

Empathy and recognition of facial expressions of emotion in sex offenders, non-sex offenders and normal controls

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Abstract

Research conducted on empathy and emotional recognition in sex offenders is contradictory. The present study was aimed to clarify this issue by controlling for some affective and social variables (depression, anxiety, and social desirability) that are presumed to influence emotional and empathic measures, using a staged multicomponent model of empathy. Incarcerated sex offenders (child molesters), incarcerated non-sex offenders, and non-offender controls (matched for age, gender, and education level) performed a recognition task of facial expressions of basic emotions that varied in intensity, and completed various self-rating scales designed to assess distinct components of empathy (perspective taking, affective empathy, empathy concern, and personal distress), as well as depression, anxiety, and social desirability. Sex offenders were less accurate than the other participants in recognizing facial expressions of anger, disgust, surprise and fear, with problems in confusing fear with surprise, and disgust with anger. Affective empathy was the only component that discriminated sex offenders from non-sex offenders and was correlated with accuracy recognition of emotional expressions. Although our findings must be replicated with a larger number of participants, they support the view that sex offenders might have impairments in the decoding of some emotional cues conveyed by the conspecifics' face, which could have an impact on affective empathy.

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1. Introduction

The construct of empathy has received much attention in different domains of research (e.g., psychology, ethology, cognitive neuroscience, and psychiatry) (see Eisenberg and Strayer, 1987; Ickes, 1997; Preston and de Waal,

2002; Decety and Jackson, 2004; Blair, 2005). Although there is little consensus among theorists regarding its definition and its constitutive components, most agree that empathy is a multidimensional phenomenon that involves an understanding of a person's subjective experience, a perspective taking, and a vicarious sharing of emotional states in response to another's affective cues, often resulting in feelings of concern or compassion for this person (i.e., sympathy), although it also can lead to self-oriented feelings (i.e., personal distress) (Davis, 1983; Hoffman, 1984; Decety and Jackson, 2004). Although it is unclear whether all the components are required for the unfolding of the empathetic process, it is usually acknowledged that

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they play important functions in social bonds (Anderson and Keltner, 2002), prosocial behaviors (Eisenberg and Miller, 1987), altruism (Batson, 1991) and moral judgment (Hoffman, 1987). In contrast, empathy impairments have been related to aggressive, delinquent and antisocial behaviors (Miller and Eisenberg, 1988; Jolliffe and Farrington, 2004; Lovett and Sheffield, 2007), and deficits in specific components of empathy have been proposed as a feature of autism or psychopathy (Blair, 2005).

The inverse relationship typically found between empathy and aggression led a number of researchers and clinicians to suggest that sex offenders (e.g., child molesters, rapists) are likely deficient in their capacity to empathize with their conspecifics (e.g., Marshall and Barbaree, 1990). More specifically, it was assumed that because of a lack of compassion for the victim's distress, a child molester or a rapist does not inhibit an attack when he becomes sexually aroused toward a potential victim. However, empirical research on empathy in sexually aggressive persons conducted during the last three decades provided inconsistent findings (for reviews, see Marshall et al., 1995; Geer et al., 2000; Covell and Scalora, 2002). Some studies reported lower levels of generalized empathy or for some of its components (e.g., empathic concern, perspective taking) in sexual offenders compared with non-sexual offenders (Rice et al., 1994; Lisak and Ivan, 1995; Lindsey et al., 2001; Marshall and Moulden, 2001) or their non-offending counterparts (Hudson et al., 1993: study 2; Chaplin et al., 1995; Burke, 2001), whereas other studies have found no differences between sexual offenders and other groups of participants (Hoppe and Singer, 1976; Langevin et al., 1988; Hudson et al., 1993: study 1; Hanson and Scott, 1995), or showed empathy deficits in sex offenders only in specific situations or toward their own victims (Pithers, 1999; Fernandez and Marshall, 2003).

Marshall et al. (1995) proposed an appealing staged multicomponent model of empathy that was designed to examine potential deficiencies in sexual offenders at each stage of the process. According to this model, the ongoing process of empathy involves four discriminable steps: (1) emotional recognition, (2) perspective taking, (3) emotion replication, and (4) response decision. Stage 1, the emotion-recognition stage, is needed to decode or read emotional signals of others and is considered necessary for the unfolding of subsequent stages. Such signals, more specifically those conveyed by the face, constitute a primary way for communicating basic emotional states or current intentions and play a powerful role in the regulation of social interactions (e.g., Fridlund, 1994; Ekman and Rosenberg, 2005). Stage 2, perspective taking, which is the ability to understand another person's

viewpoint, is thought to be an essential component in the mechanisms that account for the theory of mind. Stage 3, emotion replication, involves some level of sharing or similarity in the feelings experienced by self and other. Finally, the last stage, response decision, refers to the observer's decision to exhibit or not, on the basis of his/her feelings, a socially oriented behavior (e.g., helping or comforting behaviors).

The present study aims to focus on the first step of empathy process (recognition of emotional cues) in different groups of participants (sex offenders, non-sex offenders, and normal controls) and investigates the relationship between the ability to recognize emotional facial expressions and self-reported empathy. The few available findings suggest that sex offenders might be less accurate than controls or non-sex offenders in recognizing the emotional states of others (Hudson et al., 1993; Lisak and Ivan, 1995), although some negative findings have also been reported in the form of dissertation abstracts (Franklin, 2000; Cuevas, 2004). To date, the most detailed findings reported by Hudson et al. (1993) provided evidence that sexually aggressive men (child molesters and rapists) were less accurate than were violent non-sex offenders at recognizing emotional expressions, with confusions between fear and surprise on the one hand, and disgust and anger on the other hand. Such confusions between fear and surprise, in return, have been hypothesized to lead sex offenders to have difficulties in reading the distress in the "eyes" of another. However, because sex offenders often display affective disturbances (i.e., anxiety and depression) (Becker et al., 1991; Ahlmeyer et al., 2003; Dunsieath et al., 2004), which were not controlled for in previous studies, it is unclear whether these negative effects have contributed to the variance of data and, thus, may explain inconsistency among findings. More specifically, because substantial evidence indicated that depression or anxiety in non-offenders may bias the recognition of emotional facial expressions (Gur et al., 1992; Surguladze et al., 2004; Montagne et al., 2006), it is important for studies examining emotion recognition in sex offenders to partial out the effects of depression and anxiety. In the present study, such variables were entered as covariates in a design examining the ability of sex offenders (child molesters) to decode facial expressions of basic emotions compared with non-sex offenders and normal controls. Furthermore, because self-report measures may be affected by self-presentation, and because socially desirable responding has been reported in studies of sex offenders (Curwen, 2003), various scales presumed to assess distinct constitutive components of empathy (perspective taking, affective empathy, empathy concern, personal distress) entered self-reported social desirability

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