



Dorian Gray without his portrait: Psychological, social, and physical health costs associated with the Dark Triad[☆]



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ABSTRACT

We examined how the Dark Triad (i.e., narcissism, psychopathy, and Machiavellianism) traits—as different social strategies—were associated with various health outcomes. In samples of American undergraduates ($N = 1389$), Australian high school students ($N = 2023$), and British undergraduates ($N = 280$), we examined the physical, social, and psychological costs associated with the Dark Triad traits. Narcissism was linked to few mental and physical ailments, suggesting it may provide a social buffer from negative health outcomes (Studies 1 and 2). Psychopathy (Studies 1 and 2) and Machiavellianism (Study 2) were linked to a number of psychological and physical health conditions. In addition, psychopathy was related to diminished life expectancy, whereas narcissism was related to enhanced life expectancy (Study 3). Our findings provide evidence that each of these personality traits is linked to various psychosocial tradeoffs and different methods of coping with stress and adaptive problems.

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1. Introduction

The Picture of Dorian Gray (Wilde, 2009) details the life of a man who, upon realizing he can do anything he wants without any penalty, engages in, what evolutionary psychologists and behavioral ecologists would call a “fast” life strategy (Figueredo et al., 2006; Jonason, Webster, Schmitt, Li, & Crysel, 2012; Rushton, 1985). This fast life strategy is characterized by drug use, casual sex, and interpersonal aggression; engaging in these behaviors with seemingly little consequence. However, the damage to his body and mind are offset to a portrait of himself, creating a grossly disfigured and syphilitic shadow of the man he once was. For most people however, engaging in such behaviors may translate into diminished social, psychological, and physical health. In this study, we examine how engaging in the particular life history strategies that characterize people high on the Dark Triad traits (i.e., narcissism, psychopathy, and Machiavellianism)—traits that somewhat reflect

the character of Dorian Gray—may be related to various health outcomes.

There is a long history of research dedicated to linking personality traits, such as the Dark Triad, to various health outcomes. However, most of this work is descriptive in nature and focuses on the idea of “co-morbidity” (Friedman & Kern, 2014; Jakovljević & Ostojić, 2013). Although this concept dominates health psychology models of personality, it is based on an atheoretical research tradition. As such, we propose an alternative view of the relationships between personality traits and health outcomes. From an evolutionary perspective, personality traits reflect underlying social strategies that individuals engage in (Nettle, 2007). More specifically, evolutionary models of personality focus on the tradeoffs an individual must make between immediate and delayed gains, as well as the costs associated with engaging in a particular life strategy (Buss, 2009; Jonason, Koenig, & Tost, 2010). For instance, engaging in casual sex may come with costs of unwanted pregnancies and sexually transmitted infections. We do not contend that individuals make these tradeoffs consciously, but instead, costs are naturally occurring features linked to engaging in any one approach to solving adaptive and social challenges.

The Dark Triad traits (Jonason, Li, Webster, & Schmitt, 2009; Paulhus & Williams, 2002) are characterized by entitlement, superiority, dominance (i.e., narcissism), glib social charm, manipulativeness (i.e., Machiavellianism), callous social attitudes,

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impulsivity, and interpersonal antagonism (i.e., psychopathy). Despite the overlap between the traits, it is clear each have their own unique interpersonal and intrapersonal correlates, all of which are indicative of the different approaches to life those characterized by each trait engage in. Therefore, we make general and specific predictions below.

We expect the Dark Triad traits will be correlated with individual differences in psychological (e.g., anxiety), social (e.g., attachment), and physical health (e.g., general health). In this study we cast a wide net to detect the various health outcomes linked to the Dark Triad traits. This is based on the view that dysfunction occurs in multiple domains, rather than in a single domain. In reference to “social” factors, the Dark Triad traits are related to attachment dysfunctions (Jonason, Lyons, & Bethell, 2014), which may cause problems with other social factors (e.g., social skills), and therefore we might expect associations with both. In reference to “psychological” factors, if we treat non-clinical depression and anxiety as individual differences in mood, and subjective well-being, self-esteem, and hope as their converse, we might expect associations with the Dark Triad traits. Last, in reference to physical health, both life expectancy and self-reported general health might be associated with the Dark Triad traits.

Psychopathy is the most notorious trait of the cluster, as it is strongly linked to criminality and is commonly studied in criminal populations (Cleckley, 1976; Hare, 1985). Psychopathy is correlated with dysfunctional impulsivity (Jones & Paulhus, 2011), limited self-control (Jonason & Tost, 2010), drug use (Jonason et al., 2010), risk-taking (Adams, Luévano, & Jonason, 2014; Crysel, Crosier, & Webster, 2013), and an exploitive mating style (Jonason, Luévano, & Adams, 2012), all of which are linked to a shorter life expectancy (for review see Del Giudice, 2014). It has been linked to a wide array of socially undesirable outcomes (Figueredo, Vásquez, Brumbach, & Schneider, 2007), which indicate a preference for immediate gains and lead to behaviors that may contribute to various health dysfunctions and diminished life expectancy. Therefore, we predict that psychopathy will be associated with various adverse health outcomes. We also test whether individual differences in one’s life history strategy mediate this relationship as proximal mechanisms to better test our Life History Theory inspired predictions.

There are many conceptual similarities between Machiavellianism and psychopathy (e.g., McHoskey, Worzel, & Szyarto, 1998; Smith & Griffith, 1978), such as callousness, disagreeableness, and manipulativeness (Furnham, Richards, & Paulhus, 2013). However, recent work suggests that they are distinct constructs. Machiavellianism, unlike psychopathy, appears to embody a less impulsive and less aggressive way of life (Jones & Paulhus, 2010; Reidy, Zeichner, & Martinez, 2008). Indeed, some have argued that Machiavellianism facilitates long-term strategizing (Jones & Paulhus, 2009), which may buffer those who possess this trait from adverse health outcomes. Nevertheless, long-term strategizing is likely to cause stress to a certain extent (e.g., suppressing immediate needs for long-term goals, lacking social connections), which may be evident in health indicators. Therefore, we expect that Machiavellianism will also be associated with poor health outcomes, however, for a different reason than for psychopathy; not as a function of risk-taking or a fast life strategy. This distinction might be fundamentally important from a theoretical perspective. That is, those high on psychopathy pay for their overly immediate approach to life, whereas those high on Machiavellianism pay for their overly delayed approach to life.

Psychopathy and Machiavellianism may be the “darker” aspects of the Dark Triad traits with their maladaptive tendencies (Rauthmann, 2012), in addition to limited empathy (Jonason & Krause, 2013; Jonason, Lyons, Bethell, & Ross, 2013) and disordered attachment (Jonason et al., 2014). Like psychopathy, narcissism is

linked to a tendency to satisfy one’s immediate ego needs, while downplaying long-term consequences (Morf & Rhodewalt, 2001) as a function of impulsivity and risk-taking (Campbell, Goodie, & Foster, 2004; Jones & Paulhus, 2011). Narcissism may be unique from the other traits in its “social” orientation; characterized by a tendency to seek external validation and attention (Raskin & Hall, 1979; Raskin & Terry, 1988) and high emotional intelligence (Petrides, Vernon, Schermer, & Veselka, 2011). Unlike psychopathy and Machiavellianism that may be associated with a tendency to distance oneself from others (Jonason, Wee, Li, & Jackson, 2014), narcissism may facilitate the active and passive accrual of a social network (Jonason & Schmitt, 2012; Jonason et al., 2014). This may act as a buffer (Cohen, 1988; Cohen & Wills, 1985; DiMatteo, 2004) from the deleterious health outcomes that the other traits are linked to. Indeed, narcissism is correlated with subjective well-being (Rose & Campbell, 2004), and therefore we expect few correlations with negative health outcomes and may even be related to positive health outcomes and greater life expectancy.

An evolutionary model of the relationship between the Dark Triad traits and health would also predict mediation effects (Baron & Kenny, 1986). There are well-known sex differences in health, especially in younger samples (Sweeting, 1995), and in the Dark Triad traits. Men generally have poorer health than women do (Shumaker & Hill, 1991; Verbrugge, 1989) and suffer more physical as opposed to psychological health conditions (Macintyre, Hunt, & Sweeting, 1996). Men are more characterized by all three of the Dark Triad traits around the world (Jonason, Li, & Czarna, 2013; Jonason et al., 2009) as well. Therefore, sex differences in health variables might be, in part, a function of individual differences in the Dark Triad. That is, the Dark Triad traits are some of the proximal mechanisms that account for negative health outcomes. We expect these effects to be localized to men and physical health, given the evolutionary advantage provided by risk-taking in men and not as much in women (Figueredo et al., 2006; Jonason et al., 2010). We also test for moderation, but do so in an exploratory fashion and, thus, we remain agnostic about particular effects.

In this study we attempt to understand why and how each of the Dark Triad traits are linked to various health outcomes including social (e.g., social skills), psychological (e.g., anxiety), and physical (e.g., life expectancy) factors. We examine these associations in various measures of health and the Dark Triad traits, sampled from three English-speaking countries. Instead of conceptualizing these relationships through a co-morbidity lens, we propose that engaging in any one way of life has associated health costs. In addition, we contend that individual differences in the Dark Triad traits may account for some of the sex differences in health outcomes.

2. Study 1

In Study 1, we assess the relationship between the Dark Triad traits and measures of social, psychological, and physical health in a large sample of American undergraduate students. We use various measures of health indicators, and therefore our discussion focuses on the average health effects by reporting the average β across all measures; comparable to a mini meta-analysis.

2.1. Method

2.1.1. Participants and procedure

One thousand three hundred eighty-nine undergraduates (33% men), aged 18–50 years old ($M = 18.88$, $SD = 2.15$) from a south-western American university participated in this study as part of their introductory psychology course. The majority (46%) of the

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