



## What's wrong? Moral understanding in psychopathic offenders



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### ABSTRACT

A prominent explanation for antisocial behavior in psychopathic offenders is that they cannot distinguish between right and wrong. Using a modified version of the classic Moral/Conventional Transgressions task that minimizes strategic responding, this study evaluated the hypothesis that psychopathic traits are negatively associated with moral classification accuracy. The task, which presents moral and non-moral hypothetical violations, was administered to 139 incarcerated offenders from three U.S. correctional facilities, 41 of whom met clinical criteria for psychopathy. No associations for classification accuracy were found as a function of psychopathy total score or its facets, controlling for age, gender, and race. This finding supports the argument that psychopathic offenders can demonstrate normal knowledge of wrongfulness. Implications for criminal responsibility are discussed.

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### 1. Introduction

Psychopathy is a personality disorder characterized by reduced empathy and guilt, poor impulse control, and a predilection for manipulation and antisocial behavior (Hare & Neumann, 2008). Although the prevalence of psychopathy approaches only one percent of the general population, individuals who meet criteria for this diagnosis are disproportionately represented in correctional settings, on the order of 15–20% (Hare, Hart, & Harpur, 1991), and they are four times more likely than low-psychopathy offenders to return to prison on a new conviction within one year of release (Hart, Kropp, & Hare, 1988; Hemphill, Hare, & Wong, 1998).

A prominent explanation for psychopathic antisocial behavior is that these individuals do not understand what counts as morally wrong (Blair, 1995, 1997; Blair, Jones, Clark, & Smith, 1995). This proposition is important because it bears on legal and philosophical debates about whether a diagnosis of psychopathy should qualify as an excusing or mitigating condition for individuals adjudicated for crimes (see Aharoni, Funk, Sinnott-Armstrong, & Gazzaniga, 2008; Blair, 2008; Fine & Kennett, 2004; Levy, 2007; Litton, 2013; Morse, 2008; Pillsbury, 2013). Most U.S. jurisdictions stipulate that defendant may be eligible for excuse on the basis of insanity if they fail to know or appreciate the wrongfulness of their actions (M'Naghten Rule, 1843; Model Penal Code § 4.01(1), 1962).

Historically, a psychopathy diagnosis has almost never been successful as an excusing or mitigating factor, but experimental research has led some scholars to conclude that psychopathy should merit such consideration (Blair, 2008; Fine & Kennett, 2004; Levy, 2007; Litton, 2013; Morse, 2008). Given the implications of this proposal for public safety, civil rights, and associated economic consequences, it is imperative to consider the empirical basis for and against this stance.

One primary source of evidence that individuals with psychopathy fail to understand wrongfulness comes from three studies by Blair (1995, 1997), Blair et al. (1995). In these studies, the investigators assessed the ability of adult ( $N_s = 20$  and  $40$ ) and juvenile ( $N = 32$ ) offenders who were low or high in psychopathy to correctly classify hypothetical actions on the basis of their moral content. To do this, they employed the Moral-Conventional Transgressions task (MCT). The MCT, originally developed by Turiel and colleagues (Nucci & Nucci, 1982; Nucci & Turiel, 1978; Turiel, 1979, 1983), challenges respondents to identify properties of moral wrongs that distinguish them from other acts that are wrong merely by social convention. One such property that is central to discussions of psychopaths is known as “authority independence,” which refers to the unique tendency for the status of moral wrongs to remain stable despite counter-claims by authority figures. For example, if a school principal declares it is now permissible to chew gum in class, most people agree it is no longer wrong, suggesting that this act is a social convention because its perceived wrongfulness is dependent on what the authority says. In contrast, if a principal, president, or even the pope pronounced that it is now

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permissible to pull children's hair, most people will nonetheless insist that it is still wrong, according to this theory.

Using the MCT, Blair et al. (1995) asked participants to judge, for each of eight hypothetical playground scenarios, whether (a) the featured action was permissible, and (b) whether it would still be permissible even if a relevant authority figure (the teacher) said it was ok. With reference to previous literature, half of the scenarios were predetermined to reflect moral violations, and the other half reflected only conventional violations. The investigators found that participants low in psychopathy classified the moral scenarios as significantly higher in authority independence than the conventional scenarios, as expected. However, high psychopathy participants made no such distinction. Both groups were predominantly white males matched for intelligence quotient (IQ).

This result has been used to support the conclusion that individuals with psychopathy do not understand what qualifies as morally wrong—a conclusion that appears to be consistent with findings that these individuals less strongly endorse core moral values (Aharoni, Antonenko, & Kiehl, 2011; Glenn, Iyer, Graham, Koleva, & Haidt, 2009), are insensitive to others' distress (Blair, 2005; Blair, Jones, Clark, & Smith, 1997), and exhibit abnormal judgment in moral dilemma tasks (Koenigs, Kruepke, Zeier, & Newman, 2012), economic games (Koenigs, Kruepke, & Newman, 2010), and moralistic punishment decisions (Aharoni, Weintraub, & Fridlund, 2007).

On the basis of Blair and colleagues' MCT finding, it is tempting to infer that psychopathic individuals exhibit high rates of antisocial behavior because they do not believe these transgressions are morally wrong. However, when psychopathic participants failed to make a moral-conventional distinction in Blair's studies, they did not rate both types of scenarios as permissible. Rather, they tended to rate both types of scenarios as impermissible, regardless of authority opinions, suggesting, counter-intuitively, that the participants believed all scenarios contained moral violations.

The authors interpreted this counter-intuitive effect as the result of socially desirable responding or "faking good": Since the psychopathic individuals in the study did not have strong intuitions about which acts are recognized as morally wrong, perhaps they strategically classified all the acts as wrong to make a good impression (see Blair, 1995, p. 23; Blair et al., 1995, p. 749). This interpretation seems plausible and would be consistent with the glib and superficial charm so characteristic of psychopathic individuals.

The social desirability theory, however, was never tested. As we have argued elsewhere, failures in the MCT do not necessarily imply lack of moral understanding (Aharoni, Sinnott-Armstrong, & Kiehl, 2012; Maibom, 2008) because morally knowledgeable people can be affected by social desirability too. Specifically, it remains possible that psychopathic participants had initially correct intuitions about the wrongfulness of the acts until a social desirability artifact of the task prompted a secondary motivation to over-rate the wrongfulness of the conventional acts, masking their otherwise correct responses. Traditional versions of the MCT do not allow us to test this possibility because they confound *personal endorsement* of moral propositions with descriptive *knowledge* of the socially prescribed status of those propositions.

The notion that psychopathic moral reasoning abilities may be effectively normal has some empirical footing (Aharoni et al., 2012; Cima, Tonnaer, & Hauser, 2010; Link, Sherer, & Byrne, 1977; Simon, Holzenberg, & Unger, 1951; for a review, see Borg & Sinnott-Armstrong, 2013). Therefore, deeper scrutiny into the MCT methods is warranted. In Blair and colleagues' original MCT studies, participants were free to rate each question's moral status independently of the other questions. Instead, if respondents were expected to make a forced choice between the pre-defined "moral" and "conventional" transgressions, then over-classification would

not be an effective strategy, permitting a purer test of moral understanding in a socially objective sense. In that case, individuals who truly lack moral understanding should continue to perform more poorly than controls. However, if accuracy is not associated with psychopathy, this forced-choice response format would suggest that they do understand moral wrongfulness.

This is exactly the strategy employed in a recent study by the present investigators (Aharoni et al., 2012). In that study, offenders with varying degrees of psychopathy were presented with 16 scenarios depicting either a moral or conventional violation, as judged by a normal (non-psychopathic) sample. Participants were informed that exactly half of the scenarios were considered by typical members of society to be morally wrong. Moral wrongfulness was explicitly defined as acts that society considers wrong even if there were no rules, customs, or laws against them. Notably, this approach shifts the research question from an interest in whether psychopathic offenders personally endorse moral propositions to an interest in whether they understand the socially prescribed status of those propositions. However, we view this as a welcome change because of the latter question's greater implications for criminal responsibility. Within this forced-choice framework, no association was observed between participants' psychopathy scores and the percentage of correctly classified acts. Instead, most participants performed well on the task regardless of psychopathy score, suggesting that psychopathic offenders may understand moral wrongfulness as well as other offenders when social desirability factors are removed.

Interestingly, significant associations were found between moral classification accuracy and specific psychopathic traits, as represented by the (1) interpersonal, (2) affective, (3) lifestyle, and (4) antisocial "facets" of psychopathy (see Hare, 2003). Example items from each facet include glibness, lack of empathy, impulsivity, and juvenile delinquency, respectively. We found that increases in the affective and antisocial traits of psychopathy were associated with reduced classification accuracy but that increases in psychopathic lifestyle traits were associated with increased task accuracy (Aharoni et al., 2012), suggesting that any problems understanding moral wrongfulness may be explained by particular traits rather than by psychopathy as a whole.

There were at least three limitations of our forced-choice study, however. First, novel scenarios were developed to be age-appropriate for adults, so the pattern of results could have been due to a change in stimuli rather than the change in instruction. Second, only six offenders in that sample met full clinical criteria for psychopathy. Third, the observation of a null association between psychopathy score and item classification accuracy is vulnerable to a Type II error, and raises a demand for external replication with a new sample.

The present study was designed to address these limitations by providing an external replication using Blair's original test stimuli (Blair, 1995) in a large and diverse new sample of offenders representing a full range of psychopathy scores. For our primary hypothesis test, we asked whether moral classification accuracy can be explained by psychopathy total score, while controlling for potential effects of correlated demographic variables (age, gender, and race/ethnicity) when appropriate.

Because we tested a more diverse sample than reported in previous MCT studies of psychopathy, it was also important to test several variants of the hypothesis in order to draw a more direct comparison to previous, more homogenous samples. Therefore, we examined whether the hypothesized association between psychopathy score and moral classification accuracy was dependent on participant age and whether it was specific to formerly studied demographic groups, namely white and male participants.

In addition to these primary tests, we examined two supplemental questions designed to clarify the results of those tests. First,

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