



Empathy in sexually sadistic offenders: An experimental comparison with non-sadistic sexual offenders

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ABSTRACT

Previous studies suggest that severe sexual sadism and psychopathy are phenotypically different, although both are characterized by deficits in emotional processing. We assessed empathic capacity in a sample of 12 sexual sadists in comparison with 23 non-sadistic offenders using the *Multifaceted Empathy Test* (MET). All participants were forensic patients under mandatory treatment orders who had committed sexual offenses. The MET is a computerized rating task that differentiates and measures cognitive and emotional components of empathy, or perspective-taking versus compassionate components. To identify the effects of possible empathy deficits caused by psychopathic traits, we controlled both samples for psychopathy as a covariate, measured by the *Psychopathy Checklist–Revised* (PCL-R). According to our results, sexual sadists did not differ from non-sadistic sexual offenders with regard to emotional empathy for either positive or negative stimuli. The results suggest that severe sexual sadism is a distinct, pathological sexual arousal response, not a deficit in emotional processing.

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1. Introduction

Although associations between sexual sadism and psychopathy have been discussed theoretically, very few studies have empirically examined these purported associations. Kirsch and Becker (2007) have reported that cognitive and/or affective deficiencies in emotional processing may predispose psychopaths and sexual sadists toward instrumental violence. Mokros, Osterheider, Hucker, and Nitschke (2011) have reported that sexual sadism and psychopathy are different constructs that share the phenomenon of emotional detachment or lack of empathy.

Eisenberg and Strayer (1987) define empathy as “the understanding and sharing of another’s emotional state or condition”. More specifically, empathy can be differentiated into cognitive and emotional components, or perspective taking versus compassion (Davis, 1980, 1983). According to Blair, Jones, Clark, and Smith (1997), psychopaths are likely to show empathy deficits. Some authors contend that empathy deficits in psychopathic individuals may contribute to their offending behaviors (e.g., Porter & Woodworth, 2006; Silver, Mulvey, & Monahan, 1999). In their review on the topic, Kirsch and Becker (2007) concluded that a lack of empathy could be considered a hallmark of psychopathy.

Sadistic sexual offenders also have deficits in empathy. Based on their analysis of crime scene data, Dietz, Hazelwood, and Warren

(1990) concluded that sexual sadists were emotionally detached from the suffering of their victims. Rice, Chaplin, Harris, and Couts (1994) noted that the sexual arousal response of convicted rapists, measured by penile plethysmography, was related to the distress of a female victim: offenders were more aroused by greater victim distress.

Marshall, Hudson, Jones, and Fernandez (1995) note that the equivocal research findings in the area of empathy functioning in sexual offenders might be caused by flaws in both the conceptualization and the measurement of empathy. They have suggested that empathy might vary depending on the situation. In Pithers’ (1999) study, rapists showed significantly lower empathy if they were in a mood that resembled the affective state that had preceded their offense, which supports the findings by Marshall et al. (1995). Fernandez and Marshall (2003) found that rapists indicated significantly lower empathic concern for their own victims than for victims of sexual violence in general.

The aim of the current study was to determine whether sexual sadists and non-sadistic sexual offenders differ in their cognitive or affective components of empathy, controlling for the level of psychopathic traits measured with the *Psychopathy Checklist–Revised* (PCL-R; Hare, 2003). We tested empathy using a computerized rating task rather than a self-report questionnaire because the latter was more likely to be influenced by a tendency toward manipulation (e.g., impression management or socially desirable responding), especially in a forensic setting. Following Kirsch and Becker (2007, p. 916), we assumed that sexual sadists would have deficits in emotional processing, but not necessarily in cognitive processing.

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2. Methods

2.1. Participants

The participants in this study were 35 adult male forensic inpatients from the forensic-psychiatric hospitals of Straubing, Mainkofen and Ansbach, Germany. All participants were under mandatory treatment orders. One-third of the patients ($n=12$) were diagnosed with sexual sadism according to both the ICD-10 (World Health Organization, 2004) and the DSM-IV-TR (American Psychiatric Association, 2000) criteria. Two-thirds of the patients ($n=23$) were non-sadistic sex offenders. All participants gave their informed consent prior to participation in the study. The study was approved by the Ethics Committee of the School of Medicine of the University of Regensburg, Regensburg, Germany. Subjects suffering from psychosis, schizophrenia, or mental retardation were excluded. The offenses of the participants included rape, sexual abuse, and sexual assault.

2.2. Design and procedure

2.2.1. Empathy

All participants took the *Multifaceted Empathy Test* (MET; Dziobek et al., 2008). The MET is a computerized test that takes about 35 min to administer and is administered individually. The MET consists of a series of photographs derived from the *International Affective Picture System* (IAPS; P. J. Lang, Bradley, & Cuthbert, 1997). The majority of the pictures show people in emotional states. Participants rate their emotional reactions in response to the pictures. The MET measures both cognitive and emotional components of empathy. The assessment of emotional empathy is further divided into *explicit* and *implicit* modes. To measure the explicit mode of emotional empathy, the subjects are asked to rate the degree of empathic concern they feel for the person depicted in the photograph. To test for the implicit mode of emotional empathy, the subjects are asked to rate their level of arousal caused by the pictures. After rating a picture in terms of cognitive empathy (by inferring the emotional state of the person depicted), the participant receives feedback about the correct response before proceeding to the assessment of explicit and implicit empathy levels. For the assessment of cognitive empathy, the participant is asked to choose the correct description of a mental state from three distracters. The component of emotional empathy is measured by ranking the pictures on an ordinal scale ranging from 1 to 9 (with 1 = very calm and 9 = very aroused). Before beginning the ranking, the subjects are informed that “aroused”, in this context, is not used in reference to sex and/or aggression but in the sense of attachment and/or movement. Five pictograms from the *Self Assessment Manikin* (SAM; P. J. Lang et al., 1997) serve as an additional visual-analog scale. Correct responses to the cognitive empathy conditions are scored as one point and added to a total score. For explicit and implicit emotional empathy, numerical ratings are summed for a total score. The pictures in the MET vary in terms of positive and negative valence. Responses are totaled separately for both types of pictures (i.e., those with positive [+] and negative valence [-]), yielding a total of six indices: *Cognitive Empathy -*, *Explicit Emotional Empathy -*, *Implicit Emotional Empathy -*, *Cognitive Empathy +*, *Explicit Emotional Empathy +*, and *Implicit Emotional Empathy +*. The power of the MET regarding convergent and divergent validity as well as reliability was tested in a mixed sample of 35 autistic and healthy individuals (Dziobek et al., 2008) and found to be in the good to highly satisfactory range. The internal consistency of the MET was sufficient to excellent, with values ranging from $\alpha=.71$ (cognitive empathy) to .91 and .92 (for explicit and implicit emotional empathy, respectively). Furthermore, the emotional MET subscales were significantly correlated ($r=.62$) with a self-report questionnaire of emotional empathy (*Interpersonal Reactivity Index*, IRI;

Davis, 1980). The correlation for cognitive empathy was positive ($r=.28$) but not significant.

2.2.2. Psychopathy

The level of psychopathy was assessed with the *Psychopathy Checklist-Revised* (PCL-R; Hare, 2003), a 20-item rating scale that utilizes both interview and file information. The PCL-R showed good to excellent internal consistency and observer agreement for samples of male forensic patients (Hare, 2003), with a Cronbach's α of .81 and an intra-class correlation coefficient (single measure) of .88. The PCL-R is applicable for German-language samples (Mokros et al., 2011).

2.3. Statistical analyses

All statistical tests were two-tailed, and the type I error rate was set at $\alpha<.05$. The statistical procedures were performed using SPSS 19.0.0 (IBM Corporation, Somers, NY). Statistical power was estimated post hoc using the *G*Power* simulation program, version 3.1.2 for Mac (Faul, Erdfelder, & Lang, 2009).

3. Results

Participants belonged to one of two groups: Sexual sadists ($n=12$) and non-sadistic sexual offenders ($n=23$). There was a significant difference regarding the victims of the sample: four-fifths of the sexual sadists (10 out of 12 individuals) had committed a sexual offense against an adult victim, whereas four-fifths (19 out of 23 individuals) from the non-sadistic comparison group had committed a child sexual abuse offense. Furthermore, the groups of participants differed significantly with regard to victims' age ($p<.001$ in Fisher's exact test). The two groups did not differ significantly with respect to age ($M=43.49$, $SD=13.32$, $t_{(33)}=0.61$, $p=.55$, ns) or PCL-R total score ($M=22.09$, $SD=6.95$, $t_{(33)}=0.971$, $p=.34$, ns).

Although the PCL-R total score was not significantly correlated with any of the outcome measures of the MET, correlations reached $r=-.21$ for *Implicit Emotional Empathy +*. To exclude possible distortions of the results caused by the influence of psychopathic traits on potential empathy (as shown by the correlations), we included psychopathy as a covariate. Therefore, we conducted a multivariate analysis of variance (MANCOVA).

Table 1 summarizes the adjusted sample means (controlled for the PCL-R total score) for both groups of participants. The MANCOVA did not reach significance across all six MET measures of empathy: $F_{(6, 27)}=0.96$, $p=.47$ (ns). As indicated by univariate tests on the individual measures, however, sexual sadists had a significantly lower error rate with regard to the cognitive appraisal of positive cognitive empathy (*Cognitive Empathy +*): $F_{(1, 32)}=5.48$, $p=.026$. The difference between sexual sadists ($M=12.94$, $SE=0.69$) and non-sadistic sexual offenders

Table 1

Adjusted sample means (M) and standard errors (SE, in brackets) of sexual sadists and non-sadistic sex offenders on six measures of empathy functioning, according to the Multifaceted Empathy Test (MET; Dziobek et al., 2008).

MET measure	Sexual sadists ($n=12$) M (SE)	Non-sadistic sexual offenders ($n=23$) M (SE)
Cognitive empathy -	11.98 (0.71)	11.14 (0.51)
Explicit emotional empathy -	95.57 (10.93)	95.62 (7.86)
Implicit emotional empathy -	70.02 (12.32)	72.38 (8.86)
Cognitive empathy +	12.94 (0.69)	10.95 (0.49)
Explicit emotional empathy +	80.98 (10.60)	77.97 (7.62)
Implicit emotional empathy +	65.63 (10.40)	67.93 (7.48)

Note: +: for stimuli with positive valence, -: for stimuli with negative valence.

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