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Psychopathy and subjective well-being



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ABSTRACT

Psychopathy is a personality construct characterized by shallow affect, lack of empathy, and impulsiveness. We investigated the relations between psychopathy, subjective well-being and personality in 427 undergraduates. Prevalence rates for psychopathy, based on participants who endorsed eight or more primary psychopathy items, were 22.6% of males and 7.5% of females. Psychopathy was associated with high levels of depression and negative affect, and low levels of life satisfaction, happiness and positive affect. Psychopathy accounted for significant portions of the variance in depression (16.6%), negative affect (16.9%), life satisfaction (13.7%), happiness (14.4–18.3%) and positive affect (9.8%). However, psychopathy failed to account for variance in either ill-being or well-being above and beyond the variance accounted for by personality. These results support the position that psychopathy can be thought of as a constellation of extreme levels of normative personality traits.

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1. Introduction

Psychopathy is a personality construct characterized by the manipulative use of others, callousness, shallow affect, lack of empathy, pathological lying, egocentricity, superficial charm, and impulsiveness (Brinkley, Schmitt, Smith, & Newman, 2001; Neumann, Hare, & Newman, 2007). The relation between psychopathy and the components of subjective well-being (SWB), including happiness and life satisfaction, is not well studied.

On the one hand, some empirical work suggests that psychopaths may experience poor SWB. The quality of one's interpersonal relationships is critical to SWB (Lyubomirsky, Sheldon, & Schkade, 2005) and psychopaths' relationships are generally shallow and of poor quality. Individuals high in psychopathy typically exhibit poor emotional intelligence (Ermer, Kahn, Salovey, & Kiehl, 2012). Men high in psychopathy choose friends who provide them with opportunities for sexual partners and personal protection, rather than focusing on characteristics that build strong relationships (Jonason & Schmidt, 2012). Furthermore, personality traits associated with high SWB (e.g., high levels of Extraversion, Conscientiousness and Agreeableness, and low levels of Neuroticism; Costa & McCrae, 2003; DeNeve & Cooper, 1998; Lee, Dean, & Jung, 2008) are opposite of what are associated with psychopathy (Lynam et al., 2005; Miller, Lynam, Widiger, & Leukefeld, 2001). Additionally, high levels of several facets of Neuroticism including angry

hostility and impulsiveness are linked with psychopathy (Miller & Lynam, 2003). Together, these findings suggest psychopaths may experience poor SWB.

On the other hand, other research suggests that psychopaths may experience high SWB. Individuals high in psychopathy typically seek to maximize personal gain with little regard for the consequences of their actions on others (Foulkes, Seara-Car-doso, Neumann, Rogers, & Viding, 2013). They may be quite happy because they are primarily concerned with their own needs and comforts. Additionally, psychopathy is inversely associated with depression in adult male prisoners (particularly the interpersonal, affective, and lifestyle facets) (Willemssen, Vanheule, & Verhaeghe, 2011). Psychopathy is also highly correlated with sub-clinical narcissism (Paulhus & Williams, 2002) which is associated with high SWB (Sedikides, Rudich, Gregg, Kumashiro, & Rusbult, 2004). Additionally, low Neuroticism is strongly correlated with high SWB (DeNeve & Cooper, 1998), and some facets of Neuroticism (e.g., anxiety, depression, and self-consciousness) are low in psychopaths (Miller & Lynam, 2003).

The underlying factor structure of psychopathy is unclear. The first widely accepted conceptualization of psychopathy included two factors, and the Psychopathy Checklist – Revised (PCL-R) was developed to measure psychopathy according to this two factor structure (Hare et al., 1990). Factor 1 (primary psychopathy) encompasses the affective-interpersonal characteristics and Factor 2 (secondary psychopathy) includes the socially deviant behaviors of psychopathy (Hare et al., 1990; Levenson, Kiehl, & Fitzpatrick, 1995). A four-facet model of psychopathy has been proposed

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which splits Factor 1 into two sub-facets (Facet 1 includes the interpersonal items and Facet 2, the affective items of the PCL-R) and Factor 2 into two sub-facets (Facet 3 is composed of the behavior lifestyle items and Facet 4, the antisocial items of the PCL-R) (Hare & Newmann, 2005).

Psychopathy has also been conceptualized as a combination of extreme variants of normal personality traits (Miller et al., 2001). Researchers have used the Five-Factor Model of personality to describe personality disorders; personality disorders are understood as constellations of extreme levels of normative personality traits (Vachon et al., 2013; Widiger, 2005). Researchers have used personality to accurately predict the age-related decline in psychopathy (including the decline of individual sub-factors of psychopathy) across the life span (Vachon et al., 2013).

The current study had two goals: (1) to study the relation between psychopathy and SWB; and (2) to determine if psychopathy is well characterized by the Five Factor Model of personality. If psychopathy can be understood as maladaptive variants of normal personality traits, then it should account for no additional variance in SWB beyond that accounted for by the big five personality traits.

2. Materials and methods

2.1. Participants

Though 461 undergraduates participated, 34 (7.37%) were excluded because they did not complete all questionnaires or were identified as outliers. The final sample consisted of 427 students (31.1% males, 68.9% females) ranging from 18 to 47 years ($M = 20.22$, $SD = 3.51$).

2.2. Materials

Eight questionnaires were used. Six assessed SWB: (1) the Oxford Happiness Inventory (OHI), (2) the Satisfaction with Life Scale (SWLS), (3) the Subjective Happiness Scale (SHS), and (4a) the positive subscale of the Positive and Negative Affect Schedule (PANAS). One assessed negative affect: (4b) the negative subscale of the PANAS. One assessed depression: (5) the Center for Epidemiological Studies – Depression Scale (CES-D). Two assessed psychopathy: (6) the Levenson Self-Report Psychopathy Scales (LSRP), and (7) the Self-Report Psychopathy Scales-III (SRP-III). One assessed

personality: (8) The NEO Five Factor Inventory (NEO-FFI). See Table 1 for means, standard deviations, and reliability analyses for all measures.

2.2.1. OHI

The OHI assesses well-being using 29 items rated on a 6 point scale (e.g., “I am intensely interested in other people” 1 [*strongly disagree*] to 6 [*strongly agree*]). This measure demonstrates good construct and concurrent validity (Francis, Brown, Lester, & Philipchalk, 1998).

2.2.2. SWLS

The SWLS assesses life satisfaction using 5 items rated on a 7 point scale (e.g., “the conditions of my life are excellent” 1 [*strongly disagree*] to 7 [*strongly agree*]). This measure demonstrates high internal consistency and temporal reliability (Diener, Emmons, Larson, & Griffin, 1985).

2.2.3. SHS

The SHS assesses happiness using 4 items on a 7 point scale (e.g., “In general, I consider myself:” 1 [*not a very happy person*] to 7 [*a very happy person*]). This scale has good convergent and discriminant validity (Lyubomirsky & Lepper, 1999).

2.2.4. PANAS

The PANAS assesses transient positive and negative affect using 20 words, each rated on a 5 point scale (e.g., “distressed” 1 [*very slightly or not at all*] to 5 [*extremely*]) and includes two subscales (10 items each): the PANAS– measures negative affect, and the PANAS+ measures positive affect. This scale has excellent convergent and divergent validity (Crawford & Henry, 2004; Watson, Clark, & Tellegen, 1988).

2.2.5. CESD

The CESD estimates depression levels using 20 items rated on a 4 point scale (e.g., “I did not feel like eating; my appetite was poor” 0 [*rarely or none of the time (less than 1 day)*] to 3 [*most or all of the time (5–7 days)*]). This scale has good validity and internal consistency (Radloff, 1977).

Table 1

Means, standard deviations and reliability of responses to questionnaires.

Questionnaire	M	SD	Reliability (Cronbach's α)
Oxford Happiness Inventory (OHI)	4.31	.70	.92
Subjective Happiness Scale (SHS)	5.00	1.23	.87
Positive and Negative Affect Schedule – Positive Subscale (PANAS(+))	34.66	6.64	.87
Satisfaction with Life Scale (SWLS)	24.40	6.14	.85
Positive and Negative Affect Schedule – Negative Subscale (PANAS(–))	20.02	6.58	.86
Center for Epidemiological Studies Depression Scale (CES-D)	15.81	9.65	.90
Levenson Self-Report Psychopathy Scale (LSRP)	50.64	9.43	.83
Levenson Self-Report Psychopathy Scale – Primary Psychopathy Subscale (LSRP-Primary)	29.69	7.14	.84
Levenson Self-Report Psychopathy Scale – Secondary Psychopathy Subscale (LSRP-Secondary)	20.95	3.85	.58
Self-Report Psychopathy Scale (SRP)-III	141.05	29.02	.93
Self-Report Psychopathy Scale – Interpersonal Manipulation Subscale (SRP-III-IM)	39.43	9.80	.81
Self-Report Psychopathy Scale – Callous Affect Subscale (SRP-III-CA)	36.19	8.72	.75
Self-Report Psychopathy Scale – Criminal Tendencies Subscale (SRP-III-CT)	23.43	7.51	.80
Self-Report Psychopathy Scale – Erratic Lifestyle Subscale (SRP-III-EL)	41.99	9.38	.80
NEO – Openness to Experience Subscale	27.74	5.52	.69
NEO – Conscientiousness Subscale	31.16	6.91	.84
NEO – Extraversion Subscale	29.65	7.01	.82
NEO – Agreeableness Subscale	32.13	6.49	.79
NEO – Neuroticism Subscale	22.70	8.71	.87

Note: Higher values indicate higher levels (e.g., higher scores on the OHI indicate higher levels of happiness).

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