented at the Conference-Workshop on Moral Development and the Professions at the Pedagogical Institute of the University of Fribourg, Switzerland, the 33rd Annual Meeting of the Association for Moral Education, the Ethics and Moral Psychology Research Group of the Dutch Research School in Practical Philosophy of the University of Utrecht and the University of Montreal the Centre for Research on Ethics. Our thanks go to the organisers of all these events, to our challenging audiences and to Fritz Oser and Dan Lapsley for

their encouragement. Significant improvements were made in response to comments from two anonymous *Journal of Moral Education* referees whom we wish to thank for their highly informed and professional feedback. This paper grew out of a more expansive project on compassionate empathy and higher education and recognition is owing to the Social Sciences and Humanities Research Council of Canada, the Association for Moral Education and the University of Montreal Centre for Research on Ethics for their generous support.

## Notes

1. These authors seem to adopt an affective conception of moral sensitivity: Annis (1992), Blum (1991), Bricker (1993), Callahan (1980), Coombs (1998), Hilfiker (2001), Morton *et al.* (2006), Murdoch (1970), Murphy (1999), Sherman (1990), Scholz and Groarke (1996) and Vetlesen (1994).
2. These authors do not seem to be committed to an affective conception of moral sensitivity: Akabayashi *et al.* (2004), Hébert *et al.* (1990, 1992), Herman (1996), Volker (1984) and You and Bebeau (2005).
3. Since the early 1980s, at least 20 psychological measures of moral sensitivity have been developed for the purpose of educational evaluation in fields as diverse as business, counselling, dentistry, journalism, medicine and in pre-university schooling. The stronger measures, in You and Bebeau's (2005) assessment are based on the early Dental Ethical Sensitivity Test (Bebeau *et al.*, 1985).
4. James Rest's views on the role of affect in moral sensitivity are not easy to discern. Rest repeatedly claims that the moral sensitivity construct, like the other three components of his four-component model of moral functioning, is characterised not by the dominance of either affect or cognition but by process-specific types of 'cognitive-affective interconnections' (p.1986, p. 4). There is nevertheless textual evidence to suggest that Rest held that moral sensitivity characteristically rallies emotional responses such as empathy, sympathy and concern for others' well-being. Moral sensitivity, Rest says, is the ability to 'interpret the situation', to identify moral problems and 'possible courses of action in a situation that affects the welfare of someone else' (Rest, 1983, p. 559; cf. Rest, 1984, p. 24). But he also states that, in addition to involving such cognitive qualities as perceiving and interpreting a situation, moral sensitivity implies 'the arousal of affect' (1983, p. 560). Rest (1986) also speaks of the heuristic value of Martin Hoffman's (1976 and cf. 2000) account of empathic development to shed light on the psychological development of Component 1 competencies and suggests that it provides evidence that moral sensitivity presupposes a basic aversive affective distress response to others' actual or prospective distress (pp. 7–8).
5. 'Post-conventional' is intended here in the broad sense shared by domain theory and classical Piagetian moral-cognitive theory—i.e. that the real social purpose of a valid moral norm is to protect and advance human welfare, justice and rights and understanding this a necessary precondition of adopting a critical viewpoint on social norms (cf. Lapsley, 1996, p. 16ff. and Nucci, 2001, p. 3ff.).

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