



## The association between psychopathic personality traits and health-related outcomes



Kevin M. Beaver<sup>a,b</sup>, Joseph L. Nedelec<sup>c</sup>, Christian da Silva Costa<sup>d</sup>, Ana Paula Poersch<sup>d</sup>, Mônica Celis Stelmach<sup>d</sup>, Micheli Cristina Freddi<sup>d</sup>, Jamie M. Gajos<sup>a,\*</sup>, Cashen Boccio<sup>a</sup>

<sup>a</sup> College of Criminology and Criminal Justice, Florida State University, Tallahassee, FL 32306-1127, USA

<sup>b</sup> Center for Social and Humanities Research, King Abdulaziz University, Jeddah, Saudi Arabia

<sup>c</sup> School of Criminal Justice, University of Cincinnati, Cincinnati, OH 45221-0389, USA

<sup>d</sup> Centre for the Study of Criminal Behavior, São Paulo, Brazil

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### ABSTRACT

**Purpose:** Psychopathy and psychopathic personality traits (PPT) have been linked to a long list of negative life outcomes. To date, however, few studies have provided a systematic analysis of whether psychopathic personality traits contribute to increased health burden. The current study was designed to address this gap in the literature.

**Method:** This study analyzed data from the National Longitudinal Study of Adolescent Health and employed a measure of PPT derived from the five-factor model of personality. Analyses were conducted using OLS, logistic, and Poisson regression techniques.

**Results:** The results revealed that relatively higher scores on psychopathic personality traits were associated with a slight increase in a wide range of negative health outcomes. These significant associations were detected for both males and females.

**Conclusions:** We speak to the importance of these findings for the potential to reduce health burden among psychopaths and those who score relatively high on measures of psychopathic personality traits.

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### Introduction

One of the most important topics related to human development is health. Billions of dollars are spent annually on products that are designed to increase health and promote longevity. Researchers, too, have spent a considerable amount of resources examining the health-related costs and benefits associated with different diets, different lifestyles, and behaviors. Although this body of research has revealed that lifestyles, diets, and behaviors can all contribute significantly to health burden (Balía & Jones, 2008; Krueger & Chang, 2008; McNaughton, Wattanapenpaiboon, Wark, & Nowson, 2011), this body of research has also revealed that health-related outcomes are structured, in part, by certain individual-level traits. To illustrate, there is now a strong empirical knowledge base showing quite consistently that variation in intelligence scores is a significant predictor of health burden, with persons scoring lower on intelligence tests being at-risk for a range of negative health outcomes (Batty, Mortensen, Nybo Andersen, & Osler, 2005; Gunnell, Magnusson, & Rasmussen, 2005; Müller et al., 2013;

Whalley & Deary, 2001). Other individual-level traits, including personality characteristics and self-regulation, have also been tied to an assortment of health outcomes (Lee, Wadsworth, & Hotopf, 2006; Mykletun et al., 2009; Nedelec & Beaver, 2014; Smith, 2006).

To date, however, there has been only limited research conducted on the nexus between psychopathic personality traits and health burden. This is a particularly salient omission from the literature because persons scoring high on psychopathic personality traits and related phenotypes have been found to be at-risk for a host of negative life outcomes, including reduced educational outcomes (Harpur, Hare, & Hakstian, 1989), persistent contact with the criminal justice system (DeLisi, 2009; Hare, 1996), and even an early death (Black, Baumgard, Bell, & Kao, 1996). Whether the list of outcomes related to psychopathic personality traits could be extended to a broader list of health-related items such that psychopathic personality traits could serve as an epidemiological predictor of health burden remains unknown. There are, however, at least three reasons that would suggest that variation in psychopathic personality traits might be linked to health outcomes.

First, emerging evidence has revealed that antisocial behavior and criminal involvement are strongly tied to health-related outcomes (Vaughn, DeLisi, Beaver, Perron, & Abdon, 2012). For example, analysis of data from the Dunedin Multidisciplinary Health and Development Study revealed that males with conduct problems were characterized

\* Corresponding author at: College of Criminology and Criminal Justice, Florida State University, 145 Convocation Way, Tallahassee, FL 32306-1273, USA. Tel.: +1 850 645 9622.

E-mail address: jmg09m@my.fsu.edu (J.M. Gajos).

as having significant health burdens at the age of 32 years (Odgers et al., 2007). In another study, Piquero, Daigle, Gibson, Piquero, and Tibbetts (2007) reported that life-course-persistent offenders were significantly more likely than adolescence-limited offenders to have adverse physical and mental health problems. Similar findings have been reported in other studies (Piquero, Farrington, Nagin, & Moffitt, 2010; Shepherd, Shepherd, Newcombe, & Farrington, 2009). This is particularly relevant to psychopathic personality traits because psychopathic personality traits have consistently been found to predict involvement in serious forms of antisocial and criminal behavior (Campbell, Porter, & Santor, 2004; Edens, Campbell, & Weir, 2007) and there is empirical evidence suggesting that there is substantial overlap among the constructors of chronic offenders (e.g., life-course-persistents), career criminals, and psychopaths (Vaughn & DeLisi, 2008). As a result, it is quite possible that antisocial and criminal behavior—particularly serious, violent, and chronic offending—are simply proxies for psychopathic personality traits or that psychopathic personality traits may be related to health outcomes via their effect on antisocial and criminal behavior.

Second, there is a significant amount of research indicating that lifestyle factors are linked to health burden. Smoking, drinking heavily, and using drugs have all been found to reduce health and increase the risk of a wide range of diseases (Degenhardt & Hall, 2012; Fox, Merrill, Chang, & Califano, 1995; McGinnis & Foege, 2003; Room, Babor, & Rehm, 2005; Single, Rehm, Robson, & Truong, 2000; Single, Robson, Rehm, & Xi, 1999). Other lifestyle factors, such as inadequate healthcare coverage and financial instability, have also been tied to increased health burdens (Hadley, 2003; Todd, Armon, Griggs, Poole, & Berman, 2006). It is important to note, moreover, that psychopathic personality traits have previously been linked to the use of drugs, alcohol, and tobacco (Patrick, Hicks, Krueger, & Lang, 2005; Smith & Newman, 1990; Walsh, Allen, & Kosson, 2007) and that psychopathic personality traits have also been tied to reduced socioeconomic status and unemployment (Harpur et al., 1989; Vachon, Lynam, Loeber, & Stouthamer-Loeber, 2012). Consequentially, it stands to reason that psychopathic personality traits might affect health-related outcomes via their effect on lifestyle factors.

Third, a number of personality traits have been shown to predict health burden. Perhaps the most relevant to the current study is self-control/self-regulation. A number of studies have provided compelling evidence revealing that self-control is a robust correlate to health outcomes, with persons scoring relatively low on self-control being at-risk for high cholesterol, high blood pressure, reduced physical health, and even cancer (Miller, Barnes, & Beaver, 2011; Moffitt et al., 2011). Given that self-control has been shown to covary significantly with psychopathic personality traits (Wiebe, 2003), and that self-control and psychopathic personality traits share even some of the same biosocial underpinnings (Beaver, Barnes, May, & Schwartz, 2011; Wright, Beaver, Delisi, & Vaughn, 2008), it seems plausible that psychopathic personality traits may also influence a diverse range of health outcomes.

The above discussion highlights three key reasons why psychopathic personality traits might be related to a wide-ranging health burden. The available research bearing directly on this possibility is limited and thus relatively little is known about the psychopathic personality traits-health outcomes association. Much of what is known about this association tends to be confined to health outcomes associated with the risky sexual behavioral patterns of psychopaths (Fulton, Marcus, & Payne, 2010; Harris, Rice, Hilton, Lalumière, & Quinsey, 2007; Kastner & Sellbom, 2012). For instance, studies have revealed that psychopaths are at elevated HIV risk (Malow et al., 2007). In addition, research has also provided some evidence that measures tapping psychopathy are associated with early death (Black et al., 1996), suicidal behaviors and, for certain demographic groups, perhaps even self-inflicted injuries (Swogger, Conner, Meldrum, & Caine, 2009). Taken together, most of the research that has examined the influence of psychopathy on health

outcomes has focused largely on risky behaviors (e.g., drug abuse, risky sexual behaviors) or on a narrow range of health outcomes (e.g., HIV risk). The current study is designed to provide a more systematic examination of the link between psychopathic personality traits health burden. To do so, we employ a measure of psychopathic personality traits that is derived, in part, from the five-factor-model of personality, and by focusing on thirteen health outcomes in a nationally representative sample of males and females.

## Methods

### Data

Analyses were conducted using the National Longitudinal Study for Adolescent Health (Add Health; Harris et al., 2009). Detailed information regarding the sampling procedures and overall data are described elsewhere (Harris et al., 2009). In brief, the Add Health is a prospective study of nationally representative American youth enrolled in over 80 different high schools. The data collection took place at four different time points over the course of approximately 14 years. The initial sampling occurred during the 1994–1995 school year and included approximately 90,000 students who completed in-school questionnaires. A subsample of these students ( $N = 20,745$ ) were administered follow-up questionnaires during an in-home survey. The student's parent, typically the mother, also completed a questionnaire during the in-home survey providing information on a variety of topics such as relationship status, employment, and income. The second and third waves of data collection occurred in 1996 and 2001–2002, respectively. The final wave of in-home interviews occurred in 2007–2008 when all of the respondents had reached adulthood (age range: 24–32 years). Approximately 80% of the original Wave 1 respondents were successfully re-interviewed at Wave 4, providing a sample size of  $N = 15,701$  (Harris, Halpern, Smolen, & Haberstick, 2006). Unless otherwise indicated, the current study employs data from Wave 4. Due to missing information on some variables, the analytical sample of the current study ranges in size from 6,647 to 15,584 in the full sample, 3,653 to 8,295 for females, and 2,994 to 7,289 for males.

## Measures

### Psychopathic personality traits (PPT)<sup>1</sup>

While the Add Health does not have a vetted measure of psychopathy such as the PCL-R (Hare, 1996), it does include an inventory of the “Big 5” personality dimensions which include items that can be employed to measure psychopathic personality traits or tendencies (Harris et al., 2009; Lynam, 2002; Lynam et al., 2005). As such, the measure of psychopathic personality traits (PPT) in the current study is derived from a variety of questions asked at Wave 4 tapping the five-factor model of personality as well as items assessing problems with self-regulation. Previous research has provided a detailed description of the creation of the PPT measure in the Add Health (Beaver, Rowland, Schwartz, & Nedelec, 2011). Briefly, 23 items assessing personality and self-control were subjected to factor analyses and these items were then summed to create the continuously coded PPT index ( $\alpha = .82$ ; see the online supplemental materials for the results of these analyses). A higher score on the PPT index indicates a higher degree of psychopathic personality. The 23 questions used in the construction of the PPT scale, as well as which items were reverse-coded, are listed in Appendix A. This scale matches measures of PPT that have been previously employed by researchers using the Add Health (Beaver et al., 2011a, 2011b; Wu & Barnes, 2013). Importantly, only those respondents with non-missing data on the PPT were included in the analytical sample of the current study.<sup>2</sup>

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