Mad, Bad or Both? Psychopathy, Natural Law and the Vices

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A string of recent mass murders – in the U.K., the U.S., Australia, and elsewhere– has invited reconsideration of the nature of psychopathy. In trials by courts, experts, media and public opinion, it is commonly asked whether 'senseless' killers are mad, bad, or both, whether they are habituated in vice, morally colour blind, entirely lacking in the ability to reason morally or to experience shame, remorse, etc.[1] In this essay I argue that the psychopath is neither mad or mentally ill, nor bad or amoral, but morally handicapped in a unique way.

One

A virtue psychology is one which explains human behaviour in terms of relatively stable dispositions of feeling, choice or action which are either possessed naturally or acquired through sound education, example, training or habit. When such habits organise aspects of the human personality well, integrate emotion and desires with the rational response to the good, and so orient the agent toward reasonable conduct, they are called 'virtues'; when they fail to do one or more of these things or contribute to their opposites, they are called 'vices'.[2]

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[1] For a good summary see Michael Bavidge *Mad or Bad?* (Bristol: Bristol Classical Press, 1989).

[2] On the virtues see, for example, Sarah Broadie *Ethics with Aristotle* (Oxford: OUP, 1991), Nancy Sherman *The Fabric of Character* (Oxford: OUP, 1989), Richard Bosley, Roger Shiner and Janet Sisson eds *Aristotle, Virtue and the Mean* (Edmonton: Apeiron, 1995), Daniel Nelson *The Priority of Prudence* (Pennsylvania: Pennsylvania

One branch of virtue psychology is thus philosophical pathology, the systematic description of mental and emotional disorders including madness, mental illnesses and mental abnormalities.[3]

Mental illness involves *either* a particular bad habit (e.g. unfriendliness, incivility, unchastity or indiscretion sufficient to amount to a *personality disorder*; lack of decisiveness, hope or trust amounting to a *depressive disorder*; or lack of self-control, discretion or concentration amounting to a *manic disorder*) *or* a second-order habit of acquiring bad habits (e.g. delusional thinking, disorganised and random behaviour, hallucinatory perception constitutive of *schizophrenia*; failure of fortitude amounting to *compulsive neurosis*, or failure of temperance constituting an *obsessive neurosis*). The subject of mental illness commonly also has severely reduced capacity to change her habits for the better, and her bad habits and reduced capacities are evident in those cognitive and affective disorders which we usually associate with mental illness: delusions, obsessions, manias, depressions, compulsions, phobias... Where the disorders are severe and there is pervasive and enduring incapacity to change herself for the better –and uncertainty about whether *others* can change her for the better– the mentally ill person is commonly held mad.

However, incapacity or reduced capacity to change bad habits for the better (and uncertainty about whether others can change them) is also characteristic of some mentally healthy people, e.g. smokers, drinkers, sadists, irascible, violent or ill-mannered people etc. Does this imply the difference between the mentally healthy and the mentally ill

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State U. P., 1992), Paul Wadell *The Primacy of Love* (Mahwah, NJ: Paulist Press, 1992), Jean Porter *The Recovery of Virtue* (London: SPCK, 1990), Roger Crisp *How Should One Live?* (Oxford: OUP, 1996), Peter French, Theodore Uehling and Howard Wettstein eds *Midwest Studies in Philosophy 13* (Notre Dame, IN: Notre Dame U. P., 1988), Alasdair MacIntyre *After Virtue* (London: Duckworth, 1981), Edmund Pincoffs *Quandaries and Virtues* (Lawrence: Kansas U. P., 1986), Peter Geach *The Virtues* (Cambridge: CUP, 1977). The leading theorist of the vices is Gabriele Taylor, for example, 'Deadly Vices' In Crisp ed., *op cit.* and 'Envy and Jealousy: Emotions and Vices' in French, Uehling and Wettstein eds, *op cit.*

[3] I understand madness to imply some mental illness (usually, psychotic episodes) but mental illness not to imply madness. Mental abnormality does not imply mental illness. I will use 'mental illness' to include madness but not mental abnormality unless otherwise indicated.

is not a strict one?[4] Virtue theory suggests the difference is profound: it hinges upon the reasons why members of the two groups cannot change themselves for the better.

The reason the (mentally) healthy acquire and indulge in vices is that they assign inappropriate and unreasonable importance to some desired activities or outcomes. The pursuit of some good thing for self or others (relaxation, company, self-confidence...) by smoking, drinking, boasting and the like is held to justify a diminution in some other important good of self or others (health, good reputation, manners...). Even such vices as sloth, or *accidie* which seem to involve not desiring anything as good are best characterised not as bodily inactivity/psychological disposition to inactivity but perseverance in denying spiritual good.[5] Healthy persons are vicious only because of their unreasonableness. Bad habits caused and retained because of unreasonable beliefs can, in principle, be cured by rational persuasion.[6] Thus the reason the healthy cannot (or cannot easily) change themselves (or cannot easily be changed by others) is that they persist in attaching inappropriate weight to certain goods: they persist in unreasonableness.[7]

The bad habits of the (mentally) sick, however, are not the effect of unreasonableness –pursuing one good by attacking or impeding the pursuit of others– but of their despair at identifying *any* object within the sphere of their disorder as good. Mental illness *is* illness: it reduces people to states of anxiety, insecurity, depression and terror, states

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[4] In fact, the picture may be more complicated in certain of these examples since the substance abusers may suffer from a psychosomatic disorder (e.g. in alcoholism) or at least from a psychosomatic addiction (e.g. nicotine).

[5] See John Casey *Pagan Virtue* (Oxford University Press, 1990), p. 105-10 for a wonderful account of sloth and *acedia*. For Thomas Aquinas sloth is apathetic shrinking from human spiritual well-being as too difficult or tiring. It is not simply inactivity but 'spiritual apathy', deliberate choice against part of charity, Thomas Aquinas *Summa Theologiae* (New York: Benziger, 1948), 2-2, 35, 1.

[6] We can, of course, possess bad habits not because of unreasonableness but because they 'come naturally' to us. These natural vices are not based on any belief about goodness and so are not open to rational persuasion. However, they are vices only by analogy – or what the tradition of virtue thinking calls 'imperfect vices.' See my 'Natural Virtue.' *Dialogue*, 1997, forthcoming.

[7] The concepts of rationality and reasonableness to which I am appealing are the standard concepts of natural law theory and are outlined in Section 3.

in which they cannot recognise *anything* as good –as self-perfecting, worthwhile, pleasurable or noble.[8] Thus their vices are formed and retained not because of unreasonable beliefs about the pursuit of human goods but because of sickness-induced despair at finding anything good. The reason *they* cannot change themselves is that they are sufferers from a sickness. For example, whereas the intemperance of the anti-social is selfish, may occasionally give satisfaction, and has its limits, the failure of temperance of the sociopath is dizzying, frightening and apparently uncontainable even for the sufferer.

There is, then, an important distinction between the lack of control of the healthy and the sick. The healthy cannot help themselves because their pervasive unreasonableness means they cannot (yet) pursue rational ends reasonably; the sick cannot help themselves because their sickness means they cannot recognise and entertain rational ends, far less pursue them reasonably. As rational persuasion becomes effective this suggests illness is not (or is not now) serious.

Virtue theory allows us to make this distinction clearly. It also allows us to make the important point that vices –including those of the mentally sick– may be at least partially chosen through the habitual making of certain choices. Some people, though by no means all, may actually contribute to their mental illness, choosing it to a greater or lesser degree. Indeed, the sustaining of illness by voluntary choice seems to be internal to some types of mental illness (e.g. phobias and obsessions) and part of their clinical description. Among the attractions of virtue psychology are the distinctions and connections it allows us to trace between the unfreedom of sick vicious persons and the freedom of healthy vicious persons, between those whose vicious acts we excuse and those we hold responsible.

Generally speaking, different types of freedom are at stake in the vicious acts performed by the sick and the healthy. In failing to identify rational ends of choice –aspects of their own good– the mentally ill lack a crucial sort of self-knowledge. To lack this knowledge is

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[8] Whereas madness is inability (ever) to identify any end as good or worthwhile, other types of mental illness consist in less complete failures, e.g. consistent failure to identify one or more particular human good, failure to identify one class of human goods, failure to identify any human goods in certain circumstances, failure to consistently identify basic goods, failure to be convinced by certain human goods...

to lack one aspect of freedom: while the sick have what is often called negative freedom (the absence of hindrance or impediment to acting upon one's choices),[9] they lack positive freedom (the capacity to recognise and so commit themselves to aspects of their own good). Vicious but responsible agents, on the other hand, possess positive freedom –they can identify human goods, hold rational ends– whether or not they enjoy negative freedom (they may, for instance, suffer some sort of impediment to changing th eir behaviour). Whereas the (positive) unfreedom of the mentally ill leads typically to anxiety and the painful effects of their hopeless attempts to clutch at human goods, the (negative) unfreedom of the immoral typically merely leads to frustration, delay and disappointments at the limitations upon their choices.

Unlike some other contemporary ethical theories, virtue theory understands freedom as primarily positive: the capacity for recognising and pursuing genuine human goods.[10] Virtue theory thus allows us to state accurately an important fact about the relationship of mental illness to moral vice. Mental illness is always a matter of restricted freedom because of the inability to identify basic human goods; moral vice is, at worst, a matter of restricted freedom because of the inability to guide human acts rationally.[11]

However, a virtue-based account of mental illness faces major difficulties in accommodating the phenomenon of psychopathy, for 'in-

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[9] Thus 'possession' of the mentally ill by 'unclean spirits' is said to limit their freedom not by restricting their actions but by limiting their knowledge. In Mark Ch. 5, 7 the unclean spirit cries out 'What have I to do with thee, Jesus, Son of God the Most High?' The spirit has bound the sufferer not by binding his limbs but by making him ignorant of what is truly good.

[10] Although this is not the place to pursue the point, virtue theory will emphasise the self-creative aspects of freedom: with positive freedom we have the opportunity substantially to create our own characters through our choices and acts. Although the mentally ill are able to self-express (through negatively free acts), they are restricted in their opportunities to self-create (through positively free acts).

[11] Of course, these categories may shade into one another: the inability to identify human goods which is clear in the case of madness is more difficult to diagnose in the case of lesser mental illnesses; the inability to choose morally which is clear in standard cases of coercion and ignorance appears to be more akin to an inability to recognise human goods in cases such as intoxication and extreme provocation or passion. This helps to account for our hesitation in classifying some minor mental conditions as illnesses, and our suspicions that certain repeated offenders may be sick.

ability to prevent or control vices' does not seem to do justice to the lack of moral understanding and sentiment characteristic of the psychopath.[12] Injustice, intemperance, unfriendliness, disrespect – all such descriptions fail to capture the combination of cold skill and complete lack of feeling with which the psychopath may enslave, torture, kill, mutilate or cannibalise other humans. In addition, unlike 'standard' cases of bad habits through sickness, psychopaths may well suffer from no unusual cognitive disorders (irrational beliefs, defective logic or practical reasoning, delusions) or affective disorders (bizarre or chronic disturbances of mood).

Furthermore, the psychopath typically shows symptoms closer to those of the addict (or other vicious-but-sane case) than the madman. His incapacity to change appears to be based not on despair, terror and inability to identify any (good) ends but on selfish, perverted, unreasonable enjoyment: he takes pleasure in his psychopathic choices and lifestyle; he is devoted, cunning and successful in developing his techniques; he is able, if not to change, at least to feign change for long periods; he may show few other symptoms of mental illness but just deviate in his complete lack of moral sentiment. The following questions then arise: Is psychopathy the (profoundly) unreasonable, though sane, pursuit of rational ends rather than mental illness? Can a philosophical pathology based on the concept of virtues and vices explain psychopathy?

Two

In a classic paper, 'Aristotle and the Punishment of Psychopaths', Vinit Haksar appealed to moral rather than medical notions when discussing some attempts to demonstrate that psychopaths are insane. One way in which we can explain psychopathy is by the values psycho-

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[12] Psychopathic disorder is described as 'Antisocial Personality Disorder' in *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, (DSM-IV), (Washington DC: American Psychiatric Association, 1994). The diagnostic criteria of the disorder are described as follows: 'pervasive pattern of disregard for and violation of the rights of others occuring since age 15 years, as indicated by three (or more) of the following' – failure to conform to social norms of lawfulness, deceitfulness, impulsiveness, irritability, disregard for self or others' safety, irresponsibility, lack of remorse, pp 649-50.

paths choose to create.[13] The psychopath suffers not from *mental* insanity but from *moral* insanity, i. e. dissociation from certain key values and so inability to act in their light.[14] This is a useful distinction.

There are some mental sicknesses, Haksar argues, that involve cognitive disorder(s) and so an inability to see facts accurately.[15] But there are other mental sicknesses that are volitional and involve no false beliefs about reality. Only the first kind of mental sickness implies mental insanity. Likewise, there are some moral sicknesses which involve an inability to see moral facts – moral insanity – and other moral sicknesses which 'involve not inability to see moral facts, but inability to choose certain values'.[16]

Haksar is reluctant to commit himself to this schema for explaining psychopathy until philosophical problems about the nature of moral facts and objective 'human values' are solved. One thing I shall try to do here is to sketch a solution to such problems. However, I shall first adapt Haksar's terminology of moral insanity and sickness in order to provide a better characterisation of the psychopath. For 'mental insanity' and 'mental sickness' I shall substitute 'madness' and 'other mental illness', and for 'moral insanity' and 'moral sickness' I shall substitute 'amorality' and 'other moral handicap'. One suggestion, then, is that the psychopath, although not mentally ill (and so not mad), is morally handicapped. Does his handicap imply amorality: does it imply actual inability to see moral facts or is it merely inability to conform conduct to them, i.e. to choose to pursue relevant values?

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[13] Vinit Haksar 'Aristotle and the Punishment of Psychopaths' *Philosophy* 39, 1964, p. 333.

[14] The concept of moral insanity has a long history. It was invented by J. C. Pritchard *A Treatise on Insanity* (London: Sherwood, Gilbert and Piper, 1835) and defined as: 'morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions and natural impulses without any remarkable disorder or defect of the intellect or knowing or reasoning faculties and in particular without any insane delusion or hallucination', p. 6. For the development of the concept of psychopathic personality from that of moral insanity see, e.g., M. Gelder, D. Gath and R. Mayou (eds), *Oxford Textbook of Psychiatry.* (Oxford: OUP, 1989), pp. 126-9.

[15] Haksar, p. 336.

[16] Haksar, *ibid.* Haksar recognises that some moral sicknesses may be caused by mental insanity or other mental sickness.

First, notice an important difference on this account between madness (inability to see facts accurately) and amorality (inability to see moral facts). The mad do have some knowledge of facts and do see some relations between facts accurately. Amorality, however, is not merely an *impairment* but a sort of total blindness with respect to the whole field of moral facts and relations. The moral blindness of the amoral presents a quite different range of problems from the cognitive impairment of the mad: consider, for instance, the different treatments appropriate to each. In particular, it is difficult to see how the amoral person's condition can be described as 'having bad habits': it is more like being born (or growing up) missing the very potential for forming habits whether good or bad. The amoral possesses not moral vices but vital moral lacunae. The reason they cannot change themselves for the better is not the seriousness or pervasiveness of their vices but the fact that a change 'for the better' would not *be* better for them: what is better for *them* is success at crime and concealment, not moral improvement.

Perhaps, however, this is to concentrate too much on the analogy between moral and physical blindness. Need amorality apply to *all* moral facts and relations or apply equally to all of them? Perhaps the amoral's blindness is selective – in which case a better description of him would be not moral blindness but moral incompetence. The morally incompetent, like the legally incompetent, is one not reliably capable of right choice within a certain domain, namely, morality. He cannot be depended on to appreciate features of morality, though he may operate quite successfully in other fields of perception, choice and action.

However, unlike legal choices (or medical choices, technical choices, professional choices...), moral choices are not one species of choice; rather they express criteria which good choices of any species must fulfil. Hence, moral blindness is not weakness at making good 'moral' choices but inability to choose well at all. 'Moral incompetence' fails to capture this all-pervading condition. Furthermore, the notion of selective blindness ignores the following consideration: *inability* to see some moral facts or relations would surely affect, at least to some degree, *all* one's moral perceptions; if it affected only selected perceptions, the operation of some principle of selection would imply not inability but unwillingness to see moral facts.

The amoral, then, is blind with respect to all moral facts and relations. Is the psychopath amoral or is he morally handicapped, merely

unable to choose in the light of certain moral values? I shall argue that psychopaths are able to see moral facts but unable to choose for the sake of certain values; and that this inability arises from an *excessive interest* in certain moral facts. In other words, psychopaths are not amoral but morally handicapped, and they are not mad, although their excessive interest in certain moral facts may be contributed to by some mental illness.

Three

I shall first sketch the outline of a moral theory which satisfies Haksar's hope for an elucidation of moral facts and objective moral values. This theory is not mere background to the account of psychopathy I shall give. I suggest it is in terms of commitment to values, and not in value-free clinical terms, that psychopathy is to be explained: it is a *moral* phenomenon – one of the most bizarre challenges to a theory of practical reason. The account of objective values to which I appeal is the contemporary natural law theory supported by John Finnis, Germain Grisez, Joseph Boyle, Robert George and others.[17]

Practical reasoning is considering what to be or to do, i.e. through practical reason we deliberate about, make and enact free, rational choices. We form and make choices for a *purpose*: we expect to achieve something by our human acts. Rationally motivated acts entail *judgments* which 'propose' the act to be done and *choices* to follow that judg-

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[17] See Germain Grisez 'The First Principle of Practical Reason: A Commentary on the Summa Theologiae, 1-2, 94, 2' *Natural Law Forum* 10 1965 - also in Anthony Kenny ed. *Aquinas: A Collection of Critical Essays* (Notre Dame, IN: University of Notre Dame Press, 1969) for the origins of this theory in textual criticism of Aquinas. Thereafter: Germain Grisez, Joseph Boyle and John Finnis 'Practical Principles, Moral Truth and Ultimate Ends', *American Journal of Jurisprudence* 32 1987, esp. pp. 127-8; Finnis *Natural Law and Natural Rights* (Oxford: OUP, 1980); Finnis and Grisez 'The Basic Principles of Natural Law: A Reply to Ralph McInerny *American Journal of Jurisprudence* 26 1981; Finnis 'Practical Reasoning, Human Goods and the Ends of Man' *New Blackfriars* 66 1985; Grisez 'Natural Law and Natural Inclinations: Some Comments and Clarifications' *New Scholasticism* 61 1987; Finnis 'Natural Law and the Is-Ought Question: An Invitation to Professor Veatch' *Catholic Lawyer* 26 1981; Finnis 'Natural Inclinations and Natural Rights: Deriving Ought from Is According to Aquinas' in L. Elders and K. Hedwig eds *Lex et Libertas: Freedom and Law According to St Thomas Aquinas* (Vatican City: Libreria Editrice Vaticana, 1987); Robert P. George *Natural Law Theory: Contemporary Essays* (Oxford: OUP, 1992).

ment. Judgement and choice entail that the agent has a particular end in mind. We can question the purpose of this end to obtain the agent's *further* reason for willing it, and question *this* reason (or chain of reasons) to reach the ultimate purpose behind his acting as he does. Such an ultimate reason is a *basic human good* towards which his act is ultimately directed. Rational acts are said to *participate* in such ultimate goods by realising, protecting or promoting one or more of them in some way. These goods include life – its protection, security and transmission, knowledge and aesthetic experience, work and play, community and religion, friendship and practical reasonableness.

Such purposes are irreducible and self-evidently worthwhile. They are not chosen in acts of will but recognised in intellectual acts as aspects of human well-being. Their reasonable realisation (i.e. participation in them through practical reasonableness which is itself one of the basic goods) is the achievement of a good human life. It requires planning one's life and forming appropriate personal commitments and priorities concerning one's choices for the various goods. On this account human flourishing is not a further most-basic-good-of-all which transcends the others or some ultimate reason behind pursuit of basic goods: *each* basic good is a self-evidently choiceworthy and irreducibly worthwhile. Furthermore, flourishing is not just choosing in the light of the reasonable plan of life one has chosen for oneself but also choosing in the light of the reasonable realisation of all basic goods by all persons, i.e. minimally, not having as one's purpose the obstruction of another's reasonable realisation of any part of her good.

As theoretical reason has its logical principles and norms so too does practical reason. The first principle ('good is to be done and pursued, and evil avoided') requires that all human action be undertaken for some purpose. The various self-evidently choiceworthy basic goods provide additional principles of practical reasoning: 'preserve life,' 'seek knowledge,' 'act upon your conscience,' 'pursue ends in reasonable ways,' 'foster good social relationships.'

The choices we make as a result of practical reasoning are always between at least two possibilities: doing this or not, doing this or doing that. Choice occurs because these possibilities are incompatible. Choices may be between something morally good and something morally bad or between competing morally permissible (or morally impermissible) alternatives. In order to choose reasonably more is needed

than basic principles of practical reasoning, life plans and personal commitments: life plan and commitments have to be formed and choices made in accord with moral obligations.

The *First Principle of Morality* has been formulated by Finnis *et al.* as follows: 'In voluntarily acting for human goods and avoiding what is opposed to them, one ought to choose and otherwise will those and only those possibilities whose willing is compatible with a will toward integral human fulfilment.'[18] This principle is then specified as a set of intermediate moral principles or 'modes of responsibility' with which we can work in everyday situations, e.g. requirements of impartiality and fairness, respect for the freedom and conscience of others, detachment, fidelity and purity of heart, and principles excluding violence, vengefulness and acts of prejudice. From these principles are deduced the specific moral norms which direct our choices towards reasonableness in our own communities and lives: positive norms such as 'heed the Golden Rule,' 'respect the dignity of all persons,' 'act for the common good of your communities,' 'redistribute surplus wealth justly,' 'seek the most efficient (moral) means to your ends'; and negative norms such as such as 'do not kill the innocent,' 'do not deceive,' 'do not enslave,' 'do not abandon the needy.' These specific norms constitute what we normally mean by 'morality.'

My suggestion about mental illness is that it is a failure of *practical* reason but an intellectual failure. Being mentally ill is being unable to recognise the self-evident choiceworthiness of certain purposes – or being unable to recognise or deduce certain moral principles. The mentally ill either cannot recognise certain (in some cases, any) of the basic goods and thus cannot believe that their projects and choices are supported by reasons that ultimately and sufficiently explain them; or they cannot recognise certain (in some cases, any) moral principles and thus cannot believe that their choices ought to conform to norms regarding impartiality, respect, the common good, efficiency, beneficence etc.

Different mental illnesses involve different degrees and combinations of these intellectual failures within practical reason. In other words, mental illnesses (and many mental disorders which do not im-

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[18] Finnis *et al.* "Practical Principles, Moral Truth and Ultimate Ends," p. 128.

ply illness) are constituted by different practical and moral disorders, and these differences are traceable, if only in rough outline, by the philosopher.[19] For example, inability ever to *identify* a certain basic good and so to pursue it as goal is characteristic of *retardation*; difficulties with the *re*-identification of certain basic goods typify the psychoses associated with certain organic brain syndromes, e.g. *senile and pre-senile dementias* and *alcoholic psychoses*; inability to be *fully convinced* about the basic-ness of a good(s) constitutes a *neurosis*; inability to recognise certain basic goods in *certain sorts of circumstance* constitutes a *personality* disorder; inability to identify any basic goods *at all* (a break with reality) constitutes *psychosis*.[20]

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[19] Naturally, these illnesses may all turn out to have biological bases: all practical disorders may have metabolic explanations. My point is that what about them makes them *mental* illnesses is the failure of practical reason involved.

[20] More fully, if controversially: the most familiar neurosis is *obsessive-compulsive neurosis* (persistent, unwanted obsessional thoughts and/or compulsions to perform repetitive actions). Here the sufferer is fixated by (some instance of) a good and returns to it in thought and/or action repeatedly and yet finds no reassurance that her participation is secure. Other neuroses include *phobic neurosis* (in which lack of conviction about the basic goods of security of life, community and friendship, and knowledge is mainly manifested); *hypochondriacal neurosis* (lack of conviction about health); *depersonalisation neurosis* (loss of inner peace, friendship or religion); and *anxiety neurosis* (loss of practical reasonableness or the ability to plan one's life).

The *psychoses* include schizophrenia, manic-depressive illness and paranoia. *Schizophrenia* comes in many varieties but central to it is thought disorder, frequently associated with misinterpretation of reality and sometimes with delusions and hallucinations. This cognitive disorder reflects a complete inability to recognise any human goods – any objects of inclination - as providing sufficient and choiceworthy ends of action. *Manic depression* is the subordination of the entire mental life to a single mood or to unstable mood-swings. Elation or depression is inability to rest in and be convinced by basic human goods. *Paranoid states* consist in the subordination of the whole mental life to a delusion: either not appreciating that the goods are basic for all human beings, not just for the agent (*grandiose delusion*) or not appreciating that others recognise basic human goods and moral principles (*persecutory delusion*).

Personality disorders differ from neurosis and psychosis in that their characteristic cause is not a disordered relationship to the goods but failure to recognise the obligations implied by primary moral principles. Anti-social, aggressive, self-destructive and compulsive-obsessive personalities show traits we would naturally call vices; they are disorders because the sufferers are unable to believe that we *ought* to do to others as they do to us, that we ought to respect persons, respect the common good, maintain a degree of detachment from but also fidelity to projects, abjure violence, take efficient means to (moral) ends, regard the conscience and freedom of others etc. *Sexual deviations* are more complicated because they are both a failure to recognise

Such intellectual disorders within practical reason also have an affective aspect: they are dislocating, productive of confusion, anxiety and despair. Most of them allow for awareness of some but not all basic goods (or awareness of them in some circumstances, from time to time but not always and everywhere): they are either forms of neurosis, or they are personality disorders. However, some involve complete dislocation from reality, sometimes with bizarre and pathetic attempts at projects and choices, attempts to flee to alternative 'realities' or extravagant mood disorders: this is psychosis.

Psychopathy too is a moral disorder but not one to which any mental illness corresponds. We need first of all a non-question begging description of the typical psychopath.[21] First, he or she (most are male) is directed towards self-gratification without regard to the interests or wishes of others. This does not imply recklessness, which may well be incompatible with achieving his ultimate ends, but complete disregard for moral principles and lack of emotional disturbance at the harm or distress of others. Secondly, the psychopath is not visited by feelings or symptoms of guilt, remorse, regret or depression at his anti-social conduct and acts. Thirdly, he is free of the normal anxieties concerning his future: cares about reputation, companionship, personal welfare, even the success of his non-conforming activities. This absence of anxiety may co-exist with careful planning and execution of his criminal or other anti-social activities, though the psychopath can range from recklessness to carefulness with regard to plans and personal safety. Fourthly, he enjoys no profound relationships with others, experiences no real affection, and is untouched by the deeper sentiments of religion, art and human excellences. Fifthly, he demonstrates intelligence that is if anything higher than his background and education would suggest, and exhibits no signs of cognitive impairment or delusion and few signs of mood disorder. Although descriptions and discussions of

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goods (sexual deviants commonly fail to recognise the ultimacy of procreation, childbirth and rearing, friendship, health) and a failure to recognise moral principles, e.g. respect for persons, including themselves.

[21] Part of the misconception about the psychopath is that he is always violent or homicidal. However, see, e.g. the (English) *Mental Health Act* (1983) where psychopathy is defined as 'a persistent disorder or disability of the mind (whether or not including significant impairment of intelligence), which results in abnormally aggressive *or seriously irresponsible* conduct'. (Emphasis added).

psychopaths in the psychiatric and criminal literature show bewildering variations and differences, the foregoing is a profile consistent with at least some major sources on psychopathy.[22]

From this description it seems that psychopathy has more in common with personality disorders than with other mental disorders or illnesses. The psychopath's disorder concerns inability to appreciate moral principles rather than inability to appreciate basic goods. He certainly is not *emotionally* touched by the values of friendship, religion, art etc., but to appreciate basic goods is not to be moved by them but to see them as intelligible grounds of action for every human being. But how can the psychopath both have a genuine appreciation of their desirability for every human being and attack some human being's realisation of them?

Consider this difference between psychopathic personality and other personality disorders. The psychopath is not merely unable to believe in social and moral obligations, he actually believes his own wishes are much more worthy of pursuit. He does not merely give more weight to self-gratification than obligation, but believes that to do so is important. He *applies* himself to his gratification and the denial of all obligations as a way of life, is committed to his criminal ends, and makes great efforts to attain them and escape failure. He may even join some sect or have some religious allegiance 'justifying' his anti-social acts. What may start as an experience of inferiority becomes a valued lifestyle. Now, this characteristic of the psychopath is, I suggest, accounted for *not* by inability to recognise human goods as basic but quite the reverse. The psychopath knows *only too well* that there are human goods that are basic: *it is because they are basic that he wants to destroy them.* His gratification consists not in his enjoyment of his criminality but in the destruction of the very foundations of goodness for others – and even for himself. Cleverness at evading ar-

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[22] See DSM-IV *op cit.*, pp 645-50; Gelder, Gath and Mayou, *op cit.*, Ch. 5; H. M. Cleckley *The Mask of Sanity: An Attempt to Clarify Issues about the So-Called Psychopathic Personality* (St Louis: Mosby, 1964); Robert Bluglass, Paul Bowden *Principles and Practice of Forensic Psychiatry* (Edinburgh: Churchill Livingstone, 1990), pp 437-49; John Ellard *Some Rules for Killing People* (N. Ryde, NSW: Angus and Robertson, 1989); Peter Shea *Psychiatry in Court* (Sydney: Hawkins Press, 1993), pp 61-77; Ronald Holmes and James De Burger *Serial Murder* (Newbury Park: Sage, 1988), pp. 55-60, provides an interesting categorisation of psychopathic killers.

rest or treatment does not contradict this since only by remaining free is the psychopath able to engage in destruction of basic values. Psychopathic gratification increases with the knowledge that participation in life, health, knowledge, play, work, art, reasonableness, peace, conscience, religion, friendship by individuals and by the community is decreasing, under threat, at risk or broken down. Whereas pleasure normally grows with activities in pursuit of these goods, psychopathic pleasure grows with activities whose aim is the destruction of forms of human flourishing.

This is quite different from normal criminal behaviour which consists in attempting to gain some good(s) for the criminal (or others) at the expense of the community or certain individuals, and from mental illness which consists in inability to recognise some end(s) as good(s) and so to appreciate certain acts as worthwhile. Psychopaths pursue destruction of basic goods – including their own participation in them - and to do so they are well aware which are the basic goods.

However, no chosen human behaviour, including direct attacks upon basic goods, can be chosen and performed except by *participation* in some basic good(s), for basic goods are exhaustive of the ends of human purposive activity (in intentionally destroying an instance of a basic good the psychopath is doing so for some purpose, and a purpose is, ultimately, a basic good). The psychopath, therefore, must participate in some basic good(s) *so as to* destroy basic goods. Does this mean the psychopath does ultimately acknowledge some, one human good as truly basic? No, the psychopath does believe every human good and every person's good may be subordinated to one good, but he does not believe that even this good is *basic*. Rather, its value consists in the supreme gratification given to him by his assertion of its domination over all other human participations in goods. As confirmation of this, psychopathic pleasure is typically found to accompany a single messianic or fanatic and monolithic goal. Fanaticism at its most extreme and deadly is found in the psychopath. Often this takes the form of the subordination of all values to that of religion, but the fanaticism may concern commitment to life (i.e. to some perverted ideal of health, longevity or sex), or other 'ideals' such as beauty, play, planning, knowledge, work etc.

Whereas the blindness of the amoral person is blindness to all basic goods, the psychopath is 'blinded' by the pleasures one good can

give him to the others, including that of the reasonableness of realising all human goods. He is not, then, strictly amoral but otherwise morally handicapped. Whether or not this is caused by some mental illness, he is not mentally ill or mad in respect of his psychopathy: for he is not unable to identify all basic goods (or particular basic goods, or basic goods in certain circumstances, or basic goods with full confidence)...

Vicious habits are irrelevant to the explanation of psychopathy. It need involve no cognitive or affective symptoms, and it consists not in habits of disregarding human goods but in a fanatic concern with (certain participations in) some particular human good(s) and the subordination of all other goods to the one which 'matters' not because it *is* good but only because its unreasonable promotion gives the psychopath pleasure. Can we give any account of the mechanisms of this fanaticism? How can a person know goods are basic and universal and yet disregard this? How can he believe the only thing that matters is his own gratification?

According to natural law ethics it is possible to know what is good and yet (unreasonably) to disregard it, and to recognise that something is irreducibly good and yet to believe (unreasonably) that its value consists only in the pleasure it produces. Aquinas considers the former point in his discussions of *akrasia* and sinning through weakness.[23] *Akrasia*, on this account, is having knowledge of some general principle but being ignorant that a particular act would be an instance of action contrary to the principle.[24] The *akratic* person, feeling the effect of some passion, applies to her situation the (often perfectly valid) general principle that 'pleasure is to be pursued' in place of the moral principle that is at stake. The important point for our present purposes is that despite the choosing of acts contrary to the moral principle which reason proposes, the *akratic* does act on some other principle of reason ('pleasure is to be pursued') which happens to be inappropriate, unreasonable here. When the promise of pleasure leads us to substitute a wrong principle of practical reasoning for a morally obligatory one we

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[23] The fullest treatments of these are at *Commentary on Aristotle's Nicomachean Ethics* 7, 1347, and *De Malo* 3:9. For excellent exposition of these passages see Daniel Westberg *Right Practical Reason* (Oxford: OUP, 1994), pp. 204-13.

[24] Thomas Aquinas *Summa Theologiæ* (New York: Benziger, 1948), 1-2, 77, 2.

do not lose our (practical) rationality. What the *akratic* suffers from is not cognitive impairment or some defect in practical reason but a lack of self-control, insufficient motivation to consider and withstand strong present desires – and thus unreasonableness. This is also the situation with the psychopath. He *is* aware that what he does is not reasonable as it kills, injures, cheats and deprives (he might 'name' his moral disorder), but he does not *recognise* this unreasonableness as a reason to exercise self-control and restraint but only as an opportunity for further pleasure and self-gratification. For him, fundamental human goods remain 'abstract' – he knows they matter enough to be worth destroying but does not grasp with imagination and understanding what it means that they exist only as concrete instances of the actual well-being of real persons.

Furthermore, when he kills and takes aesthetic pleasure in it, worships some idol by it, gains inner peace through it, acquires knowledge, skill etc., the psychopath recognises that such good ends are basic *and* believes that they matter only because of his pleasure. For Aquinas, most pleasure matters because of the activities to which it attaches and in the choosing and performing of which the pleasure consists.[25] Pleasure is the 'repose' of the will in what is willed, and it occurs only because the object concerned is some good thing.[26] Thus pleasure in a large part depends on the goodness of what is achieved, and activity in search of the good is prior to rest in the good. In particular, pleasures related to basic human goods are secondary to activities in pursuit of these goods and are reasonable and natural because of the goods: 'And in this sense, that which pertains to the preservation of the body, either as regards the individual, as food, drink, sleep, and the like; or as regards the species, as sexual intercourse, are said to afford man natural pleasure.'[27]

However, Aquinas is not unaware of the possibility of 'unnatural' pleasures. He thought these occur when due to physical illness or 'evil temperament' an agent takes pleasure in acting irrationally or dangerously.[28] We do not yet know whether organic defect or disordered per-

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[25] *Summa Theologiæ* 1-2, 4, 1.

[26] *Summa Theologiæ* 1-2, 4, 1.

[27] *Summa Theologiæ* 1-2, 31, 7.

[28] *Ibid.*

sonality or both is at the base of psychopathy. However, the psychopath is clearly one who not only gets pleasure in performing dangerous and irrational acts, but whose pleasure partly consists in the knowledge that these actions *are* irrational or dangerous. Even the rationale of 'pure self-gratification' is unavailable to the psychopath: he acts as he does not just because of the pleasure it gives but because he knows the appalling intensity of pleasure is explicable only because it is an attack on the possibility of human good. This is why the psychopath is not morally blind but morally handicapped: he is overwhelmingly (if over-abstractly) conscious of fundamental human goods (including his own good) but can only achieve his pleasure through their overthrow. If this is right, the reason he cannot choose to act for the human good is *not* that he does not really recognise it but that for him to recognise it is to experience an intense desire for its destruction. His position is the saddest of any man's: the very clarity of his experience of the good is the cause of his evil acts.[29] ❑

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