

The Dimensional Structure of the Self Report Psychopathy Scale

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Abstract

Mental health issue is becoming increasingly prevalent in Malaysia. However, the country still lacks valid measures in assessing mental illness which includes psychopathy. The present study investigates the factorial structure of the Self Report Psychopathy Scale (SRPS). Specifically, it examines the feasibility of its use with Malaysian community. The SRPS was administered to a sample of undergraduate students. Result of principal components analysis yielded a four-factor solution. The obtained result was inconsistent with the proposed conceptual framework of this scale which captured only two factors (primary psychopathy and secondary psychopathy factors). The psychometric features of SRPS showed less support on its feasibility as a sound and reliable research instrument to measure students' psychopathic attributes in the Malaysian context. Other implications of the findings are discussed.

Keywords: mental illness, psychometrics, psychopathy, SRPS

1. Introduction

Psychopathy is known as a personality disorder that begins early in life and persists throughout the life span. This disorder was associated with shallow affect, callous disregard for others, and impulsive antisocial behavior (Korponay et al., 2017; Olanrewaju, Dominic, Julius, & Funmilola, 2014). The documented literature revealed that psychopathy is closely related to juveniles (Gretton, Hare, & Catchpole, 2004) as well as criminality and aggression in adults (Contreras-Rodríguez et al., 2015). Although most people believed that psychopathy necessarily implies criminal activity, Contreras-Rodríguez et al. (2015) and Savard, Lussier, Sabourin, and Brassard (2005) argued that psychopathic traits are well distributed in various segments of the general population. The current conceptualisation of psychopathy proposed two but interrelated facets that were correlated at .50 (Hare, 1991). The first of these facets, primary psychopathy is related to the emotional-interpersonal components emphasizing narcissism and social dominance (e.g., lack of remorse, entitlement, grandiosity, shallowness, low anxiety, manipulativeness and lying). Whereas, the second dimension, secondary psychopathy comprises traits and behaviours indicative of "social deviance" (juvenile delinquency, early behaviour problems, impulsiveness, aggressiveness, low tolerance to frustration, irresponsibility and antisocial behaviours) (Hare, 1991; Koenigs, Kruepke, Zeier, & Newman, 2011; Levenson, Kiehl, & Fitzpatrick, 1995).

Recent research in psychology and neuroscience revealed that psychopathy counts as a mental disease. The main reason is that psychopathy involves neural dysfunction that increases risk of serious harm and loss to people with psychopathy (Vincent, 2013). According to biomedical view, psychopathy can be considered as a mental illness. Blair, Mitchele and Blair (2005) argue that psychopaths do not fear punishment in a typical way, due to the hypoactivity in their amygdala. The failure of the amygdala to fulfil its function is enough to make psychopathy a dysfunction and a mental disease (Vincent, 2013). On a global scale, mental health problems continues to be high and affects many countries which include USA (Yamawaki, Riley, Sato, & Omori, 2015), United Kingdom (Mental Health Foundation, 2016), Australia (Lawrence, Johnson, Hafekost, Haan, Sawyer, Ainley, Zubrick, 2015), Canada (Domene, & Bedi, 2013), South Africa (Kleintjes, Lund, & Swartz, 2013) and Japan (Yamawaki, Riley, Sato, & Omori, 2015) to name a few. Arising from these issues, recent research tried to focus on management of mental health conditions (Vally & Abrahams, 2016). Meanwhile, results of the National Health and Morbidity Survey conducted in Malaysia recently reported that mental illness is expected to be the second