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The influence of subclinical psychopathic traits on responding to others’ awkward requests

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ABSTRACT

Introduction: Psychopathy is characterised by a postulated deficit in emotional empathy, with intact cognitive empathy. Although studies have examined performance on laboratory tasks within incarcerated populations, there is a paucity of work exploring how subclinical psychopathic traits translate into everyday social interactions.

Methods: The present study investigated this by screening 502 university students with the Psychopathic Personality Inventory and comparing 20 high-scoring (10F; mean age = 19.85 years) and 19 low-scoring (15F; mean age = 21.00 years) participants on their responses to the Social Strategy Task. This comprises social scenarios that each end with an awkward request posed by the main character. Participants provided verbal responses and rated the awkwardness of each situation. Verbal responses were classified into positive or negative social strategies, denoting the extent of compliance with requests.

Results: The groups were compared using analysis of variance and t-tests. The high psychopathic trait group used fewer positive social strategies than the low group was less polite in emotional tone and perceived situations as less awkward.

Conclusions: The findings are considered in relation to the postulated dissociation between intact cognitive empathy and impaired emotional empathy. The potential implications for clinical interventions are briefly discussed.

Psychopathy is a multifaceted disorder, chiefly typified by emotional, interpersonal and behavioural deficits, including a reduced capacity for remorse and diminished attachments to others, a propensity for callous or antisocial behaviour (e.g., Cleckley, 1967), aptitude for skilful manipulation, and a superficially charming façade (e.g., Hare, 1993). The most widely used tool for assessment of psychopathy was developed by Hare (1980, 1991), which conceptualises the disorder as comprising two factors relating to behavioural problems, emotional and interpersonal deficits. More recent studies have suggested three or four separate factors to be more appropriate (see Cooke & Michie, 2001; Hare & Neumann, 2008).
Psychopathy is thought to be characterised by intact cognitive empathy or mentalising, the ability to infer the thoughts and feelings of others (e.g., Frith & Frith, 2006), but impaired emotional empathy, the ability to experience vicarious arousal and resonate with others’ feelings (Blair, 2008). With respect to cognitive empathy, intact performance in psychopathy has been documented on a range of tasks, including ability to identify the mental states of story characters, and to pass “faux pas” tasks and “false belief” tasks (e.g., Dolan & Fullam, 2004). With regard to emotional empathy, a number of studies have demonstrated errors in identifying others’ emotions from facial expressions, especially fear (e.g., Blair & Coles, 2000) and recognition of vocal affect (Stevens, Charman, & Blair, 2001). Research focusing on psychopathic traits in the general population has also identified emotional empathy deficits in those high in psychopathic traits. For instance, one study found that adolescents with moderate versus low levels of psychopathic traits reported lower levels of affective empathy (Brouns et al., 2013). A further study found that psychopathic traits were associated with limited overall empathy, difficulty describing feelings and externally oriented thinking (Jonason & Krause, 2013). Recent work also found that psychopathic traits were associated with weaker empathic responses to happy stories and reduced tendency to feel empathic concern (Seara-Cardoso, Neumann, Roiser, McCrory, & Viding, 2012). Finally, one neuroimaging study in which participants were shown pictures of others in pain found that psychopathic traits were negatively correlated with activity in brain areas associated with empathy, such as the anterior insula, inferior frontal gyrus and anterior cingulate cortex (Seara-Cardoso, Viding, Lickley, & Sebastian, 2015).

In contrast, people with autism spectrum disorders (ASD) are thought to be able to resonate with others’ emotional states, but not to understand them, although the evidence for intact emotional empathy is somewhat mixed (see Blair, 2008). A recent study examining empathic responding in these two conditions (Gillespie, Mcleery, & Oberman, 2014) concluded that emotion recognition deficits in psychopathy may result from amygdala hypoactivity, whilst similar deficits in ASD may stem from general impairments in face processing, resulting from abnormal functioning of the fusiform face area. In another study, Lockwood, Bird, Bridge, and Viding (2013) directly contrasted psychopathy and ASD and found that psychopathic traits were negatively correlated with self-reported emotional empathy, but not with performance on a cognitive empathy task. Conversely, autistic traits were negatively correlated with cognitive empathy but not with emotional empathy. Studies comparing psychopathic tendencies and ASD in children have also supported this dissociation in empathy. Children with conduct disorder and callous-unemotional traits (considered to be precursors of adult psychopathy; Frick & Viding, 2009) performed as well as controls on measures of cognitive empathy but reported less fear or empathy for victims of aggression (Jones, Happé, Gilbert, Burnett, & Viding, 2010) and also reported feeling less emotionally affected after watching videoed social interactions (Schwenck et al., 2012); children with ASD showed the opposite pattern.

The postulated deficit in emotional empathy in psychopathy may facilitate a disregard for social norms and moral codes. Whilst those with psychopathic traits have been found to differentiate appropriately regarding the moral permissibility of various actions (Cima, Tonnaer, & Hauser, 2010) and to judge moral transgressions to be more serious than conventional transgressions (e.g., Blair, Mitchell, & Blair, 2005), they are significantly less likely to make reference to the victims of moral transgressions (e.g., Blair, 1995).
Moreover, those with psychopathic traits appeared to suspend their judgment of wrongdoing when told to imagine that a behaviour such as hitting someone was no longer prohibited, whereas control participants maintained their view that this constituted wrongdoing (Blair, Monson, & Frederickson, 2001). This implies that those with high psychopathic traits may be capable of behaviours that cause significant social harm. Whilst behaviour that is in breach of the law has attracted considerable attention, there is a paucity of work elucidating the potentially negative effects of psychopathy on social performance at a more subtle, everyday level.

With regard to everyday functioning, the capacity to prioritise others’ best interests over our own plays a vital role in maintaining reciprocal and harmonious social relationships. In addition to the benefits for those receiving help, those providing help also derive significant benefits, including increased life satisfaction (Wheeler, Gorey, & Greenblatt, 1998), and self-esteem (Gecas & Burke, 1995). One key factor thought to drive selfless social behaviour is the degree to which perceiving another individual’s distress elicits a corresponding empathic response (e.g., Bierhoff & Rohmann, 2004). Both cognitive and emotional empathy are thought to be important drivers of prosocial behaviour (Lockwood, Seara-Cardoso, & Viding, 2014). Thus, impairment in either component of empathy might lead to difficulty perceiving or resonating with someone’s distress. This in turn could diminish the motivation to help, and thereby reduce the capacity for prosocial behaviour (Jameel, Vyas, Bellesi, Roberts, & Channon, 2014). The typical conceptualisation of psychopathy focuses heavily upon antisocial behaviour, and potentially risks underestimating the other components of interpersonal and emotional dysfunction (Blackburn, 2007). Although the majority of studies have focused on prison populations, this may not have relevance for everyday social interactions. Studying non-institutionalised people with subclinical psychopathic traits reduces the potentially confounding influence of criminality (Kirkman, 2002), and permits examination of the interpersonal and emotional aspects of psychopathy. This in turn may illuminate how characteristics, such as manipulation and exploitation, can hinder everyday social interactions with others. A few recent studies have explored the ramifications of high levels of psychopathic traits for social behaviour. Higher trait levels have been negatively associated with co-operation (Curry, Chesters, & Viding, 2011). A recent study on social motivation linked high psychopathic trait levels to goals relating to self-image and success, as opposed to meaningful or long-term relationships with others (Foulkes, McCrory, Neumann, & Viding, 2014).

The present study was designed to investigate how the postulated empathic deficits associated with psychopathy translate into everyday social behaviour. The independent variable was psychopathic trait group membership (i.e., whether participants were high versus low in psychopathic traits). Psychopathic traits were measured using the Psychopathic Personality Inventory-Short Form (PPI-SF; Lilienfeld & Hess, 2001) a self-report questionnaire that has commonly been used to assess subclinical psychopathic traits (e.g., Han, Alders, Greening, Neufeld & Mitchell, 2012; Long & Titone, 2007). Since the PPI-SF was not designed as a clinical tool, there is no established diagnostic cut-off score. Previous work comparing the highest- and lowest-scoring participants from a large sample who completed the PPI-SF has proved sensitive to group differences on tasks assessing verbal emotion processing (Long & Titone, 2007), and a similar approach has been used successfully in studies comparing those with high versus low autistic traits (Jameel et al., 2014; Jameel, Vyas, Bellesi, Cassell, & Channon, 2015). The PPI-SF was used
as a measure of self-reported psychopathic traits in the present study. Participants also completed the Autism-Spectrum Quotient (AQ; Baron-Cohen, Wheelwright, Skinner, Martin & Clubley, 2001), a self-report measure of autistic traits. Three sub-factors of the AQ (communication, imagination and social skill) were of particular interest, since these contained items relating to cognitive empathy; it was expected that the groups would not differ on these sub-factors.

One measure that has been used to study everyday prosocial behaviour is the Social Strategy Task (Channon, Collins, Swain, Young, & Fitzpatrick, 2012). This consists of scenarios describing everyday awkward situations that require weighing one’s own interests against those of another person. The task has been shown to differentiate between individuals high and low in social skill, since the former showed greater consideration for others. In the present study, groups of participants who were high versus low in self-reported psychopathic traits were compared on this task. There were two dependent variables. First, the types of social strategies employed by participants were measured by classifying their verbal responses to awkward requests according to the degree of compliance. Second, participants rated the awkwardness of the scenarios. It was expected that those high in psychopathic traits would employ fewer positive social strategies (involving varying degrees of compliance) and more negative strategies (involving non-compliance) when responding to awkward requests. It was also expected that the high trait group would report feeling less awkward in these social situations and generate responses that were less polite in emotional tone as compared to those low in psychopathic traits.

**Methods**

**Screening**

**Participants and procedure**

Ethical approval was obtained from the UCL Research Ethics Committee. An opportunistic sample of 502 full-time university students (217m, 285f), aged 18 or over was recruited for the screening phase of the study. Participants provided informed consent before completing the PPI-SF (Lilienfeld & Hess, 2001). Participants who were not fluent in English were excluded from the sample. Participants were informed that they might be invited to a second stage of the study, for which they would receive payment. Scorers who fell within the upper and lower tenth percentiles were contacted and invited to take part in the second stage of the study. This consisted of 47 individuals (26m, 21f) in the upper range and 51 individuals (11m, 40f) in the lower range.

**PPI-SF**

This is a self-report questionnaire consisting of 56 statements on a 4-point, Likert-type scale with “False”, “Mostly False”, “Mostly True” and “True” as possible responses; higher scores indicate higher degrees of psychopathy (Lilienfeld & Hess, 2001). To ensure consistent responding, questionnaire items are counterbalanced such that psychopathic traits are associated with agreeing with half the statements and disagreeing with the remaining half. The PPI-SF has been found to have good internal consistency (Cronbach’s alpha ranging from .90 to .93), test–retest reliability (r =0.95) and strong convergent and discriminant validity with a wide range of self-report measures, psychiatric interview,
observer rating and family history data (Lilienfeld & Andrews, 1996). The PPI-SF contains eight sub-scales representing personality traits central to the construct of psychopathy (1 = social potency; 2 = coldheartedness; 3 = fearlessness; 4 = impulsive nonconformity; 5 = stress immunity; 6 = Machiavellian egocentricity; 7 = blame externalisation; 8 = carefree nonplanfulness). Further factor analysis has grouped these sub-scales into two factors (Lilienfeld & Hess, 2001). The first factor (PPI-1) consists of the first five of the eight listed sub-scales, and the second factor (PPI-2) consists of the three remaining three sub-scales. Total PPI-SF scores and the PPI1 and PPI2 factor scores were calculated for the whole sample; both PPI-SF factors were highly correlated with PPI-SF total score ($p < 0.001$). Internal consistency of the PPI total score in this sample was $\alpha = .79$, and ranged from $\alpha = .63 – .77$ for all sub-scales and factors.

Testing

Participants and procedure
A between-groups design was used to compare high PPI and low PPI participants. Of those contacted from the screening phase, 20 high-scoring (10m, 10f) and 19 low-scoring (4m, 15f) individuals agreed to take part in the testing phase of the study. All participants provided written informed consent before completing the Social Strategy Task and a brief health screen relating to serious accidents or illnesses, or significant psychological or emotional difficulties; no exclusions were required on this basis. Participants were paid for taking part. The groups did not significantly differ in age $t(1,37) = 1.52, p = 0.13$; 19.85 years (SD 1.60) and 21.00 years (SD 2.96) for the high and low groups respectively.

PPI-SF total and factor scores
The groups differed significantly on total PPI-SF scores, $t(1,37) = 21.34, p < 0.001$, and on both the first PPI factor, $t(1,37) = 14.87, p <0 .001$, and the second PPI factor $t(1,37) = 8.88, p <0 .001$. Minimum and maximum ranges, and the means and standard deviations of the two high and low PPI groups for PPI-SF total and the two factor scores are presented in Table 1.

AQ social cognition sub-scales
The AQ is a self-report questionnaire designed to measure autistic traits in the general population, comprising 50 items on a 4-point, Likert-type scale (Baron-Cohen,
Wheelwright, Skinner, Martin, & Clubley, 2001). These 50 items assess 5 sub-scales (social skill, communication, imagination, attention switching and attention to detail) relating to typical areas of impairment in individuals with high levels of autistic traits. It has been found to have good internal consistency, ranging from moderate to high for all sub-scales ($\alpha = .63–.77$), and good test–rest reliability ($r = .7$; $p = .002$). The three sub-scales relating to social cognition rather than attentional functioning were of particular interest in the present study, since these comprised items pertaining to cognitive empathy and social performance, for example, “I find it easy to ‘read between the lines’ when someone is talking to me” (communication); “When I’m reading a story I find it difficult to work out the characters’ intentions” (imagination); and “I find it hard to make new friends” (social skill). The high and low PPI groups were compared on their scores for these three social sub-scales of the AQ as an index of cognitive empathy. A $t$-test showed that as predicted there was no difference between high and low PPI groups in scores for communication ($t(1,37) = .34$, $p = .738$), imagination ($t(1,37) = .88$, $p = .481$), or social skill ($t(1,37) = .77$, $p = .444$). Means and standard deviations for the AQ sub-scale scores (reported as percentages) are presented in Table 1.

**Social strategy task**

This consists of 10 vignettes describing everyday situations in which a character known to the participant (i.e., friend, relative or colleague) poses an awkward question asking them for a favour or a favourable opinion (Channon et al., 2012). The scenarios were designed to pit self-interest against consideration for others, since it was in the characters’ interests for participants to comply with their requests, whereas compliance always incurred some kind of personal cost for the participants. This gives the opportunity to study participants’ priorities in situations with no clear-cut right or wrong answers. This task assesses both behavioural (i.e., how the participant would respond) and emotional aspects of social performance (i.e., their own affective response to the situation).

**Example scenario.** “Your cousin likes to visit your house. When she visits she takes your things without permission and wants you to pay to take her out to expensive places. She asks you: ‘Can I come and visit you next weekend?’”

**Questions for each scenario.**

1. What would you say in this situation?
2. On a scale of 0–100, where 0 represents “not at all awkward” and 100 “extremely awkward”, how awkward would you say this situation is?

**Scoring of behavioural responses**

Participants’ responses were rated for strategy usage and emotional tone by the second author, a researcher, and by the third author, an academic and clinician, both of whom were blind to group membership. The raters had an agreement rate of 95.38% for strategy usage, and 97.95% for emotional tone; all differences were resolved by agreement.

**Strategy usage**

For each scenario, participants’ responses were classified by raters into one of six categories, giving total strategy scores from 0 to 10 for each of the six categories for each
participant (reported as percentages). Responses were classified into categories according to the degree of prosocial behaviour and skill displayed in considering others’ feelings. Three of the categories were positive since they involved prosocial responses: simple acquiescence, qualified acquiescence with an excuse, and qualified acquiescence with factual feedback. Simple acquiescence referred to responses in which participants agreed to the characters’ requests without qualification (e.g., yes you can stay with me). Qualified acquiescence with an excuse referred to responses in which they partially or conditionally agreed to the characters’ requests, with an excuse based either on altering the interpretation of the behaviour of the main character to a more favourable one or an excuse based on the participant’s difficulty in complying fully (e.g., Yes, come along but this time I’d like to stay home and have dinner because it’s more cosy than a restaurant). Qualified acquiescence with factual feedback implied criticism by making direct reference to some undesirable aspect of the main character’s behaviour as a justification for lack of full compliance (e.g., Yes, but I expect you to pay your share of whatever we have to pay).

Three of the strategies were negative, since they did not involve compliance with others’ requests: justified refusal with an excuse that protected the main characters’ feelings (e.g., Sorry but I’ve got other plans that weekend, maybe some other time), justified refusal with factual feedback that implied criticism of the main character (e.g., No, I can’t afford to keep taking you out), and outright refusal. Outright refusal strategies consisted of simple refusals to comply with the character’s request (e.g., No you can’t visit next weekend).

Emotional tone
Each verbal response was also given a score of 1–3 where 3 denoted polite tone (flattering or empathic comments), 2 reflected neutral comments (no particular emotional tone), or 1 if impolite or blunt. Total scores across the 10 scenarios were added for each participant, giving a single participant score with a range of 10–30 (reported as percentages).

Perceived awkwardness
Awkwardness ratings were averaged across the 10 scenarios (reported as percentages).

Results
Means and standard deviations (SD) for each of the Social Strategy Task measures described later are presented in Table 2. Examination of the data showed that all but one of the variables was normally distributed; outright refusal scores for the high trait group were skewed. A non-parametric test showed a similar result to a parametric test, and parametric analyses were therefore reported throughout. A significance level of 0.05 was adopted, with a stricter level when post-hoc tests were conducted.

Social strategy task
Behavioural responses
Strategy usage. A t-test comparing the high and low PPI groups on the proportion of total positive versus negative strategies confirmed that there was a significant difference
between the groups; \( t(1,37) = 2.61, p = 0.013 \). The high PPI group used significantly fewer positive versus negative strategies.

**Positive strategy usage.** The high and low PPI groups were compared on their usage of simple acquiescence, qualified acquiescence with excuses and qualified acquiescence with factual feedback. Using a strict significance level (0.05/3), the high PPI group used significantly fewer acquiescent social strategies than the low PPI group, \( t(1,37) = 3.31, p = 0.002 \), but the groups did not significantly differ in their use of acquiescence qualified by excuses, \( t(1,37) = 1.25, p = 0.218 \), or acquiescence qualified by factual feedback, \( t(1,37) = 1.79, p = 0.081 \).

**Negative strategy usage.** Using a strict significance level (0.5/3), the groups did not significantly differ in their usage of justifications for refusal qualified by excuses, \( t(1,37) = 0.58, p = 0.566 \), nor justifications for refusal qualified by factual feedback, \( t(1,37) = 1.72, p = 0.095 \). The high PPI group used significantly more outright refusal strategies than the low PPI group, \( t(1,37) = 2.87, p = 0.007 \).

**Emotional tone of responses.** The responses given by the high PPI group were rated lower overall for polite tone than those of the low PPI group, \( t(1,37) = 2.64, p = 0.012 \).

**Perceived awkwardness.** With respect to awkwardness, the high PPI group rated the scenarios to be significantly less awkward than did the low PPI group; \( t(1,37) = 3.26, p = 0.002 \).

**Gender**
Since the gender distribution was uneven in the low PPI group, these analyses were repeated using analysis of covariances with gender as a covariate. The effect of gender did not reach significance for any of these analyses (\( p > 0.05 \)) and did not change the overall pattern of results.

**Discussion**
Comparison of the groups on the Social Strategy Task showed that as expected, the high PPI group was less polite in emotional tone and also rated the situations to be less
awkward than did the low PPI group. As predicted, the groups differed significantly in strategy usage, whereby the high group used fewer positive and more negative strategies.

When the positive and negative strategies were broken down into the individual six components, an interesting pattern emerged. The high PPI group used “acquiescence” significantly less and “outright refusal” significantly more than the low PPI group, but did not differ on the remaining four strategies. Whilst “acquiescence” and “outright refusal” represent opposite responses (yes or no), they are nevertheless both relatively simple strategies. In comparison, the other four strategies are more sophisticated, requiring a modification of the request or a justification for rejecting it, by means of either factual feedback or the generation of an excuse (Channon et al., 2012). Similar usage of more sophisticated strategies suggests that the groups were equally capable of reasoning about the situations, whereas enhanced usage of simple, more harsh strategies by the high PPI group may reflect willingness to set boundaries at the expense of maintaining relationships. In a previous study utilising the same task, individuals low in self-reported social skill were also found to use more simple responses to awkward requests that did not consider the consequences for the character, whereas those high in social skill tended to give more sophisticated responses that prioritised the characters’ feelings (Channon et al., 2012).

**Cognitive and emotional aspects of performance**

Psychopathy is considered to be characterised by impaired emotional empathy and intact cognitive empathy (Blair, 2008). Whilst these abilities were not directly measured in the present study, the inclusion of AQ sub-scales gave some indication of cognitive aspects of social skill, and the emotional tone and perceived awkwardness of the Social Strategy Task were thought to tap predominantly affective processes.

Looking first at cognitive aspects of performance, it is possible that group differences in strategy usage reflect that the high PPI group may not have comprehended the non-literal subtext behind the scenarios. For instance, in the cousin’s visit scenario, there was an implication that the cousin specifically wanted a favourable response to “Can I come and visit you next weekend?”. Failure to appreciate subtext may have led to less tactful and less compliant responses, and to difficulties in anticipating the consequences for the main characters. This interpretation of the present findings could be linked to possible difficulties in cognitive empathy. However, there is relatively little evidence to support this. People with psychopathy demonstrate intact performance on a range of traditional cognitive empathy tasks (e.g., Dolan & Fullam, 2004). Moreover, the high and low PPI groups in the present study did not differ in their scores on the AQ sub-scales relating to social cognition.

Emotional rather than cognitive factors may have primarily driven differences between the groups in performance on the Social Strategy Task. Deficits in emotional empathy have been consistently identified in psychopathy (e.g., Vaidyanathan, Hall, Patrick, & Bernat, 2011). Taking the cousin’s visit example, participants may have initially wished to express their dissatisfaction and tell her that they did not like paying for everything when she came to visit. However, by resonating emotionally with the potential distress that this would cause her, they may have felt unwilling to give their honest opinion and substituted a more compliant, non-confrontational response. Since the high trait
participants were generally less compliant and less polite than the low trait participants, it is possible that they lacked emotional investment in the social interactions and failed to experience empathic distress at the prospect of non-compliance or using negative, derogatory language. They may have been concerned exclusively with their own interests and thus were not motivated to address the needs of the characters.

A lack of consideration for the characters may also account for the group difference in awkwardness ratings. Greater expressed awkwardness in the low trait group may have reflected an internal struggle to reach a suitable compromise between their own preferences (for example, wishing to tell the cousin that she could not come to stay) and those of the main characters (the cousin wanting to visit). High awkwardness ratings may have thus arisen from the prospect of either fulfilling an undesirable request, or disappointing or upsetting the main character. If high trait participants did not care about the characters, and were happy to prioritise their own needs, they may have not experienced the same degree of awkwardness. Although no definitive measures of empathy were included in the present study, the pattern of findings is consistent with the notion of compromised emotional but intact cognitive empathy in psychopathy (e.g., Blair, 2008; Lockwood et al., 2013).

Limitations and future directions

Whilst the sample sizes of the present were relatively small, the effect sizes were relatively large (Cohen, 1992), and thus it is unlikely that the study was underpowered. There was a gender imbalance in the samples tested, reflecting gender differences in the upper and lower deciles of the screening sample. This is unsurprising given that psychopathy is more commonly identified in males than in females (Verona & Vitale, 2006). Analysis of covariance suggested that gender did not make a significant contribution to the findings, and did not substantially alter the pattern of results, although it remains possible that within-group gender differences in prosocial behaviour might emerge with larger sample sizes.

It should also be noted that this study adopted the approach of comparing the extremes of the screening sample, rather than testing across the whole range. A similar approach comparing extreme sub-groups has been adopted in previous work (e.g., Long & Titone, 2007). The present study extended understanding of psychopathy as a continuum of traits by exploring how individuals high in psychopathic traits approach the social world and navigate solutions when faced with awkward social encounters. However, it is worth noting that all participants were recruited from a university, rather than from an institutional setting. Thus, the high trait group was likely to have comprised “successful psychopaths”. Whilst “unsuccessful psychopaths” tend to have criminal convictions, “successful psychopaths” typically do not, although they may engage in behaviours that are not formally illegal, but that nonetheless breach social norms and violate the rights of others (Gao & Raine, 2010). They may achieve personal or professional successes by using covert and nonviolent means, perhaps at the expense of friends, family and colleagues (Hall & Benning, 2006). Future studies could compare “unsuccessful psychopaths” with control participants, in order to examine the extent to which group differences in performance in the present study are representative of social behaviour in more extreme populations.
In the present study, participants were selected on total PPI-SF scores, to contrast how high versus low levels of traits pertaining to global psychopathy might impact on everyday situations. However, psychopathy is a multidimensional construct, and it would be interesting to explore how individual characteristics of psychopathy (affective, interpersonal and behavioural) might drive differences in everyday social behaviour. Future studies could recruit participants on the basis of either of the PPI-SF factors (PPI-1 and PPI-2) or on the basis of specific PPI-SF sub-scales, and compare their performance on measures of social behaviour. Some recent work suggests that this might be informative, linking specific traits associated with psychopathy with prosocial behaviour that is motivated by strategic considerations such as the long-term value of a social relationship rather than by intrinsic reward (Gervais, Kline, Ludmer, George, & Manson, 2013; Manson, Gervais, Fessler, & Kline, 2014). Their findings also suggest that prosocial behaviour would be less likely to occur when future interactions are unlikely, and hence any deficits in prosocial behaviour in the present study may have been more pronounced if requests from strangers had been included.

**Implications for everyday functioning**

A significant body of research into psychopathy has focused on the relationship to criminal behaviour and extreme violence. For instance, a range of studies investigating empathy and moral decision-making has compared psychopathic and non-psychopathic prisoners. Studies such as these often use situations involving extreme physical harm or emotional distress. By contrast, the present study focused on social functioning at a commonplace level. The findings highlight the potentially pervasive influence of psychopathic traits in everyday life, which may help to illuminate how subclinical psychopathic traits translate into everyday social behaviour. When interacting with people in the social world, those who feel less awkward in complex social situations and are unconcerned with others’ distress may be less prone to do favours or to moderate their honest, potentially hurtful opinions. Further research is needed to clarify what characteristics of social situations might differentially influence those high and low in psychopathic traits, and what might be done to increase prosocial behaviour.

**Clinical applications**

The findings of this trait-based study indicated that those high in psychopathic traits behave less prosocially than those low in psychopathic traits. These findings are consistent with the pattern of results from diagnostic studies in incarcerated populations; this in turn gives an indication of what might be expected in terms of social behaviour and strategy usage in a more extreme, antisocial population. At present, there is a considerable amount of “therapeutic pessimism” surrounding the treatment of psychopathy (e.g., Salekin, 2002). This reflects the failure of various treatment strategies and training programmes to reduce recidivism rates (e.g., Pickersgill, 2011). There is also evidence to suggest that in some instances, recidivism rates can increase after interventions (e.g., Rice, Harris, & Cormier, 1992). It has been speculated that this might be attributable to an empathic dissociation; the capacity to understand situations whilst lacking emotional investment might allow for treatment strategies to inadvertently strengthen any
propensity for manipulation (Salekin, 2002). A deeper understanding of how those with psychopathy navigate their social world might have the long-term potential to improve training programmes, for example, by making the benefits of prosocial behaviour and the drawbacks of antisocial behaviour more salient.

**Disclosure statement**

No potential conflict of interest was reported by the authors.

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