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ORIGINAL ARTICLE

Cognitive and affective empathy: The role in violent behavior and psychopathy



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KEYWORDS

Psychopathy;
Empathy;
Violent behavior;
Personal distress

Abstract

Antecedents: Several studies have suggested empathy impairment in psychopathy. It has been highly associated to violent and criminal behavior. Empathy is not a univariate concept; however, studies about the role of empathy components in this population are inconclusive and they are mostly made in forensic samples.

Objective: To explore the relationships of psychopathy with the empathy dimensions and to probe if there is a continuum considering general population and forensic groups.

Material and methods: Eighty adult males were recruited and divided into three groups: control group (healthy man from general population; $n=21$), violent group 1 (violent men from general population; $n=24$) and violent group 2 (criminal offenders; $n=35$), who were case files of inmates in high security prisons in Mexico. All subjects were assessed with an aggression questionnaire (RPQ), a Psychopathy checklist (PCL-R; SV) and an empathy scale (IRI). One-way analyses of variance (ANOVAs) were carried out to compare age, education years, empathy factors and psychopathy scores between groups; we also conducted regression analyses to probe the effect of psychopathy on each empathy subscale.

Results: We found psychopathy differences between groups where violent group 2 obtained the highest scores, followed by the violent group 1 and the controls with the lowest scores. The perspective taking subscale showed differences between the control group and the two violent groups; the violent groups did not differ. Additionally, there were significant differences in the personal distress subscale between the three groups where violent group 2 had the highest scores. Moreover, we found a positive association between personal distress and psychopathy; meanwhile, perspective taking scores were negatively associated with psychopathy.

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PALABRAS CLAVE

Psicopatía;
Empatía;
Violencia;
Angustia personal

Conclusions: Psychopathy and violent behavior are known for a lack of empathy; however, the empathy dimensions provide a better understanding of the mechanism underlying this non-prosocial behavior.

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Empatía cognitiva y afectiva: Su papel en la conducta violenta y psicopatía**Resumen**

Antecedentes: Estudios han sugerido que la empatía está afectada en la psicopatía. La psicopatía ha sido asociada con la conducta criminal y violenta. La empatía no es un concepto unitario, sin embargo, los estudios acerca sus componentes en este tipo de poblaciones han sido controversiales; además la mayoría se han hecho en poblaciones institucionalizadas.

Objetivo: Explorar la relación entre la psicopatía con los componentes de la empatía y probar si existe un continuo considerando grupos institucionalizados y de la población general.

Materiales y método: 80 adultos del sexo masculino divididos en 3 grupos: grupo control (hombres sanos de la población general; $n=21$), grupo violento 1 (de la población general; $n=24$) y grupo violento 2 (criminales en reclusión; $n=35$). Los sujetos se evaluaron con un cuestionario de agresión (RPQ), una escala de Psicopatía (PCL-R; SV) y otra de empatía (IRI). Para las comparaciones entre los grupos se llevaron a cabo ANOVAs, así como análisis de regresión para probar los efectos de la psicopatía y las subescalas de empatía.

Resultados: Se encontraron diferencias significativas los niveles de Psicopatía entre los grupos donde el grupo violento 2 obtuvo los puntajes más altos, seguido por el grupo violento 1 y el grupo control. Las diferencias en la "empatía perspectiva" fueron entre el grupo control y los dos grupos violentos; en "angustia personal" entre los tres grupos, donde el grupo violento 2 obtuvo los puntajes más altos. Se encontraron correlaciones significativas con la psicopatía: una positiva con la angustia personal y otra negativa con la "toma de perspectiva".

Conclusiones: La psicopatía y la conducta violenta se caracterizan por una falta de empatía, los factores que componen a la empatía proveen mayor información para el entendimiento de los mecanismos que subyacen este tipo de conductas.

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Introduction

Empathy has been defined as the capacity to understand and appreciate the emotional states and needs of others in reference to oneself.¹ However, currently there is no unified concept since several authors have recognized empathy as a multidimensional phenomenon. Some authors² have made the initial differentiation between instinctive sympathy (or empathy), which he described as a quick, involuntary, seemingly emotional reaction to the experiences of others, and intellectualized sympathy, or the ability to recognize the emotional experiences of others without any vicarious experiencing of that state. A vicarious activation is defined as the neural activation that occur automatically by witnessing the emotions of others,^{3,4} so witnessing what others do and sense recruits one's own motor and somatosensory cortices.⁵⁻⁸ Spencer,⁹ a hundred years before, drew the same distinction, and the instinctive/intellectual or cognitive/emotional partitioning of empathy has continued to this day.

According to Davis¹⁰ empathy measurement should provide separate assessments of (1) the cognitive,

perspective-taking capabilities or tendencies of the individual, and (2) the emotional reactivity. He proposed 4 empathy subscales that include: (1) fantasy, which denoted a tendency of the respondent to identify strongly with fictitious characters in books, movies, or plays; (2) perspective-taking, which reflected a tendency or ability of the respondent to adopt the perspective, or point of view, of other people; (3) empathic concern, these items assessed a tendency for the respondent to experience feelings of warmth, compassion and concern for others undergoing negative experiences; and (4) personal distress, which indicated that the respondent experienced feelings of discomfort and anxiety when witnessing the negative experiences of others. The providence of different empathic components in each individual will allow a better understanding of their effects on behavior.

It has been pointed out that the experience of empathy can lead to sympathy or empathic concern for another based on the apprehension or comprehension of the other's emotional state or condition; however, it could also be aroused by personal distress, i.e. an aversive, self-focused emotional reaction to the emotional state or condition of another.

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