

THE LINKS BETWEEN PRIMARY AND SECONDARY PSYCHOPATHY AND SOCIAL ADAPTATION

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Abstract

A deficiency of studies have explored the relationship between the psychopathic disposition and attributes of social functioning. The current investigation analyzed the relationships among these constructs in a non-institutionalized population of males (n=42) and females (n=50), with attention to both primary psychopathy and secondary psychopathy. The study was administered to members of natural social groups, and included both self-report and peer-report measures. Various aspects of friendships, romantic relationships, leadership, social goals, and measures of socially relevant personality traits were used to assess social functioning. The results support the distinction between primary and secondary psychopathy, as primary psychopathy does not seem to be detrimental to social functioning, but it does not confer any benefits either. Secondary psychopathy is consistently related to a lack of success in social functioning. The findings provide insight and support of the concept of successful psychopathy.

Introduction

The assessment and conceptualization of psychopathy have been subjected to a substantial amount of research and debate. Although the psychopathic personality has been studied intensively, it remains one of the most controversial disorders in psychopathology (Lilienfeld, 1998). However, the personality and behavioral attributes of psychopathy have been identified and generally agreed upon. Cleckley (1976) has provided one of the most comprehensive definitions of psychopathy. The attributes of psychopathy include impulsivity, lack of guilt or empathy, callousness, profound egocentricity, superficial charm, aggressiveness, and persistent antisocial behavior with no evidence of remorse. From Cleckley's description, it is evident that many of these characteristics may directly influence how a person functions in society and interacts with other people. Therefore, a person's social functioning is likely to be shaped by these traits. The present study examined the relationship between psychopathy and social functioning and adaptation in a normal population.

Conceptualizing and Defining Psychopathy

Psychopathy has been further split into two related, but distinct, factors (Hare, 1991; Hare, Hart, & Harpur, 1991; Harpur, Hart, & Hare, 1994; Karpman 1941; Levenson, Kiehl, & Fitzpatrick, 1995; McHoskey, Worzel, & Szyarto, 1998). These two factors have been referred to by the terms primary and secondary psychopathy, or Factor 1 and Factor 2, respectively. For the purposes of this paper, the terms primary psychopathy and secondary psychopathy will be used, as they are considered to essentially define the same constructs as Factor 1 and Factor 2 (McHoskey et al., 1998; Ross & Rausch, 2001).

Primary psychopathy consists of personality traits such as egocentricity, manipulateness, deceitfulness, and having a lack of remorse. This factor is also negatively correlated with empathy and anxiety (Hare, 1991). In general these traits reflect interpersonal and affective characteristics that are fundamental to conceptualizing psychopathy (Hare et al., 1991). Secondary psychopathy refers to antisocial behaviors and an unstable, self-defeating lifestyle. The behaviors reflect impulsivity, intolerance of frustration, a quick-temper, lack of long-term goals, lack of responsibility, and poor behavioral control (Levenson et al., 1995; McHoskey et al., 1998). Levenson et al. (1995) also demonstrated that primary and secondary psychopathy are significantly correlated with each other. Primary and secondary psychopathy are related but distinct entities, that need to be considered independently as well as together in the assessment of psychopathy and its implications.

The necessity of assessing primary and secondary psychopathy separately has been supported by recent research (McHoskey et al., 1998). Karpman (1941) was the first to recognize this importance, and also to coin the terms primary and secondary psychopathy. Karpman contended that the clinical conceptualization of psychopathy should emphasize dispositions and not behaviors, since the same behavior can be a result of various dispositional causes. According to this notion, the behavior associated with primary psychopathy is motivated by a core of personality dispositions, such as callousness and lack of empathy, while the behavior of secondary psychopathy is motivated by different dispositions. Therefore, distinguishing between the two factors is crucial to understanding the causes of antisocial behavior (McHoskey et al., 1998). Furthermore, solely relying on an overall score for psychopathy may obscure the distinct and potentially opposite correlates of primary and secondary psychopathy; findings for the two factors may cancel each other out, causing an association to appear falsely significant or insignificant (Patrick, 1994). It is likely that primary and secondary psychopathy will have different consequences for different aspects of social functioning. Thus, in the current study I made different predictions regarding social functioning for each factor of psychopathy, under the assumption that a different series of associations will emerge for each separate factor.

There has also been debate as to the most accurate way to conceptualize psychopathy, as either categorical (taxonomical) or dimensional. The categorical conceptualization entails that one either “has” psychopathy or does not, according to clinical standards and definition. On the other hand, conceptualizing psychopathy as a dimension involves assessing it as a personality disposition that exists along a continuum (Levenson et al., 1995; McHoskey et al., 1998). The dimensional approach to psychopathy, as opposed to the categorical approach, has recently been considered the most beneficial (Forth, Brown, Hart, & Hare, 1996; Levenson et al., 1995; McHoskey et al., 1998; Ross & Rausch, 2001) specifically because it allows for the assessment of psychopathy in the general, or sub-clinical, population. Although the mean score of psychopathy in normal populations is likely to be lower than that for their institutionalized or criminal counterparts, psychopathic traits do exist in the non-criminal populations (Forth, Brown, Hart, & Hare, 1996; McHoskey et al., 1998; Ross & Rausch, 2001; Widom, 1977). The dimensional construct also supports the notion that different associations will emerge for primary and secondary psychopathy (Levenson et al., 1995). The dimensional approach to psychopathy is necessary for the present study, as it allows

for the assessment of psychopathy in a sub-clinical population and for the separate analysis of primary and secondary psychopathy.

Psychopathy in Institutionalized Populations

Despite the existence of psychopathy in normal populations, the majority of research has primarily focused on and developed measures for a criminal, incarcerated, or institutionalized population. Consequently, researchers have ignored the group with psychopathic attributes that may exist in a normal population. Therefore, research has focused on the “unsuccessful” psychopath, and this has been a great limitation to advancing the knowledge of psychopathy. It is assumed that the main difference between psychopaths in a clinical or forensic setting and those in the normal population is that many of the psychopaths in normal populations do not engage in antisocial acts that are frequent or severe enough to warrant criminal or medical attention (Lilienfeld, 1994; Widom, 1977). Also, the institutionalized population may have profound deficiencies in social functioning that would prevent them from operating in society. However, the group within the normal population does indeed share the same psychopathic personality traits as their clinical counterparts, although these traits as well may not be as extreme.

A major limitation from studying psychopathy in institutionalized or incarcerated populations is that the findings may not be generalized to the normal or sub-clinical populations. Unlike incarcerated or hospitalized samples, individuals from the normal population may be relatively free from the effects of institutionalization, which may influence the assessment of a number of attributes of psychopathy (Lilienfeld & Andrews, 1996). Furthermore, many individuals with the psychopathic personality and/or behavioral disposition may be able to function successfully in a normal setting (Levenson et al., 1995). Finally, people who are institutionalized often come from a lower socio-economic status, whereas higher socio-economic status may actually protect or prevent more financially stable individuals from being institutionalized.

Social Functioning of the “Successful” Psychopath

One explanation that may account for the existence of psychopaths in both the normal and institutionalized population is the idea of the “unsuccessful” versus “successful” psychopath (Levenson, 1992; Lilienfeld, 1994; Widom, 1977). The successful psychopath would be an individual who shows attributes of the psychopathic personality, but does not have the same criminal history of arrest and incarceration as a clinical, or unsuccessful, psychopath (Lynam et al., 1999). Therefore, the successful psychopath would most likely exist in normal populations. It is important in research not to assume that individuals with psychopathic attributes are weak people, or are outcasts who are not able blend in with the rest of society, because the successful psychopath does exist (Widom, 1977).

The relationship between psychopathy and social functioning would provide valuable insight into the conceptualization of the disorder as well as possibly help distinguish between the unsuccessful and successful psychopath. Many of the personality traits associated with psychopathy are likely to directly affect various aspects of social functioning, in terms of having relationships with others, involvement in the community, holding positions of leadership, and gaining the respect of others. The aspects of psychopathy that are perhaps most relevant to social functioning include

manipulativeness, superficial charm, egocentricity, insincerity, lack of responsibility, and unresponsiveness in interpersonal relationships (Cleckley, 1974). These traits may not only affect how others view individuals high on psychopathy, but they may also influence how such individuals view society and other human beings. It is possible that these characteristics that are related to social functioning determine the unsuccessful versus successful psychopath.

Importance of the Assessment of Non-Institutionalized Psychopaths

Essentially, there is a need for research on psychopathy at the sub-clinical level, in normal populations. Studying non-institutionalized psychopaths may assist in identifying factors that *prevent* and *protect* this group from developing a criminal or severely antisocial lifestyle (Lilienfeld, 1994). Furthermore, studying the sub-clinical psychopathic population may provide an opportunity to observe the development of the disorder before it “destroys the host” (Lynam et al., 1999, p. 112).

Widom (1977) was the first to present a methodology for the assessment of non-institutionalized psychopaths by using clinical measures on a community sample. In this study, participants were recruited through an advertisement placed in a major newspaper that called for adventurous, impulsive, carefree people for their participation in a study. This methodology proved to be valid in measuring psychopathy in a normal population as well as identifying this sample as more successful psychopaths. It also demonstrated some people with a psychopathic disposition were able to recognize these characteristics in themselves, and thus self-select. Since then, a significant amount of psychopathy research has been conducted with normal populations (e.g. Forth et al., 1996; Lynam et al., 1999; McHoskey et al., 1998; Ross & Rausch, 2001). However, an insufficient amount of research has been dedicated to learning more about how these people function within normal society. To a certain extent, many personality disorders by nature have implications for interpersonal functioning. Therefore, it should be expected that psychopaths would tend to engage in different types of interpersonal behavior than others. However, interpersonal behavior and social functioning of the psychopath, successful or unsuccessful, has received very little attention in previous research.

Current Study

In the present study I looked specifically at social functioning in individuals with a disposition towards psychopathy. In other words, I attempted to determine whether a sub-clinical population with psychopathic attributes differs in their social functioning when compared to the normal population, and also if they are socially successful. Furthermore, I examined what factors may allow this population to function well in certain settings and whether sub-clinical psychopathy actually confers some social benefits. Since this study examined individuals with psychopathic attributes in a normal population, it had the capacity to provide valuable insight in differentiating between successful and unsuccessful psychopathy.

In general, social functioning consists of one’s ability to relate to and interact with peers, be involved in significant and meaningful relationships, and also be an active member of the community. Social functioning and adaptation can be measured through analyzing friendships, romantic relationships, leadership, social goals, and involvement in activities. In the present study I attempted to determine if leadership, in terms of

prominence, influence, respect, and involvement, is related to psychopathic attributes. Also, I examined the types of friendships and romantic relationships the participants engaged in. In addition, I analyzed the social goals of the participants to determine their relationship to psychopathic traits.

The psychopathy measure developed by Levenson et al. (1995) is the most recent questionnaire measure that is reliable and valid in the assessment of primary and secondary psychopathy in non-institutionalized populations, and this is most desirable for the current study (McHoskey et al., 1998). Therefore, the participants completed the Levenson et al. primary and secondary psychopathy scales. A number of self-report measures of self-esteem, narcissism, social goals, and other characteristics of personality and social adaptation were also completed. Participants participated in the study as members of natural social groups (e.g., fraternities, sororities, and singing groups) and provided ratings of the other group members on closeness, ability to get along with others, being well-liked, respect, leadership, aggression, and exceptionalness. This allowed me to examine self-reported psychopathy in relation to peers' evaluations of group members; thus, I did not rely solely on self-report assessments of social functioning, and instead examined both self and other perspectives on social adaptation.

I predicted that primary and secondary psychopathy would have different correlates related to social functioning. Specifically, I predicted that primary psychopathy would be associated with narcissism, solid leadership ability, high social self-esteem, prominence, and being liked by others. In situations that demand strong leadership, a disposition towards primary psychopathy may provide advantages and benefits, because it may include the ability to take control and the tendency to have strong, positive beliefs about the self and one's abilities. I predicted that secondary psychopathy would be correlated with aggression, lack of responsibility, lack of respect, and not being well-liked by others, considering the antisocial behavior, impulsivity, and poor behavioral control that is associated with this disposition.

I predicted that the dimension of psychopathy as a whole would correlate with a lack of meaningful, long-term relationships and greater rates of relationship distress. Also, I expected that psychopathy would be correlated with a lack of meaningful social goals and aspirations. More specifically, I predicted that a disposition towards psychopathy would be associated with lacking goals regarding developing and maintaining meaningful relationships, affiliation, supporting or caring for others, and conformity. Additionally, I predicted that a disposition towards psychopathy as a whole would be related to a larger discrepancy between the peer evaluation and self-report items concerning functioning in a normal, social environment.

Method

Participants

Ninety-two members of various groups at a small, northeastern, liberal arts university participated in this study. The groups were as follows: an all-male singing group (n=16), an all-female singing group (n=16), one fraternity (n=15), two sororities (n=19, n=14), and a co-ed freshman dormitory floor (n=12). The average age of the males (n=40) and the females (n=52) was 20 years old (SD=1.21 years). The racial/ethnic heritage of the sample was as follows: Caucasian (n=84), Black/African-

American (n=1), Asian/Asian-American (n=3), and “other” (n=4). Participation in this study was strictly voluntary, and the groups were each paid between \$100 and \$125 for their participation, depending on the size of the group. Snack food was also provided at the time the study was administered. To control for the participants’ level of familiarity with other group members, participation was limited to those individuals who had been members of the group for at least one semester.

Measures

The measures used were all of a self-report format, except for the peer evaluation questionnaire.

Primary and secondary psychopathy. The primary and secondary psychopathy scales developed by Levenson et al. (1995) were used in this study. The measure consists of 26 items that are designed to assess the two factors of psychopathy, similar to that of the PCL-R (Hare, 1991). Each item is answered on a 4-point scale, labeled “Strongly disagree,” “Disagree,” “Agree,” and “Strongly Agree”. The primary psychopathy scale (16 items) consists of statements that measure personality traits of psychopathy such as being selfish, uncaring, and manipulative. The secondary psychopathy scale (10 items) assesses anti-social behavior, a self-defeating lifestyle, and impulsivity. Reliability and validity for the primary and secondary psychopathy scales are strongly supported (Forth et al., 1996; Levenson et al., 1999; Lynam et al., 1999; McHoskey et al., 1998). This specific measure was chosen for assessment of psychopathy in this study particularly for its quick, self-report assessment of both factors of psychopathy, which is most desirable measure for non-institutionalized psychopaths (Levenson et al., 1995).

The Narcissistic Personality Inventory (NPI). The NPI (Raskin & Hall, 1979) measures the personality trait of narcissism in a 40-item questionnaire with a forced-choice format. In addition to the NPI total score, narcissism was assessed for each of the seven subscales of the NPI (see Raskin & Terry, 1988 for the seven-factor model): Authority (8 items), Exhibitionism (7 items), Superiority (5 items), Entitlement (6 items), Exploitativeness (5 items), Self-Sufficiency (6 items), and Vanity (3 items). Raskin and Terry (1988) reported strong reliability and validity for the seven-factor scale.

Multidimensional Personality Questionnaire (MPQ). The MPQ (Tellegen, 1985) is a 300-item, forced choice, self-report inventory that measures individual differences on an extensive range of personality characteristics. This inventory is a compilation of 11 lower-order trait dimensions that assesses three higher-order personality traits: Positive Emotionality, Negative Emotionality, and Constraint. Only three of the lower-order scales were used for this study: Aggression (20 items), Social Closeness (22 items), and Social Potency (26 items). The reliability and validity of each of the lower-order scales has been demonstrated (Tellegen & Waller, in press).

Social Self-Esteem. Fleming and Courtney (1984) developed a 36-item measure of self-esteem that supports that hierarchical facet model of self-esteem. Only the Social Confidence subscale (12 items) was used in the present study, in order to assess social self-esteem. Each item was rated on a 7-point scale (1 = Never, 7 = Always). This reliability and validity of this measure of social confidence has been demonstrated (Fleming & Courtney, 1984; Fleming & Watts, 1980).

Inventory of Personal Characteristics #7. This global measure of personality (Tellegen, Grove, & Waller, 1991) consists of items that assess people’s traits, attitudes,

and behavior according to a seven-factor model of personality. The seven higher-order dimensions of the IPC-7 are: Positive Valence, Negative Valence, Positive Emotionality, Negative Emotionality, Agreeableness, Conscientiousness, and Conventionality. For the purposes of this study, only two of the seven dimensions were used: self-perception of Positive Valence (20 items) and Negative Valence (21 items). Each item was answered on a 4-point scale (“Definitely True,” “Probably/Mostly True,” “Probably/Mostly False,” and “Definitely False”). The reliability and validity of this measure has been demonstrated across a variety of samples (Almagor, Tellegan, & Waller, 1995; Benet-Martinez & Waller, 1997)

Aspiration Index. The current study used a modified version of Kasser and Ryan’s Aspiration Index (Ryan, personal communication, 2002). The measure assesses the role of one’s aspirations or goals in terms of eleven different life domains: Affiliation, Self-Acceptance, Security/Safety, Physical Fitness, Community Feeling, Hedonism, Social Recognition, Spirituality, Financial Success, Conformity, and Attractiveness. The reliability and validity of the 11 life domains have been supported by a number of studies (Kasser & Ryan, 1993; Kasser & Ryan, 1996). Only aspirations relating to social relationships and social functioning were of interest for the present study, so only three of the domains of aspirations were assessed: Affiliation (5 items), Conformity (4 items), and Social Recognition (4 items). The participants rated each item on two dimensions: the chances of attaining them and the personal importance of attaining them. The response for each dimension was on a 9-point scale (Importance: 1 = not at all, 9 = extremely; Chance: 1 = very low, 9=very high). Scores for each domain were obtained by calculating the mean of the items in both chance and importance for that domain.

Personal Strivings Assessment. A modified version of Emmons’ (1999) assessment of personal strivings was used for this study. Participants listed five personal social strivings, or social goals, which they typically try to achieve. Each of the social strivings were coded into six categories according to a scheme developed by the author of this study. The maintaining connections category consisted of goals regarding keeping in touch with others, spending time with others, and making others happy. The category of having others look up to you included goals of being respected, well-liked, well-known, and a leader. The meeting new people and encountering new situations category consisted of goals concerning meeting new people, trying out new social situations, and making new friends. The category of caring for others included being there for others, providing help and support, and expressing care and concern. The category of ethical codes of social behavior included goals that indicated the participant was aware of the morally correct way to treat and act towards others. Finally, the category of being happy consisted of goals for achieving happiness, having balance in life, and avoiding negative situations. Each striving was coded according to whether or not it fit into each of the six categories, and I summed the number of goals of each type for each participant. An intraclass correlation coefficient was done for interrater reliability ($IC = .74$).

Current Circumstance Questionnaire. The participants also completed a self-report measure of their current social adaptation, which was developed for this study. The different sections of this questionnaire include Background Information, Friendships, Romantic Relationships, and Activities and Leadership. Subscales were created through factor analysis of items within each section. The Friendships section consists of items that determine the type and length of typical friendships and how happy the participant is

with his or her friendships. One item specifically addressed the importance of having a couple of close friends and another asked about the importance of having a large group of friends. A subscale assessing the degree of care provided to friends was created (Help Friends), consisting of items regarding how often the participant is called on to support or help others, willingness to respond to others and provide emotional support, and willingness of sacrifice one's self for others. Another subscale was created to provide insight into the participants' network or group of friends (Friends), which included items regarding ability to make and keep friends, get along with other people, and how well the person is liked by others. The Romantic Relationships (RR) section asked if participants were currently in a romantic relationship and how many relationships they have had. If the participant was not currently in a romantic relationship, they were asked to report on their most recent relationship. Individual items assessed the amount of conflict and the closeness of the partners in the relationship. One subscale measured which partner is more dominant and which partner is more willing to provide emotional support (RR Roles). A subscale on overall level of satisfaction in the relationship was created (RR Satisfaction), which included items regarding ability to get along, satisfaction, closeness between partners, and amount of conflict experienced. The final subscale consisted of items regarding closeness and length of typical relationship was created (Lasting RR), in order to determine the degree to which romantic relationships typically last for the participant. In the Activities and Leadership section, a subscale was constructed to assess overall leadership ability and involvement (Leadership), consisting of number of activities, number of leadership roles or offices, number of leadership positions in a job, how much the participants consider themselves a leader, and how respected they feel they are. Additionally, one item asked about the number of leadership roles or offices of the participant has held or currently holds. Finally, the participants reported their level of overall satisfaction with their current social situation.

Peer Evaluation. To evaluate peer reputation, the participants also completed a set of 7 questions about the other members of the group (see Table 4). Specifically, they rated every other group member on closeness, ability to get along with others, respect, being well-liked, leadership, aggression, and exceptionalness, on a 5-point scale. Parallel self-report items had been included in the current circumstances questionnaire, which allowed for the comparison of self-report versus peer-report. I used the mean score for each item given by the other group members. This methodology is similar to that used by Anderson, John, Keltner, and Kring (2001) and Werner and Crick (1999).

Procedure

Participants completed the study in a room with other members of their social group, but participants were seated far enough away from each other to allow the privacy of each participant to be maintained. The participants first signed a certificate of informed consent, and then completed all of the questionnaires. Participants were given a list of the other group participants and then completed the peer evaluation portion of the questionnaires. In order to ensure complete confidentiality, only an identification number, previously assigned to each participant, appeared on the actual questionnaire. Upon completion of all questionnaires the participants were debriefed and provided with appropriate contact information to request the results of this study if desired.

Results

Alpha statistics and Descriptive statistics are presented in Tables 1 and 2, respectively. I obtained correlations between primary psychopathy, secondary psychopathy, and overall psychopathy, which are presented in Table 3. The results highlight the importance of examining primary and secondary psychopathy separately when assessing their relationship with various measures of social functioning. Despite the different predictions made for primary and secondary psychopathy, the two factors were positively correlated ($r = .41, p < .001$). The total score for psychopathy was also positively correlated with both primary psychopathy ($r = .90, p < .001$) and secondary psychopathy ($r = .78, p < .001$).

Social Goals and Aspirations. The self-generated social strivings, after classification into the appropriate categories, were not associated with any measure of psychopathy. The Affiliation subscale of the Aspiration Index demonstrated a negative relationship with all measures of psychopathy. Associations between aspirations for Conformity and Social Recognition and all measures of psychopathy were not significant.

Socially Relevant Personality Traits. NPI. A positive relationship was found between primary psychopathy and the total NPI score, and the NPI components of Exhibitionism, Superiority, Entitlement, Exploitativeness, and Vanity. Secondary psychopathy was associated with Exhibitionism positively and with Self-sufficiency negatively. Its relationship with Authority approached significance. The overall score of Psychopathy was positively correlated with Exhibitionism, Exploitativeness, and Vanity, and it approached significance with the total NPI score and Entitlement. MPQ All measures of psychopathy were positively correlated with the dimension of Aggression. Primary psychopathy and overall psychopathy were positively related to Social Potency and negatively (marginally for primary) related to Social Closeness. Secondary psychopathy was likewise negatively related to Social Closeness but not to Social Potency. IPC All measures of psychopathy were positively correlated with the dimension of Negative Valence, while none were significantly related to Positive Valence. Social Self-Esteem The measure of social self-esteem was not significantly related to any measure of psychopathy.

Social Adaptation – Self-report CCQ. Friendship Section. All measures of psychopathy demonstrated a negative relationship with the “Help Friends” subscale. Primary psychopathy and overall psychopathy were negatively correlated with the item on the importance of having a couple of close friends ($r = -.27, p < .01, r = -.22, p < .05$). Secondary psychopathy was negatively associated with the item assessing the overall satisfaction with the participant’s current social situation ($r = -.36, p < .001$), the “Friends” subscale, and marginally with the importance of having a large group of friends ($r = -.20, p < .10$). Romantic Relationships Section. For all measures of psychopathy, no significant relationship was found for the “Lasting RR” subscale, “RR Satisfaction” subscale, and the “RR Roles” subscale. Activities and Leadership Section. All measures of psychopathy were negatively related to the subscale of “Leadership”. Primary psychopathy and overall psychopathy was negatively related to an item on the number of leadership roles or offices of the participant ($r = -.21, p < .05, r = -.24, p < .05$).

Peer Evaluation. The correlations between primary, secondary, and total psychopathy and peer evaluation of social functioning are presented in Table 4. For primary psychopathy, a negative correlation was found with the peer rating of the

participant as being exceptional. None of the other peer ratings that assessed the participant's social functioning and adaptation approached significance for primary psychopathy. Secondary psychopathy was negatively related to all of the peer ratings, except for perceived aggressiveness. This demonstrates a consistently negative relationship between secondary psychopathy and success in social functioning. The psychopathic disposition as a whole was negatively associated with perceived leadership ability and exceptionalness of the participant, but with no other items. There was not a significant relationship between any measure of psychopathy and the discrepancy between the self-report and peer evaluation, although the discrepancy for aggression approached significance for secondary psychopathy. This suggests that secondary psychopathy was associated with a tendency to overestimate one's aggressiveness relative to peers' ratings.

Discussion

Primary and Secondary Psychopathy as Distinct but Related Aspects of Psychopathy

The results provided strong support of the hypothesis that primary psychopathy and secondary psychopathy have different correlates related to social functioning. The findings demonstrated the importance of analyzing each factor separately, in order to accurately identify the different patterns of associations for both constructs (McHoskey et al., 1998). This notion is most exemplified by the peer evaluation, since people with a disposition towards primary versus secondary psychopathy were, for the most part, rated very differently by their peers. However, primary and secondary psychopathy did not differ on all measures, and therefore, do share similar patterns of behaviors and personality characteristics regarding social functioning.

In general, primary psychopathy and secondary psychopathy, as well as the psychopathic disposition as a whole, have important implications for how an individual functions socially in a normal environment. Specifically, the traits and behaviors associated with primary psychopathy do not seem to hinder the social experience of an individual with this disposition. On the other hand, its associations were not found to confer any social benefits either. Therefore, it may be concluded that although a disposition towards primary psychopathy does not prove to be detrimental, it does not seem to have strong, positive benefits. Secondary psychopathy appears to be detrimental to social functioning, especially according to the peer evaluation. Furthermore, the results provided insight on the successful psychopath, and suggest that certain social abilities and characteristics of their personality may allow them to be successful, or in fact "ordinary", in a normal environment. Essentially, studies on the successful psychopath, and how psychopathy affects social functioning, has been a neglected area of research. The results of this study are encouraging to further exploration of various attributes and skills that involve social functioning, as well as identifying the differences between the successful and unsuccessful psychopath.

It is very interesting that even though primary and secondary psychopathy share similar significant correlations with various aspects of social functioning (such as lack of affiliation, high aggression, high negative valence, lack of closeness to others, not being "helping" or caring in relationships), the peer evaluation greatly differed according to the

two factors. Peers tended to rate people only with a disposition towards secondary psychopathy rather poorly, in their ability to get along with others, be well-liked, be a leader, be respected, and in closeness. However, a primary psychopathy did not predict poor peer evaluation on those same ratings. The only similarity, which is still important, is that peers rated those with a disposition towards either dimension as being unexceptional, or not special. One explanation for the general difference in the peer ratings of primary and secondary psychopathy is the amount and degree of antisocial behaviors that may be committed. It has been well established that secondary psychopathy is defined by antisocial behavior and poor behavioral control (Karpman, 1941; Levenson et al., 1995). This study did not directly assess behavior, but behavior itself may be more influential in determining success in social functioning than personality traits, since behavior is readily observable and may affect the lives of others to a greater degree. Consequently, peers may rate those with a disposition towards secondary psychopathy more negatively because of the display of antisocial behaviors associated with this factor.

Psychopathy and Social Goals

In terms of the type and quality of social goals that are characteristic of psychopathy, only the Affiliation subscale of the Aspiration Index was demonstrated to be significant. With all measures of psychopathy, there was a strong negative relationship with Affiliation goals. Therefore, individuals with a disposition towards psychopathy in general do not report having goals concerning being affiliated, or in close, meaningful, accepting relationships with others, when compared to those low on this trait. Another possibility is that these goals may be considered but they are not held in any sort of importance. Social goals concerning Conformity and Social Recognition were not related to any measure of psychopathy, indicating that people higher on psychopathy neither lack these goals nor hold them in high regard.

Participants were also asked to provide a list of their five most important goals, using the open-ended Emmons procedure. The social goals that were produced by the participants did not demonstrate a significant relationship with any measure of psychopathy. Therefore, participants with a psychopathic disposition did not self-produce any more or fewer goals, than those low in this disposition, within the categories of maintaining connections, having others look up to you, meeting new people and encountering new situations, caring for others, ethical codes of social behavior, and being happy. This finding is quite interesting specifically because the Affiliation subscale is similar to the category of maintaining connections. Despite the fact that the psychopathy was associated with low levels of Affiliation goals, this finding was not replicated when the goals were self-produced. In general, these results demonstrate that even though a population with psychopathic attributes may be able to identify themselves as having, or lacking, certain social goals, they did not generate similar information on their own. This discrepancy may be attributed to the fundamental differences between the self-report measure in which the material is provided for the participant, and one that requires the participant to create his or her own material. In general, the hypothesis that psychopathy would be negatively related to having meaningful goals regarding affiliation and close relationships was supported, although there was no association between psychopathy and self-generated goals of caring for others or maintaining close connections.

Psychopathy and Socially Relevant Personality Traits

As predicted, primary psychopathy traits were very strongly related to the overall dimension of narcissism, even though secondary psychopathy does not have this association. Specifically, the primary psychopathic disposition was associated with greater feelings of superiority, entitlement, and the characteristics of vanity and being exploitive. Therefore, a person with primary psychopathic attributes felt generally exceptional, deserving of reward, and was confident in his or her ability to manipulate other people. However, primary psychopathy was not related to feelings of authority or being an exemplary leader, which was not predicted by the hypotheses. Secondary psychopathy was only significantly related to having a lack of self-sufficiency. In other words, people with a disposition towards secondary psychopathy did not feel that their abilities would allow them to be successful in life, or even independent. Therefore, this group recognized themselves as needing the guidance of other people, since they did not feel confident in their own capabilities. Perhaps this implies that people with the secondary psychopathic disposition recognize that their behavior or other psychopathic attributes are detrimental to success in functioning in normal society. Overall, psychopathy was significantly related to having a tendency to engage in exhibitionist behavior. Therefore, psychopathy was associated with risk-taking and “performing” for other people. This finding was in congruence with some key characteristics of the nature of psychopathy, specifically, lack of anxiety, impulsivity, and poor judgment and self-control (Cleckley, 1976; Hare, 1991, Harpur et al., 1994).

Considering the strong relationship between primary psychopathy and narcissism, it was predicted that this dimension would also be related to positive valence, a personality trait that reflects feelings of superiority and perfection. However, positive valence was not related to any measure of psychopathy. A possibility for this finding is that people high in primary psychopathy consider themselves to be superior on the majority of the subscales of the NPI, which encompass a diverse range of areas within general functioning and personality. Therefore, when asked in a very direct and absolute manner to report feelings of superiority over other people, as the IPC does, people may not be honest. However, the relationship between psychopathy and negative valence was very strong, indicating that people with this disposition saw themselves as being harmful to others and deserving to be hated. The results were in accordance with the predictions for secondary psychopathy, but it was not expected to find a significant relationship to primary psychopathy as well. Perhaps the attributes of primary psychopathy, such as being charming and manipulative, actually mask these self-directed feelings of negative valence, since peers generally do not find others with this disposition to be strongly disliked or not deserving respect.

Psychopathy was consistently associated with self-reported aggression, indicating that people with this disposition view themselves as being consistently aggressive when relating to and interacting with other people. Furthermore, this indicates a tendency to engage in more violent, anti-social behavior in general. This finding is especially interesting when considering the results of the peer evaluation of aggression. When peers evaluated the participants on aggression – verbally, physically, and being hostile – the relationship between the rating of the participant and psychopathy was insignificant across all measures. This could be explained by the notion that people with this

disposition tend to rate themselves as being more aggressive, because they recognize that they have this inherent tendency. Furthermore, similar to the findings regarding self-perceived negative valence, this group may be able to conceal this tendency in certain social situations, which would prevent others from witnessing the aggression. Essentially, charming or manipulative tendencies may allow people with a psychopathic disposition to be successful in convincing others of an un-aggressive nature.

Psychopathy was associated with not engaging in close relationships with others, as measured by a scale of Social Closeness. This finding not only portrayed a lack of closeness to other people, but also communicated a preference for being alone or independent. For secondary psychopathy, this finding is interesting since people with this disposition also rated themselves as being un-self-sufficient. Therefore, they recognized they may not be fully capable, but still do not seek close relationships to account for this deficiency. In general, this finding reflected a primary concern with one's own self-interest, and not being concerned with connecting with others.

In accordance with the predictions, primary psychopathy was associated with Social Potency, or a belief that one is successful in taking charge, influencing other people, and being the center of attention. This finding is complementary to the overall narcissistic tendencies of primary psychopathy, as the person held his or her self in high regard and prominence. However, social self-esteem did not demonstrate a significant relationship with any measure of psychopathy, which was against the predictions. One explanation for this finding is that people with a psychopathic disposition assert themselves and affect the lives of other people, but they are not always confident in their abilities, or are not any more or less confident than those without this disposition.

Psychopathy and Social Adaptation

In general, it was predicted that people with a psychopathic disposition would report that relationships with friends or romantic partners were less meaningful and caring, with greater rates of conflict and distress. For friendship specifically, a negative relationship was found between the "Help Friends" subscale and psychopathy, most substantially for primary psychopathy. This finding indicated that people with a psychopathic disposition did not consider themselves to be caring, willing to provide emotional support, and were not willing to sacrifice themselves for the well being of a friend. This may imply that the friendships this population is engaged in remain at a relatively superficial level, since friends do not function as a network of support. Therefore, having friends may serve more self-oriented and entertainment-seeking purposes. The finding that having a couple of close friends was not of importance to people with a disposition towards primary psychopathy supports this idea, as establishing and/or maintaining close, meaningful relationships did not seem to be of concern.

For secondary psychopathy, in addition to lacking supportive and caring relationships, people with this disposition demonstrated a negative relationship with the "Friends" subscale. This indicated the people with this disposition reported having difficulties with making and maintaining friends, getting along with others, and being well-liked. Therefore, people with this disposition seem to be unable to maintain a larger network or group of friends. This finding was supported by the results of the peer evaluation, since peers rated this group as being less well-liked and close to others, and lacking an ability to get along with others.

In accordance with the predictions regarding friendships, it was believed that the relationship between psychopathy and romantic relationships would demonstrate a similar pattern of associations, perhaps to a greater degree as romantic relationships tend to be more intimate. However, across various measures that assessed the quality, length, amount of conflict, and overall satisfaction in romantic relationships, there was no association with the psychopathic disposition. Perhaps these findings could be accounted for either by the notion that psychopathic individuals tend not to seek romantic relationships, or that if they are to be involved romantically, the relationship would have to be beneficial or worthwhile for that individual.

The results regarding overall qualities of leadership tended to go against the predictions. The “Leadership” subscale demonstrated a significant, negative correlation with all measures of psychopathy, indicating that the degree of involvement in activities, number of leadership roles, and overall leadership ability was lower for those higher on psychopathy. Specifically, an item that assessed the number of leadership roles the participant was involved in was negatively related to primary and overall psychopathy. This finding was not expected, as it was predicted that people with a disposition towards primary psychopathy in particular would demonstrate greater leadership ability. Also, there is a discrepancy for primary psychopathy and the peer report, as there was no significant relationship between psychopathy and the peer ratings of leadership and respect. However, these results are in congruence with the NPI dimension of authority, as no association was found for any measure of psychopathy. For secondary psychopathy, the findings regarding leadership were supported by the peer evaluation, as the peers rated this group as being less respected and lacking leadership ability.

Considering the findings, it would seem reasonable to conclude that psychopathy would be associated with less satisfaction regarding one’s social situations and social functioning, especially because the results indicated a lack of supportive, meaningful, and close relationships. However, only secondary psychopathy was significantly correlated with the item that assessed overall social satisfaction. Therefore, people with a disposition towards secondary psychopathy reported being less satisfied with their current relationships or socially relevant characteristics and abilities. It is interesting that overall social satisfaction was unrelated to primary psychopathy, since people with this disposition demonstrated a similar pattern within their relationships. Consequently, it may be concluded that individuals high on primary psychopathy do not engage in meaningful and supportive relationships, but may not care to and prefer to be without them. This supports Cleckley’s (1976) definition of psychopathy, as people with this disposition tend to be unresponsive towards interpersonal relations and engage in relationships on a more superficial level.

Psychopathy and Peer Evaluation of Social Functioning

It was predicted that a disposition towards psychopathy would be associated with a discrepancy between peer ratings and the parallel self-report items that assess social functioning in a normal environment. It was believed that people with a psychopathic disposition would rate themselves as having more success in social functioning, especially for being well-liked and considered a leader, than would be reported by their peers. Instead, it appeared that such individuals have a relatively accurate sense of their social functioning.

It was also predicted that certain attributes of primary psychopathy would be quite beneficial in certain social environments. Therefore, it was not believed that people with a disposition towards primary psychopathy would be rated negatively by their peers, as would be expected for secondary psychopathy. This certainly proved to be the case, but it is intriguing that primary psychopathy was not associated with having outstanding social abilities either, in terms of relating to others, being well-liked, respected, or a leader. It is possible that in the groups that participated, there is a demand for people who are confident, persuasive, and charming, even in a superficial manner. Therefore, some characteristics of primary psychopathy would be beneficial, but would not be viewed as different from the norm, as they are what the group desires. The only finding that was consistent with the predictions was that primary psychopathy was negatively related to ratings of exceptionalness. This rating was also significantly negatively related to secondary psychopathy, which was not expected. Therefore, peers rated those with psychopathic tendencies as un-exceptional and unimpressive.

Limitations of the Current Study

Although there was not a large difference between the number of males and females who participated in this study, there were more females. This limits the generalizability of the study, since psychopathy as a personality dimension is more commonly found with males (Forth et al., 1996). Perhaps if more males participated, the results would have reflected a stronger relationship with various aspects of social functioning. Another significant limitation to the generalizability of the results is that the participants as a whole can be considered a specific subgroup of people, as the population at this university tend to be of a relatively homogenous, upper-middle class background, who attend a prestigious, small liberal arts university. Therefore, the results may not reflect the “normal” population. Furthermore, the specific groups that were recruited for participation could have influenced the results. It was attempted to recruit a variety of campus groups to obtain as diverse a sample as possible, but two of the groups were singing groups and three were member of the Fraternity/Sorority system. Therefore, the groups, as well as the entire sample population, could be considered relatively homogenous in nature.

Although support for the reliability and validity of the majority of the measures has been demonstrated in a variety of studies, the self-report Current Circumstances Questionnaire and the Peer Evaluation questionnaire that were created by the researcher need to be subsequently tested in order to establish reliability and validity. Therefore, it needs to be verified by another source that these two measures as a whole and their subscales measure what they are designed to measure and that this may be replicated. The lack of significant findings for the items regarding romantic relationships, for example, may be an indication that those measures were not useful. In general, the measures must demonstrate significance and usefulness in assessing social functioning.

Future Directions

For this area of research, it is of great interest to continue the assessment of psychopathy in noninstitutionalized, or normal, populations. Furthermore, it is of importance to continue studying the two dimensions of primary and secondary psychopathy as distinct but related domains, in addition to the psychopathic disposition

as a whole. This methodology has been shown increasing support, as it is being recognized that there are different patterns of associations that emerge with primary and secondary psychopathy. In general, the separate analysis of the factors has great implications for conceptualizing this disposition.

The findings of this study provide insight into the attributes and functioning of the successful psychopath. It is particularly important to explore what allows this population to be successful, and establish which areas of life, such as social functioning, the psychopathic disposition influences the most. Psychopathy is a disposition that is clearly detrimental to the self as well as society. Therefore, this field should have concern with how psychopathy exists in a normal environment, allowing for the identification of the disposition before it leads to incarceration or institutionalization.

I believe that the present study highlights a number of aspects of social functioning that could provide solid insight onto how individuals high on psychopathy may be successful. It will be important for future studies to explore how people with a disposition towards psychopathy interact with others in everyday life, what types of relationships they engage in, and what makes them satisfied (or not) with their overall social situation. Additionally, the types and quality of social goals associated with psychopathy could greatly contribute to this insight. Since the modified version of the Emmons' social strivings scale did not provide significant results, other self-report measures should be considered or developed. In general, the creation of stronger measures that assess social functioning, in terms of socially relevant personality traits and behaviors, relationships, involvement in the community, and social goals, would be quite beneficial. Furthermore, an alternative to the self-report should be considered useful, as demonstrated with the peer evaluation in the current study. If people with a disposition towards psychopathy are relatively self-aware of their attributes and behavior, as this study suggested, an outside perspective could be an insightful supplement to the self-report. In addition to other forms of peer evaluation, reports on participant behavior would be quite valuable. Ultimately, behavior may be more potent in influencing and determining how successful a person will be in terms of social functioning, since it may be more blatant and salient than personality traits.

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Table 1

Reliability Statistics and Sample Items for Self-Report Measures

Scale	Alpha	Sample Item(s)
Levenson Psychopathy	.82	
Primary	.80	I enjoy manipulating other people's feelings.
Secondary	.67	I find myself in the same kinds of trouble, time after time.
Narcissistic Personality Inventory	.82	
Authority	.70	I am a born leader.
Exhibitionism	.59	I would do almost anything on a dare.
Superiority	.63	I am an extraordinary person.
Entitlement	.47	I will never be satisfied until I get all that I deserve.
Exploiteness	.53	I can make anybody believe anything I want them to.
Self-Sufficiency	.35	I rarely depend on anyone else to get things done.
Vanity	.57	I like to look at myself in the mirror.
Multidimensional Personality Questionnaire		
Aggression	.76	When I get angry I am often ready to hit someone.
Social Closeness	.81	When I am unhappy about something I tend to seek the company of a friend.
Social Potency	.87	I am quite good at convincing others to see things my way.
Fleming and Courtney Self-Esteem		
Social Confidence	.86	How often do you feel worried or bothered about what other people think about you?
Inventory of Personal Characteristics #7		
Positive Valence	.63	Deserve to be admired; Outstanding, superior
Negative Valence	.77	Dangerous to others, harmful; Deceitful, two-faced
Aspiration Index		
Affiliation	.84	People will show affection to me, and I will to them.
Conformity	.77	I will live up to the expectations of society.
Social Recognition	.77	I will be admired by many people.
Current Circumstances Questionnaire		
Help Friends	.67	How willing would you say you were to respond to and help other people when they are in need?
Friends	.73	Compared to other people your age, how well would you say you get along with other people?
Lasting Romantic Relationship	.76	Relative to what you know about other people's close relationships, how close is your relationship with your partner?
Romantic Relationship Satisfaction	.72	How well would you say you get along with your romantic partner?
Romantic Relationship Roles	.55	Which person is the dominant figure in your relationship (in terms of power)?
Leadership	.58	Over the last 3 years, how many leadership roles or offices have you held in any activities?

Table 2

Descriptive Statistics for Psychopathy, Self-Report, and Peer Report Measures

Measure	No. of items	<i>M</i>	<i>SD</i>	Range
Psychopathy	26	1.94	.31	1-4
Primary	16	1.94	.36	1-4
Secondary	10	1.94	.39	1-4
Narcissistic Personality Inventory	40	.44	.16	0-1
Authority	8	.60	.26	0-1
Exhibitionism	7	.39	.25	0-1
Superiority	5	.48	.29	0-1
Entitlement	6	.26	.23	0-1
Exploiteness	5	.45	.29	0-1
Self-Sufficiency	6	.47	.23	0-1
Vanity	3	.38	.35	0-1
Multidimensional Personality Questionnaire				
Aggression	20	.29	.18	0-1
Social Closeness	22	.78	.17	0-1
Social Potency	26	.53	.23	0-1
Fleming and Courtney Self-Esteem				
Social Confidence	12	3.63	.95	1-7
Inventory of Personality Characteristics #7				
Positive Valence	20	2.95	.45	1-4
Negative Valence	21	1.43	.32	1-4
Aspiration Index				
Affiliation	5	8.14	.77	1-9
Conformity	4	5.80	1.25	1-9
Social Recognition	4	6.11	1.10	1-9
Current Circumstance Questionnaire				
Help Friends	4	4.27	.52	1-5
Friends	4	3.81	.54	1-5
Lasting RR	2	3.72	1.04	1-5
RR Satisfaction	4	3.94	.77	1-5
RR Roles	2	2.94	.83	1-5
Leadership	5	2.76	.82	n/a
Peer Evaluation				
Closeness	1	2.82	.49	1-5
Get along	1	3.59	.52	1-5
Respect	1	3.24	.58	1-5
Liked	1	3.55	.55	1-5
Leadership	1	2.78	.77	1-5
Aggression	1	2.26	.83	1-5
Exceptionalness	1	2.99	.56	1-5

Table 3

Correlations Between Psychopathy and Socially Relevant Personality Measures

Measure	Primary	Secondary	Overall Psychopathy
Aspiration Index			
Affiliation	-.28***	-.27***	-.32***
Conformity	.15	-.11	.05
Social Recognition	.13	.04	.11
Emmons			
Connections	.05	.04	.06
Being looked up to	-.18*	-.09	-.17
New situations	.07	-.00	.05
Care for others	-.11	-.12	-.14
Ethical codes	-.16	.03	-.10
Happiness	-.07	-.04	-.07
Narcissistic Personality Inventory			
Authority	.28***	-.04	.18*
Exhibitionism	.05	-.17*	-.05
Superiority	.24**	.21**	.27***
Entitlement	.20**	-.12	.09
Exploiteness	.21**	.07	.18*
Self-Sufficiency	.30***	.09	.25**
Vanity	.01	-.30***	-.14
	.29***	.12	.25**
Multidimensional Personality Questionnaire			
Aggression	.67****	.53****	.72****
Social Closeness	-.19*	-.29***	-.27***
Social Potency	.24**	.14	.23**
Fleming and Courtney Self-Esteem			
Social Confidence	-.10	.16	.00
Inventory of Personality Characteristics #7			
Positive Valence	.15	-.10	.06
Negative Valence	.40****	.45****	.49****
Current Circumstances Questionnaire			
Help Friends	-.42****	-.22**	-.40****
Friends	-.04	-.21**	-.13
Lasting RR	-.01	.09	.04
RR Satisfaction	-.10	-.17	-.15
RR Roles	.07	.01	.05
Leadership	-.27***	-.31***	-.33****

* < .10

** < .05

*** < .01

**** < .001

Table 4

Correlations Between Psychopathy and Peer Evaluation Ratings

Item	Primary	Secondary	Overall Psychopathy
How close are you to this person?	-.03	-.22**	-1.24
How well would you say this person gets along with other people?	-.08	-.28***	-.19
How much would you say this person is well respected?	-.10	-.25**	-.19
How much would you say this person is liked?	-.06	-.25**	-.16
How much would you consider this person to be a leader?	-.16	-.26**	-.23**
Overall, how aggressive is this person?	.06	.07	.07
How much would you describe this person as exceptional, outstanding, and impressive?	-.27***	-.29***	-.32***
Discrepancy between self and peer report			
Get along with others	.01	.06	.03
Is respected by others	.11	-.01	.07
How well-liked by others	.06	.01	.04
Considered a leader	.08	.02	.06
How aggressive	.07	.20*	.14

* < .10

** < .05

*** < .01

**** < .0