



# Empathy and Criminal Behavior

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## ABSTRACT

The aim of this review is to observe the connection between empathy and criminal behavior and whether a lack of empathy has an impact on criminality. The review will describe the different types of empathy and the connection between repeat criminals and a lack of empathy. It will also describe how empathy may prevent criminality and how a lack of empathy impacts the justice system.

**Keywords:** Criminal behavior; Empathy; Justice system; Interpersonal phenomenon

## INTRODUCTION

Empathy can be defined as a complex interpersonal phenomenon that involves the formation of an affective, motor and cognitive connection between an individual displaying an emotional behavior and an individual observing that emotional display. Empathy occurs when we suspend our single-minded focus of attention and instead adopt a double-minded focus of attention.

In this circumstance, a single-minded focus is one in which an individual is only thinking about their own mind, current thoughts and emotions. A double-minded focus is one in which an individual adopts multiple points of view [1]. An individual with a double-minded focus can keep their own thoughts and emotions in focus while also paying attention to the thoughts and emotions of another. Empathy in its essence, is our ability to identify what someone else is thinking or feeling and to respond to their thoughts and feelings with an appropriate emotion.

There are two working aspects of empathy that include affective and cognitive empathy. Affective empathy is the ability to respond with the appropriate emotions to another's mental state. Cognitive empathy is the ability to recognize somebody's emotions. There are many types of individuals who lack empathy, including negative types and positive types. A negative type is type-P, a term used to describe a psychopath. Psychopaths lack the affective aspect of empathy. A psychopath is an individual who does recognize that a person is having a specific emotion, but they can't bring themselves to react correctly.

Psychopaths can read others emotions with ease, however they simply just don't care how others feel [2]. Other negative types of non-empathetic people include type-N or a narcissist, type-B or someone with borderline personality disorder and those with antisocial personality disorder. All three of these non-empathetic people lack affective empathy; however, those with borderline personality disorder may also misinterpret an individual's emotions and react incorrectly, therefore lacking cognitive empathy as well. Negative non-empathetic people are considered negative because of the harmful impact they can often have on family members and friends. Along with negative non-empathetic people comes positive empathetic people. Those include individuals with asperger's syndrome and those with autism. Positive non-empathetic people lack cognitive empathy, however when told what a person is feeling, a positive non-empathetic person will react with an appropriate emotion to another's emotions.

## LITERATURE REVIEW

A dysfunction in empathy has been strongly implicated in theoretical and clinical descriptions of psychopaths. Psychopaths, often being narcissists or having Antisocial Personality Disorder (APD), have a lack of concern for feelings, needs or suffering of others, they also have a lack of remorse after hurting or mistreating others. Furthermore, the two personality disorders with which psychopathy has been consistently reported to co-vary have been APD and the narcissism. So psychopathy can be considered a comorbid condition in which lack of empathy is a main factor [3].

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This concept also encompasses those who have Borderline Personality Disorder (BPD). Those with BPD have a compromised ability to recognize the feelings and needs of others associated with interpersonal hypersensitivity. Their perceptions of others are selectively biased towards negative attributes or vulnerabilities. Narcissists also have an impaired ability to recognize or identify the feelings and needs of others and they are excessively attuned to reactions of others, solely if the actions are perceived as relevant to the narcissist.

## DISCUSSION

### Empathy and nature versus nurture

A lack of empathy may arise from genetic factors and from social, situational and familial factors. In other words, nature and nurture may both be involved in the development of personality disorders and a lack of empathy [4]. However, debate arises over which aspect is more influential in this development. When it comes to the argument supporting nurture, there are important gender and developmental differences in empathy deficits. In a study done comparing genders and the lack of empathy associated with them, psychopathy is associated with severe deficits in affective empathy across all ages for males, however no such deficits were found for females. In this study, the parents of 2760, three to thirteen year olds reported on levels of empathy, callous-unemotional traits and antisocial behaviors. The study found that adult male psychopathology crystallizes in pubertal years when they appear to learn about other people's emotions, despite suffering severe deficits in their emotional connection (affective empathy) to others. Childhood abuse and neglect have also been strongly implicated as risk factors in the development of personality disorders in adulthood [5]. Therefore, childhood abuse and neglect can facilitate a lack of development of empathy in children, which can ultimately lead to personality disorders in adulthood.

Between 40 and 70 percent of BPD individuals report a history of sex abuse. 60 to 80 percent of borderlines also had a history of physical abuse, early separation through divorce or emotional neglect, indifference, deprivation and rejection. Parental rejection has shown to lead to insecure attachment in children which contaminates a mother's relationship with her child and causes fear and mistrust.

Although situations and environment do have an effect on the lack of development of empathy, there is also proof that genetics are a factor in this lack of development. Twin studies have shown that the heritability of affective empathy has been estimated to be 68 percent. Twin studies are extremely important to the study of empathy [6]. Nearly all studies on empathy in twins have found a greater correlation on empathy measures in Monozygotic (MZ) twins compared to Dizygotic (DZ) twins. MZ twins are genetically identical, while DZ twins are just like any other pair of siblings. If the results between MZ and DZ twins do not differ much, then scientists are forced to conclude that genes play little, if any, role in behavior. However, since the results concluded that there was a greater correlation of empathy measures in MZ twins compared to DZ twins, we can conclude that genetics plays a larger part in how empathy develops.

When it comes to BPD, about 70 percent of the risk can be explained by genetic factors. Monoamine Oxidase-A (MAOA) is a gene with different variations. MAOA-H produces a high amount of an enzyme that prevents too much serotonin from being transmitted, which lessens aggression. MAOA-L produces less of this enzyme which has been shown to increase aggression. Those with the MAOA-H gene, have been shown to be less aggressive, even in the face of influential environmental and situational factors. Abused children with MAOA-L are more likely to develop antisocial tendencies compared to abused children with the MAOA-H form. In those with BPD it has also been proven through family studies that brothers, sisters and parents of borderlines are 10 times more likely to have BPD themselves.

FMRI image has been done in many studies to determine which locations activate during exercises that should provoke somebody to feel empathetic for somebody else. Those who lack the ability to empathize show less activity in these regions of the brain than those who have the ability to empathize with others. In a recent study conducted with a forensic population in which psychopaths were shown pictures of physical pain, they were asked to imagine how another person would feel in the scenarios shown. Psychopaths showed no activation of the ventral medial Prefrontal Cortex (vmPFC) when imagining the pain of another. The vmPFC is a working part of the circuit in which empathy originates. There are over 10 different regions of the brain that have an influence in empathy, including the somatosensory cortex, orbito-frontal cortex and ventral medial prefrontal cortex. The hub of human empathy however, is the amygdala which is involved in emotional regulation and learning. Therefore, those who have BPD would lack activity in their amygdala, causing them to be unable to regulate their emotions. Another aspect of this circuit is the Inferior Frontal Gyrus (IFG), which allows individuals to properly recognize somebody's emotions. Damage to this area makes it difficult to identify what emotion a person is feeling. Findings also indicate that callous affect or lack of empathy was one of the most central traits in U.S. forensic population.

A lack of empathy does not always lead to the negative traits described in personality disorders such as BPD and antisocial personality disorder. Those on the autism spectrum and with asperger syndrome also lack empathy; they lack cognitive empathy and have difficulty recognizing the emotions an individual is feeling. These types of empathy lacking individuals also show a high rate of genetic factors. Family studies show that brothers, sisters and parents of people with autism or asperger syndrome also show more than average levels of autistic traits.

### Lack of empathy and criminal behavior

A lack of empathy can be caused by both nature and nurture as established previously. The next step is to observe this lack of empathy through criminality. Criminal behavior is caused by a lack of morality and the objectifying of humans. This ability to objectify and to lack morality can be caused by a lack of empathy for others. Ted Bundy is a classic case of a man who lacked empathy for others. He was wanted for questioning in as many as 36 murders in Colorado, Oregon, Utah, Florida and Washington.

Born to Louise Cowell in a home for unwed mothers on November 24, 1946, Bundy was raised in Philadelphia with his mother's parents. He grew up assuming his mother was his sister. He was adopted by his step-father, Johnny Culpepper Bundy, who gave him his last name. In high school, Ted learned of his actual origins and "hit a wall". He became unable to understand social behavior, yet maintained a façade of social activity. However, Ted had no natural sense of how to get along with other people. He stated, "I didn't know what made things tick. I didn't know what made people want to be friends. I didn't know what made people attractive to one another. I didn't know what underlay social interactions". Bundy enrolled in the University of Washington where he studied psychology and then enrolled in the University of Utah Law School. In each of these locations, including others, Bundy abducted, tortured and murdered women [7].

Bundy's modus operandi or preferred method of killing, was to first select an appropriate disposal site that involved privacy. He then went searching for victims that matched his sexual preferences: He preferred college girls who seemed to come from good backgrounds, usually between ages fifteen and twenty-five, because by association this elevated his acts. Once he spotted a victim, he would fake an injury or a need for assistance. He would then retrieve a crowbar from his car and strike the girl to render her unconscious. He would handcuff and place her in the passenger side of the car and would either kill them through ligature strangulation during a sexual act or he'd bludgeon them. Bundy also confessed to visiting his victims' bodies repeatedly and was involved in necrophilia.

Bundy escaped prison twice in Colorado and was finally sentenced to death in Florida after bite mark testimony from the murder of two women from a sorority known as Chi Omega proved he had killed them. He was executed in the electric chair on January 24, 1989. Dorothy Ottnow Lewis, a psychiatrist from the NYU medical center, examined Bundy and found him to be a psychopath and have co-morbid disorders including bipolar disorder and multiple personality disorder. However, in a study done to compare the DSM-IV to the Five-Factor Models (FFM), 245 psychologists returned a survey rating both the DSM-IV and FFM and its clinical utility. Seventy-three psychologists were assigned to Ted Bundy and all psychologists were doctoral-level psychologists with either a PhD or PsyD. Ninety-six percent of the sample using the DSM-IV provided antisocial personality disorder as his diagnosis and eighty of the clinicians described Bundy as having this disorder. Some of the clinicians also diagnosed him as a narcissist.

Jeffrey Dahmer was born on May 21, 1960 to a dysfunctional family due to arguments between his mother and father. He had a neurotic, depressed mother and a frequently absent father. He was a loner who had medicated his anger and frustration with alcohol. He was frustrated by his homosexual tendencies and eventually channeled this into sadistic behavior towards those who accepted his homosexual advances. His first murder was at the age of 18 when he strangled, murdered and then destroyed the body of his victim by cutting it into pieces and burying them in his backyard. His modus operandi included enticing victims who were young men in their twenties, by promising money for posing for photographs and sex.

He would sodomize them and afterwards he would kill and dismember them. Jeffrey Dahmer was diagnosed as having a mixed personality disorder with sadistic, obsessive, fetishistic, antisocial and necrophilic features, typical of what has been called the organized nonsocial, lust murderer. One victim that escaped from captivity described Dahmer as charming and calm. Dahmer was sentenced to fifteen consecutive life terms in prison or 957 years, however he was beaten to death in prison by a fellow inmate [8].

Edmund Kemper was born in Burbank, California to a mother who suffered from borderline personality disorder and who abused him. His mother would lock him in the basement because she was afraid he would molest his sisters. She would berate and humiliate him and at the age of fifteen years old he shot and killed his grandparents. Kemper spent five years in California's Atascadero Forensic hospital for the murders of his grandparents. Kemper almost surely had been laboring under the impact of adverse genetic and constitutional factors considering his mother had BPD and abused him. After being released from the hospital, Kemper kidnapped Mary Ann Pesce and Anita Luchese. He handcuffed Mary Ann and tried to suffocate her with a plastic bag and choke her with a cloth. When the cloth snapped and she bit through the bag, Kemper pulled out a knife, stabbed her and slashed her throat. He then took Anita from the trunk of his car, stabbed her and brought the bodies home to dismember them. Kemper displayed sociopathic behaviors from a young age and was called the co-ed killer who killed mainly teenage girls. Kemper was also a narcissist who readily co-operated with police investigators in locating incriminating evidence when he was given the impression of being in command of the investigation. The more praise Kemper received for the ingenuity of his offences, the more information he would reveal.

Dennis Rader, also known as the BTK killer, was born in Pittsburg, Kansas. He lived a double life with a family and company he worked at, while also murdering ten people in Wichita, Kansas between 1974 and 1991. He was nicknamed the BTK killer after his preferred modus operandi which involved binding, torturing and killing his victims. He did not have a preferred type of victim like Ted Bundy, so he would kill men, women and children. Rader also sent letters to the news confessing to the murders under the name Bill Thomas Killman. Rader's first kills were four members of a family in Wichita. He murdered the parents and two children before leaving with a watch and a radio. On February 25, 2005, Rader was arrested and charged with ten counts of first-degree murder. Unlike Ed Kemper, Rader did not confess to the murders, however DNA evidence was found at the crime scenes that incriminated him.

### Measurement tools

There are multiple ways for forensic psychologists to assess and determine if people, like Bundy, Dahmer, Kemper and Rader, lack empathy and are antisocial, narcissistic, psychopathic or a combination of these disorders. The Hare psychopathy checklist is one of these methods and is used within the forensic population by clinicians and forensic psychologists. Psychopaths are superficially charming but lack remorse, shame and sincerity.

Many scholars believe that these characteristics allow psychopaths to violate social norms, causing harm and distress to others, without regret or guilt. Hare developed the PCL-R to assess the extent to which someone matches the prototypical psychopath. The Hare checklist is therefore used to determine if somebody fits the characteristics of a psychopath. With this checklist, there are 20 items that are ranked on a three-point scale with 0 being low correlation to a trait and 3 being high correlation to a trait. One of the items on the scale is callous-lack of empathy as well as lack of remorse or guilt. 40 is the maximum score you can get. High scores are correlated with impulsivity, aggression, repetitive criminal behavior and lack of empathy. A score of 30 or higher is considered indicative of psychopathy; Ted Bundy scored a 39 on this checklist.

The Psychopathic Personality Traits Scale (PPTS) is a reliable scale designed to assess psychopathic traits in forensic and non-forensic populations; however, it is mainly used among the forensic population, specifically among US prisoners. It consists of four subscales including affective responsiveness, cognitive responsiveness, interpersonal manipulation and egocentricity. Specifically, the affective responsiveness scale assesses lack of empathy and emotional shallowness. Each scale contains 20 items and is a self-reported scale using the number 1 for agree and 0 for disagree. Higher scores indicate higher levels of psychopathic traits. The PPTS has produced 5 distinct psychopathy groups including the high psychopathy group, moderate psychopathy group, moderate affective/cognitive responsiveness group, high interpersonal manipulation group and low psychopathy group. Violent offenders generally belong to the high psychopathy group more than other groups and white collar offenders are more likely to belong to the high interpersonal manipulation psychopathy group [9].

The Minnesota Multiphasic Personality Inventory (MMPI-2) is used to evaluate adult mental health disorders and includes scales used to evaluate personality disorders and psychopathology. This inventory is used by psychologists and mental health professionals to diagnose patients. It is also used by forensic psychologists when determining if a client on trial has a specific disorder. There are 10 scales on the MMPI that all measure different personality disorders. Scale 4 has 50 items and focuses on psychopathic deviates, it also measures a person's need for control or the resistance to control. The MMPI also contains a Psy-5 (personality psychopathology) scale that consists of 5 scales within itself. The five scales consist of aggressiveness, psychoticism, constraint (disconstraint), negative emotionality/neuroticism and introversion/low positive emotionality. The aggressiveness scale measures an individual's tendency towards aggression that includes a desire for power. The psychoticism scale measures the accuracy of an individual's inner representation of objective reality. Constraint (disconstraint) measures an individual's level of control over their own impulses. Negative emotionality/neuroticism measures an individual's tendency to experience negative emotions which include anxiety and worry. Finally, introversion/low positive emotionality measures an individual's tendency to experience positive emotions and have enjoyment from social experiences.

A final measurement scale used to evaluate personality disorders is the Psychopathic Personality Inventory (PPI-R). It is used in the clinical and incarcerated population to evaluate psychopathy in adults, but was originally created to assess the non-criminal population. The PPI-R is a self-report inventory that uses a 4 point Likert scale and contains 8 factors. Machiavellian egocentricity is the first scale that measures lack of empathy and a sense of detachment from others for the sake of achieving one's goals. The second scale, cold-heartedness, determines if there is a lack of emotion, guilt or regard for other's feelings. Carefree non-planfulness determines if an individual has difficulty planning ahead and fearlessness determines if an individual engages in risk seeking behavior and has a lack of fear. Blame externalization determines if an individual is unable to take responsibility for their actions and impulsive nonconformity determines if an individual has a disregard for social norms and culturally acceptable behaviors. The eighth and final factor is stress immunity, which determines if an individual lacks an expected reaction to something traumatic or stress inducing events [10].

When an individual has empathy for others, they can acknowledge and respond to how an individual is feeling [11]. They may react with an appropriate emotion and show signs of understanding toward a person who is experiencing a particular emotion. When there is an absence of empathy, physical, mental and emotional damage can be done to those surrounding the individual. Two percent of the population has BPD. One percent of the population of adult males age 18 and over are psychopaths and in the United States alone 1,150,000 males would meet the criteria for psychopathy. That means that 1,150,000 males lack empathy. Psychopathy is astonishingly common as mental disorders go. It is twice as common as schizophrenia, anorexia, bipolar disorder and paranoia and roughly as common as bulimia, panic disorder, obsessive-compulsive personality disorder and narcissism. Genetic factors have been implicated in the lack of development of empathy, however environment also plays a role in this lack of development. This means that physical, mental and emotional damage may be experienced by those who have any sort of relationship with these 1,150,000 males in America, as well as those who know somebody with BPD or APD [12].

## CONCLUSION

Criminality has been a common outcome of this lack of empathy and the question for modern review is how to prevent both the criminality and the lack of empathy. Treatment for psychopaths and those who lack empathy have proven unsuccessful. As for psychopaths, treatment can even produce negative outcomes because these individuals can learn how to manipulate their treatment to their own desires. The question for modern psychologists, neuropsychologists and forensic psychologists is how to treat psychopathy and avoid a lack of empathy developing in the early stages of life.

This question is starting to be answered, as Michael Caldwell and his colleagues at the Mendota juvenile treatment center in Madison, Wisconsin have come up with a program called decompression treatment that aims to rebuild the social connections that are absent in psychopaths. Early results were encouraging. In a 2001 pilot study of violent juvenile offenders, Caldwell and his colleagues divided 30 of the offenders into three groups of 10 one control group received no therapy, the other control group received traditional group therapy and the third group received Caldwell's decompression therapy. The study followed the juveniles for two years and the recidivism results were promising: Seventy percent of the control group receiving no treatment was rearrested at least once in the two years. Twenty percent of the group getting traditional group therapy treatment was rearrested and only ten percent of the group getting Caldwell's decompression treatment were rearrested. These are the first steps in being able to restore empathy to those who lack it. More review must be done in order to truly solve this issue that is plaguing our mental health and criminal systems in America.

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