Who cares when nobody is watching? Psychopathic traits and empathy in prosocial behaviors

Bradley A. White

Department of Psychology, Virginia Tech, Blacksburg, VA, United States

A R T I C L E   I N F O

Article history:
Received 7 March 2013
Received in revised form 19 August 2013
Accepted 23 August 2013
Available online 20 September 2013

Keywords:
Psychopathy
Empathy
Prosocial
Antisocial
Mediation

A B S T R A C T

Prosocial behaviors are voluntary acts intended to benefit others. Lack of empathy is a core feature of psychopathy, especially affective callousness, would be positively and uniquely associated with public prosociality, and inversely associated with anonymous and altruistic prosociality, and that these associations would be mediated by empathy. In contrast, secondary psychopathy was expected to be weakly and inversely associated with all three types of prosocial behavior and with empathy. In an undergraduate student sample (n = 539), unique and interaction effects were tested in hierarchical regression. Predictions were supported for primary psychopathy. Gender did not moderate associations. Theoretical and practical implications are considered.

© 2013 Elsevier Ltd. All rights reserved.

1. Introduction

Prosocial behaviors are voluntary behaviors that are intended to benefit or help others and include acts such as sharing and providing comfort or assistance (Eisenberg, Eggum, & Di Giunta, 2010; Zahn-Waxler & Smith, 1992). Empathy clearly contributes to prosocial behavior, yet prosocial behavior may stem from a variety of motives (Eisenberg et al., 2010). Empathy may play a stronger role in motivating altruistic prosocial behavior (i.e., selfless helping) or anonymous prosocial behaviors, whereas public prosocial behaviors (those performed in front of others) may be driven more by egoistic (self-serving) motives, such as desire for rewards, approval, or reciprocity (Eisenberg et al., 2010; McGinley & Carlo, 2006).

Lack of empathy is a core feature of psychopathy (e.g., Blair, Colledge, Murray, & Mitchell, 2001), a constellation of affective, interpersonal, and behavioral traits first described in contemporary terms by Cleckley (1941). Psychopathy is often measured in forensic settings using the Psychopathy Checklist-Revised (PCL-R; Hare et al., 1990), which comprises at least two distinguishable factors. Factor 1 consists of affective deficiencies and arrogant, deceitful interpersonal traits (e.g., callousness, lack of remorse, egocentrism, insincerity, superficial charm), and Factor 2 consists of antisocial, dysregulated behavioral traits (e.g., impulsivity, irresponsibility, recklessness, boredom proneness, delinquency; Hare et al., 1990). Psychopathic traits occur on a continuum in community samples (e.g., Coid & Yang, 2008), and self-report measures have become the standard method for assessing psychopathy traits in the general population (e.g., Ray et al., 2013), with one popular measure being the Levenson Self-Report Psychopathy Scale (LSRP, Levenson, Kiehl, & Fitzpatrick, 1995). Prior research on the LSRP identified two factors - “primary” (callous, selfish, manipulative tendencies) and “secondary” (impulsive, irresponsible, dysregulated behavior; Brinkley, Schmitt, Smith, & Newman, 2001; Levenson et al., 1995; Lynam, Whiteside, & Jones, 1999). However, psychopathy models distinguishing additional factors (e.g., Cooke & Michie, 2001) have increasingly received support. In particular, factor analyses of the LSRP in male and female forensic and college samples suggest a three-factor model that includes 19 of the 26 LSRP items, in which 14 of the original 16 primary psychopathy items load separately onto a four-item affective “callous” factor and a 10-item interpersonal “egocentricity” factor, and in which five of the original 10 secondary psychopathy items load onto the third, “antisocial” factor (Brinkley, Diamond, Magaletta, & Heigel, 2008; Sellbom, 2011).

Psychopathy is typically conceptualized broadly as a predictor of antisocial rather than prosocial behavior, but relationships between antisocial and prosocial behavior are complex, and not always inverse. For instance, some individuals engage in a...
relatively high level of both antisocial (e.g., aggression) and prososocial behaviors (McGinley & Carlo, 2006). Although the term “successful psychopath” has been operationalized in various ways (e.g., college students who are high in psychopathic traits; Gao & Raine, 2010), individuals with psychopathic traits manage to function and achieve success in mainstream society, despite potential affective, interpersonal, and behavioral deficits and dysfunction. Such individuals may exhibit minimal overt erratic and antisocial behavior, and generally be more socially adept, than those with clinical psychopathy. Nevertheless, they may still resort to significant levels of covert antisocial behavior (e.g., relational rather than physical aggression) to achieve their goals (Gao & Raine, 2010).

Despite obvious links to antisociality, little is known about how psychopathy impacts particular types of prosocial behaviors. Individuals elevated on primary psychopathy are presumably more superficial and selfishly motivated by extrinsic rewards, such as expectations of reciprocity or social recognition and status. Such rewards should be more frequent in public contexts, where opportunities exist to charm and manipulate others via superficially prosocial acts for sake of reaping desired social rewards (e.g., to be seen as a “hero”). In such contexts, empathy could even lead one to refrain from overt “helping” behaviors, particularly in instances where one’s assistance is not clearly needed or could upset, embarrass, or physically harm the recipient (e.g., a risky rescue attempt). Relatedly, McGinley and Carlo (2006) found empirical support for their assertion that, because public prosocial behaviors are focused on benefiting the self, they should be negatively related to empathy. Individuals high in primary psychopathy should be less likely, however, than those low in primary psychopathy to behave prosocially in anonymous contexts, which require genuine empathetic concern and altruistic motives. Using the three-factor model of the LSRP, Sellbom (2011) demonstrated that, among the three factors, callousness is most strongly associated with low empathy based upon the Emotional Empathy Scale (Mehrabian & Epstein, 1972), and similarly with coldheartedness based on the Psychopathic Personality Inventory (Lilienfeld & Andrews, 1996). Thus for individuals with elevated primary psychopathic traits, callousness in particular may predict higher levels of public prosocial behavior, yet lower levels of anonymous and altruistic prosociality, via its inverse relationship with empathy. Although egocentrism was not uniquely related to emotional empathy, it was related to coldheartedness, although not as strongly as was callousness ($r = .15$ vs. .34; Sellbom, 2011). Thus it might show weaker but still significant associations to public, anonymous, and altruistic prosocial behaviors, than would callousness.

Secondary psychopathy is represented as antisociality in the three-factor conceptualization of the LSRP, which in contrast to primary psychopathy is more strongly associated with anger proneness, impulsivity, externalizing behavior, substance abuse, as well as emotional distress (Sellbom, 2011). Such antagonistic tendencies likely interfere broadly with all types of prosocial functioning. In particular, personal distress has been found to be either unrelated or inversely related to prosocial behavior in emotionally reactive individuals, who tend to cope with others’ signals of neediness or distress by avoiding or responding negatively to the distressed or needy individual, rather than by helping (Eisenberg et al., 2010).

Based on these conceptual and empirical foundations, several predictions were tested. First, after controlling for secondary psychopathy, primary psychopathy was predicted to be positively and uniquely associated with public prosocial behavior, and inversely associated with empathy as well as with anonymous and altruistic prosocial behaviors. Per Sellbom’s (2011) work on the 3-factor model, these associations were expected to be explained primarily by callousness, and to a lesser extent by egocentrism. Based on the work of McGinley and Carlo (2006), public prosocial behavior was expected to be inversely associated with empathy, whereas anonymous and altruistic prosocial behavior was expected to be positively associated with empathy. It was further predicted that empathy (or lack thereof) would mediate the inverse relationship between primary psychopathy and anonymous and altruistic prosocial behaviors, as well as the positive relationship between primary psychopathy and public prosocial behavior. In contrast, secondary psychopathy (and antisociality in the three-factor model) was expected to be weakly and inversely associated with all three types of prosocial behavior (public, altruistic, and anonymous) and with empathy. Because prior research has also shown gender differences in empathy, prosocial behaviors, and psychopathy (e.g., McGinley & Carlo, 2006; Miller, Watts, & Jones, 2011; Sevecke, Lehmkühl, & Krischer, 2009), gender was explored as a potential confound and moderator of associations between psychopathy, empathy, and prosocial behavior.

2. Method

2.1. Participants

We recruited an undergraduate, mixed-gender sample ($N = 539$, 75.5% female) at a public mid-Atlantic university ranging in age from 18 to 21 years ($M = 19.37, SD = 7.59$). The sample was 81.0% White, 10.0% Asian or Pacific Islander, 3.9% multiracial, and 2.8% African American, and 2.4% Hispanic or Latino.

2.2. Measures

2.2.1. Psychopathy

Levenson Primary and Secondary Psychopathy Scales (LPSP; Levenson et al., 1995). The LPSP is a 26-item self-report instrument assessing psychopathic tendencies in community samples. The 16-item primary psychopathy scale corresponds with Factor 1 of the PCL-R (affective and interpersonal traits), whereas the 10-item secondary scale corresponds to Factor 2 of the PCL-R (irresponsible, impulsive, antisocial traits). The 26 LSIRP items are rated on a 4-point scale (1 = disagree strongly, 2 = disagree somewhat, 3 = agree somewhat, and 4 = agree strongly), with 7 reversed scored items designed to control for various response style or test-taking sets. In the present study, Cronbach’s $z = .86$ for the primary psychopathy scale and $z = .73$ for the secondary scale. The three-factor LSRP model (Sellbom, 2011) was also examined, with $z = .86$ for the 10-item Callous scale (hereafter referred to simply as “callousness”), $z = .62$ for the 4-item Egocentricity scale (hereafter “egocentricity”), and $z = .64$ for the 5-item Factor 3 Antisocial scale (hereafter “antisociality”).

2.2.2. Empathy

Interpersonal Reactivity Index (IRI; Davis, 1983). The IRI is a 28-item self-report questionnaire assessing both cognitive and affective aspects of empathy which has been well-validated in adolescent and college student samples (Konrath, O’Brien, & Hsing, 2011). Following McGinley and Carlo (2006), an Empathy scale was created by combining two 7-item IRI subscales, Perspective Taking, which measures the tendency to consider the point of view of others, and Empathic Concern, which measures the tendency to experience feelings of concern and compassion for others (Davis, 1983). In the present study, $z = .86$ for the combined Empathy scale.

2.2.3. Prosocial behavior

Prosocial Tendencies Measure–Revised (PTM; Carlo, Hausmann, Christiansen, & Randall, 2003; Carlo & Randall, 2002). The PTM assesses six prosocial tendencies emphasizing the contexts in which
دریافت فوری متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات