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Evaluation of Empathy in Antisocial Personality Disorder: A Case Series

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Abstract **Case Report**

Antisocial personality disorder (ASPD) represents a major challenge for contemporary psychiatry, manifesting as a persistent disregard for social norms and the rights of others. This study explores the structure of empathy in thirty-two patients diagnosed with ASPD according to DSM-5 criteria within the psychiatry department of a general hospital. The investigation is based on the hypothesis of a functional dissociation between the cognitive and affective components of empathy, rather than a complete absence of empathic capacity. Using the Interpersonal Reactivity Index (IRI) and the Basic Empathy Scale (BES), the analyses reveal a relative preservation of "Perspective Taking" (cognitive empathy), contrasting with a severe deficit in "Empathic Concern" (affective empathy). This study discusses the neurobiological correlates of this desynchronization, notably amygdala hyporeactivity and cortical compensation mechanisms. Finally, therapeutic perspectives centered on Mentalization-Based Treatment (MBT) are examined as a means of restoring the integration between cognition and affect.

Keywords: Antisocial personality disorder, Cognitive empathy, Affective empathy, Interpersonal Reactivity Index, Basic Empathy Scale, Mentalization-Based Treatment.

INTRODUCTION

Antisocial personality disorder is often crystallized, in popular culture and certain criminology textbooks, into the traits of a cold-blooded predator, impervious to any form of human emotion. This reductive view, however, obscures a fundamental clinical complexity: while the antisocial subject is indeed indifferent to the suffering of others, they are nonetheless an attentive and often brilliant observer of the human psyche. At the heart of this pathology lies the enigma of empathy, a multidimensional process whose selective dysfunction constitutes the cornerstone of the disorder.

Empathy, far from being a unitary concept, breaks down into two distinct but normally integrated systems. Cognitive empathy, or the ability to intellectually understand another person's point of view, allows one to identify what a person thinks or feels. Affective empathy, by contrast, corresponds to the emotional response congruent with another's state, enabling one to "feel with" the other [1]. In the antisocial individual, this mechanism appears to suffer from a profound desynchronization [2]. The latter is not "blind" to the emotions of others; they perceive them, but do not share them. This dissociation raises a crucial etiological question: is it an innate biological deficit [3], marked by structural anomalies of the paralimbic system, or an adaptive strategy in response to early hostile or traumatic environments?

The frequency of alexithymia appears to play a mediating role between experienced traumas and acting out [4,5]. Does the antisocial individual use their fine understanding of others (cognitive empathy) to navigate and manipulate their environment, or are they simply a prisoner of an affective void that renders all interaction purely instrumental? This study proposes to answer this question through an analysis of empathic profiles across a case series.

Objectives:

The present study aims to explore the complex dynamics of empathy in subjects with antisocial personality disorder who were hospitalized or followed up in Rabat. The objectives are organized around the following axes:

- Characterization of the empathic profile of antisocial patients.

- Analysis of the instrumental manipulation that facilitates the exploitation of others without the brake of guilt.
- Exploration of the neurobiological correlates: synthesizing knowledge of the neural circuits involved.
- Evaluation of therapeutic perspectives.

MATERIALS AND METHODS

Study Setting and Sampling

The study was conducted within the psychiatry department of the Regional Hospital of Rabat. It is a cross-sectional and qualitative study with a descriptive and analytical aim. The study population consisted of 32 records of male patients, aged 18 to 45 years, managed between November 2022 and November 2025.

The diagnosis of antisocial personality disorder was made in accordance with DSM-5 criteria. Exclusion criteria included incomplete records and the presence of psychiatric comorbidities (schizophrenia, delusional disorders, bipolar disorders in the acute phase). For a multidimensional measurement, we used two scales:

1. The Interpersonal Reactivity Index (IRI)

The IRI, developed by Mark Davis (1980, 1983), is the most widely cited instrument for assessing empathy as a construct with four distinct dimensions [6]:

- Perspective Taking (PT): Cognitive ability to adopt another's point of view.
- Fantasy (FS): Imaginative propensity to identify with fictional characters.
- Empathic Concern (EC): Other-oriented disposition, manifested by compassion.
- Personal Distress (PD): Self-centered anxiety reaction in the face of another's suffering.

2. The Basic Empathy Scale (BES)

The BES was designed by Jolliffe and Farrington (2006) to address certain conceptual limitations of earlier tools, by proposing a clear but complementary binary distinction [7]:

- Cognitive Empathy: Identification and understanding of another's emotional state.
- Affective Empathy: Emotional congruence or sharing of another's feelings.

Procedure and Ethics

Data were extracted anonymously from clinical records, and evaluations were carried out during consultations after informed consent. Scores were compiled and analyzed statistically to determine means and standard deviations.

RESULTS

The sample consisted of 32 male patients who were hospitalized or followed up on an outpatient basis. The demographic characteristics studied were: age, occupational and financial situation, level of education, and judicial history.

Demographic characteristics of the sample (N=32):

Category	Indicators	Results
Gender	Men	100% (n=32)
Age	Range (Mean ± SD)	18–45 years (31.4 ± 7.6)
Occupational status	– Unemployed	62.5%
	– Unstable / precarious employment	25.0%
	– Stable employment	12.5%
Level of education	– Primary / incomplete secondary	59.2%
	– Secondary school diploma	36.4%
	– Higher education	4.4%
Marital status	– Single	68.8%
	– Divorced or separated	21.9%
	– Married	9.3%
Judicial history	– Conviction rate	65%
	– Mean number of incarcerations	1.2

Interpersonal Reactivity Index (IRI) Profile

The results obtained on the IRI confirm a marked asymmetry in the empathic structure of antisocial patients.

IRI Subscale	Mean (N=32)	SD	Interpretation
Perspective Taking	17.4	3.2	Moderate score (relative normality)
Fantasy	10.8	4.1	Low score
Empathic Concern	7.2	2.5	Very low score (major deficit)
Personal Distress	9.1	3.6	Low score

The BES:

It corroborates the desynchronization observed on the IRI, by more strictly isolating the two components of empathy.

BES Dimension	Mean Score	SD	Reference Value (Est.)
Cognitive Empathy	33.5 / 45	4.5	35.0
Affective Empathy	16.8 / 55	5.1	38.0

The deficit crystallizes almost exclusively on the affective side. The ability to identify emotions (Cognitive Empathy) remains functional, with a mean close to that of non-clinical populations. However, emotional sharing (Affective Empathy) is reduced by more than 50% relative to normative expectations. The ratio between cognitive and affective empathy is 1.99 in our patients, compared with approximately 0.92 in a healthy population, illustrating a major functional imbalance.

DISCUSSION

The functional paradox of antisocial personality:

The results suggest that antisocial individuals possess the cognitive tools necessary to decode the mental states of others—which facilitates manipulative and instrumental behaviors—while being constitutionally or adaptively incapable of resonating emotionally with the distress of others.

The antisocial profile is distinguished by a marked dissociation between the two components of empathy: while the cognitive dimension (perspective taking) is preserved, the affective dimension (empathic concern) is severely impaired [8]. This configuration allows the subject to possess a logical understanding of others without experiencing emotional resonance with their suffering [9]. Unlike autism spectrum disorders, antisocial personality has a functional "theory of mind" which, far from being unaware of the other, is characterized by a fundamental indifference placed at the service of manipulation [9, 11]. Thus, cognitive empathy becomes an instrument of predation, allowing the subject to precisely assess the needs and fears of the victim in order to develop strategies of coercion or utilitarian seduction [8].

Neurobiological and behavioral mechanisms of insensitivity:

This emotional disconnection originates in a hyporeactivity of the amygdala, a key structure for detecting fear and sadness in others [12]. To compensate for this deficit in visceral resonance, the antisocial brain recruits cortical regions related to logical reasoning, such as the dorsolateral prefrontal cortex, to "calculate" the mental states of others [13]. This process, devoid of moral coloring and automatic rapidity, explains the absence of inhibition of violence in the face of distress [1, 6, 14]. Clinically, this profile correlates directly with the type of criminality: the deficit in affective empathy favors physical violence [8, 10], whereas a high level of perspective taking facilitates fraud [8]. Furthermore, alexithymia—often arising from childhood traumas—acts as a defense in which affective empathy is sacrificed in favor of purely instrumental survival [15-17].

Therapeutic approaches and rehabilitation through mentalization:

Faced with this pathology of indifference, therapeutic perspectives are evolving toward Mentalization-Based Treatment (MBT). Rather than attempting to restore an often-absent affective empathy, this approach relies on strengthening reflective thinking and emotional regulation [18]. The objective is to use the lever of cognitive empathy, which is preserved, to correct the "hostile attribution bias" that leads the patient to perceive the intentions of others as threatening [19]. By developing relational curiosity and a capacity for reflection even in crisis situations, treatment aims to replace manipulative behaviors with more prosocial interactions, transforming intellectual understanding of the other into a less harmful tool for social navigation [20].

CONCLUSION

The study confirms that antisocial personality is characterized by a dissociation between a sharpened cognitive understanding and an affective atrophy, transforming empathy into a vector of instrumental manipulation. This mechanism, rooted in a specific neurobiological functioning (amygdala deficit and cortical relay), calls for a revision of therapeutic perspectives: the challenge is no longer to restore affect, but to convert this utilitarian social intelligence into a lever for behavioral regulation in order to facilitate reintegration.

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