Negative attitudes towards psychopaths: The role of one's own psychopathic traits

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ABSTRACT

Personality disorders, such as psychopathy, have a long history of stigmatization. Psychopaths are continually presented as criminals and feared due to their supposed aggressive tendencies, stemming from the excessive labelling of murderers as psychopaths by the media and popular culture. While previous research demonstrates the extent to which individuals stigmatize psychopaths, it is not yet known if psychopaths stigmatize other psychopaths. We hypothesized that individuals who displayed a high level of psychopathic traits, especially in adaptive components, would exhibit less stigma-related behaviors towards psychopaths. One hundred and sixteen participants ($N = 116$) from the community completed three questionnaires assessing their expression of psychopathic personality traits and stigma towards psychopaths. The presence of psychopathic traits, particularly those related to boldness, was negatively correlated with the degree of stigmatizing behaviors towards psychopaths. Findings are explained in terms of identification with psychopaths and the fearlessness component of psychopathy.

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1. Introduction

Psychopathy is a personality disorder characterized by a collection of traits including interpersonal-affective features (such as lack of empathy, callous-unemotional traits, and superficial charm) and antisocial traits (such as impulsivity and aggression) (Berg et al., 2013; Gao, Glenn, Schug, Yang, & Raine, 2009). Since an overwhelming proportion of the research surrounding psychopathy has focused on inmates, the label 'psychopath' widely elicits associations with criminals and murderers with minimal chance of rehabilitation (Camp, Skeem, Barchard, Lilienfeld, & Poythress, 2013; Kiehl & Hoffman, 2011). While a growing body of evidence suggests that psychopathy is not strongly linked to increased violence and criminal behavior (Berg et al., 2013; Camp et al., 2013; Hall & Benning, 2006), the fear of psychopaths remains highly present in the general population (Edens, Colwell, Desforges, & Fernandez, 2005; Edens, Marcus, Lilienfeld, & Poythress, 2006; Helfgott, 1997), leading to the stigmatization of psychopaths.

Stigma can be defined as a disqualification from full social acceptance. Its negative consequences can include diminished employment opportunities, lower quality of healthcare service, and an impoverished social life. Scheff (1963, p. 452) proposed several factors that may affect

the social response to deviant behavior: "amount and visibility of deviant behaviour, the power of the deviant and the social distance between the deviant and the agents of social control, and the tolerance level of the community of alternative non-deviant roles". It has been subsequently shown that higher visibility of deviant behavior and lower social status increase stigmatization of the affected individual (Gray, 2002; Link & Phelan, 2001).

Furthermore, several misconceptions fuel the stigma of mental illness, such as: (i) people with mental illness should be excluded from communities; (ii) people with mental illness are irresponsible; and (iii) people with mental illness are child-like and in need of care (Brockington, Hall, Levings, & Murphy, 1993; Corrigan & Watson, 2002; Taylor & Dear, 1981). Such misbeliefs are reflected in contradictory social reactions and views on mental illness. Indeed, individuals with mental conditions are viewed as "imperfect beings" that cannot be remediated, yet they are deemed responsible for their actions and thus assigned a moral deficit (Scambler, 2006).

Stigmatizing attitudes and misunderstandings are particularly salient in the case of personality disorders like psychopathy. Indeed, personality disorders remain poorly understood by the public and are highly stigmatized due to lack of public awareness and information regarding the disorders (Panier, Van Remoortere, Van den Bogaert, & Uzieblo, 2014; Sheehan, Nieweglowski, & Corrigan, 2016). Three main factors are responsible for social rejection: personal responsibility,

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dangerousness, and rarity of the illness (Feldman & Crandall, 2007). Previous investigations have concluded that laypeople believe that psychopaths are responsible for their actions (Smith, Edens, Clark, & Rulseh, 2014), that psychopaths are dangerous (Wayland & O'Brien, 2013), and that psychopathy has a prevalence less than 1% in the general population (Smith et al., 2014). Psychopathy therefore fulfils all criteria for inducing stigmatization and social rejection.

The role of stigmatization towards psychopathy has been well-studied in judicial settings, and such research indicates a bias against psychopaths (Sheehan et al., 2016). Research has demonstrated an association between defendant possession of psychopathic traits and the probability of a harsher sentence (Cox, Clark, Edens, Smith, & Magyar, 2013). In this study, jury members analysed a case of murder, gave a verdict, and rated the visibility of psychopathy-associated traits in the defendant. The results showed that several components of psychopathy, such as remorselessness, predicted a death penalty, demonstrating the significant impact of stigmatization towards psychopaths.

While prior investigations examining the relationship between psychopathy and stigma have focused on negative aspects of psychopathy, little information has been found regarding psychopathy's adaptive aspects and stigma. Higher levels of psychopathic traits related to the interpersonal-affective facet have been associated with a number of adaptive features, such as superior attentional control (Baskin-Sommers, Zeier, & Newman, 2009), fearlessness (Dindo & Fowles, 2011; López, Poy, Patrick, & Moltó, 2013), and stress and anxiety immunity (Hall, Benning, & Patrick, 2004). Considering the fearless nature attributed to individuals with higher levels of interpersonal-affective psychopathic traits, it is possible that these individuals will express less fear towards psychopaths, and therefore, less stigmatization towards them (Lilienfeld et al., 2012).

An individual's perception, and therefore, stigmatizing attitudes towards a psychopath may be correlated with that individual's own psychopathic personality traits. It is possible that highly psychopathic individuals will not stigmatize psychopaths as they may identify with psychopathic traits. As mentioned above, stigmatization of psychopaths in judicial settings can have harsh consequences, such as a higher likelihood of a death penalty verdict. A jury member's own psychopathic traits could therefore potentially influence his judgement towards a diagnosed psychopath during a trial.

Hence, the purpose of the present study was to determine if individuals from the community with higher levels of psychopathic traits are less likely to stigmatize an individual diagnosed with psychopathy. In this study, we investigated two hypotheses. We hypothesized a negative relationship between high expression of psychopathic traits and stigmatization towards psychopaths, and also hypothesized that this negative relationship would be strongest within interpersonal-affective features due to their association with fearlessness.

2. Methods

2.1. Participants

This study was approved and given 'exempt' status by the IntegReview Ethical Review Board (Austin, TX, USA), under protocol number 11022016. No names or other protected health information, as defined by the Health Insurance Portability and Accountability Act (HIPAA), were recorded. One-hundred and sixteen participants aged from 18 to 74 years ($M = 26.8$, $SD = 10.77$) participated in our community-based study. Participants were recruited online via social media and websites dedicated to online psychological studies (i.e.: www.callforparticipants.com, www.onlinepsychresearch.co.uk, etc.) Participants were 49.1% ($n = 57$) males and 50.9% ($n = 59$) females. The most common primary language was English (72% of participants). Most participants were located in Europe ($n = 50$) and in North America ($n = 50$), followed by Asia ($n = 7$), Oceania ($n = 5$), Africa ($n = 3$), and South America ($n = 1$). The most common academic status was

college graduate ($n = 44$), followed by college dropout ($n = 34$), Master's graduate ($n = 17$), doctoral degree holder ($n = 3$), and others ($n = 18$). Participants were not compensated for completing the present study. All participants gave informed consent prior to starting the study.

2.2. Materials

2.2.1. Triarchic psychopathy measure (TriPM; Patrick, 2010)

The TriPM is a 58-item self-report questionnaire for assessing psychopathic personality traits. Items are rated on a 4-point Likert scale from 1 to 4 ($1 = true$, $4 = false$). The TriPM is divided into three subscales: Boldness, Meanness, and Disinhibition. Boldness refers to adaptive features such as social dominance, fearlessness, stress immunity, and self-assurance, capturing the more functional and socially potent aspects of psychopathy. Meanness refers to aggression towards others, lack of empathy, and excitement through destruction, representing psychopathy's affective/interpersonal deficits. Disinhibition refers to impulsivity, lack of planning, and deficient behavioral restraint, capturing the behavioral deficits associated with psychopathy (Patrick, Fowles, & Krueger, 2009). Previous investigations have established acceptable internal consistencies ($\alpha = 0.79$ to 0.86) for all three subscales (Anderson, Sellbom, Wygant, Salekin, & Krueger, 2014). The internal consistencies of the total score and its subscales, along with their respective means and standard deviations, can be found in Table 1.

2.2.2. Attitudes and beliefs about psychopaths (ABP; Smith et al., 2014)

The ABP is a 28-item questionnaire rated on a 7-point Likert scale ($1 = strongly agree$, $7 = strongly disagree$), and was initially developed by Smith et al. (2014) to assess jury panel members' beliefs about psychopaths. These items are statements regarding attitudes towards psychopathy, covering a wide range of stigma-related topics, including propensity to violence and crime, morality, etiology, rehabilitation potential, and quasi-adaptive features. Previous studies using the ABP identified a number of factors through principal components analyses (Smith et al., 2014; Sörman et al., 2014, 2016). For the present study, we used Sörman et al.' (2014) subscale classification, which was derived from their factor analysis, to score the ABP's items. Our items were hence divided into 9 subscales: crime propensity, violence propensity, responsibility and punishment, moral judgments, noncriminal, bad parenting, biological etiology, immutability/rehabilitation potential, and quasi-adaptive features. While internal consistencies are not available

Table 1
Descriptive data ($N = 116$).

	Mean (SD)	α
TriPM		
Total	117.57 (24.46)	.93
Boldness	45.16 (10.51)	.89
Meanness	34.19 (11.03)	.92
Disinhibition	38.22 (10.52)	.88
ABP		
Crime propensity	9.15 (2.83)	.76
Violence propensity	5.54 (2.47)	.68
Responsibility and punishment	12.75 (4.48)	.65
Moral judgments	7.16 (3.73)	.69
Noncriminal	4.24 (1.92)	.53
Bad parenting	7.73 (2.93)	.86
Biological etiology	8.61 (2.23)	.50
Immutability/rehabilitation potential	12.03 (3.52)	.72
Quasi-adaptive features	23.59 (5.04)	.70
AQ		
Fear/dangerousness	22.48 (12.00)	.93
Help/interact	37.21 (8.70)	.79
Forcing treatment	9.84 (6.54)	.86
Negative emotions	16.78 (5.08)	.86

Note. SD = standard deviation; α = Cronbach's alpha; TriPM = triarchic psychopathy measure; ABP = attitudes and beliefs about psychopaths; AQ = attribution questionnaire.