

Union of Saints, Turning Our Hearts Off

Psychology of *Emotional Numbing*

The Problem of Animal Abuse, As It May Relate To Human Abuse

When someone “turns their heart off” to harm, that’s shorthand for a set of psychological processes that blunt empathy and moral concern and allow harming to feel acceptable or even purposeful. Below I’ll explain the mechanisms, why it happens, risk factors, how it shows up behaviorally, and what victims/third-parties can do.

What that phrase usually means (psychological terms)

- **Affective empathy shutdown** — the person no longer feels other people’s distress (or strongly suppresses that feeling). They may *understand* someone’s feelings cognitively but not *feel* them.
- **Cognitive rationalization / moral disengagement** — they reframe the target as deserving, less human, or a necessary sacrifice (e.g., moral justification, dehumanization, diffusion of responsibility).
- **Emotional numbing / dissociation** — some people separate from feeling altogether (common after trauma), which can reduce concern about harm.
- **Instrumental mindset** — the person views others as means to an end; harming is a tool to achieve goals.
- **Antisocial/psychopathic traits** — a cluster of traits (callousness, lack of remorse, shallow affect, impulsivity) that make it easier to act cruelly without guilt.
- **Sadistic motivation** — where deriving pleasure from others’ suffering becomes a motive (less common, higher severity).

How these processes form (causes & risk factors)

- **Early environment:** severe neglect, abuse, or inconsistent caregiving can stunt emotional development and empathy.

- **Modeling & culture:** being raised around violence, dehumanizing rhetoric, or workplaces/communities that normalize cruelty.
- **Trauma response:** extreme trauma can make a person emotionally numb as a coping strategy — that numbness can later permit harm if paired with hostile beliefs.
- **Personality & biology:** genetic and neurobiological differences affect empathy, impulsivity, and fear learning (not deterministic but contributory).
- **Ideology or group pressure:** groups or ideologies can encourage moral disengagement and re-label targets as enemies.
- **Situational factors:** stress, substance use, perceived threat, or opportunity can precipitate acting on cold impulses.

Behavioral signs you might notice

- Calm, emotionless descriptions of hurting or exploiting others.
- Repeated use of demeaning language about a target (dehumanization).
- Lack of remorse, minimization, or blaming the victim.
- Cold, calculated planning of harm (instrumental aggression).
- Sudden withdrawal of normal empathic responses in contexts where others would be distressed.
- Enjoyment or no distress when observing others' pain (possible sadistic indicators).

How thought patterns support the harm

- **Moral disengagement tactics:** euphemistic labeling (“they deserved it”), displacement of responsibility, comparison that makes harm seem small.
- **Cognitive reappraisal:** reframing a person as “other,” “less than,” or “threat.”
- **Emotional suppression:** deliberate dampening of guilt or compassion to avoid internal conflict.

Why this is dangerous

- Once affective brakes are gone, escalation can be fast: verbal abuse → physical intimidation → serious violence.
- Strangulation, choking, use of weapons, or planned harm are strong predictors of lethality.

- People who “turn off” empathy may also be skilled at manipulation (to lure or control), increasing risk to victims.

What helps reduce the risk / interventions

For the person showing these tendencies:

- **Psychotherapy:** targeted therapies (CBT for moral reasoning, mentalization-based therapy, trauma-informed care) can help increase empathy and reduce aggressive acting-out.
- **Specialized programs:** treatments for antisocial behavior and anger management, ideally with long-term engagement.
- **Accountability & supervision:** legal/occupational restrictions when risk is high.
- **Pharmacology:** sometimes used for comorbid conditions (depression, impulsivity) — only under medical supervision.

For victims and bystanders:

- **Prioritize safety:** if immediate harm is possible, remove yourself, call emergency services, or go to a safe place.
- **Document & report:** keep records of threats, injuries, communications; this helps if legal action is needed.
- **Boundaries & exit plans:** create concrete safety strategies (trusted contacts, hidden funds, safe routes).
- **Get support:** crisis hotlines, shelters, legal advocates, and trauma-informed counselors can help.
- **Do not try to “fix” someone alone:** confronting a person with these tendencies without protection can increase danger.

Practical phrases & responses (if you must interact)

- Keep it short and neutral: “I’m not discussing this,” or “We won’t tolerate threats.”
- Avoid emotional pleading or shaming — that can escalate.
- Use witnesses or public places; prioritize de-escalation and exit.
- If you feel unsafe, contact authorities or an advocate immediately.

Final points — nuance & compassion

- Not everyone who acts cruelly is permanently “a psycho.” People can change with the right interventions, but change often requires sustained accountability and professional help.
- The slang “psycho” is stigmatizing; clinical descriptions (antisocial traits, psychopathy spectrum, dissociation, sadism) are more precise and useful for planning intervention.
- If you or someone you know is in immediate danger, call local emergency services right away. If you want, tell me your country/state and I can point to hotlines and local resources (I won’t ask unless you want me to).