

‘Successful’ Psychopathy in the General Population: An Analysis of Primary and Secondary  
Psychopathic traits

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### **Abstract**

Psychopathy has traditionally been considered as a developmental ‘personality’ disorder, with psychopathic traits either indicating the presence or absence of the disorder. However, recent research is indicative of psychopathy as a continuum; psychopathic traits have been found in various populations and to varying degrees of severity. Research into corporate psychopathy has highlighted the implications of unbridled psychopathy in the workplace. This, coupled with research into the factors of psychopathy, has led to the introduction of the concept of ‘Successful’ vs ‘Unsuccessful’ psychopathy. ‘Successful’ psychopathy relates to the presence of psychopathic traits but the absence or avoidance of adverse consequences, while ‘unsuccessful’ psychopathy relates to the presence of psychopathic traits and obvious deviancies e.g.: incarceration. Corporate psychopathy research has furthered the concept of an individual with advantageous elements of psychopathy, allowing them to ascend societal hierarchies. This study utilized psychopathic, success and personality scales to attempt to gain insight into the predictive effects of both personality and ‘socially perceived success’ on the individual factors of psychopathy. Results support the previously proposed concepts of an ‘antagonistic interpersonal style’ relating to Factor 1, and a ‘negative emotionality’ relating to Factor 2, based on personality. The hypothesis that ‘socially perceived success’ was positively associated with primary psychopathy, while conversely being negatively associated with secondary psychopathy was not fully supported.

## Introduction

*“But isn't the behaviour of psychopaths maladaptive? The answer is that it may be maladaptive for society, but it is adaptive for the individuals themselves.”*

*-Robert D. Hare*

Psychopathy is traditionally defined as a developmental disorder characterized by emotional dysfunction and antisocial behaviour (Frick, 1995). Emotional dysfunction can manifest as reduced attachment to others, lack of empathy or feelings of guilt. From a young age, individuals with psychopathic tendencies display a propensity for antisocial behavior (Blair, Mitchell & Blair, 2005). Psychopathic individuals display an increased proclivity for aggression, with no regard for societal norms (Cleckley, 1976).

Theoretically, there are two perspectives to psychopathy. The Response Modulation Hypothesis (Newman, 1998; Lorenz & Newman, 2002; Newman et al. 2007) proposes that an attempt to moderate an emotion involves an involuntary shift of attention from planned, goal-directed behavior, to the evaluation of it. This brief change in attention allows for moderation of information relevant to the individual's focus of attention. Psychopathy has been linked to reduced response modulation ability (Lorenz & Newman, 2002). The alternate perspective relates to emotional processing. Models of psychopathy outline the role of amygdalar dysfunction in the development of the disorder (Patrick, 1994; Blair et al. 2005; Kiehl, 2006). Reduced amygdalar priming of emotional representations in the temporal cortex has been linked with a deficit in emotional attention for these individuals (Blair & Mitchell, 2008).



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Debate remains regarding the involvement of other cortical structures such as the ventromedial prefrontal cortex (Blair et al., 2005), the anterior and posterior cingulate, superior temporal cortex and the hippocampus (Kiehl, 2006). However, all perspectives agree that disruption of the processing of punishment related information is evident (Patrick, 1994; Lykken, 1995; Blair et al. 2005; Frick & Marsee, 2006; Kiehl, 2006).

### **Two Factor Classification of Psychopathy**

The classification of psychopathy has greatly assisted both the health and justice systems, mainly due to its use as a form of risk assessment (Gacono & Bodholdt, 2001). The Hare Psychopathy Checklist- Revised (PCL-R) has become renowned for its proficiency in predicting rates of recidivism (Hart, Kropp & Hare, 1988; Hare, Clark, Grann & Thornton, 2000). The PCL-R is traditionally used in a forensic setting, with a psychopathy diagnosis requiring an individual to score highly on two dimensions; Factor 1 measuring interpersonal-affective components and Factor 2 relating to social deviance, which can manifest as impulsivity, low behavioral control, and antisocial tendencies (Hare & Neumann, 2008).

Psychopathy has long been associated with criminal offending, more so than any other mental disorder, and has an extremely poor prognosis (Andersen, Sestoft, Lillebaek, Mortensen, & Kramp, 1999). Despite the rarity of a true psychopathic diagnosis, the impact of this disorder within our society is becoming increasingly evident. Coid & Yang (2011) found psychopathy to have a significant impact on the levels of violence within society, while Leedom (2017) details the impact psychopathy can have within the family; namely psychological, financial, sexual, and physical abuse. Those with higher primary psychopathic scores have been found to be more likely to commit domestic violence (Iyican & Babcock, 2018). Psychopathy has been found to greatly increase engagement in criminal activity (Douglas, Vincent & Edens, 2018), greatly

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affect moral judgments relating to harm to others (Cardinale, Marsh & van Honk, 2015) and significantly impact workplace dynamics and productivity (Khan, Khan, Bodla, & Gul, 2020).

Psychopathy was originally considered to be a distinct category of behaviors, relating to either the presence or absence of the disorder. However, recent research is indicative of psychopathy as a continuum; with each behavior/characteristic manifesting differently with each individual. The possibility of the presence of psychopathic individuals in the general population has garnered much support (Seara-Cardoso, Neumann, Roiser, McCrory & Viding, 2012). Benning, Patrick, Blonigen, Hicks & Iacono (2005) found certain psychopathic traits to exhibit similar correlates in both incarcerated and community samples, suggesting that psychopathic traits are not exclusive to criminals. Rather, particular traits and/or experiences may predict whether psychopathic traits are detected – suggesting the possible presence of psychopathy in non-criminals within the general population.

### **‘Successful’ versus ‘Unsuccessful’ Psychopathy**

Recent Literature (Stevens, Deuling, & Armenakis, 2012; Thomas, 2003; Dutton, 2012) indicates the emergence of two distinct manifestations of psychopathy: the ‘successful’ psychopath versus the ‘unsuccessful’. The term ‘successful psychopath’ refers to an individual that displays the criteria for psychopathy, however, are successful in their endeavors and avoid detection (Mullins-Sweatt, Glover, Derefinko, Miller & Widiger, 2010). Ishikawa, Raine, Lencz, Bihrlé & LaCasse (2001) argue successful psychopaths possess an ability to adapt to social environments that is not found in unsuccessful psychopaths. Hare (1993) believed incarcerated psychopaths to “represent only the tip of a very large iceberg” (p. 115). It is argued that certain psychopathic traits can be beneficial within certain circumstances, in particular progression within certain professions (Lykken, 1995). The manifestation of successful psychopathy and

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evasion of investigation/punishment has been widely discussed in relation to prestigious professions such as law, politics, and business (Babiak & Hare, 2006; Cleckley, 1988; Hare, 2003).

‘Successful’ psychopaths have been found to score lower on the secondary (social deviance) factor of the PCL-R than unsuccessful psychopaths, and higher on executive functioning (Ishikawa et al., 2001). This suggests that ‘successful’ psychopaths possess an ability to act in a socially acceptable manner that serves as a mechanism of self-preservation, whereas ‘unsuccessful’ psychopaths actively and perhaps uncontrollably display their psychopathic traits. Interestingly, these successful psychopaths were also found to score significantly higher in heart rate response to social stressors - indicating some level of societal and social awareness. Ishikawa et al. (2001) argued that enhanced executive functioning and autonomic responding serves as protection for successful psychopaths, allowing them to evade detection. Miller, Gaughan & Pryor (2008) categorized the 2 factors of psychopathy through the dimensions of personality: Factor 1 relating to an ‘antagonistic interpersonal style’ and Factor 2 relating to ‘negative emotionality’.

Raine, Ishikaw, Arce, Lencz, Knuth & Bihrlle (2004) recorded anterior hippocampal volume asymmetry in unsuccessful psychopaths not found in successful psychopaths. This finding indicates a distinction between these subtypes of psychopathy, with a possible biological basis to unsuccessful psychopathy. Recent research has furthered the idea of the construct of psychopathy as a continuum from which any conglomeration of characteristics is possible (Yildirim & Derksen, 2015; Heym, Ferguson & Lawrence, 2013). These recent findings of discrepancies between the subtypes of psychopathy suggest that psychopathy - in some form - is much more prevalent in our society than previously thought. Psychopathy has been

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predominately researched within the incarcerated population, with little attention paid to the concept of a ‘successful’ psychopath within the community (Gao & Raine, 2010).

### **Implications**

The extent of implications of ‘successful psychopathy’ are unknown. Research into corporate psychopathy has shown the emergence of a darker side to leadership within the workplace (Smith & Lilienfeld, 2013). This abusive leadership has been found to involve deception, derogation, harassment, and aggression (Mathieu, Neumann, Hare & Babiak, 2014). Employee job satisfaction has been found to be severely negatively impacted (Duffy, Ganster, & Pagon, 2002), along with elevated psychological distress (Sosik, & Godshalk, 2000). As the average individual spends 1/3 of their life -approximately 90,000 hours – in work (Gettysburg College, 2020), the impact of dysfunctional or abusive workplace dynamics undoubtedly influences the rest of an individual’s life.

Furthermore, toxic leadership has been linked with poor work performance (Harris, Kacmar, & Zivnuska, 2007), which impacts productivity and overall profitability. Psychopathic traits have also been associated with workplace deviance, costing businesses billions in losses (Cheang & Appelbaum, 2015).

As the drastic implications of psychopathic disorders have been highlighted repeatedly through research, the implications of lower, yet undetected, levels of these traits in our community cannot even be estimated. The consequences of a ‘successful’ psychopath in the community are under-investigated (Gao & Raine, 2010), and investigation is needed to yield further insight into workplace dynamics, possibly leading to guidance in identification of, and intervention in, toxic workplace/community dynamics. Investigation into the ‘successful’

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psychopath requires the examination of personality, environmental and societal factors that influence or predict the occurrence and frequency of psychopathic traits, and the impact of this combination of factors on the individual's life quality/success (Benning et al, 2005). The role of personality within the continuum of psychopathy is evident through the classification of psychopathy as a 'personality disorder', however not listed as such in the DSM-V (Hall & Benning, 2006). Further investigation within this field is important to uncover the individual factors that determine both success/failure within the dimensions of finance, interpersonal relations, and overall life satisfaction.

### **The Present Study**

This study aims to examine the underlying personality constructs associated with both primary and secondary psychopathic traits, respectively, within a sample of the general population. The use of a psychopathy scale (based on the PCL-R) purposefully designed for use in the general population will investigate underlying predispositions to psychopathic traits (Levenson, Kiehl & Fitzpatrick, 1995). This study will also make use of a personality scale based on the Big Five Model, allowing for investigation into the predictive effects of the dimensions of personality within both factors of psychopathy. As success is often categorized by occupational/educational prestige and/or income (Lykken, 1995), the addition of questions of this nature will be included in the study, to investigate the relationship between psychopathic traits, socially perceived success, and life satisfaction. Six predictions are proposed based on previous research:

- 1) Agreeableness is negatively associated with higher psychopathy scores on both primary and secondary psychopathy (Perenc & Radochonski, 2013).

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- 2) Lower neuroticism is associated with higher psychopathy scores (Hare, 1982).
- 3) Higher occupational success is associated with higher psychopathic scores (Lilienfeld, Lutzman, Watts, Smith & Dutton, 2014).
- 4) Lower occupational success is associated with higher secondary psychopathic scores (Lilienfeld et al., 2014).
- 5) Lower life satisfaction is associated with higher secondary psychopathic scores. (Ali, & Chamorro-Premuzic, 2010).
- 6) Higher life satisfaction is associated with higher primary psychopathic scores (Baird, 2002).

The aim of this study is to examine if higher primary psychopathic traits are indicative of higher occupational and/or societal success and life satisfaction. Conversely, we aim to investigate if higher secondary psychopathic traits are associated with reduced 'socially perceived success'. This study also aims to investigate the predictive value of the Big Five Personality trait dimensions in relation to both Factor 1 and Factor 2 psychopathy, respectively. Gender differences within the manifestations of psychopathy have been noted extensively (Rogstad & Rogers, 2008; de Vogel & Marike, 2016; Falkenbach, Reinhard & Larson, 2017), therefore due to feasibility reasons, gender discrepancies between scores will not be thoroughly investigated in this study. This study will include 4 hypotheses:

1. Higher Primary Psychopathy (LSRP1) scores are associated with higher 'Socially Perceived Success' scores.
2. Higher LSRP1 scores are associated with an 'antagonistic interpersonal style', low agreeableness, low openness, low neuroticism.

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3. Higher Secondary Psychopathy (LSRP2) scores are associated with lower 'Socially Perceived Success' scores.
4. Higher LSRP2 scores are associated with 'negative emotionality', higher neuroticism, lower conscientiousness, low agreeableness.

This study will investigate the differences in success scores and both factors of psychopathy independently, with the prediction of higher primary psychopathy scores indicating possible 'successful' psychopathic traits, with higher secondary psychopathy scores indicating 'unsuccessful' psychopathic traits (Baird, 2002). Additionally, we aim for insight into the role of personality factors within psychopathy scores. We aim to support the alternate hypotheses by garnering support for a significant positive association between primary psychopathic scores and financial/occupational/societal success, in conjunction with support for a negative association between secondary psychopathic scores and 'socially perceived success'.

## Method

### Participants

G\*Power: Statistical Power Analysis (Faul, Erdfelder, Buchner & Lang, 2009) was consulted to determine a sample size adequate for use with hierarchical regression and correlation. A minimum sample size of 107 was indicated to provide a 95% chance of the R-squared value differing from zero, with an error probability of 0.05 - indicating statistical significance. 313 participants were recruited through online convenience sampling. Of this, 191 were female, 116 were male and 6 identified as nonbinary/gender queer. As this is a study of the general population, no exclusion criteria for participants were implemented, besides an age restriction of 18+. No incentive for participation was offered. Participant age ranged from 18 to 73, with a mean age of 32.90, standard deviation (12.40). All participants partook in the same survey, with 305 completing the survey in its entirety.

### Measures

The survey utilized in this study was formulated using the scales detailed below. Demographic questions relating to participant age and gender were also included. The ‘Socially Perceived Success’ scale was formulated for this study as no appropriate validated scale could be found. The full survey can be found in Appendix B.

**Ten Item Personality Inventory.** Due to time constraints, the use of the Big Five Inventory to measure personality traits was not feasible. Therefore, the Ten Item Personality Inventory (TIPI) was utilised. This scale has been designed to assess personality traits based on the Big Five Model efficiently, without compromising on construct validity (Jonason, Teicher & Schmitt, 2011). This scale consists of 10 statements, with participants required to rate their agreement with the statement



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on a Likert scale from (1) Strongly Agree to (7) Strongly Disagree. Questions 2,4,6,8 and 10 were reversed-scored.

The TIPI scores were calculated using an SPSS syntax file created by Justin Cheng (Gosling Lab University of Texas, 2003). Five results were yielded per participant: A) Openness Score B) Conscientiousness Score C) Extraversion Score D) Agreeableness Score and E) Emotional Stability Score. Gosling et al. (2003) reports the mean (M) and standard deviation (SD) for each dimension; Openness M = 5.38 SD = 1.07, Conscientiousness M = 5.40 SD = 1.32, Extraversion M = 4.44, SD = 1.45, Agreeableness M = 5.23 SD = 1.11 and Emotional Stability M = 4.83, SD = 1.42. Scores on each dimension are interpreted in relation to the mean.

In the current study, the Cronbach alpha coefficient was .4. However, Gosling Laboratory argue that the TIPI was designed to measure vast personality dimensions in short form, focusing on content validity over reliability. This scale uses both positive and negative poles, making it almost impossible to gain high alpha coefficients, or score high on Confirmatory Factor Analysis (CFA) or Exploratory Factor Analysis (EFA) indices (Gosling, 2020). It has been argued that alpha coefficients for smaller scales can be misrepresented (Wood & Hampson, 2005; Kline, 2000).

**Levenson Self-Report Psychopathy Scale.** Due to time constraints, the use of the PCL-R to measure psychopathic traits was not feasible. Therefore, the Levenson Self-Report Psychopathy Scale (LSRP) was utilised. This scale has been designed for use within community samples and found to have significant correlations with the PCL-R, indicating construct validity (Brinkley, Schmitt, Smith, & Newman, 2001). This scale consists of 26 statements, with participants required to rate their agreement with the statement on a Likert scale from (1) Strongly disagree to (5) Strongly Agree. Two results were yielded per participant: A) Primary Psychopathy Score [LSRP1] and B) Secondary Psychopathy Score [LSRP2]. Scores range from 1 (low) to 5 (high) for both

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scores. The LSRP scores were computed using coding scale from PsyToolkit (PsyToolkit, 2020). Questions 10,12,14,15,16,19 and 23 were reverse scored. High LSRP1 scores indicate higher levels of primary psychopathy; interpersonal ‘deficits’ such as manipulation, superficiality, callousness. High LSRP2 scores are indicative of a higher level of secondary psychopathy; social deviance; low behavioural control, antisocial behaviour (Miller et al., 2008). The Cronbach alpha for internal consistency of the LSRP is .84 (Sellbom, 2011).

**Socially Perceived Success.** As success is often categorized by occupational/educational prestige and/or income (Lykken, 1995), 5 Likert based questions relating to society’s view of ‘successful’ participation in life were added, as no validated measure of ‘successes has been published. As per Lykken’s (1995) definition of success, questions relating to educational, occupational and community success/involvement were included. Participant income and life satisfaction were also recorded in a Likert scale format. The questions were devised using the most up to date classifications of these disciplines; the most common organisational structure was used in Likert format to measure occupational level (Ongig, 2020), while high community success/involvement was measured using a common social club hierarchy (Hierarchy Structure, 2018) and labelled ‘High Community Position’. Level of Education was defined by the educational levels available to individuals in Ireland; Primary, Secondary, Undergraduate and Postgraduate. Income levels were devised based on information released by the statistic’s office; <30k, 30-40k, 41-50k and 50+k (Central Statistics Office, 2016). Life Satisfaction was measured in a numerical Likert format. The Cronbach alpha was 0.6, indicating an acceptable level of internal consistency for this scale.

## **Design**

This study utilized a quantitative approach, with a cross-sectional design. To investigate the hypotheses and predictive value of traits, a within-subjects design was used. The criterion variable(s) utilized were LSRP1 scores for one analysis, and LSRP2 scores for the second. Both analyses included the same predictor variables divided into blocks; Openness, Conscientiousness, Extraversion, Agreeableness, Emotional Stability/Neuroticism and Level of Education, Highest Community Position, Occupational Level, and Income Level. Independent correlational investigations between the variable Life Satisfaction and LSRP1, and LSRP2, respectively, were also implemented.

## **Procedure**

Participants were recruited online across multiple platforms including psychology research forums on websites such as reddit, social media etc. Participation was completely voluntary, with no incentive offered. Online recruitment posts included a brief description of the study (a summary of information sheet) and provided a link to the survey. After following the survey link, participants were presented with the Participant Information Sheet (See Appendix A), detailing the nature of the study and what investigations/type of questions were involved. The participant information sheet aimed to outline the nature of this study as an investigation into the traits underlying psychopathy, not investigating possible psychopathy diagnoses within the community. Contact details for the researcher were provided and participants were encouraged to contact the researcher if any questions were to arise surrounding participation in the study. Before proceeding, participants were asked to confirm that they understood the study

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and their role in it by ticking a box. Participants were then asked to tick another (mandatory) box to indicate that they consent to participate in the study. Ticking these two boxes caused a button to appear, leading to a page containing the survey questions (See Appendix B). No participant could progress to this stage without confirming their consent and understanding of the study. Following completion of the questions, participants were prompted to submit their answers by clicking a button at the end of the webpage. Participants were then directed to a debriefing sheet (See Appendix C), and this is where participation ends for the participant. As this study has a possibly sensitive topic - due to the nature and societal understanding of Psychopathy - there was a small risk of participant distress during the survey. The scales used within the survey were uniquely designed for use in a community population - utilising archetypal questions, rather than detailed questioning. The format of this survey ensured that no participant was exposed to any example or evidence of psychopathic behaviour, nor the mention of any violence/crime. Every effort was made to ensure the participants were fully informed about the study nature and provided with support services if needed. The debriefing sheet presented to participants contained contact details for both EU and international support services online and by phone. Participation in this study should take between 5-10mins.

## Results

Descriptive statistics for demographics and categorical variables are presented in Table 1. 61% of the sample were female (n = 191), 37.1% were male (n = 116) and 1.9% identified as non-binary or gender queer (n = 6). The most common occupational level was ‘Individual Contributor’ at 33.5% (n = 105), the most common level for Highest Community Position was ‘Member’ at 46.8% (n = 146), for Level of Education it was ‘Undergraduate’ at 40.6% (n = 127), for Income Level it was <30k at 41.9% (n = 131) and the most reported Life Satisfaction score was 4/5 at 42.5% (n = 133). The data file utilised for the statistical analyses is located in Appendix D.

Table 1

*Descriptive statistics for Demographics & ‘Socially Perceived Success’ categorical variables*

Variable	Frequency	Valid %
<b>Gender</b>		
Male	116	37.1
Female	191	61
Non-Binary/Other	6	1.9
<b>Occupational Level</b>		
Entry	77	24.6
Individual Contributor	105	33.5
Manager	88	28.1

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Director	31	9.9
Vice President	5	1.6
CEO	7	2.2

**Highest Community Position**

Member	146	46.8
Manager/Supervisor	66	21.2
Secretary	19	6.1
President	52	16.7

**Level of Education**

Primary	6	1.9
Secondary	77	4.6
Undergraduate	127	40.6
Postgraduate	103	32.9

**Level of Income**

<30K	131	41.9
30-40K	45	14.4
41-50K	39	12.5
50+K	98	31.3

**Life Satisfaction**

1	12	3.8
2	33	10.5
3	87	27.8
4	133	42.5

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5

48

15.3

Mean (M) and Standard Deviations (SD) for all continuous variables are presented in Table 2. Participants had a mean age of 32.90 years (SD = 12.40), ranging from 18-73. Means of both factors of LSRP and the 5 dimensions of TIPI were in the average reported range for these scores in the general population.

Table 2

*Descriptive statistics for Age, LSRP scores and TIPI scores - continuous variables*

Variable	<i>M</i> [95% CI]	<i>SD</i>	Range
Age	32.90	12.40	[18,73]
LSRP1	2.07	.89	[1,4]
LSRP2	2.12	.91	[1,4]
Extraversion	4.31	.92	[1,7]
Agreeableness	4.60	1.11	[1,7]
Conscientiousness	4.38	1.02	[1,7]
Emotional Stability	4.35	.93	[1,7]
Openness	4.32	1.01	[1,7]

To investigate all 4 hypotheses, hierarchical multiple regression analyses and correlations were conducted. Two separate hierarchical multiple regression analyses were performed to investigate the ability of ‘socially perceived success’ (Occupational Level, Highest Community Position, Educational Level and Income Level) to predict levels of (1) Primary Psychopathy

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(LSRP1) and (2) Secondary Psychopathy (LSRP2), respectively, after controlling for TIPI personality traits (Extraversion, Agreeableness, Conscientiousness, Emotional Stability and Openness).

Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. Additionally, the correlations between the predictor variables (Age, Gender, Extraversion, Agreeableness, Conscientiousness, Emotional Stability, Openness, Occupational Level, Highest Community Position, Income Level and Educational Level) were examined and are presented in Table 3.

Most correlations were weak to moderate, with an overall range of  $-.52$  to  $.12$ . Tests for multicollinearity also indicated that all Tolerance and VIF values were in an acceptable range. These results indicate there was no violation of the assumption of multicollinearity and the data was suitable for multiple regression analysis.



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Table 3

*Pearson product- moment correlations between predictor variables*

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. Age	-										
2. Gender	.144**	-									
3. Extraversion	.166**	.063	-								
4. Agreeableness	.104*	.068	.190***	-							
5. Conscientiousness	-.07	.045	.024	-.013	-						
6. Emotional Stability	.046	.095*	.264***	.235***	.027	-					
7. Openness	.027	.115*	.120*	.044	.093*	.146**	-				
8. Occupational Level	.373***	-.001	.061	.017	.016	-.086	.008	-			
9. Highest Community Position	.082	.011	.120*	-.003	.051	-.074	-.023	.288***	-		
10. Educational Level	.165**	.191***	-.026	.111*	-.038	-.093*	-.010	.268***	.159	-	
11. Income Level	.387***	-.002	.169**	-.007	-.062	-.087	-.001	.519***	.176	.361	-

Note: \* p < .05, \*\*p < .01, \*\*\* < .001

### **Hypotheses 1 & 2: Primary Psychopathy Regression Analysis**

In the first block of the Hierarchical Multiple Regression analysis of Primary Psychopathy (LSRP1) scores, two demographic predictors were entered: Age and Gender. This model was statistically significant  $F(2, 308) = 81.97, p < .001$  and explained 34.7% of the variance in primary psychopathic scores (see Table 4 for details).

After the entry of TIPI personality scores in Block 2, the total variance explained by the model was 46.3% ( $F(7, 303) = 37.39, p < .001$ ). The introduction of TIPI personality scores explained an additional 11.6% variance in Primary Psychopathy scores, after controlling for age and gender; a change that was statistically significant ( $R^2$  change = .116;  $F(5, 303) = 13.11, p < .001$ ).

After the entry of 'Socially Perceived Success' scores in Block 3, the total variance explained by the model was 51% ( $F(11, 299) = 28.34, p < .001$ ). The introduction of 'Socially Perceived Success' scores explained an additional 4.7% variance in Primary Psychopathy scores, after controlling for age and gender demographics; and TIPI personality traits; a change that was statistically significant ( $R^2$  change = .047;  $F(2, 299) = 7.16, p < .001$ ).

In the final model, 8 predictor variables uniquely predicted Primary Psychopathy scores to a statistically significant degree. Four variables were positive predictors and Level of Income ( $\beta = .12, p = .003$ ) was the strongest positive predictor. Four variables were negative predictors of Primary Psychopathy and Age ( $\beta = -.48, p = .001$ ) was the strongest negative predictor (See Table 4 for full results).

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Table 4

*Hierarchical multiple regression table of Primary Psychopathy (LSRP1)*

Variable	<i>R</i>	<i>R</i> <sup>2</sup>	<i>R</i> <sup>2</sup> <i>Change</i>	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
<b>Block 1</b>	.59	.35**						
Age				-.034	0.00	-.048**	-10.2	.001
Gender				-.048	0.81	-.028**	-6.0	.001
<b>Block 2</b>	.68	.46**	.11**					
Extraversion				.07	.04	.07	1.5	.123
Agreeableness				-.20	.04	-.24**	-5.6	.000
Conscientiousness				.09	.04	.10*	2.4	.015
Emotional Stability				-.17	.04	-.18**	-4.0	.000
Openness				-.04	.04	-.04	-1.0	.335
<b>Block 3</b>	.71	.51**	.05**					
Occupational Level				.06	.04	.08	1.6	.116
Highest Community Position				.06	.03	.11*	2.5	.013
Level of Education				-.12	.05	.11*	-2.4	.013
Level of Income				.11	.04	.12***	2.9	.003

*Note:* Statistical Significance: \* $p < .05$ , \*\*  $p < .001$ , \*\*\*  $p < .01$

**Hypotheses 3 & 4: Secondary Psychopathy Regression Analysis**

In the first block of the Hierarchical Multiple Regression analysis for Secondary Psychopathy (LSRP2) scores, two demographic predictors were entered: Age and Gender. This

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model was statistically significant  $F(2, 308) = 74.55$   $p < .001$  and explained 32.6% of the variance in secondary psychopathic scores (see Table 5 for full details).

After the entry of TIPI personality scores in Block 2, the total variance explained by the model was 45.1% ( $F(7, 303) = 35.53$   $p < .001$ ). The introduction of TIPI personality scores explained an additional 12.5% variance in Secondary Psychopathy scores, after controlling for age and gender; a change that was statistically significant ( $R^2$  change = .125;  $F(5, 303) = 13.75$   $p < .001$ ).

After the entry of 'Socially Perceived Success' scores in Block 3, the total variance explained by the model was 49.8% ( $F(11, 299) = 26.97$   $p < .001$ ). The introduction of 'Socially Perceived Success' Scores explained an additional 4.7% variance in Secondary Psychopathy scores, after controlling for age and gender demographics; and TIPI personality traits; a change that was statistically significant ( $R^2$  change = .047;  $F(4, 299) = 7.03$   $p < .001$ ).

In the final model, 7 predictor variables uniquely predicted Secondary Psychopathy scores to a statistically significant degree. Three variables were positive predictors and Highest Community Position ( $\beta = .14$ ,  $p = .002$ ) was the strongest positive predictor. Four variables were negative predictors of Secondary Psychopathy and Age ( $\beta = -.46$ ,  $p < .001$ ) was the strongest negative predictor (See Table 5 for full results).

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Table 5

*Hierarchical multiple regression table of Secondary Psychopathy (LSRP2)*

Variable	<i>R</i>	<i>R</i> <sup>2</sup>	<i>R</i> <sup>2</sup> <i>Change</i>	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
<b>Block 1</b>	.57	.32**						
Age				-.034	0.00	-0.46**	-9.7	.001
Gender				-0.49	0.84	-0.27**	-5.8	.001
<b>Block 2</b>	.67	.45**	.13**					
Extraversion				.07	.04	.07	1.6	.108
Agreeableness				-.20	.04	-.25**	-5.6	.000
Conscientiousness				.08	.04	.09*	2.1	.039
Emotional Stability				-.19	.04	-.19**	-4.2	.000
Openness				-.05	.04	-.06	-1.3	.181
<b>Block 3</b>	.71	.50**	.05**					
Occupational Level				.05	.04	.06	1.3	.194
Highest Community Position				.08	.03	.14*	3.1	.002
Level of Education				-.10	.05	-.09*	-1.9	.062
Level of Income				.10	.04	.14***	2.7	.007

*Note:* Statistical Significance: \* $p < .05$ , \*\*  $p < .001$ , \*\*\*  $p < .01$

Comparisons of the standardised beta coefficients of predictor variables for LSRP1 and LSRP2 are presented in Table 6.

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Table 6

*Standardised Beta Coefficient comparisons between LSRP1 and LSRP2*

Variable	LSRP1	p	LSRP2	p
	$\beta$	value	$\beta$	value
1. Age	-0.48**	.001	-0.46**	.001
2. Gender	-0.28**	.001	-0.27**	.001
3. Extraversion	.07	.123	.07	.108
4. Agreeableness	-.24**	.000	-.25**	.000
5. Conscientiousness	.10*	.015	.09*	.039
6. Emotional Stability	-.18**	.000	-.19**	.000
7. Openness	-.04	.335	-.06	.181
8. Occupational Level	.08	.116	.06	.194
9. Highest Community Position	.11*	.013	.14*	.002
10. Educational Level	.11*	.013	-.09*	.062
11. Income Level	.12***	.003	.14***	.007

Note: Statistical significance: \*p < .05, \*\*p < .001, \*\*\*p < .01

## Correlations

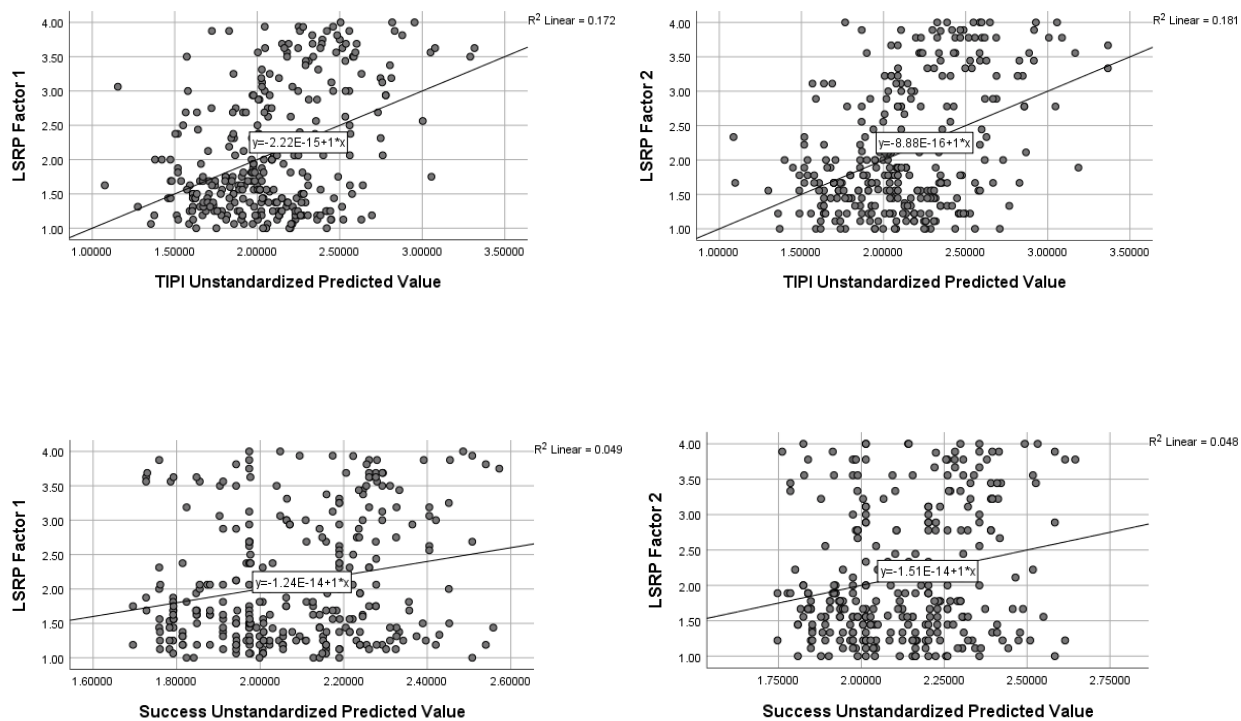
The relationship between (1) Primary Psychopathy and Life Satisfaction and (2) Secondary Psychopathy and Life Satisfaction were investigated respectively using a Pearson product-moment correlation coefficient. Preliminary analyses were conducted to ensure no violations of the assumptions of normality, linearity, and homoscedasticity.

There was a weak negative correlation between Primary Psychopathy and Life satisfaction ( $r = -.246$  [95% CI:  $-.36, -.13$ ]  $n = 313$ ,  $p < .001$ ), indicating that the two variables shared approximately 6.05% of the variance in common. There was also a weak negative correlation between Secondary Psychopathy and Life satisfaction ( $r = -.248$  [95% CI:  $-.36, -.13$ ]  $n = 313$ ,  $p < .001$ ), indicating these variables shared approximately 6.15% of the variance in common. Results indicate that higher levels of both Primary Psychopathy and Secondary Psychopathy are associated with lower levels of Life Satisfaction, however, do not account for the majority of variance and therefore are only mildly associated.

Correlations between TIPI scores and LSRP1 & LSRP2, and between Success and LSRP1 & LSRP2, respectively, are displayed via scatterplots in Figure 1.

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Figure 1: TIPI and Success correlations LSRP1 vs. LSRP2



Correlations between each of the individual TIPI personality dimensions, and both LSRP1 & LSRP2, respectively, are displayed in Figure 2, Appendix E. Correlations between each of the ‘Socially Perceived Success’ dimensions, and both LSRP1 & LSRP2, respectively, are displayed in Figure 3, Appendix F.



### Discussion

The concept of psychopathy as a continuum has garnered much support in recent times, with research into corporate psychopathy suggesting the presence of psychopathic traits within the community population. Although there is no ‘clinical’ prototype of a psychopath, the media - and society overall - have constructed an image of a ‘crazed, emotionless killer’ with ‘soul-less eyes’. In actuality, higher psychopathic traits have been recorded in individuals with no criminal record or violent history - as well as those incarcerated. Therefore, the true prevalence and impact of these traits within our society is wholly unknown. As psychopathy has been traditionally considered a ‘personality disorder’, this study aimed for insight into role of the five personality dimensions of Openness, Conscientiousness, Extraversion, Agreeableness and Emotional Stability in the development of Factor 1 and Factor 2 psychopathic traits, respectively. After controlling for these personality dimensions, this study further sought insight into the predictive effects of ‘Socially Perceived Success’ on the development of both factors of psychopathy.

**Demographics.** In the first study, age and gender demographics explained 34% of the variance in Primary Psychopathy scores, compared to 32.6% explained in Secondary Psychopathy scores. Gender beta values differed slightly, indicating gender differences in secondary psychopathy scores. As the differences between male and female manifestations of psychopathy have been well reported, this study chose not to investigate this phenomenon further due to lack of resources. This finding does however indicate a higher prevalence of Secondary Psychopathy amongst the male population. It could be argued that this discrepancy is due to gender roles, and the societal assumption that men tend to be more aggressive and/or deviant than women. This is a phenomenon that deserves independent investigation.

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Surprisingly, age was the strongest negative predictor for both primary and secondary psychopathy evidently suggesting a decline in prevalence of both factors of psychopathy with aging. This result could be interpreted in two ways; 1) that a generational experiential discrepancy affected scores, or 2) psychopathy is very much a malleable construct, in which ‘symptoms’ or overt characteristics can be influenced by increased experience, education and/or societal/moral awareness over time.

**Personality Dimensions.** Following the introduction of the personality dimensions there was an 11% increase in the variance explained by the LSRP1 model, compared to 13% additional variance explained in LSRP2. Personality appears to predict secondary psychopathy scores to a higher degree than primary psychopathy. This result could be interpreted to support previous research of a biological basis to ‘unsuccessful’ or secondary psychopathy. However, this result could also indicate a more experiential aspect to LSRP2 trait development. This social deviance aspect of psychopathy may be influenced by personality predispositions, resulting from the environment and experience of the individual - rather than innate social deviance.

The dimensions of Agreeableness and Emotional Stability negatively predicted both primary & secondary psychopathy scores, indicating that a neurotic, disagreeable personality manifests from both factors of psychopathy. Consistent with previous research, Agreeableness was a large negative predictor for higher scores on both factors, with more predictive utility for LSRP2 – social deviance – scores. This supports the concept of ‘negative emotionality’ in secondary psychopathy, as per hypothesis 4. Conscientiousness was also a predictor of Secondary Psychopathy ( $\beta = .14$ ), and Primary Psychopathy ( $\beta = .11$ ). This finding supports the assumption of hypothesis 4 that lower conscientiousness has a higher association with secondary psychopathy. Much debate remains surrounding the role of Conscientiousness within

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psychopathy as different sub facets of this personality dimension appear to influence/predict each psychopathy factor differently. Further investigation into the subdimensions of conscientiousness is necessary to provide accurate insight into its role in psychopathy.

**Hypothesis 4.** Emotional Stability was found to be a negative predictor of both factors, with more influence on Secondary Psychopathy ( $\beta = -.19$ ), however with a similar predictive nature toward Primary Psychopathy ( $\beta = -.18$ ). This finding is consistent with the hypothesis (4) that LSRP2 scores are more associated with a ‘negative emotionality’, however does highlight the involvement of neuroticism in both factors of psychopathy. This is suggestive of the nature of psychopathy itself being rooted in slight emotional instability/neuroticism. This finding, coupled with the predictive effects of age found in this study, may indicate an experiential, functional aspect of psychopathy rather than an innate, biological predisposition to psychopathy. Slight differences in the beta values of Conscientiousness, Agreeableness and Emotional Stability indicate a larger inclination towards ‘negative emotionality’ in Secondary Psychopathy scores.

**Hypothesis 2.** Hypothesis 2 assumed an ‘antagonistic interpersonal style’ - namely low Agreeableness, low Openness, and low Neuroticism - to be associated with primary psychopathy scores. Although the Openness scores were statistically insignificant, the results indicate lower Openness scores for LSRP1, however further investigation is needed to confirm this statistically. The remaining assumptions of Hypothesis 2 were confirmed by the statistical analyses; low agreeableness was associated with LSRP1 yet predicted LSRP2 to a larger degree. Low neuroticism (high Emotional Stability) was also confirmed to be associated with LSRP1, but more so with LSRP2. This is consistent with the hypotheses as those with a ‘negative emotionality’ would be less agreeable, more neurotic, and more antisocial in comparison to an ‘antagonistic interpersonal style’.

**Dimensions of Success.**

**Hypotheses 1 & 3** After controlling for demographics and personality dimensions, both studies (LSRP1 & LSRP2) inserted Block 3: ‘Socially Perceived Success’. The introduction of this block explained a further 4.7% of the variance in both the LSRP1 model and the LSRP2 model. This finding suggests that societal success has a similar influence on both factors of psychopathy and does not predict either LSRP1 or LSRP2 psychopathic traits to a large degree. This finding does not support Hypotheses 1 & 3 that argue those with higher Factor 1 scores would have higher ‘Socially Perceived Success’ and those with higher Factor 2 scores would have lower ‘Socially Perceived Success’.

The success dimensions of Highest Community Position, Level of Education and Level of Income all predicted both LSRP1 & LSRP2 scores to a statistically significant degree. Higher income level was the best predictor of primary psychopathy scores ( $\beta = .12$ ). However, surprisingly, was a slightly better predictor of Secondary Psychopathy ( $\beta = .14$ ). The literature suggests that those with higher occupational level and/or income may have achieved their success due to the presence of interpersonal and affective components of psychopathy (factor 1) that allow them to ascend social and occupational hierarchies due to their proficiency in manipulation, conscientiousness, and superficiality. This study’s results do not support this idea however as higher income levels seemingly predict higher levels of Secondary Psychopathy which is associated with lower behavioural control and social deviance. It could be argued that this result was obtained as some participants may have acquired their income through ‘deviant’ means unrelated to other ‘socially perceived successes’ e.g.: income from the sale of narcotics would be completely unrelated to education or occupational level.

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Interestingly, the largest discrepancy between the predictor variables across both factors was Level of Education; LSRP1 ( $\beta = .11$ ), LSRP2 ( $\beta = -.09$ ). Higher education was a positive predictor for Primary Psychopathy, while it was a negative predictor for Secondary Psychopathy. This finding is supportive of the previously proposed 'Successful' versus 'Unsuccessful' psychopath; Primary Psychopathy scores are associated with higher education while Secondary Psychopathy scores are associated with lower levels of education.

As this model does not demonstrate strong predictive effects for our 'success' block, this finding may support the concept of large discrepancies between education levels of a 'Successful' versus an 'Unsuccessful' psychopath. It may be true that an individual's 'success' in their psychopathy relies heavily on their education, knowledge of the world/societal norms and their awareness of methods of self-preservation, rather than actual 'success' within society.

This study proposed that LSRP1 scores would be most associated with the 'Socially Perceived Success' block, however both factors are equally predicted by this block. The community involvement question of our success block yielded an unexpected result; LSRP2 scores were predicted significantly more by community involvement than LSRP1 scores. In other words, higher community involvement was predictive of higher secondary psychopathy (social deviance) scores. This finding supports the concept of a form of psychopathy within the community, in particular the social deviance factor that is most often associated with criminals, rather than club/society members.

These findings on our 'Socially Perceived Success' block seemingly indicate little difference between the two factors of psychopathy when it comes to 'success'. However, the individual findings are indicative of an ill-fitting block - regardless of the Cronbach alpha produced. These questions are measuring concepts that society deems as related to success,

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however, may be completely uncorrelated in their manifestations and associations with other factors. This proposed concept of ‘success’ relating directly to one type of personality manifestation and unrelated to another type of trait manifestation may be too simplistic of an assumption for such a complex phenomenon. The individual factors that encompass ‘societal success’ should be investigated independently within each facet of psychopathy in order to gain an accurate representation of society’s influence on the development of psychopathic traits, rather than attempt to force a model of ‘success’ – which is a completely subjective concept to begin with.

The LSRP1 model as whole predicted 51% of the variance in Primary Psychopathy scores, compared to 49.8% variance explained in the LSRP2 model for Secondary Psychopathy scores. Thus, leaving a further 49% and 50.2%, respectively, unexplained after controlling for age, gender, personality and ‘success’. A biological aspect to psychopathy has been argued in the introduction of this study, with little empirical evidence to support the true variance explained by biological factors. The remaining variance to be explained in both these models of psychopathy needs to be investigated further to confirm/reject this concept. The findings of this study indicate a learned, experiential aspect to the development of psychopathic traits, rather than purely biological roots. Regardless of whether this relates to predispositions of personality (which could be argued to be experiential in itself) or the level of ‘Socially Perceived Success’ attained, the environment and surroundings of an individual seem to be the deciding factor of the level of psychopathic manifestation and deviances. This study argues that ‘Successful’ psychopathy does exist in some form in the community - regardless of support for the hypotheses 1 & 3 - as the criteria for psychopathy has been observed, however not to a clinical threshold. This is evident in the support for hypotheses 2 & 4. The ‘clinical’ definition of psychopathy has been a topic of

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debate for researchers due to the nature of this phenomenon as a manifestation of traits rather than an actual ‘disorder’ causing distress and dysfunction within an individual’s life. As this concept is not considered a ‘disorder’ within the DSM-V, the assumption that the observation of these traits in the community is similar (to a lesser degree) to those who do meet the threshold for a diagnosis, can be supported.

### **Limitations and Future recommendations**

The limitations of this study were vast; the use of short-form scales to measure both psychopathic and personality scores limited the scope of investigation significantly. The LSRP psychopathy scale focuses on the 2-factor model of psychopathy, which has since been subdivided into a 3-factor, and later a 4-factor model. The use of this scale significantly reduced the availability of more specified psychopathic data. This is important to note as the detection of psychopathic traits within the community may necessitate more rigorous investigation of all aspects to psychopathy, not just the concepts associated with a ‘psychopathic diagnosis’. The 5 dimensions of personality have also been subdivided into 30 categories (6 per dimension), the impact of generalising these 5 dimensions is unknown, however is evident in the Conscientiousness results, as both primary and secondary psychopathy seem to be predicted almost equally. A major limitation of this study is the use of an invalidated scale for ‘Socially Perceived Success’, as there has been no such scale created. As stated above, success is a social construct that is subjectively defined and therefore can be very difficult to ascertain the true implications of psychopathy on ‘success’ as this ‘success’ itself is difficult to define. If success is defined by lack of incarceration, then a ‘successful’ psychopath is easier to define over ‘societal success’. As the results show, an individual’s psychopathic scores do not necessarily relate to

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life's successes as a whole, but rather individual traits may impact on person's individual successes across the many disciplines of 'societal success'.

Future research should aim to investigate this concept in more detail, utilising more intricate scales to ascertain true psychopathic scores in a community sample, while also delving further into the role of these 30 sub facets of personality within psychopathic scores. Further investigation into the gender differences between psychopathic factors is a necessity as the distinctions between the manifestations is much debated. It may be unproductive to study these two populations as one, as the data may be conflicting if psychopathy does in fact manifest differently depending on gender.

Research into corporate psychopathy is ongoing, however the author suggests that investigation into those in higher positions within the community must also be considered. The ramifications of unbridled psychopathy within clubs/societies are unknown as of yet, however the author of this study argues that this may have an equal impact as corporate psychopathy. The social nature of clubs/societies results in less protocol and control of the environment compared within the workplace. The opportunity for psychopathic traits to go undetected and/or unpunished is exponentially larger. The social nature of humans is well-reported, along with the impact of negative social experiences; ostracization or victimisation can have catastrophic results, especially for children - who are often the ones enrolled in such organisations.



### **Conclusion**

This study found evidence of distinctions between the manifestations of Primary and Secondary Psychopathy with regards to personality dimensions and particular dimensions of ‘socially perceived success’. These findings did not support the hypotheses that ‘successful’ psychopathy related to higher ‘socially perceived success’ and ‘unsuccessful’ psychopathy related to lower ‘socially perceived success’. However, this study did find support for the previously proposed concepts of an ‘antagonistic interpersonal style’ that relates to primary psychopathy and a ‘negative emotionality’ that is associated with secondary psychopathy. The classification of ‘success’ is paramount in the development of further insight into this phenomenon.

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**Appendix A****Participant Information Leaflet**

[Title of Study] *Successful Psychopathy in the General Population: A regression analysis of primary & secondary psychopathic traits*

You are being invited to take part in a research study. Before deciding whether to take part, please take the time to read this document, which explains why the research is being done and what it would involve for you. If you have any questions about the information provided, please do not hesitate to contact me using the details at the end of this sheet.

**What is this study about?**

I am a final year student in the BA in Psychology programme at National College of Ireland. As part of our degree, we must carry out an independent research project. The aim of this study is to investigate the concept of ‘successful’ psychopathy in the community. Psychopathy is defined as an antisocial disorder which can manifest as amoral or antisocial behaviour, deficits in feelings of empathy or remorse, superficial charm, and egotistical traits. Psychopathy has been a topic of research for many years, with focus on the criminal population. However, recent research indicates that psychopathy should be considered a spectrum, from which any mixture of traits can manifest. These traits may manifest to the detriment of the individual or maybe sometimes to their benefit. Further investigation into the personality traits & lifestyle of individuals with higher scores on traits associated with psychopathy is needed. This study aims to investigate compare underlying psychopathic traits (such as manipulateness), personality traits and perceived ‘success’ within society, to gain an understanding of how certain psychopathic traits influence success. This project is supervised by Dr. Conor Nolan.

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### **What will taking part in the study involve?**

If you decide to take part in this research, you will be asked to complete a short survey, answering in scale format.

e.g.: From (1) Strongly Agree to (4) Strongly Disagree, how do you feel about this statement?

These questions will relate to personality traits and life satisfaction. The survey will also contain questions relating to underlying tendencies such as manipulation. We do ask that you answer each question as truthfully as possible to gain an accurate representation. No personal information will be taken - just numerical scoring of the questions - therefore your scores will be unidentifiable. Participation will be all online. This survey should take around 15 mins to complete. You will need to follow the link provided and you will be prompted to start the survey. All participants welcome, however must be over the age of 18.

### **Do I have to take part?**

Participation is completely voluntary.

If you do choose to participate, you retain the right refuse any question and move on. You also have the right withdraw your participation without consequence whatsoever, up until the point you submit your survey. From that point, all data is numerical and anonymous, so it will not be possible to find/remove your answers. You will not be asked any personal or identifiable questions during your participation.

### **What are the possible risks and benefits of taking part?**

The risks involved in this study are minimal due to our survey format. We have designed the survey based on validated measures designed for use within the community. There may be a



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slight risk of distress for a small number of participants due to the nature of this study, however all questions are designed to be relatively mild and archetypal. If you experience this, you are free to discontinue participation and exit the questionnaire. Contact details for Support Services will be provided at the end of the survey.

There are no direct benefits of participating in this study, however any participation in this field is highly valued. The difference between a ‘successful’ psychopath in the community and an ‘unsuccessful’ one in prison may lay in the combination of personality traits, education and/or ‘success’ of the individual. This study may help shed some insight into the personality traits that are associated with higher psychopathic traits and perceived ‘success’. To what extent is a personality trait beneficial to an individual, before becoming destructive to society?

### **Will taking part be confidential and what will happen to my data?**

The questionnaire is anonymous, it is not possible to identify a participant based on their responses to the questionnaire. All data collected for the study will be treated in the strictest confidence. No record of participation will be made.

Responses to the questionnaire will be stored securely in a password protected/encrypted file on the researcher’s computer. Only the researcher and their supervisor will have access to the data. Data will be retained for 5 years in accordance with the NCI data retention policy.

### **What will happen to the results of the study?**

The results of this study will be presented in my final dissertation, which will be submitted to National College of Ireland.

### **Who should you contact for further information?**

## SUCCESSFUL PSYCHOPATHY IN THE GENERAL POPULATION

Researcher: Olivia Walsh

Supervisor: Dr Conor Nolan

Final Year Psychology Student

Thesis Supervisor &amp; Lecturer

National College of Ireland

National College of Ireland

Email: x18707389@student.ncirl.ie

Email: Conor.Nolan@ncirl.ie

**Consent Form**

I have read and understood the attached Information Leaflet regarding this study. I have had the opportunity to ask questions and discuss the study with the researcher and I have received satisfactory answers to all my questions. I understand that I am free to withdraw from the study at any time without giving a reason and without this affecting me.

**I understand the purpose of this study and my role in it.**

**I agree to take part in this study.**

**Appendix B****Participant Survey (Likert Scale)**

**Age:** (1) 18-25 (2) 25-35 (3) 35-45 (4) 45-65 (5) 65+

**Gender:** (1) Male (2) Female (3) Other

**What was your highest held position? (work and/or leisure)**

(1) Employee/Member (2) Supervisory Role (3) Mid management (4) Senior Management

**What is your highest level of education?**

(1) Primary (2) Secondary (3) Undergraduate (4) Postgraduate

**How would you rate your life satisfaction on a scale from 1(low) to 4(high)?**

(1)            (2)            (3)            (4)

**What is your average yearly income?**

(1) <20k (2) 20-35k (3) 35-45k (4) 45k+

**Here are a number of personality traits that may or may not apply to you. Please write a number next to each statement to indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.**

1 = Disagree strongly

2 = Disagree moderately

3 = Disagree a little

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4 = Neither agree nor disagree

5 = Agree a little

6 = Agree moderately

7 = Agree strongly

**I see myself as:**

1. \_\_\_\_\_ Extraverted, enthusiastic.
2. \_\_\_\_\_ Critical, quarrelsome.
3. \_\_\_\_\_ Dependable, self-disciplined.
4. \_\_\_\_\_ Anxious, easily upset.
5. \_\_\_\_\_ Open to new experiences, complex.
6. \_\_\_\_\_ Reserved, quiet.
7. \_\_\_\_\_ Sympathetic, warm.
8. \_\_\_\_\_ Disorganized, careless.
9. \_\_\_\_\_ Calm, emotionally stable.
10. \_\_\_\_\_ Conventional, uncreative.

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**To what degree do you agree with the following statements about yourself?**

**(1) Strongly Disagree (2) Somewhat Disagree (3) Somewhat Agree (4) Strongly Agree**

1. Success is based on survival of the fittest; I am not concerned about the losers.
2. For me, what's right is whatever I can get away with.
3. In today's world, I feel justified in doing anything I can get away with to succeed.
4. My main purpose in life is getting as many goodies as I can.
5. Making a lot of money is my most important goal.
6. I let others worry about higher values; my main concern is with the bottom line.
7. People who are stupid enough to get ripped off usually deserve it.
8. Looking out for myself is my top priority.
9. I tell other people what they want to hear so that they will do what I want them to do.
10. I would be upset if my success came at someone else's expense.
11. I often admire a really clever scam.
12. I make a point of trying not to hurt others in pursuit of my goals.
13. I enjoy manipulating other people's feelings.
14. I feel bad if my words or actions cause someone else to feel emotional pain.
15. Even if I were trying very hard to sell something, I wouldn't lie about it.
16. Cheating is not justified because it is unfair to others.

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17. I find myself in the same kinds of trouble, time after time.
18. I am often bored.
19. I find that I am able to pursue one goal for a long time.
20. I don't plan anything very far in advance.
21. I quickly lose interest in tasks I start.
22. Most of my problems are due to the fact that other people just don't understand me.
23. Before I do anything, I carefully consider the possible consequences.
24. I have been in a lot of shouting matches with other people.
25. When I get frustrated, I often "let off steam" by blowing my top.
26. Love is overrated.



**Appendix C****Participant Debriefing Sheet**

Thank you for your participation in this study:

‘Successful Psychopathy in the General Population: a regression analysis of primary and secondary psychopathic traits.

**If you have become at all distressed during the course of your participation, please contact Samaritans online or by phone.**

<https://www.samaritans.org/ireland/samaritans-ireland/>

<https://www.samaritan-international.eu/>

(01) 671 0071

Samaritans Ireland, phone

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## Appendix D

Data file utilised for statistical analysis:

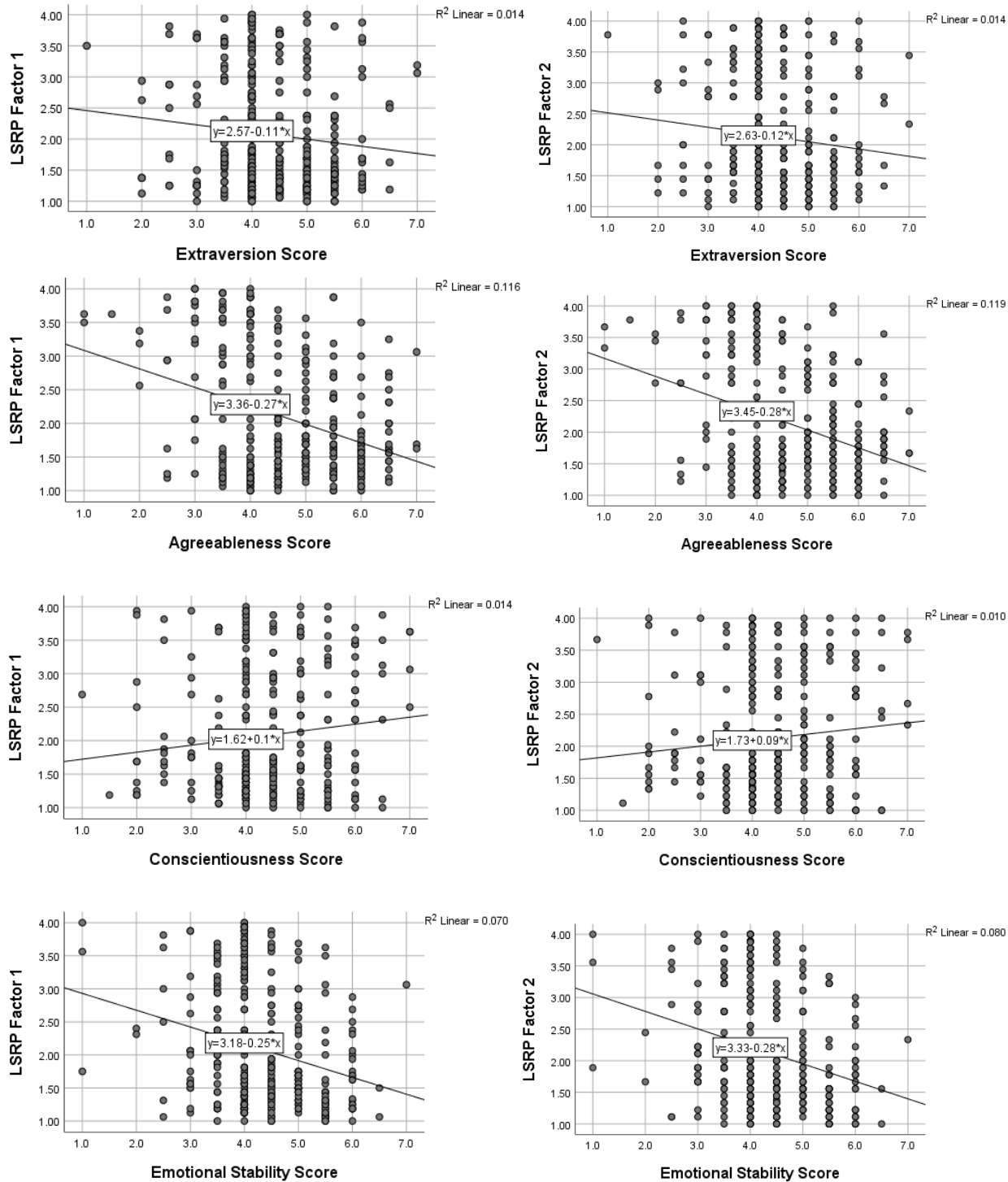
The screenshot shows an Excel spreadsheet titled 'FYPDATASET1X'. The data is organized into columns labeled A through U. The first column (A) is 'ID', followed by 'Age' (B), 'Gender' (C), 'Extrav' (D), 'Agree' (E), 'Consci' (F), 'Emotion' (G), 'Open' (H), 'LSRP1' (I), 'LSRP2' (J), 'Work' (K), 'Communi' (L), 'Education' (M), 'Income' (N), and 'LifeSatisfaction' (O). The remaining columns (P-U) are empty. The data rows are numbered 1 to 26. The spreadsheet interface includes a ribbon with 'File', 'Home', 'Insert', 'Page Layout', 'Formulas', 'Data', 'Review', 'View', and 'Help' tabs. The status bar at the bottom shows 'FYPDATASET1X' and a zoom level of 100%.

ID	Age	Gender	Extrav	Agree	Consci	Emotion	Open	LSRP1	LSRP2	Work	Communi	Education	Income	LifeSatisfaction
1	45	2	4.0	6.0	4.5	2.0	3.5	2.40	2.44	1	#NULL!	3	1	3
2	25	2	5.0	5.0	4.0	4.5	5.0	1.25	1.33	1	1	3	1	2
3	24	1	5.0	4.0	5.0	4.0	4.5	2.38	2.56	2	2	4	1	4
4	26	1	3.5	4.5	4.5	3.0	4.0	2.06	1.78	3	1	3	1	3
5	21	1	5.0	5.5	4.5	6.0	5.5	2.38	2.22	1	1	2	1	3
6	21	2	4.0	6.0	5.0	4.5	6.0	2.13	2.00	2	1	3	1	3
7	24	2	4.0	6.0	5.0	4.5	3.5	1.38	1.22	3	1	3	1	3
8	24	1	3.5	5.5	5.5	5.0	4.5	1.63	1.78	2	2	2	1	3
9	20	3	4.0	5.0	5.5	6.0	4.0	1.75	2.00	1	1	3	1	3
10	22	1	5.0	7.0	4.5	5.0	3.5	1.69	1.67	1	1	3	1	3
11	25	1	4.0	6.5	5.5	4.0	4.0	2.31	2.00	1	1	4	1	2
12	23	1	5.0	6.5	4.5	6.0	4.0	2.00	2.00	1	1	4	1	5
13	21	2	4.0	3.0	4.5	3.5	5.5	2.06	2.00	1	1	3	1	4
14	42	2	3.5	3.5	3.5	3.5	3.5	1.44	1.67	3	1	4	4	3
15	41	2	4.0	5.0	4.0	4.0	4.5	2.38	2.22	3	3	4	4	4
16	#NULL!	2	3.5	4.0	5.5	4.0	3.0	1.31	1.56	3	3	3	3	4
17	26	1	4.5	5.0	4.5	4.0	6.0	1.69	2.00	2	2	4	2	3
18	42	2	4.5	4.0	3.5	4.0	7.0	1.38	1.44	3	1	3	4	5
19	40	2	5.5	5.5	4.0	4.5	2.5	1.63	1.78	4	4	4	4	4
20	41	2	4.0	5.0	3.0	4.0	3.5	1.81	1.78	1	1	3	2	5
21	41	2	6.0	6.0	5.5	6.0	5.0	1.69	1.78	3	3	3	4	4
22	25	1	5.0	5.5	4.0	5.0	4.5	1.69	1.67	2	5	3	3	4
23	22	1	4.5	4.5	4.5	3.5	5.0	1.44	1.56	1	1	3	1	5
24	29	1	4.0	6.5	5.0	5.0	4.5	1.63	1.67	3	1	2	1	4
25	22	2	4.0	6.0	4.5	6.0	6.0	1.19	1.22	2	1	3	2	3

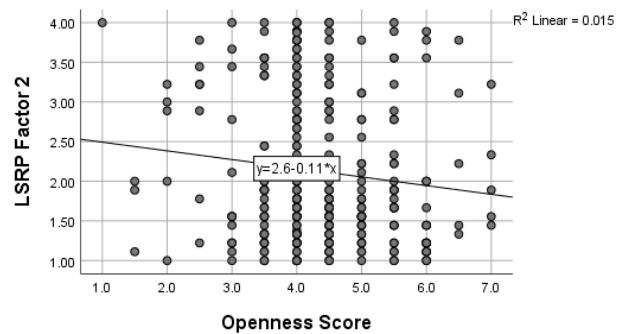
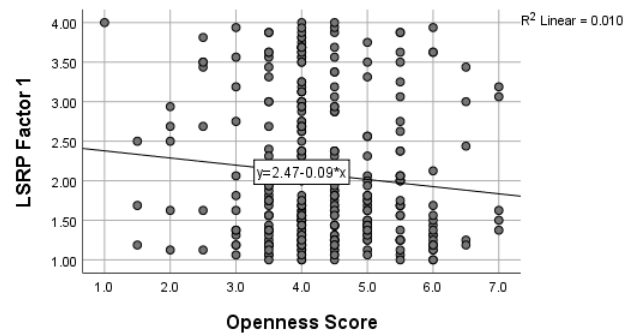


Appendix E

Figure 2: TIPI correlations LSRP1 vs LSRP2



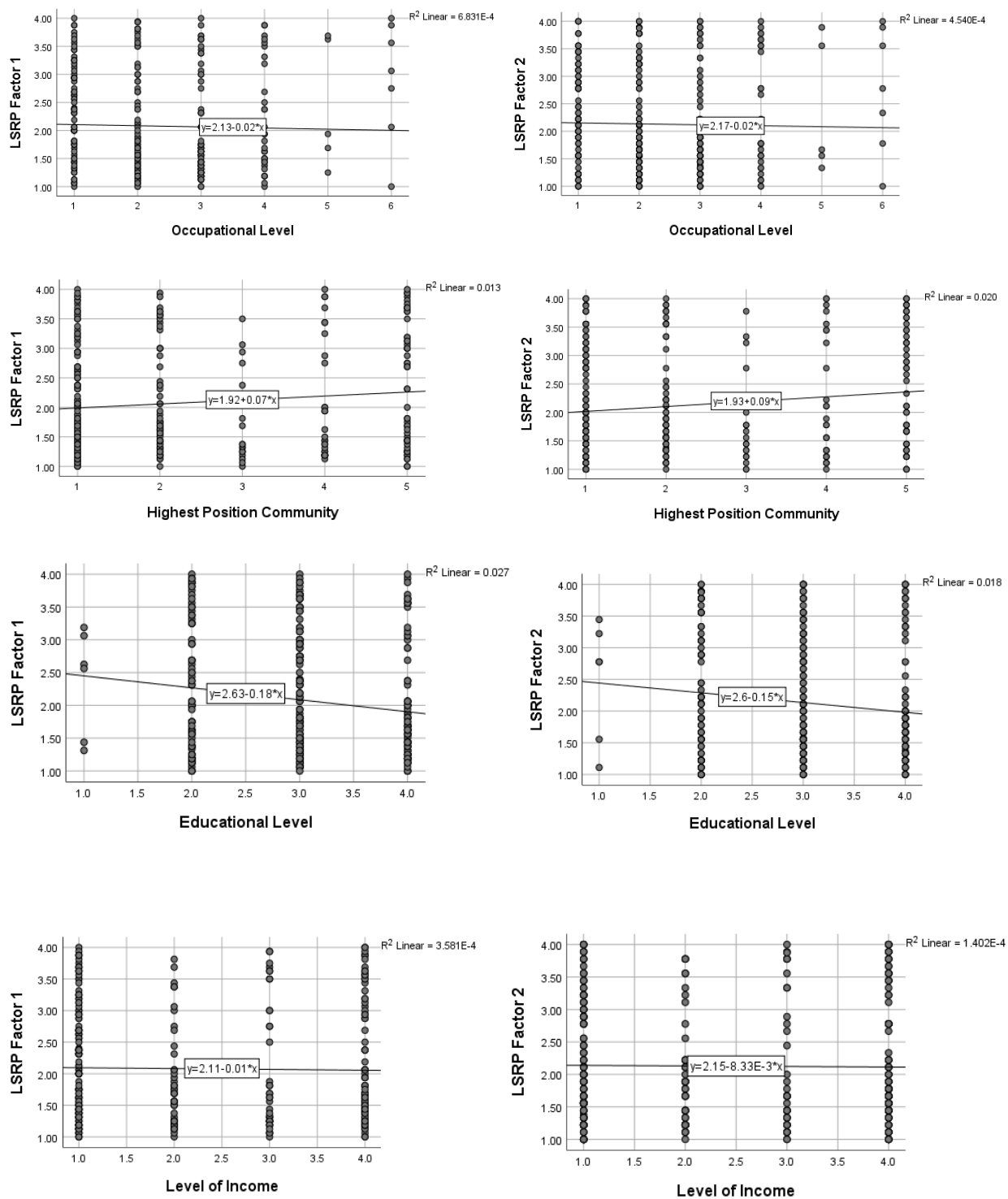
## SUCCESSFUL PSYCHOPATHY IN THE GENERAL POPULATION



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## Appendix F

Figure 3: 'Socially Perceived Success' correlations LSRP1 vs LSRP2



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