

Motivational Internalism and Normativity

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Motivational internalism is a view about the connection between motivation and moral judgment. The debate over internalism has long focused on establishing the nature of the connection between moral judgment and motivation. In this paper I argue that recent studies regarding personality disorders such as psychopathy and VM damage, which have been traditionally seen as providing a counter argument to internalism, indicate that motivational deficiencies in the moral sphere are linked to motivational deficiencies in other normative spheres such as prudence. This observation suggests that internalism focus of internalism should not be moral judgments simpliciter but rather the nature of the connection between motivation and the general normative sphere. If this is correct then psychopathy and VM damage should not be treated as disproving internalism, but rather as emphasizing a problem with the traditional ways it has been phrased.

Introduction

The nature of the connection between moral judgment and motivation is an ongoing debate in metaethics which seems to have reached a stalemate. According to one view, externalism (E), moral judgment is independent from motivation. The opposite view, motivational internalism (MI), is the view that there exists a necessary connection between moral judgment and motivation. The debate has been in an impasse for some time and this has led to metaethicists trying to find new ways of approaching the issue of moral motivation. In her influential paper 'Are Ethical Judgments Intrinsically Motivational? Lessons from "acquired Sociopathy"' Adina Roskies proposes a new approach: applying empirical findings concerning personality disorders to the issue of moral motivation in the hope of moving the discussion between motivational internalists and externalists forward¹. She argues that a condition

1 See A. Roskies, *Are Ethical Judgments Intrinsically Motivational? Lessons from "acquired Sociopathy"*, 'Philosophical Psychology' 2003, Vol. 16, No. 1, pp. 51–66; A. Roskies, *Patients With Ventromedial Frontal Damage Have Moral Beliefs*, 'Philosophical Psychology' 2006, Vol. 19, No. 5, pp. 617–627.

“acquired sociopathy” constitutes a counterexample to internalism and thus we can have an empirical way of proving externalism. Roskies’ argument has raised several problems and difficulties, and in the literature these are well known. For present purpose, I consider one of the most important of them: the claim that “acquired sociopaths” make *moral* judgments and also that they lack *moral* motivation. In other words, the focus of this paper will be the moral status of both the judgments made by acquired sociopaths, and the notion of moral motivation in contrast to motivation in the whole normative sphere. I will argue that neither the failures of motivation, nor the judgments of agents suffering from acquired sociopathy fall in to the scope of morality particularly. Rather they should be considered on a wider, normative sphere, combining morality, prudence and other types of normative thinking. While this might be a problem for Roskies’ argument it suggests a holistic view of the normative sphere which might be useful in understanding numerous issues in moral psychology.

There is now already a history of psychopathologies being used to try to push debates in meta-ethics forward. In the case of the debate concerning the issue of moral motivation developmental psychopaths and patients with ventromedial frontal lobe (VM) damage have been brought up because they appear to possess unimpaired moral reasoning abilities, yet also seem to lack motivation to act in accordance with the moral judgments they make. Famously, Adina Roskies argues that the condition of (late onset) VM damage, also sometimes referred to as “acquired sociopathy”, constitutes an empirical counterexample to internalism². At the verbal level patients suffering from acquired psychopathy seem to express these sorts of judgements³. They certainly do express claims with a moral, or normative character, for example statements about what is good or bad, of what is permissible or not, of what should be done and what shouldn’t be done. Yet, despite such declarations these agents regularly act in contrast to the moral claims they voice. Their actions often result in harm to those around them which does not seem to cause in them feelings of remorse or guilt. Thus, patients suffering from acquired sociopathy appear to be real-life counter-examples to internalism.

However, it is significant that both VM damaged and psychopathic agents transgress or “fail” not only in moral situations. Often, it is the broadly normative realm that psychopaths and VM damaged patients have trouble acting upon even if they are capable of reporting meaningful judgments about it. The prudential sphere is particularly important here, though other norms such as ones of etiquette and even

2 See Ibidem.

3 Though I have not seen accounts using the “language of oughts” specifically.

epistemic norms equally seem to rarely find their way into such agent's motivations. The aim of this paper is to show that the motivational failures of psychopaths and VM damaged patients concerns the whole normative sphere rather than just issues of moral motivation. The moral aspect is simply a sub-category of the general problems with normativity. This means neither psychopathy or VM damage can be understood as constituting a clear counterexamples to internalism. This does not mean however that the motivational deficiencies involved in these disorders are irrelevant to the issue of moral motivation. On the contrary, because they indicate that moral motivation is clearly linked to a general anormativity which suggests that internalism should not be understood as a view about moral judgment and motivation but rather about motivation and normative thinking.

In section one I will outline the two disorders in some detail focusing on their philosophical relevance. Then I will discuss ways in which a strictly moral reading of the phenomena is misleading. Finally in the last part of the paper I will address the issue to what extent an emphasis on general normativity instead of a narrow, moral focus, in the case of psychopathy and VM damage, influences our understanding of moral motivation.

I. Psychopathy and “acquired sociopathy”

The term “psychopathy” refers to a personality disorder which is usually associated with displays of moral indifference followed by a lack of remorse or guilt. The disorder is usually characterized by a lack of empathy, by irresponsibility, shallow affect, impulsivity and indifference to the rights and feelings of others⁴. The main deficiency in cases of psychopathy is supposed to be emotional. The curious, and often deeply unsettling behaviour of psychopaths is supposed to stem from these emotional and affective deficiencies, though the precise aetiology of the disorder (if it can be called this) is still not settled upon⁵. Psychopathy comes to the fore in philosophical consideration because of the fact that agents appear to be capable of moral reasoning while lacking the relevant motivation.

⁴ See K. Kiehl, *Without Morals The cognitive Neuroscience of Criminal Psychopaths*, [in] *Moral Psychology: The Neuroscience of Morality: Emotion, Brain Disorders, and Development*, ed. Walter Sinnott-Armstrong, Cambridge MA, The MIT Press 2008, p. 120.

⁵ See J. Blair, K. Blair, D. Mitchell, K. Peschardt, *The Psychopath: Emotion and the Brain*, Oxford, Blackwell 2005; H. Cleckley, *The mask of sanity: An attempt to clarify some issues about the so-called psychopathic personality*, St Louis, C.V. Mosby Co. 1976; R. D. Hare, *Without conscience: The disturbing world of the psychopaths among us*, New York, Pocket Books 1993.

So called “acquired sociopathy” is a personality disorder which is the effect of damage to the ventromedial (VM) area of the brain and is characterized by significant changes in the behaviour of patients as well as cognitive impairments after the damage of specific brain areas⁶. Acquired sociopathy shares many features with psychopathy, especially regarding social interaction, affective involvement and lack of concern for morality. For the purposes of this essay the retained ability to report moral claims together with an indifference towards the wellbeing and rights of others, impulsivity, poor social conduct, lack of regret and guilt, and problems with empathy is particularly important. The two disorders do not align completely, and psychopathic individuals exhibit some symptoms which do not characterize acquired sociopaths, for example high levels of callousness and instrumental or goal-directed aggression. Patients with VM damage (acquired sociopaths), on the other hand, are characterized by problems with decision making, mood disturbances and problems with general motivation which are not characteristic of psychopathy.

In what follows I will discuss both these disorders with reference to the issue of normativity and motivation, bearing in mind their significant differences. Below are the psychopathy checklists of Harve Cleckly and Robert Hare⁷. The list for VM damage is modelled on Damasio’s discussion of the disorder⁸.

Cleckley’s List of Chief Characteristics of Psychopathy (1964⁹)

1. Superficial charm and good “intelligence”
2. Absence of delusions and other signs of irrational thinking
3. Absence of “nervousness” or psychoneurosis
4. Unreliability
5. Untruthfulness and insincerity
6. Lack of remorse or shame
7. Inadequately motivated antisocial behavior
8. Poor judgment and failure to learn by experience.
9. Pathologic egocentricity and incapacity for love

6 See A. R. Damasio, *Descartes’ error: Emotion, Reason, and the Human Brain*, New York, Frosset/Putman 1994; A. R. Damasio, D. Tranel, H. Damasio, *Individuals with sociopathic behaviour caused by frontal damage fail to respond autonomically to social stimuli*, ‘Behavioural Brain Research’ 1990, Vol 41, pp. 81-94.

7 See H. Cleckley, *The mask of sanity...*, op. cit; R. D. Hare, *Without conscience...*, op. cit.

8 See A. R. Damasio, *Descartes’ error: Emotion, reason, and the human brain*, op. cit.; A. R. Damasio, D. Tranel, H. Damasio, *Individuals with sociopathic behaviour caused by frontal damage fail to respond autonomically to social stimuli*, op. cit.

9 See H. Cleckley, *The mask of sanity: An attempt to clarify some issues about the so-called psychopathic personality*, St Louis, C.V. Mosby Co 1964 (4th edition), pp. 362-3.

10. General poverty in major affective reactions
11. Specific loss of insight [inability to see himself as others see him, to “size up” what he has done and been]
12. Unresponsiveness in general interpersonal relations
13. Fantastic and uninviting behavior with drink and sometimes w/o
14. Suicide rarely carried out
15. Sex life impersonal, trivial, and poorly integrated
16. Failure to follow any life plan

Robert Hare’s Psychopathy Checklist—Revised (PCL-R)

1. Factor 1: Interpersonal/affective Factor 2: impulsive/antisocial Neither
2. Glib/superficial charm
3. Need for stimulation/proneness to boredom
4. Promiscuous sexual behavior
5. Grandiose sense of selfworth
6. Parasitic lifestyle
7. Many short term marital affairs
8. Pathological lying
9. Poor behavioral controls
10. Criminal versatility
11. Conning/manipulative
12. Early behavioral problems
13. Lack of remorse or guilt
14. Lack of realistic, long-term goals
15. Shallow affect
16. Impulsivity
17. Callous/lack of empathy
18. Irresponsibility
19. Failure to accept responsibility for own actions
20. Juvenile delinquency
21. Revocation of conditional release

Late Onset VM Damage:

(this is only a working overview list for the purposes of this paper and is based on Damasio’s discussion of cases of VM damage)

1. Normal IQ level
2. Ability to articulate socially/ morally appropriate responses to real-life situations
3. Low empathy
4. Lack of remorse or guilt at wrongdoing
5. Shallow emotions
6. Generally lack of significantly violent behaviour (though there are exceptions)
7. Difficulties in translating third personal, abstract moral claims to first personal, practical knowledge
8. Lack of sensitivity to the moral/conventional distinction
9. Lack of realistic, long-term plans
10. Problems with general motivation and decision making in the non-normative sphere
11. Irresponsibility
12. Risky behaviour

II. Psychopathy as anormativity

Looking at the information above, it should be evident that both psychopaths and agents with VM damage seem to be capable of talking in a meaningful way about moral issues. At least at a verbal level of providing morally appropriate responses to real-life situations. Incarcerated individuals accurately point out which of their actions were “wrong”. This is similar in the case of psychopathy and VM damage. However they also tend to frequently act in ways which are not connected, or plainly contradictory, to their professed moral statements. Traits such as “lack of remorse or guilt at wrongdoing” “Untruthfulness and insincerity” “Pathologic egocentricity” and “failure to accept responsibility for own actions” further indicate the moral deficits characterizing the disorders. However, phrases such as: “Lack of realistic, long-term plans”, “risky behaviour”, “failure to follow any life plan” clearly indicate that prudential deficits are another characteristic of both disorders. Thoughtlessness and lack of concern for themselves, exists right alongside thoughtlessness and lack of concern for others for patients suffering from the disorders. Literature concerning both disorders is full of examples of self-defeating actions, bad life choices, self-neglect and, in the case of incarcerated individuals, multiple incarceration and difficulty in modifying behaviour in such a way as to shorten sentence. Furthermore, there seems to be very little regret or self-chastising for these bad decisions. For an example, consider Cleckley’s patient “Chester”:

Whatever strange goals or pseudo-goals there may be to prompt and shape his reactions as a member of the community, these too... 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... that his characteristic acts put him in a situation [of confinement] he finds particularly disagreeable. This does not produce the slightest modification of his behavior¹⁰.

Cases of VM damage also involve problems with motivation and decision making, further impeding self-care and prudence. In his discussion of the patient EVR, Damasio describes that following the damage to his brain the patient, despite retaining intact reasoning abilities, became unable to take care of himself. He “needed 2 hours to get ready for work in the morning, and some days were consumed entirely by shaving and hair washing”¹¹. He was unable to hold a job, did not learn from his mistakes made poor decisions on a regular basis, which was at odds with his knowledge and decision-making from become the accident. Clearly not much of this can be referred to as being strictly moral in nature.

It is important to note that the types of tests used when studying the behaviour and brain activity of people with either of these two conditions target other types of judgment rather than specifically moral judgment. The Iowa Gambling Task¹² for example, which is one of the main tests that VM patients are asked to participate in, is designed to check whether the patient, through experience gains preference for more advantageous options. The Iowa Gambling Task for example involves the participants choosing cards from 4 different decks of cards with different win-loss ratio and playing for money or pretend-money. Two of the decks had higher rewards but also much higher penalties. The other two had lower rewards but also much lower penalties. The point of this test was to observe learning which packs of cards have the highest win to loss ratio and having a preference for those. Damasio recounts how non-VM damaged patients began with preferring the high reward cards, but then, because of the high penalties, switched to preferring the low-risk decks¹³. VM damaged patients on the other hand retained preference for the high loss cards.

10 H. Cleckley, *The mask of sanity: An attempt to clarify some issues about the so-called psychopathic personality*, St Louis, C.V. Mosby Co. 1976, p. 134.

11 P. J. Eislinger, A. R. Damasio, *Severe disturbance of higher cognition after bilateral frontal lobe ablation* *Patient EVR*, *Neurology* 1985, Vol. 35, No. 12, p. 1732.

12 See A. Damasio, B. Everitt D. Bishop, *The Somatic Marker Hypothesis and the Possible Functions of the Prefrontal Cortex [and Discussion]* *Philosophical Transactions: Biological Sciences*, Vol. 351, No. 1346, 1996), pp. 1413-1420.

13 See A. R. Damasio, *Descartes' error: Emotion, reason, and the human brain*, op. cit., pp. 212-217.

Damasio suggests that while VM damaged patients are still sensitive to punishments they have a preference for immediate reward¹⁴.

In a slightly different version of the test a collection of cards had been arranged in such a way that initially the player would pick out the high reward cards, however gradually the odds lowered. While players from control groups withdrew from the game as the odds lowered, psychopaths kept playing till the end of the game despite their winning vanishing¹⁵.

Through such test, as well as through general observation, it is evident that psychopaths have trouble with making and following through with “realistic long-term plans”, are irresponsible and take risky decisions. VM damaged patients not only have trouble with long-term planning, but seem to make numerous social errors. Patients suffering from both disorders then, not only display actions contrary to their professed moral judgments, but also contrary to their own long-term interests. In other words, failing in areas of prudence is equally common for psychopaths and VM patients as failing in moral ones. The question whether the phenomenon of prudential deficits is connected in a significant way to the moral deficits also typical for the patients. This is not a new idea in moral philosophy. In some sense a close tie between prudence and morality can be found in many normative theories, for example in Aristotle and his followers, but also in a more contemporary way in the works of Thomas Nagel for example. A close connection between prudential and moral thinking is also often a feature of theories of moral psychology and metaethics. Interestingly the connection also has its place in the discussion about internalism and externalism and it is on this aspect that I will focus. Most traditional internalist (and externalist) views are phrased in terms of moral judgment. Indeed, psychopathy and VM damage have been used as examples in the debate over internalism precisely as examples of intact moral judgment but problems with moral motivation. However, this internalist focus on moral judgment, while perhaps intuitive, should not be assumed too hastily.

The term “moral judgment” itself it is used in a variety of different ways to refer to judgments about what is good, judgments about duty, judgments about obligation, judgments about value. And every such different phrasing will cause the internalist thesis to look a bit different and furthermore it will influence how tenable the view is. So, for example internalism about any sort of evaluative judgment seems highly unlikely. If we phrase internalism in terms of the good, as it is often done, it is not

¹⁴ See *Ibid.* p. 213.

¹⁵ See K. Kiehl, J. Buckholtz, *Inside the Mind of a Psychopath*, ‘Scientific American’ 2010 September/October, p. 25.

evident that every goodness claim is specifically moral. Consider some possible judgments about what it would be good to do: I may, for example, believe that chocolate ice-cream is good or that Botticelli's *Spring* is good. Such judgments clearly are not what internalism should be focusing on. It is hard to see how such judgments are to be necessarily motivating when they are not even of a properly action-guiding character. They are not, in other words, judgments about what we should do and thus, they are not really practical judgments. Internalism that is the view about judgment and motivation should surely focus on judgments which concern actions as this is the realm of motivation.

But even if we focus on judgments about what it is good to do, there is a problem. Consider: one can judge that it is good to chew with one's mouth closed, that it is good to keep one's options open, that it is good to pay one's taxes, that it is good to eat a lot of vegetables, that it is good to learn foreign languages or to read Shakespeare, that it is good to keep one's promises or sort waste for recycling. Only some of these statements have a particularly moral character. The statement that it is good to keep one's promises, that it is good to recycle waste and perhaps to pay one's taxes have a specifically moral flavour. On the other hand the judgment that one ought to keep one's options open or eat a lot of vegetables seem to be judgments that involve prudential rather than specifically moral thinking.

The problem is, that it is in fact quite difficult to provide a precise distinction between moral judgments and other judgments about what it would be good to do, or what we ought to do. How do we distinguish moral, from non-moral judgments. One common candidate is content. Judgments about our interaction with others, particularly when harm to others is involved, are treated as paradigm moral issues. But this is not clear-cut. Is for example, wasting your talents a moral or prudential failure? Is showing a lack of respect for the deceased, which does not involve harming another, simply an issue of etiquette? Culturally these issues are not so easily intractable and I have yet to see a theory which provides a convincing framework for distinguishing moral concerns from concerns in other normative areas. The motivational failures of psychopathic and VM damaged agents align with this as the deficits seem to feature many different areas of what it would be good to do, whether it is morality, prudence or any other area dealing with value.

Perhaps the best way to look at it is to look at it as a feature of practical judgments regarding all manner of different norms. If we phrase internalism in terms of "I ought to, all things considered" judgments, the distinction between moral and non-moral but still normative judgments becomes less important. If such a version of internalism is correct, then it doesn't matter whether the norm in question is a norm of

etiquette, of morality or of prudence, if the agent judges this is what she should, all things considered, to do, then she will be at least minimally motivated. And it is this sphere of thinking about norms that seems to be problematic for psychopaths and VM damaged patients. Normative requirements provide us with standards of action, intention, desire, as well as epistemic standards of correctness, consistency and correct belief formation. It is within these standards that we, as normative thinkers, act and can conduct ourselves badly or well. A standard of correctness involves also the potential for self-criticism and correction. Both psychopathy and VM damage seem to involve a sort of “anormativity”. In other words a lack of concern for acting in accordance to what the agent judges she or he ought to do, all things considered, and without adherence to standards of correctness, be it in the moral, prudential or other sphere, which the agent him or herself acknowledges. If so then indeed there is a significant common root for the failures of morality and prudence in psychopaths and VM damaged patients, namely their or lack of normative orientation. This is a view taken by Jeanette Kennet¹⁶ and Gary Watson¹⁷ for example. In her important paper ‘Autism, Empathy, and Moral Agency’ Kennet makes a convincing argument that the behaviour of psychopaths should be understood as a global “indifference to reasons”¹⁸. She characterises the deficits in psychopathic agency as being characterised by a limited concern for reasons and for ends which go beyond the direct, immediate ends of the agent. Her argument is that the psychopath’s deficiencies in the realm of normativity (which, as we have seen are similar to those of VM damaged patients) lead to a limiting of their normative agency. Similarly Watson argues for a lack of normative orientation, which stems from impairments in the ability to value anything as the common source for psychopaths’ moral and prudential failures¹⁹.

This way of looking at psychopathy and VM damage is further supported by studies concerning the so called “moral/conventional distinction” which was studied in the context of psychopaths by Blair²⁰. He says:

The moral/conventional distinction is the distinction between moral and conventional transgressions found in the judgements of children and adults. Within the literature on this distinction moral transgressions have been defined by their consequences for the rights and welfare of others,

16 See J. Kennet, *Autism, Empathy, and Moral Agency*, ‘The Philosophical Quarterly’ 2002, Vol. 52, No. 208.

17 See G. Watson, XIV— *Psychopathic Agency and Prudential Deficits*, ‘Proceedings of the Aristotelian Society’ 2013, Vol. 113, Is. 3, part 3, pp. 269–292.

18 J. Kennet, *Autism, Empathy, and Moral Agency*, op. cit. p. 355.

19 See G. Watson, XIV— *Psychopathic Agency and Prudential Deficits*, op. cit.

20 R. Blair, *A cognitive developmental approach to morality: investigating the psychopath*, ‘Cognition’ 1995, Vol. 57, pp. 1–29

and social conventional transgressions have been defined as violations of the behavioural uniformities that structure social interactions within social systems²¹.

Following other literature in the area, Blair characterizes moral transgressions as violations of rights and well-being while conventional transgressions as violations of social rules which do not regard such issues. Regardless of whether this is a good way of contrasting the moral domain from the domain of social conventions or not (and whether there really is such a distinction at all), Blair's results provided some interesting insights about normative thinking as such, because it showed that that non-psychopathic agents distinguish between transgressions that do not depend on rules or authority and those that do. Psychopathic agents, however, treat all transgressions as being the same. The transgression is wrong only to the extent that they break some rule. In Blair's experiment, subjects (psychopaths and non-psychopaths) were told hypothetical stories which they had to assess on the basis of how wrong the events in these stories are, and the reasons why they are wrong. Blair says:

The stories used to measure the moral/conventional distinction were all taken from the literature. The four moral stories involved a child hitting another child, a child pulling the hair of another child and the victim cries, a child smashing a piano and a child breaking the swing in the playground. The four conventional stories involved a boy child wearing a skirt, two children talking in class, a child walking out of the classroom without permission and a child who stops paying attention to the lesson and turns his back on the teacher²².

The subjects, (all inmates who had committed violent crimes) were then asked some questions:

After the transgression scene had been presented, the subject was asked four questions:

(1) "Was it OK for X to do Y?" (Examining the subject's judgement of the permissibility of the act.)

(2) "Was it bad for X to Y [the transgression?]" and then "On a scale of one to ten, how bad was it for X to do Y [the transgression]?" (Examining the subject's judgement of the seriousness of the act.)

(3) "Why was it bad for X to do Y [the transgression]?" (Examining the subject's justification categories for the act.) (Blair 1995, 16).

21 Ibid. p. 5.

22 Ibid. p. 15.

The subjects were all diagnosed with psychopathy, while the control group was non-psychopathic. The crimes were of a similar calibre (it is important to notice that here too the subjects provide general, third-personal judgements). They were only inquired about whether it was “OK for X to do Y” and whether it was bad. It is important to note that the judgments were not practical ought judgments, but rather they were judgments about what is good, acceptable or OK. So the patients said nothing about what they, themselves ought to do.

The results indicated that the non-psychopathic participants of Blair’s test regarded some transgressions (such as violence or destruction of property) as serious, impermissible and not dependant on any sort of authority forbidding them, while they regarded other transgressions (for example wearing gender-inappropriate clothing or speaking out of turn) as less serious, generally permissible and depending strongly on context and authority. When explaining the reasons for judging some actions as wrong they referred to the welfare of the individuals involved. On the other hand, psychopaths made no such distinctions, actually treating conventional transgressions as just as serious and impermissible as the moral ones, so treating both moral and conventional rules as the same type of rule. When explaining their judgments, however, they tended to refer to more abstract notions of justice, right and wrong.

Blair’s results suggested that the moral reasoning of psychopathic agents differs significantly from that of non-psychopaths due to the lack of sensitivity of psychopathic participants to distinctions between what Blair calls moral and conventional requirements. Psychopaths, unlike non-psychopathic participants, did not differentiate between wrongness of actions. They viewed all cases of wrongness as depending on rules and authority not on personal harm for example. In the literature considering this distinction, moral transgressions were defined as having influence on the rights and welfare of others while conventional transgressions were those which violate accepted behavioural patterns which structure social systems²³. For non-psychopathic subjects transgressions were judged to be more serious if they involved harms to people’s welfare/health and did not depend on anyone’s authority. Transgressions which were judged as depending on rules and authority were generally judged as less serious. Other studies have shown that children appear to make such distinctions already at the age of 39 months²⁴.

23 See Ibid; J. G. Smetana, P. Squith, *Adolescents’ and parents’ conceptions of parental authority*, ‘Child Development’, 1988, Vol. 59, No. 2, pp. 321-35; M. Tisak, E. Turiel, *Variation in seriousness of transgressions and children’s moral and conventional concepts*. ‘Developmental Psychology’, 1988, Vol. 24, No. 3, pp. 352–357.

24 See J. Smetana, J. Braeges, *The development of toddlers’ moral and conventional judgments*, ‘Merril-Palmer Quarterly’ 1990, Vol. 36, pp. 329-346.

We might not be convinced about the moral/conventional terminology. Should the moral be characterized as involving only personal harm for example? Also the notion of a conventional transgression is a tricky one – we might think that some moral transgressions are also conventional (for example being very rude to someone can be a conventional transgression which causes a person significant distress). In other words, conventional transgressions can have a moral dimension. We might also worry that to a large extent the moral/conventional distinction might be largely culture specific; what is classified as a moral transgression in one culture might be classified as a conventional transgression in another. However, it seems to me that what is really important about the research concerning the moral/conventional distinction is not the content of the distinction (which actions are moral and which are conventional) but rather that such a distinction is made at all and that psychopaths fail at making this distinction. This evidence seems to support the notion of anormativity as a feature of psychopathy because it suggests that the way psychopathic agents think about norms is simply like thinking about rules. It seems to me that the ability to differentiate between less significant requirements that are purely dependent on authority or laws, and more significant requirements which are independent to any authority/laws is an important element of being capable of making an all-things considered ought-judgment. In making the moral/conventional distinction an agent thinks about her actions within the context of certain norms and as subject to certain requirements which is an important element of reasoning about what one ought to do.

Even if we are not convinced that performance on the moral/conventional distinction can be seen as indicative of a limited normativity however, there is further evidence that suggests not only limitations in practical, but even epistemic normativity. The linguistic peculiarities and the statements of psychopathic patients, (the issue has, as far as I am aware not been studied in the context of VM damaged patients) suggest only a very limited concern for consistency or coherence in what they say. Kennett and Matthews 2008, p. 224) where they argue that psychopaths “generally are quite unconstrained by rational requirements of accuracy, intelligibility, and consistency”²⁵.

To illustrate, consider for example the following statements from psychopathic patients:

25 J. Kennett, S. Matthews, *Normative Agency*, [in:] *Practical identity and narrative agency*, ed. C. Mackenzie and K. Atkins, London: Routledge 2008, pp. 210–31.

“When asked if he had ever committed a violent offence, a man serving time for theft answered, ‘no but I once had to kill someone’²⁶.

“My mother is a beautiful person, but I worry about her. She works too hard. I really care for that woman, and I’m going to make it easier for her. When asked about the money he had stolen from her he replied, »I’ve still got some of it stashed away, and when I get out it’s party time«²⁷.

Passages like this appear contradictory, not perhaps in a strict sense, but the implications of parts of the statements appear thoroughly at odds with others. Calling one’s mother “a bitch” is at odds with calling her a beautiful person whom one wants to help. The evaluative, or normative language seems to be used by psychopaths in such a way that the implications of these words simply do not follow. They appear as if the speakers themselves were confused as to the real meaning of the words used. One way to understand this linguistic peculiarity is to assume that psychopaths lack of sensitivity to the meaning of evaluative terms. While understanding evaluative terms in a strict sense, psychopaths are not aware of what these terms imply. Kiehl, Hare, McDonald, and Brink compare the processing of abstract words (e.g. Justice) was to the processing of concrete words such as “table”²⁸. They found that criminal psychopaths tended to make more errors when classifying abstract words. Other studies indicate that psychopaths have difficulty processing emotional stimuli in language²⁹.

Problems with affective and semantic language processing can be partly the reason for the peculiarities of the inconsistent, sometimes contradictory way of speaking. But another part of it seems to be the general anormativity discussed earlier. Kennet and Fine³⁰ argue that normative requirements are ones which persist over time, also in the absence of inclination and that this is unavailable to the psychopath. While I do not know of any studies done in this area for VM damage, some cases of VM damaged patients discussed by Damasio seem to share certain similarities in the dissociations between the statements of VM damaged patients. Furthermore, Damasio argues extensively that one of the characteristics of VM damage is problems with emotional and affective processing, perhaps to an even greater degree than

26 R. D. Hare, *Without conscience...*, op. cit., p.125.

27 Ibid. p. 138

28 K. Kiehl, R. Hare, J. McDonald, *Semantic and affective processing in psychopaths: an event-related potential study*, ‘Psychophysiology’ 1999, Vol. 36, pp. 765-774

29 See J. Johns, H. Quay, *The effect of social reward on verbal conditioning in psychopathic and neurotic military officers*, ‘Journal of Consulting & Clinical Psychology’ 1962, Vol. 26, pp. 217-220.

30 See J. Kennett, C. Fine, *Internalism and the Evidence from Psychopaths and ‘Acquired Sociopaths’* [in] *Moral Psychology Volume 3: The Neuroscience of Morality: Emotion, Disease, and Development*, ed. W. Sinnott-Armstrong, Cambridge (MA), MIT Press 2008, p. 178.

in the case of psychopathy. The emotional deficiencies are such that, according to Damasio, VM damaged patients ability to value anything is greatly limited. Consider Damasio's account of one of his patients:

Elliot was able to recount the tragedy of his life with a detachment that was out of step with the magnitude of the events. He was always controlled, always describing scenes as a dispassionate, uninvolved spectator. Nowhere was there a sense of his own suffering, even though he was the protagonist³¹.

Other cases which Damasio discusses share this feature; the patients seem to be disaffected even to the point of not being particularly sad about their lives going badly, by their own failures and suffering. It would not be surprising if this sort of deficiency limited, or impaired an agent's normative thinking. This idea is explored in detail in Watson's paper 'Psychopathic agency and prudential deficits'³². Watson identifies problems with valuing as precisely the reason behind the anormativity of psychopath. He argues that it is because of the deficiencies in the ability to value that grounds the anormativity of psychopaths. Pointing out Cleckley's research he says:

On Cleckley's account, a common ground of psychopaths' prudential and moral shortcomings is the incapacity to value anything whatsoever (where valuing as before, entails at a minimum commitment to ends as standards of self-correction). This explains the sense in which psychopaths appear to be bound within the horizons of their present inclinations: their practical perspectives are constricted to the dictates of the impulses with which they happen to find themselves. In that sense, nothing is normative for them—anything goes³³.

If psychopaths and VM damaged patients are similar in their limited sense of valuing, and if Watson is correct to assume that valuing requires a commitment to treating one's goals as standards of self-correction, then this seems to further support the notion of anormativity as a feature of both psychopathy and VM damage.

III. Anormativity and Motivational Internalism

The question now is how does the "anormativity" of psychopaths and VM damaged patients relate to the issue of internalism? As we have seen in the beginning of

31 A. R. Damasio, *Descartes' error: Emotion, reason, and the human brain*, op. cit. p. 44

32 G. Watson, *XIV— Psychopathic Agency and Prudential Deficits*, op. cit.

33 *Ibid.* p. 280.

the paper, some philosophers wished to use either psychopathy or VM damage as providing counterexamples to internalism because the disorders seem to involve intact reasoning abilities but significant failures, perhaps even complete indifference, of moral motivation. However, the failures of moral motivation are not isolated in either case. They share a common ground with prudential and even epistemic failures; namely a lack of normative orientation. If we allow that the psychopath's and VM damaged person's lack of motivation is an impairment on a broadly normative level rather than on a purely moral one, will this change how useful these cases are for a discussion of internalism? Because psychopathy and VM damage are characterised by a general anormativity rather than just failures of motivation suggests that these disorders cannot be treated as directly proving or disproving MI in the way it had traditionally been phrased. This is because the counterexamples to internalism can only work if it can be established that the agent makes a sincere moral judgment and lacks all motivation. Only in such a case do we have a situation in which it is clear that the connection between motivation and moral judgment is defeasible. If the failures of motivation in these cases are not an issue of a defeasible connection between moral judgment and motivation but rather a general problem in normative thinking then the internalism is not threatened.

That said, we might argue that because moral judgment is a sub-category of normative judgment, then the anormativity of psychopaths and VM damaged patients is still a problem for internalism because in this case what we have is a defeasible connection between the whole class of normative judgments and motivation. In other words, we can accept that indeed the failures of psychopaths and VM damaged patients encompass more than morality in a strict sense but rather the whole normative sphere but this only means that these disorders can serve as counterexamples to both a normative-wide internalism as well as internalism phrased in terms of morality.

The problem with this response is that it requires us to assume that psychopaths and VM damaged patients make sincere normative judgments which then are not connected to any motivation. However as we saw the discussion about the prudential, and other normative deficiencies characterising the disorders, does not indicate this. Quite the contrary – it seems that the problems with normativity is not at the level of motivation at all, but rather on the level of normative thinking. If the arguments earlier in the paper were correct then it is not that psychopaths or VM damaged patients see themselves as bound by normative constraints which they are simply have no motivation to follow them but rather it seems that they appear not to recognize them as such or at least to the degree that most people do. Their

lack of concern their own safety, proneness for taking risks and for consistency of statements, all suggest not only a indifference to the normative sphere but rather a type of “blindness” to it. This certainly seems to be the conclusion suggested by Cleckly in his analysis of psychopathy:

in contrast with all the various diversities of viewpoint and degrees of conviction found among ordinary people, the so-called psychopath holds no real viewpoint at all and is free of any sincere conviction in what might be called either good or evil³⁴.

Given such an extent of anormativity and limited sense of value in psychopathic and VM damaged agents, can we truly say that their normative judgments are sincere? If the argument against internalism is supposed to work, then the agent in question must possess intact normative reasoning. Valuing and responding to normative constraints are important aspects of this normative reasoning, and we have seen that their the scope is limited and clearly differs from persons not suffering from psychopathy or VM damage. The anormativity of psychopaths and VM damaged patients encompasses too much aspects of general normative thinking to simply see it a case of intact judgment and lack of motivation.

If the above arguments were correct however, the disorders are of great relevance to the issue of motivational internalism, though not in such a straightforward way. Rather than simply counterexamples which can prove or disprove internalism, we should treat them as indicating that moral judgment should not be seen as something which can be cleanly pulled apart from other areas of normative thinking. The prudential, epistemic and generally normative deficiencies in psychopaths and VM damaged patients should indicate to us that issues of moral motivation are closely connected to other normative spheres. This further supports the idea that internalism should be phrased in terms of of all-things-considered ought judgments rather than strictly moral judgments. While the issue of moral motivation is not likely to be solved empirically, it is important to keep our theories well-grounded in the natural reality and a careful look at motivation influencing personality disorders like psychopathy and VM damage can help us do that.

³⁴ H. Cleckley, *The mask of sanity: An attempt to clarify some issues about the so-called psychopathic personality*, op. cit. p. 371.