

ON THE NATURE OF PSYCHOPATHY

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## On the Nature of Psychopathy

### Abstract

This thesis is presented as a collection of independent papers. In these papers, I investigate the nature of psychopathy. There are a number of issues that arise from this endeavour. I separate out these issues into single papers which allows us to gain a clearer picture of psychopaths. I begin, in paper 1, by introducing psychopathy in a clinical context. It is first important to understand how psychopathy is diagnosed and different subtypes of psychopathy before entering philosophical debates. After this background is given, in paper 2 I outline and defend my hypothesis of (Cleckleyan) psychopaths. I characterise them as *extreme future-and-other discounters*. I take this to be the central feature of psychopaths which accounts for and explains their other behavioural symptoms. In paper 3, I assess the personhood of psychopaths. Here, I argue that psychopaths are unable to recognise timeless and impersonal reasons for action. This is taken to be a necessary condition for personhood according to psychological theories of personal identity, and so I argue that psychopaths are not persons in the traditional philosophical sense. In paper 4, I examine the claim that psychopaths are incapable of empathy. I argue that we ought to remain agnostic about whether psychopaths lack empathy. The reason for this is because the evidence is also consistent with an alternative hypothesis, that is that they lack *sympathy*. In paper 5, I ask whether psychopaths are capable of mental time travel. I distinguish mental time travel from a different notion, one which I call “*self-sympathy*”. I argue that psychopaths are capable of the former but not the latter. Finally, in paper 6, I consider whether psychopaths are responsible for the harm they cause. My ultimate answer to this question is that they have diminished responsibility *simpliciter* which also entails diminished moral responsibility.

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# Introduction

## Some Background

Philosophers have been trying to make sense of psychopathy since the 19th century (see Pinel, 1809; Rush, 1827; Pritchard, 1835; Esquirol, 1839; Lombroso, 1876; Morel, 1876, Koch, 1891/1893). However, the nature of psychopathy is still widely disputed. In the philosophical literature, there is controversy surrounding both the nature of the disorder itself and the capacities that psychopaths have. This is because psychopathy is a heterogeneous category, i.e., those diagnosed with the condition vary significantly in their behavioural traits. In this thesis, I aim to shed some light on this issue, i.e., the nature of psychopathy and the capacities psychopaths have.

Psychopathy is a personality disorder which is characterised by a number of personality, interpersonal, and behavioural traits. It is multifaceted and complex. The traits it involves include: superficial charm, shallow affect; a lack of remorse; callousness; deceitfulness; impulsiveness; and antisocial behaviours (Hare, 2003; Cleckley, 2015). The following description given by Martha Stout (2005) gives a nice informal summary of how these traits tend to manifest in psychopaths:

Imagine – if you can – not having a conscience, none at all, no feelings of guilt or remorse no matter what you do, no limiting sense of concern of the well-being of strangers, friends, or even family members. Imagine no struggles with shame, not a single one in your whole life, no matter what kind of selfish, lazy, harmful, or immoral action you had taken. And pretend that the concept of responsibility is unknown to you, except as a burden others seem to accept without question, like gullible fools. Now add to this strange fantasy the ability to conceal



from other people that your psychological makeup is radically different from theirs...You are not held back from any of your desires by guilt or shame...You are completely free of internal restraints, and your unhampered liberty to do just as you please, with no pangs of conscience, is conveniently invisible to the world. (Stout, 2005, p. 1)<sup>1</sup>

Aside from the nature of psychopathy itself, there are also questions about the responsibility that psychopaths have for their actions. On the one hand, people with psychopathy commit crimes that have significant effects on others that they are, at least *prima facie*, responsible for. On the other hand, the very nature of psychopathy suggests that psychopaths suffer from a condition that means they are not in fact apt objects of responsibility.

Indeed, the initial motivation for this project was to get clear about the above issue regarding the responsibility that psychopaths have for their actions. This is highly disputed in the philosophical literature (Glannon, 1997; Ciocchetti, 2003; Greenspan, 2003; Haji, 2010; Malatesti and McMillian, 2010). Much of the debate involves discussion of personal identity, whether psychopaths are capable of empathy, and whether they are capable of mental time travel (Kennett and Matthews, 2009; McIlwain, 2010; Levy, 2014; Maibom, 2014a; Malatesti and Čeč, 2018). In turn, these issues relate to whether psychopaths are capable of moral understanding, whether they are rational or not, and how their emotional and cognitive capacities bear upon these issues. As such, obtaining a clear view on this issue requires that one also obtain a clear view of the very nature of psychopathy itself. So, the questions about the nature of psychopathy and about whether psychopaths are responsible for their actions are intimately related. In this regard, this thesis offers a new hypothesis about the nature of

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<sup>1</sup> Note, that here Stout is discussing sociopathy (rather than psychopathy). Some use these terms interchangeably, but others note there are key differences (see Berninger, 2017). Nevertheless, it suffices for our purpose here.

psychopaths (namely that they are best conceptualised as future-and-other discounters) and investigates how this bears upon the issue of responsibility.

This debate is important because it has consequences for a number of key areas for both philosophers and psychiatrists. Psychopathy has interesting implications for personal responsibility and illuminates which emotional and cognitive capacities are important for personhood. It also has implications for the classification, management and treatment of psychopaths. Some of these implications include decisions in policy making and criminal contexts.

## **Overview**

This thesis contains six papers. Each is a standalone paper, but they are linked and closely related to each other, and in this overview, I will give a description of these relations.

The major theme that runs throughout this thesis is the need to understand the lack of moral and prudential concern that psychopaths display. One of the most notable features of psychopaths that is often discussed in the philosophical literature is their moral failings (Glenn et al., 2010; Bechara and Poppa, 2015; Blair et al., 2015; Baccarini and Malatesti, 2017; Pickard, 2017; Maibom, 2018). As is clear from the literature, it is very common to think of psychopathy as involving harm to other people. The harm that psychopaths cause to others is thought to arise from a lack of moral concern. It is less common, but perhaps extremely important, to also consider the harm that they cause to themselves. The harm that they cause to themselves is thought to arise from a lack of prudential concern (Elliott, 1992; Watson, 2013; Berninger, 2017).

Consequently, one major aim of this thesis is to identify a unifying trait that explains the behaviour of psychopaths. My hypothesis is that this is possible for a certain subset of

people who are currently diagnosed as psychopaths (those I call “Cleckleyan psychopaths”), and that this trait is extreme *future-and-other discounting*. It is worth highlighting from the start that future-and-other-discounting is not a conjunction of two distinct traits, but a single trait with two related aspects.<sup>2</sup> This is to say, according to my hypothesis, the concern that psychopaths have is primarily (and in some cases solely) for their *own current* wellbeing. This entails both a lack of concern for others, and a lack of concern for their future selves.

Paper 1 is an introductory paper that sets the scene for the rest of the thesis. It overviews and discusses the diagnostic criteria for psychopathy and the various subtypes of psychopathy that have been identified, before outlining the various philosophical views regarding psychopaths that are contained within the literature. The role of this paper is to give the reader the relevant background information to understand the project as whole.

Paper 2 presents my hypothesis regarding the nature of psychopathy. This hypothesis, as mentioned above, is that psychopaths are extreme future-and-other discounters. I explain this notion in some detail, and argue for my hypothesis by considering the clinical and behavioural evidence and with reference to the diagnostic criteria laid out in paper 2.

Paper 3 then utilizes the characterisation of psychopaths as extreme future-and-other discounters to discuss their personhood. Here I am concerned with the philosophical notion of ‘personhood’ derived from the Lockean (1975) tradition according to which persons are beings that possess certain psychological capacities. In this context, I consider the parallels between future concern and concern for others. I draw upon the work of Thomas Nagel (1970) to argue that psychopaths are unable to recognise timeless and impersonal reasons for action. On the basis of this, I argue that psychopaths are not persons in the philosophical

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<sup>2</sup> Note, that it may be objected at this point that extreme future-and-other discounting is a conjunction of two properties rather than a unitary property. However, the claim that this is in fact a unitary property is the *hypothesis*. As such, this hypothesis is open to falsification. I say more about this issue elsewhere (see thesis paper 2).

sense.

Paper 4 turns to the issue of whether psychopaths are capable of empathy. That they are not capable of empathy is an orthodox view in the literature, and is taken to be implicitly contained in the diagnostic criteria. However, I question this orthodoxy, and argue that much more care is needed in how we understand the claim that psychopaths lack empathy. I distinguish between (i) cognitive empathy, (ii) affective empathy, and (iii) sympathy. Drawing upon the work in previous papers (and in particular my hypothesis regarding other discounting) I then argue that we ought to grant that psychopaths are capable of (i), remain ambivalent about whether they are capable of (ii), and accept that they lack (iii).

Paper 5 considers the issue of whether psychopaths are capable of mental time travel. Mental time travel in its general form is the capacity to conceive of oneself at different moments in time from a first-personal perspective (Levy, 2007; Suddendorf and Corballis, 2008). However, in the philosophical literature there are different conceptions of how this is to be understood (Kennett and Matthews, 2009; Malatesti and Čeč, 2018). As such, I distinguish between (i) cognitive mental time travel, (ii) affective mental time travel, and that which I call (iii) “self-sympathy”. Again, drawing upon the work in previous papers (and in particular my hypothesis regarding future discounting), I then argue that psychopaths are capable of (i), remain ambivalent about whether they are capable of (ii), and accept that they lack (iii).

Paper 6 draws from each of the previous papers to consider the question of whether psychopaths are responsible for their actions. I utilize a framework for thinking about this issue due to Hanna Pickard (2013) which separates questions of responsibility *simpliciter* from moral responsibility. Within this framework I consider two necessary conditions for responsibility (a ‘Knowledge’ condition and a ‘Freedom’ condition). I then focus on the

Freedom condition and argue that although psychopaths meet this, their freedom is limited in virtue of lacking future- and other-orientated desires. As such, psychopaths have diminished responsibility for their actions. This conclusion also entails that they have diminished moral responsibility.

## **Methodology**

In this thesis I present a hypothesis regarding psychopaths and discuss its philosophical implications. The thesis is grounded in philosophical reflection, but is supported by empirical evidence. As such, I rely upon a mixture of different methodologies.

In all papers except paper 1, I employ traditional philosophical conceptual analysis. For example, I employ this when considering the notion of *discounting* in paper 2, *personhood* in paper 3, *empathy* in paper 4, *mental time travel* in paper 5, and *free will* in paper 6.

With regards to the support my thesis receives from empirical evidence, my methodology is best understood as a form of inference to the best explanation. I argue (predominantly in paper 2) that my hypothesis is theoretically superior to other possible explanations of the behaviour of psychopaths because it is economical, coherent, and has strong explanatory power. My use of inference to the best explanation is not to be seen as supplying conceptual necessary and sufficient conditions for psychopathy, but rather as mapping out certain features that psychopaths possess that match with the empirical descriptions of them. The clinical descriptions of psychopaths that I rely upon are taken largely from Hervey Cleckley's (2015) clinical case studies. I focus on Cleckley's clinical case studies, as opposed to engaging with new ways of classifying psychopathy because the nature of my proposal is to individuate a set class of psychopaths. My aim is to identify a

*subtype*, which in my view, is central to the phenomenon. In order to distinguish a subtype of individuals, I need specific rather than general clinical descriptions.<sup>3</sup> Cleckley's clinical case studies is the main source that gives such descriptions rather than general characteristics and features. In the literature, there are very few other detailed clinical descriptions. Rather, much of the literature contains generic descriptions of psychopathic features as opposed to actual descriptions of particular psychopaths.

The above makes clear that the clinical evidence that currently exists is not all that extensive. In addition, because my hypothesis has not been explicitly considered in the clinical literature, the empirical evidence that would fully confirm it is not yet available and so does not have the strength to decisively eliminate other hypotheses. As such, although my thesis is well supported by the current evidence, further empirical testing is needed to fully substantiate it.

This represents a limitation of my hypothesis. But, it is an unavoidable one given the current available evidence. My role as a philosopher is to utilize conceptual analysis in order to theorize about the nature of psychopathy given the current available evidence. It is the role of empirical scientists to test. As such, this thesis puts forward a proposal that will hopefully inspire future empirical research in this area.

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<sup>3</sup> I elaborate on this point further elsewhere (see thesis paper 2).

# Introducing Psychopathy.

## Abstract

In this thesis I consider questions of agency and responsibility. As the reader will see, many of the diagnostic tools already suggest that there might be a problem with certain aspects of agency or decision making in psychopathy. As such, it is useful to first consider different characterisations of the diagnostic criteria and psychopathic symptoms. Although this is a philosophical thesis, psychopathy is a real-life condition. And so, in this paper I provide relevant clinical information about this condition relevant to the discussions in this thesis. In the following papers when questions emerge (about how psychopathy is diagnosed or different subtypes of psychopathy), this paper will cover these issues and will be useful for the reader to refer back to. My aim is not to give a comprehensive overview of *all* the psychiatric research in this area. I do not have the space here to do so. However, I provide enough illustrative detail to show that there is a great deal of unclarity regarding the nature of psychopaths.

## 1. Introduction

In section 2, I discuss how the conception of psychopathy developed historically. In section 3, I lay out the diagnostic criteria and consider how psychopathy is thought of in a clinical context. Here, I also discuss the controversies that arise from this. In section 4, I outline the different subtypes of psychopathy that are often discussed in the literature. These include *primary* and *secondary* psychopathy and *successful* and *unsuccessful* psychopathy. Then, in section 5 I consider various explanations of psychopathy namely, biological and

environmental explanations. Finally, in section 6 I conclude that psychopathy has been characterised in a number of different ways and there still exists substantial disagreement in the literature. However, I aim to shed some clarity on this matter in the following paper.

## **2. The Historical Development of Conceptions of Psychopathy**

Hervey Cleckley (1941) is considered to be the first person to give a clear conceptualisation of psychopathy, but there are many historical precursors. I begin this paper with a very brief overview of the development of the concept, focusing selectively on a few examples that will lead into a consideration of Cleckley's position.

Before Cleckley's work there was no clear diagnostic criteria that could be used to identify psychopaths. Nonetheless, individuals that we may presume to have had this condition did come to psychiatric attention, and there were early attempts to describe them. Each of the early attempts emphasise or highlight different aspects of the condition we now call 'psychopathy'. Philippe Pinel (1801) is considered the first in his attempt to identify a particular group of people who displayed no classic psychotic symptoms but were nevertheless emotionally disturbed and deviated from 'normal' behaviour.<sup>4</sup> He labelled this condition 'insanity without delirium' (Pinel, 1801). Other characterisations which emphasised different aspects of the condition followed. For example, psychopaths are often considered to have moral deficits and this aspect of the condition was emphasised by some, including Prichard who referred to patients who came to his attention as having 'moral insanity' (Prichard, 1835). Others emphasised criminality. Cesare Lombroso (1876), for example,

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<sup>4</sup> In the literature, there is some debate surrounding who the first to discuss psychopathy was as we think of it today (see Whitlock, 1982).



characterised the psychopath as ‘the born criminal’. Julius Koch (1888) is thought to be the first person to coin the term ‘psychopath’ and classified a group of patients he treated with symptoms suggestive of the condition as having ‘psychopathic inferiorities’. Much of his work, in fact, has informed the concept of psychopathy today. Emil Kraepelin (1915), on the other hand, described patients he treated who would now likely be diagnosed with psychopathy as ‘swindlers’ or ‘liars’ who used their superficial charm and manipulative nature to con others.

The above provides a very brief overview of some of the early work in this area.<sup>5</sup> The following table summarises this and other similar work:

**TABLE 1**  
THE HISTORICAL CONTEXT OF PSYCHOPATHY

<i>Date</i>	<i>Theorist Source</i>	<i>Nomenclature</i>	<i>Describe</i>	<i>Social Condemnation</i>	<i>Perceived Prognosis/tx</i>
1801	Pinel	<i>manie sans délire</i>	insanity w/o delirium	morally neutral	moral tx; no bleeding
1812	Rush	moral alienation of the mind	total perversion of moral faculties	enter social condemnation	tx preferred in medical settings
1835	Prichard	moral insanity	deplorable defect in personality	social castigation intensifies	no volitional control: should be legal defense
1891	Koch	psychopathic inferiority	strictly congenital personality types	attempts to shed social condemnation	depends on the type: chronic or temporary
1897	Maudsley	moral imbecility	criminal class affected by cerebral deficits	criminal class status	useless to punish those that cannot control their behavior without prospect of success—
1904	Krafft-Ebing	morally depraved	savages in society	severe condemnation	asylums indefinitely
1915	Kraepelin	psychopathic personalities	most vicious/wicked: born criminal, liars, swindlers . . .	moral judgement/social condemnation	poor
1941	Cleckley	psychopath	detached/narcissistic interpersonal style	pejorative	poor

(Arrigo and Shipley, 2001, p. 328)

The key point to note is that each of the early characterisations seemed to be attempting to

<sup>5</sup> For a more detailed discussion on the historic views of psychopathy see Arrigo and Shipley (2001) and Sass and Felthous (2014).

capture a similar distinctive range of unusual behaviours and character traits, but they did so in an unsystematic way. In particular, none of the early work laid down a clear criterion that definitively separated psychopathy from other related disorders. As such, the early characterisations may well have encompassed a broad range of conditions that included more psychiatric disorders than just psychopathy. It is in this context that Cleckley's work is to be considered. In short, he sought to fix the problem alluded to by giving the first clear definition of psychopathy in 1941, in the form of a diagnostic criteria for use in a clinical setting. The central concept around which his clinical profile was devised was that of psychopathy being a 'masked' condition. He says:

In all the orthodox psychoses one finds...a more or less obvious alteration of reasoning processes or of some other demonstrable personality feature. In the psychopath one does not see this. One is confronted with a convincing mask of sanity. All the outward features of this mask are intact; it cannot be displaced or penetrated by questions directed toward deeper personality levels...the thought processes retain their normal aspect under psychiatric investigation and in technical tests designed to bring out obscure evidence of derangement. One finds not merely an ordinary two-dimensional mask but what seems to be a solid and substantial structural image of sane and rational personality...this personality structure in all theoretical situations functions in a manner apparently identical with that of normal, sane functioning. (Cleckley, 2015, p. 397)

In the next section I turn directly to Cleckley's diagnostic criteria for psychopathy before considering others that have since been provided which give a more systematic characterisation of psychopathy in a clinical context.

### 3. Diagnostic Criteria

There is no clear-cut definition of psychopathy, and although similar features appear on different lists of criteria, there is some variation. In this thesis, I will mainly refer to Cleckley's (2015) *Clinical Profile*.<sup>6</sup> However, when it is helpful to compare criteria, I will at times refer to Robert Hare's (2003) *Psychopathy Checklist-Revised* (PCL-R) and the (2013) *Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition* (DSM-5). As such, I outline all of these below.<sup>7</sup>

#### 3.1. Cleckley's Clinical Profile

Cleckley provides clinical case studies through his extensive clinical observations and rigorous interviews with hundreds of patients (Hare and Neumann, 2008; Yildirim and Derksen, 2015). His traditional conception of psychopathy is thought to reflect the 'true' psychopath (Cleckley, 2015). This clinical profile is considered to be the 'gold standard' for psychopathy (Westen and Weinberger, 2004, p. 599) and forms the groundwork for different conceptualisations of psychopathy. Cleckley's clinical profile includes a number of behavioural, interpersonal, and affective traits which he outlines as follows:

1. Superficial charm and good "intelligence."
2. Absence of delusions and other signs of irrational "thinking."

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<sup>6</sup> My justification for this is in the introductory chapter.

<sup>7</sup> There are other diagnostic tools such as the International Classification of Diseases-Eleventh Revision (ICD-11) (2019) which categorises personality disorders into 'mild', 'moderate' and 'severe'. This is further specified into five personality domains. One of these domains is dissocial personality disorder and psychopathy is thought to be an extreme form of this. There is also the Psychopathic Personality Inventory Revised (PPI-R) which was developed by Lilienfeld and Andrews (1996) and was designed for non-criminal psychopaths and is a self-report measure. Although these measures are discussed in the literature, in this thesis I do not refer to these diagnostic tools. This is because I am restricted by space and so I do not include them here in this paper.

3. Absence of “nervousness” or psychoneurotic manifestations.
4. Unreliability.
5. Untruthfulness and insincerity.
6. Lack of remorse or shame.
7. Inadequately motivated antisocial behavior.
8. Poor judgement and failure to learn by experience.
9. Pathological egocentricity and incapacity for love.
10. General poverty in major affective reactions.
11. Specific loss of insight.
12. Unresponsiveness in general interpersonal relations.
13. Fantastic and uninviting behavior, with drink and sometimes without.
14. Suicide rarely carried out.
15. Sex life impersonal, trivial, and poorly integrated.
16. Failure to follow any life plan.

(Cleckley, 2015, pp. 355-6)

Cleckley did not provide a threshold, i.e., how many of the sixteen features, that an individual needs to meet to be characterised as a psychopath, or explicitly state which features are thought to be essential (Hare and Neumann, 2008, p. 226). These sixteen features have been categorised into groups by some in the literature. Patrick (2018) does just this. He categorises them as (i) ‘masked features’, which are symptoms that are not obvious based upon superficial observation, (ii) behavioural deviance features, and (iii) shallow-descriptive features relating to shallow emotions. Patrick displays this as follows:

**TABLE 1.1. Categorization of Cleckley's (1941/1976) 16 Diagnostic Criteria for Psychopathy**

Item category	Item number and descriptive label
Mask features	1. Superficial charm and good "intelligence"
	2. Absence of delusions and other signs of irrational thinking
	3. Absence of "nervousness" or psychoneurotic manifestations
	14. Suicide rarely carried out
Behavioral deviance features	7. Inadequately motivated antisocial behavior
	8. Poor judgment and failure to learn by experience
	4. Unreliability
	13. Fantastic and uninviting behavior with drink and sometimes without
	15. Sex life impersonal, trivial, and poorly integrated
	16. Failure to follow any life plan
Shallow-deceptive features	5. Untruthfulness and insincerity
	6. Lack of remorse or shame
	10. General poverty in major affective reactions
	9. Pathological egocentricity and incapacity for love
	11. Specific loss of insight
	12. Unresponsiveness in general interpersonal relations

(Patrick, 2018, p. 5).

*True psychopaths* are thought to be genuine psychopaths whose behaviour is not a result of

other disorders (Lilenfeld et al., 2015).<sup>8</sup> Cleckley (2015) categorises *true psychopaths* as being intelligent and superficially charming. They are free from psychosis or delusions which distinguish them from other disorders. The major element of Cleckley's conception of psychopathy is that it is a masked pathology, i.e., not obvious from superficial observation.

### **3.2. Hare's Psychopathy Checklist-Revised**

Cleckley's clinical profile has influenced further empirical research into psychopathy (Hare and Neumann, 2008). Hare uses it in constructing a diagnostic tool to operationalise the construct of psychopathy and to provide a reliable and valid measure of psychopathy whilst remaining 'conceptually consistent' with Cleckley's criteria (Cunningham and Reidy, 1998; Hare and Neumann, 2008). However, Hare adds additional features based upon further empirical work (Hare and Neumann, 2008; Miller and Lynam, 2012). The revised version of Hare's psychopathy checklist is considered the gold standard for assessing psychopathy in forensic settings, (i.e., in prison or criminal contexts), but the instrument he devises is designed to be used in all institutional and clinical settings. He proposes a two-factor model of psychopathy which allows uniformity in the diagnostic process and has become an international standard for identifying psychopathy. The characteristics closely associated with psychopathy can determine the extent to which someone is or is not psychopathic.

The PCL-R includes 20 features which exist on a scale from 0 to 3. 0 is the lowest and 3 is the highest degree to which it applies to the individual. The maximum score is 40 and the standard threshold is 30 (Hare et al., 2000).<sup>9</sup> An individual is given a semi-structured

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<sup>8</sup> Some in the literature, such as Karpman (1948) hold that the true psychopaths are those whose behaviour arises from a lack of empathy (Dean et al., 2013, p. 273).

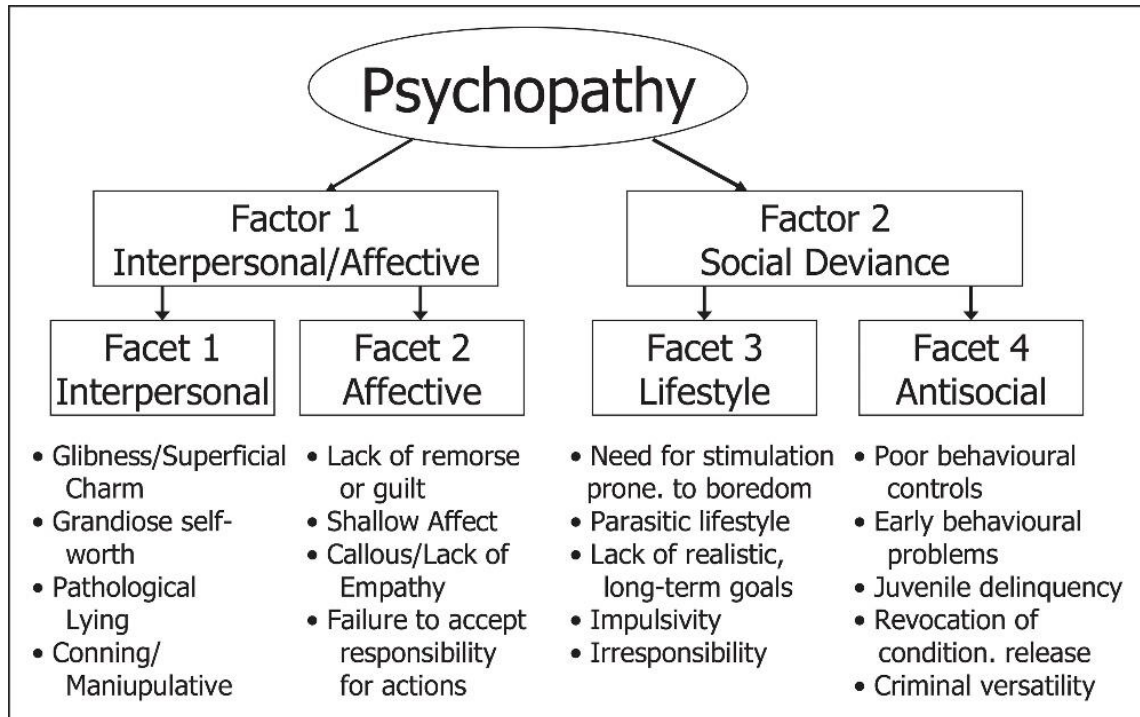
<sup>9</sup> In the United Kingdom, an individual needs to score 25 or above. In the United States, a cut off score is 30 (Hare et al., 2000).

interview, and their case history is reviewed, in order to score a person (Widiger et al., 1996; Hare, 2003). The 20 items included in the PCL-R encompass interpersonal, affective, lifestyle and antisocial traits, as follows:

1. Glib/superficial charm.
2. Grandiose sense of self-worth.
3. Need for stimulation/proneness to boredom.
4. Pathological lying.
5. Conning/manipulativeness.
6. Lack of remorse or guilt.
7. Shallow affect.
8. Callous/lack of empathy.
9. Parasitic lifestyle.
10. Poor behavioural controls.
11. Promiscuous sexual behaviour.
12. Early behavioural problems.
13. Lack of realistic long-terms goals.
14. Impulsivity.
15. Irresponsibility.
16. Failure to accept responsibility for one's own actions.
17. Many short-term marital relationships.
18. Juvenile delinquency.
19. Revocation of conditional release.
20. Criminal versatility. (Hare, 1998, p. 102)

18 of these features have been categorised further by Hare himself into two factors: i)

interpersonal/affective traits and ii) social deviance. He outlines this as follows:



(Taken from Hare, 2003)

The PCL-R combines antisocial behaviours with personality traits and is frequently used to predict recidivism (Widiget et al., 1996; Hare and Neumann, 2008).

### 3.3. The Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition

The DSM-5 is the main tool used to diagnose mental disorders in a general clinical context,



and as such its use is more widespread than other diagnostic tools.<sup>10</sup> Because of its extensive use in clinical practice, the DSM-5 also has significant influence in research. However, psychopathy is not an official disorder or diagnosis in the DSM-5. Instead, the DSM-5 includes psychopathic or sociopathic personality disorders with antisocial personality as a subsection. The general notion of a personality disorder is defined as follows:

*A personality disorder* is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment. (APA, 2013, p. 645)

Personality disorders can affect a person's cognition, affectivity, interpersonal functioning, and/or impulse control (APA, 2013, p. 646). To make a diagnosis, there is a certain threshold that an individual needs to meet. A person needs to have at least three out of seven symptoms (APA, 2013, p. 659). Along with this, it is also based on the judgement of the clinician. To make this judgement, a person's clinical history and other factors (e.g. social, psychological and biological) are considered (APA, 2013, p. 19). The DSM-5 characterises ASPD as follows:

A. A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by three (or more) of the following:

(1) Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.

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<sup>10</sup> Since I have been working on this thesis, revisions were made to the DSM-5 in 2022. However, these recent revisions are not relevant to psychopathy and do not change my overall arguments. As such, I have continued to work with the DSM-5. For an overview of these changes see First and colleagues (2022).

- (2) Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.
  - (3) Impulsivity or failure to plan ahead.
  - (4) Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
  - (5) Reckless disregard for safety of self or others.
  - (6) Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
  - (7) Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.
- B. The individual is at least 18 years.
  - C. There is evidence of conduct disorder with onset before age 15 years.
  - D. The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or bipolar disorder.

(APA, 2013, p. 659)

The DSM-5 states that the prevalence of ASPD is between 0.2% and 3.3.% and that the highest prevalence rates are for those in psychiatric or forensic settings. ASPD is thought to become less extreme for a person over time (APA, 2013, p. 661).

The above outlines the DSM-5's conception of ASPD. The emphasis is on antisocial behaviour. Although psychopathy is thought to be closely tied with ASPD in that ASPD involves many psychopathic personality traits, it is unclear how we are to conceptualise the relationship between ASPD and psychopathy.<sup>11</sup> What is clear is that most individuals with

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<sup>11</sup> The difficulty here is to do with the use of the term 'psychopathy'. Some use the term to include a broader range than others (Prichard, 1835; Koch, 1891; Krapelin, 1915; Schneider, 1934). For example, 'psychopathy', 'ASPD', 'sociopathy', or 'dissocial personality' are often used interchangeably. And indeed, this is recognised by many in the literature (Ogloff, 2006; Thompson et al., 2014; Patrick, 2018; Abdalla-Filliho and Völlm, 2020).

ASPD are not psychopaths (Hare, 2003). Although *some* individuals with ASPD also meet the psychopathy diagnosis, this is only a small number. A number of different studies have come to similar conclusions in this regard. One concludes that between 50-80% of prisoners meet the ASPD diagnosis (according to the DSM-5) whereas only 15% of prisoners meet the psychopathy diagnosis (according to the PCL-R) (Ogloff, 2006, p. 522). Other research concludes that approximately only one third of people with ASPD are psychopaths (Abdalla-Filliho and Völlm 2020, p. 241). Still further research found that 80-85% of prisoners are diagnosed with ASPD, and roughly only 20% are diagnosed with psychopathy (Dutton, 2012, p. 55). And another study concludes that 75% of male prisoners are diagnosed with ASPD but only one third would be diagnosed as psychopaths using the PCL-R (Cunningham and Reidy, 1998, p. 341). In the general population, it has been estimated that 3-5% of individuals would meet the diagnosis for ASPD whereas less than 1% would be considered to a psychopath according to the PCL-R (Ogloff, 2006, p. 524).

So, the above establishes that not all people with ASPD have psychopathy. But, is the converse true, i.e., do all psychopaths have ASPD? This would be so, for example, if we were to conceptualise psychopathy as a severe form of ASPD. Abdalla-Filliho and Völlm (2020) point out that there has been little research into this, but on the basis of their work conclude that *not* every psychopath has ASPD. However, others do think that all individuals with psychopathy have ASPD (Coid and Ullrich, 2010; Tiihonen et al., 2020).<sup>12</sup> Moreover, the National Health Service (NHS) in the United Kingdom states exactly this, and claims that psychopathy *is* a ‘severe form’ of ASPD (NHS, 2021). Then again, still others disagree (Schneider, 1959; Blackburn, 2007).

Some researchers think that the crucial difference between ASPD and psychopathy

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<sup>12</sup> Hare (1996) claims that although most individuals who meet the criteria for psychopathy also meet the criteria for ASPD, but most people with ASPD are not psychopaths.

lies in emotion. For example, Kevin Dutton claims that ASPD is characterised by observable socially deviant behavioural traits whereas psychopathy is characterised by shallow emotions (Dutton, 2012, p. 55). He says: ‘ASPD is psychopathy with added emotion. Psychopathy is an emotionless void’ (Dutton, 2012, p. 59). Waldman and colleagues (2018) also say the key difference between the two disorders is that ASPD focuses on antisocial behaviours whereas psychopathy focuses on personality traits (Waldman et al., 2018, p. 336). Elias Abdalla-Filliho and Birgit Völlm (2020) note that ASPD criteria focuses on Hare’s factor 1 criteria whereas psychopathy is more closely tied to Hare’s factor 2 criteria (Abdalla-Filliho and Völlm, 2020, p. 241). In addition, the DSM-5 notes the following:

Lack of empathy, inflated self-appraisal and superficial charm are features that have been commonly included in traditional conceptions of psychopathy that may be particularly distinguishing of the disorder. (APA, 2013, p. 660)

The above indicates that the relationship between ASPD and psychopathy is disputed and not well understood. In this thesis I will have relatively little to say about this dispute as to do so would require me to develop not only an account of psychopathy, but also of ASPD, which falls beyond the scope of my research. However, it is important to consider the DSM-5 because, due to its extensive clinical use, psychopathic individuals are often brought to the attention of psychiatrists using its diagnostic categories, even if they then use the more specific checklists of Cleckley or Hare. However, in the main body of this thesis I will largely rely upon the work of Cleckley (and to a lesser extent Hare), because of the focus on clinical observation.<sup>13</sup> As Drew Westen and Joel Weinberger (2004) note, clinical observations are of

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<sup>13</sup> Here, I have not mentioned the ICD-11 because similar issues arise with regards to their definition.

particular value when examining the nature of psychopathy outside of a clinical context because it is only by reflecting upon concrete descriptions that enables us to generate new hypotheses.

### **3.4. Controversies in the Diagnostic Criteria**

In this section I outline some of the controversies that arise from the diagnostic criteria, focusing on those that are most significant for both our understanding of psychopathy and my thesis.

One general issue regards how psychiatric categories are defined. General observations of individuals displaying unusual combinations of character traits and behaviour are taken and descriptions of them are produced. Based upon commonalities of character traits and clusters of behaviours, the diagnostic tools then attempt to lay down structure upon them. By drawing out the disparate elements from the descriptions, clustered lists of behavioural symptoms are created. These clusters are then considered with respect to how they relate to other clusters, and on this basis different disorders are distinguished and categorised. As such, the function of the diagnostic criteria is intended to make more precise the general descriptions in a way that is useful for clinical intervention and treatment. As these diagnostic criteria become embedded in practice there is a concern that the descriptions of new cases produced by clinicians become theory-laden, self-reinforcing, and thus resistant to revision. (Malatesti and McMillian, 2014).

A related issue is the overlap between psychopathy and other personality disorders mentioned in the DSM-5 – in particular, as mentioned above, ASPD. However, ‘little empirical work’ has tested and validated the DSM-5’s concept of ASPD and how it relates to psychopathy (Ogloff, 2006, p. 521). Richard Rogers and Ken Dion (1991) claim that ASPD

lacks consistency and validity because the changes that have been made to diagnostic criteria as new editions have emerged have not been driven by proper empirical research. Although Hare's PCL-R criteria was produced to precisely combat this issue with regard to psychopathy, some have also questioned its validity (Cunningham and Reidy, 1998). However, many argue that the PCL-R is valid across different populations and contexts (Hare, 2008; Malatesti and McMillian, 2014), and its validity is bolstered by the fact it is a good predictor of recidivism (Hare, 2000).

There is also a question of what role the diagnostic tools play. Generally speaking, psychiatric disorders are like syndromes.<sup>14</sup> The DSM-5 approach is that 'personality disorders are qualitatively distinct clinical syndromes' (APA, 2013, p. 646). The diagnostic criteria offer a list of symptoms which comes with a threshold (with no single criterion possessing the property of being necessary or sufficient). A certain feature is not isolated, rather a person must meet a sufficient number and it is down to the judgement of the clinician whether they apply in any particular case. The DSM-5 states that the symptoms listed 'do not constitute comprehensive definitions...Rather, they are intended to summarize characteristic syndromes of signs and symptoms that point to an underlying disorder' (APA, 2013, p. 19). As such, the diagnostic tools aim is to give a sufficient amount of detail to identify somebody who clinicians want to place in a category.

Although the various criteria do not state which symptoms are more central to psychopathy, general descriptions in the literature seem to imply that some in fact are. For example, some symptoms are not classed as being necessary, but they nonetheless seem to be central in the sense that if somebody is diagnosed with psychopathy then it is very unlikely that they will lack such symptoms. For example, with shallow emotions there is an almost

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<sup>14</sup> Syndromes are clusters of symptoms or characteristics which are associated with a specific condition. A syndrome can have many underlying causes and is diagnosed on the basis of symptoms.

clinical certainty that someone diagnosed with psychopathy will have this symptom. So, this symptom is almost always present in psychopathy, whereas other symptoms are not. This has led some to argue that diagnostic criteria could be improved if they explicitly stated which symptoms hold greater 'weight' than others (Widger et al., 1988; Cunningham and Reidy, 1998).

However, seen from a practical clinical perspective, the fact that certain symptoms are not given a central place in the diagnosis of psychopathy can also be seen as a virtue. This is because it allows some flexibility for psychiatrists to use their clinical judgment, i.e., it allows them to use their professional judgement regarding whether a person's behaviour matches sufficiently with the criteria laid down. So, the diagnostic tools can be viewed as an aid to the psychiatrist's judgement of what might be going on with the person from a clinical perspective. In effect, the DSM-5 categorises certain people so that psychiatrists can then study whether there is anything that they can do amongst that particular class of people that improves their condition, (i.e., suggest appropriate treatment and intervention). However, from a philosophical point of view, it is nonetheless plausible to think that there are salient features that are more central to certain disorders than others. As will become clear as this thesis progresses, it is my view that this is true in the case of psychopathy.

Another debate surrounds the underdiagnosis and overdiagnosis of psychopathy. Some argue that the emphasis on criminal traits in psychopathy result in an overdiagnosis of psychopathy (Skeem and Cooke, 2010, p. 436). Lilienfeld (1994) defines the overdiagnosis in psychopathy as the 'overinclusive problem' and notes that some in the literature have argued that the emphasis on behavioural traits overdiagnoses psychopaths including not just primary psychopaths but also individuals with other syndromes such as secondary psychopaths, dissocial psychopaths and people with ASPD. Conversely, some have argued that the focus on

criminality results in an underdiagnosis. Hare's PCL-R, in particular, has been criticised in this regard as being too criminally focused. Indeed, Hare himself notes that the focus on antisocial personality traits may result in the underdiagnosis of psychopathy in those individuals that do not commit crime (Hare, 2001, p. 8). Here the concern is that a focus on criminality centres attention on unsuccessful psychopaths rather than successful psychopaths (Lilienfeld, 1994, pp. 22-23). And so, the emphasis on criminality and behavioural traits can result in both an overdiagnosis and underdiagnosis but for different reasons.

A related issue is that diagnosis in the DSM-5 is higher for males and individuals in urban settings and those who are associated with low socioeconomic status. Given that, as mentioned, use of the DSM-5 is often what brings psychopathic individuals to psychiatric attention, one worry is that there may be overdiagnosis in males due to the DSM-5's emphasis on aggression, where an incorrect diagnosis may be given to individuals who are merely adapting to their environment and behaving in ways which are a 'protective survival strategy' (APA, 2013, p. 662).

There are also legal issues in the assessment and treatment of psychopaths, which vary from country to country. Typically, these issues surround civil commitment laws, sentencing, and culpability (Edens et al., 2018). It has been argued that the term 'psychopath', because of its negative connotations, is used to justify detaining individuals in long-term confinement and implies that a person will reoffend (Edens et al., 2018). In the UK and the US, there is not a specific preventative civil commitment law for psychopaths, although this has been proposed in the UK (Malatesti, 2009).<sup>15</sup> Instead, in the UK individuals can be detained and treated under the Mental Health Act 1983 if they are a danger to themselves or others (Mental Health Act, 1983). However, in the US there are preventative civil commitment laws for some

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<sup>15</sup> A preventative civil commitment law is one which allows for the involuntary detention of individuals who are deemed at risk of causing harm to themselves or others, even if they have not yet committed a crime.



offenders, which may include some (though not all) psychopaths (Mercado et al., 2006).

As a final note in this section, I recognise that there are often heated ethical debates surrounding classification and diagnosis in psychiatry, especially when applied to personality disorders, where some disorders are described as ‘moral failures’ (Schramme, 2014). It has also been argued that personality disorders are characterised in ways that are intrinsically stigmatising. Psychopathy is a prime example because psychopaths are often depicted in the literature as being evil (Pickard, 2017) and if something is described by using the language of criminality, or immorality, then although it is described with the best conceptual resources available it is also a negatively eschewed description. In this regard, some people have claimed that even diagnosing a personality disorder as a disorder is unethical (Wakefield, 1992). It is beyond the scope of this thesis to consider these important debates. I am working within the current paradigm according to which diagnostic criteria are justified in terms of their use within a clinical setting. As such, I am only concerned with the behaviours that lead to this diagnosis, independently of whether it is ethical or justified to diagnose.

#### **4. Subtypes of Psychopathy**

The group of people who meet the diagnostic criteria for psychopathy are heterogenous. There will be some who possess all the traits on the checklists to a high degree, and others who possess only some of them and to a lesser degree. In line with this, psychopathy is usually thought to exist on a spectrum with some having the disorder more severely than others. So, on this conception, the degree to which a person has psychopathy varies. Because this category is so diverse, this has led to the distinguishing of different subtypes of psychopathy. I outline these subtypes in what follows.

#### 4.1. Primary and Secondary Psychopaths

Benjamin Karpman (1941) first distinguished primary and secondary psychopathy. Following Karpman, primary psychopaths are associated with superficial charm, shallow emotions, callousness, a lack of guilt, and a lack of fear (McHoskey et al., 1998; Newman et al., 2005; Del Gaudio and Falkenbach, 2008; Sethi et al., 2018; Smith et al., 2022). Primary psychopathy is associated with PCL-R Factor 1 features and overt narcissism (Leistedt and Linkowski, 2014). These include emotional and interpersonal traits, such as a lack of remorse, guilt and empathy, being manipulative, being deceitful, and having a grandiose sense of self-worth (Hare, 2003; Del Gaudio and Falkenbach, 2008). On the other hand, secondary psychopaths are associated with impulsivity, a lack of long-term planning, high anxiety, and antisocial behaviour (Smith et al., 2002; Sethi et al., 2018). Secondary psychopathy is associated with covert narcissism and PCL-R Factor 2 features including lifestyle traits such as irresponsibility, antisocial behaviour, poor behavioural controls, impulsivity, a parasitic lifestyle, and juvenile delinquency (Hare, 2003; Del Gaudio and Falkenbach, 2008; Leistedt and Linkowski, 2014; Maibom, 2014a).

A further way to cash out this distinction is that primary psychopathy is thought to be hereditary and as arising from a genetic predisposition, whereas secondary psychopathy is thought to arise from adverse environmental circumstances such as abuse or neglect and to not be hereditary (Karpman 1941; Smith et al., 2002; Sethi et al., 2008; Leistedt and Linkowski, 2014; Skeem et al., 2017).<sup>16</sup> According to Karpman (1941) primary psychopaths have ‘an innate deficit in emotional sensitivity’ whereas secondary psychopaths acquire the

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<sup>16</sup> David Lykenn (2018) proposes two subtypes of ASPD which are i) psychopaths who have a genetic ‘peculiarity’, and ii) sociopaths who make up the majority of individuals diagnosed with ASPD and have likely developed the disorder through environmental adversity but may have also inherited some traits (Lykenn, 2018, p. 23).

condition through environmental adversities (Drislaine et al., 2014, p. 155). However, some in the literature have questioned how clear cut this distinction is (Harris and Rice, 2006; Thompson et al., 2014).<sup>17</sup>

It is generally thought that primary psychopathy is more severe than secondary psychopathy in that primary psychopaths are untreatable whereas secondary psychopaths may respond to treatment (Karpman, 1948; Skeem et al., 2003; Skeem et al., 2007). Treatment may include psychotherapy, educational training, moral teaching (Karpman, 1948; Skeem et al., 2003). By contrast, Karpman (1948) thinks that there is no cure for primary psychopaths and they are ‘appropriate for indefinite institutionalization’ (Skeem et al., 2003, p. 519).

Many philosophers and psychiatrists think that the primary psychopath is the ‘true’ or born psychopath (Hare, 1993). Cleckley’s conception of the psychopath is thought to capture primary psychopathy (Karpman, 1941; Levenson et al., 1995; Lykken, 1995; Drislaine et al., 2014), whereas the secondary psychopath is thought to be a ‘pseudopsychopath’ (Karpman, 1941). The differences between primary and secondary psychopathy have led some to argue that there is a qualitative difference between the two subtypes (Vassileva et al., 2005). Dutton (2012), for example, hypothesises that psychopathy might exist on a spectrum, but those at the top of this spectrum might be in a ‘league of their own’ (Dutton, 2012, p. 69). Now, there does appear to be significant differences between primary and secondary psychopaths and it’s plausible that there is a significant shift for those at the top of the spectrum. As Dutton puts it: ‘a switch just seems to flip’ (Dutton, 2012, p. 70). This is not to deny that psychopathy exists

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<sup>17</sup> Although this distinction is a relatively well-made one in the literature, psychiatrists might not always be clear whether somebody counts as primary or a secondary psychopath. On the one hand, it may be easy to distinguish primary and secondary psychopathy just by looking at behaviours. On the other hand, even if psychiatrists ask psychopaths about, for example, their childhood, they may not tell them the truth or they might tell them something that they believe to be the truth but is actually quite different from how things were. Because a lot of research is mostly based on self-reports it would be difficult to assert whether the cause is entirely developmental or something else. And so, in the clinical context it is not as easy to tell the difference as philosophers make out.

on a spectrum, but rather that there may be a point on the spectrum at which there is a qualitative shift. Indeed, when one considers the clinical descriptions of psychopaths given by Cleckley, it seems hard to classify them as either primary or secondary according to the characterisations given above. This is because they seem to have all of the features associated with both primary and secondary psychopathy, except for high anxiety. In particular, as well as lacking empathy and other traits associated with primary psychopathy, it is clear that they lack impulse control and engage in anti-social behaviour as well, which are traits associated with secondary psychopathy. Despite this, Cleckley says that the individuals he describes are ‘very sharply characterized by the lack of anxiety’ (Cleckley, 2015, p. 284). This issue will be important in paper 2.

#### **4.2. Successful and Unsuccessful Psychopaths**

In the literature there is also a distinction between successful and unsuccessful psychopaths. The former is associated with no criminal background and the latter is associated with a criminal record (Gao and Raine, 2010; Sifferd and Hirstein, 2013). Typically, research tended to focus on the unsuccessful psychopath but there has been more recent interest in the successful psychopath (see Babiak and Hare, 2006; Varga 2015).

Some claim that successful psychopaths are associated with primary psychopathy and unsuccessful psychopaths are associated with secondary psychopathy (in that secondary psychopaths are more likely to be in prison populations than primary psychopaths) (Smith et al., 2002). In his work, Cleckley agrees that those considered to be successful psychopaths are unlikely to be institutionalised, but he claims that they have a ‘milder’ form of the disorder (Cleckley, 2015, p. 209). He refers to successful psychopaths as ‘incomplete manifestations or suggestions of the disorder’ (Cleckley, 2015, p. 14). He further suggests that if psychopaths

can be successful, then their disorder might be difficult to identify because the pathological parts of their personality are ‘concealed...in a deeper sense’ (Cleckley, 2015, p. 212). He says:

A very deep-seated disorder often exists. The true difference between them and the psychopaths who continually go to jails or to psychiatric hospitals is that they keep up a far better and more consistent outward appearance of being normal. (Cleckley, 2015, p. 211)

Cleckley (2015) discusses cases of successful psychopaths including businessmen, scientists, physicians and psychiatrists. Paul Babiak and Robert Hare (2006) discuss the successful psychopath in corporate settings. In a similar vein, Vidal and colleagues (2010) claim that primary psychopaths are more likely to achieve success in conventional society compared to secondary psychopaths.

## **5. Explanations of Psychopathy**

In this section I consider various explanations for how psychopathy arises. This has received considerable philosophical attention and explanations range broadly from biological (e.g. physiological, neurocognitive) to environmental (e.g. sociological, learning and development) (Levenson, 1992; Blair 2001).<sup>18</sup> I do not take a stand on this dispute in this paper, but merely outline the options.<sup>19</sup>

One line of thought says that psychopaths are born with the condition and the

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<sup>18</sup> For a detailed discussion of various explanations of psychopathy see Salekin (2002).

<sup>19</sup> As we have seen in section 4.1., there is a distinction in the literature that primary psychopathy is genetic whereas secondary psychopathy arises from environmental circumstances (Karpman, 1941). However, here I speak about psychopathy in general terms rather than distinguishing different types.

environment does not have a great deal of influence, except for perhaps making some difference in the way it is expressed, but not making a difference with respect to in the subject's personality characteristics, (i.e., the environment has little to do with psychopaths having e.g., no remorse) (Larsson et al., 2006; Forsman et al., 2008; Ferguson, 2010; Moore et al., 2019).

Although there is no clear decisive evidence that psychopathy is a result of physiological neural deficits (Malatesi and McMillian, 2014, p. 12), some research has been conducted into this. Some research suggests that there is reduced activity in the amygdala and that psychopathy is primarily genetically caused (Blair et al., 2006). However, Yang and Raine (2018) reviewed research into brain imaging and psychopathy and found there to be inconsistent findings. For example, Schneider and colleagues (2000) found that people with psychopathy have increased activation in the amygdala whereas Kiehl and colleagues (2001) found reduced activity (Yang and Raine, 2018, p. 384). However, they concluded that psychopathy is associated with certain brain deficits, specifically in the 'frontal cortex, temporal cortex, amygdala and hippocampus, corpus callosum, and the striatum' (Yang and Raine, 2018, p. 394).

Other research focuses on an individual's environmental circumstances and family background (Farrington and Bergström, 2018). Some claim that the behavioural and antisocial problems of psychopathy are substantially affected by adverse early life circumstances, such as abuse or neglect (Frazier et al., 2019). However, this is consistent with their being an innate predisposition that couples with the environmental factors (Moffitt, 2010). In addition, it may be that certain traits associated with psychopathy are innate whereas the environment gives rise to other traits. For example, Poythress and colleagues (2006) suggest the following:

Abuse is unrelated to the core affective and interpersonal traits of psychopathy but relates preferentially and moderately to the impulsive and irresponsible lifestyle or externalizing features of psychopathy. (Poythress et al., 2006, p. 294)

Although there is an intrinsic difficulty in separating genetic and environmental influences, some research has come from twin and adoption studies (Waldman et al., 2018). In regards to psychopathy, Waldman and colleagues (2018) examined seven studies: i) five samples included twins raised together, ii) one sample included twins raised separately and ii) one sample included adopted twins to examine biological correlations (Waldman et al., 2018, p. 337). The results suggested that genetic influences accounted for 52% and environmental influences accounted for 48% of the variances (Waldman et al., 2018, p. 337). Despite the work that has been done in this area, further work is needed to clarify these findings. As things stand, many believe that genetics and the environment both play a role (Rutter et al., 1997; Larson et al., 2007).

In regards to ASPD, the DSM-5 indicates that there is a hereditary factor involved. Children with parents diagnosed with ASPD are more at risk of this diagnosis than those without, particularly females (APA, 2013, p. 661). It states:

Adoption studies indicate that both genetic and environmental factors contribute to the risk of developing ASPD, whether adopted or biological children, both with parents with ASPD have a higher risk of developing ASPD. Adopted children resemble biological parents more rather than adoptive parents but when their adopted family environment is good it does influence the risk. (APA, 2013, p. 662)

However, although Hanna Pickard (2017) accepts that there is a ‘genetic component’ to

personality disorders, she emphasises the socioenvironmental influences on ASPD and psychopathy. She says that qualitative research highlights the correlation between men with ASPD (some with psychopathy) and victims of violence and emotional abuse (Pickard, 2017, p. 525). Andrea Glenn (2017) in response to Pickard says that although socioenvironmental factors certainly play a role in the development of psychopathic personality traits, there is other evidence that disputes this. She cites a case study by Hare (1993) of two twins whom share 50% of their genes and were raised in the same loving family. One twin developed psychopathic traits whilst the other did not. There are other examples of people who have faced terrible adversity who have not developed psychopathic traits. She claims that:

Behavioral genetics studies tell us that on average, genetic and environmental factors contribute approximately equally to the disorder, but that means that for any particular individual, the contributing factors may be more biological or more environmental in nature. (Glenn, 2017a, p. 542)

She concludes that everybody has a ‘starting point—a set of predispositions (biological, psychological, contextual)’ (Glenn, 2017a, p. 543). As such, although whilst it is true that if some people had a different early life and environmental circumstances then they may not have developed psychopathic traits the same cannot be said for everybody (Glenn, 2017a, p. 542).

The main point of this section is to highlight that the explanations of what underlies psychopathy is unclear. As stated in the introduction, my aim in this paper is not to provide a comprehensive overview of all the research in this area but merely to provide enough detail to illustrate the substantial disagreements that exist in the literature. One problem is that a lot of research focuses on children and individuals who are not clinically diagnosed as psychopaths



(Farrington and Bergström, 2018, p. 354). It is still a matter of dispute as to what factors play a role in the development of psychopathy, but most people think that both biological and social forces play a role (Waldman et al., 2018; Mitchell and Blair, 2000; Hare, 2001).

## **6. Conclusion**

To conclude, in this paper I have outlined the historical development of conceptions of psychopathy and considered its development as a diagnosable disorder. I have also provided some examples of problems and difficulties that have been raised for the various suggested criteria. As is clear, there is still unclarity as to what exactly constitutes a psychopath. This gives the background to the work that I present in later papers.

# On the Phenomenon of Psychopathy.

## Abstract

This paper offers a new conceptualisation of psychopathy. I argue that paradigm psychopaths are best understood as *extreme future-and-other discounters*. This core group of individuals are what can be thought of as the ‘Cleckleyan psychopath’, and are those people who have the disorder to a severe degree. I argue that they discount their own future wellbeing and the wellbeing of other people to an extreme degree which manifests in an inability to care for their future selves and other people. Now, this is not to say that these psychopaths fail to care about *anything* at all. Although psychopaths discount particular things to an extreme degree (e.g., their own future wellbeing and other people’s wellbeing), there are some things that they do not discount. This includes their present selves – psychopaths can care for their *current* wellbeing. In fact, with respect to care for other people, psychopaths *only* care about themselves and only their current wellbeing. This characterisation of them encompasses the lack of concern for both their own future wellbeing and the wellbeing of other people.

Whether or not my view is best characterised as being that extreme discounting is both necessary and sufficient for psychopathy will be discussed in section 6. Here, I argue that it is neither necessary or sufficient. However, if psychopathy is classed as a natural kind in the future, then extreme discounting will be intimately related to psychopathy. At the very least, extreme discounting is the core aspect of psychopathy and is present, so far, in all paradigm cases. I come to this conclusion through inference to the best explanation. Although, more empirical research is needed to further support this claim I will draw on the current research that we do have that does in fact support it. In section 7, I will consider a number of objections to my proposal and that will also give me the opportunity to offer much more detail

about my hypothesis and expand on some key points.

## **1. Introduction**

Psychopathy gives rise to a host of behavioural symptoms that have been classified in various ways (see thesis paper 1). In this paper I will argue that we can explain (in a sense to be clarified) the occurrence of these behavioural symptoms by conceptualising psychopaths as being people who can only care about their current selves, which manifests in two ways, viz. as being: (i) *future* discounters, and (ii) *other* discounters. In turn, the Cleckleyan psychopath is characterised by having these two features to an extreme degree. My argument will proceed as follows:

In section 2, I begin by clarifying what I mean by ‘extreme future discounting’ and ‘extreme other discounting’.

In section 3, I outline my hypothesis, namely that psychopaths are extreme future-and-other discounters.

In section 4, I then provide evidence that Cleckleyan psychopaths are extreme future-and-other-discounters.

In section 5, I then explain the relationship between discounting and the other behavioural manifestations that are typical in psychopathy, such as a lack of remorse and a lack of impulse control.

In section 6, I discuss whether extreme discounting is necessary and sufficient for psychopathy.

Finally, in section 7, I consider some objections to my view and respond to these.

## 2. Extreme Discounting

My hypothesis is that psychopaths are extreme future-and-other discounters. I begin by explaining the notions of 'extreme future discounting' and 'extreme other discounting' which are needed to understand my hypothesis. These notions are derived from an already existing literature that focusses on future discounting, which I first outline.

The concept of future discounting, also sometimes called 'time preference' is defined in a number of different ways in the literature. Here I follow Parfit in thinking of future discounting in terms of having a bias towards the near future rather than the far future. In general terms we can put the idea as follows:

A person P future discounts iff P consider their wellbeing at times further in the future to be of lesser importance than their wellbeing at times closer to the present.

It is clear that all of us future discount to some degree, as is evidenced by certain commonplace examples. Parfit, for example, gives us these:

I decide that when, in five minutes, I remove the plaster from my leg, I shall wrench it off at once, now preferring the prospect of a moment's agony to the long discomfort of easing the plaster off hair by hair. But when the moment comes, I reverse my decision. Similarly, I decide that when in five years' time I start my career, I shall spend its first half in some post which is tedious but likely, in the second half, to take me to the top. But when the time comes, I again reverse my decision. In both these cases, viewed from a distance, something bad seems worth undergoing for the sake of the good that follows. But, when both are closer, the scale

tips the other way. (Parfit, 1984, p. 159)<sup>20</sup>

There is much discussion in the economic and philosophical literature about whether future discounting is rational or not. I am not here concerned with this issue, but only with the phenomenon itself. The degree to which a person discounts the future is often given in terms of what is called a ‘discount rate’. Suppose two persons A and B are offered £100 today or £500 in a year’s time. A chooses to take the £100 today and B chooses to wait for the £500 in a year’s time. If we suppose that A and B are in all other respects identical and in identical circumstances (and the rate of inflation is normal enough) then we can say that A has a higher discount rate than B, i.e., that A considers their future wellbeing (relative to their immediate wellbeing) to be of lesser value than B does. One important point to note about such discount rates is that they are linear in the following sense: future concern gradually decreases as time goes on. In other words, when people future discount they don’t have a diminished concern relative to the present for what will happen in, say, two years’ time, but then a greater concern once again for what will happen in three years’ time, before this drops back off at four years and then increases again at five. Rather, people care less about what will happen in two years’ time, less still about three years, less still about four years, and so on.<sup>21</sup>

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<sup>20</sup> There are also studies in the psychological literature that seem to substantiate this (see Du et al., 2002; Frederick et al., 2002; Rachlin and Jones, 2008).

<sup>21</sup> It is possible, however, for discount rates not to be linear. Consider the example of ‘Smith’ who is saving for retirement. Smith is unhappy in his career but continues to work for the next 10 years in order to enhance his future wellbeing. Here, it looks like Smith cares more about his future wellbeing (e.g. in 10 years’ time) than his nearer term wellbeing (e.g. today or tomorrow). If we consider such a person, one reason why they might do this is because they realise that when they’re older, they won’t be able to work and so they need to build up the resources now because in the future they won’t be able to. So, it is possible for the discount rate not to be linear for this reason, instead it might be more like a wave. It is plausible that in these kinds of cases what people have in mind is some sort of an overall judgement about their life, i.e., they want the distribution of wellbeing across their entire life to increase with time. Generally speaking, most people would rather have their wellbeing increase throughout their lives as opposed to it slowly decreasing over time. Although it is possible for discount rates not to be linear, this will not affect the main point in this paper because psychopaths discount their *entire* futures.

Of importance to me in this paper is the fact that different people future discount to different degrees. Some people care a lot about their future selves, others not so much. The concept of ‘extreme’ future discounting, as I will understand it, is where a person places *no value at all* on their future wellbeing and cares *only* about their current wellbeing. Now, ‘the future’ is a somewhat ambiguous and context sensitive term. In one context the future can include what will happen in a few seconds time, but in others exclude anything except what will happen in more than a few years’ time. As such, my statement regarding what extreme future discounting is, is not yet precise. I will return to this issue later, but for now I will assume that there is at least *some* degree of future concern compatible with being an extreme future discounter.

I now turn to what I call ‘extreme other discounting’. This is not a term that is found in the literature, but it is one that I think is apt, as it mirrors future discounting in an important way. As I will understand it, then, other discounting can be defined as follows:

A person P other discounts iff P considers the wellbeing of others to be of lesser importance than their own wellbeing.

Here again it is quite clear that each of us other discounts to some degree.<sup>22</sup> Although there are some cases where people will claim to care about particular persons more than themselves (e.g., their children’s wellbeing), in any case nobody cares as much about the wellbeing of every other person on the planet as they do about their own wellbeing. Moreover, it is clear that people other discount to different degrees with respect to different others. It is common

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<sup>22</sup> General examples of other-discounting include global warming, smoking when pregnant, not donating to charity, stealing from others or ignoring social distancing rules during the Covid-19 pandemic. Empirical evidence also suggests that ‘similarity’ and ‘proximity’ play a role in other-discounting. We other-discount less for those who are similar to us and less for those who are close to us (see Prinz, 2011; Strombach et al., 2013).

for people to care very strongly about, e.g., their family members, less about their neighbours, less still about those living in other cities, and even less about those living in other countries. There may, as such, for many people at least, be something analogous to a linear discount rate to do with how ‘close’ (in some sense) other people are to themselves. However, how widespread this is will not matter to me here. What will matter is that just as future discounting comes in degrees, so does other discounting. Some people care a lot about others, others not so much. So, there can be such a thing as ‘extreme other discounting’ which, analogously to ‘extreme future discounting’, is where a person places *no value at all* on the wellbeing of others.

### 3. The Extreme Discounting Hypothesis

In light of the above, consider my hypothesis that psychopaths are extreme future-and-other discounters. Why do I call this *a hypothesis*? Isn’t this supposed hypothesis really conjunctive, and so in fact *two hypotheses* presented as one, i.e., (i) that psychopaths are extreme future discounters, *and* (ii) that psychopaths are extreme other discounters? I think not. In fact, I think my hypothesis is best thought of as a singular non-conjunctive hypothesis that psychopaths are *extreme future-and-other-discounters*. I put it in this way because, as we will see, it is useful to consider the hypothesis in two parts, one related to the fact that psychopaths behave with a lack of concern for their future selves and one related to the fact that psychopaths behave with a lack of concern for others. But, really, these are not two separate lacks, but a single lack. Put in a positive form, as opposed to characterising the relevant feature as a *lack*, we could say that psychopaths can only care about their own current wellbeing. But, this gives rise to a lack that has two components that can be emphasised in different contexts, i.e., (i) an incapacity to care about anything other than one’s own *current* wellbeing, and (ii) an incapacity to care about

anything other than one's *own* current wellbeing. The emphasis in (i) is to the future-discounting component of this lack. The emphasis in (ii) is to the other-discounting component of this lack.

Above, I have stressed the fact that on my account psychopaths have a *single* lack (extreme future-and-other discounting) because my account is a theoretical hypothesis, and one theoretical virtue is Occam's razor (or parsimony), viz. the principle that (in this context) says a theory with fewer hypotheses is better than one with a greater number. In effect, my hypothesis is a unifying hypothesis. It attempts to explain all the behavioural traits that psychopaths display with reference to a single hypothesis. It says that psychopaths do not care about others or display long-term planning behaviour *because* of the very same (single) lack.<sup>23</sup>

So, to summarise the above: My hypothesis is an explanatory one. My claim is that it explains the behaviour that psychopaths display better than any other hypothesis (and as such, it is an inference to the best explanation). One feature that makes it better than others is that it is parsimonious, i.e., because there is only one unitary non-conjunctive hypothesis. But, as I will argue in what follows, it is also better in other respects.

Although this is a new hypothesis, it gains some support from previous literature on psychopathy. Here is an example from Shoemaker (2015):

[D]espite [psychopaths'] deficits in recognizing moral and prudential worth, there still seems

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<sup>23</sup> Somebody might object that explanatory parsimony is not strong enough to conclude that these things are one trait. Note, however, that I am not *concluding* that they are one trait. Rather I am *hypothesising* that this is one trait. This is a key difference. The use of explanatory parsimony lends support to a claim, which I put forward as a hypothesis. And so, it is not right to call it a conclusion. Because it is a hypothesis it is open to falsification. Elsewhere I have explicitly stated that I am open to falsification (see thesis introduction). Falsification would occur if, for example, further neurological evidence came to light that there are in fact two separate underlying defects that happen to coincide in psychopaths. But the point here, is that when one posits an explanatory hypothesis, they should adopt the hypothesis that does not multiply entities beyond necessity. There is no need to appeal to two lacks when a single lack is sufficient. Whilst it is true that future empirical research could establish that there are two distinct lacks, the hypothesis is that there is only one.



to be something that matters to them, namely, *that they satisfy their desires*. Now if this were the case, one would expect psychopaths to have some sort of negative response when their desires are not satisfied, a kind of response distinctive to a loss in value...[T]he evidence is quite strong that psychopaths tend to be hyperresponsive to their own desire-frustration, experiencing and expressing lots of anger when they cannot do or get what they want...As they tend to evince a stable pattern of angry response to frustration of their own desires, it seems safe to draw the conclusion that, even if they tend not to respond emotionally to the frustration of anyone else's desires or aims, and even if they have made no conscious commitment to the worth of satisfying their desires, they certainly behave as if they care about *doing and getting whatever it is they happen to want*. But of course getting what we want matters to all of us, so what distinguishes us from psychopaths on this front? It is that psychopaths tend not to care about, or be committed to, *anything else*...[P]sychopaths seem to have [a]...single-minded, unconstrained care, just with respect to their own desire-satisfaction. (Shoemaker, 2015, pp. 181-2)

As is clear from this passage, others in the literature have also come to a similar conclusion about psychopaths. Here, Shoemaker thinks in terms of the satisfaction of current desires. Although philosophers have already noticed this feature in psychopathy (i.e., the concern for one's current wellbeing), I not only try to make sense of it, but I also spell out exactly what this amounts to and how it manifests.

Before continuing, recall that my thesis applies to the Cleckleyan psychopath, i.e., those identified by Cleckley in his original work. I consider these to be the 'true' psychopaths, i.e., as possessing a distinct underlying disorder and to whom the label 'psychopath' is properly applied. There is an objection to this, which is that there are others who have been

classed as psychopaths since Cleckley's work to whom my account does not apply. So, because there are people who are labelled as 'psychopaths' to whom my hypothesis does not apply, one might argue that my hypothesis must fail. There is a reply to this, but it will be easier to give it once I have laid out my hypothesis and given my argument for it. As such, I consider this later in section 7.

#### **4. Empirical Evidence**

Diagnostic criteria offer only general features of psychopaths. In the following section I am going to proceed by considering specific cases of psychopathy and hypothesising about what could explain psychopaths' behaviour. These descriptions of individual psychopaths are given by Cleckley.<sup>24</sup> My view is that the behaviour in these descriptions can be explained by the hypothesis that psychopaths are extreme future-and-other-discounters (or as I will put it more simply, *extreme discounters*). Now, my view is not a deductive argument. Rather, if we take all of these descriptions into account and explain psychopaths' behaviour by hypothesising that they are extreme discounters we can understand why psychopaths act the way they do. I will also contrast this hypothesis with other possible explanations and show that although they may be plausible in some cases, they are not plausible in others. On the other hand, extreme discounting makes sense in all cases. As will become clear to the reader, the hypothesis of extreme discounting explains psychopaths' behaviour in all of the descriptions better than any other explanation.

After that, in section 5 I will then bolster this account by considering the other general conditions that are usually thought to be indicative of psychopathy and show how we can

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<sup>24</sup> In what follows all of my descriptions are taken from Cleckley. This is because it is the only source that actually gives such descriptions rather than general characteristics and features. For my full justification of this please see introductory chapter.

explain why those other behavioural symptoms arise on the hypothesis of extreme discounting. The end result will be that both the individual particular descriptions of psychopaths in the literature are given a unified single explanation plus a good account of how the other various behavioural symptoms indicative of psychopathy can arise in particular contexts. As such, I will argue that we ought to consider extreme discounting to be the central feature of psychopathy, i.e., one that explains psychopaths other behavioural symptoms and that give us the best insight into the nature of psychopathy.

But first, it is important to explain the strategy behind my approach. In what follows I briefly outline why I ground my analysis in case studies based on the assumption that Cleckley offers the best characterisation of psychopathy, when there is in fact alternative explanatory hypotheses about psychopathy.<sup>25</sup> The reason I focus on clinical data as opposed to other kinds of data (e.g., neurobiological empirical evidence or specific experimental paradigms) is because I focus on *one core group* that is very central to psychopathy. As such, I am not trying to account for all the ways that philosophers characterise psychopathy or all the competing accounts of psychopathy in the literature, as this would not be feasible. Instead, I am trying to capture the *true* psychopath and measure a subtype. As such, I focus on Cleckley's clinical case studies to do so, and rely on current scientific discussion where appropriate.

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<sup>25</sup> I am aware that there have been some recent advancements in neuroscientific psychopathy research which include, for example, the response modulation hypothesis (Newman et al., 1990; Hamilton and Newman, 2018) and the integrated system emotion model (Blair et al., 2005). However, although there has been research into brain studies in psychopathy much of this research does not distinguish between different types of psychopaths (e.g., between primary and secondary psychopaths). As such, it is not clear how psychopaths are identified in these studies. Blair and colleagues (2005) hypothesise that there may be an underlying neurological base which is common in psychopaths. Whether this extends to all types of psychopaths is yet to be confirmed by empirical evidence. However, elsewhere (see section 7), I suggest that a subtype of psychopathy (the "Cleckleyan psychopath") may be a natural kind. If Blair and colleagues (2005) hypothesis does in fact turn out correct that there is an underlying neurological base which is common in psychopaths, and present in all Cleckleyan psychopaths, then this would add further weight to my hypothesis. So, I do not consider my hypothesis, based on the clinical descriptions, to be in competition with these neurological accounts. Rather, they may serve to bolster (or even falsify) my account.

#### 4.1. Clinical Evidence for Extreme Future Discounting

In the literature philosophers have put forward explanations for the behaviour that psychopaths display. But on what basis? There is no real accepted methodology for trying to work out psychopathic behaviour. Instead in philosophical debates where people have given these explanations, philosophers look at cases and try to think about what could be causing the behaviour. As such, this is the methodology I am going to follow.

Psychopaths are notorious for ‘living in the moment’ and not caring about the future consequences of their actions. To illustrate this point, consider the quotes below from Hare:

[The psychopath is] an individual who demonstrates an inability or unwillingness to formulate and carry out realistic, long-term plans and goals. He tends to live day to day and to change his plans frequently. He does not give serious thought to the future nor does he worry about it very much. (Hare, 2003, p. 42)

[The psychopath is] an individual whose behaviour is generally impulsive, unpremeditated, and lacking in reflection or forethought. He usually does things on the “spur of the moment” because he “feels like it” or because an opportunity presents itself. He is unlikely to spend much time weighing the pros and cons of a course of action, or considering the possible consequences of his actions to himself or the others. (Hare, 2003, p. 43)

These quotes are generalisations based upon observations of individual people. In this section I am going to consider some of the specific individual cases offered by Cleckley’s clinical case studies to show why we ought to consider psychopaths to be extreme future discounters.

I will do this by considering what other possible explanations there may be for their behaviour. My argument will be that none of the other possible explanations fit as well with that behaviour as my hypothesis.

It is important to note that the examples I describe here could be multiplied. The same kinds of behaviours that I will highlight in the examples given can be found in every clinical description of primary psychopathy.

First, then, what explanations might there be for the general characteristics given above? The following are explanations that have been suggested:

1. Compulsion.
2. Practical irrationality.
3. Inability to mental time travel.

I begin by outlining in general how these explanations might work.

Compulsion is an extremely strong urge. If a person is compelled to act, they are unable to resist the urge that they have and feel constrained to act in some way. In some cases, people may act because they enjoy performing the action itself or to relieve stress or tension. Once the action has been performed, compulsive acts can also sometimes lead to the agent feeling guilt (Kisbey, 2020, p. 42). So, somebody is compulsive if they have something outweighing their desires. If we consider the case of a psychopath who steals, on the compulsion explanation, then, we could explain this by saying that perhaps the psychopath gets a thrill from stealing that makes the future consequences of doing so seem worthwhile. Or perhaps they have some kind of feeling of stress that is somehow relieved by stealing, such that the relief of that stress is more important to them rather than their future wellbeing,

despite the fact that they do care about that. In contrast, the future discounting hypothesis would explain this behaviour by saying that psychopaths lack future concern for themselves.

Practical irrationality relates to a person's means/ends reasoning and decision making. A person has practical rationality when they have goals and they can see how to act in order to achieve those goals (i.e., they have an end and do the relevant means to achieve that end). Indeed, some have posited being subject to such practical irrationality in explaining the behaviour of psychopaths (Maibom, 2005). So, somebody has got practical irrationality if they do not see how to achieve the goals that they have. The practical irrationality explanation, then, seems to be that psychopaths have long-term goals, but lack the ability to plan their actions in order to achieve them. The future discounting hypothesis explains this simply by saying that they lack the long-term goals. So psychopaths cannot be said to be irrational in this sense if the future discounting hypothesis is right.

An inability to mental time travel is where a person is unable to recall in a first-personal way past situations and simulate future scenarios. In this paper I follow Suddendorf and Corballis's definition of mental time travel:

[T]he ability to project oneself into the future or the past: to recall, in a distinctively first-person manner, past episodes and to simulate possible future scenarios in which one is personally engaged. (Suddendorf and Corballis, 2008, cited in Levy, 2014, p. 360)

The inability to mental time travel explanation, then, says that rather than psychopaths lacking future concern they are unable to conceive of future scenarios and thus the future consequences of their actions. Whereas the future discounting hypothesis says that psychopaths can mental time travel but they don't care about those imagined future states

when they do.<sup>26</sup>

I begin with ‘Roberta’. Roberta was a patient of Cleckley’s who found it very hard to refrain from stealing and kept going back to this kind of behaviour. She entirely fails to pursue any long-term goals in any kind of a serious manner. My explanation of her behaviour here, given that she is a psychopath, is that she simply does not care for her own future wellbeing because she is an extreme future discounter. So, for example, on my account she steals because she does not care about the consequences of doing so. However, one might think that compulsion here is a better explanation of her behaviour, i.e., that she steals because, although she does care about her future self, she has some sort of a strong or irresistible compulsion to steal which outweighs that concern. In fact, if we look at certain descriptive evidence, the account I am proposing might be thought to be less plausible than the compulsion account. For example, consider:

She [i.e. Roberta] admitted without reluctance that she needed help of some sort and that she had "made a mess" of her life. She expressed interest in plans for a different future. In speaking of her need for psychiatric treatment, something suggested that her conviction of need was more like what a man feels who looks in the mirror and decides he needs a haircut than like the earnest and sometimes desperate need many people feel in their problems. The man who finds he needs the haircut is sincere in his conviction, despite the fact that convictions about such a trivial matter are also, and necessarily, trivial. (Cleckley, 2015, pp. 67-8)

This quote may suggest that Roberta does, in fact, have at least some concern for her future self, even if those concerns seem ‘trivial’. So, if she does have such concern, perhaps this

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<sup>26</sup> In this paper I follow this definition of mental time travel. However, for a more detailed account of mental time travel see thesis paper 5, where I make a distinction between different typed of mental time travel and a different notion. One which I call “self-sympathy”.

does in fact suggest that her desires to steal outweigh her concern for her future self, or that one of the other explanations given above is plausible. However, it turns out that although this may fit with what Cleckley says about Roberta here, it does not fit with what he says about her elsewhere:

She did not seem to be activated by any "compulsive" desire emerging against a struggle to resist. On the contrary, she proceeded calmly and casually in these acts. She experienced no great thrill or consummation in a theft nor found in it relief from uncomfortable stress.

(Cleckley, 2015, p. 69)

In this, it seems clear that there is no strong compulsion at work and that therefore the future discounting explanation is superior. Indeed, lacking future concern is a strong explanation here because it explains why Roberta steals despite having no strong desire to do so. The explanation is that psychopaths like Roberta, because they do not care at all about their future, are subject to their immediate desires, no matter how weak they may be. So, a psychopath does not need any strong or compulsive desire to motivate actions in the present that will turn out to be harmful to them in the future. Often when a person gets an urge to steal something, countervailing desires regarding their future selves come into play to prevent them. But in the case of Roberta, as an extreme future discounter, there are no countervailing desires that are at play, nor is she compelled to steal. Rather she steals in a trivial manner.

However, one issue does arise here for the future discounting explanation. What about Roberta's expression of being interested in the future? Indeed, an important point to note in this regard is that psychopaths often do themselves *talk* about their future, seem to have at least *some* regard for their future selves, and *appear* capable of putting into action plans for their future, at least in the short-term. This is illustrated in Roberta's case above, but there are



plenty of other cases that illustrate this. For example, consider the following from Levy (discussing Hare (1993)) where a psychopathic individual seems to have significant future plans:

One incarcerated psychopath, for example, told interviewers that he intended to become a chef, a surgeon, a pilot, and an architect.... (Levy, 2014, p. 361)

What would explain this in a manner consistent with the future discounting explanation is that psychopaths are either expressing current desires (e.g. in the same manner that one might wish they were, now, in a different career), or speaking of the future in order to please other people in the moment. In either case, psychopaths would have no genuine future directed goal or desire regarding their future selves. And in fact, when we look at the literature, this does indeed seem to be the case. For example, the above quote from Neil Levy continues as follows:

... Since he possessed qualifications for none of these professions, these ideas seem more akin to fantasies than to genuine goals, insofar as goals are ends toward which people take themselves to be working. (Levy, 2014, p. 361)

The psychologist Doris McIlwain makes a similar point:

The [psychopaths] anticipation of the future is whimsical. Goals are forgotten as soon as they are spoken. (McIlwain, 2010, p. 90)

Here, the fact that psychopaths do not seem capable of sticking to any of their plans, and any

concern that they do express does not seem to be sincere or to entail commitment on their part, strongly suggests that when they express desires for the future, they are not genuine goals at all. The following case of Chester, discussed by Cleckley illustrates this point well:

Whatever strange goals or pseudogoals there may be to prompt and shape his reactions as a member of the community, these too, it seems, fail to motivate him sufficiently, fail to induce decisions and acts that would give him the freedom to pursue them. It has been demonstrated to Chester repeatedly, in the hardest aspects of the concrete, that his characteristic acts put him back in a situation he finds particularly disagreeable. This does not produce the slightest modification in his behavior. (Cleckley, 2015, p. 168)

So, my suggestion is that the future discounting explanation is perfectly consistent with psychopaths expressing desires for the future, and explains their behaviour better than the compulsion explanation. I have illustrated this above with some examples, particularly that of Roberta, but there are numerous other examples that illustrate the same thing. To give just a few more, consider the following quote describing Tom:

He resented and seemed eager to avoid punishment, but no modification in his behavior resulted from it. He did not seem wild or particularly impulsive, a victim of high temper or uncontrollable drives. There was nothing to indicate he was subject to unusually strong temptations, lured by definite plans for high adventure and exciting revolt. (Cleckley, 2015, p. 89)

Again, here it is clear that there are no strong compulsions arising.<sup>27</sup> But, one might think, so far, the other explanations have not been ruled out. Perhaps Roberta and Tom lack practical rationality, for example, or an inability to mental time travel. So I need to consider further cases that show this is in general not true of psychopaths, i.e., I need to give examples where these explanations do not work, but the future discounting explanation does.

First consider Pete, who Cleckley treated. Pete had a history of forging cheques which resulted in him having to withdraw from college. When we consider what Cleckley says about his behaviour, he makes it clear that he did not in fact forge cheques because he lacked the ability to see what the consequences of him doing so were likely to be. Instead, Cleckley says:

[H]e had realised how readily such forgeries could be detected and laid at his feet and that he had, before and during the act been far from unaware (intellectually) that serious and undesirable consequences were likely to follow...He was not negligent in reason and foresight... There had been no anxious brooding over consequences, no conscious struggle against temptation or overmastering impulse. The consequences occurred to him, but rather casually, and he did not worry about them even to the point of carefully estimating his chances of getting away with the forgeries undetected or just what penalties he might face if he failed. He drifted along, responding to rather feeble impulses but without adequate consideration of consequences. (Cleckley, 2015, p. 108)

The key point here is that Pete sees how his actions will negatively affect his future, but does not modify his actions in light of this. It is a poor explanation, therefore, to say that Pete lacks practical rationality, as Pete knows full well what he needs to do in order to avoid the negative

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<sup>27</sup> Also consider Pete (Cleckley, 2015, pp. 107-8), Chester (Cleckley, 2015, pp. 169-70) and Arnold (Cleckley, 2015, pp. 81-2).

consequences. But here again, the future discounting explanation works perfectly. Why does Pete act in a way that negatively effects his future, even though he is aware that his actions will so affect it? Because he does not care about his future at the time he performs the actions. It is not that he has “goals” to avoid negative consequences, but cannot see how to achieve them. Rather, it is that his supposed “goals” are not genuine goals at all, for he does not care about achieving them. As such, it seems, Pete possesses practical rationality, i.e., he has the capacity to achieve any goals that he might have, but he simply lacks the goals that such capacities operate upon.

The practical irrationality explanation says that we can imagine a psychopath as wanting to become a doctor, they have got that goal, but then in fact they are irrational in the sense that they can't put in place the actions that will lead to achieving that goal. However, in fact, psychopaths seem to have the ability to achieve goals, it's just that they don't really have the goals in the first place or their supposed “goals” are not really important to them. Consider the below quote from Cleckley discussing Max, a psychopath who he treated:

His ability to plan and execute schemes to provide money for himself, to escape the legal consequences, and to give, when desirable the impression that he is, in the ordinary sense, mentally deranged, could be matched by few, if any, people whom I have known... I believe that this man has sufficient intelligence, in the ordinary sense, to acquire what often passes for learning in such fields as literature and philosophy. If he had more stability and persistence he could easily earn a Ph.D. or an M.D. degree from the average university in this country.

(Cleckley, 2015, pp. 58-9)

If psychopaths have got goals or desires for things, they are able to put in place plans to achieve those goals. It's not that they are irrational and find it hard to see how to reach those

goals, it's just that they don't have any genuine long-term goals in the first place. The reason for this is because plausibly to have a genuine goal requires caring about one's future self, it is important to a person to get into some future state. But because psychopaths fail to care for their future selves, they lack long-term goals rather than lacking practical rationality. Indeed, Watson too shares the view that psychopaths are capable of practical rationality and achieving their ends. He says:

[Psychopaths] encounter questions of what to do, forks in the road, which they resolve by determining to do this or that among the options presented by their impulses. Dever [a psychopath] has his reasons in a perfectly ordinary sense. He accepts the proposal to 'pull a job' in Florida. He does it for the money, or perhaps, as he says, just for the fun. This activity is an operation of practical rationality, for it is the acceptance of an objective that to some extent structures and guides his thought about what to do next (or soon). It now makes sense to him to take the evening train to Miami (rather than the subway to Brooklyn) and to get his hands on some burglary tools for the job. (Watson, 2013, p. 277)

Let us turn to the prospects for the inability to mental time travel explanation. In what follows I consider examples to show that future discounting is a better hypothesis. First, consider Tom who had a history of stealing automobiles. Cleckley describes the following behaviour:

Tom began to steal automobiles with some regularity. Often his intention seemed less that of theft than of heedless misappropriation. ... Sometimes the patient would leave the stolen vehicle within a few blocks or miles of the owner, sometimes out on the road where the gasoline had given out. After he had tried to sell a stolen car, his father consulted advisers and, on the theory that he might have some specific craving for automobiles, bought one for him as

a therapeutic measure. On one occasion while out driving, he deliberately parked his own car and, leaving it, stole an inferior model which he left slightly damaged on the outskirts of a village some miles away. (Cleckley, 2015, p. 90)

The above describes Tom's behaviour. Now, if we take the mental time travel explanation then this behaviour can be explained in terms of Tom lacking the ability to conceive of future scenarios and as such, he cannot conceive of the future consequences of his actions. In this instance, Tom steals a car and because he cannot project himself into the future. He is unable to see that this will lead him to undesirable circumstances such as being taken to jail or being put back into a psychiatric hospital. He does not see that this action will put him back in confinement.

However, if we consider this through the lens of Tom being an extreme future discounter, my hypothesis explains his behaviour just as well. We can explain his behaviour here by saying that Tom knows the likely consequences for his future self that stealing an automobile will have (e.g. that it will put him back into confinement), but he does this anyway because he doesn't care about the future consequences at the time. The hypothesis is that in the moment, all Tom cares about is the satisfaction of his immediate desires, i.e., driving an automobile, and that he discounts everything else. So, the two explanations explain Tom's behaviour equally as well. But if we look at what Cleckley says about Tom elsewhere, it does not fit with the inability to mental time travel explanation. Consider the below quote:

When he drove a stolen automobile across a state line, he came in contact with federal authorities. In view of his youth and the wonderful impression he made, he was put on probation. Soon afterward he took another automobile and again left it in the adjoining state. It was a very obvious situation. The consequences could not have been entirely overlooked by a

person of his excellent shrewdness. He admitted that the considerable risks of getting caught had occurred to him but felt he had a chance to avoid detection and would take it. No unusual and powerful motive or any special aim could be brought out as an explanation. (Cleckley, 2015, p. 91)

If we consider the above quote, it's clear that psychopaths are capable of mental time travel. They are capable of conceiving of themselves in the future, Tom knows that there is a risk that he might get caught but does it anyway. Psychopaths have knowledge of the future consequences of their actions and what will happen to themselves in the future but they simply lack future concern because they are extreme future discounters. In this sense, it is misleading to say that psychopaths cannot mental time travel because they can in fact conceive of themselves in the future it's just that they don't care. All they care about is their own current wellbeing. So, there is no need to say that they cannot mental time travel because the key point is that they just don't care about their future selves.

The key thing to emphasise here is that although these are single cases, it is representative of primary psychopaths in general. For example, psychopaths do not want to be in confinement and so why do they keep doing things that will put them back into confinement? Arnold, for example, a patient of Cleckley's had spent 7 years in and out of the psychiatric hospital and prior to this he spent 12 years in and out of jails and mental hospitals (Cleckley, 2015, p. 84). Although he was given countless opportunities to gain his freedom, he would always act in ways to put him back in confinement. Cleckley says:

He could give no explanation of why he committed acts that demanded his remaining in a psychiatric hospital. He always fell back on the plea that he would never do so again. (Cleckley, 2015, p. 83)

It is not the case that Arnold is unable to conceive of the future. He knows what will happen to him. Cleckley says:

His parole was restored time after time. He expressed a clear understanding that he was obligated not to leave the hospital grounds. Each time, in accordance with his past behavior, he would promptly disappear. (Cleckley, 2015, p. 58)

This demonstrates that Arnold has a ‘clear understanding’ of what he is not allowed to do, but does it anyway. If we hypothesise that Arnold is an extreme future discounter, we can explain this by saying that as soon as he leaves the hospital grounds and is out of confinement, in that moment he is free. He violates his parole because the consequences that will follow from this are in the future and thus he does not care because that is the future. He is aware that he will be put back in confinement, but this does not affect his current behaviour because he discounts the future. Cleckley says:

The opinion has often been expressed that the Psychopath, who in some ways seems to behave like a badly spoiled child, might be helped if he could be put in a controlled situation and allowed to feel the unpleasant consequences of his mistakes or misdeeds regularly, as he commits them. (Cleckley, 2015, p. 81)

Again, there are countless cases that mirror Arnold’s. Consider Chester, another of Cleckley’s patients who was unable to stay out of trouble:

Several of the psychiatrists who observed him have expressed the belief that he detests being



in the hospital more than any man they ever saw there. Why, then, does he always take these active steps to get himself back in confinement just as soon as he gets away?... It has been demonstrated to Chester repeatedly, in the harshest aspects of the concrete, and repeatedly, that his characteristic acts put him back in a situation he finds particularly disagreeable. This does not produce the slightest modification in his behavior. (Cleckley, 2015, pp. 167-8)

How are we to explain Arnold's and Chester's behaviour on the future discounting hypothesis? The future discounting hypothesis says that psychopaths do not care about being in confinement in the future, rather they don't want to be in confinement in the current moment. The problem for psychopaths is that although they do not like being in a situation (e.g. confinement) they still do the things that will lead them to it. Although they can know in the future that they will be in a state that they don't want to be in, that does not matter to them because they are not in that state now. We naturally think and care about the future, but psychopaths are extreme future discounters. The fact that psychopaths are repeat offenders is a clear sign that they do not care about their future selves. If psychopaths cared about their future selves, then they might want to do things in a different way as they would not want to keep getting into trouble with the police. Instead, they would want to keep a low profile and would act in ways such that would enable them to stay free of psychiatric care, since this is what they desire. The fact that they keep doing the same thing suggests that the future consequences do not play a role in their current behaviour, even to a small degree. Psychopaths do what they want in the moment, irrespective of the future consequences.

In this section I considered various clinical case studies of psychopaths and hypothesised what could explain the behaviour in all case studies. If we consider all of the above cases, every case is explained in terms of extreme future discounting.

## 4.2. Clinical Evidence for Extreme Other Discounting

In the literature it is uncontroversial that (primary) psychopaths behave in such a way that they seem not to take into account the feelings of others. The question is: Why is this? One possible explanation is that they have an inability to conceive or imagine what others feel. However, my hypothesis is different. My hypothesis is that they can conceive or imagine what others feel, but they discount the feelings of others to an extreme degree. In common parlance, they know, but do not care about what others feel.

So, here we have two explanations for the behaviour that psychopaths display towards others: (i) they do not know how others feel, and (ii) they do know, but discount. However, in addition to these two explanations, two further explanations have been put forward in the literature that are *prima facie* different:

1. A lack of moral knowledge.
2. Inability to empathise.

However, these two explanations are not really distinct at all. The reason is that once we enquire into *why* psychopaths lack moral knowledge or have an inability to empathise, it seems that it must be *because* one of the two explanations already mentioned is true. So, if psychopaths do lack moral knowledge, it is either *because* (i) they have an inability to conceive of how others feel, or (ii) although they can conceive of how others feel, they do not care about this. Similarly, if psychopaths do have an inability to empathise, it seems it must be *because* (i) they cannot conceive of how others feel, or (ii) although they can conceive of how others feel, they do not care about this.

So, to summarise the above, psychopaths do not care for other people and although

this is consistent with my hypothesis, (i.e., that they are extreme other discounters), this is also consistent with the idea that they're incapable of conceiving what other people's feelings are. If either of the two further explanations are right, (i.e., a lack of moral knowledge or an inability to empathise), it is because either my hypothesis is correct or psychopaths are unable to conceive how others are feeling. So, a lack of moral knowledge or an inability to empathise are not really competing hypotheses to mine. These are consequences of either my hypothesis or the competing hypothesis.<sup>28</sup>

So, with that said, my task is to consider the case studies and compare my hypothesis about other-discounting with the hypothesis that psychopaths are incapable of conceiving of how others feel. To defend my hypothesis I need argue as I did above with regard to future-discounting that my hypothesis explains the behavioural data better than the alternative. One difficulty in this regard, however, is that Cleckley does not explicitly ask about whether psychopaths can conceive of how others feel in his clinical cases, and I can find no other case studies either where this is explicitly considered. This combines with a second problem that there may not be substantial behavioural differences between somebody who is incapable of conceiving what another person is feeling and somebody who can do this but fails to care. And indeed, in most documented cases where psychopaths exhibit uncaring behaviour, both hypotheses explain the behaviour as well as each other. To illustrate this, consider the following cases:

First, consider Roberta again. Recall that she had a history of causing hardship for her parents. In one instance, Roberta went missing for three weeks. When she was eventually found

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<sup>28</sup> In this paper I am ambivalent about whether psychopaths have a lack of moral knowledge or a lack of empathy. The point is rather, that philosophers often make these claims but these claims require an explanation themselves.

(through help of the police), Cleckley says the following:

Neither the recent anxiety of her mother and father...overwhelmed or even greatly daunted her. (Cleckley, 2015, p. 75)

Second, consider Milt, who abandoned his mother on a bridge when their car broke down.

Milt told his mother he would return shortly with a fuse for the car. His mother (who was recovering from a serious operation at the time) waited for him, and after some time began to fear that something had happened to him. After phoning hospitals and family members in the hope of finding Milt, her other son picked her up and, leaving the broken-down car on the bridge, took her to the garage where Milt was thought to have been. Milt was not there.

Instead, Milt had gone to a bar and then went to visit somebody who lived close by.

Eventually he returned to the bridge with the fuse and drove home. Cleckley says:

[T]his conduct did not result from absentmindedness, from specific amnesia or confusion, or from some attraction so enthralling or distracting as to delay or divert a person from even a mildly serious mission. He was quite aware all through the episode of his mother waiting on the bridge and seems to have been free from any grudge or impulse that would influence him deliberately to offend her or cause her hardship. Missing from his realization, apparently, was the evaluation of her emotional reactions that would have in another outweighed a whim so petty as that which in Milt gained easy ascendancy. (Cleckley, 2015, pp. 200-1)

Third, consider Joe, another patient of Cleckley's who treated his family poorly. He was unfaithful to his wife, didn't support his children, wasted opportunities his parents had given to him and would go missing for long periods of time. Cleckley says the following about Joe:

He admits that he is to blame for his wife's having had to divorce him because of nonsupport, periods of desertion, gross, repetitive, and almost publicly transacted infidelity. Even now, while full of expressed intentions to change his ways, shows no genuine concern for the fate of this wife and little or none for his children. He admits his childishness, his failures in every undertaking, his flagrant lack of consideration for others. (Cleckley, 2015, p. 187)

Finally, consider the following psychopath who Robert Hare (1993) discusses in his book *Without Conscience*. He quotes the case of one psychopath who is in prison for rape, kidnap and extortion. When interviewed and asked if he cared about other people, he replied as follows:

Do I feel bad if I have to hurt someone? Yeah, sometimes. But mostly it's like...uh...[laughs]...how did you feel the last time you squashed a bug? (Hare, 1993, p. 33)

In each of these cases, the behaviour can be explained equally well by each hypothesis. If we consider the first case, this is consistent with both explanations because Roberta is either (i) unaware of her parent's anxiety because she cannot conceive what others feel or (ii) she is aware that her parents are anxious but just does not care about it.

In the second case, we can explain Milt's behaviour by saying that (i) Milt does not think that his actions were irresponsible or inconsiderate because he cannot conceive how others feel, i.e., he does not evaluate his mother's emotional reactions since he does not know what they would be. Alternatively, we can say that (ii) Milt knows that his actions will make

his mother feel bad and can conceive of her emotional states, but he does not care about this. In this case his failure to evaluate his mother's emotional reactions is simply that. He conceives of how they are, but places no value upon them.

In the third case, similarly, we can explain Joe's behaviour by saying that (i) he cannot conceive of what his family feel when he goes missing and treats them badly or (ii) Joe can conceive of what others feel, but he simply fails to care.

In the final case, the reason why this psychopath cares very little about the fact he has committed these crimes is either because (i) he does not understand how the other person would have felt, i.e., in the sense that he cannot conceive of the terror and fear that the other person would no doubt have felt, or (ii) because although he does understand this and can conceive of it, he just doesn't care about it in the same way that others do not care about what a bug feels.<sup>29</sup>

So, the above illustrates both hypotheses can explain the behavioural evidence regarding uncaring behaviour just as well. It is also interesting to consider in this regard what Cleckley says about the case of Max. When describing Max's apparent lack of care for others, he says:

He is, furthermore, lacking in the ability to see that others are moved. It is as though he were colorblind, despite his sharp intelligence, to this aspect of human existence. It cannot be explained to him because there is nothing in his orbit of awareness that can bridge the gap with comparison. He can repeat the words and say glibly that he understands, and there is no

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<sup>29</sup> It could be argued that the problem with using first-person accounts as evidence is that psychopaths may claim that they know how it is to feel suffering. But actually, they don't fully understand what suffering is. And indeed, the comparison that this psychopath is making above could be interpreted that either (i) he cannot conceive how others feel because he does not fully understand what suffering is for a human as opposed to an insect, or (ii) he can conceive of how others feel but he does not care.

way for him to realize that he does not understand. (Cleckley, 2015, p. 59)

Cleckley here uses the term ‘understand’ to describe Max’s lack. He lacks, says Cleckley, an ‘understanding’ of how others are moved. But what does he mean by this? Does he mean that Max cannot form a belief about how others feel, or form some kind of conception of what they are feeling? If so, Cleckley cites no evidence to substantiate this idea in particular. All the evidence that Cleckley cites is consistent with it being the case that although Max can understand how others feel, he simply does not care. I suggest that Cleckley here assumes that because Max is not himself moved by how others are moved, (i.e., doesn’t feel anything regarding the feelings of others), then this in itself shows that he lacks a conception of how others feel. But this is to assume the very thing in dispute, and it is to assume that it is impossible to conceive of how another feels without caring. In my account I am assuming that it is possible to conceive of how another person feels without caring about how they feel. This seems to be a relatively uncontroversial claim, for many people who clearly do care about how some people feel, do not care about how all feel. For example, a person may care very deeply about how their friends and family feel, but care nothing for the feelings of others, e.g., some evil dictator who has been brought to justice. Consider, e.g., Gadhafi who was dragged through the streets and killed by a baying mob when his regime broke down. Some detractor of Gadhafi watching the footage may not care at all about his suffering, but it seems implausible to say that such a person cannot conceive of how he felt. As such, conceiving of how another feels and caring about how they feel seem to be two independent capacities, and this is how I am considering them in this thesis. At any rate, the main point here is that the description of Max is consistent with either hypothesis, i.e., that he lacks an understanding or cannot conceive of how others feels, *or* that he can do this but just doesn’t care. If different

questions had been asked of Max to draw out this distinction, then we might have been able to distinguish between the two hypotheses. As it stands, we cannot.

So, given the above difficulty, how can we separate the two hypotheses without doing further empirical work? My suggestion is that we consider other kinds of behaviour whose performance relies upon having a belief about how other people feel, but does not necessarily depend upon caring about how they feel. To give an example, it seems one would only conceal certain kinds of behaviour from others (e.g. infidelity or theft) if one believed that such behaviour would cause others to feel a certain way. So, unless one believes that infidelity would make others angry, or jealous, or have some kind of negative emotional reaction, one would not attempt to hide one's infidelity.

One may object that if one hides one's misdeeds, then one might simply be aware of how others will *react* based on past experience, i.e., independently of any conception of their inner mental states and *why* they so react. But if one does hide one's misdeed based purely on an inductive inference of this kind, one would thereby think of others as "blank boxes" who react in certain ways, but for no discernible reason. And there is no evidence that psychopaths think of other people in *this* way. Indeed, in the literature on psychopathy it is clear that psychopaths are often excellent manipulators of others, which is something we can hardly think possible without their having a reasonably good conception of the emotional lives of others. And in fact, if we consider what Cleckley says, he himself says that psychopaths have such knowledge. With regard to Max, mentioned above, for example, he says:

[Max shows] remarkable knowledge of other people and their reactions (of psychology in the popular sense) at certain levels, or, perhaps one should say, in certain modes, of personality reaction. (Cleckley, 2015, p. 59)



My suggestion here, then, is that in order to explain other aspects of their behaviour, we must admit (as Cleckley himself does) that psychopaths do have a conception of how others feel.

Indeed, I think that hints of this fact can already be seen in what has been said above. For example, consider Joe once more. Recall that he would often abscond for long periods of time leaving his wife and children alone, and note that Cleckley says ‘he admits that he is to blame for his wife’s having had to divorce him’ (Cleckley, 2015, p. 187). Now consider whether it is plausible that Joe could admit blame for this if he did not have a conception of how his actions had impacted upon the emotional states of his wife. If he had no such conception, it is hard to see how Joe could come to such a conclusion. To be clear, my suggestion here is that Joe knows that his actions impacted upon his wife’s emotional state, and can form a conception of how they did so, thus giving him knowledge of how she must have felt. My suggestion is this, indeed, is required for Joe to recognise that he was to blame for her leaving him. If this is right, this rules out hypothesis (i). However, it leaves my hypothesis standing, for if my hypothesis is true, even though Joe knows how his actions made his wife feel, he lacks any concern about this, and it is for this reason that although he knows he is to blame, this itself does not concern him.<sup>30</sup>

Let us consider some further cases.

Consider Roberta again, who had a history of stealing and would sometimes disappear for long periods of time:

"She never seemed sly or crafty", the mother said, a little puzzled about how to express the impression, "not like the sort of person you think of as stealing and being irresponsible.

Roberta didn't seem wild and headstrong." Yet she often used remarkable ingenuity to conceal

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<sup>30</sup> Note, that one can admit that they are to blame for a particular action without feeling remorse or guilt.

her misdeeds and to continue them. (Cleckley, 2015, pp. 68-9)

[S]he was occasionally stealing and running up big bills which, by many subtleties, she concealed for a long time from her father. (Cleckley, 2015, p. 70)

If Roberta was literally incapable of conceiving of how others feel, then it is plausible that she wouldn't behave and act as she does in hiding her actions. It seems she must know that if her behaviour is found out, then her parents will be upset or unhappy about it, which will cause her problems. In other words, my suggestion is that psychopaths must have a theory of mind in order to operate in the world as they do, i.e., they must think of other people as having mental states and emotions that feed into their behaviour in predictable ways. The idea is that this is just what it is to have a conception of how others feel. But, then, because on my hypothesis psychopaths have such a conception but lack care about how others feel, we should expect some behavioural differences, which are those that we do indeed see.

One point worth noting here is that if psychopaths can conceive of how others feel, but do not care about this, we should expect them to be less consistent in even these other kinds of behaviour, e.g., in concealing their misdeeds. And indeed, this is just what we see.<sup>31</sup> Consider Tom, for example, who treated his family poorly. He, for example, was unfaithful to his wife, but only sometimes concealed his actions:

Sometimes he took precautions to deceive her about his sporadic sexual relations with other women; sometimes he forgot or did not bother. (Cleckley, 2015, p. 95)

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<sup>31</sup> There is an objection at this point that this is inconsistent with the first part of my account, namely that people would only conceal their actions if they did care about their future selves. I deal with this objection in section 7.

And consider Pete, who had a history of forging cheques:

It would have been easy for Pete to cash such a check at dozens of places where his chances of escaping detection would have been vastly better. He had, it would see, picked the place where his misdeed could most easily be traced to him. Furthermore, he had not chosen as victim someone unlikely to find him out, but the father of a girl he had been dating...in forging the name, he had taken no great care to disguise his handwriting or to make a good imitation of the real signature. (Cleckley, 2015, p. 106)

More evidence for the claim that psychopaths can conceive of how others feel can be garnered from the fact that they do not, on the whole, seem to lack general intelligence and are able to articulate the motives that others have. Cleckley, in fact, often speaks of psychopaths as intelligent and possessing perfectly intact rational capacities. Even if they know that a certain consequence will follow from their behaviour (e.g. they will be put back in confinement if they violate parole) psychopaths are able to identify the mental states that others have as part of their explanation for this. This is to say, the descriptions given of psychopaths by Cleckley and others clearly indicate that they are not confused about *why* others act as they do towards them, and can even use their knowledge of how others feel to manipulate and provoke. As a final example of this, consider Joe again who attempted suicide. Cleckley says the following in regards to this behaviour:

He admits that the alleged suicide attempt was a pure fraud and that he had made a false statement about it in order to get into the hospital. He had cut his arms only to frighten his wife and parents and to create a dramatic scene in order to gain his ends with them. He describes his exploit in detail, admitting its extreme childishness. He remembers that he took

care to pull over a chair and to fall with a great thud and clatter so that he would attract sudden attention and become at once the center of an exciting scene. (Cleckley, 2015, p. 188)

## **5. The Relationship Between Extreme Discounting and Other Psychopathic Symptoms**

In the previous section I outlined how my hypothesis can explain the behaviour of particular psychopaths. To bolster this hypothesis, I now explain how it can also give a general account of psychopathic symptoms. In short, I explain how psychopathic symptoms can be thought to arise by this hypothesis. My strategy will be to offer a psychological explanation for why an extreme future-and-other discounter is likely to display those other behavioural symptoms.

Before I turn to this, however, it is important to emphasise that the symptoms of psychopathy given in the various checklists are not necessary conditions, i.e., some psychopaths may lack some of them. This is important because it means that no single underlying lack can be thought to necessarily entail all of the symptoms (otherwise, all psychopaths would have all of them). So, my explanatory task here is not to provide an account according to which an extreme discounter *must* have the symptoms associated with psychopathy. My task, rather, is to explain how the various symptoms of psychopathy may naturally arise in the context of an otherwise normal human psychology from extreme discounting. When this can be explained, I say that the symptoms “follow” from extreme discounting.

However, the above notwithstanding, I do think that there are certain symptoms of psychopaths which do follow more directly from extreme discounting than others. To explain this, consider an analogy. Let us suppose that blindness had, for some reason or another, never

been explained in terms of non-functioning eyes, and that blindness had instead been identified on the basis of various behavioural symptoms. These symptoms would obviously include:

A person suffers from blindness if they have a sufficient number of the following symptoms:

1. Inability to judge depth.
2. Inability to navigate easily.
3. Inability to report on colours in their environment.
4. ...
5. ...

But there are other features that people with blindness are more likely to possess than seeing people. For example, it has been found that the following are more prevalent amongst blind people, and so may well make it on to the symptoms list (remembering that none of these are thought of as being necessary conditions):

6. Anxiety
7. Depression
8. Loneliness
9. ...
10. ...

Now, the important thing to note here is that, intuitively speaking, the symptoms on the first list follow more directly from being blind, i.e., lacking functional eyes, than the ones on the

second list. How are we to explain this sense of directness? A suggestion here is that the ones on the first list are in fact necessarily entailed by being blind. But this is not strictly speaking true. Some blind people, for example, can indeed judge depth. They can do so by using a special technique of using tongue clicks and echolocation (Thaler, 2016; Allen-Hermanson, 2017). This shows that lacking depth perception is not necessarily entailed by blindness. But, note that in this case the blind person has to develop a compensatory technique. Thus, we can say, a symptom follows directly from an underlying trait if that symptom arises naturally in otherwise normally functioning individuals who lack any unusual or compensatory ability.

That then explains the sense in which the symptoms above follow directly from being blind. But how are we to characterise the sense in which the symptoms below follow indirectly? I think the way to do this is to consider the different contextual situations that some blind people find themselves in, but not others. For example, some blind people may have a large supportive family and be relatively confident in themselves, whilst others may have an unsupportive family and lack confidence. So, we cannot say that blindness causes depression in otherwise normally functioning individuals, but only that it does so in conjunction with other contingent contextual features that are present in some people's lives and not others. Thus, we can say that a symptom follows indirectly from an underlying trait if it occurs naturally in an otherwise normally functioning individual in conjunction with other contingent contextual features.

The above analogy is supposed to illuminate my explanatory task. My aim is to give an account according to which the symptoms associated with psychopathy follow from extreme discounting. Some of these symptoms, I will argue, follow directly, and others only indirectly. The symptoms that follow directly will follow in the sense that they can be seen to arise in otherwise normally functioning individuals who are extreme discounters and who lack

any kind of unusual compensatory technique or ability. The symptoms that follow indirectly will follow in the sense that it arises naturally from extreme discounting when it occurs in an otherwise normally functioning individual in conjunction with other contingent contextual features.

Before I turn to the symptoms it is important to note that whether a symptom follows directly or not is, to a certain extent, a vague matter. The reason why is because the notion of a behavioural symptom following directly depends on the notion of an *otherwise normal psychology*, which is itself a vague notion. By a person with an otherwise normal psychology, I mean a person who is not *unusually* liable to anger or calm to an *extreme* degree, has a *normal* functioning memory, statistically *normal* cognitive abilities, an IQ within the *normal* range, and so on. All of the italicized phrases are subject to vagueness. My claim is, in effect, that there is a *natural* explanation of why a person with this kind of a psychology, who happens to be an extreme discounter, will likely exhibit certain kinds of behavioural symptoms. That is, there is a plausible psychological story to tell about what behavioural symptoms are likely to arise when extreme discounting is *combined* with a psychology that is, aside from extreme discounting, statistically normal.

And it also worth emphasising here that, of course, there is always a possibility that specific psychopaths, as well as being extreme discounters, have psychologies that are not otherwise normal, i.e., that they possess other psychological abnormalities in addition to those that constitute their psychopathy. As such, I note again, that I do not wish to say that extreme discounting leads necessarily to any of the behavioural symptoms on Cleckley's clinical profile. Indeed, my account allows that it is at least in principle possible for somebody to be an extreme discounter but lack *any* of the behavioural symptoms associated with psychopathy on the checklists. I will return to this issue below in section 6.

So, I now turn to the symptoms of psychopathy. I begin with the ones that can be explained directly (in the sense above). These I conceive of as being more central symptoms of psychopathy. As discussed elsewhere (see thesis paper 1), there are various diagnostic tools each of which describe the symptoms of psychopathy in different manners, sometimes with a slightly different emphasis. I do not have space here to consider every single one of them. As such, in what follows, I focus on the symptoms in Cleckley's clinical profile.<sup>32</sup> However, I will also include some symptoms which are in other diagnostic criteria or are thought to be central to psychopathy in the literature.<sup>33</sup> I categorise these symptoms as follows:

**Direct Symptoms:**

1. General poverty in major affective reactions
2. A lack of empathy
3. A lack of remorse (or guilt)
4. A lack of shame
5. Fearlessness and lack of anxiety
6. Egocentricity and an incapacity for love
7. Unresponsiveness in general interpersonal relations
8. Failure to follow any life plan
9. Untruthfulness and insincerity
10. Poor judgement and failure to learn by experience

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<sup>32</sup> This is not to say that those other symptoms cannot also be explained by my hypothesis. Indeed, the symptoms I do not discuss are implicit in the ones that I do. For example, 'impulsivity' in Hares PCL-R is implicit in 'failure to follow any life plan' in Cleckley's clinical profile.

<sup>33</sup> Fear is not explicitly mentioned in the diagnostic criteria. However, it is implicit in a 'reckless disregard for safety of self and others' which the DSM-5 states and is often discussed in the literature (Herpertz et al., 2001; Montagne et al., 2005).



## 11. Specific loss of insight

### **Indirect Symptoms:**

1. Superficial charm and good “intelligence”
2. Inadequately motivated antisocial behaviour
3. Unreliability
4. Fantastic and uninviting behaviour, with drink sometimes without
5. Sex life impersonal, trivial and poorly integrated
6. Suicide rarely carried out

As we will see, there’s a certain sense in which some of these direct and indirect symptoms may be related in the sense that if somebody has an incapacity for love then their sex life will be impersonal as well. Where these connections hold, this will be explained below.

I begin with the symptoms that, I will argue, follow more directly from my hypothesis.

### General Poverty in Major Affective Reactions

This symptom explicitly features in Cleckley’s clinical profile and in Hare’s PCL-R (2003) under ‘shallow affect’ and is implicit in other diagnostic criteria. Hare (1993) describes psychopaths as having short-term ‘*proto-emotions*: primitive responses to immediate needs’ (Hare, 1993, p. 53). This would follow directly from my hypothesis, as a person who radically discounts their own future and other people is certainly more likely to have short-term emotional reactions, and be more likely to respond to their immediate impulses and needs. To illustrate this further, note that in the diagnostic criteria other specific deep emotions are mentioned that psychopaths lack, namely empathy, guilt, shame, love, and fear. This is also

tied with psychopaths being unresponsive in interpersonal relations, which is also mentioned separately in Cleckley's clinical profile. So, I now consider each of these and argue that they follow directly from my hypothesis.

### A Lack of Empathy

I begin with one key symptom that is often mentioned in the literature as being a 'hallmark' feature of psychopathy, i.e., a lack of empathy. Here, for example, is Mullins-Nelson and colleagues (2006):

A hallmark sign of psychopathy has been a lack of empathy (Cleckley, 1941; Karpman, 1944; Hare, 2003, cited in Mullins-Nelson et al., 2006, p. 135).

It also explicitly features on Hare's PCL-R, and is implicit in other diagnostic criteria. This is one of the easiest symptoms to explain in terms of extreme discounting (and in particular, the aspect of this that I have called extreme *other* discounting). It is clear that if a person entirely discounts the wellbeing of others, then unless they have some unusual compensatory ability, they will be unable to empathise with them. So, if a psychopath is an extreme other discounter and thereby values nobody else's wellbeing except for their own (current) wellbeing, it follows (in the sense explained above) that they will lack empathy.<sup>34</sup> Thus, extreme discounting explains this symptom directly.

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<sup>34</sup> In my view, empathy is best thought of as a cognitive ability, viz. the ability to understand and represent the mental states of others. By contrast, sympathy is the ability to *care* about how others feel. In this sense, I do not think there is in fact evidence to suggest that psychopaths lack empathy at all. The evidence, rather, is that they lack the ability to sympathise. I have argued for this in some detail elsewhere (see thesis paper 4), but the details will not matter here. What matters here is that there is a behavioural symptom that some call 'lacking empathy' but that I think is better called 'lacking sympathy' that can be explained by reference to extreme other discounting. For it is certainly true that having the ability to care about others (whether we call that 'empathy' or 'sympathy') requires that one values the wellbeing of others to at least some degree, and psychopaths do not value the wellbeing of others to any degree.

### A Lack of Remorse (or Guilt)

This feature explicitly features in Cleckley's clinical profile, the DSM-5 and Hare's PCL-R.<sup>35</sup>

This symptom is also one of the easiest symptoms to explain in terms of extreme discounting.

It is clear that if a person radically discounts the wellbeing of others, then unless they have some unusual compensatory ability, they will lack remorse or guilt regarding other people.

However, remorse or guilt are not necessarily other-directed. A person can have deep remorse for a wrong that they have committed which might have nothing to do with how one's actions affected others. Landman, for example, claims that part of what it means to have remorse for something is to have the 'intention not to commit the same offense in the future' (Landman, 1987, p. 149). Because psychopaths are extreme future discounters, it follows that they will lack remorse. Thus, extreme discounting explains this symptom directly.

### A Lack of Shame

This explicitly features in Cleckley's clinical profile. It is also one of the easiest symptoms to explain in terms of extreme discounting. It is clear that if psychopaths are extreme discounters, unless they have some unusual compensatory ability, they will also lack feelings of shame. As we have seen, they will lack remorse or guilt, and shame is related. If someone lacks feelings of remorse, then it seems clear they would also lack a developed sense of shame. Similarly, if psychopaths lack shame then they are going to lack remorse or guilt because remorse is a kind of shame regarding what one has done in the past.

As such, this symptom can be explained by a similar line of thought as a lack of

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<sup>35</sup> Hare's PCL-R groups a lack of remorse or guilt into one symptom whereas Cleckley's clinical profile includes a lack of remorse and shame together.

remorse and again by reference to, in particular, extreme other discounting. Typically, we might feel shame for how we made another person feel or we feel shame in regards to how other people see ourselves, for example, we may be embarrassed by our past actions and feel like other people will judge us. But because psychopaths entirely discount other people, they will not care what other people think about them and so it follows that they will lack shame. Thus, extreme discounting explains this symptom directly.<sup>36</sup>

### Egocentricity and an Incapacity for Love

This feature explicitly features on Cleckley's clinical profile and relates to 'grandiose sense of self-worth' on Hare's PCL-R. This symptom can be explained in terms of, in particular, extreme other discounting. For certain symptoms it is possible to give a very simple explanation. In the case of love, usually what we mean by love is to care for another person and to value their wellbeing.<sup>37</sup> Because psychopaths do not value other people, it follows that they will not love them either (insofar as loving is related to valuing others). They might exhibit a 'pseudo-love' but this is not genuine love because to love another person one needs to care for them (Cleckley, 2015, p. 370). And so, if psychopaths entirely discount other people, they will fail to form any genuine attachments to them. Instead, psychopaths like to have power and control over others. They only care about their own current wellbeing, and so we can understand in this sense why they would be self-centered. Thus, extreme discounting explains this symptom directly.

### Fearlessness and Lack of Anxiety

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<sup>36</sup> Note, that some psychopaths might care what people think about them in the current moment. As such, they might express shame but this is not sincere (Cleckley, 2015).

<sup>37</sup> Here, I am not committing to this view on love but I am merely speculative.

This feature is not explicitly mentioned on any of the checklists, but is implicit in them and often spoken about in the literature.<sup>38</sup> This symptom can be explained in terms of, in particular, extreme future discounting. Being scared is intimately related to the future in that in most cases one is scared because of how something is going to affect them in the future. And so, fear itself is future-oriented and arises when we perceive a harm or threat. However, because psychopaths only care about their current wellbeing they do not dwell on the future and so do not care what may happen to them in the future because that is not *now*. Anxiety can also be explained in a similar manner. Psychopaths lack any future-oriented anxiety because they discount their future and so will not care. They also lack other-orientated anxiety because they discount the wellbeing of others. This ties in with some of the other symptoms already explained, and in particular, shame. Shame can often lead to a person to internalise negative beliefs about themselves, which gives rise to other feelings such as embarrassment or anxiety. But because a lack of shame follows directly from my hypothesis, they will not experience this kind of anxiety. As such, once again, this symptom is explained by my hypothesis directly.

#### Unresponsive in General Interpersonal Relations

This symptom is explicitly mentioned in Cleckley's clinical profile and is implicit in other diagnostic criteria. It follows from what has been said already. As is seen from above, if psychopaths have shallow emotions and an incapacity for love, then this will lead to them being unresponsive in interpersonal relations with others. They are unable to form and sustain deep bonds with others because they only care about people insofar as they can use them for

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<sup>38</sup> Throughout Cleckley's clinical case studies he refers to fear. For example, he says: 'activities that would produce fear, shame or consternation in others, this patient often showed simple insouciance' (Cleckley, 2015, p. 148).

the immediate gratification of their desires. Thus, this symptom follows directly from my hypothesis.

All of the above symptoms are those that are closely related to, or constitutive of having shallow affect or emotions. I now turn to other symptoms that are not so closely related to shallow emotions.

#### Failure to Follow Any Life Plan

This feature is explicitly mentioned in Cleckley's clinical profile and is related to impulsivity which is explicitly mentioned in Hare's PCL-R and the DSM-5. This symptom is also one of the easiest symptoms to explain in terms of extreme discounting (and in particular, the aspect of this that I have called extreme future discounting). It is clear that if psychopaths are extreme discounters and do not have some unusual compensatory ability, they will be unable to follow a long-term plan. Instead, they will be far more likely to act on their immediate impulses and do whatever they want to in the current moment and disregard the future consequences of their actions. Most people will not abandon a long-term plan because they will consider how it will affect not only themselves in the future but also, its impact on other people. But a psychopath who is lacking such care, will abandon the plan. Now, in principle it is possible for a psychopath to follow a long-term plan so long as they retain an interest or gratification at each moment at which they are carrying out the plan. However, as soon as they lose interest, they will abandon the plan. Although in theory it is possible for a psychopath to follow a life plan, typically if they are an extreme discounter and have an otherwise normal psychology then they will not follow any life plan. Thus, extreme discounting explains this symptom directly.

### Untruthfulness and Insincerity

This feature is explicitly mentioned in Cleckley's clinical profile, Hare's PCL-R and the DSM-5. It can be explained in terms of both extreme future and extreme other discounting. One reason why a person tells the truth is because they fear that their lies will be uncovered in the future. But if a psychopath does not care about the future, then they will not care if their lies are found out later. Another reason why a person tells the truth is because they know that it is wrong to lie to another person, but if psychopaths have a lack of remorse, an incapacity for love and entirely discount other people then they will not care that it is wrong to lie to somebody. Being deceitful also relates to psychopaths conning and manipulating others. Because psychopaths are extreme other discounters, they will not feel bad about conning or manipulating another. Now, I accept that it is possible for somebody to be an extreme discounter but does not lie to others. But in this case, the psychopath will have developed some compensatory technique. In usual circumstances, if we combine extreme discounting with an otherwise normal human psychology and think about the way the environment works, then it is no surprise that psychopaths are deceitful. Thus, this symptom follows directly from my hypothesis.

### Poor Judgement and Failure to Learn by Experience

This feature explicitly appears in Cleckley's clinical profile and is implicit in other diagnostic criteria. This feature can be explained in terms of, in particular, extreme future discounting. Psychopaths only care about what is currently going on in the present moment and so even if they reflect on the past, they will discount it. This feature also relates to regret because if one regrets a past action, they can learn from their mistakes and thus make a good judgement and learn from experience. Rather than having guilt for what you have done to others, regret is

almost having a guilt for when you have done something wrong to yourself. There's a certain sense that psychopaths can have regret or what might be called 'cognitive' regret in that they can have immediate regret if they, for example, are put into confinement. They might feel regret in the current moment. But, they don't have what might be called 'emotional' or 'deep' regret. Consider the below quote describing Joe to illustrate this idea:

In studying him it becomes apparent that the regret is something quite different from what we have presumed he was talking about and that he is able to act as if it were profound only because he is utterly unaware of what real and serious regret is - because he does not experience real and serious emotions. (Cleckley, 2015, p. 187)

If psychopaths have previously abandoned a long-term plan of action, they will be unable to learn from this and stick to a new life plan because a failure to follow any life plan directly follows from my hypothesis. Part of what it is to discount is to not adequately think about and have concern for one's future. Thus, this symptom follows directly.

### Specific Loss of Insight

Cleckley claims that psychopaths can have superficial insight, i.e., they might know that their behaviour has led to them being put in confinement. But, they fail to have a deeper sense of insight, i.e., they lack realistic evaluation (Cleckley, 2015, p. 375). Cleckley says:

Indications of serious impairments of insight abound in the psychopath's reactions after his failures have been undeniably demonstrated or his antisocial acts detected. The persistent tendency to ask for recommendations from those they have every reason to know cannot



furnish anything but a negative report fatal to their plans has been illustrated...Despite his awareness of these major facts, the pivotal significance of these facts seems not to be in his evaluations. (Cleckley, 2015, p. 377)

Part of what insight is, is to have a deep understanding for others or a situation. Now, we have already seen that psychopaths lack deep emotions e.g., empathy and if this is combined with extreme discounting then it is no surprise that they would also lack deeper insight too and care about how others feel. Thus, this symptom follows directly from my hypothesis.

I now turn to the indirect symptoms. Unlike the direct symptoms, the symptoms below are not as core to psychopathy.

#### Superficial Charm and Good “Intelligence”

This feature is explicitly mentioned in Cleckley’s clinical profile and Hare’s PCL-R. This symptom can be explained in terms of both extreme future and other discounting. This symptom does not follow from extreme discounting but rather is just a feature of a particular psychopath. Some psychopaths will care what others think of them in the moment, others will not. Now, this symptom is complex. On the one hand, someone can be non-superficially charming, i.e., genuinely charming. On the other hand, ‘superficial’ has negative connotation’s. Why would somebody be superficially charming (and also portray themselves as intelligent)? It is to do with manipulating others into doing what they want them to do. If extreme discounting (which leads to lacking remorse) is combined with the character trait of wanting others to like them in the moment then we can understand why a particular psychopath would be superficially charming. Some psychopaths (but not all) will care what others think of them in the moment. If they find themselves in a situation where they have done something in the past which other people do not like (although they do not care about those past actions) and

they want somebody to like them now, then they will be superficially charming. Superficial charm is a form of manipulation and in the moment manipulating a person will be a current desire of a psychopaths. And so, they might develop an overly charming personality as a means to their ends (e.g. suppose a psychopath is speaking to a clinician and wants to be released).

Now, there might be a psychopath who doesn't care what people think of them in the moment. If I am an extreme discounter, that does not say anything about what I'm like in the moment. So, it is not the case that extreme discounting leads to being superficially charming because there might be one psychopath who lacks remorse but doesn't care what people think of them and so they don't display superficial charm. As such, some psychopaths might lack this symptom, but those who do not, there's a story to tell and extreme discounting can explain it. Extreme discounting leads to a lack of remorse and that is a symptom that most psychopaths will possess because it follows directly from my hypothesis. But certain psychopaths are going to have other features that are related to their personality which combined with extreme discounting are going to lead to other features. That would explain why not all psychopaths have superficial charm. Thus, this symptom follows indirectly from my hypothesis.

#### Inadequately Motivated Antisocial Behaviour

This feature is explicit in Cleckley's clinical profile and the DSM-5. It also relates to criminal versatility which is explicitly mentioned in Hare's PCL-R. This feature can be explained in terms of both extreme future and extreme other discounting. As we have seen, if psychopaths have shallow emotions (including a lack of empathy, remorse, shame, and fear) then they will be more likely to engage in antisocial behaviour and not care about breaking norms or laws.

This is also related to a reckless disregard for themselves and other people which is explicitly mentioned in the DSM-5. If somebody does not care about harm that can arise to themselves in the future then they might do something dangerous because the harm will not happen *now* and so they do not care. Similarly, if they do not care about harming others, they might do something reckless which has a negative impact on another person. Even if psychopaths have been punished in the past for previous offences, they are likely to be repeat offenders because they only care about their current wellbeing and will disregard the future. Extreme discounting is explanatorily relevant when we consider why people are antisocial and so it makes sense that psychopathy is prevalent in prisons because what it is to be a psychopath is to not properly care about your future. If they cared about their future then they would act in ways to avoid prison. Antisocial behaviour here does not have a clear motivation as opposed to a normal criminal. One reason might be that, as we have seen, if psychopaths are impulsive and prone to boredom then they will do what they want in the moment to satisfy their current desires. If somebody lives in the moment and they do not feel remorse or fear then we can imagine with these psychological dispositions they would act in such a way that is antisocial. Now, we can imagine a case where a psychopath does not engage in antisocial behaviour. Perhaps they have no interest and it does not satisfy their current desires. Thus, this symptom follows indirectly from my hypothesis.

### Unreliability

This feature is explicitly mentioned in Cleckley's clinical profile and is related to irresponsibility which is explicit in Hare's PCL-R and the DSM-5. As we have seen, a failure to follow any life plan and untruthfulness follow directly from my hypothesis. Now, if somebody is untruthful or does not plan in advance then they will make promises that they

cannot keep and thus be unreliable. To be reliable, broadly speaking, a person needs to be trusted and have concern for the future and others. But if one carelessly lives in the moment, they will be unreliable. Now, it is possible for a psychopath to be reliable in certain situations e.g. whilst conning another person. Thus, this symptom follows indirectly from my hypothesis.

### Fantastic and Uninviting Behaviour with Drink and Sometimes Without

*Prima facie* it seems difficult to articulate the nature of this symptom. However, it is clear from Cleckley's case studies what he means here. In Cleckley's case studies, psychopaths do thoughtless things with no obvious motivation or purpose, and get themselves into trouble over and over again. The behaviour that Cleckley is referring to here is that which is violent, aggressive, rude, obnoxious or offensive. Cleckley notes that not all psychopaths abuse alcohol which is down individual differences. However, research shows that psychopaths are more likely to engage in excessive alcohol consumption than non-psychopaths (Smith and Newman, 1990; Rice and Harris, 1995). Cleckley says:

It is very likely that the effects of alcohol facilitate such acts and other manifestations of the disorder. This does not mean, however, that alcohol is fundamentally causal...Alcohol will not bring out any impulse that is not already present. (Cleckley, 2015, p. 382)

This is clear between comparison of psychopaths and non-psychopaths who drink the same amount. Now, in many cases psychopaths drink alcohol excessively and end up in bizarre situations and one question is why do psychopaths drink excessively? One common reason why somebody might drink excessively is to make themselves feel better in the short-term. However, Cleckley notes that psychopaths do not drink to escape from 'anxiety, despair,

worry, responsibility, or tension' (Cleckley, 2015, p. 382). Thus, psychopaths gain no pleasure from drinking and Cleckley claims that a more accurate explanation would be that 'the psychopath drinks because, in a complex ambivalence, he loves disaster [rather than] because he loves liquor' (Cleckley, 2015, p. 384). Another difference between psychopaths and non-psychopaths is that psychopaths will not get anxiety about their behaviour when they are sober (Cleckley, 2015, p. 381). He says:

They know perfectly well what they have done before drinking and, with these facts squarely before their altogether clear and rational awareness, decide to drink again. (Cleckley, 2015, p. 383)

Here, extreme discounting is explanatorily relevant. Although psychopaths know what they have done in the past and it has brought about undesirable circumstances for themselves, because they are extreme discounters, they will entirely discount this and repeat the same behaviour. As we have seen, psychopaths lack remorse for others and so they will not feel guilty for the impact of their actions on other people. Similarly, poor judgement and failure to learn by experience follows directly from my hypothesis and so if psychopaths fail to learn from the past then they will not change their course of action even if the future consequences are harmful. In fact, Cleckley says: 'Many of his exploits seem directly calculated to place him in a disgraceful or ignominious position' (Cleckley, 2015, p. 384). But, if psychopaths lack deep emotions such as embarrassment, fear, and shame then they will not care about this. One plausible idea why people stop drinking is because they have future concern. Rather than getting swept along in the present moment, they consider their future responsibilities, e.g., they might have to get up early the following morning. Similarly, people might worry about

their future health. Because psychopaths are extreme future discounters, they will not have any of those concerns. However, as noted above, not every psychopath will drink excessively. Thus, this symptom follows indirectly from my hypothesis.

#### Sex Life Impersonal, Trivial and Poorly Integrated

As we have seen, if psychopaths lack all of the emotions mentioned above then unless they have some unusual or compensatory technique, they are not going to have meaningful sexual relations with others. Instead, their relationships with others are trivial. Now, this symptom does not follow directly from my hypothesis. This is because not every psychopath will have an impersonal sex life (some may have unusual or compensatory techniques) and so this is down to individual differences between psychopaths. Some people engage in sexual relations more than others and if somebody is a psychopath then they are more likely to have many impersonal relationships but if they do not engage in sexual relations and they are a psychopath then they will not. As such, this symptom follows indirectly.

#### Suicide Rarely Carried Out

This symptom is not widely discussed as much as other psychopathic symptoms and one reason is because it is not a symptom that is considered to be a core feature. If we consider the analogy of blindness again, it would be strange if 'suicide is rarely carried out' was considered to be a symptom of blindness. So, why did Cleckley think that this is a symptom of psychopathy? The reason for this is because plausibly many psychopaths threaten suicide but then do not carry it through. Therefore, what I need to explain is why many of them say that they are going to commit suicide and then don't, but not others. In this case the contextual factors at play here are that in the moment, psychopaths would rather go to a hospital over

going to jail and escape the legal consequences of their actions. It is part of the manipulative nature of them. In another context they might also do it to threaten their family members or doctors in order to achieve immediate goals. Consider Chester:

Before returning to the hospital, Chester had complained bitterly to his father, stating that he would kill himself rather than come. The father recognized this threat of suicide as insincere but typical of the somewhat dramatic airs often assumed by the patient. (Cleckley, 2015, p. 163)

And Joe:

He admits that the alleged suicide attempt was a pure fraud and that he had made a false statement about it in order to get into the hospital. He had cut his arms only to frighten his wife and parents and to create a dramatic scene in order to gain his ends with them. (Cleckley, 2015, p. 188)<sup>39</sup>

So, the reason that psychopaths threaten to kill themselves but often do not, is because they say this in the moment to get the immediate gratification of their desires. Psychopaths are unlikely to commit suicide because usually people would want to end their life because they have a deep worry about themselves about the future. Nonetheless, they can threaten it to manipulate others. Now, not every psychopath will threaten suicide because there needs to be some contextual feature present at the same time for this symptom to manifest. Thus, this

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<sup>39</sup> There are other case studies too. Frank, for example, frequently threatens to kill himself but has never harmed himself (Cleckley, 2015, p. 124).

symptom follows indirectly from my hypothesis.

The above illustrates that the relationship between extreme discounting and other psychopathic symptoms is like a nodal network. Extreme discounting feeds in with other symptoms and in many combinations of psychology it is going to lead to certain other features but not in all cases. Extreme discounting does not necessitate all psychopathic symptoms. It may be that extreme discounting gives psychopaths a certain tendency to behave in a particular way but they may also behave differently. For example, they might know that some things are social functions so when they are old enough to understand that their behaviour is going to attract punishment or blame, they might change their behaviour in the current moment but not because they have stopped discounting in an extreme way but rather because they have learnt that they need to pretend to be different from what they are. However, this is not a problem that for some symptoms other contextual features may need to be present because an individual does not need every feature to be diagnosed as a psychopath.

The more central symptoms are the ones which are explained directly by my hypothesis. The thing that people always pull out when they are talking about psychopaths is precisely a lack of empathy, a lack of remorse and so on. Whereas features such as an impersonal sex life or suicide rarely carried out, do not get emphasised in the literature and this is probably down to individual differences between psychopaths. Nevertheless, even these symptoms which follow indirectly can still be explained by my hypothesis.

## **6. Is Extreme Discounting Necessary and Sufficient for Psychopathy?**

In what follows I discuss whether the feature of extreme future-and-other discounting is necessary or sufficient for psychopathy. In fact, what I say about this must remain somewhat promissory. But I will explain why.



I have allowed above that, at least in principle, a person may be an extreme discounteer, and yet display *none* of the behavioural symptoms associated with psychopathy on the checklists. Such a person is hard to imagine, but it is logically possible that they could exist. Such a person would obviously lack an otherwise normal psychology, or have compensatory techniques that mean although they do not care about others or their future selves, they behave as if they do. Consider a particular example. Suppose we have a person who is an extreme discounteer, but who has an extremely high IQ and who gains great pleasure at every moment from not being thought of as an extreme discounteer. They are thus obsessively committed at every moment to *appear* to care about their future selves and others, and their obsessive desire to appear like this at each moment outweighs all other desires they might have to perform any other action. To reiterate, of course, such a person is highly unlikely to exist, but if they were to exist, it is plausible that there would be no behavioural indications of their underlying extreme discounting. The question is: Is such a person still a psychopath? If they are, then being an extreme discounteer is sufficient for being a psychopath. If they are not, then it is not.

Contrariwise, consider a case where someone displays all of the outward behaviour of a psychopath but who, for some reason or other, *does* in fact care about others and their future selves. Again, such a person is hard to imagine, but it is logically possible for such a person to exist. Suppose, for example, that there is a person who has been convinced that there is a God who wants them to behave as if they care only about their current selves and not about anyone else or their future selves, and who wants them to keep their beliefs hidden from others. Such a person may privately feel a sense of horror at their apparently uncaring behaviour, but feel obliged to act as if they do not care due to their private religious beliefs. Again, of course, such a person is highly unlikely to exist, and no doubt there would be ways of bringing out

behavioural differences between them and people who are genuine extreme discounters. But, if they did exist, then it is plausible that they may exhibit all the behavioural symptoms of a psychopath, and yet fail to be an extreme discounter. Then we face the same question as above: Is such a person a psychopath? If they are not, and this is because despite having all of the behavioural symptoms of a psychopath, they are not extreme discounters, then being an extreme discounter is necessary for being a psychopath. If they are psychopaths despite not being extreme discounters, then it is not.

So, what are the answers to the questions above regarding whether the first and the second example persons are psychopaths? In fact, I think that here there is no objective fact of the matter here. Rather, we face a decision about how to use the term ‘psychopath’. We must, as it were, *decide* whether to apply the term ‘psychopath’ to such people or not. In effect, this decision is one about whether we wish to *identify* psychopathy with extreme discounting. And whether we wish to do this depends upon difficult questions about the relation of extreme discounting to the underlying brain states that realise this feature in an individual, and whether we are to consider psychopathy as a natural kind or not. The question we face can be put as follows: Should we think of psychopathy as being something like a syndrome, such that a person has it if and only if they meet the diagnostic criteria, or should we think of psychopathy as being more like a distinct natural kind with an underlying nature, such that a person has psychopathy if they have that nature regardless of their behaviour traits?

In cases of physical illness diseases are usually thought of as being natural kinds if there is some identifiable physical feature that underlies the possession of a range of common symptoms. A good illustrative example here of a physical disease that is plausibly a natural kind and that has clear psychological symptoms is Alzheimer’s disease. There are identifiable

lesions on the brain that lead to memory loss, confusion, personality changes, etc. It is, at least in principle, logically possible for a person to have the underlying brain lesions without the corresponding psychological symptoms. And it is, at least in principle (and perhaps in practice), possible for a person to have the psychological symptoms associated with Alzheimer's but without the underlying brain lesions. In the first case, the person would still be classed as having Alzheimer's. And in the second case, they would not. As such, possessing the brain lesions are both necessary and sufficient for possessing Alzheimer's disease.

Now, whether or not psychopathy should be considered as being a natural kind or as a syndrome will depend to a certain degree upon further empirical work. I think it is plausible that an underlying physical basis will be found in the future for those who are extreme discounters, and if this is right, then I think it would be correct to class psychopathy as a natural kind. In such a case, it still would not be strictly speaking correct to say that extreme discounting is logically necessary and sufficient for having psychopathy, because what would be logically necessary and sufficient would be the possession of the underlying physical basis. In this regard, extreme discounting is just another symptom. However, I think that, because extreme discounting is a single unified feature that (as I have argued) naturally leads to the possession of other psychopathic traits, it is plausible to think of it as being associated with an underlying physical basis in Cleckleyan psychopaths in the same way that memory loss is associated with the underlying physical basis of Alzheimer's patients. If this is right, then I think psychopathy should probably be considered a natural kind such that even if a person meets the current diagnostic criteria, they should not be classed as having psychopathy unless they have the underlying physical basis. For sure, this is a revisionary conception of psychopathy, because at present the condition is treated as a syndrome. But, I consider this to

be a virtue of my view. If it is borne out by further empirical research that there is an underlying physical basis for being an extreme discounter, and therefore the suggestion about psychopathy being a natural kind is accepted, then although being an extreme discounter will not be a logically necessary or sufficient for being a psychopath, it will nonetheless be a core symptom that is intimately related to psychopathy in the same way that, e.g., memory loss, is intimately related to the underlying physical basis of Alzheimer's.

## **7. Addressing Concerns About Extreme Discounting**

In this section I will address some possible objections to the proposal that I lay out above. Some of these objections include concerns surrounding the scope of extreme discounting, i.e., whether it applies to all psychopaths. In particular, I discuss objections concerning the relation between the Cleckleyan psychopath and the primary/secondary psychopathy distinction. Other objections include the empirical support for this claim, potential counter-examples to extreme discounting itself, or the purely theoretical approach. In what follows I respond to these objections, and in doing so, I also flesh out my hypothesis in more detail.

### ***Objection 1***

Why focus only on Cleckley's clinical descriptions? This source is dated, and so does not provide a solid basis for a hypothesis.

### ***Response***

I have stated elsewhere (see thesis paper 1), that in order to form any new hypothesis about psychopathy outside of a clinical setting, careful attention needs to be paid to concrete descriptions of psychopathic individuals. I would have liked to have had a richer and more voluminous selection of detailed clinical case studies to work with. However, Cleckley is the only source available. All that other sources provide are, at best, snippets of information about

psychopaths (I'm thinking here of, e.g. Hare, 1993). So, whilst it is true that I focus only on Cleckley, this is a necessary limitation given the lack of detailed case studies. Moreover, this limitation is not a major limitation, as Cleckley's case studies are still considered to be the benchmark for conceptual work on psychopathy. As Westen and Weinberger (2004) note:

Virtually all current research on psychopathy, however, presupposes the observations of a brilliant clinical observer (Cleckley, 1941), whose clinical immersion among psychopaths over 60 years ago still provides the foundation for the measure considered the gold standard in psychopathy research. (Westen and Weinberger, 2004, p. 599)

### ***Objection 2***

The hypothesis is that there is a *single* lack (extreme future-and-other discounting), which has been applied to Cleckleyan psychopaths. But, there are other kinds of psychopaths which the hypothesis does not seem to apply to. In particular, some can be understood as future-discounters but *not* other-discounters, and others as other-discounters but *not* future-discounters. So, doesn't this show that there is not a *single* lack, but rather *two distinct* lacks that just happen to overlap in the Cleckleyan psychopath. As such, the hypothesis is false.<sup>40</sup>

### ***Response***

This objection is well taken. The objection points towards some of the distinctions I have mentioned elsewhere (see thesis paper 1). In particular, those labelled 'secondary psychopaths' are often characterised as being impulsive and anti-social, but not as having shallow affect, and so as possessing a certain degree of empathy and even a high degree of others traits, such as anxiety. And those labelled as 'successful psychopaths' who are often

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<sup>40</sup> *Prima facie*, it might seem that I am putting future-discounting and other-discounting to different uses here. But as will become clear, I am not. In what follows I explain my reasons for thinking that these individuals are not discounting at all.

characterised as having shallow affect, but are capable of a good degree of future planning and so seem to be less impulsive.

So, as indicated, one might argue in light of the above, that there is a more plausible alternative hypothesis to mine. This is that future-discounting and other-discounting are not unified but are in fact two separate lacks, one of which is exemplified by secondary psychopaths, and the other by successful psychopaths, and happen to coincide in the Cleckleyan psychopath, i.e., in those individuals who happened to come to Cleckley's attention.

What the above makes clear is that the *term* 'psychopath' has been applied to people who are not *both* future-and-other discounters. This, in itself, is of no consequence. The question is whether the term *should* have been so applied. The development of the term's use began with the Cleckleyan psychopath. Certain individuals, who were both future-and-other discounters, came to Cleckley's attention, and were described. Cleckley himself in describing this group of people was attempting to clarify and precisify the use that was previously made of the term 'psychopathic personality'. Over time, the psychopathy diagnosis developed to encompass more individuals. This was an extension of Cleckley's use, and in a sense represents a move back towards the previous unclarity, in my view. Of course, it is up to clinicians to choose how to use this word and they can use it in a broad sense. However, this tends to muddy the waters because they are no longer sticking to this core group that Cleckley identified. Indeed, it is my view that the term 'psychopath' has degenerated somewhat to include too broad a range of people, in something like the way that Cleckley complained the term 'psychopathic personality' was used. Consider what Cleckley himself notes about this issue at the time he was writing. He says:

If one attempts to discuss this type of patient and uses the approved term *psychopathic personality* in its official meaning, it is difficult to be either clear or accurate. In fact, it is difficult not to talk nonsense if any one bears in mind all the things that term is recognized as including. (Cleckley, 2015, p. 268)

He continues by saying that he is attempting to outline a clear category that constitutes what he calls a ‘clinical entity’, but that in the past people falling outside of this category have been included:

Whilst it is true that these other conditions are officially placed in the same category with the one discussed here, and which we believe is a clinical entity, it is hard to see how any student unfamiliar with the latter could profit by encountering it vaguely placed in a company of assorted deficiencies and aberrations which are by no means basically similar. It is our earnest conviction that, classified with a fairly heterogeneous group under a loose and variously understood term, a type of patient exists who could, without exaggeration, be called the *forgotten man of psychiatry*. (Cleckley, 2015, p. 32)

In my view, we have gone backwards in this regard. I consider the Cleckleyan psychopath to be the true psychopath, and suggest that other types should not be included. Of course, I do not deny that the term ‘psychopathy’ *is* now used in a broad sense to cover a whole range of cases. This term is used to pick out not only extreme future-and-other discounters, but also people who are not. If we stuck to this current usage, I can put my point as follows: ‘extreme discounters’ is used to identify a particular *type* of psychopath, which I call the ‘true’

psychopath and is a reflection of the Cleckleyan psychopath.<sup>41</sup>

That states my view, but does not yet justify it. To begin this task, first note that there is a general consensus that secondary psychopathy is less severe, and some in the psychiatric literature share my misgivings and have questioned whether secondary psychopaths are even correctly categorised as having psychopathy at all, (i.e., some wish to reserve the term ‘psychopath’ for primary psychopaths only) Karpman is an early example and described secondary psychopaths as ‘pseudopsychopaths’ (Karpman, 1941) and later claims that they are not true psychopaths (Karpman, 1948). Others in the literature have shared this concern. Consider Skeem and colleagues:

Are anxious and emotionally reactive people that are identified as psychopaths by the PCL-R and other measures truly psychopathic? More fundamentally, is psychopathy a unitary entity, (i.e., a global syndrome with a discrete underlying cause), or is it rather a configuration of several distinguishable, but intersecting trait dimensions? (Skeem et al., 2011, p. 95)

They go on to say:

Should the former subgroup be considered “secondary psychopaths,” given that they manifest some features of psychopathy in conjunction with high distress or dysphoria? Or are they not fundamentally psychopathic, given their sharp departure from the emotionally stable, fearless, resilient psychopaths described in several prominent models of psychopathy...This issue remains unresolved in the current literature. (Skeem et al., 2011, p. 104)

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<sup>41</sup> This is a linguistic suggestion and the suggestion is that we ought not to use ‘psychopath’ to cover anything but this core group and use another term such as ‘psychopathic tendencies’ to cover the rest.



The idea emerging here is that certain features, such as a lack of remorse are taken to be central to psychopathy, and if secondary psychopaths fail to have these features, then it is questionable whether they should be classed as psychopaths at all. To illustrate this dilemma, consider that Dean and colleagues point out that although primary psychopaths share many secondary features, the same cannot be said for secondary psychopaths. They say:

Secondary psychopaths share many of the antisocial behaviors of primary psychopaths, but unlike primary psychopaths are remorseful and fearful. (Dean et al., 2013, p. 272)

Now, my suggestion is that secondary psychopaths happen to share some of the features of Cleckleyan psychopaths, but for different underlying reasons. Secondary psychopaths exemplify behaviour that in some sense negatively impacts their future selves, and so one might think that they are best thought of as future-discounters. However, this is not necessarily so. The question is: *Why* do they engage in such behaviour? One explanation is that they are future discounters and so they do not care about their own future. If this were true, then they would indeed share a key underlying feature possessed by Cleckleyan psychopaths. Another explanation is that secondary psychopaths simply have poor impulse control. The explanation here says that they do care about their future selves, but that in some sense they cannot help or stop themselves from acting upon their current desires. Now, as already mentioned, secondary psychopaths tend to exhibit remorse, fear, and a high degree of anxiety, and this is highly suggestive. It strongly suggests that the second explanation is correct. As such, my view is that although secondary psychopaths display behaviour that is in

some sense similar to the Cleckleyan psychopath, they are not extreme future discounters, but instead lack impulse control. As I have argued above, it is reasonable to think that the term ‘psychopath’ should be reserved for the Cleckleyan kind on the basis that Cleckleyan psychopaths share some underlying nature that gives rise to them being extreme future-and-other discounters, and thus leads to their behavioural traits. However, given the above, because secondary psychopaths are not best thought of as future discounters, but rather as having bad impulse control, it is implausible that they share the core underlying trait that is possessed by the Cleckleyan psychopath. As such, they do not deserve to be labelled as ‘psychopaths’ at all.

This leaves the issue of the successful psychopath, who apparently is an other-discounter but not a future-discounter. Here the terminology in the literature is also somewhat unclear. To illustrate, it is thought that Cleckley’s case studies reflect primary psychopathy (Lilienfeld et al., 2015). However, primary psychopathy is also said to encompass successful psychopaths (Smith et al., 2002). As mentioned, successful psychopaths are those who are more likely to be in the general population rather than prison populations. In other words, they are less likely to engage in antisocial or criminal behaviours. However, it is notable that all of the psychopaths in Cleckley’s main set of case studies are unsuccessful. They have all come into contact with the police or been in psychiatric care. They all engage in antisocial behaviour or are criminally deviant. Indeed, as I have argued in this paper, they are all future-discounters. If we take Cleckley’s main case studies as being prototypical of primary psychopathy, this suggests that successful psychopaths are not primary psychopaths after all. As such, these distinctions do not seem to have been applied consistently.

So, why do some in the literature, e.g., Hall and Benning (2006), hold that the successful psychopath is a primary psychopath and developed from Cleckley's work? If we pay close attention to what Cleckley says, we may speculate that this is because as well as giving a series of main case studies, Cleckley also includes (in a separate section) a range of other case studies of individuals in various occupations who were not criminal. However, Cleckley is quite clear that he does not consider these individuals as being correctly classed with the individuals in his main case studies. Instead, he says, they constitute 'suggestions of the disorder' (Cleckley, 2015, p. 208). And indeed, if one considers the additional case studies in detail, many of them involve people displaying psychopathic behaviour when under the influence of excessive drinking. Cleckley does not explicitly say that the people described are incapable of empathy, and indeed during their sober moments some are even described as being quite normal. For example, in one case study describing a businessman, Cleckley writes:

He is now fifty years old, and he has gone on to achieve considerable business success, being an equal partner in a wholesale grocery concern. As a businessman there is much to be said for him. Except for his periodic sprees, he works industriously. He has contributed foresight and ability to the business, whereas his partner has contributed the stability necessary to keep things going when he is out of action...He is pleasant and affable during his normal phases, which make up the greater part of his time. (Cleckley, 2015, p. 214)

So, my suggestion here is that once more the people Cleckley is describing here do not share the underlying traits and behaviours that characterise the Cleckleyan psychopath, properly

understood. There is perhaps a suggestion that heavy drinking brings on such traits and behaviours in some individuals, but as this is temporary, it is not part of a person's innate character, and so such individuals should not be classed as psychopaths.<sup>42</sup>

Here it is worth mentioning that there is work in neuroscience that bolsters my hypothesis in terms of being a unified lack. For example, some have argued that concern for one's future self and concern for others both involve first-person projection, which is associated with a specific brain region. Randy Buckner and Daniel Carroll (2006) define self-projection as follows:

We can shift our perspective from the present to vivid memories of our personal past, conceive what others are thinking and imagine ourselves in situations before they happen. We refer to the ability to shift perspective from the immediate present to alternative perspectives as self-projection. (Buckner and Carroll, 2006, p. 49)

And they argue that there is strong evidence that the capacity to project oneself into the future and the capacity to project oneself into what other people might be thinking, are connected in the brain. These capacities all require an imaginative capacity that is instantiated in the same brain region. Buckner and Carroll go onto say:

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<sup>42</sup> One might think that I allow that in certain individuals extreme future-and-other discounting can come apart, and so this suggests that these things are two distinct lacks. However to be clear, in the above I have not put these aspects to different uses because in the case of secondary psychopaths, I argue that that they are *not* future discounters but simply lack poor impulse control. They have a completely different problem from Cleckleyan psychopaths in that they do not discount the future but rather they just cannot help themselves in the present moment. Similarly, in regards to successful psychopaths I argue that they also do not share the same underlying trait (i.e., other discounting) but simply that heavy drinking brings about certain behaviours which are not part of the individual's innate character.

When thinking about the future or the upcoming actions of another person, we mentally project ourselves into that alternative situation. Accumulating data suggest that envisioning the future (prospection), remembering the past, conceiving the viewpoint of others (theory of mind) and possibly some forms of navigation reflect the workings of the same core brain network. These abilities emerge at a similar age and share a common functional anatomy that includes frontal and medial temporal systems that are traditionally associated with planning, episodic memory and default (passive) cognitive states. We speculate that these abilities, most often studied as distinct, rely on a common set of processes by which past experiences are used adaptively to imagine future perspectives and events beyond those that emerge from the immediate environment. (Buckner and Carroll, 2006, p. 49)

And indeed, others share this view (see Okuda, 2012). The fact that concern for one's future self and concern for others are empirically connected in this way offers additional support for my hypothesis. And so, because the clinical evidence suggests that a lack of care for others and one's future self is manifested together in a core group of psychopaths (i.e. those identified by Cleckley), it is plausible that this is so because those psychopaths suffer from a single underlying physical trait that is manifested in the brain.<sup>43</sup>

### ***Objection 3***

It has not been established that Cleckleyan psychopaths are extreme future discounters. The

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<sup>43</sup> One might object here that it is unclear how the fact that extreme discounting might depend on the same underlying neurological mechanisms shows that they are not two distinct properties. And so, these symptoms (i.e., extreme future discounting and extreme other discounting) are due to two distinct things which can come apart. A useful analogy here is the example of Raynaud's syndrome which is where an individual has numbness in their fingers and toes. Now, some people who do not have Raynaud's syndrome may experience numbness in their fingers but not in their toes. Others may experience numbness in their toes but not in the fingers. But, if there are a group of people who have numbness in their fingers *and* numbness in their toes and are behaviourally similar in many respects, then it's reasonable to hypothesise that those two things are linked. Research has discovered that Raynaud's syndrome is caused by a single blood circulatory problem. My hypothesis on psychopathy is that there are two distinct aspects, but they are caused by a single underlying feature like in the case of Raynaud's syndrome, and so they are two manifestations of the same underlying disorder. Of course, future empirical evidence may falsify this hypothesis and show that there are two underlying causes. But my hypothesis is that we will find just one.

people described in Cleckley's case studies must care about their future selves to some degree because they (i) conceal their actions, (ii) do future orientated activities (e.g. taking a shower), and (iii) display behaviours such as manipulateness and conning that suggests a clear-eyed view of their future selves.

### ***Response***

As mentioned in section 2, future discounting is a matter of degree, and so I can allow that even an extreme future discounter can have *some* degree of future concern. In particular, it is consistent with my view that psychopaths are capable of very short-term future self-interest. That is to say they can care about themselves in, e.g., five minutes time or ten minutes time. In that sense, they might fall on a spectrum in the sense that they have the feature that I have identified to a certain degree rather than it being a complete deficit. In the case of having a shower, we can allow that even if one really does not care about themselves tomorrow, nevertheless, they might care about themselves in the very short-term. So, there is latitude here to allow psychopaths to have at least very short-term self-interest, and we can allow that psychopaths are capable of caring about their future selves in the sense of caring about their self in two minutes time, even if they do not care about their long-term future. Future discounting relates to long-term self-interest rather than immediate or very short-term self-interest. What happens in the very near future (e.g. in one minute's time) is in a sense psychologically immediate to me now. To illustrate this, consider that if a psychopath sees a lorry coming towards them then they will almost certainly jump out of the way. That is to care about your future self, yourself in two seconds' time. So, although activities such as taking a shower seem to stem from a concern for one's future self, we can allow that a psychopath can care about themselves in the short-term, even if they do not care about themselves in the long-term.

With this in mind, we can account for the above objection in particular scenarios as follows:

- (i) Psychopaths sometimes hide their misdeeds or cover their tracks. When psychopaths appear to show some sort of planning for the future this can always be explained in terms of their current mental states and without reference to future concern.
- (ii) Some activities illustrate a basic level of care for one's future self, e.g., taking a shower in the present moment because one wants to be clean in the near future. However, this is not very far into the future and being an extreme future discounter is compatible with some level of future concern.
- (iii) In order to con and manipulate another person, one needs to think about the future to some degree. However, this does not necessarily contradict with future discounting. Although one must follow a plan (to some extent) in order to be able to manipulate someone, this is a short-term plan, which psychopaths have no problem following. They can follow a plan as long as they are interested in the plan, but once they lose interest, they abandon the plan. For example, if a psychopath manipulates somebody for a month then that stays interesting to them, but as soon as it is of no interest to them, they will no longer follow through with the plan. Psychopaths might manipulate in the short term, for example, they might appear to be interested if they are having a conversation with somebody. Those psychopaths who have very successful manipulation plans that span for months are not the Cleckleyan psychopaths.

#### ***Objection 4***

It is not clear what exactly the explanatory project is. Saying that psychopaths are extreme future-and-other discounters looks like another way of saying that they are impulsive and lack empathy. So, impulsivity and future discounting on the one hand, and lacking empathy and other-discounting on the other, are the same things, i.e., they are just different terms for the same phenomena.

***Response***

First, consider future discounting. Future discounting and being impulsive differ because somebody can care about their future selves and still be radically impulsive. This is implicit in my response above to objection 2 when I considered the nature of the secondary psychopath. Consider also a non-psychopath who cares deeply about their future but they cannot help but act upon their immediate desires, e.g., an addict. They are impulsive but their behaviour would be different from psychopaths because it would manifest in destructive patterns of behaviour and acting on their impulses, but then regretting it later on. So, future discounting is not the same as mere recklessness or impulsivity.

Second, consider other-discounting. On this score, this differs from empathy because a person may empathise with another but still discount their wellbeing. To have empathy for another, on my view, is to be capable of representing and understanding the mental states of the other, and to share their affective states. However, being in such a state does not entail that one values or cares about the wellbeing of the other, and so having empathy with another is consistent with discounting their wellbeing altogether.<sup>44</sup>

The explanatory project is to find the central feature of the psychopath which accounts for and explains other psychopathic symptoms. I put this in terms of extreme discounting. Although others have said that psychopaths are impulsive and lack empathy or concern for

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<sup>44</sup> This particular response requires greater explanation and defense. I give this elsewhere (see thesis paper 4).



others, they have not made the connection between the two. I am looking to explain all the other features in terms of that one. I accept that it can be rephrased in terms of a lack of concern for the future and a lack of concern for others because that's what extreme future-and-other discounting is. However, I'm putting this centre stage and explaining what this amounts to.

### ***Objection 5***

This hypothesis is not really explanation. Instead, all it says is that psychopathic behaviours are *compatible* with extreme discounting. As such, the argument is weaker than explanation because it is not that discounting explains these behaviours. Rather, it is just that these behaviours are compatible with extreme discounting.

### ***Response***

The hypothesis is that it is explanation and not mere correlation. Now, it is difficult to *prove* that an explanation works. Blindness, for example, is correlated with depression to a certain degree. This hypothesis offers another possible way of interpreting the evidence that we already have. Of course, it is a correlation, but it is more than that. It has explanatory power and is unifying. First, as an explanation it is more comprehensive than existing explanations. For example, in section 4.1, I considered various explanations for psychopathic behaviour, (i.e., i) compulsion, ii) practical irrationality, and iii) an inability to mental time travel). I then provided evidence to show that in regards to i) there are no strong compulsions that arise in psychopaths, ii) psychopaths are rational in the sense that they are capable of achieving their goals but they do not have any genuine long-term goals in the first place, and iii) psychopaths are capable of conceiving of future scenarios and have a clear understanding of the risks and future consequences of their actions. Second, it is a unifying explanation. Once you adopt it, you can make sense of everything else that we know about psychopaths. Ultimately, it's a

hypothesis to be tested. It's a very plausible hypothesis in that it has advantages over alternative hypotheses for the reasons that I have argued for in sections 4.1 and 4.2. It can be further tested and modified if needed. But, it's nonetheless a very good working hypothesis.

## **8. Conclusion**

In this paper I offered a philosophical account of what psychopathy is. I began by outlining the notion of extreme discounting in section 2. The notion of future discounting is derived from an already existing literature and I applied this to discounting other people. Then, in section 3, I laid out my hypothesis. The methodology I use is inference to best explanation. Given what we know about psychopaths and comparing other possible explanations of their behaviour I come to the conclusion that extreme discounting is the superior explanation. Now, it is important to underscore that my thesis is only that Cleckleyan psychopaths are extreme future-and-other-discounters, and I make no such claim about secondary psychopaths. I then considered the clinical evidence that we have for psychopaths being extreme discounters in section 4. Here, I contrasted my hypothesis with other possible explanations but argued that my hypothesis is better at explaining psychopathic behaviour. I compared my hypothesis with other hypotheses case by case and gave a specific detailed analysis. Thus, if we invoke extreme discounting it explains what is going on in these particular cases of psychopaths. Next, in section 5, I considered the relationship between extreme discounting and other psychopathic symptoms and gave a general account of how psychopathic symptoms arise from extreme discounting. This new theory of what underlies the symptoms of psychopathy, allows us to unify the diverse symptoms that psychopaths have by finding a connecting thread. I argued that some symptoms follow more or less directly and other symptoms follow more or less indirectly and explained in each case how certain behavioural symptoms arise.

Then, I considered whether extreme discounting is a necessary and sufficient condition for psychopathy in section 6. Here, I suggested that psychopathy should be thought of as a natural kind and if so, extreme discounting will not be logically necessary or sufficient for psychopathy. Nonetheless, it will be a core symptom that is intimately related to psychopathy, more so than other psychopathic symptoms. Finally, in section 7 I considered some possible objections to this hypothesis.

# Are Psychopaths Persons?

## Abstract

One underexplored area in the philosophical literature is psychopath's lack of future concern. That is, they are what I call *extreme future discounters*. It is clear from clinical case studies that psychopaths are able to mentally travel to different points in time, but they just do not care about it when they do.<sup>45</sup> Instead, they entirely future discount. This feature of psychopathy (i.e., failing to care about one's future self), has received little attention and has significant implications. One implication is the personal identity of psychopaths. If personhood consists in a person conceiving of themselves as a particular kind of temporal being, then this conception involves having a certain concern about one's future self. I argue that psychopaths lack that certain concern for their future selves. In this paper I rely upon the work of Thomas Nagel (1970) to argue that psychopaths are not persons. Nagel can be taken to be specifying that a necessary condition for being a person is that a being is capable of recognising that reasons for action are not limited to one's own current reasons. I will argue that this view is entirely plausible. So, because on this view psychopaths lack the capacity to recognise timeless and impersonal reasons for action, they fail to meet this necessary condition of personhood, and so are not persons.<sup>46</sup>

## 1. Introduction

In the philosophical literature there is a general consensus that psychopaths do not care about

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<sup>45</sup> I argue for this claim elsewhere (see thesis paper 5).

<sup>46</sup> In this paper I use the philosophical account of personhood as opposed to the psychological account of personhood. Moreover, because I do not assume that only persons have moral status, this conclusion does not necessarily have any moral implications.

their future selves (McIlwain, 2010; Levy, 2014). Many psychological theories of personal identity have it that it is important that one can consider themselves through time in the appropriate sense (Locke, 1975; Shoemaker, 1984).<sup>47</sup> In this paper, I argue that on this popular conception of personhood psychopaths are not persons.

My argument will rely upon an understanding of what a person is that is gleaned from the psychological account of a person and subsequent literature. The most robust statement of this kind of a view comes from Nagel (1970) and so I will focus on him for the purpose of this paper.

In section 2, I outline the psychological account of personhood and survey the relevant literature. In particular, I consider the relationship between personhood and being concerned about the future.

In section 3, I argue that the view developed by Nagel in *The Possibility of Altruism* can be fruitfully applied to develop the psychological account. Note, that here I focus on future-regarding reasons, but in fact Nagel thinks that other-regarding reasons are just as important. I'll briefly consider this side of his argument too. But, my main focus will be on future-regarding reasons, and this is enough to argue that psychopaths are not persons.

In section 4 I argue that the account, so understood, has significant consequences. In particular, I will argue that it entails that psychopaths are not persons. *Prima facie* one might think that we ought to reject Nagel's view for the reason that strange consequences can be derived from his account, i.e., the result that psychopaths are not persons. However, I will argue that instead we ought to accept this outcome because as will become clear to the reader,

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<sup>47</sup> Some in the philosophical debate about personal identity, e.g., animalists, argue that the correct criterion of identity over time for persons is not psychological (see Olson, 1999) However, in this paper I focus on the concept of a person as a psychological entity. This is an orthodox view of personal identity through time and my aim here is to draw out a consequence of this which is that psychopaths do not meet the conditions of personhood.

Nagel's view has in fact got something right.

Finally, in section 5 I conclude that psychopaths are not persons in the traditional philosophical sense and briefly consider the implications of this conclusion.

## 2. The Psychological Account of Personhood

Persons are beings that persist over time, with a certain kind of history, and with certain properties and capacities. According to defenders of the psychological theory of personal identity, persons are beings with a history that meets certain psychological constraints and possess certain psychological properties and capacities. One aspect of this account is that it is partly constitutive of being a person that a being can form a conception of itself as a persisting thing, i.e., as a thing that exists in different times and places. This view originates from John Locke who defines a person as follows:

a thinking intelligent Being, that has reason and reflection, and can consider it self *as it self*, the same thinking thing in different times and places. (Locke, 1689/1975, p. 335)

But Locke says little about what it means for a person to consider itself as itself in different times and places. What this means has been developed in the literature to some degree, with many emphasising the importance of psychological connections and concern for one's future self (see Lewis, 1983; Parfit, 1984; Shoemaker, 1984). But as I will argue, the account can be fruitfully extended by considering the work of Nagel (1970). In short, Nagel can be taken to be specifying that a necessary condition for being a person is that *a being is capable of*

*recognising that reasons for action are not limited to one's own current reasons.*<sup>48</sup> I will consider this in some detail in the following section (section 3) and show how an appreciation of Nagel's view helps us to develop a better understanding of the psychological account of personhood.

Locke sets the stage for many psychological theories of personal identity and so I begin by outlining the Lockean conception of a person. Locke's basic position is that a person is a self-conscious being that exists over time. He says:

For since consciousness always accompanies thinking, and 'tis that, that makes every one to be, what he calls *self*; and thereby distinguishes himself from all other thinking things, in this alone consists *personal identity*, i.e. the sameness of a rational Being: And as far as this consciousness can be extended backwards to any past Action or Thought, so far reaches the Identity of that *Person*; it is the same *self* now it was then; and 'tis by the same *self* with this present one that now reflects on it, that the Action was done. (Locke, 1689/1975, p. 335)

The psychological account has been cashed out further in terms of overlapping chains of psychological connections that hold between a person at one time and a person at another. On Locke's view these psychological connections are *memory* connections, i.e., a person at a later time is the same person as a person at an earlier time if the person at the later time remembers a sufficient amount about their earlier self in the appropriate sense.<sup>49</sup> However, Shoemaker's (1984) psychological continuity account revises the Lockean definition of a person and extends the psychological relations that hold between persons at one time and another to

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<sup>48</sup> One might think that this is also a sufficient condition. Nagel does not specify whether this is the case. However, for my argument I only require the weaker claim that it is a necessary condition and so for the purpose of this paper I do not make this further claim.

<sup>49</sup> There are problems with this view, such as that memory presupposes personal identity and therefore cannot constitute it. Other problems involve the possibility of quasi memories (see Butler, 1736; Flew, 1951).

include not only memory but also persisting beliefs, values, desires, and continuity of character in the sense of personality characteristics (Shoemaker, 1984, p. 89).<sup>50</sup> This neo-Lockean conception of a person has been traditionally developed in terms of endorsing the following criterion of identity over time (here, roughly stated):

Person p1 at t1 is identical with person p2 at t2 iff p1 is psychologically connected with p2 in an appropriate sense.

Parfit explains the notions of psychological continuity as follows:

*Psychological connectedness* is the holding of particular direct psychological connections.

*Psychological continuity* is the holding of overlapping chains of strong connectedness.

(Parfit, 1984, p. 206)

However, Parfit modifies the criterion due to the fact psychological continuity is not sufficient for identity. His argument for this is as follows:

Suppose that in addition to the existence of p2 at t2, there is another person p3 at t2 who is psychologically continuous with p1 at t1. Then, if psychological continuity were sufficient for identity, we would have:

1. p1 at t1 = p2 at t2
2. p1 at t1 = p3 at t2

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<sup>50</sup> Shoemaker (1984) imagines a case in another possible world where persons survive body swaps. The thought is that many of us share the intuition that personal identity is preserved even in cases where persons are transferred into a different body, but psychological continuity remains.



From which it follows by the symmetry and transitivity of identity that:

C.  $p_2$  at  $t_2 = p_3$  at  $t_3$

But here the conclusion is false, as  $p_2$  and  $p_3$  are different people (see Parfit, 1984, p. 268).

So, Parfit thinks that the holding of personal identity consists in the holding of other relations, i.e., relations of psychological connectedness and continuity. His problem case illustrates that there can be a breakdown in identity but the same psychological relations still hold. He calls this fission case 'My Division':

My Division: My body is fatally injured, as are the brains of my two brothers. My brain is divided, and each half is successfully transplanted into the body of one of my brothers. Each of the resulting people believes that he is me, seems to remember living my life, has my character, and is in every other way psychologically continuous with me. And he has a body that is very like mine. (Parfit, 1984, pp. 254-5)

As such, Parfit argues for the view that identity should not matter to us, i.e., that when considering our future, whether there is some person who is identical with us in the future does not matter, and all we should care about is that there is some person who is psychologically continuous with us (what gets called "a Parfitian survivor"). That is, all that matters to us is that there is a being in the future that is psychologically related to you in the right way, it does not matter if they are strictly or literally identical to you. And so, Parfit thinks that we have concern for 'Parfitian survivors', i.e., psychological continuers because in cases where we care about our future selves, it is not because it is our future selves but rather because our future selves are the only psychological continuers of us. But in brain-transplant

type cases where there is a branching, Parfit thinks that you would have future concern for both.<sup>51</sup>

My argument is not specific to any psychological account of personal identity because most psychological theorists believe that thinking about one's future welfare is important (see, for instance, Locke 1975; Parfit, 1984). Parfit, for example, talks about future concern. He says:

A rational person's dominant concern should be his own future, but he may now be less concerned about those parts of his future to which he is now less closely connected. (Parfit, 1984, p. 317)

Parfit thinks that it is rational for a person to have special concern for the future. Now, it is rational for a person to future discount with respect to psychological connectedness because this discount rate, unlike time, relates to the 'weakening' of psychological relations (Parfit, 1984). He says:

My concern for my future may correspond to the degree of connectedness between me now and myself in the future. Connectedness is one of the two relations that give me reasons to be specially concerned about my own future. It can be rational to care less, when one of the grounds for caring will hold to a lesser degree. Since connectedness is nearly always weaker over long periods, I can rationally care less about my further future. (Parfit, 1984, p. 313)

The idea is that the person in twenty years' time is not going to be the same qualitatively as

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<sup>51</sup> In the mainstream literature the *nature* of the concern for one's future self is not widely discussed. Instead, generally speaking philosophers are thinking about whether we can make sense of the idea that you should care for *your* future self, given the possibility of fission.

the person that exists today and so one's concern for that future being is not going to hold the same weight as the concern that a person holds for themselves today or tomorrow.

Nonetheless Parfit still thinks that we ought to have a rational concern for the future, and so persons are irrational if they act imprudently or against their own self-interest (Parfit, 1984, p. 317). He says:

If we now care little about ourselves in the further future, our future selves are like future generations. We can affect them for the worse, and, because they do not now exist, they cannot defend themselves. Like future generations, future selves have no vote, so their interests need to be specially protected...More generally, we should claim that great imprudence is morally wrong. We ought not to do to our future selves what it would be wrong to do to other people.  
(Parfit, 1984, pp. 319-20)

As is clear from above, most psychological accounts of personhood include the idea that a person has to have concern for themselves in the future in the appropriate way. However, if we consider the Lockean account, this includes the idea that this is not sufficient. What is also needed for personhood, is that the being is able to 'consider itself as itself' in different times and places. Philosophers characterise what kind of psychological connection this should be differently, but the standard view is that it is a causal relationship (Armstrong, 1980; Shoemaker, 1984). Even if psychological relations such as memory hold between an earlier time and a later time, there needs to be a causal link between these that connects them together. So, personhood is constituted by an ongoing causal chain. Locke says:

*Self* is that conscious thinking thing...which is sensible, or conscious of Pleasure and Pain, capable of Happiness or Misery, and so is concern'd for it *self*, as far as that consciousness

extends. (Locke, 1689/1975, p. 341)

This, then, raises the question, what is that appropriate attitude? Locke says little except what has already been quoted. But Nagel can be seen as cashing out this idea in more detail. Nagel says what exactly it is to have concern for one's future self. Many psychological theorists think that it is just a fact about persons that we have this concern for our future selves. Parfit, for example, thinks that this is what it is to be a person. To be a person is to be a being of this sort, the sort that has future concern. But he also does not go into more detail.

The main point of this section was to show that most psychological accounts of personhood think it is important for their status as persons that a person has future concern for themselves in the appropriate way. As will become clear to the reader in the following section, Nagel illustrates that the appropriate way means that a person has to recognise timeless (and impersonal) reasons for action.

### **3. Nagel and the Psychological Account of Personhood**

Generally speaking, psychological theories of identity have it that it is important that one can consider oneself through time. As the most robust statement of this kind of a view comes from Nagel, I here focus on him but my conclusion is in fact more widely applicable to other psychological theories of identity.

First, Nagel's position is that it is a necessary condition of being a person that one has to have other-regarding reasons and future self-regarding reasons. As already outlined, psychopaths lack both (see thesis paper 2). As such, it could be argued that psychopaths are not persons on the basis that they lack either other-regarding reasons or future-regarding reasons.

Although Nagel thinks that one needs to have both kinds of reason to be a person, it is not clear to me that persons *must* have other-regarding reasons. Other-regarding reasons relate to *other* people, and it is not clear whether lacking such reasons can affect *my* personhood. I think a much stronger case can be made that when a person is disconnected from their *own* future stages, this is far more central to what a person is, and as we have seen, future concern is a feature of personhood that is typically discussed in the literature. Nagel might be right about other-regarding reasons being necessary for personhood, but I'm not sure. But what I really think he is right about is future-regarding reasons. So, although the argument could be made either way, in what follows I will focus on the stronger case of future-regarding reasons.<sup>52</sup>

The psychological continuity account does not exactly spell out what it means to have concern for one's future self in the right way. Nagel, despite the fact that he does not discuss the matter in detail, is himself a perdurantist from what he says. He talks about a person existing as stages.<sup>53</sup> He says:

To identify with one's past or future is simply to regard the present as a stage in the life of a persisting individual, of which those other times are also (earlier or later) stages. (Nagel, 1970, p. 60)

A person, on Nagel's view has such a conception of themselves, i.e., that they are made up of different person-stages which are part of the overall person. And these person-stages are not identical to the person:

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<sup>52</sup> However, at times I will discuss other-regarding reasons in relation to psychopathy too.

<sup>53</sup> For the purposes of this paper, it does not matter whether perdurantism or endurantism is true. Everything that can be said in terms of perdurantism can also be said in terms of endurantism without changing any of the substantial points.

To identify with one's future self is not to hold the absurd view that present and future stages of one's life are identical. One need only identify the present as one time among others all of which are contained in a single life. And what corresponds to this in the interpersonal case is not an identification of oneself with other persons or with all persons, but rather a conception of oneself as simply a person among others all of whom are included in a single world. (Nagel, 1970, pp. 100-1)<sup>54</sup>

Nagel's perdurantist view of a person is the idea that a person at one time is distinct from that person at another time. So, a person at one time and a person at another time does not actually refer to a person existing at two times. Rather it refers to a person at one time as one thing and a person at another time as a separate thing. He does not think that persons exist identically overtime, that a person at one time is literally and strictly identical with a person at another time. Instead, he thinks a person is made up of different person-stages which are part of the overall person. Although Nagel does not discuss the metaphysics of personal identity, he does say 'to identify with one's future self is not to hold the absurd view that present and future stages of one's life are identical' which strongly suggests a perdurantist view. Because the endurantist would say that a person now is identical with a person later on.

The first point to note about Nagel's view is his emphasis on the idea that the attitude in question is one that is tied to practical reason and motivation, i.e., it is one that goes beyond each person merely having a belief about the future person that they are connected with. That is to say, on Nagel's account, it is not enough for a person merely to believe that a future

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<sup>54</sup> Here, Nagel is presuming perdurantism. However, for the purposes of this paper I do not need to take a view on this debate because what I say can be translated. As such, I continue this paper in neutral terms.

psychologically connected person is part of the same person that they are part of. In addition, persons must have a concern for what happens to the future person they are psychologically connected to and therefore be motivated to act now on the basis of such concern. Nagel puts this in terms of reasons for action.

A practical reason is one that justifies acting in a certain manner. For example, that Smith has a slight headache provides a practical reason for Smith to take a paracetamol. For the sake of what follows, we can in fact identify the state of affairs in question with Smith's practical reason. That is, Smith's headache *is* the reason he has to take paracetamol. (Consider asking Smith: "Why did you take paracetamol?" and the natural reply "Because I have a headache"). In order to understand Nagel's view, it is important to draw a distinction between the time at which a practical reason (i.e., a state of affairs) obtains and the time at which it is motivationally relevant. In the simplest case, a practical reason obtains at the same time at which it is motivationally relevant. This holds, for example, in the above case. Before Smith develops the headache, he has no reason to take paracetamol. It is only at the point when the headache obtains that he has such a reason. So, the obtaining of the state of affairs is simultaneous with the time at which it is motivationally relevant. But this is not always the case. Nagel illustrates this with the example of learning Italian. That I am moving to Italy in the future provides a reason for me to learn Italian now. Again, we can identify the state of affairs in question with my practical reason. That is, that I am moving to Italy *is* the reason that I have for learning Italian now. In Nagel's case, a practical reason can obtain after the time at which it is motivationally relevant. So, when I am in Italy in the future, I will have a motivation to speak Italian, but it is not only at the point when I am in Italy that I have a motivation. The state of affairs is also motivationally relevant at a time before it occurs. So, even though the time at which the state of affairs will occur is in the future, the time at which

it is motivationally relevant to me is now in the present. In other words, a future state of affairs can provide a person with a motivation for action now (Nagel, 1970, pp. 63-4).

A person on Nagel's view is a being with the capacity to recognise timeless and impersonal reasons for action. He says:

The possibility of *interpreting* ethical and other basic normative principles arises because they define what a person is. (Nagel, 1970, p. 23)

The idea is that a person just *is* a being which operates according to these reasons. Persons, as it were, as a matter of definition, are beings that interpret ethical and normative principles. In other words, a person just *is* somebody who is motivated by care for others and care for their future selves. Nagel thinks that is a constitutive capacity possessed by persons.

The general point here is that a state of affairs that obtains at some future time in one's life can be motivationally relevant now. In short, we might put this by saying that future reasons can "collapse down" to present reasons. The idea expressed here is that the appropriate attitude a person  $p_1$  must have towards that future person  $p_2$  that it is psychologically connected to is one such that the practical reasons that obtain for  $p_2$  collapse down to reasons for  $p_1$ . However, it is important to note that future reasons do not need to be overriding reasons or strong reasons, for the reason that people do not always account for their future reasons and act in accordance with them. In other words, although practical reasons for a future person collapse down to practical reasons for an earlier person this is not to say that every person will always care about their future self to a high degree. People often act against their own future self-interest. There might be times where a person recognises future reasons but they fail to be motivationally relevant to them now. For example,



somebody might not take care of their health in the right way. And so, to be a person does not require that somebody always acts in accordance with their own future self-interest. Nagel's point rather, is that if you are a person, you will take account of those reasons at least to some degree. To take account of a reason is to recognise that a reason is there and for it to bear upon your thinking in some sense. For example, if we consider the case of an addict who knows that they should not be doing it, but they are compelled to do it regardless for a number of complex reasons. Even in this case if they do not act on the reason, they still recognise it and it concerns them in some sense. So, it may be that the capacity to recognise one's future reasons as current reasons is a question of degree. A person has the capacity to take them into account and sometimes they do and sometimes they do not, and the context may determine in which cases it is appropriate to take account of them and which cases it is not.

In fact, Nagel extends the account just given to apply not simply to reasons that obtain for a future person that one is psychologically connected to, but also to reasons that apply to other simultaneous persons that one is not psychologically connected to. That is, he thinks that a necessary condition of being a person is that reasons that obtain for other persons that one is not psychologically connected to in the appropriate manner can (and in certain circumstances do) "collapse across" to one's own reasons. So, reasons for other people are one's own reasons, but this does not necessarily mean to a strong degree. For other people's motivating reasons to collapse across and become your reasons is to just recognise that others are the same type of being as you, who have reasons of their own and for you to recognise that and have some concern for them. An example of where this can happen is not stealing from somebody because you recognise that it would make the other person uncomfortable and you simply recognise that as a reason. And so, others' reasons can provide reasons for action for oneself. This also goes both ways. I can recognise practical reasons of other people as

motivating for me and I can recognise that the reasons that motivate me can motivate other people. That is part of what it is to be a person on the Nagelian view. In other words, it is constitutive of being a person that one has that capacity. In order to be a person, I must recognise that another person's reasons can be reasons for me. Nagel puts this in first-personal terms but the point can be put in a general formulation. To be a person is to recognise that one person's reasons can be reasons for other people, which includes the case of other people's reasons as being reasons for me, and also includes the case of my reasons as being reasons for others, and John's reasons as being motivating for Smith and so on. It is a universally quantified claim which we can recognise as applying to our own case. The idea is that by recognising others' 'reality', i.e., that other people are the same type of being as oneself with their own interests, one can generalise from the personal to the impersonal standpoint and recognise that another person is equally as important as oneself. So other people's reasons are motivationally relevant for oneself (Nagel, 1970, p. 83).

Again, it is important to specify that this does not mean that those reasons always cause a person to act. For example, there are selfish people who in a sense do not care about other people. They might care about very few people and have some kind of feelings and concern towards some others. But in this case, the motivational force of other people's reasons can be very weak. To illustrate this, consider a case where I see somebody fall over and I just ignore them. I nevertheless still recognise that I have a reason to help that person. Even if I were not to help that person, recognising that reason would still impact upon my psychology in some way even if it did not cause me to act. So, Nagel's point is not to say that if you are a person you have got to always really care about other people to a high degree all of the time. Both future reasons which collapse down and other people's reasons that collapse across, do not necessarily need to be decisive or overriding. That is to say that the fact that a

reason is motivationally relevant does not mean that a person needs to act on it.

The idea expressed here is that the appropriate attitude a person p1 must have towards person p2 that they are not psychologically connected to is one such that the practical reasons that obtain for p2 collapse across to reasons for p1. In effect, Nagel's argument is that the appropriate attitude is one such that a person recognises that the reasons other people have are also one's own reasons and motivation for reasons for action. He says:

Altruism [depends] on the fact that our reasons for action are subject to the formal condition of objectivity, which depends in turn on our ability to view ourselves from both the personal and impersonal standpoints, and to engage in reasoning to practical conclusions from both of those standpoints...Although we tend to bring the two standpoints together when a disassociation between them presents itself to us vividly, we also find many ways of avoiding such recognition, by remaining enclosed in the personal standpoint, or blotting out our sense of the reality of others. (Nagel, 1970, pp. 144-5)

Can one choose not to care about others, and can one choose not to care about their future self? Is that a choice that is open to one or not? The idea is that it is not a choice that is open to you, it is just part of what you are to care about oneself and others. You are a thing that cares about other people and your future self, that's what makes you a person. Concern for one's future self and other people are part of a person's nature.

#### **4. Psychopaths Are Not Persons**

In this section, I will establish that psychopaths are not persons according to psychological accounts of personal identity. As already noted, many psychological theorists argue that

future concern is an important feature of personhood (Locke 1975; Parfit 1984; Shoemaker, 1984). Many philosophers and psychologists also think that psychopaths lack future concern for themselves in some sense. As such, I argue that on many psychological conceptions of personhood, psychopaths are not persons. Specifically, I will focus on the Nagelian view of persons because Nagel offers the most robust account, but the general conclusion in this paper applies elsewhere, i.e., other psychological accounts.

Many philosophers argue that psychopaths lack concern for their future selves (and other people) in some sense.<sup>55</sup> This has been explained in a number of different ways. For example, some philosophers put it in terms of *mental time travel* (Kennett and Matthews, 2009; Levy, 2014; Malatesti and Čeč, 2018) and other philosophers put it in terms of a *nested sense of self* (McIlwain, 2010). I have argued elsewhere (see thesis paper 2), that extreme future discounting is a defining feature of psychopathy. That is to say that psychopaths are *extreme discounters*. Overall, my account of psychopathy says, briefly, that what characterises psychopathy is an inability to care for one's future self and other people. Indeed, that psychopaths do discount the future is one of the fundamental features of psychopathy and has been accepted by most working in this area, who have felt the need to give an explanation for this feature. For the purposes of this paper, it does not matter whether psychopaths lack of future concern is characterised by, for example, mental time travel or extreme (future) discounting.

There are philosophers who argue that in psychopaths there is an impairment in personhood because they lack certain capacities. Neil Levy (2014), for example, does just this. The main claim made by Levy that will concern me is that the psychopaths have an

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<sup>55</sup> In both the philosophical literature and clinical diagnostic criteria there is also the general consensus that psychopaths lack concern for other people. However, in this paper I focus specifically on explanations with regards to the future reasons.

impairment in personhood because they lack the capacity to mental time travel. According to Levy, having this capacity is central to personhood:

Personhood depends on the capacity for conceiving oneself as a persisting being, with plans and projects of one's own; the distinctive harm involved in killing a person, as opposed to a non-person, arises from interrupting these plans and projects. (Levy, 2014, p. 362)

Here, the concept of a person involves assuming a person is a thing that persists over time which fits in with the Lockean definition. Although he does not go into any great detail, Levy thinks that in virtue of lacking this capacity (i.e., mental time travel), psychopaths have an impairment in personhood (Levy, 2014, p. 364). He takes mental time travel to be analogous to episodic thinking and argues that psychopaths suffer a deficit in regards to mental time travel. He expands on the capacities that underpin mental time travel (MTT):

The capacities for being a person overlap very extensively with, and may even be identical to, the capacities that underlie MTT. Planning for the future involves imaginative projection... This requires prospection. It also requires that we identify with our past stages and see them as engaged in a project which we share and continue. It follows that an inability to engage in full-blown MTT entails an impairment in personhood. It also very probably entails an impaired ability to grasp what it is to be a person, with plans and projects. (Levy, 2014, pp. 362-3)

So, according to Levy, psychopaths cannot understand reasons to act for their own future's

sake, nor can they appreciate the special wrongs that one does by harming another person. Levy's suggestion here is that psychopaths fail to meet even the simple Lockean condition of perceiving themselves as persistent beings, because they lack the capacity to imaginatively think of themselves in the first-person at future and past times. However, it is far from clear that psychopaths are unable to do this.<sup>56</sup> Clinical evidence suggests that a psychopath's memories are usually good (Cleckley, 2015). Similarly, there is no reason to think that psychopaths cannot also imagine themselves existing in the future in the first-person. But the key idea here is not that they are unable to imaginatively project themselves into other moments of time, but rather that even if they do so they cannot recognise the reasons that hold at those times as being their own reasons. So, my argument here differs from Levy's in this respect. However, as the Nagelian conception of a person illustrates, personhood does not only depend on the capacity to perceive of oneself as a persistent being (which may involve imaginative projection), but it also precisely involves caring about that future person if one does so imaginatively project. To summarise, the difference between mine and Levy's account is that I think that psychopaths can recognise that their future stages have got reasons for things, but they discount it. However, Levy thinks that psychopaths do not have this recognition of future stages.<sup>57</sup>

My purpose here is to merely illustrate that there is broad agreement in the literature that psychopaths lack future concern. Although I do not agree on the details, and I argue for this elsewhere (see thesis paper 5), unpacking the commitments of these views helps demonstrate that there is broad agreement which is all that I will require to establish my conclusion.

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<sup>56</sup> I discuss this argument in more detail and Levy's paper in a more comprehensive way elsewhere (see thesis paper 5).

<sup>57</sup> I explain this further shortly.

Other philosophers, such as Kennett and Matthews (2009) also argue that because psychopaths lack the capacity for mental time travel there is an impairment in personhood. Kennett and Matthews discuss the importance of psychological continuity in personhood, and argue that mental time travel requires a sense of identity and a sense of connectedness (Kennett and Matthews, 2009, p. 333). They claim that mental time travel ‘captures intuitively the Lockean sense of self-ownership, but in addition builds in a forward-looking dimension’ (Kennett and Matthews, 2009, p. 342). Like Nagel, what Kennett and Matthews say suggests something like a perdurantist view because they talk about the idea of a ‘worm’ connecting up consciousnesses. They say:

In many cases, we acknowledge that episodic remembering does give rise to a distinct feeling of there being a continuous experiential ‘worm’ connecting the current rememberer with the remembered self, even though we typically never have a complete view of the worm...But in some cases, the identity and connectedness features may come apart. Sometimes ‘memories’ from long ago, contain snapshots of events that now seem isolated from one’s sense of a continuous world...They certainly have the feel of personal identity about them but as detached episodic fragments they cannot be fitted into an overarching sense of a narrative life. We think we do experience ‘memories’ such as these, and so they count as identity-preserving even though they do not give rise to a sense of connectedness. (Kennett and Matthews, 2009, p. 333)

The above seems to be connecting up the sense of mental time travel with personal identity. They go on to argue that psychopath’s capacity for mental time travel is impaired and thus it is implicit that psychopaths are not persons. They say:

*Persons* are capable of wanting desires to be different from how they are...But the wanton, according to Frankfurt is the individual who is moved indifferently by his strongest desire. Unlike the rest of us, he simply does not care (and is incapable of caring) which of his desires move him to action...We suggest the same is true of psychopaths. We want briefly to suggest one further point and that is that if psychopathy is a real-life example of wantonness, it calls into the question the assumption that their capacity for [mental time travel] *is* unimpaired... (Kennett and Matthews, 2009, pp. 345-6)

Here, the notion of mental time travel is used to characterise a person with autonomy. Both Levy and Kennett and Matthews are doing something similar because mental time travel becomes a feature of persons. Ultimately, mental time travel is a necessary condition for personhood. Kennett and Matthews claim that if somebody lacks the capacity for mental time travel then ‘there is no sense in which the individual might be said to be shaping their own life or acting on the basis of reasons over enough time’ (Kennett and Matthews, 2009, p. 342).

Now, although I do not endorse all of the above account the main point is that in the literature there is a general understanding that a lack of future concern is going on in psychopaths, however understood.<sup>58</sup>

Another hypothesis about what is going on here is due to Doris McIlwain (2010) who argues that psychopaths lack future concern due to suffering from emotional poverty and as such they have a fragmented sense of self. She says:

I suggest that psychopaths are characterised by a nested sense of self...They do not have an integrated sense of self across context or across time or in relation to a generalised social other. With a nested sense of self, diminished intensity and scope of affective experience (in both

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<sup>58</sup> I engage with Kennett and Matthews (2009) argument elsewhere (see thesis paper 5).



directly experienced and vicarious forms) they lack textured access to a personal, owned and integrated past. Thus they lack the kind of access to the past required for a motivationally compelling planning of the future. They lack the emotional investment in the future that enables us to overcome the motivation to act opportunistically and myopically. These individuals live strangely in time. (McIlwain, 2010, p. 75)

Here, I agree with McIlwain that psychopaths fail to have an integrated sense of self across times. However, I explain this precisely in terms of reasons. The idea that psychopaths do not have an integrated sense of self across time is rather vague and my account is well positioned to explain what this means. Presumably lacking ‘access to the past’ means not remembering the past or not being able to imaginatively project into a past time. I think that psychopaths do in fact have access to the past, it is just that they cannot recognise the significance of the past to the future because they do not care about the future. So, I agree with the spirit of McIlwain but I explain it in slightly different terms.

At any rate, even though I do not necessarily endorse these explanations of why psychopaths’ future discount and disagree with the details of these explanations, the important point for the purpose of this paper here is that each of these philosophers think that there is this feature of psychopathy that needs to be explained. Thus, another way of thinking about the thesis of this paper is of also offering an alternative explanation of the behaviour of psychopaths with regards to their future selves and with regards to others. My explanation why they do this is that they lack the capacity to consider future reasons and other-regarding reasons. But the important point for this paper is that discounting is usually seen as partly constitutive of psychopathy and shows that future reasons do not collapse down for psychopaths (and other-regarding reasons do not collapse across).

Nagel draws close parallels between being able to recognise that reasons collapse

down and across, and that is to treat one's future reasons as reasons for you now and also to recognise other people's reasons as reasons for you. So, the core of Nagel's argument is precisely that just as for persons future reasons collapse down from their future self, for persons it is also true that reasons collapse across from other people. The key idea is that this is a necessary feature of personhood. Nagel says there are certain types of beings, i.e., persons and those beings do as a matter of fact care about their future psychologically related selves and that is what makes them persons. If somebody does not meet that condition then they are not a person. As a reminder to the reader, although one can recognise that reasons for action are not limited to one's own current reasons, this does not necessarily mean that a person gives as much weight to their future reasons or other people's reasons. In other words, people often discount their own future interests and the interests of others.

The question we are considering is "what is it that makes a human being a person?". As we have seen, the Lockean conditions (supplemented by Shoemaker) give the standard psychological account of what persons are. One aspect of that account is the condition that a person must have the capacity to consider themselves as themselves in different times and places, but this aspect of the account has not been much discussed. However, Nagel can be seen here as extending the Lockean account and giving further content to just this aspect of the Lockean view. He argues, in effect, that a being does not meet this condition at a time merely by having a belief (even truly) that some future being is them (i.e., believes their future self is part of some continuing being that includes their current self). In addition, the earlier person must recognise that the reasons of that future person collapse down to them in the appropriate sense. The mere belief that some future person is part of oneself is a psychological relation between beings that does tie the stages of a persisting thing together somewhat, and may well contribute to grounding the identity over time of the psychopath.

The point here is not to deny that psychopaths are persisting beings. But the point is, that psychological relation it is just not strong enough to ground personhood on Nagel's view. And in addition to this, because Nagel thinks that there is a parallel between future reasons and other regarding reasons, he also thinks that the same is true for recognising other-regarding reasons as reasons for oneself (i.e., that it is another necessary condition of personhood that persons recognise that reasons others have collapse across in the appropriate sense).

In effect, on this particular notion of personhood a person must recognise timeless and impersonal reasons as their own reasons for action. The deficiencies in psychopathy that are relevant to this notion of personhood are that psychopaths do not recognise the practical reasons that obtain for their future selves or for other persons.

In section 3 I outlined what it is to recognise a reason. To recognise a reason, on Nagel's view, is to recognise a particular state of affairs in the world as giving rise to a motivation. In other words, a reason is a state of affairs which is motivationally relevant and it is recognising that state of affairs as motivationally relevant which *is* the reason. When Nagel talks about practical reasons and when it is that they are motivationally relevant, this is the key to the problem for psychopaths (i.e., the very cognition of timeless and impersonal reasons for action). The key point here relates to reasons. Nagel puts it in terms of identifying with one's future self which is ambiguous. But precisely what he means by identifying with one's future self, is to recognise that the reasons that hold later for future person-stages collapse down to reasons for you now. Reasons are not tied to times. But this is a fixed sense of identifying with one's future self. Psychopaths might be able to identify with one's future self in the sense that they might be able to recognise that their future stages have got reasons for things. Psychopaths are able to think about what is going to happen to themselves in the future, it is just that they discount it. For example, somebody might tell a psychopath "don't

do that because tomorrow you will be put in confinement”, and they can recognise that and say “I understand that’s going to be the case and tomorrow I’ll have a reason to not want to be in confinement. But I don’t see why I should care about that now”. Psychopaths do not recognise *it* (i.e., the future state of affairs) as a reason. For example, Cleckley discusses ‘Tom’:

[He] resented and seemed eager to avoid punishment, but no modification in his behavior resulted from it. (Cleckley, 2015, p. 89)

And, ‘Chester’:

It has clearly demonstrated to him that he will have to spend his life in confinement as long as he persists in his present ways. (Cleckley, 2015, p. 168)

Why, then, do psychopaths continue to act in such a way? It is precisely because their future reasons do not collapse down and this is the key.<sup>59</sup> However, psychopaths might still in a weak sense identify with their future self, i.e., they know in some sense that that is them in the future. But Nagel says to identify with one’s future self, ‘one need only identify the present as one time among others all of which are contained in a single life’, he is precisely thinking that a person has to be able to recognise future reasons as current reasons. The thought is that Nagel might be right but that is a strong sense of identifying with one’s future self. To be clear, it is not that psychopaths do not *know* that future stages are in some sense stages of them. Psychopaths can identify with their future selves in a weak sense, but they cannot

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<sup>59</sup> Recidivism is common in psychopathy. Here, I think that there is plausible connection between recidivism and a lack of recognition for timeless and impersonal reasons for action.

identify with their future selves in Nagel's strong sense.<sup>60</sup> And Nagel thinks recognising that reasons collapse down is crucial to being a person. So, the problem for psychopaths is that they are unable to recognise reasons that do not apply to their current person stage and that means that they are not persons on the Nagelian view.<sup>61</sup>

To summarise, psychopaths do not recognise the reasons, but they can certainly know that when they do something it is going to lead to a certain state of affairs in the future which is bad for them. Although they know that, the point is that it does not motivate them and thus they don't recognise that state of affairs as a reason. So, although they are aware of the state of affairs, they do not recognise it as a reason.

Nagel says that if somebody does not recognise these reasons then they are left with 'a core without which there could be no choice belonging to the person at all' (Nagel, 1970, p. 23).<sup>62</sup> We can think of a psychopath as precisely this being. It is not up to the psychopath; he cannot choose to care about others and he cannot choose to care about his future self because that is part of the being that he is and so in this case then he isn't a person.<sup>63</sup> And indeed, some in the literature have also noticed that psychopaths are also unable to recognise other-regarding reasons. Consider Carl Elliott (1992):

In a sense, the predicament of the psychopath seems to parallel that of the solipsist. His conception of others appears incomplete; other people are less 'real'. The psychopath seems

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<sup>60</sup> This shows us clearly what the difference is between my account and the previous accounts.

<sup>61</sup> Indeed, there are other philosophers who argue that psychopaths are not persons but for different reasons. Jeffrie Murphy (1972), for example, argues that psychopaths are not persons because psychopathy is a 'moral death' and as such they ought to be considered animals. For what it is worth, I do not think that psychopaths are merely animals. The reason for this is because psychopaths are human beings and considering them as animals is not useful in regards to the treatment and management of psychopaths. It also adds to negative misconceptions about psychopaths, i.e., that they are evil. In addition, Heikki Ikäheimo (2007) argues that psychopaths have diminished personhood because they are incapable of recognising other-regarding reasons.

<sup>62</sup> Here, Nagel is talking about the sense of connectedness over time and he connects concern for one's future self and concern for other people up.

<sup>63</sup> Again, we can see that there is something unified about concern for one's future self and concern for others. This adds further support to my idea that there is a unified lack in psychopathy (see thesis paper 2).

pathologically egocentric, unable to see things through the eyes of others and thus unable to see why the interests of others matter. (Elliott, 1992, p. 210)

Moreover, others in the literature have highlighted the connection between concern for oneself and concern for others. Consider Heidi Maibom (2014a):

[P]sychopaths do not feel for others when they imagine them in distressing situations, because they do not feel for themselves under similar circumstances...some degree of feeling distress for yourself may be involved in the ability to feel distress for others. If it is true that there is such an interdependence between feeling for oneself and feeling for others, it is potentially very significant for philosophical conceptualizations of the psychological bases of morality. (Maibom, 2014a, p. 108)

And Andrea Glenn (2017):

Psychopaths are described as being...unable to experience the depth of emotions that most individuals experience. Without experiencing these emotions themselves, it may be difficult to fully appreciate the effects of their harmful actions on others. (Glenn, 2017b, p. 505)

Discussing Glenn's work above, Hanna Pickard (2017) reiterates that emotional experience influences both self- and other-directed emotions. She says:

Because people with psychopathic traits are less fearful of harm to themselves, they may not fully appreciate the effects of their harmful actions on others or feel distress at others' distress. They just don't feel much, for themselves or for others. (Pickard, 2017, p. 523)

The above passages add further support that these capacities are unified. The idea emerging here is that if psychopaths do not care about themselves in the appropriate way, then we can understand why they also do not care about others in the appropriate way.

As is clear, many philosophers think that future concern is an important part of psychological identity and many philosophers think that a lack of future concern is a characteristic of psychopathy.<sup>64</sup> If one accepts the general thought that psychopaths do not really care about their future in the appropriate sense and the general thought that caring about your future is an important feature of personhood then psychopaths are not persons in at least one traditional philosophical sense because psychopaths cannot recognise reasons that are not one's own current reasons.<sup>65</sup>

One might think that Nagel raises the bar high for personhood. In other words, a person must have the capacity to recognise impersonal and timeless reasons for action. Even people who are not psychopaths find it quite challenging sometimes to be able to do this. So, the very cognition of impersonal and timeless reasons for action can be seen to be quite a

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<sup>64</sup> I have defended the claim that a lack of future concern is characteristic of psychopathy elsewhere (see thesis paper 2). However, one does not need to endorse my account. Instead, it is enough to combine the philosophical literature on psychological accounts of personal identity and what philosophers have said about psychopaths.

<sup>65</sup> The term 'person' has been used in many different ways in the literature. But at the most general level it is understood as the thing that we refer to when using personal pronouns. The psychopath still refers to a psychological continuer, they still think about themselves in that sense as 'I'. If we want to say that a person is what is referred to using 'I' terms, then a psychopath is a person in that sense because they can refer to themselves and do this. However, if we go beyond this and enrich that idea and argue like Nagel does, that there is another sense of person which involves something like a moral person, then they have got to have further features to count as a person, and not just be a psychological continuer. They have also got to have a certain structure between the care for their future selves and others otherwise they do not count as a person and this is what the psychopath lacks.

demanding requirement for personhood.<sup>66</sup> However, Nagel does not require this to be to a high degree. The reason I favour this notion of personhood is because it preserves the idea that it is really important to have motivating reasons that collapse down and that can be applied to other people but at the same time I do not want to formulate it in such a strong way, so that even people who sometimes do not do this at all times still qualify as persons. Nagel does not require that these reasons must always be to a strong degree for a person, so he is not saying that persons always need to do it to a strong extent to qualify as a person. Otherwise, it will not be just psychopaths it will also be non-psychopaths failing the test. So, although *prima facie* it might seem like a demanding condition, it is more psychologically realistic than one first thinks because Nagel accepts that there are circumstances in which that does not happen and people still are persons. However, I think the circumstances in which it does not happen with a person who has psychopathy are relevantly different. In the case of the non-psychopath, you can make an excuse or you can explain what it is that is happening when they are not considering their future motivating reasons as extendable in the same way. But in the case of the psychopath there is reason to believe that you have to suspend judgement that they are persons. So, we can make a distinction between cases where it is appropriate to suspend personhood and those where it is not. In the case of psychopaths, they seem to suffer from a complete inability to take on future-regarding and other-regarding reasons. Whereas in normal circumstances people can recognise that there is a reason and it bears upon their thinking in some sense, (even if they do not act accordingly). But for psychopaths, it appears

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<sup>66</sup> One might argue that Nagel's view is a demanding conception of personhood. And indeed, there are some in the literature who have adopted a weaker sense of personhood. Levy (2014), for example, also denies that psychopaths are persons but for different reasons. He thinks that mental time travel is a criterion for personhood but I do not think that this is relevant in assessing the personhood of psychopaths. The reason for this, is because his account does not say anything about one's concern for the future but instead only talks about the capacity to remember and imagine from a first-personal perspective. On Levy's account then, one needs to be able to think of themselves in the past and in the future. A person does not need to *care* for that person in the future.



that they are incapable of caring about their own future stages and the stages of other persons.

The capacity to recognise timeless and impersonal reasons might be a matter of degree and the context might determine in which cases it is appropriate to take account of those reasons. But in the case of the psychopath there is this complete lack of consideration of these reasons and that is what makes me think that they are not persons. So, it is not from time to time that they lack that attitude it is rather that they are not able to have that attitude so for that reason they are not persons.<sup>67</sup>

One implication of this conclusion is the personhood of others who have problems thinking prospectively. These cases include very young children, dementia patients, and those in persistent vegetative states (Knickman and Wegner, 2011; Irish and Piolino, 2016; Kretschmer-Trendowicz et al., 2016). On the one hand, one could argue that because in these cases there are problems thinking prospectively, they therefore are not persons at that time because they do not meet Nagel's necessary condition of personhood. On my view, this is perhaps plausible with regards to human beings who have no psychological capacities at all (e.g., those in persistent vegetative states). However, with regards to young children and dementia patients, who possess some psychological capacities, I think it is more plausible to say that they are still persons in virtue of being psychologically linked to their later or earlier selves who possess the requisite capacities. This is to say, a person does not necessarily have to have the features that make it a person throughout its existence. It is enough to have those features at some point. To illustrate this, consider that the notion of a person is the reference of the first-person singular pronoun 'I'. When I use the term 'I', I refer to the thing that came into existence when I first developed psychological capacities and then goes out of existence

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<sup>67</sup> The idea that psychopaths fail to recognise reasons is discussed in the philosophical literature. Jeanette Kennett, for example, argues that the problem for psychopaths is a global 'indifference to reasons' (Kennett, 2002, p. 355).

when I lose them. Now, consider that I started off as young child, and there is a possibility that I will end up as a dementia patient. And these stages are linked to my later and earlier person-stages with the requisite capacities, they are still part of me i.e., the temporally extended thing that I refer to using 'I'.

In the case of a young child, for example, children will go on to develop certain capacities. Those earlier stages still count as being part of a person but because those later stages develop those capacities they qualify as persons. In the case of a dementia patient or those in persistent vegetative states, those stages are part of a thing that was a person and so they still count as a person.<sup>68</sup> The idea here is that a person does not have to have these properties at all times, it just has to have them at some times. And the point is that psychopaths never have them presumably.<sup>69</sup>

To summarise, psychopaths lack the relevant capacities for personhood at all times in their past, and they are very unlikely to acquire them in the future, and are thus not persons. Somebody might object at this point by saying that if a psychopath is cured, then my view would entail that they would not only be persons at this later time, but throughout their existence, which would entail that they were not psychopaths at the earlier time. However, there is a simple reply to this. If a psychopath is cured and acquires the capacities relevant for personhood, then it is true that they are persons throughout their existence in the same way as a young child who lacks the capacities for personhood is still a person in virtue of being related to a later stage that has those capacities. And so, if a psychopath were to be cured, then it would be true that they would be a person. But 'psychopath', I take it, unlike 'person', is

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<sup>68</sup> Here, there is the problem that if a child dies young enough then it is not a person because it never had those capacities.

<sup>69</sup> Here, I do not provide a full justification for these views because my aim in this paper is to assess the personhood of *psychopaths*. To assess the personhood of very young children, dementia patients, and those in persistent vegetative states would be beyond the scope of this paper.

not a substance sortal. Rather, it is a phase sortal. As such, even if a psychopath were to be cured, then it would still be appropriate to apply the term ‘psychopath’ to them at the earlier time when they lacked the relevant capacities for personhood. My claim is not that ‘psychopath’ and ‘person’ are terms which are mutually exclusive. My claim rather is that, as it happens, no psychopath ever develops the properties that are sufficient for personhood. They *could* do so, in the sense that there is nothing logically preventing that.

However, if one wanted to insist that ‘psychopath’ is a substance sortal, then if a psychopath were to “gain” the properties relevant for personhood, this would mean that, in fact, the psychopath would go out of existence altogether and be replaced by a person (i.e., a distinct being). In other words, no being would in fact “gain” the relevant properties – instead the psychopath would go out of existence and then the person would come into existence. This is because if something falls under a substance sortal then it cannot gain the properties that would make it a being of a different sort unless it ceases to exist. In other words, if it stops being that sort of thing that it is, then it stops existing.<sup>70</sup> But, at any rate, I see no reason to say this. It makes more sense, in my view, to think of ‘psychopath’ as a phase sortal like, for example, ‘baby’. When a baby gains the properties relevant to being an adult human, the baby does not go out of existence to be replaced by the adult human. Rather the baby *becomes* the adult human, i.e., is one and the same being as that adult human. What that means is that ‘baby’ is a mere phase sortal and not a substance sortal. It's the type of sortal that picks out a thing during part of its existence, but not all of it. The idea is that ‘psychopath’ functions in a

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<sup>70</sup> There has been a significant debate in the literature about whether psychopathy is curable. Maibom (2014b), for example, questions on a priori grounds whether we can really call a medical change of psychopaths a cure insofar as it would change psychopaths into a different kind of being entirely. On this line of thought, we cannot cure psychopaths as it would be an intervention that would change them so drastically. This suggests that Maibom would indeed consider ‘psychopath’ to be a substance sortal. However, I myself am sceptical about whether the changes would be drastic enough to justify such a judgment, given that we normally think that persons can survive drastic psychological changes, e.g. when they develop severe dementia, or even fall into a comatose state.

similar way. As such, if a psychopath were to develop the properties relevant for personhood, then they would at that point no longer be correctly described as a psychopath, but that does not mean that the psychopath has gone out of existence. Instead, it just means that they have now changed and become a person.

To conclude, Nagel extends the Lockean account of personhood because when Locke says ‘to consider itself as itself in different times and places’, there is a sense in which psychopaths can do that. Psychopaths in believing their future self is part of some continuing being qualify as beings of some kind, just not persons. The psychological relation between their earlier selves and later selves does tie their stages together somewhat, it is just not strong enough for them to count as persons on Nagel’s view. So, psychopaths are not persons on this conception of personhood because on the Nagelian account a necessary condition for being a person is that a being is capable of recognising that reasons for action are not limited to one’s own current reasons. Given that in Nagel’s moral theory there is an analogous link between recognising other person-stages reasons and one’s own future person-stages reasons, the hypothesis that I am putting forward is that it is a single cognitive capacity that enables one to recognise reasons which are not the reasons that apply to one’s current person-stage.<sup>71</sup> And so in regards to psychopaths, the hypothesis is that psychopaths lack the capacity to recognise

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<sup>71</sup> I defend this claim elsewhere (see thesis paper 2). However, in addition to this there is also empirical evidence in non-clinical populations that suggests that it is a single capacity. There seems to be a developmental stage (around age three) where children are not able to do those things (e.g., there might be certain things that are important to them but they do not assume that they are important to other people). This suggests that it is a unified capacity and the clinical evidence of psychopaths suggests that psychopaths have similar behaviour or manifestations suggesting that it is this capacity that underlies the psychopaths’ deficits. McIlwain (2010) also argues the following:

The abilities of projecting oneself into the future, theory of mind, episodic memory and navigation seem to share a common functional anatomy and emerge at the same age (4-6 years)...All are reliant on autobiographical memory. (McIlwain, 2010, p. 90).

I also discuss this in more detail elsewhere (see thesis paper 2).

reasons other than their current reasons. Psychopaths lack concern for both their future selves and other people and the reason why they do not care about persons that are psychologically connected to them and persons that are not psychologically connected to them is because they lack a general capacity. In other words, psychopaths fail to recognise their future reasons and others reasons for the same reason which is that they lack that capacity.

## **5. Conclusion**

In this paper my aim was to develop a new understanding of the psychological account of personhood and show that psychopaths are not persons on the Nagelian perspective and outline why that it is. I have offered a development of the traditional Lockean account of personhood by drawing upon the work of Nagel and argued that psychopaths are not persons on that conception. However, my conclusion is also applicable to other psychological accounts of personal identity. In section 2, I outlined the literature on the psychological account of personhood. Much of this paper involved outlining Nagel's conception of moral motivation as I understand it in section 3. I then gave a Nagelian argument for why psychopaths should not be considered persons in the philosophical sense of that term in section 4. On Nagel's view, a necessary condition for personhood is for a being to have the capacity of recognising that reasons for action are not limited to one's own current reasons. This encompasses recognising future-regarding reasons and other-regarding reasons. I have focused on future-regarding reasons, and argued that psychopaths fail to be a person because they fail to meet this condition. They can identify with one's future self in a weak sense but not in Nagel's strong sense. The key is that in psychopaths the reasons do not collapse down or across. In other words, psychopaths are extended beings' overtime; they are just not

persons. So, they can truly believe that some future self is part of them but it is not sufficient for personhood. As such, I argued that on the account so developed, psychopaths are not persons. I have drawn out some of the consequences of this conclusion but to explore these further is for future work. However, I have shown that from the Nagelian perspective psychopaths are not persons. If one accepts these general thoughts about what identity through time is and one accepts these general characterisations of psychopathy then psychopaths are not persons. So, to conclude, in this paper I have developed my account of personhood based on an appreciation of Nagel's view combined with Locke's account that can make sense of what is it that we find unsettling about psychopathy. Psychopaths are in a blind spot; they have a blanket of lack of consideration of timeless and impersonal reasons for action. This paper links the metaphysical literature on personhood with the psychological literature on psychopathy to help show the reader how these two things come together and so why it is that we need this sophisticated conception of personhood in order to understand what goes wrong in psychopathy.

To summarise, I have argued that psychopaths are not persons on a plausible view of personal identity. My argument for this illustrates that it looks as though Nagel has got it right. The lesson that we can take from Nagel is that to care about your future self is precisely for the reasons of a future person to collapse down to your own reasons now. The reason that this is important is in regards to assessing a number of further key issues such as whether psychopaths are morally responsible for the harm they cause. Generally speaking, persons are considered moral agents. If psychopaths are not persons, then we ought to reconsider whether they are morally responsible for their actions.

# The Relationship Between Psychopathy and Empathy.

## Abstract

It is often claimed that psychopaths are incapable of empathy. Call this *the empathy hypothesis*. An alternative claim is that psychopaths are capable of empathy but incapable of sympathy. Call this *the sympathy hypothesis*. In this paper I argue that the behavioural evidence does not support the empathy hypothesis over the sympathy hypothesis. I conclude that unless and until there is evidence from the study of psychopaths to support one of these hypotheses over the other, we should adopt an attitude of agnosticism towards both.

## 1. Introduction

It is often claimed that psychopaths lack empathy. But what does this claim mean exactly? And what implications does it have? Although these questions have been explored, the philosophical literature at present is inadequate. This is because some philosophers do not clearly distinguish between different types of empathy on the one hand, and sympathy on the other. Getting a clear view about the way in which psychopaths lack empathy enables us to form a richer conception of what psychopathic individuals are like, which will be important for assessing a number of further claims regarding psychopaths, e.g., that they lack moral responsibility. I argue that this claim is based on observational evidence which is in fact consistent with an alternative hypothesis, viz., that psychopaths are capable of empathy, but incapable of sympathy. And so, in this paper I distinguish between two hypotheses: (i) *the empathy hypothesis*, i.e., that psychopaths are incapable of empathy, and (ii) *the sympathy hypothesis*, i.e., that psychopaths are capable of empathy, but incapable of sympathy. I remain

agnostic regarding psychopathy and their capacity for empathy. I argue that the current evidence that is often cited for the claim that psychopaths lack empathy equally supports this alternative hypothesis. I will proceed as follows:

In section 2 I distinguish between cognitive and affective empathy, and outline the difference between these notions and that of sympathy.

Next, in section 3 I consider psychopathy and the oft-made claim that psychopaths are incapable of empathy. Here, I introduce the hypothesis that this claim is in fact consistent with psychopaths being capable of empathy but incapable of sympathy.

Then, in section 4 I consider the empirical evidence for the claim that psychopaths lack empathy.

In section 5, I consider the empirical evidence for a lack of fear in psychopathy and draw out the relevance of this for distinguishing between the two competing hypotheses introduced above.

Finally, in section 6 I conclude that psychopaths are capable of cognitive empathy, that we ought to remain agnostic about whether they are capable of affective empathy, but accept that they are incapable of sympathy.

## 2. Empathy or Sympathy?

In the philosophical literature people have distinguished different types of empathy.<sup>72</sup> Broadly speaking, philosophers have distinguished between *cognitive* empathy and *affective* or *emotional* empathy. Although most philosophers consider these to be two types of empathy,

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<sup>72</sup> There is wide disagreement among philosophers surrounding what emotions are. Some, for example, maintain that emotions are identified with internal feelings, sensations, or physiological occurrences in the body (James 1884; Hume, 1969). Others maintain that emotions are behavioural dispositions (Ryle, 2009). And there are further accounts besides. However, this debate is beyond the scope of this paper and so I am not particularly concerned with what an emotion is first and foremost.



and not components of a single type of empathy (Walter, 2012; Aaltola, 2014), others disagree.<sup>73</sup> Generally speaking, cognitive empathy is associated with Theory of Mind abilities and consists in the ability to understand the states of another person from a first-personal point of view. On the other hand, affective empathy is considered to be the ability to *share* another person's feelings from a first-personal point of view. Thompson and colleagues (2002) explain this distinction:

Empathy is commonly conceptualised as comprising two dimensions: affective empathy (the ability to share others' emotions), and cognitive empathy (the ability to infer/understand others' emotional experiences. (Thompson et al., 2002, p. 118)

The first thing I wish to note here is that empathy in all of its forms goes beyond mere propositional understanding. Propositional understanding is simply the ability to hold a proposition in one's mind that describes a state of affairs. It is worth noting that even in this sense, understanding comes in degrees. For example, in some minimal sense I can understand the proposition that  $E = mc^2$  (from Einstein's theory of general relativity), and I can know that this is true. This is because I know what each of the symbols in the equation mean. However, in order to have a fuller or richer understanding of this proposition involves understanding a range of further related concepts (e.g., the role of mass and the velocity of light in Einstein's theory). The idea here is that an increasing understanding of a proposition involves an increasing knowledge of the kinds of entailments and consequences of the proposition being true. As such, an undergraduate physics student has a greater understanding of the proposition that  $E = mc^2$  than a high school student, but less of an understanding of it than a professor in

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<sup>73</sup> Whether cognitive and affective empathy are two types of empathy or different components of a single type has no bearing upon the argument given in this paper, and I remain agnostic about this issue.

theoretical physics.

With this in mind, consider the proposition that *John's brother has died*. In my view, part of what it is to understand this proposition is to know other propositions, such as the proposition that *John is likely grieving, John is likely to be sad, or John may be unable to work*, and so on. That is, understanding this proposition in part involves knowing the natural psychological or emotional consequences which follow from it. In short, to understand the proposition is, at least in part, to see the possible consequences or the changes in John's world as a result of this proposition being true.

However, having a propositional understanding of how others feel is not yet to have empathy in any sense. To have empathy it is required that one can imaginatively take on the point of view of another person, i.e., in some sense imagine what it is like to be the other person in a first-personal manner or "from the inside". However, it is important to note that one can imaginatively take on the point of view of another person without this having any associated emotional valence attached with it. And this is where the distinction between cognitive and affective empathy is relevant. Cognitive empathy, as it is described in the literature, is the ability to imaginatively take on the point of view of another person from the inside whilst having a propositional understanding of their mental states. Affective empathy is thought to be a richer sense of empathy and includes the sharing of feelings, i.e., the affective mental states, with another person. There is some debate about what it means to 'share' another person's feeling. Some hold that the empathiser must be in precisely the same affective mental state as the one empathised with. Others maintain that it is sufficient for the empathiser to be in a merely similar or related affective mental state.<sup>74</sup> Here I adopt the weaker account, and so allow that an empathiser does not need to be in precisely the same

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<sup>74</sup> For a discussion on this see Smith (2017) and Zahavi (2017).

mental states as the one empathised with. At any rate, this gives me enough to characterise the distinction between cognitive and affective empathy as follows:

**Cognitive empathy:** P cognitively empathises with S iff P can imaginatively take on the point of view of S in a first-person manner and have a propositional understanding of S's mental states.

**Affective empathy:** P affectively empathises with S iff P imaginatively takes on the point of view of S in a first-person manner and shares S's mental states from a first-personal perspective.

The general consensus in the literature is that psychopaths have no impairment in cognitive empathy, but lack affective empathy (Blair and James, 2007, Dadds et al., 2009). The reason it is thought that psychopaths are capable of cognitive empathy is because psychopaths manage to manipulate other people and are often excellent con artists. The idea is that in order to deceive or manipulate others, one must have the ability to understand what other people are thinking and/or feeling to some degree. It is uncontroversial that psychopaths can form beliefs about what mental states another person is in, and understand what propositions follow from this. However, whether psychopaths are capable of affective empathy is less clear. Most think that psychopaths lack affective empathy because although they can represent and understand the mental states of others, they fail to share the affective mental states of others (Hare, 1970; Blair and James, 2007; Shoemaker, 2015).<sup>75</sup>

So, to summarise, traditionally it has been thought that psychopaths do not have

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<sup>75</sup> I use the word 'share' here because it is the one that is used in the literature. To be clear, I do not mean when I say that two beings share the same mental state that they literally share the same token mental state, I rather mean that they share the same type (i.e., both have some mental state x).

empathy. But, what this means is that they lack a particular kind of empathy, viz. the affective type.

It is tempting to think of having affective empathy as entailing caring or concern for another. However, we should be careful here, as this is not necessarily so. In the literature, the term '*sympathy*' is used to denote the state of having care or concern for another, i.e., that one is motivated to help another person for the sake of the other. So, the point here can be put as follows: we should be careful not to assume that affective empathy entails sympathy. In my view, the notion of caring or being concerned for another has a motivational component. If one cares for another, or is concerned for them, one necessarily feels at least some motivation to help the other for their sake if it is within one's power to do so. As such, I define 'sympathy' as follows:

**Sympathy:** P sympathises with S iff P shares S's mental states from a first-personal perspective, and is motivated by being in that state.<sup>76</sup>

Consider what Decety and Jackson say to illustrate the idea that affective empathy does not necessarily entail sympathy, as I understand it:

[T]his sharing of the feelings of another person does not necessarily imply that one will act or even feel impelled to act in a supportive or sympathetic way. (Decety and Jackson, 2004, p. 71)

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<sup>76</sup> The account of sympathy in this paper draws on what others have said in the literature. Now, it does not really matter what words we are using here. What matters is that there's a difference between empathy and sympathy. And so, this paper is not exactly an account of what sympathy *is*, it is rather saying that there are distinctions that we can make about how people are, or how it's possible for people to be, and we need some words to use for those things. Many philosophers use the word empathy in a woolly way, that slides between different mental states. I want to keep certain mental states separate and I'm using the terms that other people have used to keep these things separate. But again, this is not exactly an account of what the word sympathy means in English.

To illustrate the difference between affective empathy and sympathy further, consider an example. Somebody is being tortured and Smith and Jones are observing. Smith understands that the victim is in pain and to some degree shares the victim's affective mental state.<sup>77</sup> He thus both cognitively and affectively empathises with the victim, but he does not do anything about it, and indeed feels no motivation to do so at all. Jones, however, also understands the pain the victim is in and shares the affective states of the victim, but in addition, he is motivated to do something to alleviate the victim's suffering. Thus, Jones, unlike Smith, has a caring attitude that translates into him doing something. This case illustrates the behavioural differences between Smith and Jones. Jones is inclined to act, whereas Smith is not. So, both Smith and Jones have affective empathy, but only Jones has sympathy.

In the literature philosophers often conflate empathy and sympathy or subsume the one under the other. Consider that Daniel Batson takes empathy to be a motivational state which 'includes feelings of sympathy, compassion, softheartedness, tenderness, sorrow, sadness, upset, distress, concern, and grief' (Batson, 2011, p. 11). Here, I disagree with Batson.<sup>78</sup> To empathise with somebody, a person needs to understand and share their mental states. But that is not enough for sympathy. One also needs to have the motivation to do something about it.<sup>79</sup> The terms 'care' and 'concern' are often used to indicate that a person has such a motivation to act. And so, we can say that, unlike empathy, sympathy has a *caring* aspect or involves *concern* for another. Consider a quote from Hanna Pickard to illustrate this:

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<sup>77</sup> i.e., they themselves feel some kind of vicarious pain.

<sup>78</sup> Indeed, so does Maibom. She claims that 'what Batson calls empathy...is what we, and most others, call sympathy' (Maibom, 2014, p. 96).

<sup>79</sup> Again, I am not here attempting to say here that the words 'empathy' and 'sympathy' as used in English clearly mean these things. I am merely trying to draw a distinction between different mental states, (i.e., being in a cognitively empathic state, being in an affectively empathic state and being in a sympathetic state) and I need to use some terminology to pick out these states. Nonetheless, I think the meaning of these terms as used generally in English are sufficiently close to my meaning to justify using them, rather than inventing new words.

We typically attribute sympathy when a person expresses concern or acts to alleviate another's suffering because they believe the other to be harmed in some way and are moved by feelings of care and compassion. (Pickard, 2017, p. 521)

Note that despite being distinct, empathy and sympathy are closely related in normal psychological subjects. In most cases, when somebody is in a state of affective empathy, this will naturally give rise to care and concern which is where empathy moves to sympathy.<sup>80</sup>

And so, these states are related. Consider what Joel Smith says:

[T]here is evidence that with appropriate background conditions in place, empathy tends to lead to sympathy and, subsequently, altruistic motivation. (Smith, 2017, p. 717)<sup>81</sup>

As will become clear in the following section, on my view, it may be precisely this tendency that is lacking in psychopaths. That is, I will argue that although psychopaths may be capable of affective empathy, they are incapable of sympathy. The claim that is often made that psychopaths lack empathy is made, I think, because affective empathy and sympathy are often conflated.

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<sup>80</sup> As will become clear to the reader in the following section, it is possible that psychopaths might have the same capacity for empathy as non-psychopaths, but there is something missing which links that feeling of empathy with the production of care.

<sup>81</sup> Note that Chismar (1988, p. 258) distinguishes between affective empathy and sympathy in a similar way to the way in which I have, but maintains that affective empathy involves a 'minimal' level of care. It may be that Chismar is tempted by this position precisely because being motivated is a normal psychological effect of feeling affective empathy. However, as we have seen, it is conceptually possible for people to have affective empathy without having a minimal level of care. And so, even if these two things are linked in psychologically ordinary subjects they need to be kept conceptually distinct. As such, I disagree with Chismar here and keep motivation entirely distinct from affective empathy.

### 3. Empathy, Sympathy and Psychopathy

A lack of empathy is included in the diagnostic criteria for psychopathy (see thesis paper 1). As such, we can understand why it is an orthodox view to think that a psychopath is somebody who lacks empathy. However, diagnostic tools do not distinguish between cognitive and affective empathy, and since no symptom is necessary or sufficient for psychopathy, '[n]othing excludes the possibility of a psychopath who experiences empathy' (Maibom, 2018, p. 68).

Some philosophers think that empathy and sympathy are conflated in the diagnostic criteria. Maibom, for example, argues that the 'empathy item on the PCL–R most likely concerns affective empathy specifically *and* sympathy' (Maibom, 2014a, p. 96). She goes on to say:

The emotion that appears to be most closely linked to altruism is what we have called sympathy...By contrast to sympathy, the involvement of empathy in altruistic motivation is unclear. (Maibom, 2014a, pp. 102-3)

Kennett similarly notes that:

Many discussions of psychopathy in both the philosophical and psychological literature see lack of empathy as the critical defect which is at the root of the psychopath's amorality. Most of these discussions fail to provide any detailed characterization of empathy, but their assumption appears to be that empathy involves, or is underwritten by, a capacity to enter sympathetically into the concerns and feelings of others. (Kennett, 2002, p. 341)

The evidence that is often cited to support the claim that psychopaths lack empathy is based on observation, self-reports, and clinical descriptions. The typical reasons that are given are that it is clear from observation that psychopaths fail to care for other people. Their behaviour is such that it does not seem to be employed in the service of helping others once it is recognised that they need help. Now, this evidence strongly suggests a lack of sympathy, but it is inconclusive with regards to a lack of empathy, as understood above. This behavioural evidence fits with both the hypothesis that psychopaths lack affective empathy (“the empathy hypothesis”) and the hypothesis that they are capable of affective empathy but lack sympathy (“the sympathy hypothesis”). If we take the empathy hypothesis, psychopaths are simply incapable of understanding or sharing other people’s mental states and so this is why they do not help or care for others. On the other hand, if we take the sympathy hypothesis, psychopaths are capable of understanding and sharing other people’s mental states, but they are not motivated by them and this is why they do not help or care for others. Because the evidence is consistent with either hypothesis, the sympathy hypothesis has at least as much evidence supporting it as the empathy hypothesis.

It is plausible that the reason empathy and sympathy are often conflated is because empathy often leads to sympathy (Eisenberg et al., 2014).<sup>82</sup> But as we have seen, it need not do so. Sympathy involves a motivational push to help another person. It should be emphasised that motivation does not always equal action. One can be motivated to act, but this can be outweighed by other things.<sup>83</sup> Because feeling sympathy for a person does not necessarily move a person all the way to action there is a separation between having sympathy and acting on the basis of it. To illustrate this, consider that I have sympathetic feelings for somebody.

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<sup>82</sup> The common conception of sympathy is one that regards sympathy as being closely connected to empathy (see Darwall, 1988).

<sup>83</sup> The debate between reasons internalism and externalism is beyond the scope of this paper.



This may involve having affective empathy, i.e., I may think that their circumstances to be terrible and share their affective states. Either way, I feel motivated to help them. But, despite this, I do not help them because I am lacking the relevant resources and I believe that somebody else will help them. However, it is important to note that in this case I am still motivated to help, even though I do not do so. One can think of the reasons I do not help, despite being motivated, as being *defeaters*. Although the connection between sympathy and action is not automatic, if there were no defeaters then I would help the other person. If we take this view, this explains why it is that when people sympathise with others, they often help them, although not invariably so. So, we can understand why it is possible for somebody to sympathise without being moved to action.<sup>84</sup>

Despite the above, it is important, however, that there's a sense in which affective empathy *might* motivate a person, but for this to be the wrong kind of motivation to count as being sympathy. For example, one might share the affective states of another when they see somebody else in pain and strongly dislike being in such a state. One may then be motivated to help that person merely to get rid of the unpleasant feeling that they have in themselves.<sup>85</sup> This is not sympathy as it does not involve care or concern, i.e., the motivation to help another *for their sake*. It is, rather, a self-interested motivation. In this sense sympathy is a directed

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<sup>84</sup> The behavioural evidence suggests that psychopaths generally speaking do not act in sympathetic ways. But, as we have seen, sympathy does not always entail action, because defeaters may be present. So, the behavioural evidence is, strictly speaking, consistent with the hypothesis that psychopaths do possess sympathy, and are as such motivated to act in sympathetic ways, but as a matter of fact do not because there is always some defeater present. Thus, we cannot entirely rule out that psychopaths want to act, are motivated to act, but then there is this further component which kicks in to stop them acting. However, I discount this hypothesis, simply because it is implausible that this should be so given the verbal expressions of psychopaths. If there were a defeater in place, then we would expect psychopaths to express sympathetic concern for others. And so, this hypothesis would be that psychopaths feel sympathy for others, they feel motivated to help others but then they do not. But on top of this, we would have to suppose that they also hide the fact that they are motivated to help others. And so, this seems implausible because it is inconsistent with the evidence. It is more plausible that they simply lack sympathy altogether because this is consistent with the evidence (i.e., their verbal expressions).

<sup>85</sup> In a sense this is like the psychopath. The psychopath might empathise with an individual and think 'if x feels like y then I cannot manipulate them or get what I want from them'. And so, they might have motivation to relieve x of feeling y, but this is the wrong kind of moral motivation.

state; one feels bad *for* the person and is consequently motivated to act for this reason. Again, Maibom agrees. She says:

[E]mpathy, understood as feeling what others feel for them because they feel what they feel (or are in the situation they are in), may not lead to *altruistic* motivation after all... This is suggested by the fact that personal distress is associated, at best, with motivation to help the other so as to alleviate one's own distress or, at worst, with escaping the situation when it is relatively easy to do so. (Maibom, 2014a, pp. 103-4)

It is also worth noting here that Gary Watson has developed an account of psychopaths according to which they have an incapacity to value anything other than their current desires.

According to Watson his account:

...entails that psychopaths lack the normative sentiment of sympathy, but says nothing—as far as I can see—about empathy as perspective-taking. Indeed, by many measures psychopaths can be rather good at that. (Watson, 2013, p. 284)

Watson doesn't distinguish between cognitive and affective empathy, but his idea here is consonant with the account I have been giving. However, I don't consider Watson's account further here, because I do so elsewhere.

This completes my explanation of the distinction between empathy and sympathy, and how this applies to psychopathy. I now turn in more detail to the empirical evidence.

#### 4. Empirical Evidence on Empathy

First, it is worth noting that there are two problems with the empirical evidence on whether psychopaths lack empathy. The first problem is with the samples, i.e., how the psychopaths are selected for the empirical studies. Although some studies may explicitly distinguish between primary and secondary psychopaths, in many cases it is unclear which type of psychopath the subjects are. As such, results cannot be applied to psychopaths in general. The second problem is that many studies do not distinguish between different types of empathy, sympathy, or other emotional reactions (Maibom, 2014a). In fact, the empirical studies that do explicitly consider empathy, can only at best measure what Maibom calls ‘situational empathy’. In other words, ‘it shows merely that a person feels empathy in a particular situation’ (Maibom, 2014a, p. 97).

One kind of study that is done to test for empathy in psychopaths is to display distressing images of people to psychopaths, measuring their physiological responses, such as skin conductance (as a higher skin conductance is thought to be associated with emotional arousal). Some have found that that psychopaths have less change in skin conductance compared to non-psychopaths (Patrick et al., 1994; Blair et al., 1997).<sup>86</sup> However, there are inconsistent results. Sinnott-Armstrong points out that there have been a number of studies which found little or no difference in skin conductance (Sinnott-Armstrong, 2014, p. 200). Moreover, he says, other studies found that psychopaths have *more* skin conductance changes than non-psychopaths (Sinnott-Armstrong, 2014, p. 200). He concludes that these studies

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<sup>86</sup> Blair and colleagues (1997) found that whilst psychopaths differed from non-psychopaths in their reactions to distressing images (e.g., an image of a crying face), they in fact had significantly greater arousal to other expressions (e.g., an image of an angry face) (Blair et al., 1997, p. 196). There were also no significant difference between psychopaths and non-psychopaths when participants were shown threatening and neutral stimuli.

suggest that psychopaths are aroused to some extent rather than not at all. He says:

If such physical signs of arousal are sufficient evidence for empathy, then psychopaths seem to feel at least some morally relevant emotions. (Sinnott-Armstrong, 2014, p. 200)

At any rate, Maibom points out that differences in skin conductance rates are not sufficient to support the conclusion that psychopaths lack empathy. Instead, it demonstrates that they simply experience less distress than non-psychopaths, which says nothing specifically about empathy (Maibom, 2014a, p. 97). She says:

[M]uch of what has been taken to be physiological measures of empathy are, in fact, physiological measures of personal distress or anxiety/shock/stress in response to harm to others. Predictably, psychopaths have deficient responses compared to nonpsychopaths, but what is measured is probably not empathy most of the time. So, though physiological measures of empathy are sometimes favored because they appear more objective, they are blunt instruments, often unable to yield the desired results. (Maibom, 2014a, p. 98)

There are a number of other studies which do specifically attempt to target empathy. For example, Lishner and colleagues (2012) conducted a study involving looking at pictures of faces and reporting on how they made them feel, on the assumption that those capable of affective empathy would report feeling sad or sorrowful when given distressed or emotional faces. In this study, on the assumption that it does in fact measure empathy, against expectations, they found that psychopathy was associated with *increased* affective empathy. Using a similar self-reporting strategy Domes and colleagues (2013) also studied specifically affective empathy in psychopathy and compared psychopathic offenders with a control group

of nonoffenders. They found the following:

Against our expectation the level of psychopathic traits in the offender group did not account for a significant amount of variance of either cognitive or emotional [i.e., affective] empathy. (Domes et al., 2013, p. 77)

The fact that some empirical studies do not find any significant deficits is highly suggestive of the sympathy hypothesis being correct. This is because if we take the hypothesis that empathy is lacking, and there are a number of studies that show that there is no significant difference in psychopaths and non-psychopaths when it comes to empathy, then this strongly suggests that sympathy is lacking rather than empathy.

Some empirical studies have measured the activation of certain brain regions as a measure of empathy. Meffert and colleagues (2013), for example, conducted an experiment between 18 psychopathic offenders and 26 control subjects and measured participants brain activity. Subjects were shown video clips of emotional hand interactions. It was found that psychopaths had reduced brain activity compared to non-psychopaths. However, when participants were shown these video clips again but instructed to empathise and ‘feel with the actors in the videos’ (Meffert et al., 2013, p. 2550), it was found that the difference in brain activity was significantly reduced. As such, they concluded that this finding suggests the following:

[P]sychopathy is not a simple incapacity for vicarious activations but rather reduced spontaneous vicarious activations co-existing with relatively normal deliberate counterparts. (Meffert et al., 2013, p. 2550)

When psychopaths are instructed to empathise, because the difference in brain activation was significantly reduced, it is thought that psychopathy does not involve a complete incapacity for empathy. Indeed, this study has also been replicated. Consider Maibom (2018) discussing these results:

[I]t turns out that certain instructions normalize, or almost normalize, activation in these empathy related areas. In one study, Harma Meffert and colleagues found that if you instruct psychopaths to feel with a hand that is being slapped, their AI, ACC, and IFG show normal activation (suggesting intact empathy). Jean Decety and his collaborators (2015) also found intact activation in the AI (and vmPFC) when they instructed psychopaths to feel with either victims or perpetrators of violence. In another interesting twist, Decety found that when you show psychopaths a picture of a person in a painful situation and instruct them to imagine that this is happening to them, their empathy related areas respond normally or close to normally... This contrasts with the level of activation when the instruction is to imagine that this is happening to someone else (abnormally low activation compared to controls). (Maibom, 2018, p. 65)

Similarly, in a recent study Kajonius and Björkman (2020) distinguished between the *capacity* to empathise from the *disposition* to empathise, with the idea being that a person may lack the latter without lacking the former. They found that those with psychopathic traits ‘are normally cognizant to empathize but [have] a low disposition to do so’ (Kajonius and Bjorkman 2020, p. 1). This has led some to argue that psychopaths may have a deficit in dispositional empathy rather than lacking the capacity to empathise (Kajonius and Bjorkman, 2020). The idea is that psychopaths do not have a disposition towards empathy but they are capable of it nonetheless. It is not that they lack the ability entirely, but rather they are not naturally disposed to acting

that way.

The idea emerging here is that psychopaths have more *difficulty* affectively empathising, but they can do it in special circumstances or with effort. Indeed, others in the literature share this view. Maibom, for example, concludes, that it is plausible that psychopaths are in fact capable of empathising (Maibom, 2018, p. 65).

To summarise this section, the above highlights that there is not clear evidence supporting the claim that psychopaths lack the capacity for empathy. Much of the research in this area does not reliably track empathy. And so, I argue that we ought to remain agnostic about whether psychopaths are incapable of empathy.

## **5. Empirical Evidence on Fear and Other Emotions**

As a reminder, we have before us two hypotheses: (i) the empathy hypothesis, i.e., that psychopaths are incapable of affective empathy, and (ii) the sympathy hypothesis, i.e., that they are capable of affective empathy, but incapable of sympathy. The behavioural evidence is clear that psychopaths do not act in sympathetic ways. But this is consistent with both hypotheses. However, perhaps there is other evidence for the claim that psychopaths lack affective empathy. For example, if there is evidence that psychopaths lack the *general* capacity to feel emotions, then this would suggest that hypothesis (i) is more plausible than (ii). Conversely, perhaps there is evidence that they do possess the general capacity to feel emotions, but are in general not *motivated* to act upon them, which would suggest that hypothesis (ii) is more plausible than hypothesis (i). The literature on fear and related negative emotions is relevant in this regard.

Psychopaths are often said to lack fear and anxiety. But self-reports suggest otherwise. Consider the quote below:

I've been scared myself, and it wasn't unpleasant. (Hare, 1993, p. 44)

Although self-reports are not entirely reliable, this quote is suggestive because it implies that psychopaths might be capable of certain emotions but do not react to them in the same way as non-psychopaths. There are further examples suggesting this regarding other emotions, such as remorse. Sinnott-Armstrong offers us an example, with reference to one psychopath who Robert Hare discusses. He says:

Sometimes [psychopaths] talk suggests lack of understanding: "when asked if he experienced remorse over a murder he'd committed, one young inmate told us, 'Yeah, sure, I feel remorse.' Pressed further, he said that he didn't 'feel bad inside about it'" (Hare 1993, 41). Such confusions suggest to some observers that psychopaths feel no remorse or any relevant emotions, despite what they say. However, such confusions could result from shallow emotions or from a lack of reflection on emotions rather than from a total lack of emotions. (Sinnott-Armstrong, 2014, p. 199)

The above offers some support for thinking that psychopaths are capable of emotional responses, but that they are not experienced in the same way as non-psychopaths. Maibom (2018, p. 64) also notes that self-reports of psychopaths support the hypothesis that psychopaths have the general capacity to feel emotions. As a further example here, consider convicted psychopath Ted Bundy who says the following:

"If they think I have no emotional life, they're wrong. Absolutely wrong. It's a very real one and a full one." (Taken from Hare, 1993, p. 134)



Because psychopaths are notorious for being untruthful, we cannot definitely conclude from this and similar statements that they have the general capacity for feeling emotions on the basis of what they say. However, if psychopaths lacked the capacity for emotions altogether then we would expect to find self-reports where psychopaths express confusion about their own emotional states compared to others. With regards to fear, Robert Hare offers an example of just this kind:

“When I rob a bank”, he said, “I noticed that the teller shakes or becomes tongue-tied. One barfed all over the money. She must have been pretty messed up inside, but I don’t know why. If someone pointed a gun at me I guess I’d be afraid, but I wouldn’t throw up.” When asked to describe how he would feel in such a situation, his reply contained no reference to bodily sensations. He said things such as “I’d give you the money”...Asked if he ever felt his heart pound or his stomach churn, he replied, “Of course! I’m not a robot. I get really pumped up...when I get into a fight”’. (Hare, 1993, p. 54)

Hare goes on to say that psychopaths make no reference to bodily sensations in their descriptions of emotions. He says:

[B]odily sensations do not form part of what psychopath’s experience as fear. For them, fear – like most other emotions – is incomplete, shallow, largely cognitive in nature. (Hare, 1993, p. 56)

Note, that here Hare is not saying that psychopaths lack the capacity for fear *altogether*, but rather that their experience is *incomplete*. But consider the following quote from convicted

psychopath Michael Bruce Ross:

“There was nothing going through my head until they were already dead. And then it was like stepping through a doorway. And, uh, I remember the very first feeling I had was my heart beating. I mean, really pounding. The second feeling I had was that my hands hurt where I always strangled them with my hands. And then the third feeling was, I guess, fear, and the kind of reality set in that there was this dead body in front of me...[A]fter it was all over, you know, it kind of sets in, and that’s when I would get frightened and stuff.” (Taken from Berry-Dee, 2017, p. 199)

Here, Ross says that he feels fear and he makes reference to bodily sensations. So, the picture that emerges from self-reports about whether psychopaths have the general capacity to feel emotion is quite unclear. Certainly, there are differences between the emotional capacities of psychopaths and non-psychopaths, but what those differences consist in is difficult to identify. What is needed is a better understanding of the negative emotions, such as fear, that psychopaths give self-reports about.

Hoppenbrouwers and colleagues’ (2016) work is of particular value because they draw a distinction between the conscious experience of an emotion and bodily responses. Their 2016 paper is a meta-analysis of empirical studies measuring fear deficits in psychopathy. They note that one problem with empirical studies is that there is no shared definition of fear. Instead, research typically uses a ‘generic’ definition of fear which emphasises bodily responses. To illustrate this, consider the definition below:

*[F]earlessness* is defined as an abnormality in the system that should detect and respond to threat, and not necessarily in the conscious experience of the emotion. (Hoppenbrouwers et

al., 2016, p. 577)

A further problem is that there are different ways of measuring fear (Hoppenbrouwers et al., 2016, pp. 573-4). As such, Hoppenbrouwers and colleagues map out various elements of fear and distinguish between two subcomponents. They propose a new model of fear and conduct a meta-analysis with their new definition of fear in mind, whilst measuring both of these subcomponents. These two subcomponents of fear are as follows:

1. Conscious experience of fear
2. Automatic threat responding

(Hoppenbrouwers et al., 2016, p. 574)

First, consider the conscious experience of fear. This relates to the psychological experience of fear, i.e., the phenomenological feeling of *what it is like* to feel fear. The conscious experience of fear is comprised of two further features: i) recognition (i.e., identifying that one is in a fear state) and ii) attaching a negative valence (i.e., evaluating that recognised fear state).<sup>87</sup>

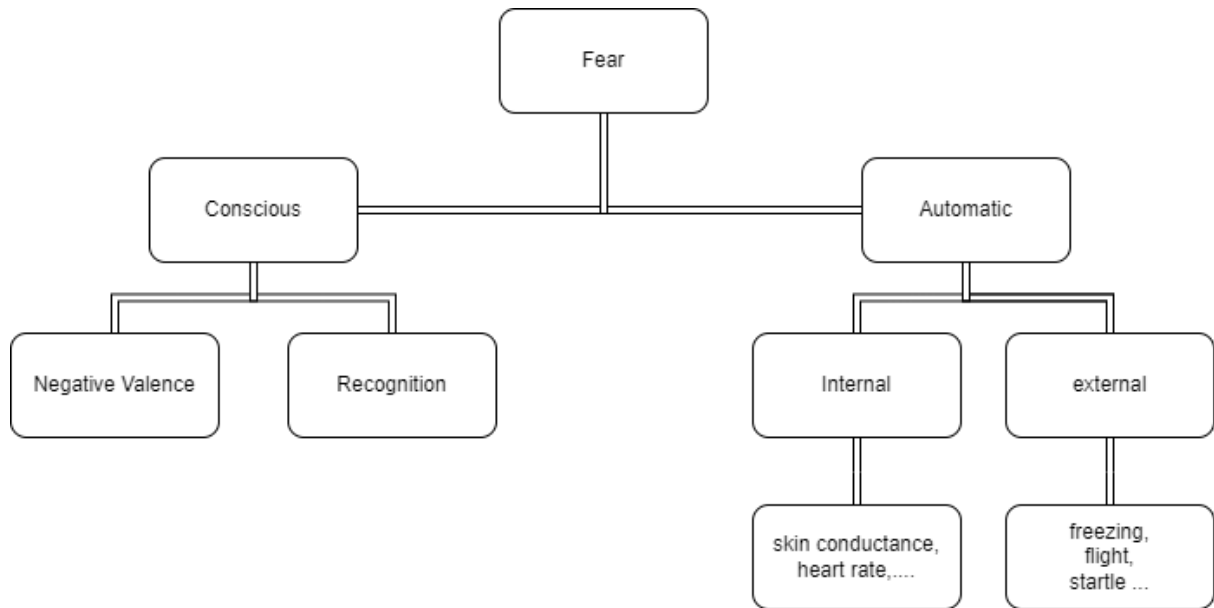
Now, consider automatic threat responding. This relates to a person's reactivity to perceived threats which encompasses things such as bodily sensations. When a person is in a fear state, they might experience certain physiological changes such as an increased heart

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<sup>87</sup> Some individuals struggle to detect and identify their emotions. This inability is referred to as alexithymia and is associated with a number of disorders, such as depression or autism (see, for instance, Honkalampi et al., 2000; Kinnaird et al., 2019).

rate.<sup>88</sup> These automatic threat responses can also be split into two further types: i) internal reactions (e.g., an increased heart rate) and ii) external reactions (e.g., running away from a perceived threat). Their model of fear is shown below:

*Figure 1: Hoppenbrouwers and Bulten's model of fear.*



(Taken from Hoppenbrouwers et al., 2016, p. 575)

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<sup>88</sup> Although fear may involve automatic responses, we can imagine a case of a person going to the doctors to get, for example, their cancer results who is feeling fear. Yet they don't get the physiological aspect but rather just experience a sense of dread. In regards to psychopaths they do report that they have felt scared but they didn't mind it (see Hare, 1993). *Prima facie*, psychopaths have the recognition but not the negative valence. This is exactly what is missing. I explore this further in due course.

Much of the empirical evidence into psychopathy and fear focusses on one component, namely, the automatic element, rather than the conscious experience of fear. Thus, Hoppenbrouwers and colleagues say:

[T]he term fear has been used inappropriately to describe automatic processing and responding to threat rather than the psychological phenomenon of fear. (Hoppenbrouwers et al., 2016, p. 574)

However, as the model above shows there are in fact two aspects of fear: 1. the conscious experience of fear and 2. automatic response to threat. Thus, we cannot conclude that psychopaths lack 1. on the basis of 2. Hoppenbrouwers and colleagues point out that ‘the activation of automatic mechanisms triggered by threat does not necessarily lead to fear experiences’ (Hoppenbrouwers et al., 2016, p. 574). The problem with current research is that it only focuses on aspect 2, and tells us nothing about aspect 1.<sup>89</sup>

The aim of Hoppenbrouwers and colleagues’ work is to find a deficit in either component (Hoppenbrouwers et al., 2016, p. 578.)<sup>90</sup> They found that the mean effect size for the automatic component was moderate and significant. However, the mean effect size for the conscious experience of fear was not significant. Thus, they found a deficit in automatic threat responding but not in the conscious experience of fear. They say:

[T]hese findings provide quantitative support for our model and show that psychopathy is characterized by impaired automatic processing and responsivity, and not by disturbances in

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<sup>89</sup> Indeed, others in the literature have recognised this problem. Consider what Maibom (2014) says: ‘The trouble with skin conductance tests, however, is that they measure arousal only and not, for instance, valence’ (Maibom, 2014, p. 97).

<sup>90</sup> Because Hoppenbrouwers and colleagues research included over thirty studies which varied in different methods, measures, and participants, we can take these results to be reliable.

the conscious experience of fear. (Hoppenbrouwers et al., 2016, p. 589)

Thus, their work provides evidence to support the claim that psychopaths are not entirely fearless and they do in fact experience the subjective feeling of fear. They say:

[Psychopaths] seem to be able to consciously experience fear as an emotion, which contradicts the general notion that lack of fear is a core component of psychopathy. (Hoppenbrouwers et al., 2016, p. 594)<sup>91</sup>

This meta-analysis provides support for the claim that psychopaths are capable of feeling fear (i.e., they have the internal phenomenological states associated with fear), it is just that they do not attach a negative valence to it. This suggests that the lesson we should take from the self-reports from psychopaths is that although they may feel emotions, they do not attach a negative valence to them. If attaching a negative valence to an emotional state is, as seems plausible, related to being motivated by being in such a state, then this offers some support for the view that psychopaths feel emotions, but are not motivated by them in the same way as non-psychopaths.

The important lesson that we can take from Hoppenbrouwers and colleagues is that empirical evidence for a lack of fear in psychopathy may have been misinterpreted. They say:

[T]he more fine-grained parsing of fear has not been made before in the psychopathy literature, [and so] these impairments have often been (mis)interpreted as evidence for reduced

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<sup>91</sup> Hoppenbrouwers and colleagues also considered psychopathy and the experience of other emotions and found that psychopathy is related to an ‘increased experience of anger and reduced experience of happiness [and] there seems to be no impairments in the experience of sadness, fear and surprise’ (Hoppenbrouwers et al., 2016, p. 589).

conscious fear experience. (Hoppenbrouwers et al., 2016, p. 581)

The reason why this point is important with regards to empathy is that if the same kind of conclusion can be drawn with regards to empathy, this offers support for the sympathy hypothesis. The suggestion is that psychopaths might have affective empathy, and thus experience emotional states, but are simply not motivated to act in virtue of having them. Hoppenbrouwers and colleagues' work suggests that this is so in the case of fear, and so it is at least plausible that the same kind of structure is present in affective empathy too.

One might object that it is not possible to have the phenomenology of certain emotions without the motivation. However, we know that it happens in other situations, such as in cases of pain asymbolia. People with asymbolia are not motivated by pain, i.e., they do not attach a negative valence to it. Nonetheless, they appear to have the phenomenology of pain, in that they say that they can feel pain.<sup>92</sup> They perceive pain but the negative feeling that is usually associated with pain is not there. As Klein puts it:

Asymbolics say that they feel pain, but they are strikingly indifferent to it...Asymbolics thus appear to feel pain without being motivated by it. (Klein, 2015, pp. 1-2).

If we consider these cases, it shows that there is a difference between having a feeling and being motivated by that feeling. Because this happens in the case of asymbolia, it is evident that phenomenology and motivation are clearly dissociable. And so, we can speculate that this

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<sup>92</sup> One might wonder if pain has to be negative and it depends on which philosophy of pain one holds. In the case of fear there is a clear distinction between the sensation and the disposition to act on it. Some argue that in the case of pain the motivation is not separate from the sensation. However, asymbolia illustrates that people know they feel something i.e. pain but they don't have the motivation to act on it. The fact that this condition exists allows us to speculate that something similar is going on in psychopathy.

may be what occurs with psychopaths and their emotions, including empathy. And this is just to say that the sympathy hypothesis is true.

To summarise the position I have reached, I wish to say the following: Affective empathy involves being able to share the mental state of another from the inside. If one can share what it is like for another person to feel, where that state doesn't include motivation but is rather just the raw feel, then one has empathy. Typically people automatically care for another when they feel empathy for them, and are therefore motivated to act. It is thus easy to assume that motivation automatically comes along with empathy, and so it is hard to distinguish the raw feel and the motivation that individuals ordinarily have. But they are distinguishable, and it is plausible that they do indeed come apart in psychopathic individuals. Indeed, it seems generally plausible that psychopaths have emotional states, but do not attach negative valence to them. As such, psychopaths are in general not motivated by their emotional states, so it makes sense that they are not motivated by feelings of empathy.

To finish, I briefly mention some others who have come to a conclusion that is at least closely related to mine. Consider the following passages:

[P]sychopaths do not feel for others when they imagine them in distressing situations, because they do not feel for themselves under similar circumstances...some degree of feeling distress for yourself may be involved in the ability to feel distress for others. (Maibom, 2014a, p. 108)

Psychopaths are described as being...unable to experience the depth of emotions that most individuals experience. Without experiencing these emotions themselves, it may be difficult to fully appreciate the effects of their harmful actions on others. (Glenn, 2017b, p. 505)



Because people with psychopathic traits are less fearful of harm to themselves, they may not fully appreciate the effects of their harmful actions on others or feel distress at others' distress. They just don't feel much, for themselves or for others. (Pickard, 2017, p. 523)

[P]sychopaths do not care when their pursuits are derailed...when they look through their own mind's eye, it would seem that the evaluative landscape they see is just flat. It would seem...not only are psychopaths impaired in regards for others, but also they are impaired in regard for themselves...I am suggesting that psychopaths are evaluatively impaired generally. (Shoemaker, 2015, p. 161)

To be clear, I have not argued that the evidence supports the sympathy hypothesis *over* the empathy hypothesis. But, I have shown that the sympathy hypothesis is at least as likely to be true as the empathy hypothesis, and as such is a perfectly plausible hypothesis. So, my official position in this paper is that we ought to remain agnostic about which hypothesis is true. Nonetheless, given my other views about psychopaths, I do think the sympathy hypothesis is more plausible than the empathy hypothesis. My account of psychopathy says that psychopaths have a general problem with a lack of concern, i.e., they entirely discount, and so do not care about their own future wellbeing and the wellbeing of others (see thesis paper 2). My suggestion is that the sympathy hypothesis fits more closely with this account of psychopathy than the empathy hypothesis. But, the reason I have not positively argued for the sympathy hypothesis in this paper is because to do so draws upon my other views about psychopaths, which somebody may reject. However, I return to this issue elsewhere (see thesis conclusion).

## 6. Conclusion

The salient point of this paper was to consider the following question: Why do psychopaths act the way they do with regard to others? The traditional answer is that they lack (affective) empathy. I have argued that this may not be true, and that it is at least as plausible that they possess empathy but lack sympathy. The important point is that the evidence that we have is not sufficient to establish the truth of either view, and so the sympathy hypothesis ought to not be discounted.

Why does all this matter, given that both hypotheses will broadly predict the same behaviour? Although these theories do not make a difference to behavioural predictions it is going to make a difference in other domains which are important. For example, it has implications with regard to the management and treatment of psychopaths. And it also matters with regard to other key issues such as whether psychopaths bear moral responsibility for their actions. As Kennett says:

It is not the psychopath's lack of empathy, which (on its own, at any rate) explains his moral indifference. It is more specifically his lack of concern, or more likely lack of capacity to understand what he is doing, to consider the reasons available to him and to act in accordance with them. (Kennett, 2002, p. 354)

I do not pursue these issues further in this paper, however, because I do so elsewhere.<sup>93</sup> My main concern here was merely to establish the sympathy hypothesis as a plausible one.

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<sup>93</sup> See thesis paper 6 and thesis conclusion.

# The Relationship Between Psychopathy and Mental Time Travel.

## Abstract

Broadly speaking, mental time travel is the ability to reconstruct past events or imagine future scenarios from a first-personal perspective. It is often claimed that psychopaths have impairments in this ability (Kennett and Matthews, 2009; Levy, 2014; Malatesti and Čeč, 2018). In this paper I distinguish between two different senses of mental time travel (cognitive and affective) and a further notion that I call “self-sympathy”. I argue that the empirical evidence does not support the view that psychopaths are incapable of cognitive mental time travel, but it does support the hypothesis that they are incapable of self-sympathy and that they may also be incapable of affective mental time travel.<sup>94</sup>

## 1. Introduction

My main concern in this paper is the claim that psychopaths are capable of mental time travel.

I will proceed as follows:

I begin in section 2, by contrasting Levy’s (2014) view that psychopaths are unable to mental time travel with Watson’s (2013) view that psychopaths have an incapacity to value themselves as agents with ends.

In section 3, I consider the evidence for the claim that psychopaths are incapable of mental time travel and argue that this evidence can be interpreted in a number of ways. One

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<sup>94</sup> When I say psychopaths “may” lack affective mental time travel, I mean that the evidence suggests that this may be so, but does not establish it conclusively. When I use this locution below, I am to be understood in the same manner.

interpretation is Levy's position, which is that psychopaths have impairments in mental time travel. An alternative interpretation is Watson's position, which is that psychopaths can mental time travel they just lack a capacity to value those imagined states.

In section 4, I distinguish between two kinds of mental time travel (cognitive and affective) and a notion I call "self-sympathy". Drawing upon the work from sections 2-3, I then argue for the position that psychopaths are capable of cognitive mental time travel, but that we can certainly conclude that psychopaths are incapable of self-sympathy, and that they may also be incapable of affective mental time travel as well. In order to do this I draw upon the work of Kennett and Matthew (2009), Berninger (2017), McIlwain (2010) and Malatesti and Čeč (2018). As I explain, Levy's account entails that psychopaths are incapable of cognitive mental time travel, so I reject his position. However, as I will also explain, the position I argue for is consistent with Watson's account described in section 2.

In section 5 I briefly conclude.

## **2. A Lack of Mental Time Travel or A Failure to Value?**

All agree that psychopaths have some kind of incapacity related to decisions that affect their future selves. Neil Levy (2014) argues that this incapacity is best understood in terms of an impaired ability to mental time travel. Gary Watson (2013), by contrast, argues that it is best understood in terms of an inability to value their future selves. I begin by outlining these two positions.

### **2.1. An Incapacity to Mental Time Travel**

The main claim made by Levy is that psychopaths lack the capacity to mental time travel. He

defines mental time travel as follows:

[T]he ability to project oneself into the future or the past: to recall, in a distinctively first-person manner, past episodes and to simulate possible future scenarios in which one is personally engaged...To recall in this manner is to recall an event as one in which one was oneself engaged. We recall not merely that the event occurred, but also just how it occurred; this may involve replaying the episode from the perspective originally experienced, or it may involve replaying the experience as if we were observing it from outside. (Levy, 2014, p. 360)

Levy explains this notion further by noting that there are two forms, a future-orientated and a past-orientated version. The past-orientated version is closely related to episodic memory. Ordinary people can not only remember *that* an event occurred, they can remember *how* it occurred “from the inside”, i.e., from a first-person experiential point of view.<sup>95</sup> The past-orientated version of mental time travel involves just such a first-person experiential point of view. Similarly, prospection involves not only understanding *that* an event will occur, but also *how* it will occur from a first-person experiential point of view. As Levy puts it:

Episodic memory for an event requires that we were actually involved in that event (unlike semantic memory: I may have semantic memory for events in which I was not involved) and the right kind of causal connection between the event and the recollection. Mental time travel to the future—prospection, as it is sometimes called—is the future-oriented version of the same phenomenon. (Levy, 2014, p. 360)

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<sup>95</sup> I have introduced the term mental time travel elsewhere (see thesis paper 2 and thesis paper 3). Here, I followed Levy’s definition of mental time travel.

Mental time travel thus includes remembering and projecting oneself in the future, so long as one does so from a first-person point of view. This includes memory as construction and memory tied to imagination. An example of mental time travel is imagining oneself to be on holiday from the point of view of being there, that is, from one's own first-personal perspective. And so, for example, it is not just imagining the beach from a bird's eye view, but rather imagining you are at the beach, looking out from your own eyes, and seeing the beach in front of you. The past version of this capacity, as mentioned, is usually associated with memory, but it need not be. Even in the case of somebody who has amnesia regarding *all* memories, if they can still imagine and experience "from the inside" what things might have been like in the past or imagine the future in a first-person manner, then they will still have the capacity to mental time travel. An example of somebody who lacks the capacity to mental time travel might be somebody who can remember something that happened to them in the past but is unable to remember or even imagine *what it was like* for that thing to happen to them.

Levy's hypothesis is that the capacity to mental time travel has developed partly in order to enable us to plan for the future by overcoming our bias towards immediate sensory states, by imagining what it will be like to achieve a long-term goal (Levy, 2014, p. 361). According to Levy, psychopaths have a deficit in mental time travel (Levy, 2014, p. 360). This impairment means that they are unable to appreciate the harms that their current actions may cause to themselves in the future, which affects their ability to make decisions that affect their future selves.

## 2.2. A Failure to Value

In this section I consider Watson's (2013) view that psychopaths are incapable of valuing their future selves. Watson's account conceptualises the incapacity in psychopaths in terms of them lacking any capacity to value themselves as agents with ends. According to Watson, an agent with ends is a being who conceptualises themselves as existing over time with their future wellbeing having an importance. So, as psychopaths are incapable of valuing themselves as agents this means that they are subject to their immediate aims, and are at the mercy of their current desires (Watson, 2013, p. 277).

Watson refers to the psychopath as a 'rational human wanton' (Watson, 2013, p. 284). His idea is that the deficit in psychopathy is not a failure of rationality, but rather that they lack a capacity to value as explained above. Watson ties this to the notion of a reason. As they are incapable of valuing themselves as agents, he thinks they therefore lack any reason to care about their future selves.<sup>96</sup> Watson argues that psychopaths can value their current wants and desires, but what psychopaths cannot do is value in a diachronic sense. In short, they cannot value something that has not happened yet.

To give an example, on Watson's account a psychopath may value an immediate desire for a cigarette, but they are incapable of valuing their future health, and so would have no reason for not smoking. Similarly, psychopaths may feel frustrated in a particular situation (e.g., being confined in prison), so there's a sense in which they value not being in that situation. However, on Watson's view, they cannot value long-term future freedom. As such,

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<sup>96</sup> Some accounts of reasons would say that reasons are independent such that psychopaths *do* have reasons, but perhaps psychopaths do not *take themselves* to have reasons. I am going to presume that reasons are not independent in this way. If they were, the accounts that I am discussing could quite easily be reframed in line with this characterisation of reasons. In that case, I would say that central to psychopathy is the claim that psychopaths *don't recognise the reasons that they have*.

they cannot have long-term plans, projects, and aspirations for the future.<sup>97</sup>

There is a clear distinction between Levy's and Watson's views. Levy claims that psychopaths cannot appreciate the harms that their current actions may cause to themselves in virtue of their impairment in mental time travel. Watson's view, on the other hand, is consistent with psychopaths being capable of mental time travel. It is just that even if they do engage in mental time travel, they do not value their imagined future states. However, it may be thought that Levy's account gives a good explanation for why psychopaths do not value their future selves. It may be that they do not do so because they cannot imagine future scenarios from a first-personal perspective. I consider this issue in the next section (3).

### **3. Are Psychopaths Capable of Mental Time Travel?**

The focus of this section is to consider the evidence that is often cited for the claim that psychopaths have impairments in this capacity.

First, I return to the issue of what mental time travel is. Following Levy's definition, the heart of the issue is whether psychopaths are capable of first-person perspectival retrospection and projection. I use the term "first-personal imagination" to cover both of these cases. As we have seen, episodic memory involves this kind of imagining, and is perhaps a

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<sup>97</sup> My account of psychopathy which characterises (Cleckleyan) psychopaths as extreme discounters is similar to Watson's in many respects. I argue for this elsewhere (see thesis paper 2). However, briefly put, I argue that psychopaths are incapable of valuing anything outside their current wellbeing. This encompasses a lack of concern for their own future wellbeing, and the wellbeing of other people. That is, they are what I call extreme future-and-other discounters. This entails that they do not value other people or other moments in time. And so, I agree with Watson that psychopaths have a general incapacity to value, but what they can value is their current wants and desires.



paradigm instance of exercising this capacity. It is difficult to describe what remembering in a ‘distinctively first-person manner’ means, but each of us who has this capacity knows that we can often imagine past experiences *from the inside*.

In fact, an important point can be drawn out by reflecting upon the nature of memory. Although persons have many episodic memories of events in their lifetime, they do not necessarily involve remembering exactly how experiencing the events *felt* at time. For example, I can remember being at school, walking around certain buildings, looking down on the uniform I was wearing at the time. I can even remember particular days and the weather on those particular days, and so on. On one such day, I remember going into school without having completed my homework and being sat at the desk as the teacher collected the work. All of these memories are episodic. On the day in question, I can remember from a first-personal perspective the teacher herself moving from one desk to another in front of me taking the homework in, getting closer and closer to my desk. However, although I can remember *that* the event occurred and *how* I was anxious on that particular day because of this, I have no feeling of anxiety about it now. That is, my episodic memory of this event has no emotional resonance with me. Of course, I do have other episodic memories that do have an emotional resonance. For example, when a close relative died, I have an episodic memory of being at the funeral, and this is still associated with a feeling of grief. But, the memory of my forgotten homework is not like that.

Why is this important? It is important because if episodic memories are paradigm cases of first-personal imagination, this illustrates that they need not have any associated emotional valence. The key point is that when I have that episodic memory, according to the definition given, I am engaging in mental time travel. And so, although mental time travel involves imagining an event from the first-personal perspective, there need not be any

emotion attached to such an imagining.

The same idea clearly applies to future-orientated cases of mental time travel. When I imagine myself going to my Viva, I imagine myself from a first-personal point of view sat at my desk with the laptop open in front of me, and (I admit) this gives me a sense of nervousness. However, when I imagine having my breakfast tomorrow morning, I imagine myself sat at my dining table with a bowl of cornflakes in front of me, and this has no emotional valence to it at all. Both cases are cases of mental time travel, but only the first has emotion connected with it.

With these distinction in mind what matters is whether psychopaths are capable of first-personal imagining at all. I'll first consider the evidence that is often cited for the claim that psychopaths have an incapacity in this regard. As the reader will see, the evidence that has been put forward is compatible both with the view that psychopaths cannot mental time travel and with the view that they can mental time travel, but fail to be motivated by the imaginings related to mental time travel. As we might put it, it may be that they can mental time travel, but fail to attach any value to the associated imaginings. In section 4 this is particularly relevant where I argue that this evidence can be interpreted in terms of lacking any capacity to value themselves as agents with ends, in line with Watson's view.

### **3.1. Memory and Imagination**

The first piece of evidence comes from empirical studies where psychopaths are asked to perform certain tasks. Levy claims that certain empirical studies are suggestive of an impairment in episodic memory. If psychopaths have impairments in episodic memory, then

this entails an impairment in mental time travel (Levy, 2014, p. 361). Levy cites two studies which found that compared to non-psychopaths, psychopaths performed worse in recalling emotional materials (see Christianson et al., 1996; Dolan and Fullam, 2005). Now, Levy himself accepts that this does not necessarily show impairments in memory. Rather, it is suggestive of impairments in psychopaths' affective reactions. The thought is that emotional materials are more likely to be remembered than neutral materials. But, if psychopaths have shallow emotions then this will influence their emotional memory in that they will not be able to remember emotional materials as vividly as non-psychopaths (Berninger, 2017, p. 670). And so, this evidence may demonstrate a lack of deep emotions in psychopathy rather than impairments in mental time travel. As such, Levy says, that 'the memory impairment would be due to factors outside the domain of memory per se' (Levy, 2014, p. 361).

Others in the literature note that the above is not strong evidence for psychopath's impairments in mental time travel (Berninger, 2017).<sup>98</sup> And in fact, there is evidence from clinical case studies that suggests that psychopaths have no impairments in memory. Consider the following quotes:

His memory is unusually sound. (Cleckley, 2015, p. 58)

His memory was excellent. (Cleckley, 2015, p. 156)

His memory was of course clear, and he accurately recognized all the circumstances under which he had given his word not to leave the hospital. (Cleckley, 2015, p. 167)

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<sup>98</sup> Indeed, others in the literature reject Levy's argument for different reasons. Andrew Vierra (2016), for example, claims that Levy's argument only pertains to individuals with secondary psychopathy. In contrast, primary psychopaths do not suffer from comparable cognitive impairments and so his argument does not apply to them (Vierra, 2016, p. 3).

The above illustrates from Cleckley that there does not seem to be any memory impairments in psychopathy. Perhaps it could be suggested that these quotes relate only to semantic memory. But there are also accounts of psychopaths recalling experiences from the past in the first-person. Joe, for example, discusses his 'suicide attempt'. Cleckley says that Joe recalls cutting his arms to frighten his family and making sure to pull over a chair as loudly as possible to create a 'dramatic scene'. Cleckley says that in this case: 'He describes his exploit in detail' (Cleckley, 2015, p. 188). Now, it might still be objected that when psychopaths describe such details, they may not be imagining the situations from a first-person perspective. However, the point is that, insofar as we would expect there to be memory deficits present in someone incapable of first-personal imagining, the fact that psychopaths seem in many cases to have excellent memories, suggests that they have no impairments in their ability to remember. In other words, there seems to be nothing abnormal about their capacity to remember in general. The evidence cited above involves emotional memories in particular, which would rather suggest a deficit in emotional processing than a deficit in memory *per se*.

There is also empirical evidence which suggests that psychopaths can in fact imagine future possible scenarios but they do not feel any distress when they do. Patrick and colleagues (1994) conducted a study on 54 incarcerated male offenders who were categorised into non-psychopaths, moderate psychopaths, and psychopaths according to Hare's PCL-R. Participants were given sentences which described neutral or fearful situations and were asked to imagine the content in the sentence from a first-personal perspective. Some of these sentences described fearful events, such as "Taking a shower, alone in the house, I hear the sound of someone forcing the door, and I panic" (Patrick et al., 1994, p. 525). Participants'

instructions were as follows:

Imagine the sentence content as a vivid, personal experience: “Imagine that you are actually in the situation and participating in the events described, and not just ‘watching yourself’ in the scene”. (Patrick et al., 1994, p. 526)

Participants’ physiological responses were then measured. The results showed that whilst all psychopathy groups (particularly high-psychopathy groups) had decreased physiological responses (such as changes in heart rate and changes in skin conductance), there were no group differences in self-report compared to non-psychopathic subjects (Patrick et al., 1994, pp. 528-9). These results suggest that psychopaths had no problem imagining vivid scenarios. What are we to make of this? One line of thought is that psychopaths can in fact mental time travel (i.e., they can imagine future or past scenarios from the first-person), but there is no associated emotional valence. And indeed, as we have already seen, there need not be any emotion attached to such a conceiving for something to count as mental time travel. Consider what Heidi Maibom (2014) says about this matter:

[P]sychopaths have been found to experience deficits in imagining themselves in distressing situations. Though their imaginative skills are unimpaired, their physiological reactions to what they imagine are flat (Patrick et al., 1994). If asked to imagine in detail being in the shower and hearing an intruder, psychopaths report much imaginative work, but they do not experience the stress/anxiety reaction that ordinary people do to this sort of imagery. (Maibom, 2014a, pp. 107-8)

If psychopaths lacked the capacity for mental time travel, then we would expect them to be

unable to perform the task set by Patrick and colleagues accurately (i.e., we would expect to find self-reports of deficits in first-person imagery experience). But this type of behaviour we do not routinely observe which suggests that they have the capacity for mental time travel, at least in the sense outlined above.

### **3.2. Risky Decision Making**

However, there is also other empirical evidence that is cited to support the claim the psychopaths have impairments in mental time travel. This empirical evidence involves tasks centred around decision-making. Malatesti and Čeč (2018), for example, discuss The Iowa Gambling Task (IGT) where participants are asked to choose from a range of cards with the aim of avoiding losses and earning as much money as possible. Some cards result in participants winning short-term gains and other cards result in long-term losses (Bechara et al., 1994; Blair et al., 2001; Mitchell et al., 2002; Malatesti and Čeč, 2018). Some studies show that psychopaths are more likely to make risky decisions for present gains that result in long-term losses and as such psychopathy is thought to be associated with risky behaviour (Malatesti and Čeč, 2018, p. 97). Because of these findings, some philosophers use the IGT test as evidence that psychopaths have impairments in mental time travel (Malatesti and Čeč, 2018, p. 97). However, other studies found that there is no difference between psychopaths and non-psychopaths in this respect (Schmitt et al., 1999). Other studies found that secondary psychopathy was associated with risky-decision making, but primary psychopathy was not (Dean et al., 2013).

Even if we grant the claim that psychopathy is associated with risky decision making, there are two interpretations. One interpretation is that psychopaths have an impaired capacity

to mental time travel. As such, they cannot conceive of the future consequences of their decisions and so are more likely to engage in risky behaviour. Alternatively, another explanation is that psychopaths are capable of mental time travel. They are aware of the future consequences and that they are taking a risk, but they simply do not care, i.e., because they lack a capacity to value themselves as an agent with ends. And so, psychopaths can mental time travel but they attach no emotional valence to the associated imaginings.

Koenig and Newman (2013) propose that psychopaths suffer a problem in regards to attention. They suggest that psychopaths suffer from ‘an inability to flexibly reallocate attention away from a dominant goal’ (Koenig and Newman, 2013, p. 95). Because in the IGT the psychopaths’ ultimate goal is to maximise money, even when they select cards which lead to losses, they still might continue to select risky cards. This is because they desire to maximise as much money as possible and so discount everything else (i.e., the risk).

There are also self-reports from psychopaths which support the idea that their attention fixates on one goal and they discount everything else. Grant offers us an example:

“I always know damn well I shouldn't do these things...I haven't forgotten anything. It's just that when the time comes I don't think of anything else. I don't think of anything but what I want now. I don't think about what happened last time, or if I do it just doesn't matter. It would never stop me”. (Grant, 1977, p. 60)

Even if we accept that the above evidence does not demonstrate that psychopaths have an impaired capacity to mental time travel, there is further evidence that is cited to support the claim that psychopaths have an impairment in mental time travel. I consider this in the section below (3.3.).

### 3.3. Impulsiveness and Poor Planning

The second piece of evidence that Levy gives for the claim that psychopaths have impairments in mental time travel (MTT) is that they are impulsive and poor at long-term planning (Levy, 2014, p. 361). This is clear from the diagnostic criteria (see thesis paper 1) and spoken evidence, i.e., self-reports or clinical case studies. Levy offers us an example relating to psychopaths' difficulties at carrying out long-term plans. He says:

One incarcerated psychopath, for example, told interviewers that he intended to become a chef, a surgeon, a pilot, and an architect (Hare, 1999). Since he possessed qualifications for none of these professions, these ideas seem more akin to fantasies than to genuine goals, insofar as goals are ends toward which people take themselves to be working. McIlwain (2010) understands this behavior as the consequence of an inability to transcend the present moment in imagination, in the kind of engaged manner required for MTT. (Levy, 2014, p. 361)

Again, however, this evidence can be interpreted in a number of ways. One interpretation is that psychopaths are unable to achieve their long-term goals due to their impairments in mental time travel. Another interpretation is that psychopaths are capable of mental time travel, but they just fail to form any long-term goals in response to doing so, because they fail to attach any value to the future imagined states.

If we consider the claim that psychopaths are impulsive, again this does not necessarily mean that they have deficits in mental time travel. Their impulsive nature may arise due to a lack of capacity to value themselves as an agent with ends. Consider the below



quote from Gary Gilmore, a psychopath convicted of crimes:

“I got away with a couple of things. I ain’t a great thief. I’m impulsive. Don’t plan, don’t think...I could have gotten away with lots of things that I got caught for. I don’t, ah, really understand it. Maybe I quit caring a long time ago”. (Taken from Hare, 1993, p. 88)

The above suggests that psychopaths understand that if they plan, they might bypass some of the consequences of their actions. It suggests they can conceive of what will happen to themselves in the future, yet do not care about the future enough to plan. It suggests that they can project into the future, but what they cannot do is care about their future states, i.e., that they lack the capacity to value their own future wellbeing.

Anja Berninger (2017) notes that it is often claimed that psychopaths are impulsive (and this is thought to be related to impairments in mental time travel). However, the impulsivity in psychopathy may vary for different types of psychopaths. She argues that we ought to distinguish between different types of impulsiveness, and Poythress and Hall (2011) have done just this. Poythress and Hall claim that impulsivity is comprised of four different traits: i) urgency (strong urge to relieve negative experience) ii) lack of premeditation (acting without considering consequences), iii) lack of perseverance and iv) sensation seeking (Poythress and Hall, 2011, p. 124; Berninger, 2017, p. 670). Poythress and Hall say that primary psychopaths are impulsive in the sense of sensation seeking only, whereas secondary psychopaths are impulsive in all of the senses outlined except sensation seeking. Thus, Berninger claims the following:

[This] suggests that while both primary and secondary psychopaths are often incapable of avoiding negative consequences of their actions, we may actually be dealing with rather

different deficits. Primary psychopaths may foresee the potential negative consequences, but engage in certain actions anyway, because of their tendencies for sensation seeking.

Secondary psychopaths, in turn, will often engage in these actions, because they do not reflect on potential negative consequences. (Berninger, 2017, p. 670).

If we accept the above, then it could be that primary psychopaths are aware of the future consequences of their actions (i.e., they can engage in mental time travel), but they simply do not care about their future states. They are thus sensation seeking in the sense that they care only for their current states, and so they want the immediate gratification of their current desires.

Furthermore, even if we accept that psychopaths have impairments in past-orientated mental time travel, this may not be significant in their ability for rational future decision-making. As Berninger says:

There are indications that individuals with episodic amnesia due to hippocampal damage, while not being able to engage in mental time travel, do not show severe deficits in various types of future directed decision making. Thus, the patient KC (a case of episodic amnesia) has been shown to display normal levels of temporal discounting (i.e. he does not discount future gains to a greater extent than other subjects). Furthermore, KC is able to engage in normal future directed reasoning... This indicates that the ability for mental time travel may not be necessary for rational future decision making. (Berninger, 2017, p. 670)

All of the above strongly suggests that psychopaths can mental time travel, but lack any motivation to act upon their imagined states. In the following section, I distinguish two kinds of mental time travel (cognitive and affective) from a different notion, one which I call “self-

sympathy” and argue that the evidence cited above is in fact best understood as evidence for the claim that psychopaths have the ability for cognitive mental time travel, but that psychopaths are incapable of self-sympathy and may be incapable of affective mental time travel. I also argue that this fits well with Watson’s view that psychopaths lack a capacity to value themselves as an agent with ends which would give rise to motivation.

#### **4. Are Psychopaths Capable of Self-Sympathy?**

In this section I delve deeper into the concept of mental time travel to illustrate that the definition of mental time travel is controversial in the literature. I distinguish between two senses of mental time travel, and distinguish this from a different notion, which I call “self-sympathy”. I argue that there is a parallel to be drawn between mental time travel and empathy on the one hand, and self-sympathy and sympathy on the other.

First, I begin with surveying the relevant literature on mental time travel. Some argue that mental time travel requires more than mere first-personal imagining, and must also involve one’s imaginings having an emotional valence. For example, consider what Jeanette Kennett and Steve Matthews say about this:

In mental time travel, the agent recalls and re-experiences episodes involving her past self, or alternatively imagines herself as taking part in some future episode. Mental time travel, then, includes what are sometimes called episodic, or personal memories, in the backward-looking cases, and what is sometimes called prospection, in the forward looking cases...As with episodic memory, prospection is often qualitatively rich, across two main dimensions. In ‘experiencing’ the past or the future we simulate a world with at least some of its sensory

detail...In addition, and since it is self-involving, we respond emotionally to the simulation.  
(Kennett and Matthews, 2009, p. 329)

Here, Kennett and Matthews suggest that in at least some cases having an emotional reaction is an integral part of what it is to engage in mental time travel. They say that often when an agent engages in mental time travel, they ‘respond emotionally’. As I have argued above, whilst it is true that when one engages in first-personal imaginings, one might also simulate emotions, I don’t think this is true in all cases of first-personal imaginings, and the way that Levy uses the term ‘mental time travel’ does not imply this. And so, here lies a key difference between Levy’s account and Kennett and Matthews.

Next, consider what Doris McIlwain has to say about psychopaths and their capacity to imagine the future:

Psychopaths live strangely in time not because they cannot imagine futures or tell powerful stories about their past. They can entertain any number of possible futures, and regale you with vivid accounts of heroism and terror in their pasts. Only they don’t personally connect with those stories – the stories and goals lack specific, owned personal detail and involuntarily evoked emotional connections. (McIlwain, 2010, p. 90)

Here, because of what I have said above, I agree about McIlwain’s claim that psychopaths can imagine futures and tell ‘powerful’ stories about their past, and indeed the rest of the quote indicates, McIlwain herself seems not to mean that psychopaths cannot engage in first-personal imagining at all. But the key point I want to draw attention to here is McIlwain’s point about ‘emotional connections’. She gives us an indication of what this might involve when she says:

There is a difference between imaginatively entertaining the past and future and the more emotional engagement with prospective or retrospective scenarios that have motivational impact. With regard to prospection, thinking about the future, Boyer (2008) suggests that emotional investment in the future enables us to overcome the motivation to ‘act opportunistically and myopically’ that arises from temporal discounting where ‘later counts for less than now’. (McIlwain, 2010, p. 91)

I take McIlwain to be talking about mental time travel in this passage, and she makes a very important point with regard to it, which is that mental time travel is often associated with a motivational element. It is this, rather than the ability to mental time travel at all, that I think is missing in psychopaths.

There is an interesting parallel to be made between mental time travel and empathy that will be important here. Psychopaths are often said to be incapable of empathy. I discuss this issue in detail elsewhere (see thesis paper 4). However, as it will be useful in what follows, briefly speaking, I distinguish between the following two senses of empathy:

**Cognitive empathy:** P cognitively empathises with S iff P can imaginatively take on the point of view of S in a first-person manner and have a propositional understanding of S’s mental states.

**Affective empathy:** P affectively empathises with S iff P imaginatively takes on the point of view of S in a first-person manner and shares S’s mental states from a first-personal perspective.

I then argue (see thesis paper 4) that there is little reason for thinking psychopaths are

incapable of cognitive empathy, so the issue is whether they are capable of affective empathy. However, I then note that affective empathy states are often involved in motivation, but need not motivate. And so, I distinguish between affective empathy that motivates and affective empathy that does not, calling the former ‘sympathy’:

**Sympathy:** P sympathises with S iff P shares S’s mental states from a first-personal perspective, and is motivated by being in that state.

I then argue (see thesis paper 4) that the clinical evidence is consistent both with the hypothesis that psychopaths are incapable of affectively empathising, and with the hypothesis that they are capable of affectively empathising, but incapable of sympathising.

The above is relevant here because Levy’s account of mental time travel, like cognitive empathy, merely involves imagining from a first-personal perspective, without having any emotional valence attached to it. On the other hand, Kennett and Matthews’s account of mental time travel, like affective empathy, does involve this. And we can at least draw from what McIlwain says that, in addition to this, there can be mental time travel that involves a motivational aspect, and can be seen to parallel the notion of sympathy as outlined above. In parallel with my treatment of empathy and sympathy, then, let us distinguish between:

**Cognitive Mental Time Travel:** P engages in cognitive mental time travel iff P imagines P’s past or future mental states from a first-personal perspective.

**Affective Mental Time Travel:** P engages in affective mental time travel iff P

imagines P's past or future mental states from a first-personal perspective and attaches an emotional valence to that imagining.

**Self-sympathy:** P engages in self-sympathy iff P imagines P's past or future mental states from a first-personal perspective, attaches an emotional valence to that imagining, and is motivated by it.

The position I wish to put forward in this paper parallels my view regarding empathy and sympathy (see thesis paper 4). From what has been said above about the clinical evidence, there is no reason to think psychopaths are incapable of cognitive mental time travel (i.e., mental time travel in Levy's sense). Furthermore, the clinical evidence is consistent with both the hypothesis that psychopaths are incapable of affective mental time travel (i.e., mental time travel in Kennett and Matthews's sense), and the hypothesis that they are capable of affective empathy but incapable of self-sympathy (i.e., the view of mental time travel suggested by what McIlwain says).

My hypothesis is that psychopaths are capable of cognitive mental time travel, and perhaps also affective mental time travel, but at the very least they are not motivated by being in such a state. To be clear, perhaps they fail to be motivated *because* they have no emotional reaction to their imaginings at all (and so lack the capacity for affective mental time travel), but it may be that they have emotional reactions, but are just not motivated by them (and so lack the capacity for self-sympathy). In what follows I thus remain agnostic about which of these two hypotheses is correct, and focus on the claim that psychopaths *are* capable of cognitive mental time travel, but are incapable of being motivated by the first-personal imaginings associated with this.

#### 4.1. Cognitive Mental Time Travel

Earlier, in section 2.2 I discussed Watson's account of a lack of valuing in psychopathy.

There the suggestion was that psychopaths do not value themselves as agents in the sense that they attach no importance to their own future states. This ties in very closely with the issue of motivation. Normally, when a person is motivated to act in order to achieve some desired future state, we may suppose they have an existing goal and they imagine that in the future they will fulfil that goal. This results in positive feelings associated with the fulfilment of that goal and they think 'I will be happy then' or 'then I will feel that I did something good', or some such, which then motivate a person to alter their behaviour in the present in order to achieve that future goal. If Watson's account is correct, psychopaths can imagine achieving a future goal (i.e., they are capable of cognitive mental time travel and there may even be positive feelings associated with that (i.e., they may be capable of affective mental time travel), but their failure to value themselves as agents means that this has no motivational effect upon them (i.e., they are incapable of self-sympathy). And so, the account I am now considering is perfectly consistent with Watson's. Psychopaths lack future-directed motivation because they are indifferent about whether they achieve their short-term future-directed goals or not, and so have no reason to alter their behaviour in the present to achieve them. Psychopaths are able to see the consequences of their actions, but they fail to be motivated by them. So, the issue is not primarily a cognitive one, but rather a motivational one.

If we consider, for example, a psychopath who is in psychiatric confinement, and strongly dislikes this. One would imagine that upon their release they would do all that they



could to avoid being confined again. But this is not what we see in the case studies.

Psychopaths who strongly dislike confinement frequently engage in behaviour that results in their being taken back into confinement after release. Now note that if we want to say that psychopaths cannot cognitively mental time travel, then we would have to say that they cannot even imagine being placed back in confinement from a first-personal perspective. But that they cannot do this is implausible, and so far as I have been able to discover, none of the clinical evidence supports this claim. Instead, I suggest that they can imagine being put back in confinement, and they may even imagine being unhappy when they are so confined, but that this does not motivate them to alter their behaviour. The general theme across all of Cleckley's clinical case studies regarding psychopaths who resent being in psychiatric facilities (of which there are many), is that they strongly express their desire to be released, and behave in ways conducive to their immediate release, but then fail to act in ways that prevent their re-confinement. In discussing one case study, Cleckley notes the following:

Several psychiatrists...expressed the belief that he detests being in the hospital more than any man they ever saw. Why, then, does he always take these active steps to get himself back in confinement just as soon as he gets away? (Cleckley, 2015, pp. 167-8)

I think the reason that this is so is precisely because psychopaths fail to value themselves as agents. There is no reason to suppose they lack the capacity to imagine that their actions will result in their re-confinement, but they are simply not motivated by this. They do, as it were, whatever they want to in the moment. They know full well the likely consequences that will follow, but these fail to motivate them because the consequences are not happening to them *now*.

## 4.2. Affective Mental Time Travel and Self-Sympathy

With regard to the specific hypothesis that psychopaths may be incapable of affective mental time travel but certainly lack self-sympathy, the literature on depression and, in particular, anhedonia is relevant. Anhedonia is described as a state where a person experiences a reduced ability or a complete inability to feel pleasure or happiness in daily activities (Tate, 2019).

Consider the following quote to illustrate this idea:

“I didn’t feel very excited or enthusiastic about any of the things that had previously filled me with joy and pleasure...I simply didn’t care...Everything began to seem like such an enormous, overwhelming effort”. (Solomon, 2008, pp. 510-11)

One type of anhedonia is motivational anhedonia which is where a person ‘feels little or no motivation to do things she formerly enjoyed’ (Tully, 2017, p. 4). In these cases, it is unclear whether persons have a total absence of future-orientated desires, however, goals no longer have motivational force upon them (Tully, 2017). Suppose I have anhedonia and that I love football, but I stop going to football practice. The question is: Why do I do this? One possible explanation is that when I normally go to football practice it is because I imagine being at football practice, and imagine the joy of playing football with my friends, and that gives me the motivation to actually get out of bed, get dressed, and go to football practice. But when I’ve got depression, I lose the capacity to imagine the feeling of being happy playing football, and that takes away the motivation. And so, now it is no longer worth it to get dressed and go out in the rain or so on. Ian Tully describes this process. He says:

[W]hen a person suffers from deficits in experienced pleasure, then experiences or activities

she was formerly motivated to pursue will lose some of their luster – she will anticipate less enjoyment from them going forward. This diminished anticipatory pleasure in turn feeds a motivational deficit. As this process iterates, a person will naturally become less and less motivated to pursue that which formerly gave her pleasure. (Tully, 2017, p. 5)

In these cases, he claims that ‘a kind of total motivational paralysis sets in’ (Tully, 2017, p. 6).

Someone might argue in the following way: although depression is different from psychopathy, perhaps there is a similar type of structure where motivation depends on one being able to imagine one’s future and imagine how they would feel in that future. This is to say, the explanation suggested by Tully of motivational anhedonia is that those who suffer from this condition are incapable of both affective mental time travel and self-sympathy, and perhaps this offers some reason to think that the same is true of psychopaths. In response, there are obvious clear differences between those with motivational anhedonia and those with psychopathy. In particular, psychopaths do not suffer from total motivational paralysis, as they are clearly and obviously motivated by their occurrent desires regarding the situations they find themselves in in the present.

Anja Berninger’s work is also relevant in the above regard. She notes the idea that psychopaths can imagine future scenarios but they fail to be motivationally relevant them. She says:

Psychopaths might be able to correctly foresee action consequences at least as good as non-psychopaths, but they may nevertheless diverge in action motivation. (Berninger, 2017, p. 667)

She then goes on to connect up emotions with motivation as follows:

Both in philosophy and psychology, emotions are often taken to be relevant for action in the sense of motivating us to act...Thus, one can suggest that psychopaths are able to foresee potential effects of their actions, but that they are not always motivated by their foresight, simply because the form in which they envision their future lacks the sort of motivational appeal that is provided by mental time travel. This in turn would indicate that psychopaths might generally be motivated by current desires and emotions, but that they would not be motivated through their cognition of future events. Their decision-making deficit would thus be motivational in nature. On this view, one can thus say that the inability of psychopaths to avoid negative action consequences is a result of motivational myopia. (Berninger, 2017, p. 669)

Berninger's suggestion here is that psychopaths lack the ability for affective mental time travel, which leads to their lacking self-sympathy. However, she is keen to emphasise the motivational aspect of the psychopath's predicament, which I take to be the only definite conclusion we can currently draw. Berninger is right to point out that emotions do, as a matter of fact, often motivate us to action when engaging in mental time travel. But, for all that Berninger says here, it may still be that psychopaths have the same emotional states as others when engaging in mental time travel, but that what is lacking is the link between having such an emotional state and motivation. The most we can say is that when psychopaths engage in mental time travel, their imagined states fail to be motivationally relevant to them. I take it from the above that Berninger herself takes this to be the primary lesson we can learn from the clinical evidence.

If my hypothesis is right that psychopaths are incapable of self-sympathy, this will relate to how they think about their past selves as well. On this hypothesis, they do not

integrate their past into planning for the future. That is to say, they do not take what's happened to them previously as being motivationally relevant to what they are going to do in the future. It is not that psychopaths forget how they felt in the past or have impairments in remembering the past, rather it is that they just do not see it as relevant to themselves in the present. Although they can remember past events in a first-person manner, they do not draw the consequences from those past experiences that we normally would. They are unable to think about themselves in the past in a way that would be relevant to their decision-making in the current moment.

The above point relates to the view of Malatesti and Čeč (2018), who also talk about the motivational states of psychopaths. They argue that psychopaths might have difficulty detaching from their current motivational states. They discuss a process they call "identification" whereby an agent 'steps back' from their current motivational states in order to assess them objectively and in comparison with past mental states. I discuss Malatesti and Čeč's position in more detail elsewhere (see thesis paper 6), but the key point I want to emphasise from their view here is that they regard the ability to mental time travel as being crucial for identification, and so argue that psychopaths at least in some circumstances have impairments in mental time travel:

[I]dentification relies on some basic capacities of mental time travel...[A] process of "detachment" from current operative desires is of central importance in the process of identification. (Malatesti and Čeč, 2018, p. 89)

Here I just want to signal my broad agreement with their view, but with a caveat. As Malatesti and Čeč define mental time travel, they seem to have in mind cognitive mental time travel, for they say:

In relation to the past, mental time travel is the capacity to have memories of past episodes in which the agent was personally involved. (Malatesti and Čeč, 2018, p. 89)

I have argued that psychopaths are capable of cognitive mental time travel, and so may appear to disagree with Malatesti and Čeč here. However, as I understand their notion of identification, what their view requires is that psychopaths have an inability to care about their past mental states and desires, i.e., an inability to take them as being motivationally relevant. So, in my terms, I would put their point by saying that the ability to self-sympathise is what is crucial for identification, and so take their arguments to be in line with my view that psychopaths are incapable of self-sympathy.

## **5. Conclusion**

In this paper, I began by focussing on two accounts that claim that psychopaths have some kind of incapacity related to decisions that affect their future selves. First, I outlined Levy's view according to which psychopaths have impairments in (what I later call) cognitive mental time travel. Then, I contrasted this with Watson's view, according to which psychopaths have an inability to value their future selves. I then considered the evidence for the claim that psychopaths are incapable of mental time travel. I argued that this evidence does not support the view that psychopaths are incapable of cognitive mental time travel, but then went on to argue that it does offer evidence for the hypothesis that psychopaths are incapable of self-sympathy, and that it may also be that psychopaths are incapable of affective mental time travel. I have also argued that this position fits well with Watson's view of psychopaths as

agents with an inability to value their future selves.

# Are Psychopaths Responsible?

## Abstract

In this paper I assess whether psychopaths are responsible for the harm they cause. In answering this question, I take a Frankfurtian approach to responsibility *simpliciter* and use it to modify Hanna Pickard's (2013) *responsibility without blame* framework. One necessary condition for responsibility is that a person must know what they are doing when they perform an action. Call this *the Knowledge condition*. A further necessary condition for responsibility is that a person must be free when they perform an action. Call this *the Freedom condition*. I argue that although psychopaths meet both of these conditions, their freedom is limited compared to non-psychopaths in that the range of first-order desires that psychopaths have are limited to their immediate self-regarding desires. And so, my ultimate answer to the question whether psychopaths are agents of responsibility, is that psychopaths have diminished responsibility for their actions. This conclusion also has implications for whether psychopaths are morally responsible.

## 1. Introduction

In this paper I assess whether psychopaths are responsible for their actions. I conclude that they have diminished responsibility. In giving this argument I explain and draw on a hypothesis that I have defended elsewhere, namely that psychopaths are *extreme future-and other-discounters*. As a backdrop to my discussion, I import Pickard's theory of responsibility, according to which a person must have conscious knowledge of their actions



and choose them freely in order to be responsible. However, based upon considerations that can be drawn from Harry Frankfurt's (1971) account of free will, I will argue that Pickard's account needs some modification. I will make these modifications and then apply the revised account of responsibility to psychopaths as I conceive of them, which will imply the advertised conclusion. I use Frankfurt's account to modify Pickard's because there is one aspect of what Frankfurt discusses which is especially important. This is that a person must be capable of forming future- and other-orientated desires, and this is not captured within Pickard's account.

Before I begin, it is first important to note that in the above I have spoken of responsibility in general rather than *moral* responsibility. This is no mistake. As we will see, Pickard's view is that some people can be responsible for their actions without being morally responsible for them. Pickard argues that being responsible is something that can, and should, be considered independently of being morally responsible. In effect, she claims that being responsible is a necessary but not sufficient condition for moral responsibility. Her view is a useful one to consider precisely because it clearly separates out responsibility *simpliciter* from moral responsibility, laying down the conditions for the two notions. As I will argue, this allows us to obtain a clearer view of the fact that psychopaths are not fully responsible *simpliciter* for their actions, let alone fully morally responsible. However, because being responsible is still a necessary condition for moral responsibility, my conclusion does in fact entail that psychopaths' have a diminished moral responsibility as well.

In section 2, I first give some background detail and consider the relationship between psychopathy and morally bad behaviour, specifically criminal behaviour. In section 3, I then outline Pickard's *responsibility without blame* framework and her two conditions for responsibility. Here, I also raise issues that Frankfurt's theory helps us answer. These issues

are important because they reveal something about the nature of psychopathy that Pickard's notion of responsibility is not able to capture. In section 4, I then apply Pickard's modified framework to psychopaths understood as *extreme future-and-other discounters* and show that on this framework they have diminished responsibility. Finally, in section 5 I conclude that psychopaths have diminished responsibility *simpliciter* for their actions. This conclusion also establishes that they have at least diminished moral responsibility for their actions too.

## 2. Psychopathy Statistics

The issue I am addressing in this paper is whether psychopaths are responsible for their actions. First, though, why should we think there is an issue to address here? One reason is that there is something special about psychopathy in the sense that criminal action is so common among psychopaths, even if psychopaths are a very small percentage of the population. Another reason that might be said is that psychopathy is a personality disorder, and it has been argued that at least some people with personality disorders have diminished responsibility (see Saks and Behnke, 2000; Levy, 2010). However, this is far from conclusive, as personality disorders are heterogenous, and it would certainly be controversial to claim that anyone with a personality disorder has diminished responsibility. The reason for this is because one personality disorder may be very different from another and psychopathy itself is quite unique. For example, consider that people diagnosed with schizotypal personality disorder can experience temporary or short-term psychotic episodes (APA, 2013, p. 657). However, the same is not true for individuals diagnosed with psychopathy. To take another example, individuals with obsessive-compulsive disorder often have a remarkable ability to adhere strictly to rules (APA, 2013, p. 679). On the other hand, psychopaths are likely to

disregard rules. Moreover, there are not just differences in clinical contexts that give us reason to think that personality disorders are a heterogeneous category, but philosophers also have different views. Morse (2008), for example, argues that psychopaths bear no criminal responsibility. On the other hand, he thinks that those diagnosed with antisocial personality disorder are criminally responsible for their actions (Morse, 2008, pp. 205-6). As such, it is important to have a narrower focus of psychopathy specifically rather than personality disorders in general. It seems that the best way to proceed here is on a diagnosis-by-diagnosis approach.<sup>99</sup>

So, do we have any *prima facie* reason to think that psychopaths in particular have diminished responsibility? In fact, I think we do. In order to motivate this, consider the behaviour of psychopaths in a criminal context. The statistics in this regard are highly suggestive. There is substantial evidence that psychopaths are more likely to commit crime than non-psychopaths. In a 2011 study for the American Bar Association journal *Jurimetrics*, for example, Khiel and Hoffman found that in the US psychopaths are ‘twenty-five times more likely than non-psychopaths to be in prison’ (Khiel and Hoffman, 2011, p. 335). And indeed, there are others in the literature who claim that psychopaths are more likely to commit violent crimes than non-psychopaths (Fox and DeLisi, 2019). Meanwhile it is estimated that 15-25% of the prison population are psychopaths (O’Donnell and Hetrick, 2016). In the UK, a study of prisoners in Grendon prison revealed that 26% of the population were psychopaths

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<sup>99</sup> For the purposes of this paper, I proceed by a diagnosis-by-diagnosis approach rather than a case-by-case basis. However, we may need to proceed by a case-by-case approach to psychopathy. The difficulty with this approach is that one would need a substantial amount of information about an individual in order to make a specialist decision about them. If this is so, there cannot be blanket assumptions or ready rules like there are in the legal system (e.g., as is the case for schizophrenia, psychosis, or insanity). I accept that when it comes to psychopathy there could be radically different approaches or different rules depending on the specific person because the group of people who get diagnosed with the disorder are heterogeneous. However, in this paper I am only concerned with the Cleckleyan psychopath which I characterise as an extreme discounter (a notion I explain later). The justification for this claim is elsewhere (see thesis paper 2). As such, I am justified in having an approach to this whole group. And so, whilst this conclusion is aimed at extreme discounters, the responsibility of the psychopath should still be taken on a case-by-case basis to assess the severity of the disorder.

(Hobson and Shine, 1998, p. 504).

If this is compared with other studies regarding the prevalence of psychopathy in the general adult population it strongly suggests that psychopathy is more prevalent in prison settings than in the community. For example, Sanz-Garcia and colleagues in a review article of a large number of studies across many countries found that the prevalence of psychopathy in the general population within any given country is somewhere between 1.2% and 5.4% (depending on the metric used) (Sanz-Garcia et al., 2021). Other research shows that psychopathy affects less than 1% of the ordinary population in the UK (Coid et al., 2009, p. 65). In the US, with respect to men, Kihel and Hoffman claim the following:

[T]he best current estimate is that just less than 1% of all noninstitutionalized males age 18 and over are psychopaths [and] approximately 93% of adult male psychopaths in the United States are in prison, jail, parole, or probation. (Kihel and Hoffman, 2011, p. 356)<sup>100</sup>

The key point here is that there exists a substantial number of psychopaths in prison and much less in the community. Hare and Hart (1997) point out exactly this. They say:

Many psychopaths engage in chronic criminal conduct and do so at a high rate, whereas only a small minority of those who engage in criminal conduct are psychopaths. This means that psychopaths are responsible for a disproportionate amount of crime in our society. (Hare and Hart, 1997, p. 22)

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<sup>100</sup> Psychopaths are more likely to be men, and research has shown that psychopathy rates are higher in male offenders compared to female offenders (see Nicholls et al., 2005; Beryl et al., 2014).

Psychopaths are not only more likely to commit crime or receive a custodial sentence, but they are also more likely to reoffend than non-psychopaths. For example, Kiehl and Hoffman report on findings that psychopaths are ‘four to eight times more likely to violently recidivate compared to non-psychopaths’ (Kiehl and Hoffman, 2011, p. 355). This finding is replicated worldwide. In an international study conducted by Hare and colleagues (2000) on 278 offenders, approximately 82% of psychopaths who scored high on the PCL-R reoffended compared to approximately 40% of psychopaths who scored low on the PCL-R (Hare et al., 2000, pp. 635-6). Similarly in Europe, Grann and colleagues (1999) found psychopaths were twice as likely to reoffend compared to non-psychopaths (Grann et al., 1999, p. 211). At any rate, what is clear is that psychopathy is a predictor of recidivism (Hemphill et al., 1998; Salekin et al., 1998; Ogloff, 2006; Kiehl and Hoffman, 2011; Weaver et al., 2022).

What are we to make of the above figures? One thing we might conclude is that psychopaths are simply “bad” people. However, an alternative hypothesis is that psychopaths in some sense, are not able to control their behaviour, have some weakness of the will, or some other feature, that leads to their committing criminal acts at a higher rate than non-psychopaths. If this is so, this is highly relevant to the question of whether they bear responsibility for their actions. To put this another way, if the prevalence of psychopaths in prison were the same as in the general community, we would have little reason to consider the criminal behaviour of psychopaths as being in any way different from the criminal behaviour of non-psychopaths. Maybe there would still be a question of why people in *general* commit crimes, and whether those people in *general* are responsible for their actions, but nothing would suggest that psychopaths raise any particular issues. However, the figures above do

suggest that there is a particular issue to address.<sup>101</sup>

One relevant consideration here is that whilst some mental disorders are deemed in law to qualify a person to mount the defence of being ‘Not Guilty by Reason of Insanity’ (NGRI), e.g., schizophrenia, the law as it stands is quite clear that psychopathy is not such a condition. As such, the NGRI defence is not available to psychopaths because it is thought that they do not suffer from delusions and so they know what they are doing when they commit a crime. In other words, psychopaths are deemed to possess sufficient cognitive understanding of their behaviour to disqualify them from giving such a defence (Maibom, 2008). However, some have recognised that the law may not be correct on this score, and have raised concerns (Fine and Kennett, 2004; Morse, 2008).

Although we have evidence that there is a high percentage of people with psychopathy in prison and a much lower percentage in the general population, this evidence does not mean that psychopathy is conducive to the higher rates of criminal behaviour. At best, this evidence is only suggestive.<sup>102</sup> Nevertheless, the fact that psychopathy is more dominant in prison settings rather than in the community is interesting. It raises the question of whether or not psychopaths can help what they are doing. But more importantly, it raises the question of whether psychopaths are responsible for what they do. As such, in the rest of this paper I consider why psychopaths commit crimes at a higher rate than the non-psychopathic

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<sup>101</sup> Moral responsibility and legal responsibility are not synonymous because criminal behaviour is not necessarily morally wrong. There are lots of things that people do that are not morally wrong yet they are still illegal. For example, one might think that stealing from supermarkets is not morally wrong but still if they steal from a supermarket, they know what the laws are and so they know that one should not do this according to the law. As such, they are legally responsible and they would have to take the consequences of doing that. But one could argue that they are not morally responsible for a morally wrong act. On the other hand, there are things that are morally wrong but one would not be considered legally responsible. Bullying, for example, is morally wrong but it is not illegal because it is not criminal behaviour. So, moral responsibility and legal responsibility can come apart.

<sup>102</sup> The statistical data that is available might not be a true representative of psychopathy. One reason why it is difficult to gather evidence in this area is because it is mostly based on self-reports. There will also be some psychopaths that are not accounted for, for example, those who get away with their crime. Because psychopaths’ behavioural manifestations exist on a spectrum there are also some psychopaths who never commit crime.

population. It may be the case that psychopaths commit crimes because they somehow lack responsibility, or they commit crimes for other reasons.

### 3. Responsibility Without Blame

I have established that there is a *prima facie* reason to think there is an issue to address regarding the responsibility of psychopaths for their actions. However, as mentioned in the introduction, the concept of responsibility that I will work with in this paper is responsibility *simpliciter*, which is one that is divorced from blameworthiness or *moral* responsibility. There is increasing evidence that moral judgements involve emotional responses, and indeed much of the literature surrounding psychopaths illegitimately endorses preconceived notions of psychopaths. In other words, it seems that many philosophers prejudge psychopaths. In fact, some think of psychopaths as having a ‘moral disorder’ (Maibom, 2008; Reimer, 2008).<sup>103</sup> Legal and moral responsibility are separate categories, yet some philosophers, such as Maibom, argue that ‘an agent’s moral agency is highly relevant to determining her sanity, and hence her legal responsibility’ (Maibom, 2008, p. 168). However, I think that it may be misleading to think that moral agency and legal responsibility are intimately related to one another. My view is that if we can consider the question of whether psychopaths are responsible *simpliciter*, i.e., without introducing moral issues, we get a clearer view of matters. In order to outline the concept of responsibility *simpliciter* in more detail I draw upon the work of Pickard who has recently outlined a concept of just this kind. However, as we will see, I have some reservations about her account, and will propose some modifications so that

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<sup>103</sup> Similarly, many philosophers refer to psychopaths as ‘amoral’ (Schramme, 2014). Prichard (1835) first coined the term ‘moral insanity’ to refer to psychopaths, and other philosophers, such as Larson (2020) refer to psychopaths as ‘morally blind’.

the account is relevant to the case of psychopathy.

On Pickard's account of responsibility, when people are responsible for a bad action, they are not necessarily blameworthy. Pickard takes responsibility to be a non-moral notion. I agree with this and the concept that she calls 'responsibility' is what I call 'responsibility *simpliciter*' (i.e., in order to distinguish it from 'moral responsibility').<sup>104</sup> On Pickard's view, blame carries with it the implication of a moral failing (Pickard, 2013, p. 1140). As such, she argues that the people who meet the conditions for being responsible *simpliciter* are not necessarily morally responsible because moral responsibility requires some *further* condition. What then are the conditions for responsibility *simpliciter*? According to Pickard there are two. First, an agent must have conscious knowledge of their actions and know what they are doing when they perform them.<sup>105</sup> Second, an agent must have control over their actions and make a free choice when they act (Pickard, 2013, p. 1137). As an initial characterisation this can be summarised as follows:

Responsibility *Simpliciter*: An agent S is responsible for an action A iff (i) S knows what they are doing when they perform A and (ii) S performs A freely.

I call condition (i) here the *Knowledge condition*, and condition (ii) the *Freedom condition*. Pickard considers responsibility *simpliciter* to be necessary for being blameworthy (and so being morally responsible), but does not consider it to be sufficient. Some examples that she alludes to here are useful in seeing the importance of this point. She says that, for example, excuses can absolve someone from moral blameworthiness even if they are responsible for an action:

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<sup>104</sup> From here on I am using 'responsibility *simpliciter*' for Pickard's concept of 'responsibility' too.

<sup>105</sup> This notion will be interrogated later as part of the explication of the two conditions.



We judge a person to be blameworthy when they are responsible for the harm, and have no excuse. Excuses come in various kinds, such as bad luck, justifiable ignorance, limited choices, and the intention or quality of will behind the action. As suggested earlier, service users who are responsible, at least to a degree, for harm to self or others may not be judged to be blameworthy, because they have an excuse, such as limited choices, or levels of psychological distress that we do not expect people to tolerate without taking action to alleviate it. (Pickard, 2013, p. 1142)

To make this more concrete, consider Smith who is a surgeon. Smith performs an operation on a person which is unsuccessful, resulting in harm to the patient. In this case, we may suppose that Smith had the appropriate training and so he knew what he was doing, and also that he performed the action freely. Thus, according to Pickard's account, the surgeon is responsible for the failed operation and the harm caused to the patient. However, this leaves it open whether Smith is *morally* responsible. Whether he is so will depend upon other factors to do with whether Smith was negligent, or whether the failure of the operation was down to something other than, e.g., bad luck. In such a case there may well be factors that excuse Smith from moral responsibility.

On Pickard's account then, there are at least three categories of persons with respect to any given action: (i) There are those who are fully responsible *simpliciter* and fully morally responsible for the action, (ii) Those who are fully responsible *simpliciter* but not fully morally responsible, and (iii) Those who are neither fully responsible *simpliciter* nor fully morally responsible. Pickard's main focus is on people diagnosed with personality disorders who fall into the category (ii), but as the reader will see, I will argue that psychopaths fall into the category (iii). This is because psychopaths in fact differ from the kinds of cases that she

considers. As such, I will argue that psychopaths have diminished responsibility *simpliciter*, and so it follows that they also have diminished moral responsibility. The point, however, that I have been labouring above is that I will argue for this without bringing into play any explicit moral considerations.<sup>106</sup>

Given what I have said at the beginning of this section, Pickard is right to distinguish responsibility *simpliciter* from moral responsibility, and so in what follows I work with this basic framework. However, I have some reservations about her account, which will become clear when considering the details. Specifically, it is with regard to the Freedom condition that I think that her account needs some modification. So, I now outline the two conditions in more detail, briefly signaling my agreement with the Knowledge condition, before turning to the Freedom condition in a little more detail.

### **Condition (i): The Knowledge Condition**

The first condition for responsibility *simpliciter* is conscious knowledge, i.e., if a person is responsible *simpliciter* for an action they must have conscious knowledge of what they were doing when they performed the action. But what does it mean for someone to have conscious knowledge of what they were doing when performing an action? Pickard does not offer a precise account of what conscious knowledge consists in. She says:

I use the term “conscious knowledge” of behaviour to refer to the way we normally know what we are doing when we do it. It is not straightforward to say what this way is. Normally, we have

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<sup>106</sup> In the literature, many discuss the question of whether psychopaths are capable of moral knowledge (Vargas and Nichols, 2007; Malatesti, 2009; Maibom, 2022). However, in this paper I have no need to deal with this further question. If psychopaths have got reduced responsibility in the minimal sense, then the issue of moral knowledge is irrelevant. This is because if psychopaths do not meet the conditions for responsibility even at the minimal level, then they certainly cannot be blameworthy.

some knowledge of why we are acting, some knowledge of how we are acting, some knowledge of what we intend in acting, and some knowledge of what effects our actions have on the world. All of this can be part of what we mean when we say we know what we are doing when we act. I do not develop a nuanced account of ‘conscious knowledge’ in this chapter, but rely on our intuitive understanding. (Pickard, 2013, p. 1136)

The above illustrates that Pickard takes conscious knowledge to consist in i) why we are acting, ii) how we are acting, iii) what we intend in acting, and iv) what effects our actions have. Here, she also uses the word ‘some’ and so her view does not require one to map out, for example, the microscopic consequence of one’s actions in order to meet this condition. Instead, according to Pickard, conscious knowledge is a graded notion, i.e., a person may not have *full* conscious knowledge of their actions and their effects on others.

Although this is not my main argument in what follows I offer some thoughts regarding Pickard’s first condition viz. conscious knowledge. One problem is that it is unclear what Pickard thinks counts as being conscious knowledge.

One issue is that there is a problem with the specification of the action. There is a sense in which there is only knowing what one is doing when one performs an action *under a particular description*. To illustrate this, suppose that I perform an action that has the consequence of twenty people dying. If I describe the action as precisely that, i.e., the action which kills twenty people and if I’ve got conscious knowledge of what I’m doing under that description, that is different from if this is put under a different description, i.e., firing a gun. At one level of description, I am just pulling a trigger on a gun. However, there is another level of description where I understand that because I am firing a gun into a crowded room, I am putting people’s lives at risk and ultimately killing twenty people. Both descriptions are of the same act but we can build in the idea that consequences matter. So, we need a precise

account of what conscious knowledge consists in. Pickard says little more about what description is necessary for responsibility *simpliciter*.

Now, the Knowledge condition can quickly become too demanding in certain circumstances. If one needs to know *all* the consequences of their actions then we plausibly end up with the judgement that nobody is ever really responsible. Knowing the consequences of one's actions is a very difficult thing to do because even morally neutral actions might have quite devastating consequences. Although it is difficult to neatly distinguish knowing what one is doing from knowing what their action will bring, there is a weaker version of the Knowledge condition. This weaker Knowledge condition is met by some people with a psychiatric diagnosis and not others. In some cases, even if a person does not know what will follow from what they are doing, they still at least know *what* they are doing when they perform the action. This may not apply in cases such as schizophrenia. To illustrate this, consider a person with schizophrenia who assaults their neighbour because they believe them to be the devil. In this case, it is not so much that they cannot predict what their action will bring, but rather that the way they perceive their action is completely different from how an external person sees their action. They see themselves as defending themselves and their loved ones from the devil, but what other people are seeing is that they are attacking their neighbour. So, the Knowledge condition is seen to be met if we understand it as requiring that subjects need to know what they are doing in a minimal sense.

In the above I outlined some thoughts about condition (i). Despite a few minor reservations, I broadly agree with condition (i) and so accept it as stated. I return to this below and consider it in relation to psychopathy. However, I first outline condition (ii), which I will argue needs some modification.

## Condition (ii): The Freedom Condition

Condition (ii) for responsibility *simpliciter* has it that a person has to *freely choose* their actions. Pickard defines an action in the following way:

What makes a piece of behaviour an action, as opposed to a mere bodily movement, is that it is voluntary, where this means that the agent can exercise choice and at least a degree of control over their behaviour. This conception of agency and action require two capacities. First, the capacity to choose from a range of possible actions, at least in the minimal sense that, on a particular occasion, one can choose either to act, or to refrain from so acting. Second, the capacity to execute this choice: to do as one chooses, given normal circumstances. This common sense conception of agency naturally grounds judgements of responsibility: one is responsible for actions, as opposed to automatic reflexes, because it is up to one whether and how one acts. (Pickard, 2013, p. 1137)

We can use Pickard's statement here to characterise more precisely the second part (ii) of RES as follows:

Responsibility *Simpliciter* 2: An agent A is responsible iff (i) they knew what they were doing when they performed the action and (ii) they had the capacity to execute a particular course of chosen action and could have refrained from performing that action.

Pickard goes on to argue that control, understood as above, is not an all or nothing capacity, but instead comes in degrees. As such, she accepts that some people may have diminished

control, and that this is true in particular of service users with personality disorders. She says:

Patterns of behaviour...may be habitual and strongly desired. In so far as these patterns are ways of coping with psychological distress, service users may lack alternative coping mechanisms. Without these alternatives...they may also lack the will or motivation to change their behaviour...and find another way of living that is less harmful to self and others. (Pickard, 2013, p. 1138)

Thus, on Pickard's view, free will is a graded notion and this is compatible with somebody having free will sometimes and not in other circumstances. To illustrate this, consider somebody who is a kleptomaniac and cannot control themselves in some circumstances. For example, if they walk past jewellery then they just cannot help but steal it and so in that instance they cannot refrain from an action. But when they choose what to eat, for example, they are able to pick and choose from a range of choices. Most of the time, they have got the general capacity for free will because there are many actions that they perform freely in that sense, even though sometimes they cannot stop themselves from doing other things. So, there might be a sliding scale of free will in degrees and there might be people who have a general capacity for free will but only for very few actions. They might sometimes be able to choose and refrain but the rest of the time they cannot, e.g., like in the case of people with severe obsessive-compulsive disorder.<sup>107</sup> Pickard notes that responsibility *simpliciter* is diminished if control is diminished. If this is the case then it is not total extinction because there is still a degree of choice and control and so there is still a degree of responsibility *simpliciter*.

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<sup>107</sup> The idea that one could have done otherwise at the time of action is controversial in itself. This is because, if determinism is true, that would undermine the idea that anybody can ever refrain from doing what they do. I put this aside for the purposes of this paper and assume that we can make sense of the idea that we can at times do otherwise than we do.

### **Condition (ii\*): The Frankfurtian Style Freedom Condition**

As noted above, although I think Pickard's view that we should focus on responsibility *simpliciter* rather than moral responsibility is correct, I have some misgivings about the way in which she cashes out responsibility *simpliciter*, and as will become clear, particularly with how she cashes out the Freedom condition. My misgivings arise from the fact that her account is not fine-grained enough. More specifically, I think that it is possible to distinguish between two kinds of responsibility *simpliciter*, whilst Pickard's account only allows us to recognise one kind. To see why I will draw upon the work of Frankfurt (1971), although I do not endorse Frankfurt's position. This is because there is some dispute regarding what Frankfurt's view *is*, arising from him not being absolutely clear, and so different people have taken him to mean slightly different things. My concern is not to offer a view regarding this. Rather, I draw upon what Frankfurt says to give an account that I think is correct. So, the account of free will I give is to be thought of as inspired by Frankfurt's work, and whether or not Frankfurt would ultimately agree with it is of no concern to me here.

Pickard's basic idea, as expressed above, is that having free will is about control over our actions and she wants to distinguish between *controlled actions* and mere *automatic bodily reflexes*. To illustrate the involuntary behaviour that Pickard has in mind here we can imagine a case where somebody's behaviour is a result of a doctor checking their reflexes. Here it is quite clear that the person has no control over their reflex behaviour. They neither have a desire that they have chosen to act upon, nor could they have refrained from producing the bodily action. So, it is certainly true that we can distinguish between actions, which are free, and mere bodily movements, which are automatic reflexes. However, should we thereby lump all voluntary action, so conceived, into a single class? Here I think we should not. To

see why consider the behaviour of animals. Animals are clearly capable of free voluntary action. Their movements are not the result of reflexes, but of desires that they choose to put into action. And I do not think we have any reason to suppose that animals cannot refrain from performing those actions that they choose to perform either. And yet, there does seem to be an important difference between voluntary animal behaviour and voluntary human behaviour, at least in ordinary circumstances.

And, in fact, this distinction is relevant to the question of responsibility *simpliciter*. Although both animals and humans can be responsible *simpliciter* for their actions, it is intuitive that animals have a different kind of responsibility *simpliciter* than humans. If we consider the earlier example of the surgeon again, it seems clear that even if the surgeon were not *morally* responsible for the failure of the operation, he was responsible *simpliciter* in a way that no animal can be. Human beings are capable of not only performing purposive actions, but also of reflecting upon, endorsing, and in some sense “owning” their actions in a way that animals are not.<sup>108</sup> Of course, none of these intuitive points would have any real import if no account was available to distinguish voluntary animal behaviour from voluntary human behaviour. But, in fact, there is such an account available. It is to this account I now turn, by drawing upon the work of Frankfurt.

Frankfurt (1971) draws a distinction between *freedom* and *freedom of the will*. The way to understand this difference is by appeal to desires. A first-order desire is a desire to perform or to not perform some particular action, e.g., the desire to have or not to have a cigarette. A second-order desire is a desire about our desires, or rather a desire for a certain desire to be active or inactive. For example, I might have a first-order desire to smoke but I have a second-order desire not to have the desire to smoke. Similarly, I might have a first-order desire to stay

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<sup>108</sup> I don't have a view on whether animals are responsible or not. But I claim that if they are responsible it is going to be different to the way humans are, and Pickard's condition is not going to allow us to tell that story.



up and read, but because I do not wish to be tired tomorrow morning, I have a second-order desire not to have the desire to read. However, further than this, an agent has the capacity to reflect upon the desirability of their desires, evaluate them as reasons for action, and come to *identify* with some of them and not others. ‘Identifying’ with certain desires, in this sense, is to wholeheartedly endorse them as being the desires that one most wants to move them to action. Frankfurt calls those second-order desires that agents identify with second-order volitions. The difference between a desire and a volition is that a volition refers to a desire that one identifies with and wishes to move one all the way to action. It is these that he thinks are crucial to having freedom of the will. To have freedom of the will, according to Frankfurt, is for one’s second-order volitions to move one all the way to action.

Freedom of the will on Frankfurt’s view thus concerns the capacity to reflect and evaluate. And for Frankfurt, freedom of the will is what distinguishes humans from animals. He says:

No animal other than man, however, appears to have the capacity for reflective self-evaluation that is manifested in the formation of second-order desires. (Frankfurt, 1971, p. 7)

The relevant difference here between animals and humans is that although animals are capable of free action, i.e., they can have desires and choose to act upon them and refrain from acting, humans are in addition capable of reflecting upon their desires and of forming second-order volitions. This is not the case for animals. Frankfurt says:

We do not suppose that animals enjoy freedom of the will, although we recognize that an animal may be free to run in whatever direction it wants. Thus, having the freedom to do what one wants to do is not a sufficient condition of having a free will. It is not a necessary condition

either. (Frankfurt, 1971, p.14)

The idea here is that the animal is free to act but an animal does not have freedom of the will. Frankfurt introduces the notion of a *wanton* in this context. A wanton is a being that has this kind of control as well, and so it is consistent with Pickard's notion of freedom that a wanton is free. Frankfurt describes the 'wanton' as follows:

[A]gents who have first-order desires but who are not persons because, whether or not they have desires of the second order, they have no second-order volitions. The essential characteristic of a wanton is that he does not care about his will. His desires move him to do certain things, without its being true of him either that he wants to be moved by those desires or that he prefers to be moved by other desires. The class of wantons includes all nonhuman animals that have desires and all very young children. Perhaps it also includes some adult human beings as well. In any case, adult humans may be more or less wanton; they may act wantonly, in response to first-order desires concerning which they have no volitions of the second order, more or less frequently. (Frankfurt, 1971, p. 11)

Frankfurt thinks that having mere control over our actions does not make somebody fully autonomous. What is important for autonomy is our capacity to form and act in accordance with our second-order volitions. As such, it is thought that the wanton is not responsible for his action's. However, one consequence of Pickard's view is that the wanton is responsible, because the wanton has the freedom to act. Whether or not we ought to say that a wanton is responsible for their actions is up for grabs. But, what seems clear is that if a wanton is responsible for their actions they are not responsible in the same way as a true agent. And so, I develop Pickard's account of freedom further in order to distinguish between two kinds of

responsibility *simpliciter*. Frankfurt can be seen as going beyond what Pickard says because for a person to be free in the full sense (i.e., to have freedom of the will), a person needs to not only have control over their actions but they also need to have the capacity to reflect upon whether what they are doing is something that they really want to do. In other words, they are capable of evaluating their desires.

My overall point here is that there are two kinds of responsibility *simpliciter*, one which involves the freedom to act and one which involves freedom of the will. Plugging these into the above account we get:

*Act-Responsibility Simpliciter*: An agent A is act-responsible iff (i) they knew what they were doing when they performed the action and (ii) they had the capacity to execute a particular course of chosen action and could have refrained from performing that action.

*Will-Responsibility Simpliciter*: An agent A is will-responsible iff (i) they knew what they were doing when they performed the action and (ii) they had the capacity to reflect upon the desires that motivated them to act and form second-order desires about it.<sup>109</sup>

When I speak about *responsibility simpliciter* in what follows, I include in parenthesis which kind I am speaking about.

#### **4. Psychopathy and Diminished Responsibility**

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<sup>109</sup> NB Will-Responsibility entails Act-Responsibility, but not vice versa.

I outline my conception of Cleckleyan psychopaths as extreme discounters elsewhere (see thesis paper 2). However, roughly speaking, I argue that we can best understand them in terms of an inability to care about their future selves and other people. They are what I call *extreme future-and-other discounters*. This is a central feature of psychopathy and involves two aspects. That is, extreme future discounting and extreme other discounting.<sup>110</sup> In this section I consider the application of the above account of responsibility *simpliciter* to psychopaths as I conceive of them. I briefly consider condition (i) and (ii). However my main focus will be on condition (ii\*).

### **Psychopathy and Condition (i): The Knowledge Condition**

Pickard notes that some people may have a reduced capacity for conscious knowledge. She says:

[S]ervice-users with disorders of agency may not always have full conscious knowledge of why they are behaving as they do, or what the full effects of their behaviour on others may be. Of course, in this, they are not unique: this is a predicament we all face to some extent. But it is possible that some kind of disorders, most obviously borderline personality disorder, will be associated with a reduced capacity for such conscious knowledge: the possibility of mentalization deficits. (Pickard, 2013, p. 1138)

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<sup>110</sup> In section 1, I discussed the fact that psychopathy is more dominant in prison settings compared to the community and that psychopathy is a strong predictor for criminal behaviour and recidivism. It might be thought that because psychopathy is a high-risk factor for reoffending that there is an issue of control here. However, I think that the better explanation can be found in terms of extreme discounting (which on my view is a core feature of Cleckleyan psychopaths). The thought is that it is not that psychopaths have no control over their actions and so they cannot stop themselves, but rather that discount the future consequences. This behaviour is not a result of a lack of control but rather a lack of concern.

The question is: Are psychopaths similar to those with borderline personality disorder in this sense? Do psychopaths lack knowledge of their actions and if so, what knowledge do they lack? One person to have explicitly considered this question is Neil Levy in his (2014) paper where he argues that psychopaths lack the concept of a person, and therefore knowledge of what persons are. As a consequence, he thinks they have an impoverished notion of what harms can befall persons, and therefore have a reduced knowledge of the consequences of their actions. He says:

[S]ome of the psychopaths' failures to understand the distress of victims...seem due to a failure to appreciate that others have lives; ongoing plans and projects through which persons impose their conceptions of the good on themselves...The evidence powerfully suggests that psychopaths have a significantly attenuated conception of what it is to be a person.

Correlatively, they cannot intend the kind of harms that can befall only persons. The content of their actions does not include, even as a consideration to be set aside or ignored, the infringement of the autonomy of their victims, i.e., the manner in which being harmed interferes with the victim's plans and projects. Nor can they intend the kind of harm in killing that befalls only persons, i.e., the harming consisting in the permanent cessation of one's future oriented plans and projects. (Levy, 2014, p. 363)

The above offers some reasons to think that psychopaths do not meet condition (i). However, elsewhere (see thesis paper 4) I have argued that psychopaths do have the capacity to understand how their actions effect other people and make them feel. I have argued that they certainly have this capacity in the following senses: first, they have propositional knowledge of how their actions affect others; second, they have cognitive empathy, i.e., they can

imaginatively take on another's point of view in a first-person manner and understand their mental states. I have also argued that they may even have the capacity for affective empathy, (i.e., they can imaginatively take on the point of view of another and share their mental states). At any rate, even if they only have the capacity for propositional understanding and cognitive empathy, this certainly seems sufficient to give them knowledge of how their actions affect others. As such, I think it is plausible that psychopaths do in fact meet the Knowledge condition. However, as I will now argue, the same is not true with regard to the Freedom condition.

### **Psychopathy and Conditions (ii) and (ii\*): The Freedom Conditions**

Above, then, I have concluded that psychopaths meet condition (i). And so, if they meet condition (ii) and are capable of free action they have act-responsibility *simpliciter*, and if they meet condition (ii\*) and have freedom of the will they have will-responsibility *simpliciter*. In this section I consider this issue.

First, I can in fact deal very quickly indeed with condition (ii). In short, I see no reason to deny that psychopaths are capable of free action. Nothing in the literature suggests that they lack desires and the capacity to act upon them. As such, there is no reason to deny that they have act-responsibility *simpliciter*. However, much more needs to be said regarding freedom of the will and will-responsibility *simpliciter*.

I begin by noting that some in the literature conceive of psychopaths as real-life cases of Frankfurt's wanton. For example, Jeanette Kennett and Steve Matthews hold this view. They say:

Persons are capable of wanting their desires to be different from how they are. They are capable of evaluating their desires and forming attitudes of approbation or disapprobation towards them. But the wanton, according to Frankfurt is the individual who is moved indifferently by his strongest desire. Unlike the rest of us, he simply does not care (and is incapable of caring) which of his desires moves him to action. Wantons have no overarching principles to govern their choice and can engage in no secure planning since any plans they make will be abandoned with every shift in desire. It seems clear that the wanton is not cohesively connected in the right kind of way to their past and future stages, set against the standards of normative agency. The interests of past and future selves seem as remote to their present concerns as those of strangers. These interests are incapable of providing any reasons which could compete with present desires. The wanton is not a moral agent (Frankfurt thinks they are not persons) and so is not appropriately subject to moral assessment. We suggest the same is true of psychopaths. (Kennett and Matthews, 2009, pp. 345-6)

And indeed, some descriptions of psychopaths do in fact make them sound very much like Frankfurt's conception of a wanton. For example, consider the following quote:

[Psychopaths] seem incapable of treating any but the most immediate consequences of action as relevant considerations for decision-making, and consequently of formulating and carrying through projects requiring deferment of gratification. Here again it seems appropriate to talk of someone's being impelled (or perhaps drawn) towards his goals, rather than deciding. Of course it would be wrong to describe his actions as if they were automatic reflexes; he is drawn to one course rather than another, but under a certain description. In appreciating the nature of the alternatives he may exhibit quite a high degree of epistemic rationality. But he will be attracted to one rather than another only by the expectation of greater immediate gratification. Though he may grasp that disastrous results will certainly follow, this does not move him. He has, it is true,

a kind of preference for not being in trouble, and when he is he may resolve with apparent sincerity to avoid it in the future. But the preference is strictly theoretical; faced with an immediately attractive course he turns to it with no kind of struggle. His preference for staying out of trouble, though not a hypocritical pretence, nevertheless cannot motivate him. So it would not be correct to say that he succumbs to temptation, for one is not strictly speaking tempted unless one has some disposition, however feeble, not to go for the immediately gratifying outcome, a disposition the psychopath seems to lack. (Benn, 1975, pp. 113-4)

However, care is needed here. As Stanley Benn describes psychopaths above he suggests that they are drawn to act upon their immediate desires, and unable to deliberate on whether to act upon them by considering their relation to future-orientated desires. But this alone does not entail that psychopaths are wantons. Wantons, on Frankfurt's conception, are certainly capable of deliberation, and it is in principle possible for a wanton to act in accordance with future-orientated desires. Consider, for example, a wanton who finds themselves in prison and has a strong (first-order) future-orientated desire to be released. They may also know that in order to achieve this desire they must behave for the next five years until their parole hearing. Such a wanton may well find themselves having immediate (first-order) desires to break the prison rules all throughout these five years, but due to the strength of their future-orientated desire to be released, they do not succumb to their immediate desires.

The key idea is that a wanton never reflects upon the desirability of their desires and so does not care which of their desires is the strongest and moves them to action. As such, they give in to their strongest desires without caring about this. But there is nothing in the conception of a wanton that precludes them from having strong future-orientated desires that outweigh any immediate desire. To be clear, it is true that immediate desires *are* often stronger than future-orientated desires, and were the wanton described above to have an



immediate desire to break the prison rules that *was* stronger than their future-orientated desire to be released, then they would act upon it without any further thought or concern. But this does not entail they lack future-orientated desires.

So, let us now consider: Are psychopath's wantons in this sense? In fact, it seems clear they are not. Desires are states that are intrinsically motivating. As psychopaths are *extreme future-and-other discounters*, they are not motivated by any considerations relating to their future selves. So, it is not that psychopaths have (first-order) future-orientated desires that they fail to identify with, and are outweighed by their immediate (first-order) desires for this reason. Rather, they have no first-order future-orientated desires at all. As such, they simply cannot have second-order desires regarding their future-orientated first-order desires, i.e., because they don't have any future-orientated first-order desires to have a second-order desire about.

The same thing is true with regard to other-orientated desires. Consider the wanton again. There is nothing preventing a wanton from having strong (first-order) other-regarding desires that outweigh their immediate (first-order) self-regarding desires. They just do not evaluate or identify with those desires. So, a wanton may well act for the sake of another person if their other-regarding desires are strong enough. Again, of course, self-regarding desires are often stronger than other-regarding desires, and if a wanton were to have a stronger self-regarding desire that outweighed their other-regarding desires they would act upon them without care or concern. But again, psychopaths are not like this. It is not that they have (first-order) other-regarding desires that they fail to identify with, and are outweighed by their immediate (first-order) self-regarding desires for this reason. Rather, they have no first-order other-regarding desires at all. As such, they simply cannot have second-order desires regarding their other-regarding first-order desires, i.e., because they don't have any other-

regarding first-order desires to have a second-order desire about.

Moreover, it is not at all clear that psychopaths lack the capacity to form second-order volitions. What is true is that the range of first-order desires that psychopaths have are limited to their immediate self-regarding desires. But, there is little evidence that they cannot evaluate them and identify with some of them. Consider that an extreme future-and-other-discounter may still have conflicting first-order immediate self-regarding desires. For example, suppose such a person is in prison, and has an immediate desire to be let out of confinement in their cell. As the prison guard comes to unlock the door, they may also have an immediate desire to harm them. But, they may well also recognise that harming the prison guard will prevent them from being released from their cell. Furthermore, they may be capable of evaluating these conflicting immediate desires, identifying with either. If they identify with the first, then they will care or be concerned about their desire to harm the guard gaining the upper hand. To dramatize this idea, they may well think to themselves (addressing themselves in the second-person): “Please, don’t give in to your desire to hit him”. If they identify with the latter, then they will care or be concerned about acting upon their desire to harm the guard in a different way. Again, to dramatize, they may well think to themselves (addressing themselves in the second-person): “Don’t be weak, it doesn’t matter about staying in the cell, the guard deserves what’s coming”. Indeed, from the clinical descriptions of psychopaths, it seems quite plausible to think that psychopaths do form second-order volitions of this kind. Consider the following quote from Cleckley describing “Max”:

He now insisted on his discharge from the hospital against advice and was brought before the medical staff...In his demands to be released, he arrogantly maintained that he had been pardoned outright by the governor of the state which had imprisoned him, pointed out vehemently that he was sound in mind and body, and expressed strong indignation at being

confined unjustly in what he referred to as a "nut house." It was then pointed out to him that he was not pardoned but merely paroled, and he was told that if discharged at present he would be returned to the penitentiary. Here his wrath began to subside at once and marvelously. Hastily, but with some subtlety, his tone changed, and he began to find points in common with the advice he had been receiving from the staff. (Cleckley, 2015, p. 52)

One plausible interpretation of what is going on here is that Max has two competing first-order occurrent desires. He has a first-order occurrent desire to be released from psychiatric care and uses anger as a means to achieve this end. However, he also has a first-order occurrent desire not to be returned immediately to prison. So, Max reflects on his show of anger by considering the importance to him of his desire not to be returned immediately to prison, and identifies with that desire, leading him to curtail his anger. Of course, this is not conclusive, because as we have noted, wantons are capable of deliberation with regard to their desires, and it may be explained as mere deliberation rather than a case of evaluation and identification. But, the point is, there is nothing in descriptions such as this that suggests that psychopaths cannot identify with their first-order occurrent desires.

All of the above suggests that psychopaths are not really like the wanton at all. They are capable of evaluating and identifying with the first-order desires they have, and thus of forming second-order volitions with regard to those first-order desires. It is just that the range of first-order desires they have is far more limited than most people, i.e., it is limited to their immediate self-regarding desires. If the above is correct then strictly speaking, according to the definition given above, psychopaths do have freedom of the will. As such, they do have some degree of will-responsibility *simpliciter*. However, there is more to be said.

Even if psychopaths do have some degree of will-responsibility *simpliciter* they are not necessarily fully will-responsible *simpliciter*. As mentioned, freedom of the will, which is

involved in will-responsibility *simpliciter*, comes in degrees. The fact that psychopaths are limited in what kinds of first-order desires they can form has implications for the degree to which they possess freedom of the will, and as such will-responsibility *simpliciter*. Although they are capable of evaluating and identifying with the first-order desires that they have, they are incapable of forming future- and other-orientated desires. And so, because psychopaths have got a reduced range of first-order desires, it is plausible that they have a reduced sense of self. To illustrate this, I draw upon the work of Luca Malatesti and Filip Čeč (2018). Although their focus is *moral* responsibility rather than responsibility *simpliciter*, their work is useful to consider here because they discuss the process of identifying with one's desires. Following Frankfurt, they argue that an important part of responsibility is an agent's capacity to evaluate and identify with their desires. They say:

Frankfurt famously framed the idea of internal governance in terms of an ownership of the relevant motives, desires or life plans that is based on an identification of the agent with them...At the core of this account lies the idea that the capacity to reflect and choose which desires we act upon distinguishes human autonomous agency from mere animal-based activity. To articulate this idea, Frankfurt introduced the distinction between first-order desires, for example Mary's desire to drink a glass of wine, and second-order desires, such as Mary's desire not to want to drink a glass of wine. These notions help us to draw a distinction between internalized desires that we want to have, that can and will characterize our behaviour if we decide so, and the ones that we do not want to identify with, the ones that we do not want to constitute our self. (Malatesti and Čeč, 2018, p. 94)

So, the desires that we choose to identify with constitute our self. But the very fact that psychopaths have a limited range in the desires that they can choose to identify with, entails

that they have a reduced sense of self in comparison to ordinary agents. Moreover, Malatesti and Čeč claim that the process of identification requires an agent to ‘detach’ from their current motivational desires, and that psychopaths might have impairments in this capacity in some contexts. They describe Frankfurt’s wanton to give an illustration of a being who is precisely impaired in this capacity:

This agent is indifferent to his past desires and is moved by his strongest occurring desires.

What kind of incapacity might explain this disconnection in the mental life of the wanton? We think that one plausible explanation, but of course not the only one, would be that the wanton lacks the basic capacity to disengage from his current desire and place it the “space” of normative requirements that stems from other mental states. Specifically, an agent to evaluate occurring desires, and eventually identify with them, needs to be able to “detach” from them. He needs to take, so to speak, a “step back” from them, to “objectify” them and put them in relation with his previous plans and desires. Being able to detach, step back and objectify, leads to a perspective on motives and desires from which the agent can appreciate how they relate to the normative requirements of his other mental states (desires, plans) and in the process of weighing alternative future (or possible) outcomes. (Malatesti and Čeč, 2018, pp. 95-6)

Malatesti and Čeč then go on to argue that the psychopath may well be impaired in just this way. However, as should be clear, according to the view sketched above it is not quite right to say that psychopaths lack an ability to detach from their occurring desires in some circumstances. On my view sketched above according to which psychopaths can identify with their occurring desires, they can detach from them, but simply lack the future- and other-orientated desires that ordinary agents evaluate their occurrent desires with respect to.

To illustrate this, consider an ordinary agent who has an occurrent desire to eat chocolate but a future-orientated desire not to gain weight.<sup>111</sup> I take it that Malatesti and Čeč's idea is that an ordinary agent like this can detach from their occurrent desire to eat chocolate and evaluate it with respect to their future-orientated desire not to gain weight, which, if they identify with it, can lead them not to act upon their occurrent desire to eat chocolate. A wanton, by contrast, has an inability to so detach, and so even if they possess a future-orientated desire not to gain weight, will not evaluate their occurrent desire for chocolate with respect to it. So, if their occurrent desire for chocolate is stronger than their future-orientated desire not to gain weight, they will act upon it without any kind of concern or care. My suggestion is that psychopaths are not like this. My suggestion is that psychopaths can detach from the occurrent desire to eat chocolate, but cannot have any future-orientated desire not to gain weight to evaluate it with respect to at all.<sup>112</sup>

At any rate, what Malatesti and Čeč say about the process of identification allows us to see what is special about psychopathy. They say:

The process of identification involves...having several competing desires which enter in the "space" of mutual normative relations, and with which we might want to identify. This enables us to compare these desires, and weigh them to be able to decide which one we will

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<sup>111</sup> Here, to be clear I am not talking about a psychopath's desire to eat chocolate, but rather a non-psychopath.

<sup>112</sup> Note, that Malatesti and Čeč (2018) argue that in *specific circumstances* psychopaths suffer impairments in instrumental learning and decision making and are incapable or less capable of detaching for certain operating motivational states, and thus incapable or less capable to identify with them. This is a weaker claim than mine, because Malatesti and Čeč do not say that psychopaths *never* identify with their past mental states. Rather, they say that there are some specific situations where they cannot do that. And so, Malatesti and Čeč have a constrained and limited focus on the idea that in certain cases psychopaths may have problems in relating their present motivational states to future outcomes. However, according to my hypothesis which characterises psychopaths as extreme discounters (see thesis paper 2), I make a general claim which is stronger. And so, the above example is not an objection to Malatesti and Čeč's argument because they do not claim that psychopaths are never capable of this. Instead, the example of an agent's desire to eat chocolate illustrates the differences between mine and Malatesti and Čeč's account. They think it is in fact possible that in some circumstances a psychopath can detach from their present motivational states and although I agree with this, I think that they have no future-orientated desires to evaluate their present motivational states against.

identify with, make a decisive commitment towards, and, finally, accept as ours. (Malatesti and Čeč, 2018, pp. 94-5)

On the view I am considering, in virtue of lacking the future- and other-orientated desires that ordinary agents have, the “space” of mutual normative relations that psychopaths have is impoverished. Although they can compare and evaluate their desires, they do not have the same range of desires as non-psychopaths. As such, the “space” within which they compare these desires is more limited than non-psychopaths. This has implications for their freedom of the will. To see why first consider what Malatesti and Čeč take an agent who is not autonomous to look like:

We take that an agent who is guided by motives internal to herself cares about what she does. Not caring about plans or decisions, letting them be overridden by the hype of the moment, by a sudden surge of whimsical desires, implies that the person does not have control of herself. Likewise, we cannot say that a person is an autonomous agent if she cannot make long-term plans, in the sense that she decides what and/or where she wants to be and commits her future decision to abide to her picture of her future self. (Malatesti and Čeč, 2018, p. 94)

I agree with the spirit of what Malatesti and Čeč say here but, given the view I am advocating, would put matters slightly differently. I entirely agree not caring about plans or decisions has an impact on a being’s autonomy. However, I would not say this entails they have no autonomy at all, for it is still possible for a being of this sort to reflect upon their occurrent desires and identify with some of them. So, I would also not say that a being of this sort cannot be an agent, nor that they would lack control of themselves. What I would say is that such an agent lacks what it takes to be a person (in the philosophical sense). I have argued

elsewhere (see thesis paper 3) that it is a necessary condition of being a person in the philosophical sense is that an agent has future concern in an appropriate sense, which involves caring about plans and decisions. So, on my view, if a being lacks future-orientated desires this does not entail they lack agency, autonomy, or control over themselves. Rather, it entails that they lack personhood. So, on my view, psychopaths are still agents, and have a degree of autonomy and control over themselves, but are not persons.

So, why does the above imply about that psychopaths have *reduced* autonomy and freedom of the will? Here we have to supplement Frankfurt's account a little. To see why, first consider an analogy with a recluse who has an irrational fear of leaving their home that is so strong they no longer possess any desire to leave at all. Such a recluse has still got a good deal of freedom. They can choose to sit in their living room, or their bedroom, or their kitchen, etc. However, when they make such a decision, the range of desires with respect to which they evaluate where they choose to go is severely reduced compared to an ordinary person. They are, as it were, confined by the very fact they lack desires to be anywhere else but at their home. They thus lack a certain freedom of choice, and thus autonomy, *in virtue of* their lack of a desire to leave their home. The psychopath is in an analogous position. They are confined in the kinds of decisions they are able to make by the very fact that they lack future- and other-orientated desires. A psychopath can never develop themselves over time to form themselves into the kind of being that persons can. The possession of future- and other-orientated desires add a richness to a person's life, and enable them to develop themselves as a being that has a certain diachronic structure to their lives and engages in meaningful interpersonal relations. Of course, a person may choose not to do this. But, the point is that a person has that choice, whereas a psychopath does not. They too, then, lack a certain freedom of choice, and thus autonomy, *in virtue of* their lack of future- and other-orientated desires.



Freedom of the will is something which comes in degrees. One might wonder here if my claim is merely that possessing fewer desires entails less freedom, but this is incorrect. To illustrate this, consider the following example of somebody who we would ordinarily think of as having a reduced capacity for freedom of the will, viz., an addict. Suppose that our addict has a huge variety of drugs to choose from before them. They thus have an abundance of choice, and yet we would still not be inclined to say that they have more freedom than, for example, a non-addict. In this case, we might say, the addict has a great *number* of choices available, but only within a very restricted *range*. As such, having a greater degree of freedom of the will is not merely having a greater number of choices available to oneself. Rather, having a greater freedom of the will is to have a greater *range* of choices. Having such a range involves having the capacity to form a broad range of first-order desires upon which to reflect in order to select the ones that one thinks are worth pursuing. One then has freedom of the will if one is able to in fact pursue the ones that one selects. But, the important point in the present context is that one has to have a reasonably wide range of desires to select from in the first place.

To illustrate this, consider the following example offered by Aldous Huxley (2002). In *Brave New World* Huxley describes two classes of people. The lower working class live underground and do manual work in order to power the society of the higher class who live above ground. The working class have been brainwashed into having the desire to work underground and they have no other desires but to simply do manual work. They never have any conflict with their will because they endorse manual work and can always do it. So, we can say that the lower working class are free to do as they will, but they have been conditioned by drugs so they are unable to desire things that they cannot have. Their only desires are to work under ground. As Kane puts it: ‘They can do what they want, but their

wants are limited and controlled by drugs' (Kane, 2005, p. 3). On the other hand, the higher class who live above in society have a much broader range of desires that they want to fulfil, but sometimes they are frustrated. The question is: Do the lower working class have a higher degree of freedom because they can always fulfil their desires? My answer is: No, they are less free and it is precisely because a person needs to have the capacity to form a broad range of desires to select from and choose. The lower classes in Huxley's story simply do not have the capacity to form any desires other than the desire for manual labour, and so they are less free than the upper classes. Again, it is not the mere quantity of desires that one is capable of forming that matters, but rather the scope or range of them.

Here, one might press me further by asking if a contented person with a narrower range of desires turns out to be less free than a restless person with a broader range of desires, according my view. Indeed, one might object, the contented person's freedom may mirror that of the psychopath's, in that they have no future-orientated desires. However, I don't think that this is so. The contented person has the same capacities as the restless person, in that they can form the same range of desires, it is just that they are content. The difference between a contented person and a psychopath, in other words, is that the contented person has the *capacity* to form desires for their future and to evaluate them, even if they then think that they are not important to them and reject them. The psychopath however, lacks that capacity.

To summarise, my argument then, is that psychopaths have full act-responsibility but diminished will-responsibility. They have the full capacity to execute a particular course of chosen action, however they lack the capacity to form other-orientated and future-orientated desires. As such, they cannot evaluate or reflect on future-orientated and other-orientated desires, and are unable to form second-order volitions regarding other people or their own future. They simply do not have the desires that would enable them to do this. And so,

although psychopaths still choose actions in the sense that Pickard talks about (i.e., act-responsibility *simpliciter*), they have a diminished capacity for the sense that can be drawn from Frankfurt's work (i.e., will-responsibility *simpliciter*).

## 5. Conclusion

In this paper my primary concern has been whether psychopaths are responsible *simpliciter* for what they do. I take responsibility *simpliciter* to be something which is separate from moral responsibility, and so I agree with Pickard's distinction between responsibility *simpliciter* and moral responsibility and think that that we need to keep these two things apart. As such, this gave us reason to consider Pickard's work further.

Pickard's first condition for responsibility *simpliciter* is the Knowledge condition. I have argued that psychopaths meet this condition. I then focused on Pickard's second condition for responsibility *simpliciter*, the Freedom condition. With regards to this condition, I broadly agree with Pickard, however I have argued that her account does not allow us to distinguish between act- and will-responsibility. As such, above I have developed Pickard's account drawing upon Frankfurt's work to include the idea that in order for somebody to be will-responsible they also must be capable of forming second-order volitions and acting in accordance with them.

I have argued that although psychopaths are capable of having freedom of the will with the first-order desires that they form, they have diminished freedom of the will in virtue of lacking future- and other-orientated first-order desires. As such, I have concluded, they have diminished will-responsibility. To summarise, there are two kinds of responsibility *simpliciter*: 1. Freedom to act *simpliciter* and 2. Freedom to will *simpliciter*. Psychopaths have freedom to act *simpliciter*, as do animals, wantons, and persons. But they lack freedom

to will *simpliciter* with regards to future- and other-orientated desires, like animals and wantons, but unlike persons. As mentioned at the start, because responsibility *simpliciter* is a necessary condition for moral responsibility, my argument also establishes that psychopaths have at least diminished moral responsibility, but I have reached this conclusion without considering any overt moral facts.

## Conclusions

In what follows I summarise the main conclusions that I have drawn in my thesis, and the benefits of my account of psychopathy. I also discuss the implications of my account in terms of extreme future-and-other discounting. In particular, I consider the implications for diagnosis and treatment of psychopaths. I then outline limitations of my thesis and propose suggestions for future research.

### Thesis Conclusions

In this section I briefly highlight the key claims that I have drawn in my thesis.

#### **1. There is a subset of psychopaths who are extreme future-and-other discounters.**

The major aim of this thesis has been to answer the question: Why do psychopaths act the way they do? In thesis paper 2 I defended the hypothesis that at least for a certain subset of psychopaths (Cleckleyan psychopaths) the explanation is that they are *extreme future-and-other discounters*.

The major theme that ran throughout this thesis was the need to understand the lack of moral and prudential concern that psychopaths display. My suggestion has been that in psychopaths these moral and prudential incapacities are unified. Although some philosophers have recognised that in psychopaths there is a lack of both prudential concern for oneself and moral concern for others (Elliott, 1992; Watson, 2013; Berninger, 2017), none have identified an underlying unitary incapacity which explains both of these lacks.

The hypothesis defended in this thesis is that extreme future-and-other discounting is a

singular unified lack. This is best thought of as a singular non-conjunctive hypothesis that can be characterised as the hypothesis that psychopaths can *only* care about their own current wellbeing. I have put it in terms of future-and-other discounting to emphasise that this single lack has two aspects, i.e., *in virtue of* only caring about their own current wellbeing psychopaths *thereby* fail to care about others and about their own future wellbeing.

There is an important point to make regarding the above that also surfaces at various points in this thesis, which is that thinking of future-and-other discounting as a unified lack helps us to draw parallels between what capacities psychopaths lack in various contexts. For example, I have argued that psychopaths are capable of both cognitive empathy and cognitive mental time travel, but are lacking in both sympathy and self-sympathy (and perhaps in both affective empathy and affective mental time travel). Here it is worth mentioning that there is work in neuroscience that I have discussed elsewhere that bolsters this view (see thesis paper 2). And so, my hypothesis gains further backing from the empirical connection between concern for oneself in the future and concern for others. This connection suggests that a lack of concern for one's future self and for others may be linked in psychopaths identified by Cleckley and it is possible that this is because Cleckleyan psychopaths exhibit a single underlying physical trait in the brain.

## **2. Psychopaths are not persons (in the philosophical sense).**

In thesis paper 3 I argued that psychopaths are not persons in the traditional philosophical sense of that term. I reached this conclusion by arguing that a necessary feature of personhood is concern for one's future self. I spelled out exactly what it means to have concern for one's future self by applying Nagel's account to psychopathy. His account helps draw a parallel

between caring about one's own future self and caring about others. It is important to restate that this conclusion has no moral implications and I make no claims regarding the psychopath's moral worth.

**3. Psychopaths are capable of cognitive empathy, we ought to remain agnostic about whether they are capable of affective empathy, but accept they lack sympathy.**

In thesis paper 4 I distinguished between cognitive empathy, affective empathy, and sympathy. I argued that psychopaths are capable of cognitive empathy, and then distinguished between two hypotheses: (i) *the empathy hypothesis* which says that psychopaths are incapable of (affective) empathy and (ii) *the sympathy hypothesis* which says that psychopaths are capable of (affective) empathy but are incapable of sympathy. I argued that in some cases the evidence is consistent with both hypotheses, and showed that in other cases it is only consistent with the sympathy hypothesis. However, I did not positively argue for the sympathy hypothesis but rather argued that it is a plausible candidate. Being cautious, my official view is (as stated) that we ought to remain agnostic about whether the empathy hypothesis or sympathy hypothesis is true. If the empathy hypothesis is true, then psychopaths are incapable of affective empathy, and thereby lack sympathy (because having sympathy involves having affective empathy). If the sympathy hypothesis is true, psychopaths are capable of affective empathy, and merely lack sympathy. Either way, what we can be sure of is that psychopaths lack sympathy. But, at any rate, based on the evidence, if I were pushed, I would bet on the sympathy hypothesis being correct. More work is needed here, however, to conclusively establish its truth.

**4. Psychopaths are capable of cognitive mental time travel, we ought to remain agnostic about whether they are capable of affective mental time travel, but accept they lack self-sympathy.**

In thesis paper 5 I distinguished between cognitive mental time travel, affective mental time travel, and self-sympathy. As mentioned, this mirrors the distinction between cognitive empathy, affective empathy, and sympathy made in thesis paper 4. I argued that psychopaths are capable of cognitive mental time travel, but that we ought to remain agnostic about whether they are capable of affective mental time travel, or whether they are capable of this, but incapable of self-sympathy. Here again, if I were pushed, I would bet on it being true that psychopaths are capable of affective empathy, but that this does not motivate them, and so they lack self-sympathy. But, once more, I wish to be cautious, as I do not think the evidence is yet strong enough to endorse this view, and here again more research is needed.

**5. Psychopaths have diminished responsibility *simpliciter* and thus diminished moral responsibility.**

In thesis paper 6 I argued that psychopaths have diminished responsibility *simpliciter* for their actions. I focused on one necessary condition for responsibility *simpliciter*, viz. the Freedom condition where a person needs to choose their actions freely. I distinguished between two types of responsibility *simpliciter*: i) act-responsibility *simpliciter*, and ii) will-responsibility *simpliciter*. I argued that although psychopaths have act-responsibility *simpliciter* they have diminished will-responsibility *simpliciter* in virtue of lacking future-and-other orientated first-order desires. As responsibility *simpliciter* is a necessary condition for moral responsibility



this entails they also have diminished moral responsibility.

### **Benefits of The Extreme Discounting Hypothesis**

In this section I discuss the advantages of my account with respect to the existing accounts in the literature.

**(a) The new account of psychopathy I offer is internally coherent and has explanatory power.**

My account of psychopaths makes sense of everything that we know about psychopathy and thus has strong explanatory power. The extreme discounting hypothesis offers us a coherent picture, for it can not only account for and explain psychopathic symptoms, but it also has advantages with respect to existing accounts in the literature. For example, in thesis paper 2 I showed that extreme future discounting explains psychopathic behaviour better than the following explanations: compulsion, practical irrationality, and an inability to cognitively mental time travel (I expand upon this further in thesis paper 5). Thus, my account has advantages because it is supported by empirical evidence (e.g., clinical case studies and self-reports) in that it explains that evidence in a more satisfactory way than any other proposed hypothesis. Therefore, my account of psychopaths which casts them as extreme future-and-other discounters is both theoretically and empirically motivated.

**(b) The new account of psychopathy I offer is more economical than existing accounts.**

Other accounts of psychopathy give different explanations for different aspects of the

psychopath's behaviour. For example, some explain their lack of prudential concern in terms of an incapacity for mental time travel (Levy, 2014), but this explanation does not apply to their lack of concern for others. Contrariwise, some explain the psychopath's lack of concern for others in terms of a lack of moral knowledge (Levy, 2007), but this does not explain their lack of prudential concern. As such, other accounts must combine one or more explanation to give an account of the psychopath's behaviour in general. By contrast, my account of psychopathy is more economical because it offers a single unifying feature that explains the behaviour of psychopaths, rather different explanations for different aspects of the psychopath's behaviour.

**(c) I offered a new way of distinguishing the 'true' psychopath.**

A benefit of my account is that my hypothesis gives content to the idea that there are certain psychopaths who are 'true' psychopaths, which is an idea that many express in the literature. In the existing literature, this idea is expressed in a somewhat vague manner, in the sense that others have not said exactly which cases reflect true psychopathy. However, my account can say why Cleckleyan psychopaths are the true psychopaths (i.e., because they share a single unified feature). This sets them apart from other psychopaths. As such, because I identify a core feature shared by a certain subset of psychopaths, my account enables us to honour the intuition that lots of people share that a certain group of psychopaths constitute the 'true' psychopath.

On this score, Hare notes that one problem for researchers is knowing how to identify 'true' psychopaths (Hare, 1993, p. 29). He notes that psychiatrists disagree on this matter, and he calls this the 'classification problem' (Hare, 1993, p. 31). His research focused on those psychopaths who were closely in line with Cleckley's characterisation. And so, as my

hypothesis picks out precisely the Cleckleyan psychopaths as being the ‘true’ psychopaths, my hypothesis is also in line with Hare’s views, and offers an answer to his classification problem.

### **Implications for Diagnosis**

Now I have presented my view of psychopathy, in this section I consider the implications of it for diagnosis. The first thing to make clear is that if psychopathy is characterised by extreme future-and-other discounting, then this ought to influence how we define psychopathy. This involves recognising extreme future-and-other discounting as a core feature, and identifying individuals who have this feature as psychopaths. My suggestion is that those individuals who do not have this feature are not true psychopaths, and so should not be classed as having psychopathy at all, but rather be classified as having psychopathic traits. This points to some suggestions I’ve made elsewhere (see thesis paper 2 section 7), where I’ve argued that the term ‘psychopathy’ should be reserved for the Cleckleyan kind. Adopting this suggestion would be to use the term ‘psychopathy’ in a narrower sense than it is currently used, and would result in fewer individuals being diagnosed with psychopathy. This in turn would help combat the worry of overdiagnosis.<sup>113</sup> And so, if one endorses my conception of what is distinctive about psychopathy, then extreme future-and-other discounting should be reflected in the diagnostic criteria and included as a core symptom.

New diagnostic tools could also be developed to specifically capture extreme discounting behaviour (e.g., questionnaires, interview questions, empirical research). In

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<sup>113</sup> It is thought that roughly 1% of the population in the United Kingdom are said to be psychopaths (Coid et al., 2009; Coid, and Yang, 2011). In the UK there are 65 million people, and so this means that there are roughly 650,000 psychopaths that exist in the UK. On my view, it is not the case that 1% of the population are true psychopaths.

addition, adopting extreme discounting as a core feature could also improve diagnostic accuracy and reliability, because discounting behaviour may be more easily observable than personality traits. It could also enhance early identification of psychopathy via developing screening tools that could assess discounting behaviour in young people.

Once psychopathy is correctly identified, then the focus is on the treatment and management of psychopaths. Indeed, Hare says just this:

Before we can develop effective management and treatment programs for psychopaths we must correctly identify them. (Hare, 1993, p. 180)

On what treatment and management options should be employed I must remain modest, for to decide upon this issue is a matter for those with clinical qualifications and experience (which, as a philosopher, I lack). However, in the next section I make clear that the current treatment and management options are ineffective, and a new paradigm is needed. My expectation is that the work done in this thesis helps to obtain a clearer view of the nature of psychopathy, which can help clinicians to overcome the current difficulties in treatment and management.

## **Treatment and Management**

In what follows I consider the treatment and management of psychopaths. By understanding the extent to which psychopaths discount the future and other people, clinicians may be able to tailor treatment to address this specifically. This could lead to more effective treatment and better outcomes for psychopaths.

As it stands, there is no cure for psychopathy. But there are two options for managing psychopaths. There are different views about which of these options are more appropriate.

Some, for example, think that imprisonment is not appropriate for psychopaths and that psychopaths are not in fact apt objects of criminal responsibility or moral responsibility (Fine and Kennett, 2004). Others, however, think that psychopaths are criminally responsible for their actions, but not morally responsible (Levy, 2011). Indeed, there is much disagreement surrounding the suitability of forensic and psychiatric settings for psychopaths (see Hart, 2009; Fox et al., 2013). Whether psychopaths are better suited in the psychiatric care or in incarceration is controversial. To illustrate this, consider the below:

There are not a few among those in charge of our state hospitals who feel that with conditions as they stand it would be more fitting for persons of this sort, when segregation or supervision of some type is urgently necessary, to be placed not in our present psychiatric institutions but in reformatories or prisons. Some who take this position feel that psychiatric treatment and many of the services and facilities now available in our mental hospitals could and should be made available to the group of psychopaths whom they prefer, nevertheless, to have come into the general framework of our penal institutions. (Cleckley, 2015, p. 509)

In what follows, I outline why neither of these options are a suitable course of action.<sup>114</sup>

I begin, then, with the legal system. Psychopaths are more likely to go into the legal system rather than psychiatric care because they are deemed sane and competent. However, there is evidence that this form of management is ineffective. It does not act as a deterrent for psychopaths, help to rehabilitate them, and psychopaths often reoffend. Moreover, because of their superficial charm and manipulative nature, psychopaths have an increased ability to mislead staff and parole board members. As such, the legal system proves to be a costly and

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<sup>114</sup> Many psychopaths live in the community and so have do not enter psychiatric care or legal institutions. In these cases, psychopaths cannot be treated or managed. This problem is of no surprise, because of course if psychopaths are not known then they cannot be treated or managed.

inefficient means of handling psychopaths. Indeed, this form of management is also unreliable since psychopaths have a remarkable ability to escape the legal consequences of their actions (Cleckley, 2015). Indeed, many in the literature have noted this. Consider the following quotes:

A surprisingly large number of psychopathic persons somehow manage to avoid incarceration in spite of the fact that their behavior may be grossly antisocial. In many cases they are protected by family and friends who may themselves be their victims. In other cases they may be charming and intelligent enough to talk their way out of prosecution. In any event, their behavior may be relatively unchecked and unpunished. (Hare, 1970, pp. 111-2)

[T]he psychopath notoriously avoids the petty and temporary restraints that might be legally imposed. Those imprisoned for serious crimes return at length no less prone to continue these crimes. Even when under life sentence, the psychopath tends more readily than others to obtain parole and become again a social menace. Not only can he (perhaps involuntarily) mimic sanity in superlative fashion but also moral rebirth, salvation, and absolute reform, transformation into a supercitizen... Though some protection to society is afforded by dealing out sentences of varying length to such offenders on the assumption that they are normal and to be punished in accordance with the degree of blame their crimes are judged to deserve, such protection is not reliable. The assumption that they will thereby learn their lesson and become safe inhabitants of the community is an assumption at sharp variance with simple facts. Poorly adapted as our present methods are to prevent the repetition of crime, we find them rapidly approaching travesty and farce when we look for what security they offer against initial crimes of tragic magnitude. (Cleckley, 2015, pp. 504-5)

There are in fact however some psychopaths who do enter psychiatric care, which is typically

so they can avoid the legal consequences of their actions (Cleckley, 2015). However, they are unlikely to be in psychiatric care long-term because they are deemed sane and competent. As such, some psychopaths would rather enter psychiatric care because they know that they will be able to get out of confinement quicker than if they were imprisoned.

In psychiatric care, some examples of treatment include psychoanalysis or group psychotherapy.<sup>115</sup> Usually it is thought that psychopaths are unresponsive to treatment and there is little change. In fact, some even claim that treatment can make psychopaths worse (Rice et al., 1992), e.g., it enables them to pick up jargon.<sup>116</sup> Robert Hare (1993) describes the effects of a therapeutic community program. He says:

Psychopaths were almost four times more likely to commit a violent offense following release from a therapeutic community program than were other patients. But not only was the program not effective for psychopaths, *it may actually have made them worse!* Psychopaths who did *not* take part in the program were less violent following release from the unit than were the treated psychopaths. (Hare, 1993, p. 199)

The above illustrates that there is some evidence that therapy is ineffective for psychopaths. Moreover, because of psychopaths' manipulative nature they can also mislead staff into thinking they have improved. As Hare notes:

Most therapy programs do little more than provide psychopaths with new excuses and rationalizations for their behavior and new insights into human vulnerability. They may learn new and better ways of manipulating other people. (Hare, 1993, p. 197)

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<sup>115</sup> There are also treatments such as the above available in prison too.

<sup>116</sup> However, the idea that treatment is ineffective and can make psychopaths worse is contested in the literature (see Felthous, 2011; Felthous, 2015; Olver, 2016).

Hare discusses the case of one psychopath who was in group therapy in a prison. After some time, the psychiatrist deemed that he had improved and accepted responsibility for his actions. Later one of Hare's researchers interviewed him and the psychopath 'boasted of how he had conned the prison staff into thinking that he was well on the road to rehabilitation' (Hare, 1993, pp. 197-8). Hare notes that psychotherapy and biological therapies have proved ineffective for psychopaths (Hare, 1970, p. 110). Usually in therapy the patient has to want to improve and believe that they have a problem in the first place. But as Hare puts it:

Psychopaths don't feel they have psychological or emotional problems, and they see no reason to change their behavior to conform to societal standards with which they do not agree. (Hare, 1993, p. 195)

Typically, in treatment programs psychopaths are difficult to treat, they lack motivation and are resistance to change. They are likely to drop out of treatment programs. They can be disruptive, intimidating and manipulative (see Olver, 2016). Hare also notes that even if there were effective treatment, many psychopaths are not in prison or psychiatric care (Hare, 1993, p. 201). Psychopaths are unlikely to seek help through their own choice. If they find themselves in therapy it is usually due to forces outside themselves (Hare, 1993, p. 196). As is clear, group therapy is expensive and unlikely to work for psychopaths (Hare, 1993, p. 199).

Indeed, Cleckley also believes that traditional forms of treatment are unsuccessful for psychopaths. He says:

I have had the opportunity to see patients of this sort who were treated by psychoanalysis, by psychoanalytically oriented psychotherapy, by group and by milieu therapy, and by many



other variations of dynamic method. I have seen some patients who were treated for years. I have also known cases in which not only the patient but various members of his family were given prolonged psychotherapy. None of these measures impressed me as achieving successful results. The psychopaths continued to behave as they had behaved in the past...I am no longer hopeful that any methods available today would be successful with typical psychopaths. I have now, after more than three decades, had the opportunity to observe a considerable number of patients who, through commitment or the threat of losing their probation status or by other means, were kept under treatment not only for many months but for years. The therapeutic failure in all such patients observed leads me to feel that we do not at present have any kind of psychotherapy that can be relied upon to change the psychopath fundamentally. Nor do I believe that any other method of psychiatric treatment has shown promise of solving the problem. (Cleckley, 1988, pp. 438-9)

And so, there are two methods we have for treating and managing psychopaths and both seem to be ineffective.

One positive suggestion I have in regard to the above is that the Cleckleyan psychopath needs to be recognised as a category in itself (rather than a subset of antisocial personality disorder) and there needs to be a specific place for them in psychiatric institutions. Only then, can they have treatment and management tailored to them. A similar suggestion, indeed, was made by Cleckley himself:

I suggest...that psychopaths be recognized clearly as a separate group and dealt with by rules and methods specifically adapted to cope with their problems and their behavior. Units for their care and control might be maintained in our existing institutions...Vast sums of money are now being used daily by the state to bring psychopaths repeatedly through due processes of the law, and all to no avail. At great cost relatives send them hopefully for treatment in

expensive hospitals, which they leave on personal whim or prankish impulse. Enormous sums are wasted in futile efforts to reestablish them in business and to compensate victims for their continual malfeasances and follies. It is doubtful that the cost of even a most elaborate setup of detention units and outpatient facilities, which I do not propose, would equal the financial loss they now inflict, in addition to their socially damaging effects upon the community.

(Cleckley, 1988, p. 444)

As I mentioned in thesis paper 2, since Cleckley's time, psychopathy has come to be used in a much broader sense. If there is one take-home lesson from my thesis with regard to treatment and management it is that, if my hypothesis proves to be right, this ought to be reversed, with the Cleckleyan psychopath being recognised and treated as an independent category of disorder. In this regard, I elaborate on the kind of future research that could be helpful in the section below.

### **Limitations and Suggestions for Future Research**

In what follows I outline what is still to be done and the research that would strengthen the extreme discounting hypothesis. This includes both theoretical and practical suggestions.

Although the extreme discounting hypothesis has advantages, for this to become the norm for how we think about psychopathy, more evidence is needed that is specifically gathered to test this hypothesis, specifically, further empirical work to test whether the incapacity that I suggest characterises psychopathy does so. That is, further work could explore whether psychopaths discount future costs to themselves and others, and, if they do, how different this is from many of us who don't have psychopathic traits. For example, in the literature there are temporal discounting models of addiction and temptation (Bickel et al., 2007; Tsukayama and Duckworth, 2010; Bickel et al., 2014; Steinbeis et al., 2016). And so, this is one area for

future research.

Some examples of the empirical support that could be collected for this hypothesis is creating questionnaires for psychopaths that measure future-and-other discounting. These self-report measures might, for example, ask individuals to choose between immediate rewards and delayed rewards and ask individuals how they value other people and to what extent. Empirical studies could also be done which aim to measure behaviour and decision-making in regards to future and other discounting. These tasks might, for example, involve hypothetical scenarios in which individuals are asked to choose between immediate rewards or delayed rewards (and other people). Neuroimaging techniques can be used to study the neural mechanisms underlying future and other discounting. If we have insights into the processes and neural mechanisms that underly discounting, then neuro-interventions could be developed. By understanding the neurological basis of discounting, researchers can then develop more targeted treatment that addresses those underlying mechanisms directly. Of course, all of the above have their limitations. Self-reports may not be accurate, empirical studies may not be reliable, and neuroimaging techniques may be unsuccessful.

Theoretical implications include a better understanding of the underlying mechanisms that drive psychopathic behaviour, which inform future research in the field. The concept of extreme discounting also has the potential to be applied to other areas of psychiatry and behavioural economics, where it may offer new insights into decision-making processes. It enables us to have a better understanding of other disorders where individuals lack future concern (e.g., addiction) or concern for others (e.g., narcissism). Moreover, research could explore the biological and social factors that contribute to this behaviour.

If it is empirically accurate, it is worth considering for practical reasons in regards to diagnosis if extreme discounting can be operationalised or measured reliably, and so future

research should focus on developing measures of discounting. By understanding the extent to which psychopaths discount future and other consequences, clinicians may be able to tailor treatment to address this specifically. This could lead to more effective treatment and better outcomes for psychopaths.

A further area for future research is to consider those who are currently diagnosed with psychopathy but who are not Cleckleyan psychopaths. In this thesis, there was not enough space to consider such cases in any detail. There was also not enough space to assess and fully defend the claim that psychopathy is a natural kind. Instead, I have hinted at this, but to explore this further is for future work. Brzović and colleagues (2017) argue that there are sub-categories or ‘finer grained types’ of psychopaths (Brzović et al., 2017, p. 201). They claim that as psychopathy is currently diagnosed, it is not a natural kind but that it might be a natural kind if the concept of psychopathy is revised. They say:

[I]f ‘psychopathy’ designates a loose set of traits that do not form a reliable and stable cluster...then the prospects of discovering subtypes that would be analogous to the case of jade are not promising. In that case, psychopathy research could benefit from a more radical revision. Given that there is no core consensus on what are the core psychopathic traits and how to measure them and that we have no effective therapies for the most severe forms of ASPDs, Inti Brazil and colleagues (2014) suggest to reconceptualise all antisocial personality types. (Brzović et al., 2017, p. 202)

Their suggestion is that if psychopathy is reconceptualised and split into ‘finer grained types’ then there might be a specific group of people who are a certain type of psychopath which could be considered to be a natural kind. This could allow us to look at the causal mechanisms that underpin their behaviour and thus help develop treatment. Brzović and colleagues point is

that at the moment we think of psychopathy as being a single category, but there are going to be a subcategory of those people who are diagnosed as being a psychopath who are more ‘fine grained’ and those will end up forming a reliable and stable cluster of a natural kind. So, according to Brzović and colleagues, as it stands psychopathy is not a natural kind, but it may be if it were revised and my hypothesis offers such a revision.

The idea is that psychopathy currently picks out a broad range of people. But there are independent reasons to think that there is more than one type of psychopath because behavioural differences already show this and the feature I have identified, i.e., extreme discounting is a feature of a particular type of psychopath (i.e., the Cleckleyan psychopath). My hypothesis, if correct, at least suggests that Cleckleyan psychopaths are a natural kind. So, to summarise Brzović and colleagues say that psychopathy might be a natural kind if we adjust our characterisation and my hypothesis does revise the concept in just this way. But I do not take myself to have established this here with any kind of certainty. This is again something for future work.

Overall, this thesis provided a new perspective on psychopathy. It has made a significant contribution to the field of philosophy of psychiatry by conceptualising Cleckleyan psychopaths as extreme future-and-other discounters. This research has shed new light on the nature of psychopathy, the psychopathic mindset and provided a new framework for understanding the behaviour of psychopaths. It highlights the importance of studying decision-making and the individual differences in how people value rewards over time. Despite the harm that psychopaths cause to both themselves and others, it is uplifting and reassuring to know that through innovative and creative research, we can continue to learn and grow in our understanding of this disorder. The extreme discounting hypothesis has opened up new possibilities for our understanding of psychopathy, and as we continue to

build upon this knowledge, we can hope for a future where psychopaths are better understood and supported.

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