Izvorni znanstveni članak / Original scientific paper Diacovensia 33(2025.)I, II-32 Received: 07/2023; Accepted: 02/2024 UDK/UDC: 17:616.89 https://doi.org/10.31823/d.33.I.I

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Narrative approaches to the morality of persons with antisocial personalities: some philosophical considerations

Narativni pristupi moralu osoba s antisocijalnim ličnostima: filozofska razmatranja

Summary: From a philosophical perspective, we investigate some conceptual and methodological issues concerning the narrative approach in studying the moral understanding and reasoning of individuals with antisocial personalities and psychopathy. We deal with two kinds of issues: those relating to the epistemic and referential status of narratives in general and psychotherapeutic narratives in particular; and those relating to the role that narrative can have in scholarly engagements with mental disorders. Although we do not decide on the ultimate empirical validity and fruitfulness of data gathered using these narrative approaches, we defend philosophically their plausibility and support the further development of these methods and their application to studying the »moral landscape« of individuals with antisocial personality disorder.

Keywords: narrative approaches in psychiatry; moral identity; antisocial personality disorder; psychopathy; epistemic reliability of personal narrations.

Sažetak: Iz filozofske perspektive istražujemo neka konceptualna i metodološka pitanja koja se odnose na narativni pristup proučavanju moralnoga razumijevanja i razmišljanja osoba s antisocijalnim osobnostima i psihopatijom. Bavimo se dvama problemima: (I) epistemički i referentni status naracija općenito i psihoterapijskih naracija posebno; (II) uloga koju naracija može imati u znanstvenim pristupima mentalnim poremećajima. Iako ne donosimo konačni zaključak o valjanosti i plodnosti podataka pri kupljenih tim narativnim pristupima, ipak, filozofski branimo njihovu vjerodostojnost i podržavamo daljnji razvoj tih metoda i njihovu primjenu u proučavanju moralnoga krajolika osoba s poremećajem antisocijalne osobnosti. Ključne riječi: narativni pristupi u psihijatriji; moralni identitet; antisocijalni poremećaj lično-

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33(2025.)1

Introduction

The ascription of moral or legal responsibility to individuals with antisocial personalities is a challenging problem that involves interrelated empirical and conceptual issues. Philosophers and legal scholars have mostly engaged in this discussion by focusing on offenders with psychopathy (Kiehl and Sinnott-Armstrong; Malatesti and McMillan). Deficits in emotional responses, impulsivity, and an antisocial lifestyle characterise psychopathy. This condition, especially due to the Psychopathy Checklist-Revised (PCL-R), a diagnostic measure elaborated by Robert Hare (Hare, *Manual for the Revised Psychopathy Checklist*), is the focus of extensive scientific research in the last years (Patrick, *Handbook of Psychopathy*).

The practical debate on the responsibility of individuals with psychopathy has centred around the specific incapacities or limited capacities that they might have in grasping and being motivated by moral considerations, that is, reasons that recommend appropriately considering the interests and rights of others (Malatesti and McMillan). In fact, several accounts of moral responsibility and some influential accounts of criminal responsibility require that an agent should be capable of grasping moral considerations and be capable of acting or refraining from acting based on this understanding (Talbert; Yannoulidis).

Although some have argued that individuals with psychopathy are affected by a deficit in moral understanding that undermines at least partially their moral responsibility (Fine and Kennett; Levy; Malatesti; Morse; Prinz), more recently, many agree that neuropsychological research that uses paradigms in controlled conditions leaves this practical issue open (Adshead, 'The Words but Not the Music'; Jalava and Griffiths, 'Philosophers On Psychopaths'; Jefferson and Sifferd; Jurjako and Malatesti, 'Instrumental Rationality in Psychopathy'; Jurjako and Malatesti, 'Neuropsychology and the Criminal Responsibility of Psychopaths'; Maibom, 'What Can Philosophers Learn from Psychopathy?'; Schaich Borg and Sinnott-Armstrong).

We argue that, at least for the kind of practical applications we are considering, several paradigms used to study the "moral landscape" of individuals with psychopathy are characterised by a too narrow focus on specific performances in responding to very specific stimuli. Based on the empirical work of some researchers (Adshead, 'Psychopaths and Moral Identity'; Adshead, 'The Words but Not the Music'; Adshead et al.; Glenn et al.; Glover), we maintain that a narrative approach to the study of the specific "moral landscape" of at least some individuals with psychopathy or antisocial personality disorders could offer a suitable way of investigating their moral capacities or incapacities and, thus, their responsibility.

In this paper, from a conceptual-philosophical perspective, we offer some considerations to support the idea that methods elaborated within narrative psychiatry can gather data concerning the moral understanding of individuals with psychopathy. However, this approach raises many general issues that we will address. Two classes

seem to prevail: those relating to the epistemic and referential status of narrative in general and psychotherapeutic narratives in particular, and those relating to the general issue of the narrative's role in scholarly engagements with mental disorders.

We proceed as follows. In the next section, we argue that neuroanatomic and behavioural evidence often used to conclude that individuals with psychopathy lack or have a severely impaired moral understanding does not support such a conclusion. We briefly set out some limitations of the paradigms currently used in investigating their moral capacities. Based on proposals already present in the literature, we suggest that approaching these individuals' moral identity could be, at least in a case-by-case way, a more informative way to decide how to respond to their crimes or antisocial acts. In the second section, we offer an overview of the narrative paradigm in psychiatry. In the next section, we discuss the relation between narratives and morality, focusing on emotions. In the fourth section, we offer a philosophical defence of a type of narrative approach to the "moral landscapes" of individuals with psychopathy. Finally, we describe some examples of this narrative approach.

1. Moral understanding in individuals with psychopathy

A pioneering and influential account of psychopathy has been offered by Hervey M. Cleckley in *The Mask of Sanity* (Cleckley). This classical clinical description has offered the ground for an operational definition advanced by Robert Hare, the Psychopathy Checklist, PCL (Hare, 'A Research Scale for the Assessment of Psychopathy in Criminal Populations'), then elaborated into the Psychopathy Checklist-Revised (PCL-R) (Hare, 'Psychopathy Checklist — Revised'). The PCL-R is used to assess psychopathy, employing semi-structured interviews and thorough examination of the subject's background (including criminal records and institutional files) to ascertain whether an individual satisfies the following twenty criteria:

- Glibness/Superficial charm
- Grandiose sense of self-worth
- 3. Need for stimulation
- 4. Pathological lying
- 5. Conning/Manipulative
- 6. Lack of remorse or guilt
- 7. Shallow affect
- 8. Callous/Lack of empathy
- 9. Parasitic lifestyle
- 10. Poor behavioural controls
- 11. Promiscuous sexual behaviour
- 12. Early behavioural problems

- 13. Lack of realistic, long-term goals
- 14. Impulsivity
- 15. Irresponsibility
- 16. Failure to accept responsibility
- 17. Many short-term marital relationships
- 18. Juvenile delinquency
- 19. Revocation of conditional release
- 20. Criminal versatility. (taken from Hare, *Manual for the Revised Psychopathy Checklist*).

If an item does not apply to an individual, it is assigned the value of 0; a value of 2 indicates that the item applies, while a value of 1 signals that although there is some information indicating that an item might apply to an individual, the evidence is not conclusive. While in America and Canada, 30 or more points are taken to signal the presence of psychopathy, in Europe, the cut-off value is usually 25 (Hare, *Manual for the Revised Psychopathy Checklist*). The use of PCL-R to assess psychopathy has constituted a unifying measuring tool that has significantly contributed to the establishment of a research paradigm. So, a considerable amount of research has been carried forward to establish the psychological, neurocognitive, neuroanatomic, and genetic underpinnings and correlates of psychopathy (Patrick, *Handbook of Psychopathy*).

A view of individuals with psychopathy that had an impact on the work of philosophers (in moral psychology, metaethics, and responsibility studies) and legal scholars concerning the application of insanity defences or diminished culpability is that individuals with psychopathy lack moral understanding. This is the capacity to grasp, in general, whether specific actions are morally permissible. A dominant view in the field of psychiatry (i.e., in the philosophical approach to psychiatry) is that one of the fundamental 'errors' in the mental economy of individuals with psychopathy is their alleged incapacity to engage with their own emotions and to acknowledge the emotions of others and act on this recognition or care for it. Some authors have taken this view to imply that individuals with psychopathy lack moral understanding and, thus, are not morally or legally responsible due to specific emotional impairments that afflict their empathic response (see, for instance Morse). However, some have contested the legitimacy of this inference and recommended more caution in deriving practical conclusions based on the current scientific knowledge about psychopathy (Jalava and Griffiths, 'Philosophers on Psychopaths'; Jurjako and Malatesti, 'Neuropsychology and the Criminal Responsibility of Psychopaths'; Maibom, 'Without Fellow Feeling'; Maibom, 'What Can Philosophers Learn from Psychopathy?').

When considering the results of scientific studies on individuals with psychopathy to their moral or legal responsibility, it is essential to assess their scientific validity and their significance for the assessment of responsibility. For example, in discussing the responsibility of offenders with psychopathy, philosophers and legal

scholars have often invoked neuroimaging studies (based on fMRI, MRI, and PET techniques) that point to some peculiarities in the neuroanatomy and neurophysiology of individuals with psychopathy (for a critical survey of these ethical or legal discussions, see Jalava and Griffiths, 'Psychopathy'). One problem is that due to "neuro-hype", these practical studies might fail to appreciate the limits of current neuroscientific investigation of psychopathy. For example, philosophers and legal scholars, due to a too selective reading of the scientific literature, might fail to consider methodological shortcomings in this literature or contrasting results (Jalava and Griffiths, 'Psychopathy'; see also Schaich Borg and Sinnott-Armstrong). However, even independently from the issue of the scientific robustness of neuroscientific evidence, another source of concern should be its relevance to the practical issues under investigation. For example, although some might share the neuroanatomical features of individuals with psychopathy discovered so far, they do not need to manifest their behaviour or psychological features (see, for instance, Fallon).

Similarly, studies about startle reflex that show that individuals with psychopathy have a characteristic response to sudden threatening stimuli (Patrick, 'Emotion and Psychopathy: Startling New Insights'), or studies concerning their electrodermal response in solving tasks or in responding to images of distressed people (Blair et al.; Flor et al.; Lykken; Ogloff and Wong), have been taken to show that individuals with psychopathy might lack morally relevant capacities. However, it has been argued convincingly that even conceding the experimental robustness of these data, there are alternative interpretations that discourage taking them to be evidence for undermined moral capacities or moral understanding (Maibom, 'Without Fellow Feeling'). This suggests that more direct ways of measuring the moral capacities of individuals with psychopathy should be considered in discussing their moral or legal responsibility.

An often-cited study by James Blair (Blair) appeared to offer results that were directly relevant to the issue of the moral responsibility of individuals with psychopathy (for a critical discussion of other experimental paradigms taken to be relevant in this debate, see Schaich Borg and Sinnott-Armstrong). Blair used with these individuals the moral/conventional task; an experimental paradigm developed by Elliot Turiel (Turiel). In this task, certain transgression scenes are read to the participant. Blair used three eight stories for his experiment:

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 ... 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 teacher. (Blair 14)

After a transgression scene has been presented, the subject is asked specific questions about its permissibility, seriousness, the justification of its badness, and the dependence of such a badness on the presence of rules and authorities enforcing them. In Blair's experiment, these questions were:

(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 do [the transgression?] and then "On a scale of one to ten, how bad was it for X to do [the transgression]?" (Examining the subject's judgement of the seriousness of the act.)
- (3) "Why was it bad for X to do [the transgression]?" (Examining the subject's justification categories for the act.)
 - The subject was then told: "Now what if the teacher said before the lesson, before X did [the transgression], that "At this school, anybody can Y if they want to. Anybody can Y." The subject was then asked a final question:
- (4) »Would it be OK for X to Y if the teacher says X can?« (Examining the rule's authority jurisdiction.). (Blair 14)

Experimental studies with the convectional/moral task have shown that individuals, by answering questions such as (1) - (4), have taken to offer evidence for the fact that we distinguish two different classes of transgressions, moral and conventional ones (Turiel). Using, for instance, Blair's scene of transgressions, non-psychopathic adults, and even children, would rate the transgression of "a child hitting another child" as less permissible, more serious, and dependent on the presence of contingent rules and authorities that prohibit it, than the transgression "a child who stops paying attention to the lesson and turns his back on the teacher". The former is an example of a moral transgression, as opposed to the latter, which is a conventional one. Moreover, individuals will justify the badness of the transgression of hitting a child insofar as it causes the victim pain and discomfort, so relating moral transgression to harm to others.

According to Blair, his study revealed that:

while the non-psychopaths made the moral/conventional distinction, the psychopaths did not; secondly, and in contrast with predictions, that psychopaths treated conventional transgressions like moral transgressions rather than treating moral transgressions like conventional transgressions; and thirdly, and in line with predictions, that psychopaths were much less likely to justify their items with reference to *victim's welfare*. (Blair 20)

These conclusions had an impact on the practical debates on the responsibility of offenders with psychopathy. In fact, some have assumed that these conclusions show that these individuals should not be held responsible (Fine and Kennett; Levy; Malatesti).

However, Blair's conclusions, and thus the philosophical extrapolations based on them, have been challenged. Firstly, there are unresolved debates on whether the moral/conventional task measures moral understanding (Kelly et al.; see also Machery and Stich). Moreover, and more decisively, further empirical studies did not replicate Blair's results (Aharoni et al., 'Can Psychopathic Offenders Discern Moral Wrongs? A New Look at the Moral/Conventional Distinction.'; Aharoni et al., 'What's

Wrong?'; Dolan and Fullam). However, other types of investigations of the morality of individuals with psychopathy have been attempted.

Over the years, Gwen Adshead and her collaborators have developed an approach to the study of the morality of individuals with antisocial personality and psychopathy that differs from the ones considered so far (Adshead, 'Psychopaths and Moral Identity'; Adshead, 'The Words but Not the Music'; Adshead et al.). Instead of testing the moral competences of individuals with antisocial personalities or psychopathy by measuring their responses to predefined questions, they have attempted to understand their views on and personal engagement with moral issues.

The notion of moral identity is pivotal in this approach. Moral identity in psychology is understood as the system of commitments that are central to one's identity (Hardy and Carlo). This view highlights a notion of moral identity that is characterised by the central role of the overall perspective of the agent. So, according to this account, the moral identity of an individual is the system of explicit or implicit endorsements of specific moral values and principles that guide their reasoning about moral issues and their behaviour in morally significant contexts. So, for instance, a commitment to morality is not just expressed by judgements about what renders certain violations immoral or against the conventions as investigated by the conventional/moral paradigm. Instead, an individual's morality depends on the agent's perspective: the principles and values considered relevant for the person she is. There is also some empirical evidence that shows that the conduct of an individual, more than her capacity to distinguish what is taken to be moral, depends on her explicit view of what is essential to her moral identity (see, for instance, the metaanalysis Hertz and Krettenauer). In our discussion, we do not take a stance on the important debates on the nature, explanation, and origin of moral identity (for instance, see Hardy and Carlo). Instead, we focus on a methodological approach to the study of moral identity broadly understood.

Gwen Adshead has argued that a narrative approach should be used to address the moral identity of individuals. Broadly speaking, this approach is aimed at capturing the moral perspective of the agent by focussing on *what* she says and *how* she says it by analysing her productions of narratives (Adshead et al.). There are different exemplifications of this approach to the moral perspective of the agent. Some might directly investigate the agent's explicit views on morality and how she regards herself about moral issues. This research is well exemplified by the work of the philosopher Jonatan Glover, who has conducted, with institutionalised individuals with antisocial personalities, "Socratic interviews" aimed at determining their views on morality and whether and why they considered themselves moral persons (Glover). However, Adshead recommends a narrative approach also to uncover, less directly, evidence that is relevant to the general perspective of an individual about morally relevant issues (Adshead 2014). We will consider some examples of this latter indirect approach in the last section of this paper. However, in the next section, we focus first on the significance of narrations for psychology and psychiatry.

2. The »narrative turn« in psychiatry

The narrative turn that has been pervading much of recent humanistic studies (McGregor) has made itself present in the domain of medicine and psychology (Charon 200; László; Lewis, 'Democracy in Psychiatry: Or Why Psychiatry Needs a New Constitution'; Roberts and Holmes). More specifically, the narrative approach to psychiatry – an approach that focuses on patient's narratives, sometimes even giving precedence to them over biological data – is now considered a potentially valid source of data that can help understand, analyse, and treat mental disorders (Hamkins; Lewis, *Narrative Psychiatry*). In what follows, we will present this approach and suggest some of the reasons why it may help us understand the complexities of moral reasoning in individuals with psychopathy.

The reason we attach such importance to narratives has primarily to do with findings by experts in the field of psychiatry, who emphasise the diagnostic value of patients' narratives for understanding and treating various kinds of disorders (see primarily Roberts and Holmes). Such views align with those of cognitive scientists and literary scholars who repeatedly emphasise the explanatory power of narratives, particularly in comparison to other forms of data-organization (Carroll; Gallagher, 'Pathologies in Narrative Structure'; Hutto, 'Narrative Understanding'). Narratives reveal causal relations among the events, and they also reveal the meaning that one attaches to these events. As Hutto explains:

narratives afford a unique kind of understanding of the way real or imagined events relate and the various perspectives that can be taken towards such events. (Hutto, 'Narrative Understanding' 291)

In addition to the explanatory power of narratives, our reliance on narrative psychiatry is motivated by the view that narratives are the most effective vehicles for expressing one's experiences, emotions, beliefs, desires, and other mental states. Janos Laszlo, another fervent advocate of the narrative approach to psychiatry, emphasises this in his comment on the kinds of stories people say about themselves:

Subjective perspective, meaning based on experience and the ability to reflect on it consciously are expressed by specific linguistic patterns in stories about the self. (123)

Following this claim, we start from the assumption that one's experience is given expression via the narratives one recounts because narratives give shape to one's first-person experience and enable one to share that experience with others (Goldie, *The Emotions*). We can learn a lot about what others do and why and how they feel based on the narratives they tell about their experiences. Furthermore, one's understanding of oneself and one's relation to the environment can only be accounted for in narrative terms, as can one's understanding of others (Goldie, 2002; Hutto, 2007, 2016). In Hutto's words:

we gain a narrative understanding of what someone has done and why if we are provided with a coherent and revealing account that provides details of how a specific series of events unfolded and what those involved in such goings-on thought and felt about them. (Hutto, 'Narrative Understanding' 291)

As numerous philosophers and psychologists argue, narratives are important for one's sense of selfhood and for the self's traits because narratives organise the self's relation to the world (Gallagher, 'Self-Narrative, Embodied Action, and Social Context'). We cannot think about ourselves in any other way except in terms of a narrative (though this is not to argue, as some do, that by telling narratives about ourselves, we create ourselves (see Hutto, 2007; Zahavi 2007), and we manage to understand others once we have a narrative that connects their mental states to their actions. In other words, narratives help us make sense of intentional actions because they make salient the connection between one's intentions (beliefs, desires, etc.) and actions.

We predict that, by attending to the narratives that individuals with psychopathy narrate, we can gain relevant information about their condition that is unavailable from the biological and medical data regarding the brain (i.e., those obtained employing neuroimaging studies). This information can enable us to understand better what constitutes their experiences and the distinctive way they engage in the process of moral reasoning. However, the data made available from these narratives are to be treated as additional to biological and behavioural ones, meaning that they supplement, rather than substitute, them.

The underlying assumption in this paper is that the narratives of individuals with psychopathy are authentic reconstructions of their experience, meaning that they represent a particular experience as felt subjectively by the relevant person from their point of view. Because such narratives can provide access to the process of reflection and moral reasoning of an individual, they can give us the most privileged access to her mental state. Recall Hutto's claim that narratives reveal what someone has done and why: if that is the case, and if individuals with mental disorders or with psychopathy provide narratives about their experience - for example, how they experienced a particular moral dilemma and what kind of reasons they found relevant in the process of choosing how to respond to that particular moral issue – then their narratives can reveal why they decided to act as they did and how that decision felt to them, what made that decision intelligible to them (even if it is not intelligible to those who do not have psychopathy). Arguably, this is precisely what we are trying to understand when we discuss the issue of moral identity and moral reasoning of individuals who seem incapable of making socially acceptable moral choices due to their mental impairments.

Our starting point is to treat narratives told by individuals with psychopathy as phenomenologically privileged, authoritative, and explanatory sources of data about how these individuals see the world and understand their experience of it. They are privileged and authoritative because they are told from the first-person perspective on the experiences one undergoes, i.e., they reveal how an individual herself experi-

ences the world (i.e., how the world presents itself to the person). For this reason, we believe such narratives are explanatory: by attending to the details of one's narrative, we can reconstruct the intentions, desires, and beliefs that have guided one's reasoning and actions. Thus, we might get a better understanding of the impairments that individuals with psychopathy experience in their dealings with the world.

However, the authority of these narratives is limited to the individual's perspective and does not extend to other data related to any specific medical condition or the world at large. Narratives are relevant for the theoretical and practical conclusions we reach about individuals with psychopathy but are not alternative to other data available via medical examination. We do not consider these narratives exclusively authoritative (i.e., they can be overruled by the physical evidence relating to the brain). However, they have a certain phenomenological authority in that they give us access to 'what it is like' for individuals with psychopathy to evaluate a particular situation in a certain way or to experience an event. Narratives can help explicate the details of moral choices and dilemmas, particularly given that much of our moral reasoning involves emotions. Given that it is commonly assumed that individuals with psychopathy have emotional deficits, a lot is to be gained by attending to how individuals with psychopathy construct narratives regarding specific moral issues or how they respond to such narratives because these narratives can tell us something about the way individuals with psychopathy process different emotions. Let us then take a closer look at how one's narratives relate to one's emotional experience.

3. Narratives, emotions and moral reasoning

Over the past few decades, analytic philosophy has become more and more appreciative of the relevance that emotions have for humans (see Ben-Ze'ev; Damasio; Goldie, *The Emotions*; Goldie, *The Mess Inside*; Nussbaum, *Upheavals of Thought*; Oatley; Roberts; Robinson; Solomon). By now, Plato's views on the irrationality of emotions and his reasons for urging people to restrain from emotional experiences have been sufficiently discarded, and emotions are recognised for their contribution to the well-being and proper functioning of human beings. Mainly under the influence of Ronald de Sousa (De Sousa), it has been claimed that emotions do not stand opposite to but hold hands with reason and thus make up for a crucial part of our rationality. Although emotions have a biological basis and are conditioned by our neurobiology, they also relate to higher-order cognitive processes.

Many scholars nowadays argue that emotions differ from pure bodily sensations or affects because they involve a kind of appraisal, whether conscious or not, of a particular object or situation in our environment that is somehow relevant to us. For example, anger develops in response to a perceived injury or deliberate mistreatment, and fear arises when one recognises that a situation could be dangerous. While philosophers differ in how precisely to account for this aspect of emotions –

some, like Robert Roberts (Roberts), argue that it is a kind of perception, and some, like Martha Nussbaum ('Emotions as Judgments of Value and Importance'), think this element can involve judgments – they agree that emotions tell us something about how we perceive or evaluate our immediate environment. This is why emotions often motivate us to respond in a certain way or to act to either further the goal or avoid the obstacle: when we judge or perceive a situation as dangerous, we recognise that it represents an obstacle to our survival. We, therefore, need to act – fight or flee – which is why emotions involve action tendencies and why they quickly mobilise the underlying neurophysiological mechanisms which enable our bodies to engage in relevant actions, for example, when our hearts start beating faster to provide for more oxygen, which in turn allows us to run faster and hit harder.

The relevant question here is how to properly understand the impact of emotions on our moral reasoning. In this form, the question goes beyond our interest here, but we should point out that in many cases, appraisals which give rise to a specific emotion relate to one's moral identity – as philosopher Ben-Ze'ev argues, "emotions stem from a personal concern« (265). When some such concern is related to some moral norms or rules, one's emotions will be indicative of one's moral values because certain emotions develop in response to a certain moral value that is important to one. To give a somewhat simplified example, an agent who holds justice as a morally important value will respond with anger to the perceived violation of justice (even when she is not directly affected by it), whereas someone who does not value justice may fail even to acknowledge the violation has taken place. This shows another relevant aspect of our emotions: the fact that they are related to our character and character traits. As Peter Goldie argues, our:

character traits are very closely intertwined with emotion and mood: it is often a subtle matter of interpretation to determine whether a certain psychological phenomenon is a trait or an emotion or a mood; our traits are shaped by our emotions and moods, just as our emotions and moods are shaped by our traits; and many of our traits are to be understood as dispositions to experience certain emotions and moods. (Goldie, *The Emotions* 141)

To explain this interaction between character traits and one's appraisal of one's environment, Goldie gives the example of a kind person, stating:

a kind person ought to see things in a particular way which is appropriate to his trait: most people might see that the old lady has dropped her shopping, but the kind person ought also to see her arthritic hands and her pain in trying to stoop to pick things up; in short, he ought to see that she needs help. (Goldie, The Emotions 158 emphasis in the original)

Similarly, we can argue that a brave person is less likely to perceive a particular situation as dangerous and is more likely to engage directly with a threat than to flee.

Given what we said above about the connection between emotions and narrative, it is plausible to argue that a kind person will, in explaining her act of helping

the old lady, provide us with a narrative which reveals her seeing that the lady needs help: her narrative of the relevant situation will thus be revealing of why she offered the help. This is because, to refer once again to Goldie, narratives reveal:

how someone's emotion and action out of emotion can be rendered intelligible from his point of view by appealing to his particular thoughts and feelings (beliefs, hopes, desires, wishes, feelings towards, and so forth). So far as action out of emotion is concerned, this sort of explanation can be said to show how the action was, from his point of view, the thing to do. (Goldie, *The Emotions* 154)

The notion of intelligibility of a narrative from the point of view of a person telling the narrative, as Goldie uses it here, relates to our notion of authenticity. When an individual is honestly narrating her experience, her narration can be taken as authentic in the sense that she explains what she did and why, where such explanations are sensible to her considering her way of perceiving and experiencing the world, even if it is unintelligible to others. This is why we argue that certain character traits distinctive of individuals with psychopathy – such as their egocentricity, controlling attitudes, impulsivity, grandiose sense of self-worth or lack of remorse - will be evident in their emotional responses and, indirectly, in the narratives they tell about such emotional experiences. Remorse, for example, signals personal responsibility for moral wrongdoing, and regret »prevents repetition of immoral deeds and encourages to undo the damaging consequences of these deeds« (Ben-Ze'ev 507). However, if a person fails to recognise or acknowledge her responsibility, she will experience neither remorse nor regret. Consequently, in narrating about a particular experience, she will not mention these emotions, and this can signal that there is something inappropriate with how this individual is responding to a certain situation. As Adshead summarises, if emotions such as guilt or shame »are reduced, moral reasoning will be impaired« (Adshead, 'The Words but Not the Music' 119).

To conclude, given some distinctive aspects of psychopathy, attending to the narratives told by individuals with psychopathy might help us understand the specific nature of impairment they suffer from, where this impairment arises from the way in which specific personality traits give rise to, or hinder, distinct kinds of emotional processing.

4. The epistemic reliability of narratives

As mentioned, the underlying assumption in this paper is that the narratives of individuals with psychopathy are reconstructions of their experience, which can give us the most privileged access to their mental states. However, to accept this claim and for narrative psychiatry to establish itself as a legitimate source of information regarding various mental disorders, we need to show why the information contained within the narrative is reliable. In other words, we need to show that the narratives

told by individuals with psychopathy can be epistemically significant. This is particularly important, given that one of the defining traits of individuals with psychopathy is their propensity to lie and manipulate.

Advocators of narrative psychotherapy tend to ignore this question, but, in our view, epistemic reliability and, consequently, diagnostic usefulness of such narratives can only be assessed positively if we can show that these reports can be taken as trustworthy. To do so, we propose to treat narrations told by individuals with psychopathy and people with mental disorders as a form of testimony and to apply the means provided by the epistemology of testimony, primarily the account developed by Jenifer Lackey (Lackey), as a countermeasure in assessing the reliability of these narrations.

Lackey's account is important for two reasons. First, she argues that the relevant sources of testimonial knowledge are words, not the beliefs of others. So, independently of what the testifier believes, it is what she says that enables us to gain knowledge. From our perspective, when an individual with mental disorders generates a narrative about her experience of an event, by attending to what she is saying and how, we can gain insights into how that experience felt for her, what it was like to undergo it and to experience it from her perspective. And, following Hutto and other philosophers who emphasise narrative understanding, such narratives can reveal the relevant events that gave rise to a particular chain of actions and the meaning that an agent gave to these events.

Second, in Lackey's view, for testimonial exchange to yield knowledge – in our case, an insight into the process of moral deliberation of individuals with psychopathy – both parties need to fulfil certain conditions. Simply put, the testifier should not lie, and the one receiving the testimony should make sure to have sufficient evidence supporting the testimony to accept it. This is important for our view because it gives us a way to scrutinise the reliability of a narrative of an individual with psychopathy. It is important to stress that we do not claim that having substantial expertise in narrative theory is enough to properly conduct an interview therapy with a person with mental disorders. In our view, only a trained expert can rigorously evaluate aspects of one's narration and bring it properly in connection to other data she possesses regarding mental disorders. The scientific evidence about the brain, mind and behaviour that is gathered independently from attending the subject's narrations is, in our view, a factor that cannot be ignored; thus, our understanding of the narrative approach is not as radical as that advocated, for instance, by Bradley Lewis (Lewis, 'Democracy in Psychiatry: Or Why Psychiatry Needs a New Constitution').

Due to space constraints, we cannot engage with Lackey's reasons for preferring words over beliefs. But we do subscribe to her approach also because of the research that Adshead mentions, which suggests that "there is some limited evidence for abnormalities of left-hemispheric language function, reduced processing of abstract words, and reduced interhemispheric integration" (Adshead, 'The Words but Not the Music' 118).

More specifically, we propose to treat the narratives of individuals with psychopathy as a testimonial exchange in which an individual with psychopathy acts as the one experientially, i.e., phenomenologically knowledgeable about one's own experiences, and the researcher, or the doctor (i.e., the trained expert in mental disorders), as the one who, in addition to biological and medical knowledge regarding the mental disorders, is also hermeneutically, i.e., interpretatively knowledgeable regarding individuals with psychopathy' linguistic, expressive, and emotional capacities and action-tendencies. It is important to emphasise that such interpretative knowledge is insufficient; a researcher or the doctor also needs to possess all the relevant knowledge regarding psychology and the neurophysiology of the brain and the appropriate knowledge regarding various mental disorders and their manifestations. Interpretative knowledge and hermeneutical skills on the part of a researcher enable her to recognise various manners in which any narrative can be epistemically pathological, and biological (medical) knowledge will allow her to connect linguistic patterns to the relevant mental disorder and the underlying impairments in the brain. For example, some narratives may lack reliability because the testifier (i.e., a person with a mental disorder) is not sincere and deliberately wants to deceive. In our view, this narrative is not an authentic account of one's experience but one that is deliberatively fake and, therefore, has no diagnostical significance for what it feels like to reason about a moral issue from the standpoint of someone with a particular mental disorder. On the other hand, the narrative may seem sincere to the testifier because it is factually correct and authentic from the first-person point of view. Still, it looks impaired from the third-person perspective because the testifier is recognised as unreliable. A good example of such a narrative is the one told by a person suffering from Capgras syndrome, who believes that imposters have replaced her loved ones: while the patient is undoubtedly sincere in retelling her experience, and in that sense, her narrative is authentic, the trained medical examiner, knowledgeable of the particular manner in which the Capgras syndrome is manifested, can recognise the mental issue at stake. In our view, a trained expert possesses precisely such interpretative and diagnostic skills based on which she can differentiate between reliable and unreliable testifiers.

For such discriminations to be evident to the expert, we suggest she needs to possess, in addition to the medical knowledge, the narrative and interpretative skills that allow her to focus simultaneously on the content of the testimony (what is said) and on how it is said – what Greg Currie ('Framing Narratives') refers to as the framework of a narrative. In our view, the notion of framework relates to the linguistic patterns frequently employed in one's narrative. Adshead quotes a study of the word pattern usage of individuals with psychopathy, which »indicates that they favour cause-and-effect language, which emphasises material over social need« (Adshead, 'The Words but Not the Music' 119). Such a finding corroborates our main claim: attending to how someone frames their narrative is revelatory of one's character. Currie also emphasises the capacity of a narrative to reveal something about the person telling it:

Narratives, because they serve as expressive of the points of view of their narrators, create in our minds the image of a persona with that point of view, thereby prompting us to imitate salient aspects of it – notably, evaluative attitudes and emotional responses. (Currie, *Narratives and Narrators* 106)

The narrative framework is important because it is "a preferred set of cognitive, evaluative, and emotional responses to the story" (Currie, *Narratives and Narrators* 86). In other words, by recognising the relevant aspects of a framework, an expert might determine how the testifier processes certain emotions, which elements of a situation she sees as most (or least) relevant, what value she attaches to various parameters of situations, and why, how she positions herself against the events, and so on. In Currie's view:

our storytelling often gives people reason to draw conclusions about our own frameworks, conclusions that we did not intend them to draw and which we might not be aware of, just as our facial expressions and postures express our feelings. (Currie, 'Framing Narratives' 19)

Crucial here is the claim that the language we use can reveal our state of mind, our emotions, and our outlook on the world, which is yet another reason to think of these narratives as authentic to the person undergoing a particular experience and why Lackey's emphasis on words, rather than beliefs, is crucial for our view. On these bases, we argue that a trained expert has the skills to recognise features of linguistic usage that can signal mental disturbances and extensive biological and medical knowledge regarding such disturbances and their causes.

5. Examples of the narrative approach

In advocating the narrative approach, Adshead argues:

What a narrative approach brings is a demand for close attention, not only to the overall themes and nuances of *what* is being said, but also to *how* language is being used to convey emotional information. Obviously, pauses, pace, and timing of language can convey mood or arousal, but where the stress on words is laid can change the meaning of a sentence considerably. (Adshead, 'The Words but Not the Music' 123 emphasis in the original)

In this paper, we tried to give additional support for this approach by grounding it in the epistemology of testimony and insisting on the intricate relation between one's character, one's emotional experiences (crucial for one's moral reasoning), and one's narration. We will now conclude our account by providing some examples of the work that has already been done. One telling example comes from Gwen Adshead, the leading expert in the field who advances this approach. Adshead discusses the example of alexithymia, the inability to put feelings into words (Adshead, 'The Words but Not the Music' 122), as one familiar psychopathological phenomenon and

easily one of the most apparent cases that reveal the connection between one's emotional states and linguistic usage. Shaun Gallagher ('Framing Narratives') has shown how the dual assessment (i.e., the assessment of the content and the linguistic aspects of the phrasings used by a patient) works in the case of patients with schizophrenia. Thought disorder, particularly the repeated disruption of temporal order, is a telling mark of difficulties that a schizophrenic person has in cognitive processing of her own experiences; consequently, the way she forms a narration of those experiences will reveal such disorder. As Gallagher concludes:

disruptions in first-order experience connected with self-agency and the perception of the actions of others may involve failures in neurological processes that get reflected in the self-narratives. (Gallagher, 'Pathologies in Narrative Structure' 223)

We take this to be an example in which linguistic data (the disrupted and disconnected narrative) complies with the neurological data (impairment of neurological processes) regarding schizophrenia.

The classification of patient's narratives developed by Holmes (Roberts and Holmes) adds further significance to the claim that attending to the content and the manners in which narratives are told reveals what goes on in the mind of a person telling them. Holmes develops his account on the premise that "the way we tell stories reflects our fundamental stance towards the world" (Holmes 53) and goes on to analyse different linguistic features of the patients' stories dealing with attachment. To give but one example, notice the difference between the so-called secure-autonomous and insecure-dismissive narratives:

The key quality of secure-autonomous narratives is coherence: the subject is able to speak logically and concisely about their past and its vicissitudes, however problematic these may have been. Insecure-dismissive narratives ... are unelaborated and unrevealing: the subject may state that they have no memories ... or that their parents were 'brilliant' without being able to amplify or produce relevant examples. (Holmes 54)

As Holmes further argues, paying attention to different narrative styles is important primarily because it "has to do with individuals' relationship with themselves" (Holmes, 1998, p. 55). This brings us back to our main point: the claim that by paying attention to the narratives told by people with mental disorders, we can understand something about the way they understand themselves. And given Goldie's views on the relationship between the self, the emotions, and the narratives, we can further support the view about the diagnostic importance of narration.

The most developed account that we follow in developing our theory is, by far, the one proposed by Adshead (Adshead, 'The Words but Not the Music'). The backbone of her proposal is the implementation of Grice's theory of language – particularly the four maxims of conversation – into the analyses of narratives told by individuals with different emotional and psychological affinities. She offers a classification of the types of narratives – dismissing, enmeshed, preoccupied, and

disorganised – based on the aspects of how the narrative is composed linguistically (rather than in terms of content), tying these further to the sorts of traumas that the narrator experienced. In other words, several types of disorders will be evident in that the speaker will mistreat at least one of Grice's maxims. Enmeshed or preoccupied speakers, she argues, »speak at length, often in confused ways, and violate the maxim of relevance, as well as quantity« (Adshead, 'The Words but Not the Music' 125). Echoing some of the claims regarding the coherence of narratives that Holmes and Gallagher stress, Adshead quotes research which shows that »narratives that are low in narrative coherence are often found in speakers with an insecure sense of self and a variety of psychological problems« ('The Words but Not the Music' 124). As she concludes, "the key issue here is that speakers' emotional states may be unconsciously reflected in their use of language: the way they construct sentences, the grammar they use, and the metaphors they use« ('The Words but Not the Music' 126). With respect to narratives produced by individuals with psychopathy, a dominant feature is a dismissive attitude and a lack of narrative coherence, particularly when personal questions are asked or questions related to potentially distressful interpersonal situations.

More importantly for our purpose here, Adshead concludes her paper by claiming that the research found:

high levels of narrative incoherence in response to questions that generated emotions in the context of questions about the 'right' way that people 'should' treat one another. The violent offenders, including those who scored high for psychopathy, were more coherent on nonmoral questions but became less coherent on moral questions. ('The Words but Not the Music' 128)

Her conclusion is thus that individuals with psychopathy can differentiate between moral norms and conventional rules, although many of them appear to be incoherent in their moral reasoning because they might have problems in determining in a particular situation what they or, in general, everyone ought to do.

To conclude, it is important to stress that Adshead highlights the subtlety of these peculiarities in individuals with psychopathy. Hence, they cannot be grounds to view them as individuals devoid of moral understanding. However, we agree with her view and hope to have given it further support, namely, that "we need more formal research into how such people talk, and what they think are communicating" (Adshead, 'The Words but Not the Music' 115).

Conclusion

Most of the experimental paradigms used in studying the moral capacities of individuals with psychopathy or other personality disorders are narrowly focused on specific behavioural performances in delimited experimental conditions. Besides

not delivering conclusive results about their morality, these tools do not pay attention to the specific »voices« of these individuals.

We have suggested, in general terms, a narrative approach to overcome the limits of the experimental paradigms that are so narrowly focused. From a philosophical perspective, we have investigated some conceptual and methodological issues concerning this approach to studying the moral understanding and reasoning of individuals with antisocial personalities. We have not decided on the ultimate empirical validity and fruitfulness of the data gathered using these narrative approaches. However, we have defended the plausibility of the idea that narratives told by individuals with psychopathy and people with mental disorders contain cognitive elements that can help us understand their 'moral landscape'. Therefore, these data can be used as one (but neither sole nor the primary) diagnostical tool to be pragmatically employed when determining the moral and legal responsibility of these antisocial individuals.

Acknowledgements

Many thanks to Elvio Baccarini for his continuous and generous support and advice during all the stages of the long preparation of this article. We are also very grateful to the anonymous referees for their helpful comments, which enabled us to improve the quality of the manuscript. Finally, we thank the organisers and the audience of the Italian Society for Neuroethics and Philosophy of Neuroscience conference *Mapping New Challenges in the Neuroethical Landscape*, May 10th – 12th, 2023 Pisa-Lucca (Italy), where we discussed with profit a previous version of this article.

Luca Malatesti's work on this paper is an outcome of the project Public Justification and Capability Pluralism JOPS (IP-2020-02-8073), financed by the Croatian Science Foundation. Iris Vidmar Jovanović's work on this paper is an outcome of the project Aesthetic Education through Narrative Art and its Value for the Humanities (UIP-2020-02-1309), financed by the Croatian Science Foundation.

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