

A CORRELATIONAL ANALYSIS BETWEEN ASPD AND OTHER FACTORS

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ABSTRACT

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The purpose of this study was to examine correlations between ASPD and other factors. Specifically, the researcher conducted correlational analyses between undergraduate GPA and ASPD, Gender and ASPD, Five Factor model agreeableness and ASPD & Five Factor model agreeableness and ASPD social aggression. The participants of this study consisted of, n = 114 undergraduate students currently enrolled at Houston Baptist University. Unfortunately, after correlational analyses were conducted, all 4 hypotheses were rejected. However, the researcher did confirm 2 pertinent significant relationships. First, the researcher found that women were more socially aggressive than men. In addition, the research confirmed that women tend to score higher on social aggression than aggression associated with the entire construct of ASPD.

KEY WORDS: ASPD, Five Factor model, Agreeableness

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Chapter 1: Introduction

According to the DSM-V, Antisocial Personality disorder is characterized by a disregard for and violation of the rights of others since the age of 15, as indicated by one of the seven sub features (American Psychiatric Association, 2013). These seven sub features include: failure to obey laws and norms by engaging in behavior that is grounds for arrest, engaging in deception, lying, or manipulation for self- amusement or profit, engaging in impulsive behavior, irritability and aggression as indicated by frequent assaults, blatant disregard for safety of self or others, showing a pattern of irresponsibility, and lack of remorse (APA, 2013). These sub features and definition indicate the main features associated with a diagnosis of ASPD and offer clinicians a diagnostic rubric for determining whether an individual exhibits the disorder. In addition, lying, deceit, and manipulation are central to the construct (APA, 2013) and the disorder is often viewed as a chronic condition. Interestingly, unlike psychopathy, a diagnosis of ASPD is heavily weighted on the examination of behavior and criminality potential, thus the DSM-V diagnostic criteria for ASPD seems to lack pertinent cognitive, interpersonal, and affective traits that may often be prevalent within the construct. These traits include: a lack of emotional arousal indicated by chronic feelings of emptiness, displaying an emotionally void affective profile, and the tendency to alienate individuals who can no longer offer amusement or some type of gain for the person.

For the purposes of offering insight into the comparison between the constructs of psychopathy and ASPD, the researcher has developed two fictitious case studies for both constructs.

ASPD EXAMPLE

Joe, a 28- year- old male, has recently been released from state prison after serving a 2 year sentence for robbery. He has a self- reported history of substance abuse and petty theft. Further, he also has indicated that he was arrested or in trouble with law enforcement frequently in his youth, indicated by numerous arrests for vandalism, theft, and truancy. He has been arrested a total of 12 times for various crimes. Recently, it was reported that he was previously diagnosed with ASPD by a prison psychologist after a psychological evaluation. He tends to be manipulative, deceitful, and goal oriented when it comes to completing a task to further his self- gratification. However, even though he does exhibit various criteria of ASPD and has been diagnosed with it, he still reports that he often feels remorse for his behavior and tends to feel depressed after he commits antisocial acts.

Psychopathy Example

Jack, a 35- year- old male, has recently been convicted of fraud and was referred to a psychologist for evaluation before beginning his 2 year federal prison sentence. Prior to his federal conviction, he was employed as a financial advisor for 10 years. He has no reported history of substance abuse and has only been arrested one time. Jack graduated magna cum laude from a prestigious university and has acquired a plethora of certifications and adulations. Upon his initial interview with the psychologist, he was informed that the court has asked for him to be evaluated for risk assessment. So, the psychologist chose to utilize the Hare psychopathy checklist revised, or PCLR, to do so. In short, Jack scored above the threshold on the interpersonal-affective criteria and low on the antisocial behavioral criteria. It was determined that Jack met the criteria for various forms of interpersonal-affective psychopathy criteria, indicated by callousness, glibness, tendency to manipulate, superficial charm,

grandiosity, shallowness, and lack of empathy and remorse. In addition, upon further evaluation, the psychologist reported that she felt “chilled” and uneasy by his emotional blankness, emptiness, and failure to acknowledge responsibility for his actions.

After a brief analysis of both case studies, it appears clearly evident that a diagnosis of ASPD is often marked by a display of habitual criminal behavior, criminal versatility, and criminality. The diagnosis also tends to accompany a general lack of empathy or remorse for victims and people in general. Although, the lack of empathy and remorse may occur to a lesser extent than the counterpart, psychopathy. On the other hand, a diagnosis of psychopathy tends to include a greater emphasis on interpersonal and affective traits, indicated by exhibiting callousness, lack of empathy or remorse, shallowness, superficial charm, impulsivity, grandiosity, and glibness. The psychopath also suffers from an inability to learn from punishment (Dunne, Lloyd, Lee & Daffern, 2019). Further, the interpersonal and affective profile of a psychopath tends to accompany a “cold” and callous affect marked by a clear disregard for the rights of others and a lack of empathy and remorse at a higher level than ASPD. So thus, it appears clearly evident that a diagnosis of ASPD tends to include a pattern of observable behaviors, while its counterpart psychopathy tends to be determined by an examination of more interpersonal/affective criteria and more purely cognitive characteristics. According to Patrick, Venables & Drislane, it is the boldness/fearless dominance traits and externalizing self-centered impulsivity traits that separate psychopathy from ASPD (Patrick, Venables & Drislane, 2013). It is the combination of exhibiting a fearless temperament coupled with a lack of emotional discomfort regarding impulse control that separate the diagnoses (Patrick et al., 2013). Psychopathy represents a special variant of externalizing which specifically includes a lack of distress and dysphoria associated with

impulse control (Patrick et al., 2013). In other words, a psychopath may tend to be more prone to not feeling emotional discomfort during and after exhibiting impulsivity episodes.

The purpose of this study is to analyze individuals' personality characteristics as indicated by their responses to questionnaires and use the data to determine whether 4 distinct correlations exist. The potential correlations include: whether there is a correlation between undergraduate college GPA and ASPD, whether there is a correlation between ASPD and gender, whether there is a relationship between the agreeableness part of the Big 5 personality scale and ASPD, and whether there is a correlation between ASPD social aggression and the agreeableness portion of the Big 5 personality scale. Even though a diagnosis of ASPD is distinctly different from a diagnosis of psychopathy because it includes mainly behavioral characteristics, assessing whether a correlation exists between purely cognitive traits included in the agreeableness category of the Big 5 and ASPD may help to nullify or verify whether emotional under-arousal tends to be a central feature found within the construct. Likewise, correlational analyses of GPA and ASPD will offer insight on whether the individuals exhibit the capacity to plan ahead, make responsible daily decisions, and maintain long term goals. Furthermore, correlational analyses of gender and ASPD will help readers ascertain whether the construct is more prevalent in the female or male clinical populations. Even though a diagnosis of ASPD reportedly seems to be more prevalent in the male populations, the correlational analysis will either nullify or verify the notion. Distinguishing between correlational analyses between both genders may also verify or nullify whether ASPD traits tend to be stable across both genders.

Chapter 2: Literature Review

In order to be diagnosed with a personality disorder, the DSM-5 requires that an individual meet 6 areas of criteria (APA, 2013). The six areas include: (A). An enduring pattern of inner experience and behavior that deviates markedly from the expectations of an individual's culture. This pattern must manifest in two or more of areas, including cognition, affect, interpersonal functioning, and impulse control (APA, 2013). (B). The pattern is inflexible and pervasive (APA, 2013). (C). The pattern leads to significant distress or impairment in social, occupational, or other areas of functioning (APA, 2013). (D). The pattern is stable and chronic and can be traced back to early adulthood or adolescent onset (APA, 2013). (E). The pattern is not better explained by another mental disorder (APA, 2013). (F). The pattern is not attributable to physiological effects of substance abuse or another medical condition (APA, 2013). In order to be diagnosed with a personality disorder using the DSM-5 alternative model for personality disorders, the DSM-5 requires that an individual must exhibit impairment in at least one of two areas of self- functioning and at least one of two areas of interpersonal functioning (Lynam & Vachon, 2012). The self- functioning category includes identity and self -direction, while the interpersonal category includes empathy and intimacy (Lynam & Vachon, 2012). According to the APA, the construct of ASPD requires the satisfying of 4 criteria for a diagnosis to be present (APA, 2013). These 4 criteria, labeled A-D, include: (A) exhibiting a disregard for and violation of others rights since age 15, as indicated by the seven sub features previously discussed, (B) the person must be at least 18 years of age, (C) conduct disorder must have been present prior to reaching the age of 15, and (D) the antisocial behavior does not occur during the course of schizophrenia or a bipolar episode (APA, 2013). Interestingly, the diagnostic criteria for ASPD were written so as to identify observable manifestations of the disorder rather than

relying on inferences about traits (Few, Lynam, Maples, Mackillop & Miller, 2014). So thus, it appears credible to conclude that a diagnosis of ASPD may lack an extensive review of pure cognitive personality characteristics and rely heavily on the observance of antisocial behavior.

Similarity to Psychopathy

In many respects, the main difference between the construct of psychopathy and the construct of ASPD includes that psychopathy is indicative of chronic emotional detachment and an inability to form sound affective or emotional attachment to others. It is characterized by lack of empathy, emotional shallowness, superficial charm, and impulsivity (Cleckley, 1988). On the other hand, an ASPD diagnosis is weighted heavily on the exhibiting of antisocial and criminal behavior. So thus, it is feasible to ascertain that many individuals may fit the criteria for ASPD but lack the affective profile of a psychopath. Also, it is not abnormal to consider the reverse proposition where an individual may satisfy the affective profile of the psychopath but fail to exhibit any forms of criminality or chronic antisocial behavior.

According to the DSM-V, the PS, or psychopathy specifier, includes the satisfying of the main ASPD traits, including antagonism (i.e., deceitfulness, manipulativeness, hostility, and callousness), disinhibition, and the presence of three distinct psychopathic traits (Few et al., 2014). These traits include: low anxiousness, low withdrawal (detachment domain), and high attention seeking (Few et al., 2014). The DSM-V text describes the PS profile as marked by a lack of fear or anxiety and by a bold interpersonal style that may mask maladaptive behaviors (Few et al., 2014). So thus, it may be feasible to conclude that a diagnosis of psychopathy is actually an extension of or more severe version of ASPD. Actually, according to Hare (1996), psychopathy is considered to be a more severe version of ASPD, indicated by 75 percent of prison inmates satisfying an ASPD diagnosis while only 15 -25 percent satisfy psychopathy

(Zeier, Baskin-Sommers, Hiat Racer & Newman, 2012). After satisfying the antisocial behavioral profile for ASPD, the psychopath exhibits the propensity to lack fear or anxiety, lack the ability to form interpersonal attachments, and engage in elevated levels of risk taking or impulsivity. However, many critics or psychologists may be inclined to posit that both ASPD individuals and psychopaths tend to seek elevated levels of stimulation or impulsivity in efforts to escape chronic feelings of emptiness thus “feel alive”. So even though the constructs may differ slightly, both diagnoses are centered on the same premise which includes that the individual experiences high levels of cognitive under-arousal and lack of emotion in response to chronic feelings of emptiness. According to Kimonis et al., emotional attention to emotional stimuli was reduced for individuals with high scores on both interpersonal-affective traits and disinhibited behavioral traits (i.e., antisocial behavior) (Kimonis, Kid, Most, Kyrnen & Liu, 2019). This finding may serve to validate the fact that psychopathic individuals tend to suffer from amygdala related fear processing deficits and emotional dysfunction.

Lastly, it is essential to reiterate that the ASPD diagnostic criteria focus primarily on behavioral deviance, while psychopathy includes affective, interpersonal, and behavioral disturbances (Riser & Kosson, 2013). Likewise, as the DSM tends to have overreliance on behavioral components of ASPD, it fails to include interpersonal and affective features (Riser & Koser, 2013)

Five Factor Model and ASPD

First, the five- factor model of personality is used to assess personality characteristics in individuals. The model includes five categories which are: openness, conscientiousness,

extraversion, agreeableness, and neuroticism. For the purposes of this study, correlations will be examined between the agreeableness category and ASPD. It appears that in many respects the DSM-5 criteria for ASPD captures or includes many of the FFM traits. However, there are a few traits within the FFM that the DSM-5 doesn't seem to address or include within diagnostic criteria for ASPD. According to Lynam & Vachon, the DSM-5 appears to capture eight FFM traits within the diagnostic criteria for the construct, including angry hostility, impulsiveness, excitement seeking, lack of straightforwardness, lack of altruism, lack of tender-mindedness, lack of dutifulness, and lack of deliberation (Lynam & Vachon, 2012). Although, after conducting analyses, the DSM-5 criteria fail to include four FFM traits, including lack of trust, lack of altruism, lack of compliance, and lack of self-discipline (Lynam & Vachon, 2012). In addition, the FFM traits suspiciousness and distractibility also appear in the 25 trait model adopted by the DSM-5 for assessing all the personality disorders but are not included in the descriptions of ASPD (Lynam & Vachon, 2012). Suspiciousness is assigned to schizotypal personality disorder and distractibility isn't assigned to any specific personality disorder, or PD (Lynam & Vachon, 2012). Lastly, the DSM-5 appears to include specific references to lack of self-functioning and empathy, which is required for all PD diagnoses with the use of the DSM-5 alternative criteria, within the ASPD criteria. The description of lack of self-functioning can be defined by an ASPD individual engaging in goal setting for personal gratification and the absence of prosocial standards for moderating behavior (Lynam & Vachon, 2012). The description for lack of empathy can be defined as the individual exhibiting a lack of concern for the feelings, needs, or suffering of others and exhibiting a lack of remorse after hurting or mistreating someone else (Lynam & Vachon, 2012).

For the purposes of this study, the agreeableness category of the FFM seems to include the most pertinent trait descriptors which may be utilized in assessing ASPD traits. So thus, after completing correlational analyses, statistical evidence can be provided on whether the agreeableness traits relate to elevated scores of ASPD traits. Generally speaking, individuals who report that they are agreeable tend to be more altruistic in personality nature, indicated by having concern for the feelings of others and their propensity to be kind. Specifically, FFM agreeableness traits include: trust, straightforwardness, altruism, compliance, modesty, and tender-mindedness (Watters, Sellbom, Uliaszek, & Bagby, 2019). According to a Watters et al., hostility seems to correlate with agreeableness (Watters et al., 2019). So thus, it appears that this study will seek to identify whether an individual who lacks agreeableness and is hostile correlates with and reports high levels of ASPD or ASPD traits.

ASPD Gender and Prevalence Rates

According to Chun et al., ASPD occurs more frequently in men (Chun et al., 2016). This finding is not a surprise and consistent with prior research precedent. In addition, ASPD is prevalent at a rate of 1-3 % of the total population (Chun et al., 2016). It is also prevalent at a rate of 10-30 % within clinical populations (Chun et al., 2016). Thus, it appears that ASPD is a common PD manifestation in the clinical setting, indicating that large amount of PD disturbances can be attributed to the ASPD construct.

However, interestingly, according to Chun et al., the exhibiting of all seven trait descriptors for ASPD appears to be somewhat stable across both genders. For example, 43.5 % out of 481 women reported a failure to conform to social norms, and 36.6 % out of 919 men reported such (Chun et al., 2016). Further, 27.5 % out of 481 women reported deceitfulness, while 24.8 % out of 919 men reported it (Chun et al., 2016). So thus, these criteria validations along with other

verify that satisfying specific trait descriptors of ASPD seems to be stable across both genders. This data seems to compromise the common stereotypical notion that men typically exhibit ASPD while antisocial tendencies in females can be attributable to BPD, or borderline personality disorder. Instead, it appears that ASPD occurs quite stably in both genders and potentially even more stable in clinical populations.

However, for the purposes of this study, statistical correlations will only be sought between gender and elevated total ASPD scores as indicated by responses to the STAB questionnaire. It appears that there is already enough data that confirms that distinct ASPD trait descriptors are stable across both genders. Thus, this study will look to identify mere prevalence rates among both genders and total ASPD scores within a collegiate population.

ASPD Gender and Violence

According to previous research, men diagnosed with ASPD are more likely to engage in illegal or violent acts, while women are more like to commit non-violent antisocial behaviors (i.e., missing work or school) (Alegria et al, 2013). This may be the result of antisocial men failing to have the ability to tolerate distressing experiences (Brem, Florimbio, Elmquist, Shorey, & Stuart, 2018). The nonviolent nature included with the typical female ASPD profile may be the cause of misdiagnoses within clinical settings (Alegria et al., 2013). Furthermore, the apparent non-violent nature of the female ASPD profile may equip the female ASPD patient with the ability to mimic emotional connectivity, feign genuineness, and disguise her propensity to perpetuate deception and manipulation. This finding is interesting because it also seems to indicate the evidential possibility that the primarily behavioral diagnostic criteria of ASPD

within the DSM-5 may not adequately capture many of the pure affective and interpersonal criteria that should be required to merit a diagnosis. In short, it appears that the classical violent portrayal of the male antisocial patient may be easier to identify because of the overt displays of violent tendencies. However, meanwhile, the typical female ASPD patient may be able to evade detection through the feigning of emotions.

In addition, women are also more likely to display the impulsiveness and failure to plan ahead components of ASPD, while men are more likely to display irritability, aggressiveness, and a reckless disregard for the safety of others (Alegria et al., 2013). These manifestation differences seem to favor the notion that men are more likely to possess the extraversion and sensation seeking components of ASPD (Alegria et al., 2013). So thus, it appears to be abundantly clear that the typical male ASPD individual may be equipped with a greater potential or propensity to display a violent ASPD profile, but again certain underlying trait specifiers appear to occur stable across both genders in some manner. For example, even though the male tends to be more violent, he is still sensation seeking while the female tends to be impulsive. In many ways, impulsivity and sensation seeking can be interpreted as very similar in nature, thus these female and male ASPD traits occur quite stable. Although, men may be more prone to engage in violent acts while engaging in a stimulation seeking episode fueled by impulsivity.

Lastly, according to McClellan, Farabee, and Crouch (1997), early victimization and substance use disorders tend to occur more prevalent in female ASPD individuals as opposed to males. Again, this may be indicative of the females' inherent propensity to process and handle trauma differently than men. These innate differences regarding stress may help to explain why and how the female ASPD profile tends to favor a less physically violent component than the

male counterpart. It may be credible to assume that males may be prone to releasing trauma related stress through violent behavior if they develop a comorbid ASPD diagnosis.

Personality and GPA

According to Nofle & Robins, personality predicts academic and occupational success even when intelligence and cognitive ability are controlled (Nofle & Robins, 2007). In addition, after examining the potential relationships between the FFM and GPA, results showed that conscientiousness correlates the highest with GPA and academic success (Nofle & Robins, 2007). Also, within the conscientiousness area, academic success in relation to high school GPA seems to be most attributable to dutifulness (Nofle & Robins, 2007). On the other hand, achievement striving seems to be the best predictor of college GPA performance (Nofle & Robins, 2007). After examining results of correlations between high school and college GPA and FFM personality traits, the HEXACO conscientiousness facets were significantly correlated to GPA in the areas of diligence (r. 24), prudence (r. 21) and perfectionism (r. 19) (Nofle & Robins, 2007). The NEO PI-r facets were significantly correlated with college GPA in the areas of achievement striving (r. 21), competence (r. 19) and self—discipline (r. 15) (Nofle & Robins, 2007). It appears that these data sets seem to favor the notion that implies that the more an individual is responsible and concerned with his or her future occupational endeavors, the higher he or she scores in academics. Furthermore, the data appears to confirm that best predictor of college GPA lies in the conscientiousness facets and this specific determinant outweighs any other personality variable when it comes to predicting GPA. Hence, hypothetically, high scores in the conscientiousness facets will predict college GPA regardless of the potential exhibition of other personality characteristics. For example, someone can potentially score low in the agreeableness category, thus favor a confrontational perspective which is consistent with ASPD

but score high in the conscientiousness facet and the predicted GPA will be high. Further, the different personality facet combinations can and do imply the potential for differing PDs. In many ways, a psychologist may find that high conscientiousness facet scores may indicate the absence of ASPD or prior conduct disorder, but NPD or narcissism may be present if the combination includes high conscientiousness and low agreeableness. This would be indicated by high dedication to goal achievement while lacking an internal will to be agreeable. Of course, this is just a hypothetical analysis of how the different personality facets can be interpreted.

Social Aggression, ASPD & Psychopathy

According to Burt and Donnellon, social aggression is defined as behavior that uses social relationships to harm others (Burt & Donnellon, 2009). This behavior includes actions such as gossiping, ostracism, and “stealing” friends (Burt & Donnellon, 2009). Likewise, this behavior can either be exhibited in the overt or covert form (Burt & Donnellon, 2009). Further, it appears that this type of behavior is “purely” antisocial when it is presented with redundancy because it is indicative of callousness and lack of empathy. So thus, it may be feasible to hypothesize that the social aggression ASPD behaviors are very closely related to a “cold and callous” interpersonal and affective personality profile. This is apparent because consistently engaging in overt or covert social aggression aimed towards harming others in the social context requires an individual to overlook the emotional well-being of the targeted person.

According to Ojanen & Findley-Van Nostrand, individuals scoring high on the affective and interpersonal profile of psychopathy fail to want closeness and merely engage in superficial relationships which are beneficial for the self (Ojanen & Findley- Van Nostrand, 2019). Interestingly, acquired high scores on the antisocial factor of the psychopathy screening device, the PSD, and the psychopathy checklist revised, or the PCLR, are closely associated with a

diagnosis of Conduct disorder and ASPD (Blair, 2001) However, acquired high scores on the emotional dysfunction category of the PSD and PCLR are closely associated with antisocial behavior factor of psychopathy but are less closely associated with the DSM diagnoses of ASPD (Blair, 2001). These findings represent an interesting hypothesis which includes possibly exploring whether ASPD social aggression behavior is more closely related to the interpersonal and affective profile of psychopathy than the classical DSM criteria for ASPD. In other words, it may be feasible to conclude that exhibiting high levels of covert and overt social aggression may be related to elevated levels of emotional dysfunction which is commonly seen in the psychopathic patient. Although, the literature does confirm that social aggression behavior is included in the ASPD profile. However, because ASPD social aggression behavior requires the exhibiting of a cruel and callous demeanor which lacks empathy for the victim, it would be interesting to explore whether the social aggression aspect of ASPD is more associated the purely cognitive emotional dysfunction of psychopathy.

Summary of Literature Review

The review of literature was conducted to explore and define the relationship between certain personality facets and ASPD. In addition, it was also conducted to identify pertinent data surrounding Gender and ASPD. Likewise, even though there was limited research available surrounding GPA and ASPD traits, research was gathered about the correlations between FFM facets and attained high school and college GPA. Finally, research was gathered about the construct of ASPD, its relationship to psychopathy, and prevalence rates in efforts to define pertinent information about diagnostic standards and implications surrounding the distinct diagnosis.

In review, it is essential to reiterate that even if an individual satisfies one of the seven traits specifiers found in the DSM-5 diagnostic criteria, an individual must be at least 18 years of age and have a reported history of conduct disorder prior to reaching the age of 15 in order to warrant a diagnosis. For the purposes of this study, the correlational analyses between the agreeableness facets of the FFM and ASPD may prove to be paramount, because the research may effectively confirm whether the exhibiting of lack of emotional connection or concern for others is prevalent as ASPD scores increase. Finally, it appears that facets traits which include hostility, aggression, lack of self- control, impulsiveness, lack of remorse or empathy, deceitfulness, and manipulateness are all central to the construct. So, it will be interesting to analyze the responses to the STAB questionnaire and see if elevated scores correlate with GPA, gender, and the FFM facet agreeableness.

Research Questions and Hypotheses

These three research questions are under investigation in this study, and the predictions are as follows.

- RQ. 1. How does reported undergraduate college GPA correlate with antisocial personality disorder at ages 18 and older?
 - Those who report a high GPA will have low scores of antisocial personality disorder at age 18 or older
 - Those who report a high GPA will have high scores of antisocial personality disorder at age 18 or older
 - There is no relationship between GPA and antisocial personality disorder
- RQ. 2. How does gender correlate with Antisocial personality disorder?
 - Men will have higher reports of antisocial personality disorder than women
 - Women will have higher reports of antisocial personality disorder than men
 - There are no gender differences in the display of antisocial personality disorder
- RQ. 3. How do FFM agreeableness scores correlate with scores of antisocial personality disorder at ages 18 or older
 - Those who report low agreeableness scores will have higher reports of antisocial personality disorder
 - Those who report low agreeableness scores will have lower reports of antisocial personality disorder
 - There is no relationship between agreeableness scores and scores of antisocial personality disorder at age 18 or greater.

- RQ. 4. How do FFM agreeableness scores correlate with social aggression ASPD scores at ages 18 or older
 - Those who report low agreeableness scores will have higher reports of social aggression ASPD scores
 - Those who report low agreeableness scores will have lower reports of social aggression ASPD scores
 - There is no relationship between agreeableness scores and ASPD social aggression scores at age 18 or greater

Chapter 3: Method

Participants

Participants of the current study consisted of $n = 114$ college students from university in Houston, Texas. Students were chosen from randomly selected undergraduate psychology courses. An individual had to be at least 18 years of age to participate in the study. Of the participants, 26 were male and 87 were female. Also, one participant failed to identify a gender. In order to assure that many varying cultures were included in the study, the population of participants included a wide variety of ethnicities.

Measurements

A demographic questionnaire was administered to all participants. Individuals were asked to report their gender, age, ethnicity and undergraduate college GPA. A copy of the demographic sheet can be found in appendix B.

BFI- 10 This study utilized the Big Five Inventory short form, or BFI 10. The inventory includes two facet questions for each of the Big Five traits. These items represent high and low extremes of each trait specifier. Each factor is score with one true and one false question. Scores for the false scored items are reversed. The responses to the FFM agreeableness facet questions will be compared to the ASPD scores to develop assertions on whether low agreeableness scores correlate with high levels of ASPD traits. In order to effectively measure whether the agreeableness factor includes a pertinent determining factor, the question “Is kind and considerate to almost everyone” was added (Rammstedt & John, 2007). A copy of the BFI-10 can be found in appendix C.

Subtypes of Antisocial behavior. The stab questionnaire analyzes whether an individual engages in the three major subtypes of antisocial behavior (Burt & Donnellan, 2009). These three subtype categories include: physically aggressive behavior, rule breaking, and socially aggressive behavior (Burt & Donnellan, 2009). The participants were instructed to score the 32 items on a Likert scoring system, (0= never to 5=always), during three different time frames, including: age 14 and younger, age 15 to 18, age 18 or higher. Even though the STAB fails to capture every pertinent affective trait found in an ASPD diagnosis, it includes many affective facets and is an effective measure of antisocial behavior. A copy of the STAB can be found in appendix D.

Procedure

Data Collection The demographic sheet, the BFI-10, and the STAB questionnaire were all administered in survey monkey format to all participants in undergraduate psychology courses. The examiner presented all examinees with a consent form that included all informed consent requirements and a survey that included the report measures. At the beginning students were instructed that the school's counseling center is available if any student encounters any fears or compromising thoughts during or after the completion of their participation. In addition, students were informed that they could drop out of the study at any time and have their results destroyed. At the onset of data collection, students were informed that this research was being conducted to analyze the "relationship between personality disorders, gender, and GPA". Students were also informed that responses on the STAB questionnaire or BFI-10 were not to be considered immediately indicative of exhibiting a personality disorder. Instead, the responses are merely going to be used to assess the correlation between certain personality traits, GPA, and gender.

Data Analysis After the collecting of data was complete, the researcher scored all of the items on the STAB and BFI- 10 through survey monkey and the data was entered into the SPSS database for analyses. The standard level of $\alpha=.05$ was used to determine significance. Further, it is essential to note that an extra item was added to the BFI-10 in attempts to analyze the agreeableness factor. This item includes the question, “Is considerate and Kind to almost everyone”. So, after adding this extra item, the total available scores for the agreeableness category will range from 3-15.

Pearson r correlation was utilized to determine any correlations between ASPD and agreeableness. The total score for the agreeableness category of the BFI-10 was compared to the total score on the STAB questionnaire for each participant. Pearson r correlation was also used to determine the relationship between attained undergraduate college GPA and ASPD behavior age 18 or older. Pearson r correlation was also used to determine the relationship between ASPD social aggression and agreeableness. Regarding gender and ASPD, an independent Measures t-test was utilized to determine whether men score higher on ASPD traits and whether there is a relationship between gender and ASPD.

Limitations of the Previous Literature

Even though the STAB questionnaire fails to capture every affective trait found in an ASPD diagnosis, it still includes many trait specifiers and is an adequate measure for antisocial behavior. Thus, the instrument proved to be the best available option for assessing ASPD traits. Furthermore, there research pool appeared to lack any extended research findings for the relationship between GPA and ASPD scores. However, adequate deductions on the probability of attaining a high GPA while scoring high on ASPD traits was able to be made after finding research on the relationship between the FFM scores and GPA. In short, the common consensus

states that high conscientiousness scores correlate with higher GPA. So thus, because of the impulsivity and failure to plan ahead component of ASPD, it is easy to ascertain that the probability of attaining a high GPA while reporting high ASPD scores is low. Lastly, it essential to reiterate that the literature surrounding gender and ASPD seems to convey that even though ASPD is more prevalent in men, the traits seem to correlate stable across both genders.

Further, the researcher would like to include that even though the total sample size was 114, only 82 individuals agreed to report their undergraduate GPA. Thus, the correlational analyses regarding GPA contain a sample size of 82.

Chapter Four: Results

Using the SPSS database, two different statistical analyses were conducted in four areas of comparisons. In this study, the standard level of $p = .05$ was used to determine significance. There was a total of three correlations, one independent samples t-test, and a paired samples test. The statistical results are reported below.

Correlations

Pearson R correlation analysis was used to determine whether there was a relationship between the BFI-10 agreeableness total and the reported ASPD behavior occurring at age 18 or above or the STAB. In regard to this prospective relationship, it was hypothesized that those who report lower agreeableness scores will score higher on the STAB. However, the analysis failed to reveal a significant relationship BFI-10 agreeableness and the STAB total scores, ($r(114) = -.035, p = .709$). Therefore, the researcher confirmed that the null hypothesis was valid, which states that there is no relationship between BFI-10 agreeableness and the STAB total scores. In addition, a relationship between college undergraduate GPA and the STAB total scores was investigated. Initially, it was hypothesized that the lower reported GPA scores would yield higher total scores of the STAB. However, the results failed to produce any significant relationship, ($r(114) = -.074, p = .509$). This finding was significant to the researcher's proposal because it verified the null hypothesis, which states that there is no relationship between attained undergraduate GPA and scores on the STAB total. Finally, the last correlational analysis did not reveal a significant relationship. The BFI-10 agreeableness scores also reported no correlation with STAB social aggression scores, ($r(114) = -.040, p = .673$). This relationship is not significant because it revealed that the p level was greater than .05. So thus, the null hypothesis was confirmed which stated that there is no relationship between FFM agreeableness scores and

STAB social aggression scores. This was significant to the researcher because it verified that certain facets of an ASPD diagnosis are complex thus certain trait factor trends may vary from case to case.

Independent Samples t-test

In regard to the research question concerning the relationship between ASPD total scores and gender, it was hypothesized that men would reveal higher reports of ASPD than females. To investigate this proposition, an independent samples t-test was conducted. Using Levine's test for equality, equal variances were assumed. The results rejected the hypothesis as there was not significant relationship revealed, $t = -1.206$, $p = .230$, two tailed. Thus, there is no difference in total STAB scores between males ($n = 26$, $M = 47.7308$, $SD = 18.96852$) and females ($n = 86$, $M = 52.0805$, $SD = 15.21109$) Regarding STAB social aggression, a statistically significant relationship was found between the mean of female scores ($m = 20.2299$) and the mean of Male scores ($m = 17.2692$). Using Levine's test for equality of variances, it was revealed that, $t = -2.304$, $p = .044$, two tailed. This finding confirms that females tend to score higher on the social aggression portion of ASPD than men

Paired Samples Test

A paired samples test was conducted to assess whether there was a significant relationship between STAB scores and STAB social aggression of within each gender. First, regarding females, a significant relationship was found between the STAB average mean ($m = 1.6275$) and the STAB social aggression average mean ($m = 1.8391$). The relationship revealed an extremely significant relationship, ($t = -8.018$, $p = .000$, two tailed). However, regarding males, no

significance was revealed between the STAB average mean ($m = 1.4916$) and the STAB social aggression average mean ($m = 1.5699$). The results yielded: ($t = -1.317$, $p = .200$, two tailed).

Chapter 5: Discussion

After conducting correlational analyses and an independent samples t-test, the data confirmed that none of the hypotheses were valid. From a hypothetical standpoint, the researcher determined that the BFI-10 agreeableness traits would probably correlate with the STAB social aggression traits. In short, because the STAB social aggression traits contain certain aspects of callous and unemotional traits, and tendency to behave in a cruel manner, it seems feasible to conclude that there is a relationship between the BFI-10 agreeableness traits and interpersonal and affective traits of the antisocial profile. However, after conducting correlational analyses, this relationship proved to not be statistically significant. At the onset of the study, it seemed clear that as an individual reports lower agreeableness scores, his or her tendency to satisfy the purely cognitive portion of antisocial personality disorder would increase. This notion was hypothesized because even though an individual can satisfy the social aggression or interpersonal traits of antisocial personality without satisfying the antisocial behavioral components of ASPD, the social aggression traits may tend to capture the most pertinent and defining cognitive aspects of ASPD. Thus, it is essential to reiterate, that the STAB social aggression traits are more aligned with the interpersonal and affective profile of psychopathy than the redundant criminal and antisocial behavioral components of ASPD. The researcher wanted to confirm that a socially aggressive ASPD individual may have the propensity to fit the more classical definition of a “sociopath” as it pertains to society’s interpretation of the cruel, manipulative, and callous aspects of the ASPD construct. Likewise, after interpreting literature on the subject, the researcher hypothesized that the results of the significant correlation between BFI-10 agreeableness traits and the STAB SA traits would validate the conclusion that the social

aggressive ASPD individual will also lack the ability to be agreeable as it pertains to the Big Five personality inventory.

Further, even though the t test confirmed that there was no difference in gender as it pertained to ASPD exhibition, the results did confirm that women tend to be more socially aggressive than men. This statistically significant relationship confirmed that the mean of scores for females on the STAB social aggression traits were higher than the men scores. This finding was interesting because while the full diagnosis of ASPD tends to favor men, women scored substantially higher on the portion of the ASPD profile that includes the “pure” cognitive traits of the disorder. The “pure” cognitive portion of ASPD includes but is not limited to, lack of remorse, lack of empathy, tendency to manipulate, callous and unemotional traits, habitual deceitfulness and tendency to feign emotional attachment. This finding may also spark further inquiry into the prototypical differences between the typical male and female ASPD individual. In many respects, the typical male ASPD individual may be more prone to criminality and violent physical aggression, while the typical female counterpart may be more prone to cruel and callous social aggression. After reflection, the researcher tends to conclude that the social aggression portion of ASPD tends to capture or represent traits that align with the accurate depiction of what a sociopath is and is capable of. It appears that the majority of the criteria for ASPD outlined in the DSM-V tends to assess the potential exhibiting of criminality, criminal versatility, and antisocial behavior. However, it seems to fail to include the assessment of more “pure” cognitive traits which define the cognitive profile of the psychopath and sociopath. So thus, it is relevant to reiterate that a typical callous and emotional female who satisfies a precipitous amount of the social aggression traits may actually in effect evade a diagnosis of ASPD if she fails to satisfy a plethora of antisocial and criminal behavior criteria.

The researcher was also intrigued by the paired samples finding that confirmed that social aggressive STAB average regarding females was higher than their general STAB average. This relationship was highly significant at the $P = .000$ level, thus women tend to score higher in the socially aggressive portion of ASPD. Further, the researcher found this interesting because the previous literature surrounding ASPD and gender tended to insinuate that a diagnosis of ASPD tends to be more prevalent in the male population. The researcher also interpreted these findings as a refuting of the notion that ASPD traits seem to behave similar in both female and male populations. It appears fairly credible to reiterate that this study confirms that women tend to score higher in the socially aggressive ASPD category than men. They also score higher on social aggression than they do on comprehensive ASPD profile which includes redundant antisocial behavior. So thus, the researcher reiterates that further inquiry is needed to determine whether the typical female ASPD individual tends to exhibit a more cruel, callous, unremorseful, and emotional detached persona than the male ASPD counterpart.

What drives the “Prototypical” Sociopath/ASPD person

In order to address the potential for further inquiry regarding ASPD, the researcher would like to introduce two paradigms that attempt to explain the intentions of the typical ASPD individual. The first school of thought includes the profile of the prototypical male or female who is driven by extreme conning or “con-artist” intentions. This individual will often satisfy the behavioral component of ASPD outlined in the DSM-V, indicated by frequent lying, deception, and frequent attempts to con others for profit or amusement. This profile seems to satisfy the behavioral component of ASPD, but further investigation needs to be pursued to gain insight into whether this person is capable of feeling genuine remorse for actions, tendency to not be socially aggressive or cruel, and has the ability to form sound and lasting interpersonal social

relationships with others. The other school of thought tends to include the socially aggressive individual who lacks an extensive antisocial behavior profile, but tends to be cruel, callous, non-remorseful, unempathetic, and suffers from an inability to emotionally connect with others. The research in this study seems to confirm that the latter paradigm, or the socially aggressive profile, tends to manifest at a higher rate in the female population. The researcher feels that it's necessary to advocate for further inquiry into whether males tend to fit the "con artist" persona at higher rate while females tend to satisfy the callous and unemotional socially aggressive profile. If further inquiry was conducted, the results may state that there is little to no difference between the two paradigms, thus a person who satisfies enough of the DSM-V criteria is capable of exhibiting both profiles. In addition, the literature regarding psychopathy and ASPD seems to confirm the possibility that ASPD and psychopathy may reflect the same genetic pathology and developmental processes (Kosson, Lorenz & Newman, 2006). However, it would be interesting to investigate whether females are more prone to satisfying the socially aggressive profile which is more aligned with factor 1 of psychopathy. Is the prototypical profile of an ASPD individual defined by criminality and antisocial behavior or is it marked by a cold, callous, unremorseful, empty, and emotionally detached persona that includes high levels of social aggression?

Limitations

The researcher would like to include that a diagnosis of ASPD tends to be very comprehensive and should be assessed while considering behavior and cognition over the course of an entire lifespan. Furthermore, as human beings tend to exhibit varying differences in cognitive tendencies and behavior, it is essential to reiterate that various cases of ASPD may tend to differ in severity or severity of diagnostic traits. So thus, even though the literature surrounding ASPD and the DSM-V have clearly established diagnostic criteria, the complexity

of each individual's diagnosis may vary because the severity of exhibited traits will vary or differ. The researcher would also like to point out that the purpose of this study is to offer various conclusions regarding the acquired data set and to hopefully offer valid insinuations that help build the research surrounding ASPD. Hopefully, this research may inspire other researchers who may feel compelled to conduct further inquiry about the conclusions.

Implications for Future Research

Regarding the hypotheses that were rejected, it is essential to reiterate that a diagnosis of ASPD is complex, hence diagnostic traits may not be universal to the whole population. For example, hypothetically, an individual can lack FFM agreeableness, satisfy the socially aggressive traits of APSD, satisfy the interpersonal/affective profile of factor one psychopathy, but still fail to report enough antisocial and criminal behavior to satisfy the diagnostic profile of ASPD. On the contrary, an individual can report high agreeableness traits, report lower socially aggressive traits, but exhibit enough antisocial behavior or criminal versatility to satisfy a diagnosis of ASPD. This described paradigm is why the researcher found that the majority of the hypotheses were rejected. There are too many potential diagnostic combinations of ASPD which include individuals of both genders. Thus, there is no relationship between gender and reported ASPD total scores. The paradigm also confirms that the potential for identifying statistical patterns regarding gender, GPA, and ASPD requires further inquiry or investigation with the utilization of more specific trait specifiers and tendencies. Lastly, the main thesis or reminder in this section is that a diagnosis of ASPD is very complex and ASPD tendencies will not remain constant or unchanged for the entire diagnostic population.

The field of psychology may also benefit from further inquiry in the relationship between neuroticism and APSD. This may be necessary to determine, confirm, or negate whether the

typical ASPD individual tends to exhibit the ability to remain calm under pressure, lack emotional stimulation, or lack anxiety. The commonly known interpersonal/affective profile of ASPD and psychopathy seems to support these diagnostic assertions. However, further examination into whether correlations exist between neuroticism and ASPD would be able to confirm or negate the prospective assertions in regard to the “whole” population. In other words, investigating whether there is enough statistical evidence may have the propensity to elicit massive strong implications for the future understanding of the construct.

Likewise, further comparative or correlational analyses between psychopathy, psychopathic traits and the ASPD construct may always benefit a researcher who is interested in this subfield. This is apparent because while the females tend to score higher on socially aggressive traits of ASPD and this is consistent with factor one of psychopathy, further investigation into more specific trait specifiers of both constructs may reveal more specific or diagnostically significant or pertinent trends.

Finally, the researcher was able to confirm various interesting relationships regarding females and social aggression ASPD traits. This finding was paramount to his research study because he was able to confirm that there is a relationship between females scoring higher than on socially aggressive traits. This finding, in and of itself, may be enough to confirm the assertion that female social aggression tendency is related to the more purely cognitive and interpersonal/affective profile of ASPD.

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Appendix A

Informed Consent

INSTRUCTIONS: You are being asked to participate in a research study. Please read the information below. If you to agree to participate, sign the document on the line indicated at the bottom of this page.

Subject of study: Correlations between ASPD behavior and gender, GPA, and various components of the Big 5 personality traits

Purpose: The research is part of the researcher's formal course work in psychology at Houston Baptist University.

Procedure: You will receive one questionnaire to complete. Please complete the questionnaire following the instructions printed on it, and return the completed questionnaire to the investigator as instructed.

Risks and benefits: The method of research used in this study poses minimal risk to you. Confidentiality will be observed. The information collected will be examined in aggregate form only: no data will be linked to you personally. The benefits to you include your support of higher education, as well as clarifying your attitudes on the topic under investigation.

Liability: The investigator realizes his/her ethical responsibility to ensure that no damaging consequences occur. However, Houston Baptist University will NOT be

held liable for any damaging consequences, and will NOT offer financial assistance in such an event.

Right to Refuse and/or Withdraw: Your participation is voluntary. You may refuse to participate. And you may withdraw from participation at any time by contacting the researcher.

For Further Information: Contact the researcher, Norman Ley at 346-901-5921 if you have any questions or concerns. The faculty supervisor of the research is Dr. Alexandru Spatariu, who may be reached at 281-649-3415.

Informed Consent: By signing below, you agree to take part in this research project under the conditions described. Please note that a questionnaire returned without giving signed consent cannot be included in the study.

Signature _____

Date _____

Appendix B

Demographic Sheet

What is your gender?

- A. Male
- B. Female

What is your Undergraduate GPA? _____

What is your ethnicity?

- A. African American
- B. Hispanic
- C. Caucasian (White)
- D. Asian American
- E. Chinese
- F. Filipino
- G. Vietnamese
- H. Other

Appendix C

A Brief Version of the Big Five Personality Inventory

Big Five Inventory-10 (BFI-10)

Adapted from Rammstedt, B., & John O. P. (2007). Measuring Personality in one minute or less: A 10-item short version of the Big Five Inventory in English and German. *Journal of Research in Personality*. 41, 203-212.

Instructions: How well do the following statements describe your personality?

I see myself as someone who....	Disagree Strongly	Disagree a little	Neither disagree nor agree	Agree a little	Agree strongly
1. Is reserved	(1)	(2)	(3)	(4)	(5)
2. Is generally trusting	(1)	(2)	(3)	(4)	(5)
3. Tends to be lazy	(1)	(2)	(3)	(4)	(5)
4. Is relaxed, handles stress well	(1)	(2)	(3)	(4)	(5)
5. Has few artistic interests	(1)	(2)	(3)	(4)	(5)
6. Is outgoing, sociable	(1)	(2)	(3)	(4)	(5)
7. Tends to find fault in Others	(1)	(2)	(3)	(4)	(5)
8. Does a thorough job	(1)	(2)	(3)	(4)	(5)
9. Gets nervous easily	(1)	(2)	(3)	(4)	(5)
10. Has an active imagination	(1)	(2)	(3)	(4)	(5)
11. Is considerate and kind to almost everyone	(1)	(2)	(3)	(4)	(5)

Appendix D

Subtypes of Antisocial Behavior Questionnaire (STAB)

Adapted From Burt, S. A., & Donnellan, M. B. (2009). Subtypes of Antisocial Behavior Questionnaire.

Instructions: The following items describe a variety of different behaviors. Please read each item and report the frequency of behaviors for each of the three provided age ranges using the following scale

1	2	3	4	5
Never	Hardly ever	Sometimes	Frequently	Nearly all the time

Behavior	14 yrs or younger	Ages 15-18	Aged 18 or older
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Felt like hitting people			
Broke into a store, mall, or warehouse			
Blamed others			
Hit back when hit by others			
Broke windows of an empty building			
Tried to hurt someone's feelings			
Got angry quickly			
Shop lifted things			
Made fun of someone behind their back			
Threatened others			
Littered public areas by smashing bottles, tipping trash cans, etc.			
Excluded someone from group activities			

when angry at him/her			
Had trouble controlling temper			
Stole a bicycle			
Gave Someone the silent treatment when angry at him/her			
Hit others when provoked			
Stole property from school or work			
Revealed someone's secrets when angry at him/her			
Got into fights more than the average person			
Left home for an extended period of time without telling family/friends			
Intentionally damaged someone's reputation			
Swore or yelled at others			
Sold drugs, including marijuana			
Tried to turn others against someone when angry with him/her			
Got into physical fights			

Was suspended, expelled, or fired from school or work			
Called someone names behind his/her back			
Felt better after hitting			
Failed to pay debts			
Was rude towards others			
Had trouble keeping a job			
Made negative comments about other's appearance			

Appendix E

Table 1 Agreeableness and STAB

		Agreeableness	STAB
Agreeableness	Pearson Correlation	1	-.035
	Sig. (2-tailed)		.709
	N	114	114
STAB	Pearson Correlation	-.035	1
	Sig. (2-tailed)	.709	
	N	114	114

Table 2 Agreeableness and SA STAB

		Agreeableness	SASTAB
Agreeableness	Pearson Correlation	1	-.040
	Sig. (2-tailed)		.673
	N	114	114
SASTAB	Pearson Correlation	-.040	1
	Sig. (2-tailed)	.673	
	N	114	114

Table 3 GPA, STAB, & SA STAB

		What is your undergraduate G.P.A. ?	STAB	SASTAB
What is your undergraduate G.P.A. ?	Pearson Correlation	1	.074	.102
	Sig. (2-tailed)		.509	.361
	N	82	82	82
STAB	Pearson Correlation	.074	1	.899**
	Sig. (2-tailed)	.509		.000
	N	82	114	114
SASTAB	Pearson Correlation	.102	.899**	1
	Sig. (2-tailed)	.361	.000	
	N	82	114	114

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4 Independent Samples 1

What is your gender?		N	Mean	Std. Deviation	Std. Error Mean
STAB	Male	26	47.7308	18.96852	3.72003
	Female	87	52.0805	15.21109	1.63080
SASTAB	Male	26	17.2692	7.68665	1.50748
	Female	87	20.2299	6.12980	.65718

Table 5 Independent Samples 2

		Levene's Test for Equality of Variances		t	df	Sig. (2-tailed)
		F	Sig.			
STAB	Equal variances assumed	.402	.527	-1.206	111	.230
	Equal variances not assumed			-1.071	35.155	.292
SASTAB	Equal variances assumed	1.400	.239	-2.034	111	.044
	Equal variances not assumed			-1.800	35.038	.080

Table 6 Paired Samples (Male) 1

Paired Samples Statistics^a

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	STABAverage	1.4916	26	.59277	.11625
	SASTABAverage	1.5699	26	.69879	.13704

a. What is your gender? = Male

Table 7 Paired Samples (Male) 2

Paired Samples Test^a

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	STABAverage - SASTABAverage	-.07834	.30327	.05948	-.20084	.04415	-1.317	25	.200

a. What is your gender? = Male

Table 8 Paired Samples (Female) 1

Paired Samples Statistics^a

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	STABAverage	1.6275	87	.47535	.05096
	SASTABAverage	1.8391	87	.55725	.05974

a. What is your gender? = Female

Table 9 Paired Samples (Female) 2

Paired Samples Test^a

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	STABAverage - SASTABAverage	-.21157	.24612	.02639	-.26402	-.15911	-8.018	86	.000

a. What is your gender? = Female

VITA

Norman Ley

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Thesis: A Correlational Analysis between ASPD and other Factors

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