

## **Psychopathic traits, psychological resilience and coping with stress in socially maladjusted youth**

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### **Summary**

**Aim.** The basic aim of the research was to analyze the associations between the traits of psychopathy in the triarchic model (boldness, meanness, disinhibition) and the level of psychological resilience and preferred style of coping with stress in the group of adolescents violating legal norms. The author assumes that the key symptoms in this relationship would be played by the symptoms of psychopathy included in the dimension of boldness.

**Method.** The group of participants consisted of 111 girls and boys aged 16–18 years staying in youth correctional facilities. The Polish adaptation of the TriPM questionnaire was used to measure the severity of psychopathic traits in juveniles (Patrick, 2010, Pilch et al., 2015). The structure of psychological resilience and styles of coping with stress in the studied group were measured with the use of self-report methods: Skala Prężności Psychiczej/SPP–18 (Polish scale to measure resilience in children and adolescents, Ogińska-Bulik, Juczyński 2011) and the CISS questionnaire respectively.

**Results.** The general level of psychological resilience proved to be a mediator between boldness and task-oriented coping style. Boldness as a component of psychopathy was also associated with all psychological resilience scales. The disinhibition dimension of psychopathy negatively correlated with psychological resilience and was associated with more frequent occurrence of an emotion-oriented stress coping style. There were differences between sexes observed in the severity of meanness and emotion-oriented coping in a stressful situation.

**Conclusions.** The research supports the treatment of psychopathy in youth as a complex and multidimensional construct. The data also confirm that certain features of psychopathy may be associated with indicators of good adaptation.

**Key words:** psychopathy, resilience, styles of coping with stress

### **Introduction**

According to diagnostic standards applicable in medical classifications [1], clinical diagnosis of personality disorder can only be made to an adult. At the same time,

it is assumed that certain symptoms indicating the risk of developing a full-blown personality disorder in adulthood occur at earlier stages of development. More and more data confirm the assumption of developmental continuity of personality disorders, suggesting the occurrence of their specific predictors in childhood and adolescence [2, 3]. This opinion is supported by the studies proving connections between the diagnosis of antisocial personality and previous symptoms of behavioral disorders in adolescence and childhood [4] and revealing the presence of borderline personality symptoms in adolescents [5]. The view on the occurrence of personality disorder predictors in children and adolescents is consistent with the assumptions of developmental psychopathology in the direction of which developmental pathways are sought in the etiology of disorders and various types of maladaptive behaviors [6].

Current concepts of psychopathy of children and adolescents are also a part of the current path of research into personality disorders in developmental age<sup>1</sup> [among others 9, 10]. In general, these assumptions underpin that there is a pattern defining the continuity of the mechanism of the disorder development – starting from the predictors of psychopathy noticeable in middle and late childhood, through psychopathic features manifested in adolescence, to a psychopathic personality in adulthood. According to Frick [11], the early symptoms of psychopathy include a combination of impulsivity, narcissism and callous–unemotional features [11]. Similarly, Salekin [12] characterizes the predictors of childhood disorder using three dimensions: callous–unemotional traits (C/U), grandiose–manipulative traits (G/M) and daring–impulsive traits (D/I). In the context of differential diagnosis with conduct disorders, oppositional defiant disorder or ADHD in the population of children and adolescents exhibiting behavioral problems, the features of callous–unemotional traits are considered the most significant. C/U traits seem to be a peculiar core of psychopathy, defining a separate developmental pathway for the disorder [13, 14]. However, longitudinal studies [15] indicate that psychopathic traits observed in early adolescence predict the probability of psychopathy in adults, which speaks for the temporal stability of PPD symptoms.

It is worth noting that three-factor models of psychopathic predictors in minors find their equivalents in these concepts of psychopathic personality which are also based on the three-element structure of the disorder in adults. This approach includes Cook and Michie's approach [16] and the triarchic approach to psychopathy [17]. On the other hand, the PCL: Youth Version (PCL:YV) contains the alternative, four-factor structure of psychopathy – based on the classical Hare's model. According to the PCL:YV [18], the clinical picture of psychopathy in adolescents violating legal

<sup>1</sup> In medical classifications, such as ICD or DSM, psychopathy does not appear as a separate nosological unit among personality disorders. The data from analyses of – often treated as clinical counterparts of the disorder – antisocial personality/APD or dissocial personality/DPD suggest a diagnostic separation of psychopathy from both types of disturbed personality structure [7]. The ambiguous status of psychopathy in the context of the classification of mental disorders also translates into the controversy over the issue of psychopathic traits in children and adolescents in the field of the specificity of the clinical picture or the problem of negative, stigmatizing diagnostic label [8].

norms – similarly to adults – consists of interpersonal, affective, behavioral, and antisocial aspect of the disorder.

The studies on early predictors of psychopathy in childhood as well as psychopathic traits in adolescents indicate the occurrence of similar interrelations to those in adults with indicators of psychopathology or disturbances in social functioning. The traits of psychopathy displayed by adolescents correlate with proactive and reactive aggression [19]. They are also one of the strongest predictors of aggressive crime and violent behavior in this age group [20–22]. The characteristics of psychopathy included in the affective, interpersonal and lifestyle aspects of the PCL-R – except for the manifestations of antisocial behavior – show associations with anxiety, expression of anger, alcohol and psychoactive substance abuse, and exposure to violence in the social environment [23]. Other data [24] reveal the correlation between psychopathic traits and externalizing and internalizing disorders; whereas, in the case of primary psychopathy, there is a negative correlation with internalizing disorders (generalized anxiety disorder, major depressive disorder). In addition, among young adults, psychopathy is associated with low indicators of subjective well-being [25].

The connection between youth psychopathy and the broad spectrum of dysfunctional and socially undesirable behavior confirmed in the literature results in relatively rarely conducted research into the so-called adaptive characteristics of psychopathy. At the same time, there are more and more reports indicating the ambiguity of the results, which often depend on the dimension of psychopathy which is taken into account in the analysis, the severity of a given factor in the clinical picture of the disorder or the primary/secondary type of psychopathic personality [see 26]. The features considered adaptive – for example, included in the boldness component of the triarchic model of psychopathy – do not necessarily have to coincide with the symptoms of psychopathology or serious behavioral problems. In turn, externalizing disorders and anti-sociality are most commonly associated with other components such as lack of empathy, emotional numbing, behavioral inhibition deficits, impulsiveness or high demand for stimulation [17, 27].

The research attempted to answer the question about the connection between the severity of psychopathic traits, psychological resilience and the preferred style of coping with stress in the socially maladjusted youths. The aim of taken research was to examine these relationships taking into account psychological resilience as a mediator between the adaptive features of psychopathy and task-oriented style. The features of psychopathy in the study group were determined with the use of the triarchic model [17] as a structure composed of boldness, meanness and disinhibition configuration. Psychological resilience was defined as a characteristic of personality allowing for positive functioning despite of wide range of stressors, negative life experiences and risk factors influence [28]. In the context of the data suggesting the association of some symptoms of psychopathy with the indicators of positive adjustment [29, 30] and the reports on protective factors in the development of disorder [31], the hypothesis was assumed that boldness will be associated with high level

of resilience and task-oriented style of coping with stress, which is considered to be the most adaptive one. Referring to the studies revealing the mediating influence of resilience on the relation between psychopathy and other variables [32, 33], a similar effect was also assumed, but only with regard to boldness, not at the general level of severity of psychopathic traits.

### Material

The research covered a group of adolescents in the late adolescence (16–18 year-olds) staying in four youth correctional facilities in Lesser Poland and Podkarpackie Voivodeships. Participants displayed a high degree of social maladjustment symptoms (school problems, aggressive behavior, use of psychoactive substances, committing criminal offences). A total of 111 adolescents participated in the study, including 56 girls and 55 boys ( $M = 16.77$ ;  $SD = 0.71$ ).

### Method

The research, which is a part of the *Protective factors and the severity of psychopathic traits in adolescents* project, was accepted by the University Ethics Commission (decision number 02/III/2019). Before commencing the main part of the research procedure, the required consents were obtained from the guardians and participants, and the voluntary and anonymous nature of research and the use of the results for scientific purposes were reported to them. The research was conducted individually or in groups of several people, eliminating the influence of interfering variables. The average duration of the examination was about 40 minutes. The participants made self-report in the scope of three analyzed variables, answering the questions listed in the TriPM-41, SPP-18 and CISS questionnaires.

The severity of psychopathic traits in the study group was measured using the Triarchic Psychopathy Measure (TriPM; [17, 34]) in the Polish adaptation of the TriPM-41 by Pilch et al. [35]. Based on the triarchic model, the TriPM questionnaire allows both the measurement of the general severity of psychopathy and its components – included in subscales: boldness (15 items), meanness (10 items) and disinhibition (16 items). The examined person uses a four-level scale of answers: true, rather true, rather false, false, with a score of 3 to 0 points.

The structure of psychological resilience was examined using the SPP-18, designed for children and adolescents aged 12–19 [28]. The scale consists of 18 statements evaluated on a five-point scale (from 0 – “definitely no” to 4 – “definitely yes”). Apart from determining the main psychological resilience indicator, the SPP-18 enables the study of the factor structure of this variable, which consists of 1 – optimistic attitude and energy (5 statements), 2 – persistence and determination in action (5 statements), 3 – sense humor and openness to new experiences (4 statements), 4 – personal competences and tolerance of negative affect (4 statements).

The Coping Inventory for Stressful Situations (CISS) by Endler and Parker in the Polish adaptation by Strelau et al. [36] was used to measure the adolescents' styles of coping with stress. The diagnostic items in this tool refer to three basic coping styles: task-oriented style (T), emotion-oriented style (E) and avoidance-oriented style (A); the last of which can take two variants: distraction (D) and social diversion (SD). The CISS contains 48 items in total, the three basic scales are parallel (18 items each). The subject responds to each question regarding the frequency of given behaviors in difficult and stress-inducing situations, responding with the use of a five-point scale (from 1 – “not at all” to 5 – “very much”).

Statistical analyses of the obtained data were performed using TIBCO Software Statistica 13.3. The correlation analysis and the mediation analysis were used to investigate the relation between the level of severity of psychopathic traits and psychological resilience as well as styles of coping with stress in the juveniles.

## Results

The majority of statistically significant interrelations were observed with regard to boldness and disinhibition. Boldness was positively correlated with all indicators of resilience and the task-oriented style of coping with stress, while it was negatively correlated with the emotion-oriented style. A negative relation was found between disinhibition and persistence and determination in action (factor 2) and the general indicator of psychological resilience. In addition, the disinhibition was associated with emotion-oriented style of coping with stress. No correlations were found for the dimension of meanness and at the level of the general severity of psychopathic traits (except factor 4 of the SPP-18). The correlations in the scope of the studied variables are summarized in Table 1.

**Table 1. The matrix of correlations between measures of psychopathic traits (TriPM-41), psychological resilience (SPP-18) and styles of coping with stress (CISS) in the group of socially maladjusted youth (N = 111)**

	T	E	A	D	SD	MP	f1	f2	f3	f4
Boldness	0.41 *	-0.31 *	0.12	0.02	0.19 *	0.60 *	0.51 *	0.40 *	0.46 *	0.62 *
Disinhibition	-0.11	0.27 *	0.05	0.06	-0.15	-0.21 *	-0.15	-0.26 *	-0.10	-0.13
Meanness	-0.01	-0.18	0.00	0.05	-0.16	0.03	-0.08	0.05	-0.07	0.11
Psychopathy	0.11	-0.09	0.10	0.08	-0.05	0.18	0.11	0.09	0.13	0.26 *

Notes: \*  $p < 0.05$ ; T – task-oriented style; E – emotion-oriented style; A – avoidance-oriented style; D – engaging in distraction activities; SD – seeking social diversion; MP – general psychological resilience index; f1 – optimistic and energetic attitude; f2 – perseverance and determination in action; f3 – sense of humor and openness to new experiences; f4 – personal competences and tolerance of negative affect

To verify the hypothesis about the mediating function of psychological resilience in the relation between boldness and the task-oriented style of coping with stress (Figure 1), the analysis of mediation was applied according to Baron and Kenny's approach.

In the first place, a simple regression was conducted in order to examine the direct correlation between the independent variable (boldness) and the dependent variable (task-oriented style). A statistically significant positive effect was obtained ( $\beta = 0.41$ ;  $t = 4.67$ ;  $p < 0.001$ ). Next, the correlation between the independent variable and the mediator was checked (psychological resilience). The effect was consistent with the assumed model ( $\beta = 0.60$ ;  $t = 7.74$ ;  $p < 0.001$ ). In the last stage, a multivariate regression analysis was conducted while taking into account the independent variable and

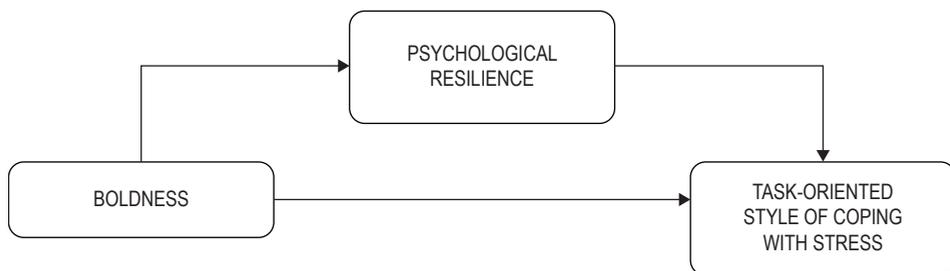


Figure 1. **Mediation model of boldness – psychological resilience – task-oriented style of coping with stress**

the mediator as predictors. The level of psychological resilience remained the only statistically significant predictor in choosing the task-oriented style of coping with stress ( $\beta = 0.39$ ;  $t = 3.85$ ;  $p < 0.001$ ). The results of the analysis confirmed that psychological resilience is a mediator in a relation between the boldness dimension of psychopathy and the task-oriented style.

In addition, the Student's *t*-test for independent samples was used to test gender differences regarding the analyzed variables. The boys with social maladjustment obtained significantly higher scores on the subscale of meanness than girls (boys:  $M = 12.42$ ;  $SD = 6.35$ ; girls:  $M = 9.38$ ;  $SD = 6.84$ ;  $t = 2.43$ ;  $p = 0.02$ ). At the same time, the girls used emotion-oriented style in stressful situations more often than the boys (girls:  $M = 51.63$ ;  $SD = 12.15$ ; boys:  $M = 45.75$ ;  $SD = 10.45$ ;  $t = -2.73$ ;  $p = 0.01$ ).

### Discussion of results

The data indicate the existence of a correlation between the severity of the boldness dimension and the indicators of psychosocial adaptation – psychological resilience and task-oriented style of coping with stress. In the triarchic concept, boldness can be perceived as the equivalent of Cleckley's "mask of sanity", allowing people with psychopathic traits for relatively effective adaptation to life in society without reveal-

ing explicit psychopathological symptoms. The features of psychopathy included in the boldness component (such as the ability to influence others, low level of anxiety, dominance in interpersonal relations, mastery in dangerous situations) therefore seem to be more associated with adaptive than psychopathological variables, which is consistent with the reports regarding functional angle of psychopathy [30, 37]. The results of the research are also consistent with the data on treating boldness relatively independently from the other two dimensions of psychopathy, i.e., meanness – referring to emotional deficits, and disinhibition related to impulsiveness [27, 30, 35].

The mediating effect on the overall level of psychical resilience in the variable system of “boldness → task-oriented style of coping with stress” suggests the complex nature of the correlation between the adaptive features of psychopathy and the behavioral manifestations of adaptation. The data correspond to the reports from Norwegian studies on psychological resilience in adult inmates [32]. In these studies, resilience also acted as a mediator, reducing the level of anxiety in the conditions of penitentiary isolation in the people with psychopathic features. However, the results of the analyses conducted in a non-clinical population indicate a moderating effect of resilience on the negative correlation between the so-called dark triad (psychopathy, Machiavellianism, narcissism) and a sustainable entrepreneurial orientation (SEO) [33]. According to the quoted data, the effect confirms the fulfillment of an important mediating function in the relation of psychopathy to other variables by psychological resilience.

The third dimension of psychopathy in the triarchic model, disinhibition, proved to be – as expected – negatively correlated with psychological resilience. Similar results were obtained among Swedish youth [38]. The girls with low level of psychological resilience displayed aggressive behavior, and the boys had a tendency to break the law and their level of socialization was poorer. Disinhibition expressed as a combination of high impulsivity and self-control deficit seems to refer directly to this type of problem behavior. The adolescents with high psychodynamic indicators showed less signs of maladaptation. The specificity of the disinhibition construct also allows to explain the negative correlation between disinhibition and perseverance and determination in action (the second factor of the SPP-18). It is possible that the disinhibition parameters, such as impulsiveness, difficulties in behavior regulation and – in particular – the inability to postpone gratuities, are responsible for the reduced ability to take actions which require greater commitment or to adopt a more distant perspective on the way to achieve the goal.

The differences between boldness and disinhibition were observed in the style of coping with stress. Boldness was associated with the preference of task-oriented style of coping with stress and the rare use of emotion-oriented style. In turn, the respondents with a high level of disinhibition chose the emotion-oriented style of coping with stress in difficult situations more often. The data only partly coincide with the results of the research on psychopathy and stress management in prisoners, in which the correlation between the features of psychopathy and emotion-oriented and avoidance-oriented styles was demonstrated [39]. Such a result suggests that perhaps the tendency to use

a particular method of coping in a stressful situation depends not so much on the general severity of psychopathy features as on the domination of its adaptive (boldness) or maladaptive (disinhibition) aspects.

The analysis of gender differences in the structure of psychopathy in the group of adolescents showed only the presence of a higher level of meanness in the boys. At the same time, the girls with psychopathic traits used emotion-oriented style of coping with stress more often than boys. On the one hand, this result is consistent with the generally higher tendency among teenage women to use emotion-oriented coping strategies [40]. On the other hand, meanness consisting of affective deficits and lack of empathy seems to be also associated with low ability to use these ways of dealing with stressful situations which involve emotions, such as searching for support in the social environment.

### Conclusions

The research indicates psychological resilience as a significant factor associated with the adaptive features of psychopathy in adolescents. The study of correlations between the dimension of boldness and other individual resources, which – like resilience – foster the process of adaptation and allow more effective coping in difficult situations, seems to be a promising direction for further analyses in this area. Such variables as, e.g., emotional intelligence, sense of coherence or self-esteem can have a mediating effect on the correlation between the severity of psychopathic traits and symptoms of social maladjustment and an increased risk of violence or crime among adolescents. Understanding the nature of these complex correlations would enable more effective preventive interventions or correctional actions for the youth from risk groups, as well as provide valuable knowledge about the adaptive aspects of psychopathy in developmental perspective.

The data suggest the relative independence of the boldness component from the remaining components of psychopathy in the triarchic approach. It should be emphasized that this effect occurred among young people violating legal norms. In order to verify the obtained result on the general population of adolescents, it is worth conducting analogous research with the participation of a group of young people not in correctional facilities for juveniles and not committing criminal offences. Such studies could also be useful in the context of considerations on the etiology of non-criminal form of psychopathy and to learn about the potential protective factors modifying the development of psychopathic traits.

A certain limitation of the presented research is the use of a self-report to measure the severity of psychopathic traits in youth. Due to the tendency of psychopaths to present themselves in a favorable way and frequent lying to others, it is worth to consider observation-based methods (such as the PCL:YV) in future studies. These measures seem to be more resistant to the effect of self-presentation.

## References

1. American Psychiatric Association. Editors of Polish edition: Gałecki P, Pilecki M, Rymaszewska J, Szulc A, Sidorowicz SK, Wciórka J. *Kryteria diagnostyczne zaburzeń psychicznych DSM-5*. Wrocław: Edra Urban & Partner; 2018.
2. Shiner RL, Tackett JL. *Personality Disorders in Children and Adolescents*, In: Mash EJ, Barkley RA, editors. *Child Psychopathology*. New York–London: The Guilford Press; 2014. p. 848–896.
3. Lenkiewicz K, Srebnicki T, Bryńska A. *Personality disorders in adolescence*. Psychiatr. Pol. 2015; 49(4): 757–764.
4. Calkins SD, Keane SP. *Developmental origins of early antisocial behaviour*. Dev. Psychopathol. 2009; 21: 1095–1109.
5. Chanen AM, Kaess M. *Developmental pathways to borderline personality disorder*. Curr. Psychiatry Rep. 2012; 14(1):45–53.
6. Cicchetti D, Crick NR. *Precursors and diverse pathways to personality disorder in children and adolescents*. Dev. Psychopathol. 2009; 21(3): 683–685.
7. astwa-Wojciechowska B. *Psychopatyczne/antyspoleczne zaburzenia osobowości*. In: Cierpiałkowska L, Soroko E, editors. *Zaburzenia osobowości. Problemy diagnozy klinicznej*; Poznan: Adam Mickiewicz University Press. 2014.p. 214–234.
8. Groth J, Andrałojć M. *Wczesne predyktory psychopatii – analiza stanu i kierunków badań psychopatii dzieci i młodzieży*. Psychologia Rozwojowa. 2014; 19 (3): 23–36.
9. Salekin RT. *Psychopathy in children and adolescents: Key issues in conceptualization and assessment*. In: Patrick CJ, editor. *Handbook of psychopathy*. New York: Guilford; 2006. p. 389–414.
10. Salekin RT, Lochman JE. *Child and adolescent psychopathy. The search for protective factors*. Criminal Justice and Behavior. 2008; 35(2): 159–172.
11. Frick PJ. *Using the construct of psychopathy to understand antisocial and violent youth*. In: Herve H, Yuille JC, editors. *The Psychopath: Theory, Research and Practice*. Mahwah: Lawrence Erlbaum Associates; 2007. p. 343–367.
12. Salekin RT. *Psychopathy in childhood: why should we care about grandiose–manipulative and daring–impulsive traits?* Br. J. Psychiatry. 2016; 209(3): 189–191.
13. Frick PJ, Marsee MA. *Psychopathy and Developmental Pathways to Antisocial Behavior in Youth*. In: Patrick CJ, editor. *Handbook of psychopathy*. New York: Guilford; 2006. p. 353–374.
14. Frick PJ. *Extending the Construct of Psychopathy to Youth: Implications for Understanding, Diagnosing, and Treating Antisocial Children and Adolescents*. Can. J. Psychiatry. 2009;54(12):803–812.
15. Lynam DR, Caspi A, Moffitt TE, Loeber R, Stouthamer-Loeber M. *Longitudinal evidence that psychopathy scores in early adolescence predict adult psychopathy*. J. Abnorm. Psychol. 2007; 116(1): 155–165.
16. Cooke DJ, Michie C. *Refining the construct of psychopathy: towards a hierarchical model*. Psychol. Assess. 2001; 13(2):531–542.
17. Patrick CJ, Fowles DC, Krueger RF. *Triarchic conceptualization of psychopathy: Developmental origins of disinhibition, boldness, and meanness*. Dev. Psychopathol. 2009; 21(3): 913–938.
18. Forth AE, Kosson D, Hare RD. *The Hare PCL: Youth Version*. Toronto: Multi-Health Systems; 2003.
19. Perenc L, Radochoński M. *Psychopathic Traits and Reactive–Proactive Aggression in a Large Community Sample of Polish Adolescents*, Child Psychiatry Hum. Dev. 2014; 45(4): 464–471.

20. Hicks MM, Rogers R, Cashel M. *Predictions of violent and total infractions among institutionalized male juvenile offenders*. J. Am. Acad Psychiatry Law. 2000; 28(2): 183–190.
21. Forth AE, Flight JJ. *Instrumentally violent youth: The roles of psychopathic traits, empathy, and attachment*. Criminal Justice and Behavior. 2007; 34(6): 739–751.
22. Shaffer C, McCuish E, Corrado RR, Behnken MP, DeLisi M. *Psychopathy and violent misconduct in a sample of violent young offenders*, Journal of Criminal Justice. 2015; 43(4): 321–326.
23. Ridder KA, Kosson D. *Investigating the Components of Psychopathic Traits in Youth Offenders*. Journal of Psychopathology and Behavioral Assessment. 2018; 40(1): 60–68.
24. Eisenbarth H, Godinez D, du Pont A, Corley RP, Stallings MC, Rhee SH. *The influence of stressful life events, psychopathy, and their interaction on internalizing and externalizing psychopathology*. Psychiatry Res. 2018; 272:438–446.
25. Love AB, Holder MB. *Psychopathy and subjective well-being*, Pers. Individ. Dif. 2014; 66: 112–117.
26. Skeem JL, Polaschek DLL, Patrick CJ, Lilienfeld SO. *Psychopathic Personality: Bridging the Gap Between Scientific Evidence and Public Policy*, Psychol. Sci. Public. Interest. 2011; 12(3): 95–162.
27. Drislane LE, Patrick CJ, Arsal G. *Claryfing the content coverage of differing psychopathy inventories through reference to the Triarchic Psychopathy Measure*. Psychol. Assess. 2014; 26(2): 350–362.
28. Ogińska-Bulik N, Juczyński Z. *Prężność u dzieci i młodzieży: charakterystyka i pomiar – polska skala SPP–18*. Polskie Forum Psychologiczne. 2011; 16(1): 7–28.
29. Isen J, Baker L, Kern M, Raine A, Bezdjian S. *Unmasking the Association between Psychopathic Traits and Adaptive Functioning in Children*. Pers. Individ. Dif. 2018; 124: 57–65.
30. Blagov PS, Patrick CJ, Oost KM, Goodman JA, Pugh AT. *Triarchic Psychopathy Measure: Validity in Relation to Normal-Range Traits, Personality Pathology and Psychological Adjustment*. J. Pers. Disord. 2016; 30(1), 71–81.
31. DeMatteo D, Heilbrun K, Marczyk G. *Psychopathy, risk of violence, and protective factors in a noninstitutionalized and noncriminal sample*. International Journal of Forensic Mental Health. 2005; 4(2): 147–157.
32. Sandvik A, Hansen A, Hystad S, Johnsen B, Bartone P. *Psychopathy, anxiety, and resiliency – Psychological hardiness as a mediator of the psychopathy–anxiety relationship in a prison setting*. Pers. Individ. Dif. 2015; 72: 30–34.
33. Wu W, Wang H, Lee H-Y, Lin Y-T, Guo F. *How Machiavellianism, Psychopathy, and Narcissism Affect Sustainable Entrepreneurial Orientation: The Moderating Effect of Psychological Resilience*. Front. Psychol. 2019; 10:779.
34. Patrick CJ. *Operationalizing the triarchic conceptualization of psychopathy: preliminary description of brief scales for assessment of boldness, meanness, and disinhibition*. Unpublished manual. Tallahassee: Department of Psychology, Florida State University; 2010.
35. Pilch I, Sanecka E, Hyla M, Atlas K. *Polska adaptacja skali TriPM do badania psychopatii w ujęciu triarchicznym*. Psychologia Społeczna. 2015; 10, 4 (35): 435–454.
36. Strelau J, Jaworowska A, Wrześniewski K, Szczepaniak P. *Kwestionariusz Radzenia Sobie w sytuacjach Trudnych (CISS)*. Podręcznik. Warsaw: Psychological Test Laboratory of the Polish Psychological Association; 2005.
37. Ribeiro da Silva D, Vagos P, Rijo D. *Anevolutionary model to conceptualize psychopathic traits across community and forensic male youth*. Int. J. Offender. Ther. Comp. Criminol. 2019; 63(4): 574–596.

38. Chuang S, Lamb ME, Hwang P. *Personality development from childhood to adolescence: A longitudinal study of ego-control and ego-resiliency in Sweden*, International Journal of Behavioral Development. 2006; 30(4):338–343.
39. Pastwa-Wojciechowska B, Kaźmierczak M, Błażek M. *Self-esteem and styles of coping with stress versus strategies of planning in people with psychopathic personality disorders*. Med. Sci. Monit. 2012; 18(2): 119–124.
40. Eschenbeck H, Kohlmann C, Lohaus A. *Gender Differences in Coping Strategies in Children and Adolescents*. Journal of Individual Differences. 2007; 28(1): 18–26.

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