Personality Disorders: Theory, Research, and Treatment

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The Role of Boldness in Psychopathy: A Study of Academic and Clinical Perceptions

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The relevance of boldness to psychopathy has recently become a major flashpoint of scientific controversy. Although some authors have contended that boldness is a necessary (although insufficient) component of psychopathy, others have asserted that it is largely or entirely irrelevant to psychopathy. We addressed this issue by examining clinical perceptions of the relevance of the 3 triarchic dimensions (boldness, disinhibition, and meanness) to psychopathy among a sample of mental health professionals and graduate students (N = 228) using a vignette-based, person-centered methodology. A vignette comprising boldness descriptors afforded statistically significant and moderate to large (Cohen's *d*s ranged from .47 to .99) increases in perceived resemblance to overall psychopathy above and beyond the other triarchic dimensions, both singly and jointly; these findings extended largely to clinical perceptions of Factor 1 (i.e., interpersonal and affective aspects of psychopathy) but not Factor 2 (i.e., impulsive and antisocial aspects of psychopathy) resemblance. Contrary to the claims of some recent authors, boldness alone was perceived as being as relevant to psychopathy as was disinhibition, although both dimensions were perceived as less relevant to psychopathy than was meanness. These findings offer strong support for the contention that boldness is regarded as a key feature of classical psychopathy and are broadly consistent with interpersonal models of psychopathy.

Keywords: psychopathy, boldness, meanness, disinhibition

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Over four decades ago, the great British psychiatrist Sir Aubrey Lewis (1974) commented, "The diagnostic subgroupings of psychiatry seldom have sharp and definite limits. Some are worse than others in this respect. Worst of all is psychopathic personality, with its wavering outlines" (p. 139). Echoes of Lewis's concerns can be seen in contemporary debates regarding the boundaries and nature of psychopathic personality (psychopathy).

Broadly speaking, there are two competing views of this condition. One regards psychopathy as largely or entirely maladaptive and as tied inextricably to a heightened risk for antisocial and criminal behavior (e.g., Miller & Lynam, 2012), whereas another regards psychopathy as a complex constellation and perhaps configuration of adaptive and maladaptive features (e.g., Lilienfeld et al., 2012; Lilienfeld, Watts, Smith, Berg, & Latzman, 2015). According to the latter view, psychopathy is a distinctive configuration of charisma, grandiose self-confidence, and venturesomeness, on the one hand, that is conjoined with guiltlessness, callousness, dishonesty, and poor impulse control, on the other. This juxtaposition of seemingly contradictory attributes ("the wolf in sheep's clothing") renders psychopathic individuals especially potent interpersonal liars, manipulators, and interpersonal predators. This debate has engulfed the field over the past few years (Lilienfeld et al., 2012; Lilienfeld, Watts, & Smith, 2015; Lilienfeld, Watts, Smith, Berg, & Latzman, 2015; Miller & Lynam, 2012; Neumann, Uzieblo, Crombez, & Hare, 2013; Patrick, Venables, & Drislane, 2013) and is of considerable importance for research on the assessment, etiology, and perhaps ultimately the treatment and prevention of psychopathy, as well as for the conceptualization of psychopathy in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM–5;* American Psychological Association, 2013; Crego & Widiger, 2015).

The present study seeks to address the core of this debate by examining clinicians' and researchers' perceptions of psychopathy through a person-centered series of vignettes. By so doing, we hope to clarify the nature of the construct of psychopathy as conceptualized and experienced in the "real world," namely, at the level of actual persons, as opposed to potentially less ecologically valid variable-centered analyses (e.g., Shedler et al., 2010). We anticipate that in addition to the widely accepted maladaptive traits of disinhibition and antagonism (or meanness) that characterize psychopathy (Patrick, Fowles, & Krueger, 2009), a largely adaptive trait of boldness, reflecting "a capacity to remain calm and focused . . . an ability to recover quickly from stressful events, high self-assurance and social efficacy, and a tolerance for unfamiliarity and danger" (Patrick et al., 2009, p. 926), when added to the aforementioned maladaptive traits, will contribute to substantially increased ratings of resemblance to

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psychopathy (see also Lilienfeld, Watts, & Smith, 2015; Patrick et al., 2013).

Models of Psychopathy

As described in Cleckley's (1941) classic book *The Mask of Sanity,* psychopathy comprises 16 features, several of which are centered on the interpersonal impact of individuals with pronounced psychopathic traits (e.g., "superficial charm and good 'intelligence,'" reflecting the tendency of psychopathic individuals to be "particularly agreeable and make a distinctly positive impression"; Cleckley, 1941, p. 338). In one study, investigators (Crego & Widiger, 2016) asked laypersons in the community to rate Cleckley's 15 real-life seminal case studies of prototypical psychopaths on his 16 core features. Superficial charm displayed the fifth highest (out of 18; two of Cleckley's, 1941, criteria were double-barreled and therefore separated for the purposes of the study) trait mean score ($M = 4.15$, on a 1 to 5 scale) across case studies, suggesting that it is highly relevant to laypersons' perceptions of psychopathy. Furthermore, several other traits relevant to boldness, including low anxiousness, gregariousness, assertiveness, and excitement-seeking, received high ratings from laypersons (Crego & Widiger, 2016), suggesting that boldness was well represented in Cleckley's case studies.

The major theoretical models of, and assessment measures for, psychopathy that have emerged since Cleckley's (1941) seminal writings have all, at least in part, been based on his criteria and conceptualization, with adaptations depending on the intended use and population. Hare's Psychopathy Checklist—Revised (PCL–R; Hare, 1991–2003), for example, was developed for use in forensic populations and focuses more heavily on criminal behaviors than on the largely adaptive features outlined in Cleckley's model. As a result, the PCL–R, as well as the self-report measures developed from it (e.g., Levenson Self-Report Psychopathy Scale; Levenson, Kiehl, & Fitzpatrick, 1995), may not comprehensively capture the clinical presentation of psychopathy in nonforensic populations. Even so, the PCL–R, especially its interpersonal facet, partly assesses low anxiety and fearlessness (Neumann, Johansson, & Hare, 2013; see also Murphy, Lilienfeld, Skeem, & Edens, 2016), which are components of the largely adaptive traits of boldness (e.g., Patrick et al., 2009). Moreover, boldness traits have been shown to possess incremental validity above and beyond antisocial personality disorder (ASPD) features in the statistical prediction of PCL–R psychopathy (Murphy et al., 2016; Venables, Hall, & Patrick, 2014; Wall, Wygant, & Sellbom, 2015).

The item pools of the Psychopathic Personality Inventory (PPI) and its revision (PPI–R; Lilienfeld & Andrews, 1996; Lilienfeld & Widows, 2005) were drawn from the diverse theoretical and descriptive conceptualizations of Cleckley and Hare, as well as other prominent psychopathy scholars (e.g., Karpman, 1941; Lykken, 1957; McCord & McCord, 1964). The PPI and PPI–R were developed to provide self-report measures of psychopathy for use in nonclinical and nonforensic populations. Lower order factor analyses of the PPI yielded eight dimensions, and higher order factor analyses (Benning, Patrick, Hicks, Blonigen, & Krueger, 2003; Lilienfeld, 1990) have often yielded two higher order dimensions, one of which was dubbed Fearless Dominance (PPI-FD; for an alternative factor structure see Neumann, Malterer, & Newman, 2008; Smith, Edens, & Vaughn, 2011). This dimension comprises such features as social charm, low trait anxiety, emotional resilience, and fearlessness, all of which are posited to be key elements of boldness (Patrick et al., 2009).

Following in part from work on PPI-FD, the triarchic model of psychopathy (Patrick et al., 2009) was developed based on an extensive review of the psychopathy literature. Its authors distilled the traits and facets associated with this disorder into three core trait domains that appear across most conceptualizations of the condition: boldness, meanness, and disinhibition. The triarchic model's primary assessment instrument, the Triarchic Psychopathy Measure (TriPM), was intended to be comprehensive and agnostic as to its audience, equally suited for assessing psychopathy in criminal and noncriminal samples (although it is in the form of a self-report, which some have argued decreases the validity of assessments—particularly for disorders such as psychopathy; see Sellbom, Lilienfeld, Fowler, & McCrary, in press). Because boldness is one of the three core features of this model, it assesses the largely adaptive traits of psychopathy along with the largely maladaptive features of disinhibition and meanness.

The Contested Relevance of Boldness to Psychopathy

Studies of External Correlates

Boldness, or ostensibly adaptive features under other terminology (e.g., fearlessness, social charm, low anxiety), therefore appears in some form in a number of major conceptualizations of psychopathy. The *DSM–5* also includes a specifier of "ASPD with psychopathic features" in its Section III alternative model for personality disorders; this specifier notes that psychopathic features are characterized by "a lack of anxiety or fear and by a bold interpersonal style that may mask maladaptive behaviors" (American Psychiatric Association, 2013, p. 765). Nonetheless, studies have been put forward on both sides of this ongoing debate: in support of boldness's inclusion in psychopathy, as well as in support of its explicit exclusion from this construct.

A number of meta-analyses have attempted to clarify conflicting findings on boldness's relevance to psychopathy. The earliest of these, conducted by Miller and Lynam (2012), found that the PPI–R's other primary higher order dimension, Self-Centered Impulsivity (SCI; Lilienfeld & Widows, 2005), correlated as expected with maladaptive indices of externalizing and antisocial behavior. However, because PPI-FD was virtually uncorrelated with PPI-SCI, was at best modestly associated with total and factor scores on the PCL–R, and was positively correlated with indices of adaptive functioning, such as extraversion and emotional stability, the authors concluded that "we find little evidence to suggest that fearless dominance . . . can be considered an equally central component of psychopathy as 'meanness' (i.e., antagonism) and 'disinhibition' (i.e., low conscientiousness/constraint)" (Miller & Lynam, 2012, p. 321).

Another meta-analysis (Marcus, Fulton, & Edens, 2013) similarly examined the relationship between PPI-FD and PPI-SCI, as well as the correlations between each of these factors and other personality variables. Their findings mirrored many of those reported by Miller and Lynam (2012). For example, PPI-FD and PPI-SCI did not correlate highly, nor did PPI-FD correlate highly with total or factor scores derived from the PCL–R (Hare, 1991–2003). In contrast, PPI-FD displayed moderate to large correlations with both factors derived from the Self-Report Psychopathy–II Scale

(SRP-II; Hare, 1990; Hare, Harpur, & Hemphill, 1989). Marcus et al. (2013) raised the possibility, consistent with the findings of some studies (e.g., Smith, Edens, & McDermott, 2013), that whereas PPI-FD alone does not yield the maladaptive behaviors associated with psychopathy, it may be linked to these behaviors in conjunction with elevated PPI-SCI or PPI–Coldheartedness (a dimension of the PPI allied to meanness).

Along similar lines, two other studies examined the convergent validity of psychopathic traits for maladaptive outcomes. Both found nonsignificant results for interactional analyses between boldness and disinhibition in the prediction of maladaptive outcomes, including both internalizing and externalizing behaviors; based on their results, the authors of both studies concluded that boldness had limited relevance in these contexts (Gatner, Douglas, & Hart, 2016; Vize, Lynam, Lamkin, Miller, & Pardini, 2016). Nevertheless, Gatner and colleagues (2016) found that in undergraduate samples, boldness did add significant variance above and beyond both disinhibition and meanness in the statistical prediction of nonphysical victimization and risky behaviors. The findings of Gatner et al. (2016) and Vize et al. (2016) are of unclear relevance to the construct validity of boldness for psychopathy, however, given that these authors relied exclusively on maladaptive criteria, such as antisocial and criminal behaviors. As Lilienfeld et al. (2012) noted, there is no clear theoretical reason why the largely adaptive features of psychopathy, ostensibly reflecting Cleckley's (1941) "mask" of seemingly healthy functioning, should be highly associated with such behaviors. Furthermore, Gatner et al. (2016) and Vize et al. (2016) did not examine external criteria found in previous work to be tied to boldness, such as sexual risk-taking, sensation-seeking, grandiose narcissism, heroism, or leadership (Lilienfeld, Watts, & Smith, 2015).

The most recent meta-analysis of the relevance of boldness to psychopathy (Lilienfeld et al., 2016) excluded studies that used the PCL–R or its derivative measures on the grounds that the PCL–R was developed for use in, and validated on, forensic populations, in which the adaptive features associated with psychopathy may be markedly underrepresented. In this meta-analysis, indices of boldness demonstrated moderate to large mean weighted correlations with psychopathy ($r = .39$), with the mean correlation being even higher for well-validated psychopathy measures ($r = .44$). These findings strongly suggest that boldness is relevant to the construct of psychopathy and that previous findings of low correlations may be attributable to previous authors' focus on indices of psychopathy that highlight maladaptive features.

Survey Studies

In addition, several studies have examined expert and layperson ratings of the relevance of boldness to psychopathy, again with mixed results. Miller, Lamkin, Maples-Keller, and Lynam (2016) examined the "necessity and sufficiency" (p. 248) of each dimension of the triarchic model of psychopathy, represented by a five-factor model (FFM) personality profile, as rated by experts in the field (i.e., tenure-track clinical psychologists). Experts presented with an FFM profile of boldness rated this dimension as significantly lower than both meanness and disinhibition in its resemblance to psychopathy, to other personality disorders, and to other nonpersonality psychiatric disorders. The authors used these findings to argue that boldness on its own is adaptive and thereby irrelevant to psychopathy. Nevertheless, these findings do not contradict theoretical conceptualizations of psychopathy as including adaptive traits. Miller and colleagues examined each of the triarchic factors individually; yet, according to recently advanced configural models of psychopathy (Lilienfeld et al., 2012), boldness in itself is not posited to be sufficient for psychopathy. Instead, according to these models, boldness is hypothesized to be a crucial and probably necessary *component* of the classical disorder, in combination with disinhibition and meanness. In this respect, Miller et al.'s findings do not bear on the conceptualization of psychopathy as a multifaceted constellation of adaptive and maladaptive traits.

Finally, several studies have found that forensic workers and jury members rate boldness as an important or even prototypical component of psychopathy, lending support to the ecological validity of boldness, even in forensic settings. Among American jurypersons, psychopathic personality was perceived as highly related to boldness or interpersonal dominance, as well as comprising a lack of remorse and empathy, higher intelligence, and higher potential for violence (Edens, Clark, Smith, Cox, & Kelley, 2013; Smith, Edens, Clark, & Rulseh, 2014). Two studies using the Comprehensive Assessment of Psychopathic Personality (CAPP; Cooke, Hart, Logan, & Michie, 2012) to assess prototypical psychopathic traits revealed that forensic workers rated the *prototypical psychopath* as highly dominant, socially bold, adventurous, and emotionally stable (Sörman et al., 2014, 2016).

The Present Study

Based on our theoretical conceptualization of psychopathy as well as on findings in jurors and laypersons, we hypothesized that psychopathy is distinctive because of its synergistic interpersonal effect. That is, psychopathy comprises several features that—borrowing from the triarchic model's terminology—we heretofore refer to as boldness, meanness, and disinhibition. On their own, none of these dimensions is posited to be sufficient for psychopathy, although each may be necessary. Indeed, this combination of traits may be what gives psychopathy its striking, and potentially damaging, interpersonal impact: An individual high on boldness alone, disinhibition alone, or even meanness alone may not present with the "mask of sanity" (Cleckley, 1941), the hybrid configuration of outwardly prepossessing and inwardly malignant attributes that enables the harmful interpersonal behaviors typical of psychopathy.

In this study, as in other prototypicality studies of psychopathy (e.g., with the CAPP), we sought to examine perceptions of psychopathy among a mixed sample of clinical and forensic psychology students, practitioners, and researchers with goal of elucidating the perceived relevance of boldness to this condition. Rather than adopting a variable-centered approach, however, as is typical of studies of the prototypical psychopath, we sought to increase the ecological validity of our findings by using a person-centered approach. Specifically, we presented participants with vignettes describing personality traits of hypothetical individuals, thereby capturing the potential interpersonal impact of these traits on observers.

We are the first investigators to examine the incremental validity of boldness above and beyond disinhibition and meanness in the context of contributing to prototype ratings or clinical percep-

tions of psychopathy. To examine convergent and discriminant validity, we also included ratings of the *DSM–5* Cluster B personality disorders, which are frequently associated with psychopathy (Hart & Hare, 1989): namely, antisocial personality disorder (ASPD), borderline personality disorder (BPD), histrionic personality disorder (HPD), and narcissistic personality disorder (NPD). Again, the convergent and discriminant validity of boldness in the context of these other personality disorders has not been previously examined.

Our primary hypothesis was that when a description of boldness traits was added to descriptions of disinhibition traits, meanness traits, or both, in a set of fictional vignettes, participants would respond with markedly higher ratings of those vignettes' resemblance to psychopathy, in comparison with vignettes with only disinhibition or meanness traits.

Method

Study Approval

Approval for this study was granted by the Emory University Institutional Review Board.

Participants

Participants were 228 professionals and graduate students in clinical psychology; recruitment was conducted through electronic mailing lists of professional psychology organizations and clinical psychology doctoral programs.[1] To minimize potential demand characteristics in participants' ratings, recruitment materials stated only that participants would be

> asked to answer a number of questions regarding your amount of experience working with or studying individuals with psychopathic traits. You will also be asked to answer questions regarding your perceptions of psychopathic personality. Finally, you will be presented with a number of fictional vignettes and accompanying questions.

Participation was anonymous.

Of the total 228 participants, 69.7% were female ($n = 159$), and mean age was 37.7 years ($SD = 13.1$). The majority of participants identified as White or Caucasian (88.6%, $n = 202$). Overall, reported primary professional activities were as follows: 32.5% research, 44.1% clinical practice, 15.0% teaching, and 7.36% service. Participants reported publishing a mean of 1.68 ($SD = 5.93$) peer-reviewed articles on psychopathy, with 75.0% of participants having published no articles on psychopathy ($n = 171$); the maximum number of published psychopathy articles reported by any participant was 60. Participants were not explicitly asked whether they were graduate students; however, 41 participants (18%) identified their referral source as coming from their director of clinical training through the Council of University Directors of Clinical Psychology, each of whom was asked to distribute the survey link to graduate students in his or her clinical program.[2]

Measures

For the purposes of this study, a brief questionnaire comprising 26 statements and myths about psychopathy (e.g., "Most psychopaths are physically violent"; "Psychopaths see or hear things that other people do not") was created (see the online supplemental material). This questionnaire was administered to assess participants' level of belief in common psychopathy misconceptions (Berg et al., 2013). The scale also included items assessing more controversial viewpoints on psychopathy (e.g., "Psychopathy cannot be successfully treated"); these items were not included in the total score. Also included on this scale was an item assessing participants' views on boldness (i.e., "Social and physical boldness are key components of psychopathy"); this item was not included in the scale's total score, given the current controversy in the field regarding the relevance of boldness to psychopathy, but was examined in subsidiary analyses. Participants were asked to rate the accuracy of each statement on a 4-point Likert scale (1 = *Completely False,* 2 = *Mostly False,* 3 = *Mostly True,* 4 = *Completely True*). Of the 26 items administered, 17 had clear-cut, empirically supported correct responses based on the current scientific literature on psychopathy, and these items were summed to produce a total score (see Berg et al., 2013; Furnham, Daoud, & Swami, 2009; Lilienfeld & Arkowitz, 2007–2008; Polaschek, 2015; Skeem, Polaschek, Patrick, & Lilienfeld, 2011). Reliability for the psychopathy knowledge questionnaire was only moderate (Cronbach's alpha = .48), which was not unexpected, given the heterogeneity of the questions on this survey.

Participants were also asked to rate their subjective overall psychopathy knowledge on a 4-point Likert scale (1 = *Poor,* 2 = *Fair,* 3 = *Good,* 4 = *Very Good*).

Participants were then given a series of seven brief vignettes describing a fictional individual, "John." Vignettes were written by the authors and were based on descriptions of the three domains of the triarchic model of psychopathy (e.g., Patrick, 2010; Patrick et al., 2009; Poy, Segarra, Esteller, López, & Moltó, 2014; Sellbom & Phillips, 2013), namely, boldness, disinhibition, and meanness. The base vignettes were as follows:

> *Boldness (Bold):* John is charming, poised, and good at influencing other people; people who know him well describe him as a born leader. He makes a good first impression on others and has a forceful personality. John is good at handling stressful situations and doesn't become anxious under intense pressure. John is also a risk-taker; he doesn't shy away from physical dangers that are exciting and fun.
>
> *Disinhibition (Dis):* John is on the impulsive side. He often says and does things without thinking much about their consequences. He's easily bored and becomes impatient when he has to wait. At times John is rash and reckless, even irresponsible. John has a short temper; it doesn't take much to set him off. He tends to be an oppositional person who is quick to disagree with others.

[1] Participant responses came from American Psychological Association Division 18 (Criminal Justice Section; 3%), American Psychological Association Division 12 (Assessment Psychology Section; 4%), New Zealand College of Clinical Psychologists (6%), Society for Personality Assessment (7%), Society for a Science of Clinical Psychology (11%), Society for the Scientific Study of Psychopathy (20%), state psychological associations within the United States (16%), and member programs of the Council of University Directors of Clinical Psychology (18%); the remaining respondents (15%) did not identify their referral source. None of the participants were coauthors of the present study or graduate students of the coauthors'.

[2] Analyses were reconducted excluding these participants, with no appreciable change.

Meanness (Mean): John can be callous, at times even cruel, toward other people. People describe him as cold and mean-spirited. He isn't especially empathetic or bothered by the suffering of others. He may insult people or hurt their feelings just to get a rise out of them. John likes excitement and thrills; he's the kind of person who would enjoy being in a dangerous, high-speed car chase.

These vignettes were presented in all possible combinations: (a) Bold, (b) Dis, (c) Mean, (d) Bold + Dis, (e) Bold + Mean, (f) Dis + Mean, (g) Bold + Dis + Mean. Participants were asked to rate how closely "John" in each of the vignettes resembled certain aspects of psychopathy or related personality disorders: (a) classic psychopathy, (b) Factor 1 psychopathy, (c) Factor 2 psychopathy, (d) ASPD, (e) BPD, (f) HPD, (g) NPD (see Table 1 for full vignettes and mean resemblance ratings). Resemblance ratings used a Likert scale ranging from 1 (*Not at all*) to 5 (*Extremely*), and vignettes were presented in four different orders to account for possible order effects.

Results

Psychopathy Knowledge

On average, participants rated themselves subjectively as possessing moderate knowledge of psychopathy ($M = 2.55$ on a scale of 1 to 4; $SD = .91$). This level of knowledge was reflected on the psychopathy knowledge questionnaire as well; participants scored an average of 81% on this questionnaire ($M = 13.77$ out of a possible 17; $SD = 2.10$). Surprisingly, however, subjective and objective knowledge of psychopathy were virtually uncorrelated ($r = .02$, $p > .50$). Subjective knowledge was correlated with number of peer-reviewed psychopathy articles published ($r = .32$, $p < .001$), but objective knowledge was not ($r = .04$, $p > .50$).

Participants also rated boldness as moderately to highly relevant to psychopathy ($M = 2.78$ on a scale of 1 to 4; $SD = .72$). Ratings of boldness's relevance were significantly and positively correlated with scores on the psychopathy knowledge scale ($r = .23$, $p < .001$), although they were uncorrelated with number of published peer-reviewed articles on psychopathy ($r = .00$).[3]

Order Effects

Significant order effects emerged with regard to the Bold, Mean, and Bold + Mean vignettes. Mean resemblance ratings for both classic psychopathy and Factor 1 psychopathy were, in general, higher for both the Bold vignette—classic: $F(3, 220) = 5.12$, $p < .01$, Cohen's $d = .13$; Factor 1: $F(3, 220) = 5.52$, $p < .01$, Cohen's $d = .14$—and the Mean vignette—classic: $F(3, 219) = 4.15$, $p < .01$, Cohen's $d = .12$; Factor 1: $F(3, 219) = 6.57$, $p < .001$, Cohen's $d = .14$—the earlier they were presented, although effect sizes for these differences were trivial in magnitude. The Bold + Mean vignette was rated significantly higher on resemblance to both Factor 2 psychopathy, $F(3, 220) = 7.90$, $p < .001$, Cohen's $d = .15$, and ASPD, $F(3, 219) = 6.97$, $p < .001$, Cohen's $d = .15$, when it was presented immediately following the Dis + Mean vignette, although these effect sizes were again trivial.

Resemblance Ratings

Each of the seven vignettes was rated as most closely resembling classic psychopathy, Factor 1 psychopathy, or Factor 2 psychopathy (see Table 1 and Figure 1). There were no significant differences in overall mean ratings across all three of these categories ($p > .90$). Overall mean ratings for each of these categories were, however, significantly higher or trending toward being significantly higher than were mean ASPD ratings, with large effect sizes: classic, $t(6) = 3.03$, $p < .05$, Cohen's $d = .77$; Factor 1, $t(6) = 2.41$, $p < .06$, Cohen's $d = .77$; Factor 2, $t(6) = 7.56$, $p < .001$, Cohen's $d = .83$.

The Mean vignette had the highest resemblance rating for classic psychopathy ($M = 3.34$, $SD = .86$), and this vignette was significantly higher than both Bold and Dis: respectively, $t(220) = 14.42$; $t(218) = 16.24$, both ps $< .001$). The Bold and Dis vignette resemblance ratings for classic psychopathy were not significantly different ($p > .10$). On Factor 1 psychopathy, the Mean vignette also had the highest rating ($M = 3.35$, $SD = 97$), and it was again significantly higher than both Bold and Dis: respectively, $t(220) = 9.10$; $t(219) = 16.41$, both ps $< .001$. In this category, Bold was also rated significantly higher than Dis, $t(219) = 4.93$, $p < .001$. On Factor 2 psychopathy, the Mean and Dis vignettes had the highest ratings (respectively: $M = 3.10$, $SD = .98$; $M = 3.03$, $SD = 1.02$), which were not significantly different from each other; both of these vignettes were rated significantly higher than was Bold: respectively, $t(219) = 17.61$, $p < .001$; $t(219) = 16.06$, $p < .001$. On ASPD, Mean again had the highest rating ($M = 2.86$, $SD = 1.06$) and was rated significantly higher than were both Bold and Dis: respectively, $t(220) = 21.02$; $t(219) = 3.96$, both ps $< .001$. Dis was also rated significantly higher than was Bold on ASPD, $t(219) = 14.28$, $p < .001$. On BPD, Dis had the highest resemblance rating ($M = 2.04$, $SD = 1.07$) and was significantly higher than both Bold and Mean: respectively, $t(217) = 12.72$; $t(218) = 7.91$, both ps $< .001$. Resemblance ratings for Mean were also significantly higher than was Bold in this category, $t(219) = 8.04$, $p < .001$. On HPD, Dis again had the highest resemblance rating ($M = 1.34$, $SD = .64$) and was significantly higher than both Bold and Mean: respectively, $t(219) = 3.35$; $t(220) = 2.82$, both ps $< .01$. Bold and Mean were not significantly different from each other ($p > .10$). Finally, on NPD, Mean had the highest resemblance rating ($M = 1.91$, $SD = .95$) and was significantly higher than both Bold and Dis: respectively, $t(219) = 3.66$; $t(219) = 3.91$, both ps $< .001$. Bold and Dis were not significantly different ($p > .10$).

To test our central hypotheses regarding boldness's relevance to psychopathy, we conducted four sets of planned contrasts[4] (see Table 2): (a) Bold vignette versus Dis vignette and Mean vignette, (b) Bold + Dis vignette versus Dis vignette, (c) Bold + Mean vignette versus Mean vignette, and (d) Bold + Dis + Mean vignette versus Dis + Mean vignette. For the first contrast, which examined boldness alone compared with the two vignettes for disinhibition and meanness, resemblance ratings for boldness alone were lower for both classic and Factor 1 psychopathy—

[3] Ratings of boldness's relevance were slightly positively correlated with the Bold vignette's resemblance ratings for Classic and Factor 1 psychopathy (respectively, $r = .17$, $p < .05$; $r = .23$, $p < .01$) and with the Dis vignette's ratings for Factor 2 psychopathy ($r = .19$, $p < .01$).

[4] Due to the order effects noted previously, planned contrasts were conducted separately for each of the four vignette orders. There were no substantial differences in results, so the orders were combined for these analyses. Contact the first author for full contrasts separated by order.

Table 1
Mean Disorder Resemblance Ratings (1-5) Across Fictional Vignettes

Vignette	Psychopathy type			Disorder type			
	Classic	Factor 1	Factor 2	ASPD	BPD	HPD	NPD
Boldness (Bold)	2.20 (.94)	**2.42 (1.14)**	1.82 (.81)	1.42 (.69)	1.16 (.44)	1.19 (.51)	1.67 (.84)
Disinhibition (Dis)	2.16 (.79)	1.94 (.90)	**3.03 (1.02)**	2.49 (1.12)	2.02 (1.06)	1.33 (.63)	1.69 (.85)
Meanness (Mean)	**3.34 (.86)**	**3.35 (.97)**	3.10 (.98)	2.86 (1.05)	1.54 (.77)	1.22 (.48)	1.90 (.95)
Bold + Dis	3.00 (.90)	3.02 (.98)	**3.20 (.92)**	2.41 (.98)	1.71 (.91)	1.36 (.62)	2.09 (.98)
Bold + Mean	3.73 (.80)	**3.82 (.80)**	3.23 (.97)	2.73 (1.04)	1.48 (.70)	1.28 (.53)	2.31 (.97)
Dis + Mean	3.50 (.83)	3.45 (.93)	**3.77 (.77)**	3.23 (1.06)	1.84 (.88)	1.29 (.56)	2.06 (.93)
Bold + Dis + Mean	**3.98 (.76)**	3.94 (.78)	3.89 (.80)	3.18 (1.01)	1.78 (.94)	1.40 (.69)	2.34 (.97)

Note. Data in parentheses are standard deviations. Bolded cells indicate the highest mean resemblance rating for each vignette. ASPD = antisocial personality disorder; BPD = borderline personality disorder; HPD = histrionic personality disorder; NPD = narcissistic personality disorder.

respectively, $t(1546) = -8.29$, $p < .001$, Cohen's $d = .30$; $t(1549) = -2.99$, $p < .01$, Cohen's $d = .11$)—but the effects were of trivial to small magnitude. Resemblance ratings for boldness alone in this contrast were also significantly lower for both Factor 2 psychopathy and ASPD: respectively, $t(1546) = -17.00$, Cohen's $d = .61$; $t(1545) = -15.44$, Cohen's $d = .56$, all $ps < .001$. Results for ASPD and BPD resemblance ratings were similar across contrasts: that is, for both of these categories, vignettes without boldness were rated as more similar to both ASPD and BPD compared with vignettes that included boldness.

In each of the latter three contrasts, when boldness was part of the presented vignette, resemblance ratings were significantly higher for classic psychopathy, with large effect sizes of boldness above and beyond disinhibition alone, $t(1546) = 10.32$, Cohen's $d = .99$; meanness alone, $t(1546) = 4.86$, Cohen's $d = .47$; and disinhibition and meanness combined, $t(1546) = 6.13$, Cohen's $d = .60$, all $ps < .001$. These three comparisons were also significant and comparable for Factor 1 psychopathy: respectively, $t(1549) = 12.22$, Cohen's $d = .62$; $t(1549) = 5.41$, Cohen's $d = .27$; $t(1549) = 5.57$, Cohen's $d = .28$, all $ps < .001$. These comparisons, which demonstrate that the addition of boldness to the vignettes substantially increased perceived resemblance to classic as well as Factor 1 psychopathy, provide clear-cut support for our predictions. For Factor 2 psychopathy, the second contrast (i.e., Bold + Dis vs. Dis) trended toward significance, $t(1546) = 1.95$, Cohen's $d = .10$, $p < .06$; for ASPD, none of these latter three contrasts was significant (see Table 2).

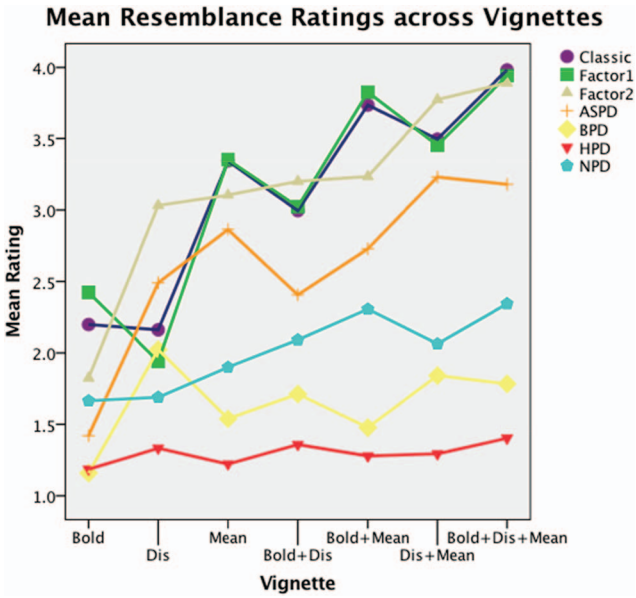

Figure 1. Mean disorder resemblance ratings across fictional vignettes. ASPD = antisocial personality disorder; BPD = borderline personality disorder; HPD = histrionic personality disorder; NPD = narcissistic personality disorder; Dis = disinhibition. See the online article for the color version of this figure.

Subsidiary planned contrasts were also conducted (a) examining only participants with high subjective psychopathy knowledge (i.e., rating themselves as *Good* or *Very Good*), (b) examining only participants with high objective psychopathy knowledge, and (c) examining only individuals who had published at least one peer-reviewed article on psychopathy. For the first set of these subsidiary analyses, the only notable difference was on resemblance ratings for Factor 1 psychopathy (i.e., "core affective and interpersonal features") in the contrast comparing the Bold vignette with both the Dis and Mean vignettes. This contrast was significant in our full analyses, with Bold alone rated lower compared to the Dis and Mean vignettes, but in examining only individuals with high subjective psychopathy knowledge, this contrast became nonsignificant, $t(821) = .46$, $p > .50$. For the second and third sets of subsidiary analyses, the only differences were in the BPD resemblance ratings for the Bold + Dis versus Dis contrast, which became nonsignificant in the third set of analyses, and HPD resemblance ratings, which became entirely nonsignificant across contrasts in the second set of analyses and nonsignificant save for the Bold + Dis + Mean versus Dis + Mean contrast in the third. Classic psychopathy, Factor 1 psychopathy, Factor 2 psychopathy, and ASPD resemblance ratings were virtually unchanged.[5]

Discussion

The recent debate regarding the relevance of boldness traits to psychopathy has at times fueled polarized positions, with some going so far as to assert that "it is time to drop [boldness traits] as essential aspects of the construct" (Vize et al., 2016; p. 584). Our findings strongly challenge this unequivocal recommendation. In-

[5] Contact the first author for all subsidiary planned contrast analyses.

Table 2
Planned Contrast Values for Disorder Resemblance Ratings Across Select Vignettes

Psychopathology or disorder type and contrast	Value	*t*	*df*
Classic			
Bold (2) vs. Dis (−1) and Mean (−1)	−1.14	−8.29***	1546
Bold + Dis (1) vs. Dis (−1)	.83	10.32***	1546
Bold + Mean (1) vs. Mean (−1)	.39	4.86***	1546
Bold + Dis + Mean (1) vs. Dis + Mean (−1)	.49	6.13***	1546
Factor 1			
Bold (2) vs. Dis (−1) and Mean (−1)	−.46	−2.99**	1549
Bold + Dis (1) vs. Dis (−1)	1.08	12.22***	1549
Bold + Mean (1) vs. Mean (−1)	.48	5.41***	1549
Bold + Dis + Mean (1) vs. Dis + Mean (−1)	.49	5.57***	1549
Factor 2			
Bold (2) vs. Dis (−1) and Mean (−1)	−2.51	−17.00***	1546
Bold + Dis (1) vs. Dis (−1)	.17	1.95	1546
Bold + Mean (1) vs. Mean (−1)	.12	1.46	1546
Bold + Dis + Mean (1) vs. Dis + Mean (−1)	.12	1.35	1546
ASPD			
Bold (2) vs. Dis (−1) and Mean (−1)	−2.54	−18.37***	1545
Bold + Dis (1) vs. Dis (−1)	−.09	−.88	1545
Bold + Mean (1) vs. Mean (−1)	−.14	−1.46	1545
Bold + Dis + Mean (1) vs. Dis + Mean (−1)	−.05	−.56	1545
BPD			
Bold (2) vs. Dis (−1) and Mean (−1)	−1.26	−9.16***	1544
Bold + Dis (1) vs. Dis (−1)	−.32	−4.04***	1544
Bold + Mean (1) vs. Mean (−1)	−.06	−.77	1544
Bold + Dis + Mean (1) vs. Dis + Mean (−1)	−.06	−.72	1544
HPD			
Bold (2) vs. Dis (−1) and Mean (−1)	−.19	−2.03*	1548
Bold + Dis (1) vs. Dis (−1)	.03	.54	1548
Bold + Mean (1) vs. Mean (−1)	.06	1.04	1548
Bold + Dis + Mean (1) vs. Dis + Mean (−1)	.12	2.13*	1548
NPD			
Bold (2) vs. Dis (−1) and Mean (−1)	−.26	−1.71	1547
Bold + Dis (1) vs. Dis (−1)	.41	4.61***	1547
Bold + Mean (1) vs. Mean (−1)	.42	4.73***	1547
Bold + Dis + Mean (1) vs. Dis + Mean (−1)	.29	3.26**	1547

Note. Bold = boldness vignette; Dis = disinhibition vignette; Mean = meanness vignette; Classic = classic psychopathy; Factor 1 = Factor 1 psychopathy; Factor 2 = Factor 2 psychopathy; ASPD = antisocial personality disorder; BPD = borderline personality disorder; HPD = histrionic personality disorder; NPD = narcissistic personality disorder.
* $p < .05$. ** $p < .01$. *** $p < .001$.

deed, our results demonstrate that when boldness is added to other, more consensually accepted psychopathic traits (i.e., disinhibition and meanness), resemblance ratings to psychopathic personality increase substantially. These results indicate that the participants in this study, representing both current and future mental health professionals, perceive boldness to possess substantial incremental value for psychopathy, especially above and beyond disinhibition. Strikingly, even in a highly conservative test comparing the incremental value of boldness above and beyond both disinhibition and meanness, boldness still boosted perceived resemblance to psychopathy and Factor 1 psychopathy, with a medium effect size. These findings offer a compelling argument for the retention of boldness traits within the broad construct of psychopathy. Although merely asking participants for their opinions in the abstract regarding the importance of boldness to psychopathy might have yielded similar results, our design offers a more ecologically valid and realistic appraisal of how clinicians and researchers perceive boldness traits (in conjunction with other psychopathy-related traits) in relation to psychopathy. Our design may have also minimized the impact of demand characteristics, because it went beyond merely asking participants to express their views regarding the role of boldness in psychopathy.

Save for Factor 1 psychopathy, the Bold vignette yielded the lowest resemblance ratings across all seven personality disorder categories. This finding is consistent with our conceptualization of boldness and its associated traits. The seven categories are all largely and in some cases almost entirely maladaptive. It may therefore be all the more notable that the Bold vignette was rated as significantly more closely resembling Factor 1 psychopathy, which was described to participants as the "core affective and interpersonal features of psychopathy," than was the Dis vignette. It is interesting to note that the Bold vignette and Dis vignette were rated as essentially equivalent in their resemblance to classic psychopathy. This latter finding is not easily reconciled with that of Miller et al. (2016), who found that FFM-derived boldness was perceived by experts to be less relevant to psychopathy than were the other two triarchic dimensions.

It is also noteworthy that of the three base vignettes presented, the Mean vignette most closely resembled what participants considered to be classic or Factor 1 psychopathy. This result is consistent with the assertion that antagonism is one of, if not *the,* key component of psychopathy (Lynam & Miller, 2015; Lynam & Widiger, 2007). Indeed, even across differing phenotypic models of psychopathy, antagonism or some close variant thereof appears to emerge as a trait central to this construct. Even so, our findings suggest that when the superficial charm, poise, and venturesomeness characteristic of boldness are added to the core trait of antagonism, perceived resemblance to the classical prototype of psychopathy increases. This finding is also consistent with the expert-rated five-factor model prototype of psychopathy (Miller, Lynam, Widiger, & Leukefeld, 2001), and we believe it dovetails with the view, harkening back to Cleckley (1941), that psychopathy is a hybrid condition characterized by a superficial veneer of psychological health that conceals marked affective and interpersonal dysfunction (see also Crego & Widiger, 2016; Lilienfeld, Watts, & Smith, 2015).

Limitations and Conclusions

This study was marked by several limitations. Most notably, the within-subject design of the study, which we selected to maximize statistical power, may have led to naturally increasing ratings of resemblance to psychopathy with each additional vignette component. Nevertheless, for three reasons, we do not believe that this design choice compromised the validity of our key findings. First, we administered our vignettes in four randomized orders, and effect sizes were trivial for differences across orders. Second, if demand characteristics had contributed to vignette ratings, one might expect knowledge of psychopathy to affect ratings such that composite vignettes were rated higher, but this was not the case. Third, for the features of a number of conditions, such as borderline and histrionic personality disorders, prototype resemblance ratings barely increased, if at all, with the cumulative addition of triarchic facets, suggesting that participants were not relying simply on a "more is worse" heuristic. Nonetheless, in future research it would be valuable to employ a between-subjects design to ascertain the replicability and generalizability of our findings.

An additional limitation is that this study relied on only one male vignette, albeit with variations, and it examined only the triarchic model of psychopathy rather than alternative conceptualizations of this condition. In future work, it would be informative to extend this methodology to other vignettes, especially those described as female. Some older literature (e.g., Spalt, 1980) has suggested that prototypical psychopathy vignettes are likely to be perceived as antisocial when labeled as male but histrionic or hysterical when labeled as female, although it is unclear whether this finding reflects gender biases as opposed to a reliance on base rates (Widiger & Spitzer, 1991). In future work, it would also be useful to ascertain whether boldness increases perceived resemblance above and beyond other psychopathy dimensions, such as Coldheartedness derived from the PPI and PPI–R (Lilienfeld & Widows, 2005). The construct of Coldheartedness overlaps conceptually with the triarchic concept of meanness (Patrick et al., 2009), although it reflects passive affective detachment more than active antagonism or sadism.

A further potential limitation was our exclusive reliance on current and future mental health professionals' perceptions of psychopathy. Indeed, in contrast to a number of previous investigations and meta-analyses (e.g., Lilienfeld et al., 2016; Miller & Lynam, 2012; Murphy et al., 2016; Vize et al., 2016; Wall et al., 2015; Wygant et al., 2016), our study does not directly address the empirical association between boldness and other indicators of psychopathy. Moreover, we do not explicitly address here the real-world behavioral implications of boldness. That is, although our findings provide further support for the conceptualization of boldness as an important and perhaps even necessary (but not sufficient) component of psychopathy, further research will be needed to demonstrate that boldness traits predict or at least correlate with behaviors such as interpersonal deception, manipulation, sexual seduction, and other antisocial actions that are presumably associated with a façade of healthy psychological functioning.

Nevertheless, from an ecological validity standpoint, one might contend that this final apparent limitation is actually, in some ways, a strength. From the perspective of interpersonal models of psychopathy and personality pathology more broadly (Lilienfeld, Watts, & Smith, 2015; see also Grove & Tellegen, 1991), psychopathy is a maladaptive configuration of attributes that exerts an interpersonally malignant impact on others. If this perspective has merit, then interpersonal *perceptions* of psychopathy ostensibly capture much, if not most, of what is crucial about this condition. From this vantage point, the consensual prototype of the psychopath reflects subjective reality, but this reality is precisely what makes the psychopath distinctive. The prototypical psychopath, we contend, is at its core a confusing blend of traits reflecting superficial psychological health conjoined with marked inward psychological dysfunction. Omitting boldness traits from our field's collective conceptualization of the disorder (e.g., Vize et al., 2016) would be not only empirically unjustified, as we have demonstrated, but ill advised from the perspective of clinical reality.

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