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# The Relationships Between Psychopathy, Empathy, and Everyday Moral Decision Making in an Undergraduate Sample

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# **The Relationships Between Psychopathy, Empathy, and Everyday Moral Decision Making in an Undergraduate Sample**

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in Psychology.

By  
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Under the mentorship of Amy A. Hackney, Ph.D.

## **ABSTRACT**

Psychopathy is a personality disorder characterized by interpersonal manipulation, callous affect, erratic lifestyle, and criminal tendencies. Past research has shown that individuals high in psychopathy feel less empathy than those lower in psychopathy, and that individuals higher in psychopathy sometimes show impaired morality on moral decision making tasks. This study examined the relationships between psychopathy, empathy, and everyday moral decision making; it was hypothesized that individuals higher in total psychopathy, interpersonal manipulation, and callous affect would score lower on empathic concern and feelings of wrongness and guilt when completing a moral dilemma task. To test this hypothesis, 190 undergraduate participants completed a measure of psychopathy, empathy, and an everyday moral decision making task. Consistent with past research, results indicated that individuals higher in psychopathy scored lower on measures of empathy, wrongness, and guilt compared to those lower in psychopathy. Further analyses were conducted to examine the relationship between psychopathy and moral decision making once controlling for empathy; results indicated that the strength of correlations between psychopathy and moral decision making decreased when controlling for empathy. These findings increase our understanding of the relationship between psychopathy and moral decision making and imply that empathy plays an important role in this relationship. This study holds implications for future therapeutic practices for individuals high in psychopathy and for future research.

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The Relationships Between Psychopathy, Empathy, and Everyday Moral Decision Making  
in an Undergraduate Sample

The United States has an extremely large prison population, and a disproportionate portion of that population exhibit increased levels of psychopathic personality traits. In the United States, there are between 15 and 25 percent of the inmate population that are classified as psychopathic by the Psychopathy Checklist-Revised (PCL-R), which is currently the best established test of psychopathy in a forensic population (Hare, 2003; Skeem et al., 2011). Similar prevalence rates are seen in other countries, such as in the United Kingdom where there is between a 26 and 28.4 percent psychopathy rate in the incarcerated population (Hobson & Shine, 1998). In the general population of the United States, less than one percent can be classified as psychopathic (Hare, 2003; Skeem et al., 2011).

Deficits in moral processing in individuals high in psychopathy has been recognized since the establishment of the concept of psychopathy, as psychopathy even used to be referred to as “moral insanity” (Prichard, 1835). Additionally, it has been speculated that the reason individuals high in psychopathy may have deficits in moral reasoning is because of their lower levels of empathy. The associations between psychopathy, moral decision making, and empathy, however, have yet to be empirically tested. The purpose of the current research was to investigate the relationship between psychopathy and moral decision making and to assess whether this relationship can be explained by the shared relationship with empathy.

### **Psychopathy**

Psychopathy is a personality disorder comprised of four facets: interpersonal manipulation, callous affect, erratic lifestyle, and criminal tendencies (Hare, 2003; Skeem et al., 2011). The interpersonal manipulation facet includes glibness, over inflated sense of self-worth, and pathological lying. The callous affect facet of psychopathy includes lack of remorse, shallow affect, lack of empathy, and failure to accept responsibility for actions (Hare, 2003; Skeem et al, 2011). The erratic lifestyle facet includes having a proneness to boredom, parasitic lifestyle, lack of realistic long-term goals, impulsivity, and irresponsibility. Lastly, the criminal tendencies facet includes poor behavior controls, early behavioral problems, juvenile delinquency, revocation of conditional release, and criminal versatility (Hare, 2003; Skeem et al., 2011).

The PCL-R, which is the measure that has dominated the field and helped to define psychopathy, is the basis upon which many of the definitions and measures of psychopathy are based and to which they are compared (Skeem et al., 2011). The PCL-R is used primarily for clinical and forensic assessments of psychopathy; other measures have been developed to assess subclinical psychopathy in non-clinical settings such as community or undergraduate populations, like the Self-Report Psychopathy Scale-Version III (SRP-III; Paulhus, Neumann, & Hare, 2015).

### **Empathy**

Empathy can be broadly understood to be an affective state that is caused by the simulated sharing of emotions with another person (Seara-Cardoso, Neumann, Roiser, McCrory, & Viding, 2011). Empathy is an encompassing term that includes eight interrelated psychological states: (1) recognizing what a person is feeling, (2) imagining what another person is thinking, (3) putting oneself in another's shoes, (4) projecting

oneself into the state of another person or object, (5) feeling the same as another person, (6) feeling concern for another based upon their situation, (7) feeling personally distressed by another's negative situation, or (8) matching the behavior of another (Batson, 2011). The first four states can be classified as cognitive empathy, the next three can be classified as affective empathy, and the last is categorized as behavioral empathy.

Affective empathy, or emotional empathy, can be defined as a subject's emotional state resulting from observing or imagining another person's emotional state. The empathic state of emotion is isomorphic, but the person experiencing it understands that this emotional state is a result of a vicarious reaction to an emotional state of another person (Seara-Cardoso et al., 2011; Singer, 2006). Affective empathy (e.g., feeling the same as another person, feeling concern for another based upon their situation, and feeling personally distressed by another's negative situation) is consistently found to be impaired in individuals high in psychopathy (Lishner et al., 2012).

### **Psychopathy and Empathy**

In previous research, psychopathy levels were consistently and significantly associated with low affective empathy levels (Lishner et al., 2015). Research by Glenn, Iyer, Graham, Koleva and Haidt (2009) showed that higher psychopathy scores are highly predictive of decreased abilities to take another person's perspective and decreased empathic concern for another person in a negative situation. Similar results have been found in other studies utilizing self-report measures of psychopathy and affective empathy (Aharoni, Antonenko, & Kiehl, 2011). The diminished capacity to experience affective empathy is one of the best recognized aspects of psychopathy and has been central to the concept in its definition as measured by Hare's PCL-R (Hare, 2003; Lishner et al., 2012).

Studies have shown that those higher in psychopathy score consistently lower on tests of empathy than those lower in psychopathy (Glenn et al., 2009; Seara-Cardoso et al., 2011). One study done by Seara-Cardoso and colleagues (2011) tested if men higher in psychopathy could empathize as effectively as men lower in psychopathy when shown faces depicting different expressions of emotion. Results showed that when compared to those lower in psychopathy, individuals higher in psychopathy were not able to empathize as effectively when they were asked to empathize with faces shown to them on a screen and imagine what emotion that person was feeling. Female samples have similarly shown that high levels of psychopathic traits are correlated with low scores on empathy tests and diminished response towards sadness and fearfulness in others (Seara-Cardoso et al., 2011). Other studies have shown similar results with different prompts. Studies have examined the empathic concern of those with varying levels of psychopathy when presented with short stories of others in troubling situations and found similar results: lower empathic concern ratings in those who are higher in psychopathy when compared to those lower in psychopathy (Glenn et al., 2009).

Examining the relationship between psychopathy and empathy has extended to brain imaging as well, and is one of the most objective ways to show if there is a differential relationship between those characterized by psychopathy and those not, as it is impossible to lie on a brain scan which is characteristic of psychopathy (Meffert, Gazzola, den Boer, Bartels, & Keysers, 2013). During empathy inducing tasks, Meffert and colleagues (2013) have shown that in average adult brains certain empathy-related areas consistently show activity through brain imaging. These areas include the thalamus, hippocampus, portions of the temporal, frontal, parietal and medial gyrus, and the parietal, temporal, insular, and

frontal lobes. In psychopathic individuals, brain imaging during the same task showed reduced activations, especially in the temporal, insular, parietal and the frontal lobes. These neural markers of empathy showed significant decreases in activity in individuals higher in psychopathy levels when given empathy tasks which required subjects to feel emotions of others and witnessing pictures of others expressing emotion (Gonzalez-Liencre, Shamay-Tsoory, Brune, 2013; Meffert et al., 2013).

### **Moral Decision Making**

The concept of morality is one that has been undergoing change in the past few decades in the field of psychology. Lawrence Kohlberg was one of the most profound researchers and theorists in the field and based his concepts of morality around justice for others (Graham et al., 2011). Graham and colleagues point out that Kohlberg's theory focuses on actions taken towards others, specifically how well people treated others. The most widely accepted definition of the moral domain is "prescriptive judgments of justice, rights and welfare pertaining to how people ought to relate to each other" (Turiel, 1983, p. 3). Anything that is outside of this definition, such as topics that may be considered moral decisions for the purposes of topics as religion or politics, are considered to be a non-moral domain and are not included in this definition.

Central to the psychology of morality is studying moral decision making and moral judgment (Haidt, 2001). Moral decision making tasks are the most commonly used method for studying morality and has extensive verification of external validity (Haidt, 2001). One of the most widely used of the moral dilemmas is what is referred to as the trolley car task (Greene et al., 2001). The dilemma explains that there is a trolley car going down its tracks headed straight towards a group of five workers who will be hit and killed by the trolley

car if it continues on its current path. However, there is a switch that can turn the trolley car to a second set of tracks that will instead kill three workers on that set of tracks. The participant is asked to decide if they will allow the trolley car to continue on its current trajectory, or if they would intervene and cause the trolley car to go down the second set of tracks (Greene et al., 2001).

Moral decision making can be broken down into two aspects: impersonal moral actions and personal moral actions (Cima, Tonnaer, & Hauser, 2010). Impersonal moral actions are actions that have some sort of disconnect between the person choosing the action and the people that it is affecting (Cima et al., 2010). Using the trolley car dilemma as an example, this would be similar to the scenario presented as the trolley car is moving towards five people but you can change the direction of the track to hit only one person. In this scenario, the participant would be asked to choose between five people dying and one person dying but still have the moral ambiguity of not directly killing either the five or one person, whichever group they choose to live and die. On the other hand, personal moral actions involve moral actions that are directly involved in the situation and there is no disconnect between the people and the decision (Cima et al., 2010). Still using the trolley car example, this could manifest in the participant being forced to choose between five people dying if they do nothing, or one person dying if they directly push another person onto the track in front of the moving trolley. The end result is still the same, one person dying or five people dying, but when given a personal moral action the participant is given a more direct influence and is made to feel more responsible for the outcome of the situation rather than being able to take themselves out of the situation to make the decision an impersonal moral action (Cima et al., 2010).

## **Psychopathy and Moral Judgment**

Individuals high in psychopathy are often associated with immoral and sometimes violent behavior, and this leads to a prison sentence at a much higher rate than individuals low in psychopathy (Hare, 2003; Hare & Neumann, 2008). Given similar situations, individuals low in psychopathy and individuals high in psychopathy rate impersonal moral actions as morally permissible (Cima et al., 2010). However, individuals higher in psychopathy rate personal moral actions as more morally permissible than individuals lower in psychopathy (Cima et al., 2010). Therefore, even though individuals high in psychopathy show diminished emotional processing, they are either able to maintain a level of emotional processing high enough for the purpose of the study or were able to carry out the task in a “normal” way without normal emotional processing (Cima et al., 2010). However, individuals high in psychopathy also showed a higher acceptance of morally inappropriate actions than those who are lower in levels of psychopathy (Cima et al., 2010).

In the past, research focusing on the relationship between psychopathy and moral or ethical decision making has sometimes shown that people higher in psychopathy scored similarly as those lower in psychopathy (Aharoni et al., 2011). These results have led to the theory that those high in psychopathy are able to recognize what it is that most people would consider to be a moral dilemma and are able to choose what most people would choose when asked to make a decision. Researchers who have looked at this relationship between psychopathy and moral decision making have hypothesized that at the heart of psychopathy lies a disconnect between emotional processing and control of behavior, rather than the ability to tell which decision is considered to be the moral choice. Therefore, those high in psychopathy may be able to tell which choice they should make but don't

choose that option (Aharoni et al., 2011). Research has also shown that people high in psychopathy have a reduced value of harm prevention and fairness, but this cannot be explained simply by the inability to distinguish right and wrong (Aharoni et al., 2011). Therefore, there must be another factor in their emotional processing that contributes to this lack of moral values.

Another theory arose from a study conducted by Cardinale and Marsh (2014), where the relationship between psychopathy and moral decision making was examined. They found that individuals higher in psychopathy show impaired moral reasoning in moral decision making tasks involving causing others emotional distress (in this case specifically fear), while finding very minimal impairment when situations involving physical harm were presented (Cardinale & Marsh, 2014). Cardinale and Marsh theorized that the inconsistency in past studies in the associations between psychopathy and moral decision making has been that the scenarios show individuals experiencing varying levels of fear in the scenario. This variation in fear levels could be affecting the decision made on the moral decision tasks for individuals high in psychopathy (Cardinale & Marsh, 2014).

### **Current Study and Hypotheses**

Those high in psychopathy are low in affective empathy and make different moral decisions than those lower in psychopathy during some decision making tasks but not others (Hare, 2003; Lishner et al., 2012). It has been suggested that individuals high in psychopathy understand what the correct moral decision is when making a moral decision not based upon emotional distress, but they have a disconnect in their emotional processing which contributes to the past varied results in psychopathy and moral decision making

research (Cima et al., 2010). It has also been shown that at the core of psychopathy lies a decreased ability to experience affective empathy (Cima et al., 2010). Some researchers have assumed that a lack of empathy explains why individuals higher in psychopathy have reduced moral decision making. However, to date, research has yet to empirically examine the relationships between psychopathy, moral decision making, and empathy. The current study aimed to investigate and clarify these relationships. We hypothesized that total SRP-III Psychopathy scores, Interpersonal Manipulation, and Callous Affect would all have significant, negative correlations with empathic concern because in past research, psychopathy has been shown to be negatively correlated with empathy (Lishner et al., 2015). It was also hypothesized that Interpersonal Manipulation and Callous Affect would show significant, negative relationships with guilt, wrongness and empathic concern as both IPM and CA have shown to have similar negative relationships with empathic concern (Lishner et al., 2015). We also hypothesized that psychopathy and moral decision making would be significantly related because of their shared relationships with empathy. The specific hypotheses are as follows:

Hypothesis 1 - Total SRP-III psychopathy scores would have significant negative relationships with guilt, wrongness, and empathic concern on a moral decision making task.

Hypothesis 2 – The facet of Interpersonal Manipulation would have significant negative relationships with guilt, wrongness, and empathic concern on a moral decision making task.

Hypothesis 3- The facet of Callous Affect would have significant negative relationships with guilt, wrongness, and empathic concern on a moral decision making task.

Hypothesis 4- The relationships between psychopathy and guilt and wrongness on a moral decision making task would be reduced or eliminated when controlling for levels of empathy.

## Method

### Participants

**Recruitment.** A total of 238 undergraduates from Georgia Southern University were recruited through the university's online SONA survey system. Individuals 18 and older were eligible for the study, and there were no race, major, or gender restrictions. Each participant earned course credit or extra credit towards a psychology course as an incentive to participate in the study.

**Demographics.** After data were downloaded from the Qualtrics software, analyses were conducted using IBM SPSS Statistics (version 23.0). This study included a sample of 190 participants after excluding 48 participants for not correctly answering all 5 catch questions. Participants included in the study consisted of 67 men (35.3%) and 123 women (64.7%) aged from 18 to 37 ( $M = 19.65$ ,  $SD = 2.18$ ). Of the 190 participants, 115 (60.5%) identified as White or Caucasian, 53 (27.9%) identified as Black or African American, 6 (3.2%) identified as Hispanic or Latino, 4 (2.1%) identified as Asian American, 1 (0.5%) identified as American Indian, 9 (4.7%) identified as Multiple Ethnicities, and 2 (1.1%) identified as Other. See Table 1 for additional demographics.

Table 1

*Demographic Information*

	<i>M</i>	<i>SD</i>
Age	19.65	2.19
	<i>N</i>	%
Gender		
Female	123	64.7
Male	67	35.3
Race/Ethnicity		
White or Caucasian	115	60.5
African American or Black	53	27.9
Hispanic or Latino	6	3.2
Asian or Pacific Islander	4	2.1
Multiracial	9	4.7
Other	2	1.1
Level in School		
1 <sup>st</sup> year	88	46.3
2 <sup>nd</sup> year	45	23.7
3 <sup>rd</sup> year	41	21.6
4 <sup>th</sup> year	9	4.7
Greater than 4 <sup>th</sup> year	7	3.7

**Materials**

**Self-Report Psychopathy Scale-Version** The SRP-III is a 64 question self-report questionnaire that uses the four facets of psychopathy used by the PCL-R (Skeem et al, 2011). These are interpersonal manipulation (IPM), callous affect (CA), erratic lifestyle (ELS), and criminal tendencies (CT). Participants were given Likert-style questions ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Using the following key, individual facet scores for each participant were calculated, with an *R* indicating a reverse coding for that question.

- Interpersonal Manipulation: 3, 8, 13, 16*R*, 20, 24*R*, 27, 31*R*, 35, 38*R*, 41, 45, 50, 54, 58, and 61*R*

- Callous Affect: 2, 7, 11R, 15, 19R, 23R, 26R, 30, 33, 37, 40, 44R, 48, 53, 56, and 60
- Erratic Lifestyle: 1, 4, 9, 14R, 17, 22R, 25R, 28, 32, 36R, 39, 42, 47R, 51, 55, and 59
- Criminal Tendencies: 5R, 6R, 10, 12, 18R, 21R, 29, 34R, 43, 46R, 49, 52, 57, 62, 63, and 64

Example questions for each facet include:

- Interpersonal Manipulations: “I purposely flatter people to get them on my side”
- Callous Affect: “I don’t bother to keep in touch with my family anymore”
- Erratic Lifestyle: “I’ve often done something dangerous just for the thrill of it”
- Criminal Tendencies: “I have broken into a building or vehicle in order to steal something or vandalize”

The SRP–III was developed to measure psychopathy in undergraduates rather than an incarcerated population which is why it was used in this study (Hare, 2003). The SRP-III is most commonly used measure in non-clinical samples (which are usually undergraduate college students) and has been extensively validated to do so (Skeem et al., 2011). Consistent with past research (Lishner et al., 2012; Lishner et al., 2015), the SRP-III total scale ( $\alpha=.92$ ) and the individual facets (Interpersonal Manipulation  $\alpha=.85$ , Callous Affect  $\alpha=.78$ , Erratic Lifestyle  $\alpha=.77$ , and Criminal Tendencies  $\alpha=.73$ ) showed acceptable to excellent internal consistency.

**Moral Dilemmas and Empathic Concern.** The moral dilemmas used in this study were adapted from a moral dilemmas task created by Seara-Cardozo and colleagues (2011). We adapted the items to better fit a United States undergraduate population. An example

of a moral dilemma in this task is “You are walking down the street on your way to class when you spot a wallet lying on the ground. You pick up the wallet and see that there are several hundred dollars inside. You really need money to pay for textbooks, so you decide to keep the cash and leave the rest of the wallet on the ground.” Participants were then asked “How guilty would you feel?” to measure guilt, “How wrong would this be?” to measure wrongness, “How much compassion do you feel for the other person in the situation?” to measure compassion, and “How much sympathy do you feel for the other person in the situation?” to measure sympathy. Participants were given Likert-style responses to the questions ranging from 1 (Not at all) to 7 (A Lot). The responses to the questions asking for compassion and sympathy were combined to create a total empathic concern score. The responses to the 15 morality items were averaged to create an average wrongness score, guilt score, and empathic concern score. For the current study, response scores for wrongness ( $\alpha = .85$ ), guilt ( $\alpha = .89$ ), and empathic concern ( $\alpha = .95$ ) showed good to excellent internal consistency.

**Demographics.** Participants completed a demographics measure asking for age, gender, racial/ethnic identity, level in school, major in school, primary language, and fluency in English. A full version of this measure can be found in Appendix B.

### **Procedure**

Each participant was given access to the study through the Georgia Southern SONA system, which directed them to the online research survey on Qualtrics to be completed at a time and place of their choosing. Upon accessing the study, participants first read an informed consent (Appendix A) which asked for a digital signature after careful reading. Upon completion participants were prompted with the SRP-III, which was untimed. After

completing the SRP-III participants were then directed to the Moral Dilemmas and Empathic Concern Task. Participants were given 13 seconds to read each scenario, then another 13 seconds to read the second part of the dilemma where action was taken by the individual in the scenario. Thirteen seconds was determined by pretesting the materials, where participants noted that 13 seconds was adequate time to spend with each section without being too much time so that there was much, if any, extra time. Participants then completed questions concerning guilt, wrongness, compassion, and sympathy. After the Moral Dilemmas task, participants completed the demographics questionnaire. Participants were then prompted with a screen with instructions to send an email to a set address to receive course credit for the study.

## **Results**

### **Descriptive Statistics**

Descriptive Statistics including Cronbach's Alpha, mean, standard deviation, and range were calculated for each measure used in this study, and each facet of the measures (SRP-III Total, Interpersonal Manipulation, Callous Affect, Erratic Lifestyle, Criminal Tendencies, Wrongness, Guilt, and Empathic Concern). Detailed results can be found in Table 2.

Table 2

*Descriptive Statistics for All Measures*

Scale	Alpha	<i>M</i>	<i>SD</i>	Range	Possible Min and Max Range
Psychopathy					
SRP-Total	.92	144.23	26.71	73-213	64-320
SRP-IPM	.85	39.87	9.27	19-61	16-80
SRP-CA	.78	37.59	8.28	18-56	16-80
SRP-ELS	.77	42.04	8.57	18-63	16-80
SRP-CT	.73	24.73	6.94	16-49	16-80
Guilt	.89	5.85	0.93	2.73-7	1-7
Wrongness	.85	6.00	0.73	3.87-7	1-7
Empathic Concern	.96	5.68	0.97	2.87-7	1-7

**Gender Differences**

A series of between-subjects independent samples t-tests were conducted to examine potential gender differences for psychopathy, guilt, wrongness and empathic concern. Results showed that men scored significantly higher on psychopathy, and significantly lower on guilt, wrongness, and empathic concern than did women. Detailed gender statistics can be found in Table 3.

Table 3  
*Gender Group Statistics*

Measure	Gender	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	dF	<i>p</i>	<i>d</i>
Psychopathy								
SRP-Total	Men	67	157.63	22.80	5.48	188	<.001***	0.85
	Women	123	136.94	25.92				
SRP-IPM	Men	67	43.73	8.73	4.44	188	<.001***	0.68
	Women	123	37.76	8.90				
SRP-CA	Men	67	42.09	6.34	6.02	188	<.001***	0.95
	Women	123	35.15	8.20				
SRP-ELS	Men	67	44.73	6.74	3.57	171	.001***	0.52
	Women	123	40.58	9.11				
SRP-CT	Men	67	27.07	7.54	3.36	115	.001***	0.52
	Women	123	23.45	6.25				
Guilt	Men	67	5.65	1.01	-2.12	120	.04*	0.33
	Women	123	5.96	0.87				
Wrongness	Men	67	5.81	0.77	-2.76	188	.006**	0.41
	Women	123	6.11	0.69				
Empathic Concern	Men	67	5.48	0.96	-2.09	188	.04*	0.32
	Women	123	5.79	0.97				

\*. Mean difference is significant at the 0.05 level (2-tailed); \*\*. Mean difference is significant at the 0.001 level (2-tailed).

### Correlational Analyses

In order to assess relationships between all dependent variables, correlational analyses were computed using Person's product-moment correlation coefficient (*r*) and reported in Table 4. Analyses showed large positive association between total psychopathy scores and all four facet scores, as well as large positive association among facet scores. Analyses also showed large positive association between guilt, wrongness, and empathic concern.

As hypothesized, for guilt felt during the moral decision making task and psychopathy, there was a large negative association between ratings of guilt and total psychopathy scores, a large negative association between ratings of guilt and IPM traits,

and a large negative association between ratings of guilt and CA traits. There was also a moderate negative association between ratings of guilt and ELS traits, and a moderate negative correlation between rating of guilt and CT traits.

As hypothesized, for wrongness felt during the moral decision making task and psychopathy, there was a moderate negative association between ratings of wrongness and total psychopathy scores, a moderate negative association between ratings of wrongness and IPM traits, and a moderate negative association between ratings of wrongness and CA traits. There was also a weak negative association between wrongness and ELS traits, and a weak negative association between wrongness and CT traits.

As hypothesized, for empathic concern felt during the moral decision making task and psychopathy, there was a moderate negative association between empathic concern and total psychopathy scores, a moderate negative association between empathic concern and IPM traits, and a strong negative association between empathic concern and CA traits. Additionally there was also a moderate negative association between empathic concern and ELS traits, and there was a moderate negative association between empathic concern and CT traits.

Table 4  
*Correlational Analyses*

	1.	2.	3.	4.	5.	6.	7.	8.
1. SRP-Total	1	--	--	--	--	---	---	---
2. SRP-IPM	<b>.878**</b>	1	--	--	--	---	---	---
3. SRP-CA	<b>.785**</b>	<b>.618**</b>	1	--	--	---	---	---
4. SRP-ELS	<b>.829**</b>	<b>.629**</b>	<b>.516**</b>	1	--	---	---	---
5. SRP-CT	<b>.717**</b>	<b>.530**</b>	<b>.366**</b>	<b>.499**</b>	1	---	---	---
6. Guilt	<b>-.539**</b>	-	-	-	<b>-.321**</b>	1	---	---
7. Wrongness	<b>-.486**</b>	<b>.531**</b>	<b>.518**</b>	<b>.345**</b>	<b>-.290**</b>	<b>.855**</b>	1	---
8. Empathic Concern	<b>-.475**</b>	<b>.480**</b>	<b>.491**</b>	<b>.287**</b>	<b>-.234**</b>	<b>.830**</b>	<b>.799**</b>	1
		<b>.430**</b>	<b>.515**</b>	<b>.323**</b>				

\*\* . Correlation is significant at the 0.01 level (2-tailed).

In order to assess relationships between all dependent variables after controlling for empathic concern, partial correlational analyses were computed and are reported in Table 5. Analyses showed moderate to large positive correlations between total psychopathy scores and all four facet scores. Analyses also showed a large positive correlation between guilt and wrongness.

For guilt felt during the moral decision making task and psychopathy after controlling for empathy, there was a weak negative association between ratings of guilt and total psychopathy scores, a moderate negative association between ratings of guilt and IPM traits, and a weak negative association between ratings of guilt and CA traits. There was also a weak negative correlation between ratings of guilt and ELS traits, and a weak negative association between ratings of guilt and CT traits.

For wrongness felt during the moral decision making task and psychopathy after controlling for empathy, there was a weak negative association between ratings of wrongness and total psychopathy, a weak negative association between ratings of

wrongness and IPM traits, and a weak negative association between ratings of wrongness and CT traits. There was also a weak negative association between wrongness and CT traits, and there was no association between wrongness and ELS traits.

In comparison with analyses run before controlling for empathic concern, analyses after controlling for empathic concern showed decreased strength of all associations examined in this study.

Table 5  
*Correlational Analyses after Controlling for Empathic Concern*

	1.	2.	3.	4.	5.	6.	7.
1. SRP-Total	1	--	--	--	--	---	---
2. SRP-IPM	<b>.848***</b>	1	--	--	--	---	---
3. SRP-CA	<b>.716***</b>	<b>.513***</b>	1	--	--	---	---
4. SRP-ELS	<b>.811***</b>	<b>.574***</b>	<b>.431***</b>	1	--	---	---
5. SRP-CT	<b>.705***</b>	<b>.486***</b>	<b>.290***</b>	<b>.458***</b>	1	---	---
6. Guilt	<b>-.294***</b>	<b>-.345***</b>	<b>-.190**</b>	<b>-.146**</b>	<b>-.221**</b>	1	---
7. Wrongness	<b>-.204**</b>	<b>-.251***</b>	<b>-.155*</b>	-.050	<b>-.165**</b>	<b>.572***</b>	1

\*\* . Correlation is significant at the 0.01 level (2-tailed), \* . Correlation is significant at the 0.05 level (2-tailed).

## Discussion

The purpose of this research was to assess the relationship between psychopathy, empathy, and everyday moral decision making in an undergraduate sample. Specifically, this study examined how much of a role empathy plays in everyday moral decision making tasks when examining psychopathy levels.

Gender differences were examined for psychopathy and findings were consistent with past research. Men scored higher on average in every facet of psychopathy, as well as in total psychopathy. This is consistent with past research which has shown that men on average score higher than women on psychopathy measures (Glenn, 2009; Seara-Cardoso et al., 2013). Additionally, this study found that men scored significantly lower than did women on empathic concern, wrongness, and guilt. This is consistent with past research as men score higher on average on psychopathy tests, and lower on empathy tests when compared to women (Lishner et al., 2015; Seara-Cardoso et al., 2011).

Hypothesis 1 stated that participants that scored higher in total psychopathy would score lower on guilt, wrongness, and empathic concern. Hypothesis 2 stated that individuals who scored high in IPM traits would score lower on guilt, wrongness, and empathic concern. Additionally, hypothesis 3 stated that participants that scored high in CA traits would also score lower on guilt, wrongness, and empathic concern. Hypothesis 4 stated that the relationships between psychopathy and moral decision making would be reduced when controlling for levels of empathy. All of these hypotheses were supported by the results of this study. Congruent with past research, results suggest that psychopathy does play an important role in the amount of empathy, guilt and wrongness felt by participants in everyday moral dilemmas. In addition to finding that SRP-III psychopathy scores, IPM traits, and CA traits all had strong, significant, negative correlations with

guilt, wrongness, and empathic concern, this study also showed that ELS traits and CT traits also showed moderate significant negative correlations with guilt, wrongness, and empathic concern. These results are similar to past research when looking at the relationships between psychopathy and empathy (Lishner et al., 2015) and help to clarify the ambiguous relationship between psychopathy and moral decision making. Current results indicate that individuals higher in psychopathy rated the personal moral dilemmas used in this study as less wrong, and they would feel less guilt, showing similarities to research which has shown that individuals high in psychopathy rate personal moral dilemmas as more permissible (Cima et al., 2010).

Partial correlations controlling for empathic concern were conducted to determine the strength of the association between psychopathy and moral decision making when empathy was removed. After controlling for empathy, the strengths of the associations decreased, but were still significant in all relationships except for the relationship between ELS traits and wrongness. Total SRP-III psychopathy scores were still significantly correlated with both guilt and wrongness however the strength of the correlations were reduced from strong to moderate. This same reduction in correlation strength from strong to moderate was also observed in ELS traits and CA traits where strengths of correlations were similarly reduced from strong to moderate when compared to guilt and wrongness. After controlling for empathic concern, there was also a decrease shown in the relationship between ELS traits and guilt and wrongness, as well as a decrease shown in the relationships between CT traits and guilt and wrongness. The relationship between ELS traits and wrongness before controlling for empathic concern was a moderate strength. After controlling for empathic concern, there was no longer a relationship between the two variables. The relationship between ELS traits and guilt also decreased, to a small relationship. The

relationships between CT traits and both guilt and wrongness both decreased from moderate to small when empathic concern was controlled for.

This decrease in strength of correlations supports the theory that empathy plays a role in moral decision making for individuals high in psychopathy. Past research has shown that empathy is decreased in individuals high in psychopathy, and has also shown that individuals high in psychopathy rate personal moral dilemmas as more permissible than individuals low in psychopathy (Cima et al., 2010; Lishner et al., 2015). The variation in the results from past research regarding the relationship between psychopathy and moral decision making could be explained by the fact that individuals high in psychopathy may make different decisions on moral decision making tasks when the tasks have a clear individual with which the participants are supposed to empathize. This may give participants who are lower in psychopathy the opportunity to empathize with these individuals and make a decision that those higher in psychopathy would not make as they do not empathize as much with targets in the moral dilemmas. The fact that the relationships between the facets of interpersonal manipulation and callous affect and levels of guilt and wrongness were reduced, but not eliminated when controlling for empathy suggests that empathy is not the only factor that links psychopathy and moral decision making.

### **Implications for Research and Practice**

The results of this study help to show that the relationship between psychopathy and everyday moral decision making is related to empathy levels. While this is a preliminary study and needs more research to fully explore all theoretical and practical implications of this finding, it does help to give a possible direction for future research. Future research investigating the relationship between psychopathy and moral decision making should take into account empathy levels for the other individuals in the dilemmas. For instance, if the scenario presented is a personal

dilemma that involves one specific person for the participant to be able to empathize with, future researchers should expect to see that participants higher in psychopathy will score differently than those who are lower in psychopathy, since those higher in psychopathy will not empathize as well as with the individual in the scenario compared to those lower in psychopathy. Further research needs to be done to determine if the results of this study will be replicated for similar but not identical methodologies, such as looking at non-undergraduate populations, dilemmas that are not considered to be every day, and dilemmas that do not specify one particular person to feel empathy towards. However, these preliminary findings could hold implications for future directions for therapeutic techniques for individuals who are higher in psychopathy. These implications include possible empathy exercises for those higher in psychopathy to try to increase the amount of empathy felt for others in negative situations. This could help to improve personal moral decision making.

### **Limitations**

This study had several limitations that could be worth exploring in future research. This study used self-report measures to assess all of the variables of the study including psychopathy, empathy, guilt, and wrongness. There is no way to know if participants responded truthfully to all questionnaires or not. For future research, it may be possible to use observational measures of psychopathy and empathy rather than self-report measures. This study also used a convenience sample of only undergraduate students enrolled in psychology courses at Georgia Southern University. Future research could expand on this by applying the concepts to a diverse population with a wider range of ages, educational backgrounds, and locations that this study did not include. This study also did not manipulate any variables so causation cannot be implied. Future research could attempt to manipulate the variables in this study to test for causal relationships between

psychopathy, empathy, and moral decision making. Future research could also explore mediation models to see if empathy partially or fully mediates the relationships between psychopathy and moral decision making.

### **Conclusion**

In conclusion, the results of this research showed that empathy plays a role in moral decision making for those high in psychopathy. Individuals higher in psychopathy feel less empathy for those in personal moral decision making tasks and find the negative action taken towards the individuals in the tasks to be less wrong than those who are lower in psychopathy. This is a field that needs more research to explore what factors are contributing towards the differences in moral decision making by individuals lower and higher in psychopathy.

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## Appendix A

### Informed Consent

#### Personality and Moral Judgment Survey

This study is being conducted by Justin Kemple, Courtney Beussink, and Dr. Amy Hackney. Justin Kemple is an undergraduate student, Courtney Beussink is a student in the Master's Experimental Psychology, and Dr. Amy Hackney is a faculty member of the Psychology Department at Georgia Southern University.

The purpose of this research is to assess the relationship between personality and moral judgments. Participation in this research will include completing questionnaires assessing beliefs on various topics, a questionnaire assessing personality, and a demographics questionnaire.

Risks associated with this experiment are no greater than those found in common everyday activities, such as reading or watching the news, or viewing social media. Possible risks include slight physical or mental discomfort due to the content of some of the questions.

Participation in this study will not benefit you directly. However, your participation may benefit others by contributing to a body of knowledge that can be used to improve our understanding of how certain factors may affect decision making.

Participation in this study will take approximately 30 minutes.

This study is completely anonymous. Your name and any other identifying information will not be linked with any information you provide nor will it be attached to or stored with your responses. All data will be stored on a password protected data file for at least seven years and only the research team will have access to the data. Deidentified or coded data from this study may be placed in a publically available repository for study validation and further research. You will not be identified in the data set or any reports using information obtained from this study and your confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions. Your name and other identifying information will never be reported in connection with your responses. The fact that you completed this study will remain anonymous to the fullest extent of the law.

Participants have the right to ask questions and have those questions answered. If you have questions about this study, please contact the primary researcher, whose contact information is located on SONA. For questions concerning your rights as a research participant, contact Georgia Southern University Office of Research Services and Sponsored Programs at 912-478-0843.

Your participation in this study will fulfill 0.5 credit units of your "experiment participation" assignment in your Introduction to Psychology course (please see the handout provided in your class for details regarding your assignment). If you have met the criteria for that assignment, your participation in this study will provide you with 0.5 units of extra credit toward your grade if

allowed by your instructor. Students enrolled in courses other than Introduction to Psychology who wish to participate will receive credit that will be decided by your course instructor. You will have other opportunities to fulfill this course requirement if you choose not to participate in this study by participating in another or completing an alternative assignment.

You may withdraw from this study at any time. If you decide not to participate, please contact the primary researcher. You may stop at any time during the study and you may withdraw your data after completing the experiment. You may also skip any question that causes discomfort or distress. Completion of the survey implies that you agree to participate and your data may be used in this research. There is no penalty for deciding not to participate in the study. You may decide at any time you don't want to participate further and may withdraw without penalty or retribution.

You must be 18 years of age or older to consent to participate in this research study. Since we cannot obtain your signature, we must obtain your consent through other means. If you have read and understood the instructions and terms of this study and would like to participate as a volunteer, please click the "I Agree" box below and click >> to begin the survey. If you do not wish to take this survey or are hesitant about participating, check the "I Disagree" box below and then click >> to exit out of the survey.

You may print a copy of this consent form to keep for your records. This project has been reviewed and approved by the GSU Institutional Review Board under tracking number H16313.

I have read and understood the above consent form and wish to participate in this study.

I Agree

I Disagree

## Appendix B

### Demographics Questionnaire

**INSTRUCTIONS: Complete the following demographic information. Please note that all personal information will be kept completely confidential and none of the responses you provide will be connected to your name, email address, or other identifying information.**

1. Age (in years): \_\_\_\_\_
2. Gender (Select one):  
 Female    Male    Transgender (specify) \_\_\_\_\_    Other (specify) \_\_\_\_\_
3. Which of the following best describes your racial/ethnic identity? (Select all that apply)  
 African American or Black  
 American Indian or Alaskan Native  
 Asian or Pacific Islander  
 Hispanic or Latino  
 White or Caucasian  
 Other (specify) \_\_\_\_\_
4. Which of the following best describes your level in school? (Select one)  
 1<sup>st</sup> year    2<sup>nd</sup> year    3<sup>rd</sup> year    4<sup>th</sup> year    Other (specify) \_\_\_\_\_
5. What is your major in school? \_\_\_\_\_
6. Is English your primary language?  
 Yes    No
7. Would you consider yourself fluent in English?  
 Yes    No