

**Backstabbing Bosses and Callous Co-workers: A Mixed Methods Examination of the
Experience of Working with a Psychopath**

by

Janelle Beaudette

**A thesis submitted to
the Faculty of Graduate and Postdoctoral Affairs
in partial fulfillment of the requirements for the degree of**

Master of Arts

in

Psychology

**Carleton University
Ottawa, Ontario**

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ISBN: 978-0-494-93530-9

Our file Notre référence

ISBN: 978-0-494-93530-9

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WORKING WITH A PSYCHOPATH

Abstract

Voices of survivors of psychopaths have been largely neglected in current theoretical and empirical research (Williamson, Hare, & Wong, 1987). Even less is known regarding victims of corporate psychopaths. One hundred and ninety-eight participants who worked with a psychopathic colleague were recruited from support websites, professional social networking sites, and Mechanical Turk. Emotional and physical harm were most commonly reported and the length of time spent working with the psychopath was not associated with level of psychological distress. Participants with psychopathic superiors had significantly lower levels of job satisfaction as compared to survivors with psychopathic peers. Almost all participants met the criteria for workplace bullying and relational harm was used by the psychopaths as the primary means of victimization. A range of mental and physical health effects were reported by participants, however, coping and support were mitigating factors. The findings represent an important step forward in victimcentric studies of psychopathy.

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Acknowledgements

I would like to thank my advisor, Dr. Adelle Forth, for all her help throughout my studies as a Master's student. Her knowledge and ability to think creatively were invaluable to me and contributed to the strength of the final document. To Dr. Jenelle Power, thank you for being a great mentor and teaching me about the intricacies of mixed methods research. Dr. Ruth McKay and Dr. Janet Mantler, thank you for your expertise, encouragement, and advice. I would like to extend a big thank you to Donna Andersen of Love Fraud, Dr. Robert Hare, and the board of the Aftermath: Surviving Psychopathy Foundation for advertizing the study and supporting the research from its conception. I would also like to extend my gratitude to Jennie Mae Thompson for meeting with me on several occasions to discuss statistics and many thanks to Simon Larmour for his help coding responses to establish inter-rater reliability. To my Ottawa family, Henriette Bergstrom, Annik Mossière, and Amy Epstein, you made Ottawa feel like home and I will always have great memories of our time spent together in graduate school. I would like to extend my thanks to my family for their endless support of my academic goals. To my Mom, the strongest woman I know who always manages to make me laugh even when I'm feeling terrible, and to my Papa, who has been a constant source of strength – I love you both (uppy-downy). To my dog, Hudson, thank you for providing me with humour and, at times, a much needed distraction. I most want to thank Shawn Calder, my partner and best friend, for all of his love and support. He commiserated with me through all of the challenges of graduate school and yet, had an unwavering belief in me. I look forward to the challenges we'll face together in the future. And finally, I would like to dedicate my thesis to all of the survivors who bravely shared their stories.

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Introduction

Psychopathy is a pervasive personality disorder characterized by interpersonal, affective, behavioural, and antisocial features that are, for the most part, viewed as negative (Hare, 1999, 2003). Hare (2003) describes these features as: 1) superficial charm, glibness, compulsive lying (interpersonal); 2) lack of remorse or empathy and shallow affect (affective); 3) manipulative, deceptive, and impulsive (lifestyle); 4) criminal versatility, poor behavioural controls, and early onset of behavioural problems (antisocial). Needless to say, these behaviours can be destructive to the individual who possesses them and those they come into contact with.

It has been estimated that approximately 1% of the general population are psychopaths (Hare, 1998; Neumann & Hare, 2008; Ullrich, Farrington, & Coid, 2008). However, given the nature of this disorder, which often includes a lack of empathy, a need to gain immediate gratification, and to fulfill thrill seeking impulses, psychopaths are more likely to be involved in the criminal justice system than non-psychopaths. It is estimated that 10% - 25% of the adult offender population would be classified as psychopaths (Hare, 2003).

Crime committed by psychopaths ranges from property crime to serious assault or murder (Hare & McPherson, 1984; Hart & Hare, 1997; Kosson, Smith, & Newman, 1990). While their offenses vary greatly in nature, psychopaths are generally driven by instrumental gain and more frequently target strangers and perpetrate premeditated crimes that have easily identifiable goals (Cornell et al., 1996; Hare, 2003; Woodworth & Porter, 2002) compared to non-psychopaths who typically perpetrate reactive violence (Williamson, Hare, & Wong, 1987). Instrumental crimes include robbery, break and

enter, and insurance fraud (Babiak & Hare, 2006). Given the nature of the crimes typically committed by psychopaths and their tendency to target strangers, there has been an increased focus on psychopathic offenders and their involvement in financial crimes, fraud, and crimes involving false pretenses (Babiak, 1995, 1996, 2000; Babiak & Hare, 2006; Babiak, Neumann, & Hare, 2010; Boddy, 2005a, 2005b, 2006, 2010a, 2010b, 2011a, 2011b; Boddy, Ladyshevsky, & Galvin, 2010).

Before considering the research that has been conducted thus far, a set of clear definitions regarding corporate psychopathy will be outlined. Then, a review of the existing literature on psychopathy, successful psychopaths, workplace bullying, workplace health, theories of corporate psychopathy, and victims of psychopaths will be discussed and will highlight the gaps in research that I will propose to fill.

Definition of Corporate Psychopathy

Researchers studying psychopathy in the workplace have coined the term “corporate psychopath” to refer to any individual with psychopathic traits, as assessed by a valid measure of psychopathy, and who is employed in an organizational setting (Babiak & Hare, 2006). For the purpose of this study, the definition of corporate psychopathy was adopted. Corporate psychopaths may be found in public and private sectors. Additionally, the term “ascribed psychopath” refers to any individual who receives a moderate or high score on a third party rating of psychopathy.

Psychopathy as a Categorical or Dimensional Construct

An ongoing controversy regarding psychopathy is whether the construct is dimensional or categorical in nature (Edens, Marcus, Lilienfeld, & Poythress, 2006). In

other words, to what extent are psychopaths qualitatively different from non-psychopaths? Being labeled a psychopath has several implications. It can affect treatment targets, sentence length, parole decisions, and most importantly, it has also been a deciding factor in several capital punishment cases (Cunningham & Reidy, 2002; DeMatteo & Edens, 2006). Edens and colleagues (2006) argue that if psychopathy were in fact taxonic, research involving large samples of non-psychopaths (i.e., college students) would be difficult to justify. Additionally, studies supporting the taxometric structure of psychopathy (Harris, Rice, Quinsey, 1994; Harris, Skilling, & Rice, 2001; Quinsey, Harris, Rice, & Cormier, 1998) have been criticized and limitations have been reported. Of those, the sample was said to be non-representative and the authors may have inadvertently discovered a taxon for schizotypy as opposed to psychopathy (Edens et al., 2006).

Edens and colleagues (2006) found support for the dimensional structure of psychopathy with a sample of 876 offenders and patients receiving court-ordered substance abuse treatment. In attempting to replicate Harris et al.'s (1994) findings they used the same indicators of the Hare Psychopathy Checklist – Revised (PCL-R; Hare, 2003), however, they obtained poor validity estimates. These findings and others like it (Guay, Ruscio, Knight, & Hare, 2007) have considerable value as they provide support for research examining the role of continuously distributed personality traits (e.g., conscientiousness, agreeableness) and their effects on the manifestation of psychopathy.

Psychopaths in the Community

Although it is rare to find psychopaths in the community (Coid, Yang, Ullrich, Roberts, & Hare, 2009; Kirkman, 2002), researchers have acknowledged the importance

of studying the prevalence of psychopathy in community samples (Ullrich et al., 2008). Identifying community (i.e., not incarcerated) psychopaths and comparing them to their criminal (i.e., incarcerated) counterparts may lead to the discovery of protective factors. In other words, researchers may be able to determine what prevents some psychopaths from becoming criminal while others can function successfully in the community (Mahmut, Menictas, Stevenson, & Homewood, 2011). Further, there has been much speculation surrounding the existence of a subgroup of psychopaths that are deemed “successful” in certain life domains (Lykken, 1995). It has been hypothesized that these individuals can attain professional success and have limited contact with the criminal justice system; however, they display pervasive and persistent interpersonal and behavioural problems affecting other life domains (e.g., friendships and romantic relationships; Hall & Benning, 2006). Conversely, it has been argued that successful psychopaths are merely lucky to have avoided detection as their behaviours are often criminal or, at the very least, immoral in nature (Neumann & Hare, 2008). Additionally, research has failed to capture the psychological and financial impact brought on by community psychopaths (de Oliveira-Souza, Moll, Ignacio, & Hare, 2008) therefore making it difficult to assess their level of success and functioning.

To address the issues surrounding the prevalence of psychopathy in community populations, several scales have been created to measure psychopathy in noncriminal samples. The most commonly used scales include the Psychopathic Personality Inventory (PPI-R; Lilienfeld & Andrews, 1996), Levenson’s Primary and Secondary Psychopathy Scale (LPSP; Levenson, Kiehl, & Fitzpatrick, 1995), and the Self-Report Psychopathy Scale (SRP-II; Paulhus, Neumann & Hare, in press). To date, study results suggest that

psychopathic traits are not evenly distributed within the population, however, there are individuals in the community who possess the same levels, or would obtain the same score on psychopathy assessment tools, as those found in prisons (Hare & Neumann, 2008; Neumann & Hare, 2008). These results are not to be confused with prevalence rates. Simply, they point out that it is possible to obtain high scores on psychopathy assessment tools and remain relatively successful in the community.

Neumann and Hare (2008) attempted to obtain a reliable estimate of psychopathic traits in a noncriminal sample by examining the stratified community sample from the MacArthur Violence Risk Assessment Study (Monahan et al., 2001). The researchers reanalyzed the data from the Monahan et al. study that used the Psychopathy Checklist: Screening Version (PCL:SV; Hart, Cox, & Hare, 1995) to assess for psychopathy. Only 1.2% of the sample scored 13 or higher, indicating “potential psychopathy” (Monahan et al., 2001). They determined that their findings were consistent with other large scale studies examining the presence of psychopathy in the community (Coid et al., 2009; Farrington, 2006). Several studies have also confirmed the existence of psychopathic traits in community samples of children, adolescents, and university students (Andershed, Hodgins, & Tengstrom, 2007; Forth, Brown, Hart, & Hare, 1996; Frick, Bodin, & Barry, 2000, Levenson et al., 1995; Lilienfeld & Andrews, 1996; Salekin, Trobst, & Krioukova, 2001).

With studies supporting the existence of psychopaths in the community, researchers have begun to explore how these individuals operate in society and how they can support themselves in ways that ultimately allow them to be successful. To date, the majority of published studies reporting on corporate psychopaths, or psychopathic traits in the

workforce, have been limited to individual case studies or anecdotal evidence (Babiak, 1995; Clarke, 2007). Very few empirical studies (Babiak et al., 2010; Boddy, 2011a) have been undertaken.

Babiak and colleagues (2010) conducted one of the first empirical studies with the goal of examining the presence of psychopathic traits in a sample of corporate employees. They found significantly more psychopaths in their sample than in a matched community sample. Babiak and Hare (2006) have also reported several case studies describing the effect that a psychopath can have on an organization and those working with the psychopath. All of the individuals who worked with a psychopath reported experiencing negative physical and mental health outcomes and financial implications. Although these studies are the first of their kind, significant limitations were reported. For instance, the study samples were not chosen at random, inter-rater reliability was not obtained, and uncommon or different assessment tools were used between studies, therefore impeding direct comparisons with other non-forensic samples.

A recent study (Boddy, 2011a) has linked higher rates of workplace bullying in settings where corporate psychopaths are present. The possibility that bullying and psychopathy can co-occur has been hypothesized given the significant overlap in behaviours exhibited by both bullies and psychopaths. There is also evidence to suggest that individuals who report being bullied rate their level of emotional distress as significantly higher than those who do not experience bullying (Lutgen-Sandvik, 2008). In addition, several studies (Einarsen & Raknes, 1997; Hoel & Cooper, 2000; Kivimaki et al., 2003; Leymann & Gustafsson, 1996; Mikkelsen & Einarsen, 2002; O'Moore, Seigne, McGuire, & Smith, 1998) have demonstrated that victims of workplace bullying

commonly experience high levels of psychological distress, posttraumatic stress disorder (PTSD), somatic health complaints, high rates of autoimmune disease, and lower rates of overall life satisfaction. Similar findings were reported in a study examining the effects of being in a romantic relationship with a psychopath (Pagliaro, 2008). Given the negative health related outcomes suffered by survivors of psychopaths and of bullies, additional research is needed to substantiate these contentions and broaden our understanding of the subject.

Workplace Bullying

In the past, bullying appeared to be a childhood problem and research was primarily conducted with school-aged children and adolescents. However, it has become evident that bullying is not simply outgrown but can continue into adulthood and may have foundations in personality types and coping mechanisms (Parkins, Fishbein, & Ritchey, 2006).

There is a debate in the field as to terms and definitions that should be employed when referring to workplace bullying (Breswick, Gore, & Palferman, 2006). It has been argued that although different terms such as harassment, mobbing, emotional abuse, and mistreatment have been used, they represent the same construct and are simply a reflection of where the research was conducted (Breswick et al., 2006). For instance, in North America and the United Kingdom the term bullying is common, whereas, Scandinavian countries prefer to designate the behaviour as mobbing (Breswick et al., 2006; Einarsen, 2000). For the purpose of this study, the term bullying will be used and refers to the definition outlined below.

Workplace bullying refers to repeated harmful behaviour at work, typically

occurring over a minimum period of six months (Baillien, Neyens, De Witte, & De Cuyper, 2009). There are two ways in which bullying can be carried out: (1) physical bullying which involves using force to control others, and (2) relation bullying which involves harm through social means (e.g., ostracizing) or attempting to control relationships (Crick, Casas, & Ku, 1999; Smith et al., 2002). Both forms of bullying can have severe psychological impacts (i.e., PTSD, depression, anxiety) on the victim (Parkins et al., 2006). It is important to note that workplace bullying distinguishes itself from workplace conflict in that the victim is forced into a lesser position (Einarsen, Raknes, & Matthiesen, 1994), that there is a real or perceived difference in power between both parties (Einarsen, 2000), and that the bullying is persistent without any intent of stopping on the part of the perpetrator (Hubert, Furda, & Steensma, 2001).

Rayner and Hoel (1997) completed a thorough review of adult bullying literature and have created a definition that encompasses elements from all of the available work. They assert that workplace bullying is typically achieved through relational means and can be grouped into five categories: threat to professional status (e.g., being overly and unfairly critical of one's work, undermining one's professional competencies); threat to personal standing (e.g., attacking one's character, ageism, racism); isolation (e.g., withholding information, purposely excluding a co-worker); overwork (e.g., unachievable deadlines, excessive disruptions); and destabilization (e.g., decreased responsibilities, assigning insignificant tasks).

Many studies have sought to illuminate the conditions that may contribute to workplace bullying. Arguably one of the biggest challenges in this line of research has been to establish the perpetrator's perspective as most data is derived from victims'

accounts of bullying (Zapf & Einarsen, 2003). Rarely do bullies want to participate in research where their behaviours will be examined and potentially reported. Accordingly, much of the information obtained to date highlights characteristics of the victim and aspects that may encourage bullying (e.g., environmental, personal; Baillien et al., 2009). Certain personality traits have been linked to victimization, such as shyness (Einarsen et al., 1994), anxiety, depression and poor social skills (Zapf, 1999), and conflict avoidance as a coping style (Zapf, 1999). Despite the limited information available on bullies, researchers have presented theories of perpetrator personalities. The abrasive personality, the authoritarian personality, and the petty tyrant have all been related to bullying in the workplace (Ashforth, 1994; Einarsen, Hoel, Zapf, & Cooper, 2003). Authoritarian or abrasive leaders demonstrate insecurity while demanding rigid group cohesion and expect a strict chain of command (Fiske, 2000). The petty tyrant is characterized as an individual who belittles subordinates, lacks consideration, forces conflict resolution, and applies non-contingent punishment (Ashforth, 1994). Further, bullies tend to score lower on measures of perspective taking scales, score significantly higher on social dominance, and are more likely to be male (Parkins et al., 2006).

Ashforth (1994) also argues that the prevalence of workplace bullying is due to the interaction of workplace and individual antecedents. That is, that the personalities of the victim and the bully (e.g., attitudes and beliefs about oneself, subordinates) along with the workplace environment (e.g., values and norms of the organization, power, how stress is dealt with) will determine the occurrence of workplace bullying. Einarsen et al. (1994) expanded this concept by observing workplace culture. They assert that culture can distort the ways in which bullying behaviours are interpreted by the victim, perpetrator,

and observers. Subjective experiences and an individual's tolerance for certain behaviours are important factors that need to be taken into account when assessing the occurrence of bullying. For this reason, Einarsen et al. (1994) suggest that the current dichotomy used to investigate workplace bullying (examining subjective and objective measures) is not useful and have critiqued this method for failing to take into account specific work environments and company cultures.

Although it can be difficult to obtain a prevalence rate for workplace bullying, the majority of studies report a rate of 10% to 20% of employees are bullied, with some estimates as high as 50% (Einarsen et al., 2003). Some researchers even suggest that workplace bullying is ubiquitous, with all study participants reporting experiencing some type of abuse or mistreatment at their current place of employment (Keashly, Trott, & MacLean, 1994). Obtaining accurate prevalence rates is complicated by the sometimes subtle ways in which the bullying is carried out. For instance, verbal and indirect bullying are difficult to detect as a result of their discreet nature (Rayner & Hoel, 1997).

Attempting to understand the reasons why people engage in indirect bullying has spawned research into the sex differences that exist between men and women and the role of sex in bullying behaviours. Rayner (1997) reported that victims often described being bullied by their immediate supervisor or senior manager and men rarely reported being bullied by women. On the contrary, women reported a more equal sex distribution of bullies. These findings could potentially be a reflection of the number of men versus the number of women in management and senior positions. As more women enter the workforce and occupy higher-ranking positions, the sex distribution may shift.

Research examining job type and incidents of workplace bullying has been

inconclusive (Rayner & Hoel, 1997). The mixed findings are primarily due to the overreliance on anecdotal evidence. A number of case studies (Adams, 1992; Bassman, 1992) report higher rates of victimization in white-collar organizations. It is important to note that in individual case studies there is a potential for selection bias. Individuals who are more highly educated or articulate are more likely to seek help and communicate their experiences. To date, there has yet to be empirical evidence to suggest that white-collar workers are more likely to experience bullying as compared to blue-collar employees. Despite a lack of evidence, this notion has been a factor guiding research in the area. In other words, because this idea is believed to be true, researchers continue to focus on bullying in white-collar organizations further promoting a selection bias.

Workplace bullying and health outcomes. Several studies have identified significant health issues and impairments resulting from workplace bullying (Einarsen & Raknes, 1997; Hoel & Cooper, 2000; Kivimaki et al., 2003; Leymann & Gustafsson, 1996; Mikkelsen & Einarsen, 2002; O'Moore, Seigne, McGuire, & Smith, 1998). From an economic perspective, the health issues associated with workplace bullying cost Canadian tax payers and organizations an estimated \$24 billion per year (Hood, 2004). Businesses lose money trying to find and train replacement staff, processing and paying disability claims, managing decreased productivity, and paying legal costs.

Bowling and Beehr (2006) performed a meta-analysis of 90 studies examining the health effects of workplace bullying and found that bullying was related to victims' well-being. Specifically, they reported that bullying was positively correlated with anxiety, depression, burnout, frustration, negative emotions in the workplace, and physical symptoms. They went further to explain that bullying was also negatively associated with

self-esteem, life satisfaction, job satisfaction, and organizational commitment.

In a study of white-collar workers in Turkey, 55% of participants stated they experienced one or more forms of bullying in the workplace (Bilgel, Aytac, & Bayram, 2006). The authors found that individuals who had reported bullying and lacked support from others had the poorest mental health outcomes, while having a support network acted as a protective factor against negative health outcomes. Zapf, Knorz, and Kulla (1996) found support for this notion when they asked a group of employees to rate their level of support at work. The study reported that individuals who had been bullied described having significantly less colleague social support than those who did not experience bullying. These studies support findings from Leymann's (1992) review where he states that to understand the full effects of bullying and the extent of victimization, researchers must consider the level of social support the victim is able to maintain throughout the experience, the extent to which work life is impacted (e.g., is productivity diminished, can routine tasks continue to be accomplished), and the physical and mental health of the victim. Individuals who are able to preserve one or more of these aspects of their life will typically have better outcomes in overall functioning.

A number of studies (Leymann & Gustaffson, 1996; Matthiesen & Einarsen, 2004; Tehrani, 2004) have found that victims of bullying experienced severe effects comparable to the symptoms of PTSD observed in survivors of war. PTSD is a collection of severe symptoms observed in individuals who have survived particularly traumatic events (Poilpot-Rocaboy, 2006). Vivid nightmares, re-experiencing of the traumatic event, and heightened responsiveness to arousal stimuli are all characteristic features of the disorder. Needless to say, if the bullying is so severe that the victims meet the diagnostic criteria

for PTSD, then it is very likely that they would display diminished productivity, elevated rates of absenteeism, and disproportionate use of healthcare resources available to them through their employer (Hoel, Einarsen, & Cooper, 2003). Leymann (as cited in Rayner & Hoel, 1997) also reported that one in seven adult suicides are attributable to workplace bullying. These results are alarming and emphasize the need for further research.

Workplace bullying model. Bowling and Beehr's (2006) meta-analysis also investigated possible antecedents and consequences of workplace bullying. They found that both individual and organizational antecedents contributed to the overall well-being of the victim and the functioning of the organization as a whole. The authors argue that there has been good support in the literature to include other stressors present in the workplace (e.g., organizational injustice, attitudes and behaviours toward perpetrator) as partial mediators between bullying and victim well-being.

Poilot-Rocaboy (2006) developed a comprehensive psychological model of workplace bullying, heavily based on the work of Bowling and Beehr's (2006) meta-analysis (see Figure 1). She contends that previous models of bullying (DiMartino, 2003; Hubert, 2003; Salin, 2003) are too broad and fail to fully explain the psychological phenomenon of workplace bullying. Poilot-Rocaboy views bullying as a heterogeneous dynamic linear process in which several outcomes are possible based on the interaction of variables. She created the model to assist human resource personnel in understanding the phenomenon of workplace bullying and how each phase can interact to produce various outcomes.

The model is broken down into four phases. In the first phase, antecedents interact with one another to develop psychological bullying behaviour (phase 2)

and lead to reactions from the victim and the organization (phase 3). Based on the responses, three types of effects can occur: individual effects, organizational effects, and societal effects (phase 4). Of particular interest, given the scope of the current study, are the individual effects. Poilpot-Rocaboy (2006) further divided these effects into physical and mental health effects, economic consequences, and family and social implications. Research has yet to examine whether victims will report effects from all three categories equally, or whether some effects cause more significant impairment in functioning than others.

As cited in the previous section, there have been numerous studies examining the health outcomes of victims (Bowling & Beehr, 2006; Leymann & Gustaffson, 1996; Rayner & Hoel, 1997), however, the economic effects have been largely ignored. A diminished ability to provide for one's family as a result of missing work due to health and mental health issues are a reality for many victims (Hirigoyen, 2001). The financial implications of reduced work can put additional strain on personal relationships. Einarsen and Mikkelsen (2003) proposed that experiencing negative relationships in the workplace would create spill-over in other life domains. For instance, they found that exposure to bullying led to problems with family and friends, decreases in leisure activities, neglecting of household duties, and a poor sex life.

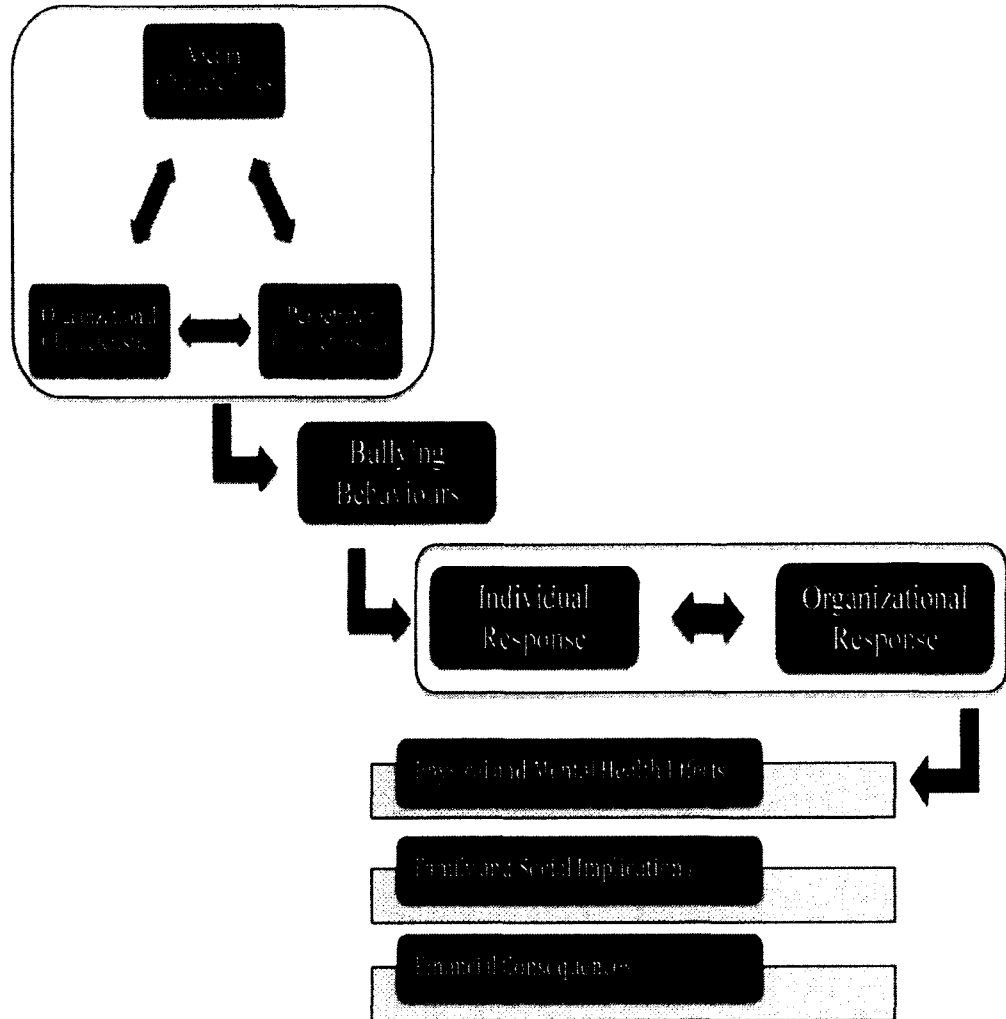


Figure 1. Model of the psychological bullying process (adapted from Poilpot-Rocaboy, 2006)

Towards Developing a Theory of Corporate Psychopathy

In Cleckley's (1988) classic book, *The Mask of Sanity*, he gives the reader an in-depth account of the personality disorder from a clinician's perspective. Cleckley describes individuals he had come into contact with over the years, using anecdotes and case studies to illustrate the full manifestation of the disorder and the ways in which it affects those who are involved with the psychopath. In his description of the psychopath, Cleckley reveals that some individuals who he has observed possessed many of the same characteristics as "criminal" or "dangerous" psychopaths though their disorder was as an incomplete manifestation and did not, in his opinion, impinge all aspects of success and functioning. These people were able to appear, according to outsiders, as normal healthy adults. He compares these patients to medicated schizophrenics who are mentally ill but can nevertheless function outside of the confines of a psychiatric hospital. Cleckley considered "successful" psychopaths as possessing the same deep-rooted disorder and traits as criminal justice-involved psychopaths. The difference between the two types is that successful psychopaths have a superior ability to maintain a consistent appearance of normality.

This outward appearance may include business or professional careers that continue in a sense successful, and which are truly successful when measured by financial reward or by the casual observer's opinion of real accomplishment. It must be remembered that even the most severely and obviously disabled psychopath presents a technical appearance of sanity, often one of high intellectual capacities, and not infrequently succeeds in business or professional activities for short periods, sometimes for considerable periods. (Cleckley, 1988, p. 191)

Cleckley argues that material goods and upper class lifestyles only help to further disguise the true pathology and are often mistaken for signs of good social adjustment.

His observations were some of the first, and most significant, published accounts of psychopaths in the workforce. Notwithstanding a lack of empirical evidence, Cleckley was able to perceive a pattern of behaviour in these patients and his narratives served as a testament to their ability to infiltrate the corporate world. Even though he did not develop a formal theory concerning corporate psychopaths, his work has helped shape the construct of psychopathy and has had great influence on the research conducted in this field.

After Cleckley, little attention had been paid to the presence of these disordered individuals in the workforce until recently. As a result of research in industrial and organizational, as well as personality psychology, a new awareness has been brought to the interaction between individual personality traits and work. More specifically, how the individual can influence his or her work environment and the effect on productivity have been at the core of new research in the area (Mount, Ilies, & Johnson, 2006; Neuman, Wagner, & Christiansen, 1999; Van den berg & Feij, 2003).

Based on recent occurrences, Boddy (2011b) has begun to develop a theory regarding the global financial collapse suffered in 2008 by conducting some of the first empirically driven studies in the field. He argues that corporate psychopaths are agents of occupational malfeasance and have the ability to jeopardize entire corporations. Despite a paucity of evidence, he believes the 2008 financial crisis was largely due to a small number of psychopaths and their corporate misconduct that led to the instability of the economic infrastructure. His rationale is based on the ability of psychopaths to obtain rapid promotions by way of their charm, decisiveness, and creativity (Babiak et al., 2010). By utilizing their skill set, they are able to attain positions of power within

organizations. The prospect of authority and wealth are the primary reasons they are drawn to a career in business (Boddy, 2010a). Once in power, their lack of empathy and complete disregard for consequences produces a chaotic work environment. As a result, Boddy (2011b) contends that businesses have undergone a paradigm shift and believes that some managers are not acting in the best interest of the company.

In contrast, Babiak and Hare (2006) have reviewed how industries have evolved over time in order to explain the presence of psychopaths in the workplace. They propose that rapid change in organizational structure and the speed with which information is communicated and translated into applied knowledge has played a significant role in the presence of psychopaths at work. With the emergence of new markets, globalization, and business mergers, the process in which personnel is screened and hired has changed drastically (see section on Corporate Psychopaths and the Employee). Companies want to hire the best and brightest employees and with the use of technology there is virtually no distance too great to prevent hiring an employee, despite the difficulty in getting to know any employee who is not physically located in the office. Moreover, advances in technology and reductions in human labour driven industries have generated highly competitive conditions for job seekers. This combination of circumstances has created a prime opportunity for psychopaths to permeate businesses. Managers want to ensure that they employ talented and ambitious individuals who will push their company further and increase profit. Psychopaths are exceptionally skilled at short-term impression management (Babiak, 1995) and can exhibit charisma and confidence that aid them to manipulate and deceive others (also described in the literature as a grandiose sense of self-worth; Hare, 2003).

Researchers in other fields have also attempted to explain the phenomenon of corporate psychopaths. Recently, Pech and Slade (2007) developed a framework to examine corporate psychopaths by combining the business theories of memetics and structuration. These two theories analyze culture climate and communication (theory of memetics) and individual or organizational drives and motives (structuration theory). The theory of memetics is rooted in evolutionary psychology and the attempts to explain the mechanisms by which information, beliefs, and ideas are transferred and shared (Pech & Slade, 2007) while structuration theory originates from the study of social systems in relation to structure and agency (Pech & Slade, 2007). In other words, what role does autonomy and socialization play in the creation of social systems (i.e., organizations, communities). In essence, marrying these two concepts would explain why an organization would hire a psychopath and then continue to tolerate immoral and illegal behaviours. They provided recommendations and policies that can be implemented to avoid creating a workplace that would be attractive to psychopaths or conducive to hiring them.

It has been suggested that the previous research conducted on criminal psychopaths may not be as useful to organizational psychologist studying corporate psychopaths because of a lack of generalizability between those who are justice and non-justice involved (Chapman, Gremore, & Farmer, 2003; Kirkman, 2005; Salekin, Trobst, & Krioukova, 2001). In addition, psychopathy research conducted to date often combines measures of psychopathy with scales designed to measure anti-social personality disorder and criminality (Lynam, Whiteside, & Jones, 1999), leading to a confounding effect. The results from studies measuring criminality may not be as useful to researchers examining

community-based psychopaths. The majority of studies have been conducted with incarcerated samples and, therefore, do not accurately capture the concept of a psychopath in the community (Lynam et al., 1999). As previously mentioned there have been great advances in assessing psychopathy in community and non-incarcerated populations, however, more research is needed. Because of this limitation, theories involving corporate psychopathy are still in their infancy. It is expected that as more studies are conducted and results are disseminated researchers will be able to better understand the implications that psychopaths have on business and the well-being of their colleagues.

Corporate psychopaths and the corporation. In addition to understanding the impact that psychopaths have on corporations, the issue of where psychopaths go to work has also been of interest. Boddy (2010a) hypothesizes that corporate psychopaths are drawn to commercial or financial organizations due to the ability to rapidly rise through the ranks. He also believes that executive positions within the public sector would be attractive to psychopaths because there are few external objective performance measures, such as the reporting of company profits. These suppositions have yet to be extensively empirically tested.

In the first study of its kind, Boddy (2010a) surveyed 346 Australian professionals from various work sectors. Participants were asked to rank their current or past manager on psychopathic behaviours measured by the Psychopathy Measure – Management Research Version (Boddy, 2010b). More managers from the financial, banking, communications, government defence, and education sectors met the cut-off for corporate psychopathy than those working in retail, construction and health care; however, these

results were not statistically significant. The relatively small sample size for each work sector and the less sophisticated statistical techniques applied to analyze the data may explain the non-significant findings.

Babiak et al. (2010) recently conducted a study to determine whether scores on the PCL-R would be predictive of superiors' performance appraisals and positions held in large organizations. They reported that corporations viewed individuals with high total psychopathy scores as good communicators, creative, and good strategic thinkers. Unfortunately, the authors did not include a description of the types of organizations that agreed to participate (i.e., private corporations vs. public sector) or nature of the work conducted by the organization (e.g., financial, communications, healthcare provider, educational, etc.). Further research in this area is needed in order to effectively identify which sectors are most vulnerable to psychopaths and where the majority of these individuals are currently employed.

The media has also observed patterns of behaviour present in corporate leaders who have defrauded stock holders and members of the general public as illustrated by the increased coverage of high profile legal proceedings (e.g., *United States v. Conrad Black*, 2005; *United States v. Bernard Madoff*, 2009). Survey companies have also taken an interest in the issue. Price Waterhouse Coopers (2008) recently found that 43% of companies surveyed reported substantial fraud totaling over \$2,000,000 US. With this newfound awareness of white-collar crime perpetrated by suspected psychopathic executives, researchers are hopeful they will be able to identify types of employment that attract psychopaths and the impact suffered by the corporations who employ them (Babiak, 1995; Goldman, 2006).

Corporate psychopaths and the employee. Management and leadership styles are factors that have been identified in the literature as elements that can affect the well-being of employees and the company as a whole (Boddy, 2010a; Burke, 2006). These factors are so significant, that each year organizations will spend millions of dollars to promote the development of their leaders (Fulmer & Conger, 2004). In a review of qualities that led to poor leadership, Kellerman (2004) created a categorization system. He identified seven patterns of behaviours that are associated with ineffective and unethical leadership: (1) incompetency for the position, (2) rigidity and unwillingness to adapt, (3) intemperate and lacking control, (4) callousness, (5) corruption, (6) insularity, and (7) evil tendencies. He asserts that the first three characteristics are illustrative of leaders who are incompetent and prove to be the least damaging to a company. Conversely, the last four traits are indicative of evil leaders and their negative influence can be of great consequence to employees, shareholders, and the public. These correspond with many of the same features assessed in measures of psychopathy.

In a study conducted with corporate professionals, Babiak et al. (2010) found that the sample had a greater prevalence of psychopathic traits, with 5.9% of participants scoring 30 or more on the PCL-R, compared to 1.2% of participants in the MacArthur community sample (Monahan et al., 2001). These results have encouraged further research in the area and provided additional evidence for theories of corporate psychopaths. Few studies have been able to accurately detect the prevalence of psychopathy within organizational settings. Babiak and Hare (2006) explain that this gap is due to the reluctance of companies to agree to participate in psychological studies measuring psychopathy.

Despite not being able to accurately measure prevalence rates, researchers have achieved considerable success in the development of screening tools to assess psychopathic traits and personality in employees and management personnel. The Business-Scan: 360 (B-Scan; Babiak & Hare, in press) was designed to assess personal style, emotional style, organizational effectiveness, and social responsibility. The aim of the tool is to provide a global evaluation of integrity and dysfunctional behaviours. The scale is administered through self-report and an additional Supervisor Version can be appended to include a supervisor's ratings of the employee (i.e., a 360 degree evaluation). Initial results revealed the tool was able to discriminate between high integrity employees and individuals convicted of economic crimes (Babiak et al., 2010). The validity of the B-Scan is currently being tested.

Caponecchia, Sun, and Wyatt (2012) recently published a study assessing the implications of the label "psychopath" in a workplace setting. The sample was made up of individuals who had not experienced workplace bullying. They found that participants were more likely to classify their co-workers as psychopaths when given the option of using a label (i.e., peer is/is not psychopathic), however, this was no longer significant when they were required to use a checklist outlining behaviours that are characteristic of psychopaths.

The authors purport that researchers in the field of corporate psychopathy promote the belief that psychopathy is pervasive by publishing books about the topic and making them available to laypersons. They go on to suggest that as the phenomenon of workplace bullying garners more attention, the term psychopath has since been used to describe harmful or unacceptable behaviours. In turn, this has led to the perception that

psychopathy is commonplace and that every individual at one point in time will have some form of contact with a psychopath. Most importantly, Caponecchia et al. (2012) warn that the implications of misdiagnosing a co-worker as a psychopath can produce severe negative consequences for all stakeholders. Resorting to labeling can be an easy strategy for coping with difficult peers, however, this may preclude any meaningful resolution. Particularly, when defaming claims are made, individuals and organizations may be held liable. The authors suggest that the notion of corporate psychopathy has become a blanket term for unacceptable behaviours and difficult people.

Victims of Psychopaths

For every psychopath there are likely many unheard victims. Voices of survivors of psychopaths have been largely neglected in current theoretical and empirical research (Williamson, Hare, & Wong, 1987). This significant gap in the literature is surprising given the recent advances in psychopathy assessment tools and overall growth in psychopathy research (Lilienfeld, 1998).

Research regarding corporate psychopathy and victimcentric studies are still in there infancy. Kirkman (2005) suggested that studying victims of psychopaths would provide an effective context in which researchers could better understand how the personality traits of the disorder are manifested. She also argued that studying victims would illuminate the concept of the “everyday life” psychopath (Reiber & Vetter, 1994) and broaden our understanding of those who live successfully among us. Further, Shalling (1978) contends that, in certain contexts, assessment tools are inappropriate and the use of direct observation is necessary to truly understand the behavioural characteristics exhibited by psychopaths.

To date, Kirkman (2005) has conducted the only published qualitative study on victims of psychopaths. She did so by recruiting participants with an ad that described a very well known character from the popular British television show *Coronation Street* (Grenada Television). The character could be described as a textbook psychopath, possessing almost all of the 20 traits measured on the PCL-R. Women who had been involved in romantic relationships with men who possessed many of the same personality traits were invited to participate in an interview. In total, 20 women completed the semi-structured interview. All of the participants stated they experienced changes in their health status since being involved with the psychopath, and several were receiving pharmacological treatment at the time of the interview. During the thematic analysis, Kirkman found that superficial charm, good intelligence, and pathological lying were present in all cases and was explained by the women as the reason they were initially attracted to the psychopath and why the relationship had started. All victims, and their family and friends, were led to believe the psychopath was trustworthy and honest. It was not long after the beginning of the relationship that the true nature of the psychopath was exposed. The women described an antisocial pursuit of power including dangerous and harmful controlling behaviours exhibited by their partners. Some participants had experienced physical abuse, however, psychological abuse was prevalent in all cases.

When analyzing the transcripts, Kirkman (2005) discovered that the women reported experiencing several of the same behaviours that could have served as warning signs. These included: 1) rapid pace in which the relationship progressed, most women reported having moved in together in a matter of weeks, 2) lies about occupation typically involving some form of law enforcement, the men would often pretend to be

police officers, guards, or belonging to a secret service, 3) economic abuse, many men led parasitic lifestyles and would lie or steal to get money, and 4) infidelities, the women reported discovering that their partners were being unfaithful. Several of these behaviours were observed at the beginning of the relationship, yet the women were led to believe that they were being unreasonable for questioning the psychopath's intentions. This study provided a unique perspective and insight into how psychopaths manage heterosexual relationships and its impact on the survivors.

The use of deception and victimization. Deception is a central characteristic of psychopathy and is implied in many psychopathic features, such as, manipulation, superficial charm, glibness, and lying. Psychopaths have been dubbed social predators because of their innate ability to detect vulnerability in others and exploit cooperation (Hare, 1999). To gauge how much better psychopaths are at detecting vulnerability and submissiveness, Wheeler, Book, and Costello (2009) presented video clips of women walking down a long hallway to a group of male university students. The men were asked to pretend to be muggers and rate the women's vulnerability. Those men with higher psychopathy scores were better able to detect which women had previously been victimized and were therefore potentially easier targets.

In another study, Book (2005) asked incarcerated males and individuals from the community to name the universal emotions seen in 24 photographs of Caucasian males and females. Participants who rated higher in psychopathy were better at identifying intense emotions, in particular fear.

The psychopath's ability to perceive weakness and emotions in others, while not experiencing the emotions themselves, plays an important role in deception. Picking up

on social cues can help psychopaths build relationships with others and allows them to gain trust from their victims (Stout, 2005). In addition, being able to mimic emotions contributes to the illusion of being trustworthy (Book, 2005) and is an important factor when trying to deceive others while avoiding detection by both law enforcement and victims. All of these abilities are crucial in a workplace setting where impression management is imperative to success.

Posttraumatic growth. Trauma related research has almost exclusively focused on the negative outcomes and the maladaptive behaviours that form after a tragedy (Tedheschi, Park, & Calhoun, 1998). Relatively little attention has been paid to the development or successful growth that is experienced by some following trauma. Posttraumatic growth (PTG) is defined as both a process and an outcome initiated by coping in response to a traumatic event (Tedheschi et al., 1998). PTG has experienced increased interest from researchers after several studies (Aldwin, Levenson, & Spiro, 1994; Frazier & Burnett, 1994; Showers & Ryff, 1996) involving victims have unexpectedly reported growth outcomes when these results were not anticipated or specifically examined. PTG was originally examined in the context of cancer survivors and with individuals who had survived catastrophic natural disasters; however, there is an emerging body of research that has focused on victims of violence and crime (Tedheschi et al., 1998). PTG has yet to be examined in victims of bullying or victims of psychopaths despite the breadth of research describing severe PTSD symptoms in these samples. Interestingly, Kunst (2010) found that victims of crime who experienced distress during or after the incident, regardless of the presence of PTSD symptoms, reported experiencing growth several years after the trauma. These results demonstrate

that severe victimization is not necessary for experiencing growth and that the phenomenon may be observed in persons who appear relatively well-adjusted following trauma.

Purpose of Present Study

Relatively little is known about victims of corporate psychopaths. Inferences have been drawn from the literature in related fields of study (e.g., workplace bullying, psychopathy, trauma survivors), however; no study has explored this specific issue. Furthermore, psychopathy research has attempted to identify types of employment (business, upper level executive positions, finance, etc.) that tend to attract employees possessing psychopathic traits through the evaluation of case studies and anecdotal evidence. Given that psychopathic individuals are more likely to lie, cheat, manipulate, and deceive (Hare, 2003), they can have a significant impact on work morale and the well-being of co-workers. The goal of this study was to better understand how working with an individual with psychopathic traits can impact job satisfaction, PTG, absenteeism, coping, support, and overall well-being.

To gain a deeper understanding of victims' experiences, a qualitative examination explored how the deceit and manipulation were perceived. The creation of categories and themes provided rich contextual data to a relatively unstudied area of forensic psychology. In addition, results have elucidated the manner in which negative work experiences can infiltrate other areas of life and lead to negative outcomes and poor functioning. No published research has used a mixed methods approach to examining the issue of workplace psychopathy and its effect on employees.

The following section outlines the research questions and hypotheses examined in the present study.

Research Question 1: What are the experiences of victims of ascribed psychopaths in a workplace environment? To answer this question, the types of experiences and range of behaviours described by the victims were examined. It was predicted victims would more likely be emotionally harmed than physically harmed and to experience this to a severe degree. Also, it was predicted that as exposure to the psychopath increases, so would psychological distress.

Research Question 2: In what ways were the victims “conned” by the ascribed psychopaths? How were the ascribed psychopaths able to manage impressions at the beginning of the relationships and when did the participants realize that their co-workers/bosses had psychopathic traits? To date, little information is known regarding the process in which individuals initially suspect and later realize a person close to them demonstrates psychopathic traits. This information is important as it can serve to help better protect potential future victims and provide warning signs that potential victims should be aware of.

Research question 3: How did the participants cope with the ascribed psychopaths at work? Did others in the work environment also suspect that their co-worker/boss was possessed psychopathic traits? Do coping skills have an impact on perceived support, psychological distress, and posttraumatic growth? Several studies have reported that having a strong support network mediates work-related stress and negative health outcomes (Bilgel et al., 2006; Cohen & Willis, 1985; Terry, Nielsen, & Perchard, 2011). There is also evidence to suggest that victims of workplace bullying engage in

significantly more coping strategies than those who are not bullied (Keashly et al., 1994; O'Moore et al., 1998; Trijueque & Gomez, 2010) and that the effect of perceived support on positive mental health outcomes can be partially mediated by coping (Greenglass & Fiksenbaum, 2009). It was hypothesized that coping would mediate the relationship between perceived support and psychological distress and PTG (see Figure 2).

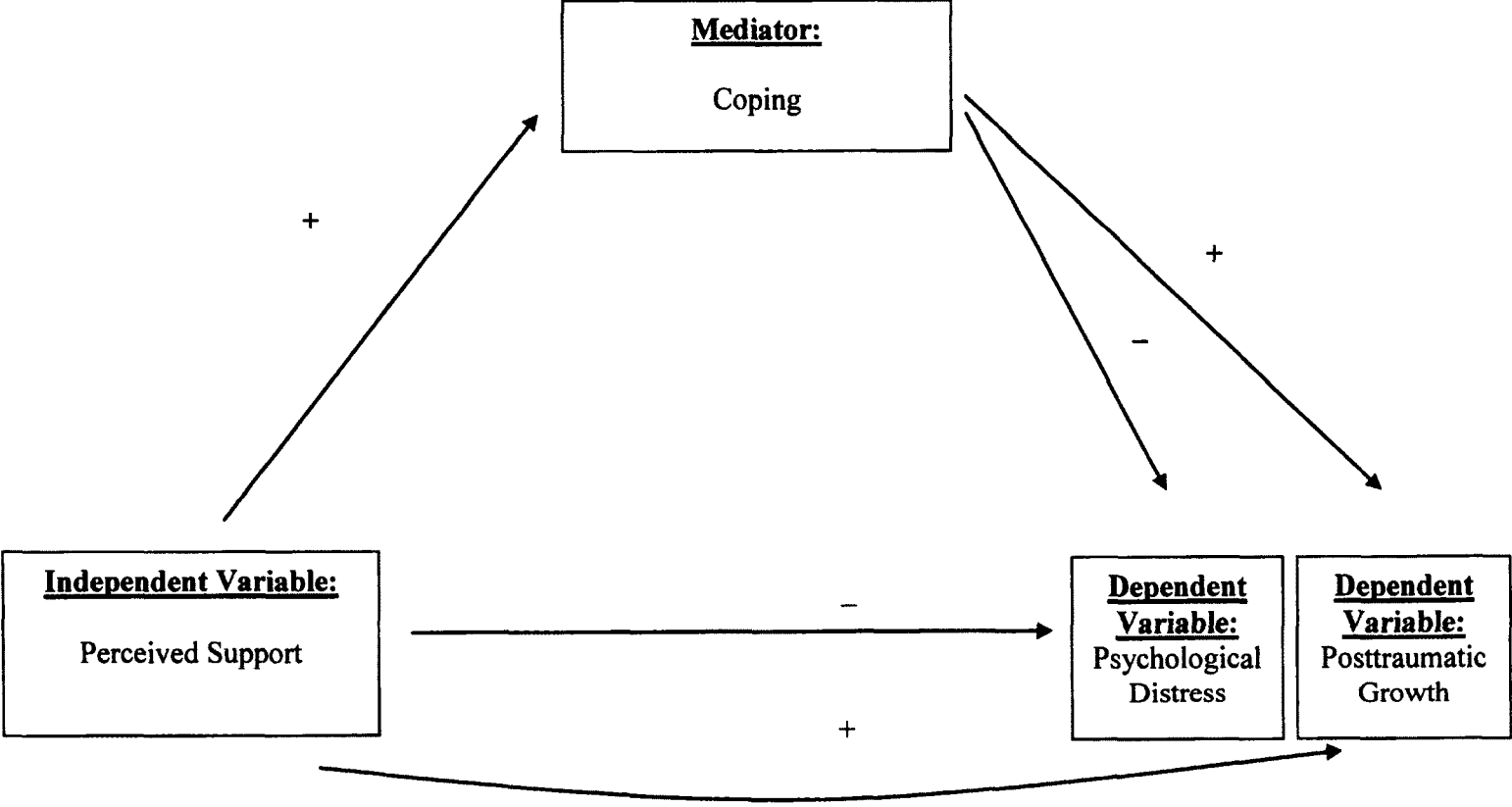


Figure 2. Hypothesized model of coping mediating perceived support and psychological distress and posttraumatic growth.

Research question 4: What effects do survivors of ascribed psychopaths experience?

It was hypothesized victims would describe a wide variety of effects, similar to what has been reported in the workplace bullying literature. Participants would report numerous conditions and effects as a result of being victimized that can be classified under the categories outlined in the fourth phase of Poilpot-Roycaboy's (2006) model of the psychological bullying process (illustrated in Figure 1).

Research Question 5: Do individuals with psychopathic superiors (e.g., supervisors, bosses) have worse outcomes and decreased functioning compared to individuals

who have co-workers with psychopathic traits? The literature on workplace bullying has found that individuals report being bullied by a superior more often than by a co-worker or a subordinate (Einarsen, Hoel, & Notelaers, 2009; Rayner, 1997; Zapf et al., 2003). Considering the nature of a supervisor's position (i.e., the assignment of duties, completing performance evaluations, providing opportunities for learning and growth) it is conceivable that a boss with psychopathic traits may have a more profound effect on a victim than simply working alongside a psychopathic individual. For instance, in assigning duties, a psychopathic superior may overwork the victim, leading to poor work-life balance and spillover into extra-vocational domains. It was predicted that individuals with psychopathic superiors would experience more negative outcomes as measured by the assessment instruments than those with psychopathic co-workers or subordinates.

Research question 6: Will victims of ascribed psychopaths report experiences that would be classified as bullying? What form of bullying is most common among the victims? It was hypothesized participants would experience a range of workplace bullying behaviours and would report experiencing work- and person-related bullying

more frequently than physical intimidation. Most companies have developed strict rules regarding physical violence in the workplace and adopted zero tolerance policies. If psychopaths are to be successful in their workplace they must find other methods of achieving their goals. Therefore, they would be more likely to engage in person- and work-related bullying as these are more discrete behaviours and are more difficult to detect.

Methods

The research questions outlined were examined using a mixed methods approach. In a truly mixed methods design, both strands (i.e., quantitative and qualitative research questions and data) are brought together to form a larger, more comprehensive picture of the issue under investigation (Creswell & Tashakkori, 2007; Teddlie & Tashakkori, 2009). Based on the research questions and the social process being examined, the convergent parallel design was applied. The purpose of this design is to acquire *distinctive but complimentary data on a specific topic* (Morse, 1991). Further, the convergent design allows the researcher to directly compare and contrast data from the various sources for corroboration purposes (Cresswell & Plano-Clark, 2011). Creswell and Plano-Clark argue this design has several strengths including the ability to collect quantitative and qualitative data simultaneously and efficiently while maintaining the capacity to analyze them separately using the traditional techniques associated with each data type. In keeping with the design, the final results are presented separately and then further examined together to corroborate, contrast, and compare the data obtained from each method with the goal of describing the experience of working with an ascribed

psychopath. Table 1 describes how the materials from each method contributed to answering the research questions.

Table 1

Integration of Materials, Research Questions, and Analyses

Research Question	Quantitative Sources	Qualitative Sources	Analyses
1. Experience of victims of ascribed psychopaths in a workplace environment	<ul style="list-style-type: none"> ▪ Section B: questions 12, 13, 14, 15, 16, 17, and 18 ▪ Section B: question 3 	<ul style="list-style-type: none"> ▪ Section C: question 1 	<ul style="list-style-type: none"> ▪ Content analysis ▪ Chi-square test ▪ Correlation
2. Deception and manipulation		<ul style="list-style-type: none"> ▪ Section C: questions 2, 3, 4, and 5 	<ul style="list-style-type: none"> ▪ Content analysis
3. Coping and support	<ul style="list-style-type: none"> ▪ Section B: question 11 ▪ Brief COPE ▪ Perceived Support Scale ▪ Kessler Psychological Distress Scale ▪ Posttraumatic Growth Inventory 	<ul style="list-style-type: none"> ▪ Section C: questions 6 and 8 	<ul style="list-style-type: none"> ▪ Linear regression analysis (mediation model) ▪ Content analysis
4. Effects of victimization		<ul style="list-style-type: none"> ▪ Section C: question 7 	<ul style="list-style-type: none"> ▪ Content analysis
5. Comparing outcome variables of victims' with co-workers to those with superiors with psychopathic traits	<ul style="list-style-type: none"> ▪ Kessler Psychological Distress Scale ▪ Job in General Scale ▪ Posttraumatic Growth Inventory ▪ Perceived Support Scale 		<ul style="list-style-type: none"> ▪ <i>T</i>-test
6. Workplace bullying	<ul style="list-style-type: none"> ▪ Negative Acts Questionnaire – Revised 		<ul style="list-style-type: none"> ▪ Chi-square test ▪ Descriptive statistics

Note. Section B and Section C refer to sections of the close- and open-ended questions.

Participants

Participants were 198 English-speaking women ($n = 132$; 66.7%) and men ($n = 66$; 33.3%) aged from 18 to 69 ($N = 190$, $M = 37.4$, $SD = 13.4$) and have, at one point in their life, worked with an individual with ascribed psychopathic traits. Participants described working with both male ($n = 119$; 60.1%) and female ($n = 79$; 39.9%) ascribed psychopaths. Table 2 described the race of survivors and psychopaths for participants who were recruited from Mechanical Turk, therefore receiving a nominal fee to complete the study, and the demographic information of participants who were not compensated. Participants recruited from Mechanical Turk described the ascribed psychopath as Black more often than participants recruited from all other methods. About half of the sample worked with an ascribed psychopathic superior ($n = 92$; 46.5%) and almost an equal number of participants had a peer or co-worker with psychopathic traits ($n = 93$; 47.0%). Only 13 employees (6.6%) had a subordinate who was an alleged psychopath. Half of the sample reported being employed in the public sector ($n = 100$; 50.5%), as opposed to the private sector ($n = 98$; 49.5%). Participants primarily described themselves as middle class (i.e., can afford basic needs and have some extra money; $n = 154$; 77.8%), followed by lower class (i.e., living below the poverty line and struggling with basic needs; $n = 24$; 12.1%), and upper class (i.e., can afford well beyond basic needs; $n = 19$; 9.6%).

Table 2

Race of Survivors and Ascribed Psychopaths by Recruitment Method

	Non-compensated participants (<i>N</i> = 107)		Compensated participants (<i>N</i> = 91)	
	<i>n</i>	%	<i>n</i>	%
Survivor's race				
White	93	86.9	75	82.4
Black	6	5.6	9	9.9
East Asian	3	2.8	4	4.4
Latin American	3	2.8	2	2.2
Southeast Asian	1	0.9	1	1.1
South Asian	1	0.9	--	--
Ascribed psychopath's race				
White	95	88.8	71	78.0
Black	5	4.7	13	14.3
East Asian	3	2.8	2	2.2
Latin American	2	1.9	4	4.4
Southeast Asian	1	0.9	1	1.1
South Asian	1	0.9	--	--

Almost all participants were located in the United States ($n = 147$; 74.2%), were employed full time in a service or support field ($n = 111$; 56.1% and $n = 85$; 42.9%, respectively), and about one-third had an undergraduate degree ($n = 72$; 36.4%; see Table 3). Participants recruited through Mechanical Turk had to have an American IP address to be eligible to participate in the study. More students were recruited through Mechanical Turk than other recruitment methods and part-time employment was more commonly reported with this sample. Table 4 presents the sources of study referrals. Mechanical Turk was the most popular referral method.

Table 3

Location, Employment, and Educational Level of Participants by Recruitment Method

	Non-compensated participants (<i>N</i> = 107)		Compensated participants (<i>N</i> = 91)	
	<i>n</i>	%	<i>n</i>	%
Location				
United States	57	53.3	90	98.9
Canada	16	15.0	--	--
Australia/New Zealand	14	13.1	--	--
Europe (UK)	11	10.3	1	1.1
Europe (non-UK)	7	6.5	--	--
Asia/Middle East	2	1.9	--	--
Occupational background				
Service/Support	48	44.9	37	40.7
Medical/Government	29	27.1	13	14.3
Information technology/Computing	15	14.0	12	13.2
Engineering/Science	11	10.3	5	5.5
Student	4	3.7	24	26.4
Employment status^a				
Full-time	66	61.7	45	49.5
Part-time	13	12.1	25	27.5
Not employed (looking for work)	11	10.3	8	8.8
Seasonal/Contract	7	6.5	5	5.5
Not employed (not looking for work)	5	4.7	7	7.7
Retired	4	3.7	1	1.1
Highest level of education^a				
Graduate school	43	40.2	14	15.4
University undergraduate	39	36.4	33	36.3
Technical or trade school	10	9.3	7	7.7
Community college	7	6.5	21	23.1
Secondary school	7	6.5	15	16.5

Note. ^a *n* = 1 missing.

Table 4

Referral Sources and Corresponding Website Addresses (N = 198)

Source	Address	<i>n</i>	%
Mechanical Turk	www.mturk.com	91	46.0
Linked In Canada	www.linkedin.ca	36	18.2
Love Fraud	www.lovefraud.com	33	16.7
Dr. Robert Hare	www.hare.org	27	13.6
The Aftermath: Surviving Psychopathy Foundation	www.aftermath-surviving-psychopathy.org	6	3.0
Researcher or clinician referral		5	2.5

At the time of the study, 57 respondents (28.8%) were still working with the ascribed psychopath; however, most stated they no longer did ($n = 139$; 70.2%). On average participants worked with the ascribed psychopath for 2.5 years ($SD = 1.14$). Several reasons were provided to explain why participants no longer worked with the ascribed psychopath (see Table 5). Table 6 describes how long survivors worked with the ascribed psychopath, how long it has been since working with the ascribed psychopath, and the length of time they worked at the organization before meeting the ascribed psychopath. Over half of the sample ($n = 120$; 60.6%) held entry or junior level positions within their organization, approximately one third ($n = 57$; 28.8%) were middle managers, a small number of participants (8.6%) maintained senior level management positions, and four survivors (2.0%) did not provide a response.

Table 5

Reasons Given By Participants to Explain why they no Longer Work with the Ascribed Psychopath (N = 142)

Reason	<i>n</i>	%
Participant		
Quit or resigned	67	33.8
Let go or fired	20	10.1
Took a leave of absence/disability leave	5	2.5
Demoted	3	1.5
Promoted	3	1.5
Ascribed psychopath		
Let go or fired	26	13.1
Quit or resigned	12	6.1
Demoted	4	2.0
Promoted	2	1.0

Table 6

Length of Time Spent Working at the Organization Before and After Meeting the Ascribed Psychopath (N = 198)

	Less than 1 year % (<i>n</i>)	1-2 years % (<i>n</i>)	3-4 years % (<i>n</i>)	5-7 years % (<i>n</i>)	8 years or more % (<i>n</i>)
Time at organization before meeting ascribed psychopath ^a	58.1 (115)	16.7 (33)	7.1 (14)	5.1 (10)	11.1 (22)
Time spent working with ascribed psychopath ^b	18.7 (37)	37.9 (75)	25.8 (51)	8.1 (16)	8.1 (16)
Time since working with ascribed psychopath ^c	27.8 (55)	23.7 (47)	11.1 (22)	6.6 (13)	5.1 (10)

Note. ^a *n* = 4 missing; ^b *n* = 3 missing; ^c *n* = 51 missing.

Materials

Job in General Scale (JIG). The JIG (Ironson, Smith, Brannick, Gibson, & Paul, 1989) is an 18-item self-report measure of global job satisfaction designed to assess overall affective judgment regarding satisfaction with the workplace. Unlike facet measures, which assist management in measuring independent components of the construct, the JIG is a global measure and is especially useful in a research context (Russell et al., 2004). The JIG was originally created as an accompaniment to the Job Descriptive Index (Smith, Kendall, & Hulin, 1969), a multidimensional facet measure of job satisfaction, and has since been validated for use on its own. The JIG has been used in a variety of contexts to examine the antecedents and consequences of work stress (Stanton, Balzar, Smith, Parra, & Ironson, 2001) and attitudes (Mastrangelo & Popovich, 2000).

Items are one-word negative or positive adjectives that have been found to effectively describe job satisfaction (e.g., pleasant, undesirable; see Appendix A) Respondents are given three options for answers, “yes”, “no” and “?”.

The JIG was developed with a large sample of employees ($n = 1,149$) from various sectors. The scale demonstrates excellent reliability with alpha coefficients ranging from .91 to .95, as well as strong convergent validity and moderate discriminant validity with correlations ranging from .66 to .80 and from .40 to .78, respectively (Ironson et al., 1989). For this study, the Cronbach’s alpha was .94.

Negative Acts Questionnaire – Revised (NAQ-R). The NAQ-R (Einarsen, Hoel, & Notelaers, 2009) is a 22-item self-report scale based on its predecessor the Negative Acts Questionnaire (NAQ; Einarsen & Raknes, 1997, Mikkelsen & Einarsen, 2001) and

is designed to assess negative acts of a personal and work-related nature. The NAQ-R was created to be used in a variety of work settings and adapted for Anglo-American culture (Einarsen et al., 2009). The items measure three different aspects of bullying, including person-related bullying, work-related bullying, and physical intimidation. All items are behaviourally based and do not contain any definition of the construct. This approach has been proven effective when assessing harmful behaviours experienced by potential victims (Arvey & Cavanaugh, 1995). Participants are asked to rate each item with one of the response alternatives: “never”, “now and then”, “weekly”, or “monthly”. The scale has excellent internal consistency ($\alpha = .90$) and good content and discriminant validity (Einarsen et al., 2009; Giorgi, Matthiesen, & Einarsen, 2006; Tsuno, Kawakami, Inoue, & Abe, 2010). In this study internal consistency measures ranged from .75 for the physical intimidation subscale to .90 for the person-related subscale.

Posttraumatic Growth Inventory (PTGI). The PTGI (Tedeschi & Calhoun, 1996) is a 21-item self-report scale used to assess the positive outcomes experienced by individuals who have survived a traumatic event. Five subscales can be derived from the questionnaire: 1) new possibilities, 2) relating to others, 3) personal strength, 4) spiritual change, and 5) appreciation of life. A 6-point Likert response format ranges from “I did not experience this change as a result of my crisis” (score = 0) to “I experienced this change to a great degree as a result of my crisis” (score = 5). The scale demonstrates excellent internal consistency ($\alpha = .90$) and acceptable test-retest reliability ($r = .71$; Tedeschi & Calhoun, 1996). The internal consistency of each subscale ranged from $\alpha = .67$ to $.85$. The scale has been validated with several populations having experienced a variety of traumatic events (Morris, Shakespeare-Finch, Rieck, & Newbery, 2005;

Tedeschi & Calhoun, 1996) and has been supported by confirmatory factor analysis (Taku, Cann, Calhoun, & Tedeschi, 2008). In this study, Cronbach's alpha coefficients for this scale ranged from poor to excellent reliability ($\alpha = .64$ to $.92$).

Self-Report Psychopathy Scale – Short Form (SRP-SF). The SRP-SF (Paulhus, Neumann, & Hare, in press) is a 29-item self-report questionnaire constructed to assess psychopathic traits in the general population (see Appendix B). This scale is derived from the 64-item Self-Report Psychopathy Scale – III (SRP – III; Paulhus et al., in press). For the purpose of this study, all statements were changed from the first person to the third person to allow the participant to rate their supervisor, peer, or subordinate. All items are rated on a 5-point Likert scale ranging from 1 (disagree strongly) to 5 (agree strongly). As was previously implemented in Pagliaro's (2008) study, an additional "don't know" option (score = 0) was given for each item. Unlike other measures of psychopathic traits, the SRP – SF has no cut-off score to categorize the individual as a psychopath. Ratings on the scale were divided into low, moderate, and high. In contrast, higher scores indicate a higher likelihood of the presence of psychopathic traits. A factor analysis of the SRP-SF revealed a 4-factor structure: 1) interpersonal manipulation; 2) callous affect; 3) erratic lifestyle; and 4) criminal tendencies (Mahmut et al., 2011).

This instrument demonstrates good reliability and validity (Paulhus et al., in press; Williams & Paulhus, 2004; Williams, Paulhus, & Hare, 2007) and is predictive of bullying behaviours ($r = .37$; Williams et al., 2003). Strong convergent validity was established for the SRP-III as confirmed by moderate correlations ($r = .34$ to $.62$) with other psychopathy measures. For this study, the SRP-SF demonstrated poor to fair internal consistency ($\alpha = .42$ to $.80$).

Perceived Support Scale (PSS). The PSS (Kaniasty, 1988) is a 12-item self-report questionnaire administered to assess the perceived level of support obtained by victims of crime. The scale is based on the Interpersonal Support Evaluation List (ISEL; Cohen & Hoberman, 1983). Items found to be relevant to the target sample were included in the PSS to form the 12-item scale. Overall, the PSS has good internal consistency ($\alpha = .77$) and sufficient convergent validity with the ISEL ($r = .46$).

Kaniasty (1988) argued that the stress buffer model, which contends that social support plays an important role in mediating stress, could effectively explain different inter-individual health outcomes in the same situation (e.g., health outcomes of a population following a natural disaster). Whereby, those with greater support will be less adversely affected by negative outcomes.

Reliability coefficients for this scale varied from .76 to .83 for the three subscales.

Brief COPE. The Brief COPE (Carver, 1997) is a 28-item self-completed questionnaire designed to assess coping strategies (see Appendix C). The abbreviated version is based on its predecessor the COPE Inventory (Carver, Scheier, & Weintraub, 1989). Items were retained based strong factor loadings and research conducted on the COPE Inventory (Carver, 1997). The scale measures 14 different coping strategies: 1) active coping, 2) planning, 3) positive reframing, 4) acceptance, 5) humour, 6) religion, 7) using emotional support, 8) using instrumental support, 9) self-distraction, 10) denial, 11) venting, 12) substance use, 13) behavioural disengagement, and 14) self-blame. Carver has not indicated which strategies are adaptive or maladaptive, rather the scale identifies which methods are used and it serves to quantify the number of different strategies employed. Participants are presented with a statement regarding a specific

coping strategy (e.g., I've been getting emotional support from others) and are asked to rate their use of this strategy on a four-point Likert scale ranging from "I don't do this at all" to "I do this a lot". The reliability of the Brief COPE was established by averaging the alpha scores across the three administrations of the scale. Alpha coefficients revealed acceptable reliability ($\alpha = .50$) to excellent reliability ($\alpha = .90$). Convergent and concurrent validity were established using measures of attachment ($\beta = 0.23$; $p = 0.05$), social support ($\beta = 0.10$; $p = 0.25$), and daily living impairment ($\beta = 0.12$; $p = 0.14$) in a sample of Alzheimer's caregivers (Cooper, Katona, & Livingston, 2008).

Reliability coefficients for this study were determined using Cronbach's alpha. The Brief COPE demonstrated a wide range of reliability scores for the 14 subscales ranging from poor ($\alpha = .46$) to excellent ($\alpha = .92$). The variability in reliability may be due to each subscale only being comprised of two items, therefore making it difficult to obtain strong internal consistency.

Kessler Psychological Distress Scale (K10). The K10 (Kessler et al., 2002) is a brief 10-item self-report measure of distress (see Appendix D). Scores are summed to provide an overall measure of distress. The K10 demonstrates excellent internal consistency reliability ($\alpha = .93$; Kessler et al., 2002) as well as good discriminant validity (ROC = 0.88) with the Global Assessment of Functioning scale. In addition, the K10 can discriminate between community (i.e., milder) and non-community (i.e., individuals receiving in-patient treatment) cases of DSM-IV disorders. The scale demonstrates good precision in the 90th – 99th percentile range of the population distribution.

For this study, the K10 presented excellent internal consistency with a Cronbach's alpha of .94.

Business Scan: 360 (B-SCAN). The B-SCAN (Babiak & Hare, in press) was designed to assess personal style, emotional style, organizational effectiveness, and social responsibility. The aim of the tool is to provide a global evaluation of integrity and dysfunctional behaviours. The scale is administered through self-report. Initial results revealed the tool was able to discriminate between high integrity employees and individuals convicted of economic crimes. The B-Scan demonstrates good internal consistency ($\alpha = .70$ to $.88$; Mathieu, Hare, Jones, Babiak, & Neumann, in press). The validity of the B-Scan is currently being tested. Because this is a new tool and the author is in the process of publishing the items, the author has requested that items on this measure be interspersed with items on the SRP-SF to ensure that participants and others (e.g., researcher's colleagues, faculty) do not know which items belong to the B-SCAN.

Closed-answer and open-ended questions. Several closed-answer and open-ended questions (see Appendix E) were constructed based on previous research in the field and to address each research question. Questions focus on: 1) demographic information, 2) information regarding the relationship with the ascribed psychopath, and 3) open-ended questions pertaining to the experience of working with the ascribed psychopath. For each component there were brief instructions and participants were informed that they could leave any question blank if they did not feel comfortable answering.

The demographic information collected consisted of age, sex, and race of both the participant and the ascribed psychopath, level of education, socioeconomic status, and where participants were informed of the study. Due to the nature of the study, questions pertaining to employment were discussed in section 2.

In the second section participants were asked to describe, by close-ended choice, the nature of the relationship with the ascribed psychopath (i.e., supervisor, co-worker), the type of employment they had when they worked with the ascribed psychopath, years worked at the organization, type of organization, and employment outcome as a result of the relationship with the ascribed psychopath (e.g., sick leave, quit, fired). To measure absenteeism, participants were asked to indicate the number of days they had missed in the past three months of working with the ascribed psychopath. Park, Wilson, and Lee (2004) found that self-reporting absenteeism was highly correlated with absence records.

The final element of the survey consisted of the open-ended questions inquiring about the experience of working with the ascribed psychopath. The subject of each question varied, however, they all worked together to form a collective reflection of the experience of the victim. The questions are listed below:

1. What experiences at work occurred that made you feel victimized (e.g., the psychopath took credit for your work, overworked you, assigned you to menial tasks, etc.)?
2. What were your first impressions of this person?
3. What behaviours did you observe that led you to believe that something was worrisome or unusual about this person?
4. When did you suspect this person was a psychopath? Why?
5. Did other people you work with recognize that this person was a psychopath? If so, why did they think this?
6. How did you received support from your family, friends, or colleagues while dealing with the psychopath? What type of support?

7. What effects have you experienced as a result of this relationship (i.e., physical, emotional, financial, relationships with others)?
8. How did you try to deal with the problem behaviours caused by the psychopath?
9. If you would like to share any additional information, please include it here.

Procedure

Three methods were used to recruit participants. Regardless of recruitment method, all data were collected using Survey Monkey web provider and upon completion of data collection, all data were downloaded directly from the web provider to SPSS.

Participants recruited from website for survivors of psychopaths. Individuals who saw an advertisement for the study on Love Fraud, Aftermath: Surviving Psychopathy, and Dr. Robert Hare's websites (support websites for survivors of psychopaths) and showed interest were directed to the Survey Monkey website by clicking the link accompanying the advertisement (see Appendix F). Further information regarding the purpose of the study was presented in the informed consent form on the first page of the study website (see Appendix G). The informed consent form contained information regarding the purpose of the study, contact information for the primary researcher and supervisor, along with contact information for the chair of the department and the ethics review committee. There was also information regarding the participant's right to withdraw and a brief description of the required tasks. Informed consent was required before participants could continue with the study. This was obtained by providing a button at the bottom of the informed consent form page that asked participants if they understood what was previously explained and if they agreed to participate in the study. In addition, there was a button located on each page of the study

allowing participants to leave the study if they did not want to continue. When this button was clicked, participants were automatically redirected to the debriefing form.

Participants were asked to complete the survey in an environment where the ascribed psychopath was not currently present (i.e., not to be completed at work if they are currently still working with the perpetrator).

Once informed consent was obtained, participants could begin. No names or IP addresses were collected, therefore, full anonymity was maintained. The SRP-SF was the first questionnaire to appear followed by demographic information and the remaining questionnaires. The open-ended questions were found at the end of the study to ensure that participants completed as much of the structured questionnaires before answering the open-ended questions and to prevent large amounts of missing data. The study took approximately one hour to complete. After having completed the study, a debriefing form (see Appendix H) appeared on the screen and participants were able to print the form for their records if they wished to do so. All participants were provided with an e-mail address, created for the purpose of this study, that they could use to contact the author in the event they wished to receive a summary of the study's findings. Only the author had access to the e-mail account and the participants' personal e-mail addresses were stored in a separate file on a memory stick which was kept locked in a secure location. Participants were encouraged to use an anonymous e-mail address (i.e., one that did not contain their name or place of employment) when requesting to receive study results. All records of e-mail addresses will be destroyed after the study results have been shared with the participants who requested them. Participants recruited with this method were not provided any compensation for their participation.

Participants recruited from Linked In. A paid advertisement was placed on the Linked In Canada website. Linked In is a social networking website for professional. The advertisement was visible only to registered members of the network and appeared in the right hand column of the webpage. Given the limited space provided to paid advertisers, the recruitment ad read “Work with a psychopath? Share your experience. Participate in our study”. Interested viewers who clicked on the advertisement were directed to the Survey Monkey website and were greeted with the informed consent form for the study. All other procedures were the same as noted above. Participants who were recruited from Linked In did not receive any compensation for their participation.

Participants recruited from Mechanical Turk. To obtain the required sample size, 100 participants were recruited using Amazon’s Mechanical Turk (MTurk). MTurk is a site designed to fulfill the need for human intelligence tasks (HITs). Any individual aged 18 years or older can create an account on MTurk and select tasks to be completed in exchange for a nominal fee. Task completers are referred to as “workers” and receive compensation upon successful completion of a task. Compensation ranges from \$0.05 for tasks requiring five to ten minutes to \$2.00 for work that requires approximately an hour. Workers provide banking information to MTurk in order to receive pay for their completed tasks. Amazon is responsible for maintaining confidentiality and anonymity of the workers and for distributing funds. The “requesters” (task creators) are not given access to this information.

This method of data collection has been successfully used in a study involving corporate psychopathy where participants were required to rate their superior on various organizational and personality variables (Mathieu et al., in press). Research has found

that workers are internally motivated to complete the tasks and that amount of compensation does not affect successful completion (Buhrmester, Kwang, & Gosling, 2011). Buhrmester et al. (2011) investigated the usefulness of MTurk as a potential mechanism for data collection in psychology and social sciences and reported promising findings. Additionally, the use of the internet for data collection purposes has been lauded for reducing the biases found in traditional university student samples (Gosling, Vazire, Srivastava, & John, 2004).

A fee of \$3.00 was provided to all participants who agree to take part in the study and was provided regardless of whether the participant completed the entire study. This was done so as not to punish participants who were not comfortable continuing with the study and to ensure that participants did not feel forced to complete the study if they sensed any distress. Requesters are given the option of limiting their task to workers who have low refusal rates (i.e., individuals who frequently complete tasks successfully). This option was selected for the study.

Workers on MTurk who met the selection criteria (i.e., have worked with an individual they believe possesses psychopathic traits) and selected to complete the task were directed to the Survey Monkey study website. The author of the B-SCAN requested that participants recruited on MTurk not complete the scale as it had previously been validated with participants recruited through this channel. No other changes to the procedures involving informed consent, debriefing, right to withdraw, and access to study findings were made.

Once all 100 participants were collected, the primary researcher approved all HITs and participants received their compensation from MTurk.

Results

Data Treatment

First, all individuals who viewed the study but did not participate were removed from the dataset. After deletion of viewers ($n = 145$), 257 participants who partially or fully completed the study scale and questions remained. When data were further checked for completeness, it was noted that 32 participants had begun the study; however, they had not fully completed the SRP-SF or any other questionnaires or long-answer questions. As no substantial information could be obtained from these participants they were also removed from the dataset, leaving 222 participants who participated in the study.

Quantitative data screening. Data were checked for data entry errors and all errors were corrected before further data screening and analyses were conducted.

Participants' rating of psychopathy. In accordance with Pagliaro (2008), missing values on the SRP-SF were replaced with a 0 as these were unknown. Pagliaro rationalized that individuals may be unfamiliar with the answers to some of the items on the scale (e.g., "The psychopath... was convicted of a serious crime") given the measure was intended as a self-report instrument and not for use as an observational tool. Finally, scores on the SRP-SF were divided into low, moderate, and high. Cut-points were established based on the available literature comparing community sample scores to offender samples and on previous research using the SRP-SF as an observational measure (Pagliaro, 2008). Item averages on the scale (i.e., total score divided by 29) that fell between 0 and 1.99 were deemed low as these ratings on the Likert scale correspond to strongly disagree and disagree. Scores that were within the range of 2 and 3.99 were

deemed moderate, and average item scores between 4 and 5 were deemed high as these ratings correspond to agree and strongly agree endorsements of the scale items. As previously indicated, there is strong evidence to suggest that psychopathy is a dimensional construct and should be viewed on a continuum rather than dichotomously (Hare & Neumann, 2008). Thus, there is empirical support for examining the construct of psychopathy in community samples and thinking of it in terms of levels of psychopathy (Hare & Neumann, 2008; Seara-Cardoso, Neumann, Roiser, McCrory, & Viding, 2011), as was done in the current study.

Once all participants with low scores ($n = 24$) were removed from the study sample, 198 survivors remained. The large sample size may be attributable to the methods by which participants were recruited (i.e., websites dedicated to survivors of psychopaths, websites of researchers in the field, etc.). Many participants may have already known or suspected their superior or co-worker possessed psychopathic traits and demonstrated some familiarity with the topic; therefore, reducing the number of participants who were unfamiliar with the disorder. Table 7 presents subscale and total means and standard deviations.

Table 7

Mean (M) and Standard Deviation (SD) for the SRP-SF

SRP-SF subscale	<i>M</i>	<i>SD</i>
Interpersonal	27.96	5.04
Affective	22.80	5.30
Lifestyle	21.53	6.43
Antisocial	14.90	8.78
Total	87.20	17.68

Note. SRP-SF = Self-Report Psychopathy – Short Form.

B-Scan and SRP-SF scores. To establish the appropriateness of the SRP-SF for use with victims of corporate psychopaths, the B-Scan - a measure of psychopathic traits in the workplace - was also administered to all participants recruited from all methods except MTurk. Similar to the SRP-SF, the B-Scan does not have a cut-off score to determine whether an individual is psychopathic. The higher the score, the more likely the individual possesses psychopathic traits. Any missing items on the B-Scan followed the same procedures as the SRP-SF and were replaced with a "0" as these items were unknown. Total scores were calculated by summing each item ($M = 147.58$, $SD = 13.49$). The factor structure of the 40-item version of the B-Scan has not been tested. However, exploratory and confirmatory factor analyses have concluded that the 20-item version of the B-Scan supports a four-factor structure: 1) manipulative/unethical; 2) callous/insensitive; 3) unreliable/unfocused; and 4) intimidating/aggressive (Mathieu et al., in press). The authors have not shared which items load onto each factor; therefore no data regarding mean factor scores are presented here.

Total scores from the SRP-SF and the B-Scan were then correlated to identify whether there was a significant relationship between the two measures. The analysis revealed a moderate positive association between scales, $r = .29$, $p < .01$.

Missing data. For each participant, the amount of missing data ranged from 0% to 10.7% (0 to 23 items). In total, six different participants were missing one full questionnaire each (five PTGI questionnaires and one JIG questionnaire). When the missing questionnaires were excluded from the analysis, it was determined that only a very small amount of data, ranging from 0% to 0.04% (0 to 8 items), were missing for individual participants.

Data that are deemed missing completely at random (MCAR), meaning there is no pattern to the missing data, are considered ignorable and do not bias the estimated parameters (Howell, 2009). To determine the pattern of missing data, a Little's MCAR test can be performed and should include all variables that may be associated with the missing data. All scale variables and demographic information were included in the Little's MCAR test. Results were non-significant ($\chi^2 = 350.552$, $df = 16047$, $p = 1.00$) meaning there was no pattern to the missing data.

Listwise deletion was deemed inappropriate as it would have resulted in a 28.2% loss of participants ($n = 56$). Listwise deletion is only considered suitable when the loss of data is less than 5% (Tabacnick & Fidell, 2007).

Given that the amount of missing data was extremely low and the Little's MCAR test was not significant, it was decided to leave the missing data as it was collected and to prorate scale scores (according to their respective user's manuals) to provide a total score based on the number of items answered. Pairwise deletion was used to maximize sample size for each analysis.

Normality, skewness, and outliers. All variables were checked for skewness and kurtosis. With large sample sizes ($N = 150$ or more) the small standard error produced can lead to significant values for kurtosis or skewness even when the observed distribution does not deviate considerably from the normal distribution. In these instances, values above $z = 3.29$ and below $z = -3.29$ are considered deviations (Field, 2009). Each variable was manually checked for kurtosis and skewness. All variables were within the acceptable range. Additionally, variables were checked for outlier values. All

values that fell outside of plus or minus three standard deviations were transformed to the closest value within that range.

Data analysis. Respondents were randomly assigned participant numbers. These did not reflect the order in which the participants completed the survey or any other personally identifying information. Several different quantitative tests were performed based on the research questions and the variable types (i.e., ordinal, interval, continuous). Tests included: chi-square analyses, Spearman's rank order correlation, *t*-tests, and linear regressions. All quantitative analyses were conducted using SPSS 20.

Descriptive analyses of quantitative scales administered. Table 8 demonstrates the mean and standard deviations of the Brief COPE, K10, PTGI, PSS, JIG, and the NAQ-R.

Table 8

Mean (M) and Standard Deviation (SD) for Subscales and Total Scales

Scale	<i>M</i>	<i>SD</i>
Brief COPE		
Active coping ^a	5.98	1.63
Planning ^b	5.92	1.71
Positive reframing ^a	4.67	1.74
Acceptance ^c	5.69	1.57
Humour ^b	4.42	1.95
Religion ^b	4.27	2.26
Using emotional support ^a	5.54	1.83
Using instrumental support ^b	5.60	1.86
Self-distraction ^c	5.63	1.63
Denial ^a	3.43	1.67
Venting	5.07	1.69
Substance use ^a	3.19	1.77
Behavioural disengagement ^d	3.51	1.54
Self-blame	4.01	1.87
Total	66.91	12.20
K10		
Total	27.16	10.36
PTGI		
Relating to others ^e	20.78	9.95
New possibilities ^e	17.39	7.46
Personal strength ^e	15.55	5.51
Spiritual change ^e	5.51	3.55
Appreciation of life ^e	11.30	4.32
Total	70.50	26.43
PSS		
Emotional support	12.77	3.08
Informational support	13.07	2.89
Tangible support	12.70	2.85
Total	38.55	7.83

Table 8 (continued)

Scale	<i>M</i>	<i>SD</i>
JIG		
Total ^a	12.51	14.61
NAQ-R		
Work-related bullying	17.48	6.26
Person-related bullying	31.17	9.46
Physical intimidation	6.85	2.71
Total	55.51	16.51

Note. K10 = Kessler Psychological Distress Scale. PTGI = Posttraumatic Growth Inventory. PSS = Perceived Support Scale. JIG = Job in General. NAQ-R = Negative Acts Questionnaire – Revised.

^a *n* = 1 missing. ^b *n* = 2 missing. ^c *n* = 3 missing. ^d *n* = 4 missing. ^e *n* = 5 missing.

Qualitative data screening. Responses to the open-ended questions, like all other questionnaires, were optional and did not require a response. On average, 85% of participants (*n* = 168) provided responses to the questions.

Data analysis. All qualitative data were analyzed using NVivo 9. NVivo 9 is a software program that allows researchers to work with unstructured information (e.g., survey data, focus group notes, interview transcripts, social networking data, and photos) and to manage data obtained from these sources. Several functions allow you to code information into emerging themes and categories while creating a conceptual model of the data.

Content analysis was used to code responses to the open-ended questions. Content analysis is a qualitative approach that allows the researcher to organize and categorize responses. Once organized, themes can be formed and developed. Content analysis provides the opportunity to quantify responses by counting the number of times each

theme was endorsed by participants and allows for distinctions to be made between more common themes and less frequently endorsed themes.

To properly conduct content analysis, a coding frame (i.e., a reference guide for coding responses) was created based on the research questions and the questions asked to participants in the survey. The coding frame is a living document that can continuously be updated to reflect new themes and categories as responses are coded. This technique also allows for initial themes to be developed and then later collapsed or reclassified as needed to best fit the data. It is important that the qualitative themes be easily classified so as to produce quantitative data (i.e., number or percent of participants who endorse each theme; Creswell & Plano-Clark, 2011). A methodological journal was kept as coding occurred in order to track decisions and changes.

Inter-rater reliability. All of the responses were coded by the author. To establish inter-rater reliability, a research assistant coded 10% of the responses. The research assistant was familiar with the goals of the study. He was provided a coding manual and several consultations were made with the author regarding the coding procedures. In instances of disagreement, the author and research assistant discussed the definition of the themes, as well as the inclusion and exclusion criteria. Data were then re-coded and inter-rater reliability analyses were conducted a second time. In studies using content analysis, it is imperative to determine the level of inter-rater reliability as this contributes to the overall validity of the findings (Lombard, Snyder-Duch, & Brakken, 2002).

The kappa coefficient was used to determine the degree of inter-rater reliability. Inter-rater refers the number of times the author and the coder agreed (i.e., when the

responses were categorized into the same theme). Kappa coefficients ranged from .71 to .90, indicating moderate to high reliability.

Research Questions 1: What are the experiences of victims of ascribed psychopaths in a workplace environment?

Type of harm and severity (questionnaire data). Chi-square analyses were conducted to determine which type of harm participants most commonly reported. Results revealed that emotional harm was most frequently experienced, followed by experiencing physical consequences, and the fewest number of participants reported experiencing financial harm. A significantly higher proportion of individuals reported suffering emotional and physical harm than was expected (see Table 9). The difference between the expected and observed frequencies of participants who reported experiencing financial harm was not significant.

A goodness-of-fit chi-square test was performed to address whether there were significant differences in severity of harm experienced (i.e., mild, moderate, extreme) for each type of harm (see Table 10). Moderate degrees of physical and emotional harm were most often reported, while the majority of participants described only a mild degree of financial harm. There was a significant difference in the number of participants who identified experiencing each level of harm for the physical and financial types of harm.

Table 9

Percentage and Chi-Square Test Corresponding to the Number of Participants who Endorsed Experiencing Emotional, Physical, and Financial Harm

	% (n)	df	χ^2
Suffered emotional harm ^a	94.4 (186)	1	155.46***
Suffered physical consequences ^a	74.6 (147)	1	47.76***
Suffered financial harm ^a	56.3 (111)	1	3.17

Note. ^a n = 1 missing.

***p < .001.

Table 10

Goodness of Fit Chi-Square for Financial, Emotional, and Physical Harm Severity of Participants who Suffered Harm

	% (n)	df	χ^2
Physical harm	N = 147		
Mild	40.13 (59)		
Moderate	44.22 (65)	2	21.06***
Extreme	15.65 (23)		
Emotional harm	N = 186		
Mild	32.26 (60)		
Moderate	37.63 (70)	2	1.68
Extreme	30.11 (56)		
Financial harm	N = 111		
Mild	48.65 (54)		
Moderate	31.53 (35)	2	14.00***
Extreme	19.82 (22)		

Note. ***p < .001.

To test whether there was a significant relationship between level of distress experienced by participants and the length of time they worked with the ascribed psychopath, a Spearman's rank order correlation was performed. A non-significant

correlation was found between the two variables ($r_s = .08, p > .05$). These findings suggest that the degree of psychological distress is not associated with the length of time one works with a psychopath.

Experiences of victims (qualitative data). Participants were asked to describe the experiences that occurred in their workplace that made them feel victimized by the ascribed psychopath. In total, 81.3% of the sample ($n = 161$) provided responses to the question and 15.2% ($n = 30$) chose not to answer. Three percent of participants ($n = 7$) gave a response to the question; however, the response was too vague or short and could not be coded (e.g., “I met the psychopath at my workplace, he was my superior”). Approximately half of the participants’ narratives described one theme ($n = 78$). Similarly 43.5% ($n = 70$) endorsed two themes, and significantly fewer survivors endorsed three themes. For those endorsing two themes, the most common combination was relational manipulation and work-related victimization.

Content analysis was used to analyze the responses and create categories and themes. Initial categories were later revised and collapsed to form themes that contained experiences that were the most similar as possible without attenuating the core of the experience and simultaneously ensuring that themes were as distinct as possible. Five themes emerged from the analysis: 1) relational manipulation; 2) work-related victimization, 3) physical intimidation; 4) sexual harassment; and 5) being a witness to victimization.

Relational manipulation. Relational manipulation was the most commonly endorsed theme and refers to any social means used by the ascribed psychopath to assert control or victimize the participant. This theme also includes using relationships with

others to leverage oneself in order to take advantage of others. Seventy-two percent of survivors ($n = 116$) provided behavioural examples to explain how the ascribed psychopath had victimized them in this way. All of the examples had a common element relating to the use of covert social behaviours to undermine the victim. These ranged from spreading rumours or gossip, to public humiliation, ostracizing the individual, and turning colleagues against one another. According to participants, the ascribed psychopath typically engaged in these behaviours to damage the victim's reputation and gain favourable standing with colleagues or superiors. Some instances of relational manipulation were so severe they would be classified as verbal abuse.

P012: [The psychopath]... made claims that I was incompetent and she had to "cover" for me, spread rumors that were not true then acted as though I was the complainer when I worked to dispel the rumors.

P036: She would also put me down at work, including once telling me that I was a "piece of garbage" and wasn't cut out to work there even though I had a Master's degree in what I was doing.

P089: The psychopath publicly abused and berated me, so that everyone in the office could hear. I felt embarrassed and intimidated. He asked me really difficult legal questions that he knew I would not be able to answer so that he could embarrass me and make himself look good in front of our colleagues.

P199: Charming the people to whom I would normally turn to for friendship and emotional support so that that support is not there for me as they are won over by him.

Work-related victimization. Using work-related activities to victimize the survivors was the second most frequently endorsed theme (52.2%; $n = 84$). Again, several different behavioural examples were described, all of which dealt with some aspect of work life. This theme differs from relational manipulation in the sense that social tactics were not at the centre of the behaviour. Based on the narratives, it appears

the participants struggled with this form of victimization because it would not allow them to complete their work properly, and as such, they felt others would believe they had poor work ethic.

P014: Took credit for my work, presented herself to outsiders as being in charge of the project that I ran. Deliberately took names off work documents leaving only her name as the reference.

P101: When [the psychopath] set up meetings on key management issues, he would exclude me from those meetings creating immense harm to my internal standing as everyone could see he was leaving me out... He hired people to take parts of my job, and even made agreements with others that he would recruit someone new in my job.

P138: Took credit for my work, assigned menial tasks, covertly planned projects and I was the last to know about these projects, picks up the intensity of work most often in busy months, excludes me from meetings, pairs me with people below my level when we meet with execs.

P180: He screws up when helping with my projects almost infallibly and in really obvious ways, and then pretends to be unaware, but it never happens on his own projects. He acts like I'm his secretary when in fact I'm his superior.

Physical intimidation. Approximately 12% of survivors ($n = 19$) described being physically intimidated by the ascribed psychopath. Physical intimidation included threats of violence, acts of violence, stalking behaviours, and any other behaviour that posed a risk to the participants' safety.

P041: During his tirade of abuse, for no reason, he threw a really heavy legal book across my desk with considerable force and it hit me.

P100: The boss started stalking me to and from work, to and from college, and to and from my home. He started window peeking and following me and damaging my personal property.

P120: When he would get you alone he would physically threaten you when you couldn't prove it.

P135: The psychopath would often corner me in my work station, yell at me, push me, etc.

Sexual harassment. A small number of participants were sexually harassed by the ascribed psychopath while they worked with them. Six percent of survivors ($n = 10$) described refusing sexual advances or fielding remarks of a sexual nature.

P001: He pursued me and a lot of other women at work.

P040: Remarks of a sexual nature directed toward me (the only woman) and about me to other men at work.

P103: She constantly touches me inappropriately and laughs at me when I ask her to stop.

P113: The psychopath repeatedly harasses me and has made sexual advances toward me while working. The psychopath also says inappropriate things about myself and other co-workers.

Being a witness to victimization. Almost 3% of the sample ($n = 4$) were unique in that they did not describe their own experiences of victimization, but stated that they had witnessed their colleagues be victimized by the ascribed psychopath and the experience made them feel like victims. This phenomenon has previously been reported in the literature (Hoel & Cooper, 2000; Vartia, 2001) and is referred to as indirect bullying. Typically, witnesses become fearful of the ramifications of reporting the behaviour and of becoming a victim themselves. One participant even went as far as leaving her employment for fear of experiencing firsthand the victimization that she had witnessed.

P115: He screamed at people at work a lot. The #1 target of his behaviour was the warehouse manager. He'd scream at him, threaten to fire him, all kinds of stuff. Once or twice, he'd mess with him by sending him to deliver something to a wrong address with his personal vehicle, and then made fun of how "stupid" the guy was for not knowing that it wasn't an address.

P130: I once saw him make another [personal assistant] cry. Any weakness on the part of others is exploited. If anyone gives in to his barrage of demands and makes the slightest concession, that exception immediately becomes the standard by which he will form future expectations.

P156: A co-worker hurt her back and he would not let her leave. Another co-worker was forced to come back before she was fully recovered from a surgery or lose her position. I felt terrible for them and there was nothing I could do. I quit before anything like that could happen to me.

Research Questions 2: In what ways were the victims “conned” by the ascribed psychopaths? How were the ascribed psychopaths able to manage impressions at the beginning of the relationships and when did the participants realize that their co-workers/bosses possessed psychopathic traits?

The broad scope of this research questions required that several open-ended questions be asked in the survey to obtain a better understanding of how psychopath’s manage their impressions and later reveal their true personalities. The four questions that were posed to assess these factors involved first impressions, the behaviours that were observed that led the victim to believe that something was unusual about their colleague, when they realized their colleague possessed psychopathic traits, and whether others in their work environment recognized the psychopathic personality traits.

First impression. Participants were asked to describe their first impressions of the ascribed psychopath. Responses were grouped into three themes: 1) positive first impression; 2) negative impression; and 3) mixed first impression. In total, 88.3% of the sample ($n = 175$) provided responses to this question. Approximately 11% of the sample ($n = 19$) did not respond and 2% ($n = 4$) gave a response that could not be coded due to a

lack of context or the response did not answer the question (e.g., “I tried to work with him and make the workplace peaceful”).

Positive first impression. Almost half of participants (48.0%; $n = 84$) reported experiencing a positive first impression of the ascribed psychopath. Several of the terms used to describe the ascribed psychopath’s personality are the same as those listed in the interpersonal factor of the PCL-R (e.g., glib, charming). Although the initial meeting was positive, several survivors went on to describe how their interactions with the ascribed psychopath quickly became negative. The narratives are a testament to a psychopath’s ability to wear a mask and deceive those around them. They are also able to mislead employers and employees by appearing to be knowledgeable, however, when probed deeper, they typically only possess superficial knowledge of the field in which they work.

P005: I thought he was handsome, suave, well presented, and clearly someone who had mastered the art of success through appearances. I thought his sense of humour was rather childish, though not in a way that made me suspicious of him.

P010: That he was very glib and a snappy dresser, a glad hander. But very articulate and bright.

P061: Very good-looking, charming, funny, smart. She also seemed professional, and seemed to have high standards for the work, someone who wanted to push things through and get things done. I thought I could work for someone like that.

Negative first impression. Not all first impressions were positive ones, 39.4% of survivors ($n = 69$) described disliking the ascribed psychopath after the first encounter. In these instances, the survivors could see past the ascribed psychopath’s ability to manage their impressions and sense there was something insincere about their mannerisms. Their

initial thoughts about the ascribed psychopath turned out to be true, as can be seen in some of the extracts.

P008: I thought he was slimy and smarmy, also smooth-talking.

P087: Did not like him on sight. I could tell he was a liar immediately. He had fooled our boss who hired him, but I knew immediately he would be trouble. Caught him in several lies within the first week of working with him.

P091: She seemed uninterested in me and seemed like she was scheming to see what I could do to benefit her. She also seemed really impressive with a long resume, which turned out to be false as I worked there and discovered she had barely finished her undergrad career let alone gotten her MBA degree.

Mixed first impression. Twelve percent of responses ($n = 22$) were neither entirely positive nor negative and typically included a list of adjectives that belonged to both themes. Participants whose responses were mixed did not state whether they immediately liked or disliked the ascribed psychopath.

P009: Abrupt, high energy, impulsive, not concerned about how others may feel, blunt, self-centered, cold and like he was only partially listening - focused elsewhere. Could be fun to talk with and show witty humour.

P155: He seemed a little fake, but overall nice. I never expected such an awful work environment.

P186: My first impressions of her were that she was reserved and conservative in her demeanor. She seemed slightly cold with our patients, but was efficient and effective in doing her work. She never appeared to harm them, and was actually sympathetic and patient in her own subtle way.

Behaviours observed by the participants. Learning about which behaviours were observed and deemed unusual or worrisome by participants is exceptionally helpful, as it can aid in creating a profile or a list of red flags that can be shared with potential future victims. To create this list, participants were asked to describe what they observed

or experienced as a result of working with the ascribed psychopath. Participants were required to recall what initially made them suspect their colleague possessed psychopathic traits.

As the responses to this question were being analyzed, several non-significant and conflicting categories emerged. There was no clear and immediate way to classify the behaviours provided in the participants' examples. It took several coded responses to recognize that overarching groups could be formed based on the four facets of psychopathy. As such, responses were then re-analyzed with this model and grouped into one of the four facets. This model proved an effective way to dissect and organize the narratives in a systematic way.

Eighty-five percent of survivors ($n = 168$) gave a response to the question, 10.6% ($n = 21$) did not provide any answer, and 4.5% ($n = 9$) of responses could not be coded due to a lack of context.

Interpersonal. The interpersonal facet of psychopathy is an important one, as it is how the psychopath gains trust from the victim. The facet includes behaviours such as superficial charm, glibness, sociability, manipulation, and lying. Additionally, upon first meeting someone, we generally base our impressions upon their friendliness, the ease of the conversation, and sociability. Most psychopaths have become very good at telling people what they want to hear, using flattery, and being interesting to talk to (Babiak, 1995). Their ability to appear friendly and caring is especially useful to them, as this increases the chances that potential victims become receptive and vulnerable. Behaviours that are deemed as belonging to the interpersonal facet of psychopathy were the most commonly reported by survivors (72.0%; $n = 121$). Given the nature of the behaviours

captured by this facet, it was anticipated that these behaviours would be frequently reported in a workplace environment.

P031: Superficial, changed his story depending on the audience, able to lie without batting an eyelid.

P050: I noticed he drew information out of people and planted info in very set ways. I saw him taking credit he didn't deserve. I heard him lying many times very easily.

P083: This person seemed to enjoy being the center of attention, which is certainly not problematic on its own, but because of this, he stood out more than other co-workers. Therefore, it was easy to notice that he changed his behavior and manner of speaking in a drastic way depending on who he was interacting with and who was observing him.

Affective. The affective facet of psychopathy includes emotional deficits characteristic of the disorder. Lack of remorse, shallow affect, callousness, and refusing to accept responsibility are hallmarks of psychopathy. This facet was the second most endorsed theme, with 32.7% of participants ($n = 55$) describing behaviours corresponding to emotional deficits or simply stating their colleague possessed these negative traits.

P084: Called about asking when my 1st husband would die and when I would be back in the office. Threats to not renew my work contract on the afternoon I buried my 1st husband.

P149: Lack of remorse, seems to get enjoyment when seeing people suffer.

P170: She often had pleasure from misfortune of others.

Antisocial. Twenty-four percent of survivors ($n = 41$) reported that their colleague had participated in acts that would be considered antisocial based on the behavioural definitions provided by factor analyses conducted on the PCL-R. Poor behavioural controls, criminal versatility and history, and early behavioural problems were described.

P054: She falsified her time sheet, destroyed official records, and stole information.

P107: He told us about all the times he had been in trouble with the Police.

P121: He started not only talking, but bragging about the time he spent in prison and jail. He then bragged about how he was currently on work release from a prison and that he had (obscene word) with a young girl.

Lifestyle. A small percentage of participants (9.5%; $n = 16$) endorsed the lifestyle facet of psychopathy. Behaviours from this theme include stimulation seeking, impulsivity, parasitic lifestyle, and a lack of realistic long-term goals. Many of these behaviours can be difficult to engage in while working in a traditional office environment; therefore, it was anticipated that this facet would be the least common.

P005: [There was a] young man in the office and she told us about how she had gotten money from him, that she slept with him even though she did not love him because she wanted to hang onto the money.

P012: She's very impulsive, bragged about taking sick leave to go shopping, obsessed with sexual topics such as pornography, picking up men at bars, on-line sex forums and claimed right of free speech when asked to limit these types of conversations.

P159: She engages in risky behaviors- illicit drugs and unprotected sex.

When participants realized they worked with an ascribed psychopath. To follow-up with the previous question, participants were asked to describe when they suspected their colleague was a psychopath. Two types of responses were provided: 1) a temporal response; and 2) an event-based description. In total, 83.8% of the sample ($n = 166$) described their experience. Six percent of survivors ($n = 11$) described a time when they *knew* they worked with a psychopath (e.g., "I knew for sure one month after I started

working with him”). The remaining 94.0% ($n = 156$) described an event or interaction that occurred with the ascribed psychopath that confirmed their suspicions. Four themes emerged from the responses of those who gave an incident-based response.

Witnessing victimization or receiving third party information. Forty-six percent of respondents ($n = 76$) stated that they had witnessed the ascribed psychopath behaving in ways that are characteristic of the personality disorder (i.e., lying, stealing, being manipulative, deceitful, impulsive, irresponsible) or that they had received third party information, typically from fellow colleagues, regarding the personality of the ascribed psychopath. Although for many witnessing the comportments of the ascribed psychopath confirmed their doubts, this did not protect all of them from becoming the ascribed psychopath’s target later on. This theme differs from being directly victimized because the participant’s had determined they worked with the ascribed psychopath before being victimized.

P020: When I observed the perverted sense of happiness she had when acting out in cruel and sadistic ways upon subordinates.

P036: When I talked to my peers in the office they informed me of the truth about this terrible, psychopath of a woman.

P043: He yelled at my colleague for a small mistake, she was feeling really bad and he never stopped yelling at her even when she started to cry.

Direct victimization. Thirty-three percent of the sample ($n = 55$) had been directly victimized by the ascribed psychopath and this confirmed their thoughts regarding their colleague. The victimization usually took the form of being lied to or being manipulated by the ascribed psychopath.

P023: In the first year, I was coming in 2 hours early to get extra work done, I had asked her if I could leave 1 hour early to take care of my dying mother and she said no. My mother died 2 weeks later.

P051: When he purposely blamed me for doing something that I knew he did without even a hint of remorse or expression of wrongdoing. That sealed the idea for me.

P121: The second or third day working with them. I was a new employee and being unsure about a certain procedure, I asked the psychopath what I should do. His advice ended up endangering my life, and when I told my supervisor what the psychopath had said, he denied ever saying it.

Research. Fifteen percent of victims ($n = 25$) described doing research on their experiences and the behaviours they observed. This led many of them to consult with websites designed for survivors of psychopaths and to read books written for laypeople by researchers in the field of psychopathy. By seeking out information regarding psychopathy, they felt that their opinions had been validated.

P026: It wasn't until this past fall, reading ""The Sociopath Next Door"" and ""Without Conscience"" that everything fell into place and made sense. Hours and hours of research and studying online reaffirm that he is a textbook case. I am the typical naive, trusting, empath... the perfect target.

P070: The teachers had found an excellent book on psychopathy. The author recommends on his site Robert Hare's books and site. As we have an Alliance of the psychopath's victims we try to overcome the situation and find a way out. I was thinking of our problems and suddenly it came to my mind that he might be a psychopath. I read Hare's and others' articles on psychopaths and found out that he fits in very well. In a way it was a relief to find an explanation to his behaviour.

P084: It didn't occur to me until after we worked together that she was a psychopath. I was talking about my experience with her with a friend, and she was the one who mentioned that the woman I worked with sounded like a psychopath, and that not all psychopaths become criminals -- many psychopaths are simply out there in the world. I

began to read a little bit about psychopaths, and what I read matched my experiences with the woman I worked with very closely.

Instantly knew their colleague was a psychopath. A small percentage of participants (4.2%; $n = 7$) explained that they knew right away their colleague was psychopathic. Often they based their assessment on a physical feature of the ascribed psychopath or an instinctive reaction they received upon first meeting them.

P016: I suspected that something was wrong with this person straight away. When looking her in the eyes they were cold and had a reptilian look about them.

P044: At that time I really had no idea what a psychopath was but his behavior gave me the creeps and there was obviously SOMETHING wrong with him.

P196: The moment I met him. Something was just wrong.

Colleagues' impression of the ascribed psychopath. Although participants believed they worked with psychopath, whether their other co-workers recognized this as well was a point of interest. Survivors were asked to whether other people in their work environment knew, or suspected, that they worked with a psychopath. Similar to past questions, 86.4% of the sample ($n = 171$) provided responses and 3.0% ($n = 6$) gave a response that could not be coded. Four main themes emerged.

Colleagues were aware of the ascribed psychopath. Sixty-nine percent of the sample ($n = 118$) stated that their co-workers knew that they worked with an ascribed psychopath. Many participants went on to explain how they knew their colleagues were aware of the situation. Two categories emerged from this theme. First, half of these participants stated that their colleagues had either witnessed the ascribed psychopath's behaviour, or had themselves been targets. They shared the same experiences; therefore, the participants felt that their colleagues had drawn the same conclusions. In some of

these instances, there was open conversation among the co-workers about the suspected psychopath.

P049: Yes. One of my ex-coworkers was victimized by this woman. Same happened to her.

P057: YES! Another co-coworker overheard the going-ons, and told me that several others had been in the same predicament previous to my employment stint. She recognized a pattern, and encouraged me NOT to give in to the cycle.

P151: Yes. They all witnessed/experienced the same things that happened to me to a varying degree.

Another 7% of participants ($n = 12$) who acknowledged that their colleagues recognized the signs of psychopathy explained that their co-workers did not want to speak about it to avoid being targeted or to minimize the effects of working with the ascribed psychopath. They believed that by not bringing the issue to the attention of management they would lessen the harm they would be subjected to.

P063: Yes, a number of people had worked for the company for many years. Several would say nothing in case they became a target

P064: I'm sure my colleagues would agree with me on my former boss' personality, but none of them would ever dare admit this in public. Between us colleagues sometimes there were "telling" comments about her that reveal their sentiments and suspicions about her, but nothing out loud or on paper. Besides, there were about two other people in that same department that, in my opinion, also displayed psychopathic traits if not full-blown behavior most of the time.

P108: They did, but won't say anything about it because they are too afraid to lose their jobs.

Colleagues were not aware of the ascribed psychopath. Approximately 17% of survivors ($n = 29$) stated that their colleagues did not know or suspect that they worked with an alleged psychopath. Most of the time an explanation was not provided as to why

they thought this. One participant even went as far as to shield the other employee's from the harm the ascribed psychopath was causing.

P023: Not as quickly as I saw it. I worked more closely with her than anyone else did. I protected the others from her because she caused such chaos with everyone, that it was harming the business.

P038: No. They believed he was the complete opposite.

P117: No they haven't. He is usually friendly with everyone else and while he makes up rumors about me to them, they don't suspect anything bad they actually think the rumors are true.

Unknown whether colleagues were aware of the ascribed psychopath. Several respondents (8.8%; $n = 15$) were unsure whether or not their co-workers knew about the ascribed psychopath.

P142: I don't know if other people think he is a psychopath.

P143: Could not tell what other people thought.

Colleagues aware of unusual personality characteristics. A few participants (5.3%; $n = 9$) explained that their colleagues suspected that there was something unusual about the ascribed psychopath, however, they never referred to him or her by this term. Many of the participants felt that they were more astute or observant, as compared to their co-workers, and this is what led them to deduce a diagnosis of psychopathy.

P040: No. I think there was some awareness among some of the people on the job that there was something wrong with him (based on his behavior and appearance) but I do not think they were sophisticated enough to recognize that he was a psychopath. They acted as if his behavior was normal and I was crazy.

P078: they didn't really recognize it as being psychopathy, but they all recognized the difficulty to work with that person - they all experienced the same strange way the person acted, they all felt the same adversity

P139: I don't think they recognized her as a psychopath, but I did have more than one person mention that they felt she was evil. I was not the only one feeling these things and she was a very negative force in the office. I think everyone saw these things, but either didn't question them or were afraid to because of her position. I'm sure she would have tried to have someone fired if they mentioned anything about her behavior.

Research Questions 3: How did the participants cope with the ascribed psychopaths at work? Did others in the work environment also suspect that their colleague was psychopathic? Do coping skills have an impact on perceived support, mental health, and optimism?

Social support, coping, and psychological distress or posttraumatic growth (questionnaire data). Two regression analyses were conducted to establish whether there is a significant relationship between perceived support, coping, and psychological distress or posttraumatic growth (see Figure 2).

Baron and Kenny's (1986) steps for performing a mediation analysis were followed. There are four steps to the model. First, the dependent variable (psychological distress/posttraumatic growth) is regressed on the independent variable (perceived social support) and provides the regression coefficients for *path c*. Second, the mediator variable (coping) is regressed on the independent variable (perceived social support) and this represent *path a*. Next, the dependent variable (psychological distress/posttraumatic growth) is regressed on the mediator variable (coping) while controlling for the effects of the independent variable to form *path b*. Finally, a test of significance (e.g., Sobel test) is performed to determined whether the model is significant when the mediator is introduced (*path c'*). To obtain a full mediation, the effects of the independent variable on

the dependent variable should be zero when controlling for the mediator. In social sciences, obtaining a full mediation is rare, however, when the effects of the independent variable on the dependent variable are decreased, when controlling for the mediator, without becoming null, a partial mediation is said to have occurred (Baron & Kenny, 1986).

Psychological distress. First, there was a significant relationship between perceived social support and psychological distress (path c; see Table 11 for regression coefficients and beta weights). However, a significant relationship between coping and perceived social support could not be established. To obtain a successful mediation, correlations between all variables must be significant. Despite this, the remaining steps of the mediation were completed, in addition to the Sobel test ($z = 1.234$, $SE = 0.034$, $p > .05$). These results suggest that the relationship between perceived social support and psychological distress is not mediated by coping (see Figure 3).

Table 11

Mediation Model Regressing Psychological Distress on Perceived Social Support

Mediated by Coping

	B	β	SE	F	R ²
Path a	0.141	0.090	0.111	1.609	0.008
Path b	0.292	0.343	0.056	17.950***	0.155
Path c	-0.260	-0.195	0.093	7.870**	0.039

Note. ** $p < .01$, *** $p < .001$.

Posttraumatic growth. Non-significant regression coefficients between perceived social support and posttraumatic growth, as well as, perceived social support and coping were obtained (see Figure 4). The Sobel test indicated that the mediation model was not

statistically significant ($z = 1.224$, $SE = 0.079$, $p > .05$; see Table 12 for regression coefficients and beta weights). The mean scores obtained on each subscale and the total scale for this study were lower than the means obtained from a control group comprised of men and women who reported not experiencing severe trauma (Tedeschi & Calhoun, 1996). These results suggest that participants did not experience posttraumatic growth.

Table 12

Mediation Model Regressing Posttraumatic Growth on Perceived Social Support

Mediated by Coping

	B	β	SE	F	R ²
Path a	0.141	0.090	0.111	1.609	0.008
Path b	0.683	0.314	0.149	11.288***	0.106
Path c	0.306	0.089	0.247	1.533	0.008

Note. *** $p < .001$.

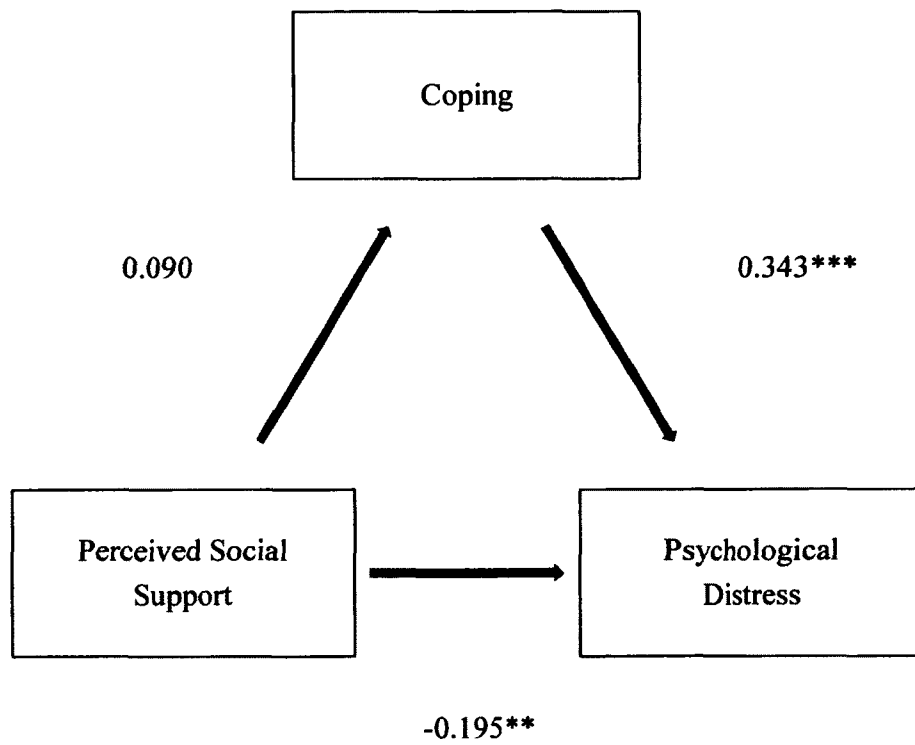


Figure 3. Perceived social support and psychological distress mediated by coping.
** $p < .01$. *** $p < .001$.

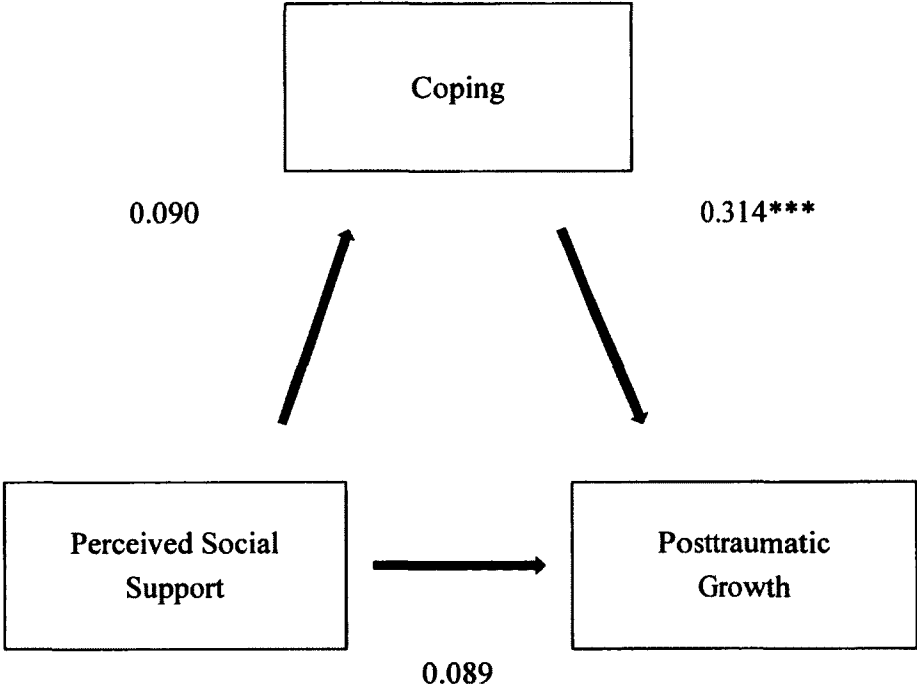


Figure 4. Perceived social support and posttraumatic growth mediated by coping. *** $p < .001$.

Support (qualitative data). Survivors were asked in what ways they received support from friends, family, and colleagues during the time they worked with the ascribed psychopath. They were also asked what type of support they received. No examples or prompts were provided for this question, meaning participants were not asked to choose between emotional, financial, informational, or tangible types of support. Instead, they were left to describe, in their own words, the kind of support they did, or did not, receive. This allowed for the formation of themes based on the participants' choice of words.

Responses were grouped into two main themes: 1) participants described from whom they received support; and 2) the type of support received. In total, 84.8% of participants ($n = 168$) answered the question and five subthemes for type of support emerged from the analysis. Two percent of survivors ($n = 4$) explicitly stated they had not received any type of support from any source.

Source of support. When the responses openly stated the source of the support, this variable was coded. These numbers may not be an accurate representation due to several responses only stating that support was received and not including the source.

Support from family and friends. The most common source of support was from the survivors' friends and family (44.6%; $n = 75$). The importance of this support network was highlighted in several of the narratives. Friends and family were crucial for the victims as they often provided an outsider's perspective on the situation and were not directly involved with the ascribed psychopath, therefore, were better able to offer unbiased advice and guidance.

P088: Fortunately my sister is a therapist and was the main source of support for me. I also had a couple of female friends who literally saved my life during 3-1/2 years of the worst job experience imaginable.

P111: Friends and Family: told me to ignore him, but when they saw how it was taking a toll on me, they suggested I denounce him to management or HR, which I did in the end.

Support from colleagues. One quarter of participants ($n = 42$) described receiving support from their colleagues. Typically, they found comfort and support because of their shared experience. Other times, colleagues were supportive as a result of having witnessed what the victim endured at the hands of the ascribed psychopath.

P007: The kind of support I received my peers at the hospital and the senior nursing staff and my family validated the behaviors of the woman I believe was a psychopath and were astounded that administration could not see what we saw in her behavior.

P043: Other times, there was always at least one co-worker who would approach me after such attacks and would reassure me that I did good by not answering back or by answering back or by offering to help me with my workload for the day etc.

No support received. Although participants were asked to describe their source of support, a number of them clearly stated that they did not receive support from one source in particular.

Eight percent ($n = 14$) described not receiving support from co-workers because their colleagues did not want to become the ascribed psychopath's target. By ignoring the victim, they would not be associated with them and could remain off the ascribed psychopath's radar.

P015: I felt my colleagues were not as supportive as they could have been. That said, she had put the fear of god into them and they were just glad she was leaving them alone.

P011: Most colleagues were afraid of negative attention and so shied away from conversations with me about her and shied away from both of us when her reports were audited to be incorrect.

Similarly, 7.7% ($n = 13$) did not receive any support from family or friends. In these instances, participants felt that their social network was not understanding of the stress and strain the ascribed psychopath was causing them. They felt that their friends and family were tired of hearing about the situation and preferred that it not be discussed. Some participants even reported that their families felt it was the victim's fault for being attacked.

P90: Some friends just didn't believe this was happening or that an adult would behave this way.

P120: Husband took boss's side and we split up briefly as a result of my husband not believing me.

Type of support. One quarter of participants ($n = 42$) did not endorse any type of support. For most of these cases, the participant simply stated whether or not they received support but did not expand on how they felt they had been supported. The five subthemes that emerged from the analysis are: 1) emotional support; 2) tangible support; 3) informational support; 4) financial support; and 5) spiritual support. Approximately 70% of survivors ($n = 120$) endorsed receiving one type of support, followed by 2.0% ($n = 5$) endorsing two subthemes, and one participant described four different types of support.

Emotional support. This was the most commonly endorsed theme with approximately 70% of the sample ($n = 117$) providing examples of the emotional support they received from friends, family, and colleagues. Emotional support refers to any assistance, aid, understanding, or communication by which the victim felt that they had

been heard or understood. This type of support differs from the others in that no tangible help is provided, there is no exchange of funds, and advice or information was not shared. Responses were coded into this category when participants explicitly stated they received emotional support or when they provided a behavioural example that met the definition of emotional support. Examples included listening to the victim, allowing the participant to openly share their experiences or feelings, exchanging similar stories, and belonging to a support group.

P019: Supportive conversations with empathy and compassion.

P050: They would listen to me rant and would remind me that I could leave the job and find something else, which I did.

P081: They listened to me a lot, helped me to change my mind by going out and doing other activities, and to see the good side of the situation.

Tangible support. Tangible support was defined as anything that the victim was provided and could use. Four percent of narratives ($n = 6$) alluded to this form of support. Examples included taking medications, being given a place to live, and help with various tasks.

P066: My Internal medicine doctor was very supportive. I get xanax to help with my stress. The dean referred me to a counselor so I got leave time to attend 6 counseling sessions.

P185: In getting away from him and subsequently getting away from the job (we were a small film production team, so no offices, no official contracts, etc.), I received an outpouring of support from my colleagues at my day job -- offers of places to stay, people to walk me to my car, people to stay with me, people to help me move to a new place (it was that bad), people to spend time with me outside work.

Informational support. Four percent of participants ($n = 6$) mentioned receiving informational support from friends and colleagues. Informational support most often took the form of advice on how to cope with the ascribed psychopath.

P133: I often got advice from people on how to "deal with" her, usually in the form of "you should say XYZ" or "you should confront her, don't let her treat you that way".

P137: My friends offered me great advice on how to deal with my coworker even though most of them thought I should just quit.

Financial support. A small number of participants (2%; $n = 4$) described receiving financial assistance, which helped them get through their difficult situation.

P008: My dad also became my number one supporter-- when he realized/when I finally felt I could tell him what was going on he offered to help me find legal protection, offered monetary and emotional support, and helped me move.

P056: My family offered financial support so that I could quit. I didn't take them up on it as I had taken out a loan to cover expenses just prior to quitting. My girlfriend at the time offered moral support.

Spiritual support. One percent of respondents ($n = 2$) made reference to receiving spiritual support from their social network during the time they worked with the ascribed psychopath. In both of these instances, they mentioned using prayer as a way of coping.

P075: I would just go home and vent and they would help calm me down after a hard day and pray with me and give her the benefit of the doubt.

P103: My colleague advised me to leave if I felt it was too much. Other colleagues advised that I hang in there. I had a group of Christian friends I was praying with. Most helpful.

Coping (qualitative data). In addition to being given the Brief COPE questionnaire, participants were asked to describe, in their own words, how they dealt

with the ascribed psychopath. In total, 85.4% of the sample ($n = 169$) explained how they were able to cope with the ascribed psychopath. Ten of these responses could not be coded as they lacked context or did not answer the question (e.g., “He would get so mad”). Three types of coding strategies emerged from the analysis. The majority of participants endorsed using one coping strategy (70.4%; $n = 112$), a quarter ($n = 41$) used two coping strategies, and approximately 4% ($n = 6$) used all three coping strategies.

Avoidance coping. Over half of the respondents (53.5%; $n = 85$) explained that they coped with the ascribed psychopath by avoiding them, using self-distraction techniques, or they admitted to being in denial about the situation. For those who worked shifts, they would ask to be schedule during times the ascribed psychopath was not working. Others would intentionally ask to be placed on different work teams or preferred to work alone. Participants explained that during their time away from work they would try to engage in other activities to avoid thinking about work or the ascribed psychopath.

P032: ... keeping my classroom door closed, sneaking out the back way and keeping my head low.

P036: Try to distract myself. I would also try avoiding work on certain days if I knew she would be there all day.

P174: I also try to immerse myself in work, recreational activities or anything else that takes my mind off what is going on at work with this psychopath.

Problem-focused coping. Problem-focused coping refers to actively dealing with the stressor, making plans to cope with the problem, or seeking instrumental help. Although no distinction between adaptive and maladaptive coping skills were made during the analysis, this form of coping typically brought about the best results for

participants. Examples included: actively searching for a new job, seeking help from superiors or human resource employees, and directly approaching the ascribed psychopath and speaking to them about the issues at hand. All of these strategies involved focusing on the problem and finding ways to resolve the situation.

P067: Reached out to upper management and corporate resources for guidance.

P111: I have also been actively searching for a new job and trying to save up enough money so I can quit even if I don't find a new job right away since the situation is getting to be too much to handle.

P157: Just as when I was dealing with her, I'd take deep breaths and try to reason out the problem.

Emotion-focused coping. Emotion-focused coping was endorsed by 38.9% of survivors ($n = 62$) and refers to any actions taken to change one's emotional reaction to stress. Examples included seeking emotional support, accepting the situation, using substances or medications, turning to religion or meditation, talking to others about the problem, using humour, and positively reframing the experience. Some of these strategies were more effective, or healthier, than others according to the outcomes reported by the participants who engaged in them.

P010: I saw a psychotherapist since I was going through my divorce and dealing with the psychopath at the same time. I unfortunately did indulge in unhealthy behavior during that time such as drinking too much and abusing tranquilizers.

P043: I try to think about the positive sides of it (experience on my CV) and I treat myself (bring my favourite chocolate at work).

P130: I vented my frustration to any friend or family member who would listen.

P147: Accepting that is how he chooses to lead and not letting the issues get to me.

Research Questions 4: What effects do survivors of ascribed psychopaths experience?

Absenteeism, sick days, and disability/stress leave. Respondents were asked to estimate the number of days of missed work due to illness or stress caused by their relationship with the ascribed psychopath. Thirty-eight percent of the sample ($n = 75$) reported that they called in sick because of the ascribed psychopath. Table 13 presents the frequency of sick days. Twelve percent of the sample ($n = 24$) reported requesting to take a leave of absence and were denied, whereas, 14.1% of participants ($n = 28$) were successful in obtaining a leave of absence. Finally, a small number of survivors (3.5%; $n = 7$) reported receiving disability benefits due to no longer being able to work because of their relationship with the ascribed psychopath.

Participants were also asked whether they quit or resigned from their position due to the ascribed psychopath. Almost one third of the sample (29.8%; $n = 59$) affirmed that they left their position due to the situation with their psychopathic colleague.

Table 13

Frequency of Sick Days, Months Taken for Leave of Absence, and Months Receiving Disability Benefits

	<i>N</i>	%
Number of sick days	(<i>n</i> = 75)	
1 – 15	33	44.9
16 – 30	9	12.0
90 – 100	2	3.7
Number of months taken for leave of absence	(<i>n</i> = 28)	
1 – 3	8	28.5
4 – 6	9	32.1
12 or more	2	7.1
Number of months receiving disability benefits	(<i>n</i> = 7)	
1 – 6	3	42.9
6 – 12	1	14.3
12 or more	2	28.6

Note. Not all participants who reported using sick days, taking a leave of absence, or receiving disability benefits provided a response to the length of time each one was expended, therefore, *n* presented may not add up to total *n*.

Types of effects reported by participants. Participants were asked to describe the types of effects they suffered as a result of working with the ascribed psychopath. Responses were analyzed using content analysis and Poilpot-Rocaboy's (2006) model of workplace bullying. According to the model, there are three effects that are a direct result of workplace bullying: 1) physical and mental health effects; 2) social and familial consequences; and 3) financial implications. In total, 160 participants provided responses to this question. Twenty-one survivors explicitly stated that they did not experience any significant effects from the relationship and 18 participants provided a response, however; these responses did not answer the question and were therefore excluded from the analysis. In these instances, general statements about workplace bullying were

provided or the comments lacked context (e.g., “I feel guilty that this would not have happened had I not filed a police report”). Twenty participants chose not to answer this question. The majority of participants only endorsed one effect (46.3%; $n = 74$), followed by approximately one quarter of the sample (26.9%; $n = 43$) endorsing two categories, and only 13.8% of the sample ($n = 22$) reported experiencing all three effects from the workplace bullying model. All responses were individually analyzed to establish whether any of these effects resulted from being victimized.

Physical and mental health effects. Any response referring to physical health problems (e.g., hair loss, lack of sleep, weight gain) or psychological health issues (e.g., depression, anxiety, paranoia) were grouped into the first category. Physical and mental health problems were the most commonly endorsed category with more than half the sample (59.4%; $n = 95$) stating they experienced some form of this harm. Conversely, 40.6% of survivors ($n = 65$) either mentioned that they did not suffer psychological or physical harm or did not make any mention of these experiences. Forty-seven percent of survivors ($n = 45$) listed only mental health problems, while 18.9% listed only physical health problems. The remaining 33.7% ($n = 32$) endorsed both physical and mental health issues. Examples of responses are provided in Table 14.

Table 14

Descriptive Examples of Physical and Mental Health Effects Experienced by Participants

Health Effect	Examples...
Physical health	<p><i>Became physically ill with high blood pressure, nervousness, had to have my gallbladder removed, had a kidney stone, and developed GERD, or acid-reflux.</i></p> <p><i>At the time, I was worried and experienced sleeplessness, high blood pressure and dizziness, and upset stomach and headaches.</i></p>
Mental health	<p><i>Eventually the anger ate me up and I had a serious episode of depression with months off work...</i></p> <p><i>I suffered very badly from the stress and suffered both depression and anxiety. I met with a psychologist weekly for 2-3 months and then monthly for 18 months following my departure from that job.</i></p>
Physical and mental health	<p><i>I had come out with rosacea, eczema, and sinusitis in the last 6 months I worked for her. I was depressed and anxious and had no energy for anything outside of work.</i></p> <p><i>I became very depressed when working with this woman. I developed terrible insomnia, and sometimes broke out in rashes all over my body caused by stress.</i></p>

Social and familial consequences. Family and social consequences were defined as any relational issues that arose between the victim and members of their family, social group, or co-workers due to the relationship with the ascribed psychopath. This category also encompassed any problems that arose with forming new social ties (e.g., problems trusting strangers, becoming isolated). Almost 47% of participants ($n = 76$) gave responses that described issues with their family or social network. Although the type of social problems experienced by the survivors is beyond the scope of the workplace bullying model, it became apparent during the analysis that despite being asked to

describe the negative consequences that were born from the relationship with the ascribed psychopath, many participants offered positive descriptions of how they received support. For many, relying on their friends and family is what allowed them to overcome the difficult situation and some participants found great strength and support from their social circle.

Notwithstanding, three prominent themes emerged that were negative in nature. The most common theme was the development of trust issues after having worked with the ascribed psychopath. Thirty-eight percent of responses ($n = 29$) dealt with some aspect of trust. Participants described no longer being able to trust others because they felt that they had been deceived into trusting the ascribed psychopath. Second, 35.5% of participants ($n = 27$) reported becoming withdrawn from others and began avoiding those who were close to them for fear that they would have traits similar to the ascribed psychopath. Lastly, many survivors (32.9%; $n = 25$) stated they experienced increased conflict with friends and family due to the stress caused by working with the ascribed psychopath. Survivors' responses often contained more than one theme. Table 15 presents quotes from all three of these themes.

Table 15

Descriptive Examples of Social and Familial Consequences Experienced by Participants

Social and familial consequence	Examples...
Lack of trust in others	<p data-bbox="690 480 1455 587"><i>Gossip continues at work, although I'm not the current gossip target, made me more wary and distrustful of people for a while...</i></p> <p data-bbox="690 623 1389 691"><i>To be totally honest, I have learned not to trust almost anyone I come in contact with.</i></p> <p data-bbox="690 751 1455 1032"><i>My relationships with others gradually became more "cautious", meaning I felt that I couldn't be as open and as "at ease" with others as I used to be. I was terrified that maybe everyone around me would suddenly turn into these monsters like my boss, that somehow I would soon see their true colors too. To this very day I often fight with these feelings of mistrust and suspicions about random people.</i></p>
Withdrawal/avoidance of social situations and relationships	<p data-bbox="690 1081 1433 1149"><i>I withdrew socially, and my confidence plummeted. It became difficult for me to trust others in the workplace.</i></p> <p data-bbox="690 1206 1433 1312"><i>My friends, family and fiancé have all noticed that I have become more and more detached emotionally and am not acting like the same person anymore.</i></p> <p data-bbox="690 1334 1186 1368"><i>Distancing between me and my family.</i></p>
Increased conflict with others	<p data-bbox="690 1406 1455 1513"><i>My relationships with others suffered though, because I'm sure they were tired of hearing me complain about my situation.</i></p> <p data-bbox="690 1534 1422 1602"><i>I fight with my husband because he tells me to not take it all so personally.</i></p> <p data-bbox="690 1623 1455 1834"><i>Relationship with others -- I had been rude and angry with my wife frequently. She has been wonderful though and overall I feel like our relationship has gotten better though only after I quit my job. While I was there she was patient and encouraging, but I treated her horribly sometimes, bad frequently, and good far too unoften.</i></p>

Financial implications. Responses that explicitly stated that financial hardship was experienced were classified into this category. Any answer where the participant stated that they had lost their employment as a result of the ascribed psychopath but did not specifically state that finances were an issue, were not classified in this category as the fiscal situation of the participant is unknown. In total, 34.3% of survivors ($n = 55$) made reference to financial implications, making this the least endorsed effect from the workplace bullying model. Most participants did not provide detailed information about their financial situations and thus, themes were not readily apparent. Additionally, the financial situations of participants are unique given the diversity of the sample (e.g., university students living at home, single parents, dual income families, retirees, childless couples, etc). Typically responses for this category were brief. Two participants referred to the economic recession that took place in the United States in 2008 as an aggravating factor to their hardship. Another two participants stated they were forced to sell their homes due to their difficult financial situation. One response referred the cost of legal fees. A variety of another unique circumstances were described but none were similar in category or theme. Table 16 provides examples of responses given by participants.

Table 16

Descriptive Examples of Social and Familial Consequences Experienced by Participants

Financial implications	Examples...
Typical response	<i>Financially I am not doing well...</i>
Legal fees	<i>Financial - working more hours at the same pay - I don't get over time for working on the weekends. There was also an annual personnel work evaluation, which was negative and I engaged an attorney to help with navigating the grievance process (which I did do and won). The attorney fees were \$7500, which was cheap because the evaluation was changed at the initial complaint level. I considered early retirement, which would have devalued my pension.</i>
Economic recession	<i>Financially I couldn't have left my job at a worst time as it was a year before the financial collapse and a stable income with the civil service would have seen me through better.</i> <i>I quit my horrible job in 2008, during the worst of the recession, and as a result was unemployed for 14 months. Due to this period of unemployment, I was forced to default on my mortgage, which ruined my credit, which had been perfect prior to this job experience</i>
Loss of dwelling	<i>I was the breadwinner in my family so we needed my income to pay mortgages etc. My boss was aware of this. Things were very difficult financially as we had a large mortgage. We had to sell our home and both my ex-husband and I had to start our lives again</i> <i>I lost my house to foreclosure, and have been paying off bills from the time I worked there for 3 years.</i>

Workplace bullying model. The findings suggest Poilpot-Rocaboy's (2006) model of workplace bullying can be a useful tool for classifying the effects experienced by survivors of alleged corporate psychopaths. The majority of victims endorsed at least one effect, providing support for the notion that working with a psychopathic individual has an impact on one or more facets of the victims' lives.

Although there are three different effects in the model, the responses often encompassed more than one effect. For instance, participants stated that they felt depressed because of their work situation (physical and mental health effects) and this led them to feel isolated and withdrawn, therefore, impacting their social life (social and familial consequences) and leading them to seek medical treatment (financial implication for participants living in countries where basic health care needs are not provided free of charge). The responses can be disentangled for coding purposes; however, a deeper understanding of the experience is presented when all of the responses are analyzed as a whole.

The results, when examined at large, paint a very grave picture of the effects suffered by victims. Although some cases present more serious and immediate needs than others (e.g., severe depression or anxiety requiring some form of medical intervention versus general dissatisfaction with workplace), all of the survivors had an experience that was negative enough to warrant them taking time to complete the study and share their thoughts and emotions regarding their workplace situation.

Research Questions 5: Do individuals with psychopathic superiors (e.g., supervisors, bosses) have worse outcomes and decreased functioning compared to individuals who have co-workers with psychopathic traits?

Participants with a psychopathic superior were compared to participants with a psychopathic peer or subordinate on psychological distress, posttraumatic growth, perceived social support, and job satisfaction. Individuals with psychopathic peers or subordinates were collapsed into one category as previous research has demonstrated that

these two groups have similar outcomes (Hodson, Roscigno, & Lopez, 2006; Hoel & Cooper, 2000; Lutgen-Sandvik & Namie, 2009; Rayner, 1997). The Bonferroni correction was applied to account for multiple comparisons ($p = .05/12 = .004$). Participants who reported working with a psychopathic superior had significantly lower scores on the job satisfaction scale than those with a psychopathic peer, this remained true even after the Bonferroni correction was applied. These results were anticipated given that a superior is generally in control of task assignments, performance evaluations, and advancement opportunities. With the exception of this finding, none of the other scales revealed any significant differences (see Table 17).

Table 17

T-test Between Participants with a Psychopathic Superior Versus Participants with a Psychopathic Peer on Psychological Distress, Posttraumatic Growth, Social Support, and Job Satisfaction

Measure	Superior <i>M</i> (<i>SD</i>) <i>N</i>	Peer <i>M</i> (<i>SD</i>) <i>N</i>	<i>t</i>
K10	<i>N</i> = 92	<i>N</i> = 106	
Total	27.77 (10.12)	26.63 (10.59)	0.771
PTGI	<i>N</i> = 88	<i>N</i> = 105	
Relating to others	20.77 (10.17)	20.78 (9.81)	- 0.007
New possibilities	18.47 (7.57)	16.48 (7.27)	1.863
Personal strength	15.33 (5.90)	15.73 (5.19)	- 0.498
Spiritual change	5.81 (3.50)	5.26 (3.58)	1.073
Appreciation of life	11.74 (4.65)	10.93 (4.01)	1.283
Total	72.14 (27.81)	69.13 (25.26)	0.787
PSS	<i>N</i> = 92	<i>N</i> = 106	
Emotional support	12.69 (3.20)	12.85 (2.99)	-0.365
Informational support	12.65 (3.16)	13.43 (2.59)	-1.899
Tangible support	12.63 (3.04)	12.77 (2.69)	-0.353
Total	37.97 (8.31)	39.04 (7.39)	-0.958
JIG	<i>N</i> = 91	<i>N</i> = 106	
Total	12.29 (1.29)	15.77 (1.53)	-3.271***

Note. K10 = Kessler Psychological Distress Scale. PTGI = Posttraumatic Growth Inventory. PSS = Perceived Support Scale. JIG = Job in General.

One-tailed t-test.

****p* < .001.

Research Questions 6: Will victims of ascribed psychopaths report experiences that would be classified as bullying? What form of bullying is most common among the victims?

Eight percent of survivors (*n* = 16) did not meet the criteria for being victimized by a bully (i.e., their total score was below 33), as assessed by the NAQ-R. To meet the

cut-off score for bullying, respondents needed to endorse two or more bullying behaviours and had to report experiencing these on a regular or frequent basis (i.e., once a month to weekly or daily basis). In total, 91.9% of participants ($n = 182$) obtained a total scale score above 33, which indicates that they are victims of workplace bullying. The difference in observed frequencies was significant [$\chi^2 (1) = 139.17, p < .001$], indicating that the majority of participants would meet the criteria for workplace bullying.

To determine which form of bullying was most prevalent, Table 18 demonstrates the frequency with which each item was endorsed. Direct comparisons between person-related, work-related, and physical intimidation subscales cannot be made as each subscale contains a different number of items and the scale authors did not provide cut-off scores for the subscales. Table 19 presents the mode, mean, and standard deviation for each item on the NAQ-R. A response of three or four corresponds to monthly and weekly/daily frequency, respectively. As shown in Table 19, participants chose the highest frequency response for more than half of the scale items.

Table 18

Response Percentage and Frequency of Items Endorsed on the NAQ-R for Participants who were Bullied

The psychopath ...	1 = Never % (n)	2 = Now and Then % (n)	3 = Monthly % (n)	4 = Weekly/ Daily % (n)
...withheld information from you ^a	12.2 (22)	31.5 (57)	12.2 (22)	44.2 (80)
... humiliated you	9.9 (18)	23.6 (43)	20.3 (37)	46.2 (84)
... ordered you to do work below your level ^a	33.1 (60)	19.3 (35)	13.3 (24)	34.3 (62)
... removed key areas of responsibility ^b	30.6 (55)	20.6 (37)	18.3 (33)	30.6 (55)
... spread gossip and rumors about you ^a	13.8 (25)	24.3 (44)	18.2 (33)	43.6 (79)
... ignored or excluded you ^a	9.9 (18)	22.7 (41)	19.3 (35)	48.1 (87)
... made insulting or offensive remarks about you	10.4 (19)	25.8 (47)	18.7 (34)	45.1 (82)
... shouted at you ^a	14.9 (27)	28.7 (52)	21.5 (39)	34.8 (63)
... used intimidating behaviours ^a	21.0 (38)	24.3 (44)	22.7 (41)	32.0 (58)
... hinted you should quit your job ^b	32.3 (58)	23.9 (43)	20.0 (36)	23.9 (43)
... reminded you of your errors or mistakes ^b	15.6 (28)	21.7 (39)	15.6 (28)	47.2 (85)
... ignored you or gave you a hostile reaction	9.9 (18)	26.9 (49)	20.3 (37)	42.9 (78)
... persistently criticized your errors ^a	14.9 (27)	26.1 (47)	16.6 (30)	42.5 (77)
... ignored your opinions ^b	6.7 (12)	17.8 (32)	19.4 (35)	56.1 (101)
... carried out practical jokes ^c	46.1 (82)	23.6 (42)	13.5 (24)	16.9 (30)
... gave you tasks with unreasonable deadlines ^b	40.1 (73)	17.2 (31)	13.9 (25)	28.3 (51)
... made allegations against you ^a	24.3 (44)	29.3 (53)	17.7 (32)	28.7 (52)
... excessively monitored your work ^b	41.7 (75)	17.8 (32)	15.6 (28)	23.9 (43)
... pressured you not to claim something you were entitled to ^c	42.1 (75)	18.0 (32)	15.7 (28)	24.2 (43)
... made you the subject of excessive teasing ^a	34.3 (62)	22.7 (41)	15.5 (28)	27.6 (50)
... exposed you to an unmanageable workload ^d	34.6 (62)	21.8 (37)	16.2 (29)	28.5 (51)
... made threats of violence ^a	63.0 (114)	14.9 (27)	9.9 (18)	12.2 (22)

Note. NAQ-R = Negative Acts Questionnaire – Revised.

^a n = 1 missing. ^b n = 2 missing. ^c n = 4 missing. ^d n = 3 missing.

Table 19

Mode, Mean (M), and Standard Deviation (SD) for Each Item on the NAQ-R for

Participants who were Bullied

Items	Mode	M	SD
Work-related bullying			
...withheld information from you ^a	4.0	2.88	1.11
... ordered you to do work below your level ^a	4.0	2.49	1.27
... ignored your opinions ^b	4.0	3.25	0.97
... gave you tasks with unreasonable deadlines ^b	1.0	2.30	1.26
... excessively monitored your work ^b	4.0	2.69	1.26
... pressured you not to claim something you were entitled to ^c	1.0	2.22	1.23
... exposed you to an unmanageable workload ^d	1.0	2.39	1.23
Person-related bullying			
... humiliated you	4.0	3.03	1.05
... removed key areas of responsibility ^b	1.0	2.49	1.22
... spread gossip and rumors about you ^a	4.0	2.92	1.11
... ignored or excluded you ^a	4.0	3.06	1.05
... made insulting or offensive remarks about you	4.0	2.98	1.06
... hinted you should quit your job ^b	1.0	2.36	1.17
... reminded you of your errors or mistakes ^b	4.0	2.94	1.15
... ignored you or gave you a hostile reaction	4.0	2.96	1.05
... persistently criticized your errors ^a	4.0	2.87	1.13
... carried out practical jokes ^c	1.0	2.01	1.13
... made allegations against you ^a	2.0	2.51	1.15
... made you the subject of excessive teasing ^a	1.0	2.36	1.22
Physical intimidation			
... shouted at you ^a	4.0	2.76	1.09
... used intimidating behaviours ^a	4.0	2.66	1.14
... made threats of violence ^a	1.0	1.71	1.07

Note. NAQ-R = Negative Acts Questionnaire – Revised.

^a *n* = 1 missing. ^b *n* = 2 missing. ^c *n* = 4 missing. ^d *n* = 3 missing.

Discussion

The present study was conducted to address a gap in the literature concerning the experiences of victims of ascribed corporate psychopaths. By investigating the role of coping, support, job satisfaction, and overall experiences that result from working with an ascribed psychopath, a greater understanding of the phenomenon was acquired and provided a starting point for further research. The study involved the administration of several questionnaires, designed to assess the above-mentioned constructs, and open-ended questions to provide both quantitative and qualitative data.

Summary of Findings

The overall findings of the study resemble the descriptions reported in anecdotal stories and case studies (Babiak, 1995, 1996; Boddy, 2006), whereby participants reported significant mental and physical health effects and low levels of job satisfaction. Generally, the experience of working with a psychopathic colleague was unpleasant and, for most participants, affected extra-vocational life domains (i.e., relationships with family and friends, enjoyment of recreational activities).

Participants reported taking frequent sick days, and an unexpected 30% of the sample affirmed they quit their position as a result of the ascribed psychopath. Further, emotional harm was the most common type of harm reported, followed by physical harm (i.e., problems with physical health as a result of working with an ascribed psychopath) and these were both generally described as being moderate in severity. Financial harm was less common and when this was experienced it was typically only to a mild degree. The length of time that participants worked with the ascribed psychopath was not

significantly associated with higher degrees of psychological distress. This finding was not anticipated, as it was believed that the length of time would impact psychological health. These results could indicate that working with an ascribed psychopath, even for a short period of time, could lead to high levels of distress. Additionally, other confounding variables, such as coping and support, may play a role in the amount of distress experienced.

The relationship between perceived support and psychological distress or posttraumatic growth was not mediated by coping. Contrary to a previous study (Greenglass, & Fiksenbaum, 2009), coping did not account for significantly more variance when introduced into either mediation model. These results are partially attributable to the failure to establish a significant relationship between perceived support and coping which is a crucial step in a mediation analysis. The inability to meet this requirement could be due to the complex nature of support and the use of a scale that measured perceived support, as opposed to assessing received support.

Past research has suggested that individuals who work with a difficult superior have worse mental health outcomes than those who work with a challenging co-worker (Zapf, Renner, Buhler, & Weigl, 1996). These results may be due to past findings suggesting that over three quarters of bullies maintain a superior position in comparison to their victim. Results from the present study indicate that participants with a psychopathic superior have significantly lower job satisfaction, when compared to those with a psychopathic colleague. Subscale and total scores on measures of psychological distress, posttraumatic growth, and perceived support revealed no significant difference

between the two groups. Again, although these findings were unpredicted, they suggest that group distinction is not as important as originally considered.

The hypothesis suggesting that individuals who work with a psychopathic colleague would report high rates of bullying was supported and consistent with previous findings (Boddy, 2011a; Caponecchia et al., 2012). This was demonstrated by the high incidence of workplace bullying. Specifically, the highest frequency option (i.e., I experience this behaviour on a weekly or daily basis) was the most common choice for more than half of the behavioural indicators described in the NAQ-R.

The open-ended questions that dealt with behaviours experienced by participants, coping, support, first impressions, and manipulation did not have a predefined classification system. The most important themes that emerged from these analyses emphasized relational manipulation as the main source of victimization, the role of first impressions in later interactions with the ascribed psychopath, and the importance of having supportive colleagues. Moreover, the impact of different coping strategies was made evident.

Poilpot-Rocaboy's (2006) model of workplace bullying proved to be an effective mechanism for classifying the effects reported by participants. The model encapsulated all of the consequences that were reported and allowed for flexibility in terms of creating subthemes and categories within each of the effects (i.e., physical and mental health effects, family and social consequences, and financial implications). This model also illustrated that physical and mental health effects were most common and gave a clear sense of the severity of such problems. In addition, it highlighted the importance of treating these issues.

Although not all specific hypotheses were supported, this study provided empirical evidence to corroborate the large body of published case studies on corporate psychopathy (Babiak 1995, 1996; Babiak & Hare, 2006; Clark, 2005; Cleckley, 1988), as well as providing further knowledge regarding community-based psychopaths.

The Role of Coping and Support

Few studies (Kirkman, 2005; Pagliaro, 2008) have examined the experience of being victimized by a psychopath, and those that have tended to focus on romantic relationships. Relatively little is known regarding corporate psychopaths and the impact of their presence in workplaces. What has been demonstrated; however, is the undeniable pain and suffering that most victims experience (Kirkman, 2005; Pagliaro, 2008). The effects reported range from mild depression or anxiety to severe PTSD and suicidal ideation (Pagliaro, 2008). What is unclear is the importance of effective coping strategies and support to mitigate the harm that has been caused by the psychopath. Additionally, the role of protective factors in moderating the situation is still unknown.

The findings on coping and support from the quantitative and qualitative sources of data diverged. In this instance, the qualitative data provided a rich contextual basis for understanding the process of support and coping that was not captured by the quantitative data alone. The narratives are descriptive and give the reader a more complete image of the true experience of working with an ascribed psychopath. The participants struggled to understand why they were being victimized and resorted to coping strategies that they thought would be most effective.

While the research presented here has only just begun to examine the experience of working with an ascribed psychopath, several of the findings have highlighted that

support systems and coping strategies are the foundation of how the experience is perceived. Despite not being able to establish a quantitative relationship between coping and support, the participants' narratives clearly demonstrate that the two concepts are interconnected and influence one another. For instance, one participant described creating a support group with former employees from the organization who understood what it was like to work with the alleged psychopath. Having a strong support network could potentially offset some unhealthy coping behaviours (e.g., excessively consuming alcohol) while encouraging more adaptive strategies (e.g., dealing with the issue directly).

The use of the PSS may be responsible for the lack of significant quantitative findings. This measure may not be an accurate representation of the types of support received by participants. Although the scale was designed for use with victims of crime, the experiences of victims of psychopaths are unique and might not be captured by this measure. A lack of significant findings may also be due to the nature of the workplace environment and the increased likelihood that the victims' colleagues are experiencing the same behaviours. If survivors are receiving support from their colleagues they may feel less isolated and, in turn, would cope better with the situation. Cohen and Willis (1985) found support for the stress-support matching hypothesis suggesting that having supportive colleagues acts as a buffer to work-related stress. Additionally, measures that assess received support provide a better approximation of the actual support received and is less dependent on the participants' perceptions of support. Such a scale may obtain findings that are more objective and less likely to depend on the participant's mood at the time of the study.

In analyzing the open-ended questions, it became clear that the participants attributed their ability to cope, either good or bad, to the amount of support they felt they received. Moreover, half of the sample endorsed receiving emotional support from friends, family, and colleagues, therefore, emphasizing the role of support at the core of the experience.

These results suggest that those treating victims of psychopaths should consider coping strategies employed and the amount of support received, as those who do not have any supports may present with worse outcomes. Also, some coping strategies can exacerbate the situation (e.g., excessive consumption of alcohol, behavioral disengagement) and may need to be treated before progress can be made.

The Experience of Working with a Psychopath

Findings from this study were consistent with results from previous victimcentric studies (Kirkman, 2005; Pagliaro, 2008), in that overall experiences with psychopaths are negative and have the potential to cause great psychological, physical, and financial harm. Nonetheless, some minor differences were noted. Physical harm and intimidation were less common themes in this study, whereas victims who are romantically involved with the psychopath report higher rates of physical abuse (Kirkman, 2005; Pagliaro, 2008). In a work environment, overtly abusive behaviours are generally easily observed and employees are constrained by social norms. In a romantic relationship, abusive behaviours can occur more easily in the privacy of the home. Moreover, psychological harm was initially predicted to be experienced to a severe degree. Results indicate that the majority of participants reported moderate degrees of psychological harm. Again, unacceptable behaviours can be observed by others in a workplace and reported to

management or the authorities. Community-based psychopaths need to manipulate their victims covertly to maintain their status and, ultimately, be successful.

Interestingly, the interpersonal facet of psychopathy was the most commonly endorsed for both the SRP-SF and the open-ended questions. Participants described being manipulated and lied to by the ascribed psychopath. Neumann and Hare (2008) argued that successful psychopaths were similar to criminal psychopaths and simply attain success and status by avoiding detection. The findings presented here raise the question of whether community-based psychopaths are qualitatively different and have an ability to harness social skills which allow them to obtain their goals without resorting to criminality, thus permitting them to be successful in the community. Ishikawa, Raine, Lencz, Bihrlé, and LaCasse (2001) studied adult men recruited from a temporary work agency to examine successful and unsuccessful psychopaths. The authors found that successful psychopaths were significantly more likely to score lower on the antisocial facet of psychopathy compared to their unsuccessful counterparts. These findings suggest that observable differences exist between incarcerated and community psychopaths.

Conversely, the lifestyle and antisocial facets of psychopathy were the least endorsed on the SRP – SF and the open-ended questions. Again, these behaviours are difficult to observe or report on when the interactions with the ascribed psychopath occur in an organizational setting. Despite this, participants provided several accounts of instances when the ascribed psychopath boasted about their previous criminal history. These findings were not anticipated in a community-sample of alleged psychopaths as this behaviour is typically associated with their criminal counterparts.

In terms of creating an overall representation of the experience of working with a psychopathic colleague, the qualitative and quantitative sources of data complimented each other. Almost the entire sample met the cut-off score for workplace bullying and their descriptions of how they were victimized closely resembled the items from the NAQ-R. These results provide support for a previous finding (Boddy, 2011a), linking workplace bullying and corporate psychopathy and demonstrate that there is some overlap within the two constructs. It should be noted that although not all workplace bullies are psychopaths, the behaviours exhibited by psychopaths mirror those of bullies. However, this is not to say that all psychopaths will engage in workplace bullying. Furthermore, the effects reported by the participants are similar to those detailed in studies of workplace bullying (Einarsen & Raknes, 1997; Hoel & Cooper, 2000; Kivimaki et al., 2003; Leymann & Gustafsson, 1996; Mikkelsen & Einarsen, 2002; O'Moore et al., 1998).

Given the similarities between corporate psychopathy and workplace bullying victims, it was expected that antecedents to bullying would be recognized by participants as influential factors in the victimization experience. However, antecedents were never explicitly mentioned, and as a consequence of this, several other research questions were raised. Notably, do victims acknowledge the role of antecedents? Previous research has emphasized the importance of organizational culture as an antecedent to workplace bullying (Ashforth, 1994; Einarsen et al., 1994; Poilpot-Rocaboy, 2006; Rayner, 1997; Rayner & Hoel, 1997) and although these findings did not place organizational culture at the forefront of the experience, it did play a minor role for participants who were attempting to deal with the ascribed psychopath through formal channels. In many of

these instances, the survivors' attempts to denounce the ascribed psychopath were ignored or denied. Despite this, organizational culture was not recognized as a catalyst to bullying.

For the purpose of this study, the responses given by participants regarding the effects experienced were divided into three distinct themes (i.e., physical and mental health effects, familial and social consequences, and financial implications) based on Poilpot-Rocaboy's (2006) model of workplace bullying. This model provided a useful way to systematically categorize the data, however, it detracted from the overall experience. Though responses can be disentangled for coding purposes, a deeper understanding of the experience is presented when all of the responses are analyzed as a whole. Often survivors explained that one event would occur and cause several others to follow. For example, one participant explained that they felt depressed because of their situation at work and the stress they were experiencing as a result of working with the ascribed psychopath. In turn, they began excessively consuming alcohol. Following their increased substance use, they began missing work and argued more frequently with family and friends. Essentially, their experience with the ascribed psychopath started a chain reaction where each problem, and subsequent reaction, created a new problem. Treatment of individuals working with a psychopathic individual should take into account all of the effects and examine how they affect one another in order to plan the course of treatment and treatment targets.

The descriptions of the effects experienced by survivors address a significant gap in the literature and begin to capture the financial and psychological impact brought on by community psychopaths. De Oliveira-Souza et al. (2008), contend that little is known

about community psychopaths due to the difficulty in finding and assessing them, as well as a lack of empirical evidence needed to gauge their functioning in society. Given that the task of locating and testing non-incarcerated psychopaths is unlikely to become easier, using victim's accounts of the experience can prove to be the most effective way of studying the phenomenon (Kirkman, 2005).

Limitations and Strengths

Several limitations were present in this study. First, there is a possibility of sampling bias. Individuals who participated in the study may have been more likely to seek help or share their experience given that study advertisements were placed on support websites for survivors of psychopaths. This selection bias restricts the generalizability of the findings. Also, there was no definition of psychopathy provided to participants, however, the word psychopath was present in each recruitment method. Research findings regarding the use of the word psychopath are mixed. Some researchers argue that the label of psychopathy is misunderstood and carries grave consequences (Edens, Colwell, Deforges, & Fernandez, 2005; Edens, Guy, & Fernandez, 2003) while others have found that the word psychopathy is acceptable in research and does not affect judgment (Murrie, Cornell, & McCoy, 2005). Provided a large number of participants were recruited from support websites, it is likely that they had some understanding of the personality disorder.

The use of the SRP – SF is controversial as this is a self-report measure and was not designed as an observational tool. Previous research has adapted the scale to satisfy the need for a third party rating of psychopathy and reported promising findings (Pagliaro, 2008). To date, there are few psychopathy assessment tools available to

researchers studying victims of psychopaths. Additionally, concerns regarding the content of the SRP – SF, and its appropriateness for use with victims of corporate psychopaths, were raised. To account for this, the B-SCAN was administered to all participants with the exception of those recruited from MTurk. Results from correlation analyses indicated that these two scales were only moderately correlated, suggesting that two distinct constructs were being measured. However, the B-SCAN has not yet been validated and until further research is conducted, the continued use of modified self-report scales remains the only alternative for researchers.

Two of the scales demonstrated poor internal consistency. Notably, the affective subscale of the SRP – SF and some of the subscales of the Brief COPE. The Brief COPE contains two items per subscale, which may affect the alpha coefficients.

Lastly, qualitative analyses are not without their weaknesses. In conducting content analysis, each response is analyzed separately and similar ideas and concepts are grouped together to form overarching themes. In order to accurately categorize responses, participants need to provide a context for their responses. Several answers to the open-ended questions could not be coded as there was a lack of context and it was not possible to ask for clarification, provide a prompt, or ask a follow-up question with a web-based study. Moreover, the use of some colloquialisms can be interpreted in several ways and can result in misinterpretation. For instance, one survivor described their first impression of the ascribed psychopath as follows: “I thought he was really cool”. The exact meaning of the word “cool” is unknown. The participant might have been referring to an emotional coldness that is a hallmark of psychopathy or could have been describing that they thought the ascribed psychopath was fashionable or trendy.

The study had three noteworthy strengths. First, it is among one of the first studies to examine corporate psychopathy from the victim's perspective and to use a mixed method design to obtain a deeper understanding of the experience of victims. As such, this study has provided a starting point for future victimcentric studies, as well as providing important contributions to the growing field of corporate psychopathy. Second, the mixed methods design helps to counteract some of the inherent limitations present with both quantitative and qualitative findings. Provided that the study was broad in scope and the research questions covered a wide range of topics, incorporating qualitative and quantitative methods allowed for the data collection method to be tailored to each research question. Indeed, the use of qualitative research methods offered flexibility in terms of exploring the experience of being victimized. Thirdly, only participants obtaining moderate or high scores on the SRP-SF were retained in an attempt to exclude individuals who believed they worked with a psychopath when in fact they were simply describing a person they did not like.

Future Directions and Conclusions

Future research on victims of corporate psychopathy should address the limitations outlined above and expand on the findings of the study. Specifically, once validated, the B-SCAN could be a useful tool to use to build on the findings presented here. Additionally, group membership (moderate or high) might vary based on total scores obtained on the B-SCAN. A larger sample than the one obtained here would be needed to discern if any significant differences are present for the outcomes measures, specifically, coping and support.

The study's findings highlighted the frequency by which psychopaths rely on and utilize behaviours belonging to the interpersonal facet of psychopathy. Future studies should examine whether there are considerable differences between incarcerated and community-based psychopaths on their use of certain behavioural indicators belonging to each facet of psychopathy. Particularly if successful psychopaths have a battery of skills that are perceived as more adaptive in society, thus permitting them to remain in the community. Being able to mimic emotions and appropriate emotional responses would undoubtedly be useful for attaining success.

One of the open-ended survey questions asked participants to describe if they noticed any warning signs, upon first meeting the ascribed psychopath or upon later reflection, that could be useful to share with future potential victims. Few participants shared what they thought were red flags and future research should examine this issue more closely. Being able to summarize some of the most common behaviours of psychopathy and disseminating those to laypersons would not only help to demystify the misconceptions about psychopathy, but could also save hundreds of potential victims.

Finally, future research should focus on improving our understanding of the role of posttraumatic growth, protective factors, and resiliency in victims of psychopaths. Insight into how these factors contribute to mental health outcomes would be invaluable to treatment providers.

Overall the findings revealed survivors negatively perceived the experience of working with an ascribed psychopath and often they could not identify ways in which they had grown from the experience. Almost all survivors reported some level of harm due to their relationship; however, coping and support were cited as mitigating factors.

Mental and physical health effects, familial and social implications, and financial consequences were important themes and encompassed all of the effects described by participants. Nonetheless, there was significant amount of variability within each theme. These findings highlight the heterogeneity present in the experiences of victims of psychopaths. Treatment of survivors should take into account their use of coping strategies, as well as the level and source of their support when addressing the mental health issues present in this population.

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Appendix A

Job in General Scale

Think of your job in general. All in all, what is it like most of the time? Please select “yes” if this describes your experience while working with the psychopath or select “no” if it does not describe your experience while working with the psychopath. If you are not sure whether the statement applies, please indicate this by choosing “?”.

Pleasant	Yes	No	?
Bad	Yes	No	?
Ideal	Yes	No	?
Waste of time	Yes	No	?
Good	Yes	No	?
Undesirable	Yes	No	?
Worthwhile	Yes	No	?
Worse than most	Yes	No	?
Acceptable	Yes	No	?
Superior	Yes	No	?
Better than most	Yes	No	?
Disagreeable	Yes	No	?
Makes me content	Yes	No	?
Inadequate	Yes	No	?
Excellent	Yes	No	?
Rotten	Yes	No	?
Enjoyable	Yes	No	?
Poor	Yes	No	?

Appendix B

Self-Report Psychopathy Scale – Short Form

Please rate the degree to which you agree with the following statements about the person whom you suspect or know is a psychopath. If there has been more than one psychopath in your life, please choose the most recent one. Only answer items if you are certain about whether you agree or disagree, based on your observations and knowledge. You can be honest because you are given complete anonymity.

0 = don't know	1 = disagree strongly	2 = disagree	3 = neutral	4 = agree	5 = agree strongly
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He or she...

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Is a rebellious person. | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Has never been involved in delinquent gang activity. | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Considers most people as wimps. | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Has often done something dangerous just for the thrill of it. | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Has tricked someone into giving him or her money. | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Has assaulted a law enforcement official or social worker. | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Has pretended to be someone else in order to get something. | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Likes to see fist fights. | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. Would get a kick out of 'scamming' someone. | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. Thinks it's fun to see how far he or she can push people before they get upset. | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. Enjoys doing wild things. | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. Has broken into a building or vehicle in order to steal something or vandalize. | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. Doesn't bother to keep in touch with his or her family any more. | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. Rarely follows the rules. | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. Thinks he or she should take advantage of other people before they do it to him or her. | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. Has people who say he or she is cold- hearted. | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. Likes to have sex with people he or she barely knows. | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. Loves violent sports and movies. | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. Thinks that sometimes he or she has to pretend that he or she likes people to get something out of them. | 0 | 1 | 2 | 3 | 4 | 5 |

- | | | | | | | |
|---|---|---|---|---|---|---|
| 20. Was convicted of a serious crime. | 0 | 1 | 2 | 3 | 4 | 5 |
| 21. Keeps getting in trouble for the same things over and over. | 0 | 1 | 2 | 3 | 4 | 5 |
| 22. Carries a weapon (knife or gun) for protection every now and then. | 0 | 1 | 2 | 3 | 4 | 5 |
| 23. Thinks he or she can get what he or she wants by telling people what they want to hear. | 0 | 1 | 2 | 3 | 4 | 5 |
| 24. Never feels guilty over hurting others. | 0 | 1 | 2 | 3 | 4 | 5 |
| 25. Has threatened people into giving him or her money, clothes, or makeup. | 0 | 1 | 2 | 3 | 4 | 5 |
| 26. Thinks a lot of people are “suckers” and can easily be fooled. | 0 | 1 | 2 | 3 | 4 | 5 |
| 27. Admits that he or she often “mouths off” without thinking. | 0 | 1 | 2 | 3 | 4 | 5 |
| 28. Sometimes dumps friends that he or she thinks he or she doesn’t need anymore. | 0 | 1 | 2 | 3 | 4 | 5 |
| 29. Purposely tried to hit someone with the vehicle he or she was driving. | 0 | 1 | 2 | 3 | 4 | 5 |

Appendix C

Brief COPE

Listed are some ways you might have been coping with stress since your relationship with the psychopath. Please rate the extent to which you have been doing what each item says since the last time you were in contact with the psychopath. Don't worry if these techniques have or haven't been working for, simply answer truthfully if you have done them.

I have been doing this...				
1 = not at all	2 = a little bit	3 = a medium amount	4 = a lot	
1. Turning to work or other activities to take my mind off things.	1	2	3	4
2. Concentrating my efforts on doing something about the situation I'm in.	1	2	3	4
3. Saying to myself "this isn't real".	1	2	3	4
4. Using alcohol or other drugs to make myself feel better.	1	2	3	4
5. Getting emotional support from others.	1	2	3	4
6. Giving up trying to deal with it.	1	2	3	4
7. Taking action to try to make the situation better.	1	2	3	4
8. Refusing to believe that it has happened.	1	2	3	4
9. Saying things to let my unpleasant feelings escape.	1	2	3	4
10. Getting help and advice from other people.	1	2	3	4
11. Using alcohol or other drugs to help me get through it.	1	2	3	4
12. Trying to see it in a different light, to make it seem more positive.	1	2	3	4
13. Criticizing myself.	1	2	3	4
14. Trying to come up with a strategy about what to do.	1	2	3	4
15. Getting comfort and understanding from someone.	1	2	3	4
16. Giving up the attempt to cope.	1	2	3	4
17. Looking for something good in what is happening.	1	2	3	4
18. Making jokes about it.	1	2	3	4
19. Doing something to think about it less (i.e., going to movies, watching TV, reading, daydreaming).	1	2	3	4
20. Accepting the reality of the fact that it has happened.	1	2	3	4
21. Expressing my negative feelings.	1	2	3	4
22. Trying to find comfort in my religion or spiritual beliefs.	1	2	3	4
23. Trying to get advice or help from others about what to do.	1	2	3	4
24. Learning to live with it.	1	2	3	4
25. Thinking hard about what steps to take.	1	2	3	4
26. Blaming myself for things that happened.	1	2	3	4

27. Praying or meditating.

1 2 3 4

28. Making fun of the situation.

1 2 3 4

Appendix D

Kessler Psychological Distress Scale (K10)

The following ten questions ask about how you have been feeling in the **last four weeks that you worked with the psychopath**. For each question, click under the option that best describes the amount of time you felt that way.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. In the last four weeks, about how often did you feel tired out for no good reason?	1	2	3	4	5
2. In the last four weeks, about how often did you feel nervous?	1	2	3	4	5
3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4. In the last four weeks, about how often did you feel hopeless?	1	2	3	4	5
5. In the last four weeks, about how often did you feel restless or fidgety?	1	2	3	4	5
6. In the last four weeks, about how often did you feel so restless you could not sit still?	1	2	3	4	5
7. In the last four weeks, about how often did you feel depressed?	1	2	3	4	5
8. In the last four weeks, about how often did you feel that everything was an effort?	1	2	3	4	5
9. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5

10. In the last four weeks, about how often did you feel worthless?	1	2	3	4	5
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Appendix E

Closed-answer and open-ended questions

A. Survivor Demographics

A. The following questions are mainly about you. Some of the questions allow you to fill in a blank [other (please specify)] if none of the options available apply to you. The other questions will allow you to only choose one answer. If you wish not to answer any of the questions, please leave it blank.

1. Age:
2. Gender (you):
 - Male
 - Female
3. Gender (psychopath):
 - Male
 - Female
4. Race / ethnicity (you):
 - White (e.g., European)
 - Black (e.g., African, African American, African Canadian, Caribbean)
 - East Asian (e.g., Chinese, Japanese, Korean, Polynesian)
 - South Asian (e.g., Indian, Pakistani, Sri Lankan, Bangladeshi)
 - Southeast Asian (e.g., Burmese, Cambodian, Filipino, Laotian, Malaysian, Thai, Vietnamese)
 - West Asian (e.g., Arabian, Armenian, Iranian, Israeli, Lebanese, Palestinian, Syrian, Turkish)
 - Latin American (e.g., Mexican, Indigenous Central and South American)
 - Aboriginal Canadian/Native Canadian/First Nations
 - Other (please specify):

5. Race / ethnicity (psychopath):
 - White (e.g., European)
 - Black (e.g., African, African American, African Canadian, Caribbean)
 - East Asian (e.g., Chinese, Japanese, Korean, Polynesian)
 - South Asian (e.g., Indian, Pakistani, Sri Lankan, Bangladeshi)
 - Southeast Asian (e.g., Burmese, Cambodian, Filipino, Laotian, Malaysian, Thai, Vietnamese)
 - West Asian (e.g., Arabian, Armenian, Iranian, Israeli, Lebanese, Palestinian, Syrian, Turkish)
 - Latin American (e.g., Mexican, Indigenous Central and South America)
 - Aboriginal Canadian/Native Canadian/First Nations
 - Other (please specify):

6. Location:
 - Canada
 - United States
 - Europe (UK)
 - Europe (non-UK)
 - Other (please specify):

7. Your employment status:
 - Not employed (not looking for work)
 - Not employed (looking for work)
 - Part-time
 - Full-time
 - Seasonal or contract
 - Retired

7. Your highest level of education completed:
 - Elementary school
 - Secondary school
 - Community college
 - Technical or trade school
 - University
 - Graduate school

8. Which of the following income categories would you consider yourself to be in?
 - Low class (i.e., below the poverty line, struggling with basic needs such as food, shelter, and medical care)
 - Middle class (i.e., can afford basic needs, have some extra resources)
 - Upper class (i.e., can afford well beyond basic needs, have many extra resources, ability to live luxurious lifestyle if desired)

9. Where did you find out about this study?:
- Love Fraud
 - Psychopath Forum
 - Aftermath: Surviving Psychopathy
 - Dr. Hare or SSSP site
 - Researcher or clinician referral
 - Other (please specify):

B. The following is information regarding your relationship with the psychopath. If you wish to not answer any of the questions, please leave them blank.

1. Your occupational background:
- Information technology / Computing
 - Service / Support
 - Engineering / Science
 - Medical / Government
 - Student
 - Other (please specify):
2. When you worked with the psychopath, were you employed in:
- Private sector
 - Public sector
 - Other (please specify):
3. How long did you work with the psychopath:
- Less than a year
 - 1 – 2 years
 - 3 – 4 years
 - 5 – 7 years
 - 7 years or more
4. How many years has it been since you worked with the psychopath:
- Still working with the psychopath
 - Less than a year
 - 1 – 2 years
 - 3 – 4 years
 - 5 – 7 years
 - 7 years or more

5. What was your relationship to the psychopath:
 - Co-worker
 - Superior
 - Subordinate
 - Other (please specify):

6. How many years had you been working at the organization before you met the psychopath:
 - Less than a year
 - 1 – 2 years
 - 3 – 4 years
 - 5 – 6 years
 - 7 years or more

7. What position did you hold at your place of employment:
 - Entry level position
 - Junior level position
 - Middle management
 - Senior management

8. Are you currently still working with the psychopath?
 - Yes
 - No

9. If you no longer work with the psychopath:
 - Did you quit or resign from your position
 - Were you let go or fired from your position
 - Were you promoted from your position
 - Were you demoted from your position
 - Take a leave of absence or obtain disability benefits
 - The psychopath quit or resigned from their position
 - The psychopath was let go or fired from their position
 - The psychopath was promoted from their position
 - The psychopath was demoted from their position

10. Did you do any of the following during the time you worked with the psychopath and as a result of working with the psychopath (check all that apply and indicate the length of time when appropriate):
- Call in sick for work (number of days: _____)
 - Request a leave of absence and were denied
 - Take a leave from work (length of time: _____)
 - Apply for disability benefits (length of time receiving benefits: _____)
 - Quit or resign from your position
11. Would you describe the amount of support you received from friends, family, and colleagues during the time you were dealing with the psychopath, as:
- None
 - A little
 - A moderate amount
 - A great deal
12. Did the psychopath perpetrate emotional harm against you (e.g., started untrue rumours about you, took credit for your work, assigned you to menial tasks, etc.)?
- Yes
 - No
13. To what degree has your relationship with the psychopath caused you emotional harm (sadness, anxiety, etc)?
- None
 - Mild
 - Moderate
 - Extreme
14. Has your relationship with the psychopath caused you financial strain (e.g., lost wages because of missed work, stole from you, etc)?
- Yes
 - No
15. To what degree has your relationship with the psychopath caused you financial harm?
- None
 - Mild
 - Moderate
 - Extreme

16. Did the psychopath perpetrate any physical harm to you (e.g., hit you, cornered you in your office, encroached on your personal space, etc.)?
- Yes
 - No
17. To what degree has your relationship with the psychopath caused physical symptoms (digestive issues, loss of hair, skin picking, difficulty sleeping, etc.)?
- None
 - Mild
 - Moderate
 - Extreme
18. To what degree has your relationship with the psychopath affected your relationships with your friends, family, and colleagues?
- Not at all
 - Mildly
 - Moderately
 - Extremely

C. This section includes open-ended questions related to your experience in working with the psychopath. If the question does not apply to you, please indicate this by entering "N/A". In order to guard your anonymity, please only use general information or statements when referring to identifying information (e.g., I met the psychopath when working at the Bank versus I met the psychopath when working at the Bank of [name]). If you prefer not to answer a question, please leave it blank.

1. What experiences at work occurred that made you feel victimized (e.g., the psychopath took credit for your work, overworked you, assigned you to menial tasks, etc.)?
2. What were your first impressions of this person?
3. What behaviours did you observe that led you to believe that something was worrisome or unusual about this person?
4. When did you suspect this person was a psychopath? Why?
5. Did other people you work with recognize that this person was a psychopath? If so, why did they think this?

6. How did you received support from your family, friends, or colleagues while dealing with the psychopath? What type of support?
7. What effects have you experienced as a result of this relationship (i.e., physical, emotional, financial, relationships with others)?
8. How did you try to deal with the problem behaviours caused by the psychopath?
9. If you would like to share any additional information, please include it here.

Appendix F

Study Advertisement

Do you suspect that someone you work with is a psychopath? Do they act superficially charming, lack remorse, lie to you, cheat, or attempt to manipulate you? Read more to find out about our study.

Dear Members of _____,

My name is Janelle and I am a Master's student at Carleton University in Ottawa, Canada. I'm currently working on my Master's thesis in Forensic Psychology under the supervision of Dr. Adelle Forth. The topic of my research is psychopathy in the workplace and the effects this has on victims.

Psychopathy in the workplace is a relatively new area of study in psychology. Most of the research to date focuses on the psychopathic individuals while neglecting to take into account the voices of survivors. I want to investigate how psychopaths establish relationships in the work environment and the behaviours they exhibit that led you to believe they are psychopathic or that have victimized you. I also want to know what effects and impacts the relationship has had on your job and your life outside of work. If you believe that someone you work with possesses psychopathic traits and you would like to share your experience by participating in the study, please click here (study website hyperlink). This link also contains more information on the study. Please note you must be 18 years of age or older to participate and the study is only available in English. Any questions, comments, or feedback about this research project or its content, are welcome at

Sincerely,
Janelle



Appendix G

Informed Consent

Project Title: Backstabbing bosses and callous co-workers: An examination of the experience of working with a psychopath

Investigator: Janelle
Department of Psychology
Carleton University

Supervisor: Dr. Adelle Forth
Department of Psychology
Carleton University
1-613-520-2600 ext 1267
adelle_forth@carleton.ca

This informed consent form is designed to explain to you the study's purpose and the required tasks and additional information to allow you to decide whether or not you wish to participate in the study.

Please take the time to read this information carefully.

This study has been approved by the Carleton University Ethics Committee for Psychological Research (Approval number 2012-xxx).

Study purpose and required tasks: This study was designed to assess the impacts and effects of working with a psychopath. Little research has been conducted in this field and the findings will inform mental health professionals, human resource professionals, and the general public. Self-report questionnaires are included in the study, along with a few open-ended questions. You will be required to rate your boss, co-worker/peer, or subordinate on psychopathic traits and you will be asked several questions about your relationship and experience of working with them. Other questions include demographics, coping, support, and the effect the relationship has had on your mental and physical health.

Duration and location: The interview will take approximately 1.5 hours to complete. The study can be completed online at suveymonkey.com

Please complete the study in an area where the psychopath is not present and preferably not in your work environment.

Potential risks/discomfort: Several of the questions in the study ask you about your experience of working with the psychopath. This experience may have been traumatic or stressful for you and you may experience distress when answering these questions. You may skip any questions you do not feel comfortable answering, or stop the study at any point and decide whether you would like to continue at another time or discontinue the study. Internet safety is another concern. Survey Monkey (the study's web source) cannot access any of your personal information, however, others who have access to your computer might be able to track Internet sites visited on your computer or web browser. To address this, the highest security settings were selected on Survey Monkey and a website about Internet safety is provided to you at the end of the study. We also ask that you complete the study in a safe location where the psychopath is not present.

Anonymity and Confidentiality: To maintain your anonymity no names or identifying information will be collected. Only Dr. Adelle Forth (supervisor) and myself will have access to the information. All data will be kept on an external drive in a locked room to which only I have access. The data collected will be used for my Master's thesis and research publications. No identifying information will be published or shared.

Right to withdraw: Your decision to participate is completely voluntary and you may withdraw from the study at any point. Because your participation is anonymous, if you were referred to the study by a support website for survivors of psychopaths the referring websites will not be aware of your involvement. To ensure your safety, information regarding how to keep others who may have access to your computer from discovering that you've visited the study's website, information is provided in a debriefing form which you will receive when you finish or leave the study. Also the highest security options were chosen when creating the online study.

If you have any ethical concerns or any other concerns you can contact:

Department of Psychology Chair: Dr. Anne Bowker at 613-520-2600 ext. 8218, anne_bowker@carleton.ca

Psychology Research Ethics Chair: Dr. Monique Sénéchal at 613-520-2600 ext. 1155, monique_senechal@carleton.ca

By clicking on the "Agree" button below, I certify that I have read and understand the information above and agree to participate in the study.



Appendix H

Debriefing Form

Purpose of this research: We are trying to better understand the effects (mental, physical, financial, social) and impacts of working with an individual who possesses psychopathic traits. We also want to determine whether psychopaths are drawn to certain workplace environments or sectors and how they interact with their peers in a work environment. Finally, we are interested in understanding the role of coping and support in your experience.

Implications of this research: Very little research has been conducting on the phenomenon of “corporate psychopathy” or “organizational psychopathy”. Psychopathy research tends to focus on the psychopathic individual and therefore relatively little is known about the experiences of those affected by the psychopath. These findings will help researchers and clinicians in providing better care to individuals who have lived this experience and the results will also help to strengthen tools created to assess employees on psychopathic traits. This research could also assist human resource personnel in better understanding the impact that hiring psychopathic individuals has on other employees and the behaviours they should be aware of when interviewing candidates.

Hypotheses/predictions:

- 1) Survivors will be more likely to report being emotionally harmed as opposed to physically harmed.
- 2) Survivors will report several behaviours or warning signs that led them to believe there was something unusual about the person they worked with.
- 3) Coping and support will be associated with distress symptoms.
- 4) Survivors will describe several effects (financial, social, mental, physical) as a result of working with the psychopath.
- 5) Survivors with psychopathic bosses will experience more distress than those with psychopathic peers or subordinates.
- 6) Experiences of survivors will resemble those of victims of workplace bullying. Person and work related bullying will be more common than physical intimidation.

If you have any questions regarding this research, you can contact:

Janelle
Master's student
Carleton University
working.with.psychopath@gmail.com

Dr. Adelle Forth (supervisor),
Associate Professor
Department of Psychology
Carleton University
613-520-2600 ext. 1267
adelle_forth@carleton.ca

If you have any ethical concerns you can contact:Before July 1st, 2012

Dr. Monique Sénéchal
Psychology Research Ethics Chair
Carleton University
613-520-2600 ext. 1155
monique_senechal@carleton.ca

After July 1st, 2012

Dr. Avi Parush
Psychology Research Ethics Chair
Carleton University
613-520-2600 ext. 6026
avi_parush@carleton.ca

If you have any other concerns you can contact:

Dr. Anne Bowker
Department of Psychology Chair
Carleton University
613-520-2600 ext. 8218
anne_bowker@carleton.ca

This study has been approved by the Carleton University Ethics Committee for Psychological Research: Study #: xxx-xxx . Please use this number if you need to contact the Chair of the Department or Chair of Ethics Committee concerning this study.

If you found the study to be emotionally draining: You can contact your local mental health professionals, distress centres, crisis lines, or your general physician. You can find these professionals by searching in your local phonebook or by conducting a search in Google. There are support websites designed for victims and survivors of psychopaths. If you are interested in more information regarding psychopathy survivors, you can visit www.lovefraud.com or www.aftermath-surviving-psychopathy.org

Internet security: There are several steps that can be taken to ensure that others who may have access to your computer do not see that you visited the study's website. Go to: <http://www.muvenum.com/blog/2009/07/01/clear-browsing-history/> to learn how to prevent others from viewing your browsing history.

Study findings: If you would like a report of the study's findings please send me an e-mail at _____ In the subject line include "working with a psychopath study findings" and leave the body of the e-mail blank. Do not send an e-mail from an identifying address (i.e., one that contains your name or place of employment). An e-mail with the results will be sent to all those who have contacted me using the "blind cc" function to ensure that other participants do not see your e-mail address. The results will be ready after September 30th, 2012.

Thank you very much for your participation!