

Subclinical psychopathy, interpersonal workplace exchanges and moral emotions through the lens of affective events theory (AET)

Abstract

Purpose – The purpose of this paper is to better comprehend the subclinical psychopath's intra and interpersonal moral emotions in the context of their natural habitat, the workplace, alongside implications for employees and organisations.

Design/methodology/approach- This study draws on Affective Events Theory (AET) to illuminate this dark-side phenomenon. Thematic analysis is used to identify themes from qualitative data collected from a small sample of interviews conducted with HRM Directors and other managers.

Findings - The findings show that the subclinical psychopath is agentic, being unfettered by intra self-directed conscious moral emotions. The predominant moral emotion directed at employees during interpersonal workplace exchanges, is typically anger. However, it appears likely the subclinical psychopath fakes this moral emotion as a smokescreen for manipulative and exploitative gains. The predominant moral emotion directed by employees towards the subclinical psychopath is fear. Employees resort to avoidance and withdrawal behaviour and intentions to quit become a reality.

Research limitations/implications – Notwithstanding the difficulties associated with this type of research and participants, future empirical testing is required.

Practical implications –The signalling quality of employees' moral emotions and subsequent dysfunctional avoidance and withdrawal behaviour can provide valuable information to HRM professionals in the detection of subclinical psychopaths which is acknowledged as notoriously difficult.

Originality/value – This study contributes new knowledge to subclinical psychopathy and makes novel use of Affective Events Theory (AET) to explore this personality type as a driver of employees’ negative workplace emotions, the impact on employees’ behaviour alongside implications for organisational effectiveness.

Keywords - Subclinical psychopathy, Affective Events Theory (AET), Moral emotions, Organisational effectiveness, interpersonal workplace exchanges, Affective empathy, intentions to quit, Thematic analysis.

Paper type Research paper

Introduction

Psychopathy is a personality disorder marked by a constellation of features captured by various psychopathy measures including the Comprehensive Assessment of Psychopathic Personality (CAPP) (Kreis *et al.*, 2012). The CAPP utilises the most prototypical traits of psychopaths to identify them and according to a hundred and thirty seven leading psychopathy researchers, the top eight of these are; lacking in remorse, unempathetic, self-centred, manipulative, unemotional, deceitful, insincere and self-aggrandising (Kreis *et al.*, 2012). These are some of the traits originally identified by Cleckley (1998) who is deemed the most authoritative writer on psychopathy and are used as the basis for identifying sub-clinical psychopaths in the current research. Psychopathy exists as a continuum with most adults scoring very low on any psychopathy measure but where 1% of adults are highly psychopathic (Coid *et al.*, 2009) and a minority have enough psychopathic traits to make them highly problematic including in a workplace context for those who work with or are subordinate to them (Coid and Yang, 2008). Furthermore, Levenson *et al.*, (1995) find that

23% of males in their non-institutionalised sample had sufficient psychopathic traits to potentially engage in behavior which can entail significant societal costs.

Core psychopathic personality traits and deficits in affective processing are shared between clinical and subclinical psychopaths (Benning et al., 2005; Iria and Barbosa; 2009). Early work posits subclinical psychopaths, those individuals who score high on psychopathic traits but who typically are not incarcerated, engage in a range of destructive workplace behaviours (Boddy, 2006). Latterly, emergent evidence is coalescing that finds the presence of subclinical psychopaths in the workplace has serious implications for organisational effectiveness. Subclinical psychopaths are found to be unethical decision makers, involved in the most recent financial crises (Boddy, 2017; Cohan, 2012; Marshall, *et al.*, 2014) and generally linked to an atmosphere of workplace hostility and abusive supervision (Boddy, 2011; Boddy, 2013).

Much work is conducted on affective impairment in clinical psychopaths and associated aberrant inter-personal behaviour. Clinical psychopaths are emotionally shallow (Blair *et al.*, 2005); they exhibit low levels of anxiety, are cold, calculating and predatory. (Seymour, 2006). Psychopaths do not affectively understand emotions and are not influenced by the emotional content of stimuli (Steuerwald and Kosson, 2000). Psychopaths show poor emotional modulation, possess little interest in other people (Franks, *et al.*, 2009) and fail to comprehend and attach any value or meaning to the emotional significance of an event or experience (Wahlund and Kristiansson, 2009). This is to the extent that researchers question whether they are able to feel *any* emotion and conclude this makes them amoral (Stout, 2005).

Similarly, subclinical psychopaths are found to have difficulty identifying fear and sadness in other people (Montagne, *et al.*, 2005). In particular, work conducted by Ali, *et al.*, (2009) finds subclinical psychopaths take pleasure from others' emotional pain. Whilst this research offers important insights to this deviant personality, little work exists on how the subclinical psychopath's affective deficit plays out in the workplace and what impact this has on employees. Interpersonal workplace exchanges, in particular, provide a suitable context to consider this phenomenon as they are emotionally laden events signalling how we feel and think (Rudolph and Tscharaktschiew, 2014). Emotions expressed during these exchanges give others important cues in understanding whether norms are transgressed, and importantly whether corrective action is required to align future behaviour with accepted organisational norms (Hareli *et al.*, 2013). Affect in the workplace also has implications for a strong moral self, ethical decision making and the fair treatment of others (Ciaramelli, *et al.*, 2007). When managers' decisions are propelled by moral emotions employee welfare is safeguarded (Dietz and Kleinlogel, 2014). Conversely, where managers are not motivated by such considerations behaviour disintegrates into abusive supervision and the impact upon employees and organisations is deleterious including; diminished job satisfaction, productivity (De Clercq and Saridakis, 2015), alongside emotional and family well-being (Harvey *et al.*, 2007; Hoobler and Brass, 2006).

Moral emotions and subclinical psychopathy thus far, has received marginal attention in prior literature. Whilst a conceptual review of moral emotions and subclinical psychopathy is put forward by Walker and Jackson, (2016) their reliance on extant clinical psychopathy work is acknowledged. Moreover, no consideration has been given to the moral emotions of employees triggered by the subclinical psychopath during interpersonal workplace exchanges. This is an area of substantial importance given employees' moral emotions are

pivotal to effective organisational life (Zineldin and Hytter, 2012). In particular, interpersonal moral emotions shape employees' attitudes and attachment to organisations and ultimately overall organisational performance (Smith and Kelloway, 2016). Accordingly, the current research poses two questions, first how do moral emotions and the subclinical psychopath play out during interpersonal workplace exchanges? Second, what, if any, are the implications for employees and organisational effectiveness? To unwrap these questions this study utilises the well-respected lens of Affective Events Theory (AET) (Glaser, *et al.*, 2011), (Carlson *et al.*, 2011). AET emphasises events in the workplace as important sources for triggering employee emotions which are then closely linked to work behaviour (Ohly and Schmitt, 2015). Affective events are interpersonal 'things' that happen to people in work settings which elicit an emotional reaction (Weiss and Cropanzano, 1996).

The findings from this study implicate the subclinical psychopath as a source of a severe negative affective workplace event. It appears likely that deficits in affective empathy, a hallmark characteristic of subclinical psychopathy, accounts for this dysfunctional interpersonal behaviour. Employees resort to affect and judgement driven behaviour, which has implications for organisational effectiveness. In view of the considerable importance for further unravelling the impact that subclinical psychopaths have on the effectiveness of people and performance in the workplace, the findings from this study contribute new and salient knowledge towards the existing body of scholarship. Given there is little by way of formalised, 'tried and tested' methods for detecting subclinical psychopaths in the workplace (Cohen, 2016, Marshal *et al.*, 2014) these findings also have substantial practical implications for HRM professionals.

The remaining paper is organised into five key sections which constitute; the theoretical framework, qualitative methodology, findings, and discussion with implications including potential for future work.

Theoretical Background

Affective Events Theory (AET)

AET emphasises employee affective reactions that result directly from things that happen to them in the workplace and indirectly by perceptions of their workplace environment. In this way, an employee's endogenous affective disposition is chiefly influenced exogenously by their workplace environmental context. An affective workplace event triggers negative and positive emotions in employees including; anger, fear, joy, love and sadness. There is an interrelationship between a workplace event, immediate emotions and subsequent slower workplace attitude and behaviour (Weiss and Cropanzano, 1996). An affective event is an emotional elicitation process. First a workplace event occurs, this is subject to an initial appraisal typically constructed along the lines of; "what does this mean for me in view of the goals I want to attain?" Discrete emotions then emanate from a more contextual consideration typically evaluated in terms of "the degree of personal control, coping potential, consequences of the event and future expectations about this situation" (Gaddis *et al.*, 2004, p. 665), which subsequently impact workplace attitudes and behaviours (insert Figure 1 here).

Negative affective workplace events and elicited emotions

A negative affective workplace event is perceived in terms of being able to produce harmful outcomes (Lazarus & Folkman, 1984). In the extant literature, examples of negative affective workplace events include; failure to give feedback (Gaddis, *et al.*, 2004); interpersonal unfair treatment (Judge *et al.*, 2006); breach of psychological contract (Zhao *et al.*, 2007); and abusive supervision such as bullying (Glaso *et al.*, 2011). Negative affective workplace events are associated with high emotional intensity (Taylor, 1991) such as anxiety and in particular fear resulting in extreme physical symptoms (Clark and Watson, 1991). Emotional intensity is heightened further by unexpectedness (Clore *et al.*, 1994) and working in an unhealthy work place environment over a lengthy period of time (Dasborough, 2006). Emotions elicited by a negative affective workplace event typically include; anger, fear and shame (Dasborough, 2006) Anger is chiefly elicited when employees are treated unfairly and rudely spoken to (Judge *et al.*, 2006), whilst abusive supervision triggers not only anger but also anxiety, fear, helplessness, distress and a high prevalence of shame (Glaso *et al.*, 2011).

Moral emotions: direction and signaling quality

Moral emotions focus attention on what is "...good and bad, right and wrong, and ought and should" (Weiner, 2006, p. 87, cited by Rudolph and Tschakertschew's (2014). Scholarship on the inherent nature of moral emotions is long standing. There is, however, an element of ambiguity. Haidt's (2003) early taxonomy includes fear and *Schadenfreude* (getting enjoyment from someone else's misfortune) whereas Rudolph & Tschakertschew (2014) include *Schadenfreude* but not fear. Whilst empathy and sympathy are posited as pivotal to human affect (Eisenberg, 2004, 2006), and empathy is identified as a moral emotion by some scholars (Dietz and Kleinlogel, 2014; Moll *et al.*, 2008), it is sympathy but not empathy that

populates Haidt's (2003) and Rudolph and Tscharaktschiew's 2014 moral emotions' list. The latter work classifies moral emotions further by distinctions in their direction. Accordingly, moral emotions can be self (intrapersonally) or other (interpersonally) directed. Shame, guilt, regret and pride are primarily self-directed and self-conscious in nature. Guilt, for example, sends a halt, red-flag signal to ourselves about behaviour that ought to have been better and so presents an opportunity for corrective action and change. Admiration, anger, envy, gratitude, and sympathy are directed at other people. In this way, anger sends a 'red-flag' signal to interacting partners to stop their behaviour.

Moral emotions are laden with informational and behavioural cues. During interpersonal exchanges, moral emotions serve as an important conduit for transmitting and receiving valuable information to ourselves, interacting parties and any third party observer as to whether norms are transgressed. Normative behaviour is characterised by descriptive and injunctive norms (Cialdini, Reno and Kallgren, 1990; Cialdini *et al.*, 1991). Descriptive norms, commonly referred to as '*is*' norms, prescribe behaviour. This is efficient, tried and tested behaviour. In other words, "If everyone is doing, thinking or believing it, then it must be a sensible thing to do or think or believe." (Cialdini, 1988, p.1015). An injunctive norm is an '*ought*' norm and implies universal standards of morality (Haidt, 2003; Heider, 1958).

Empathy and implications for emotional processing in psychopaths

The current study draws upon Haidt's (2003) authoritative taxonomy and utilises the functional signaling quality in Rudolph & Tscharaktschiew's (2014) account. Whilst empathy does not populate Haidt's (2003) list of moral emotions, it has significant

implications for emotional processing. Common to clinical and subclinical psychopathy is the hallmark characteristic of dysfunctional empathy. Empathy is a multi-dimensional construct constituting cognition of another's feelings (perspective taking) and affective ability to actually *feel* another's emotions (Feshback, 1975, Mayer and Salovey, 1993). Cognitive empathy lends itself to a *cold* analysis of another's emotions, however, without affective empathy another's emotions cannot be *felt*. Cognitive empathy working independently of affective empathy has been referred as 'dark side' empathy inasmuch as a *cold* analysis provides the unfettered psychopath with opportunities to exploit and manipulate others for their personal gain. This ultimately results in misuse and abuse of others (Breithaupt, 2012). In a clinical sample, Brook and Kosson (2013) found an inverse correlation between psychopathy and affective empathic accuracy. Findings from neuro science suggest that this is linked to brain abnormalities associated with the amygdala, recognised as central to processing emotional information (Blair, 2008). Support for this view can be found in studies that report results from functional magnetic resonance imaging (fMRI) scans of clinical psychopaths' brains showing that psychopaths do not process emotions in the same way as others (Anderson & Kiehl, 2012; Perez, 2012).

Several studies reveal that empathic and affective dysfunction in clinical psychopathy can be generalised to subclinical psychopaths (Seara-Cardoso *et al.*, 2012; Seara-Cardoso, *et al.*, 2015; (Jonason and Krause 2015; Tamura *et al.*, 2016). Early work conducted by Iria and Barbosa (2009) on clinical and nonclinical psychopathic samples finds both groups have significant problems in accurately detecting and discerning facial expressions of fear. Furthermore, recent work reports on problems for both clinical and subclinical samples with affective but not cognitive empathy (Tamura *et al.*, 2016). This manifests as having little

interest in other people and a general failure to feel, identify and lend any importance to emotional events whatsoever.

Method & Analysis

The next section sets out the approach taken to data collection and subsequent analysis.

Interviewees comprise 3 females and 4 males aged in their thirties to fifties, including four HRM Directors, one manager with some HR responsibilities, one management consultant and one marketing director, all from UK private sector organisations. Sectors include financial services, media, charities, management consultancies and marketing services. These interviewees are thus well-placed to reflect on their own and describe other employees' affective workplace interpersonal experiences with a subclinical psychopath. Prior to commencing the semi-structured interviews, the 10-item Psychopathy Measure – Management Research Version 2 (PM-MRV2) (Boddy, 2017) was administered and completed by the participants to identify subclinical psychopaths within their respective organisations. A sample item is “the subject is emotionally shallow, calculating and cold”, scored as being definitely present (1), somewhat present (0.5) or not present (0). Thus, on the ten-item characterization, the maximum score is 10 and the minimum 0. In line with other psychopathy measures any score of 7.5 or above is deemed to indicate subclinical psychopathy. In the current study, all research participants report on male psychopaths who show very strong displays of subclinical psychopathic traits that include between 8.5 and 9.5

of the ten highly proto-typical characteristics of this dysfunctional personality. The average score was 9, thus these are highly psychopathic individuals being reported on.

All (except one) of the interviews is approximately 50 minutes in length and recorded with informed consent having been obtained from participants. One participant became too emotionally distressed to continue, saying the interview was generating too many painful memories. This interview was therefore terminated after a few minutes. Due to the sensitive nature of this research interviewees wished to remain anonymous owing to what can be summed as a lingering sense of fear and unease concerning their experiences and exposure to a subclinical psychopath. Transcripts of these interviews were analysed using thematic analysis (Braun and Clarke, 2006; Howitt, 2010). This approach is considered to be especially relevant given its flexible epistemic approach incorporating relativism and constructivism. Each of the transcripts was read in its entirety, independently by the authors with preliminary codes and themes being informed and emerging from the theoretical framework. The authors subsequently engaged in discussion, from which a total of five themes were agreed constituting four informed by the prior literature review and one emerging from the data itself. See Table 1 for a summary of key themes and evidence. The findings are detailed in the next section alongside extracts from the interviews by way of illustrating each of the five key themes.

Findings

Theme 1: subclinical psychopath: source of a negative affective workplace event

Overall, our data implicate subclinical psychopaths as causing a severe negative affective workplace event with pernicious consequences for others. Interviewees describe the workplace environment occupied by a subclinical psychopath using common keywords such as; 'hostile', 'unpleasant', 'reign of terror', 'frightening' and 'power games'. The predominant moral emotion triggered in employees by the subclinical psychopath is fear which signifies the intensity of their emotion (Clark and Watson, 1991; Taylor, 1991). Corresponding to extant work on AET, the negative affective workplace exchanges with a subclinical psychopath influence employees' attitudes and behaviour. Interviewees report reduced job satisfaction alongside the corrosion of organisational commitment and this is also observed in other colleagues. Interviewees report that they and others took what they describe as 'measures' to withdraw from and avoid being in the workplace. Interviewees describe a general pattern of dysfunctional counterproductive workplace behaviour which includes; unauthorised longer coffee and lunch breaks, being distracted from tasks that make up the job, moving to different parts of the office, increased absenteeism due to 'sickness' and ultimately contracts of employment being terminated with the organisation. This is emphasised by an interviewee who states:

We had the situation where.....you could walk through the office and there would be no directors in, everybody would be working from home or just invisible to the organisation and you'd find people just surfing the internet. You would walk down the line behind three people and they would all be messing around, not doing work.

Another interviewee states:

I used to take my holidays when I knew he wasn't on holiday so I could build up a maximum amount of time as I could so that I wasn't in the office at the same time. It

was all techniques either to just keep my head down or get myself out of the way so I didn't have to go through what felt like somebody's game of power.

As far as intention to quit is concerned, interviewees in particular report intention to quit becoming a reality when employees were directly reporting to a subclinical psychopathic leader. This was so severe that some employees quit with no further job to go to:

There was a lady called (name removed) who was one of the payroll people and not long before I'd left there she'd been called in for a her usual shouting at and she got up and walked out and never went back again.

Whilst another interviewee observes:

We've had a number of people who've left without jobs to go to.

In an organisation with a subclinical psychopathic CEO, an interviewee reports an increase in absenteeism due to illness from a rare once a month occurrence to a daily event. This interviewee commented that:

This involved an increasing percentage of employees each day.

Theme 2: subclinical psychopath: self-directed moral emotions

Our data suggest subclinical psychopaths are unfettered by intra-personal, self-directed, self-conscious moral emotions such as guilt and shame. An interviewee reports on an exchange whereby the clinical psychopath was accused of behaviour that was detrimental to the organisation and employees. The subclinical psychopath responds by laughing at her denying anything untoward was happening:

He just laughed at her and said ‘what are you talking about?’

The same interviewee reports the subclinical psychopath had been extensively briefed on a major project but claimed at the last minute to know nothing about it. This led to the project being halted on the very day that implementation was supposed to start. A consequence was ‘trauma’ and ‘tears’ in the boardroom, as employees struggled to understand and cope with this unexpected denial:

So huge trauma in the boardroom about this, people in tears and all sorts. He was adamant he didn't know anything about this. So they had to stop the whole thing.

Following this public transgression there was nothing in this interviewee’s account to suggest anything by way of intra, self-directed moral emotions such as; shame, guilt, remorse or embarrassment by the subclinical psychopath. This is to the extent that the subclinical psychopath’s behaviour was described by the interviewee in terms one would associate with a clinical psychopath:

This individual could actually do things without batting an eyelid.

Similarly, another interviewee describes a subclinical psychopath’s behaviour as being so dysfunctional to the extent that:

You were left wondering where was the moral compass in all of this?

Theme 3: subclinical psychopath: other-directed moral emotions

Common to all interviewees is describing personal experiences and/or observing employees during interpersonal encounters with a subclinical psychopath that are characterised by Babiak's (1995) description of clinical psychopathic 'verbal tirades' of anger and rage directed at employees. As one interviewee stated:

I saw the behaviours of being screamed at and shouted at and what felt like humiliation quite a lot.

The same interviewee observed a colleague being 'called in for her usual shouting at'. Another interviewee reports incidents of a subclinical psychopath bullying subordinates, whilst a different interviewee describes a subclinical psychopath as 'shouting very loudly' at them and as having seen 'the behaviours of being screamed at and shouted at'. Our data also provides evidence of subclinical psychopaths being contemptuous, scornful and taking pleasure in others' misfortunes in other words, displays of *schadenfreude*. Reported accounts include; a subclinical psychopath showing contempt and *schadenfreude* by laughing at the employee's concerns and for wanting to leave the organisation. Another interviewee described their interpersonal encounters with the subclinical psychopath as 'humiliation', whilst another states that a subclinical psychopath was 'rude and dismissive'.

Theme 4: Employees' moral emotions: elicited by the subclinical psychopath

During interpersonal exchanges with a subclinical psychopath, the most frequently reported triggered moral emotion in employees is fear. As one interviewee states:

There was a huge amount of fear around dealing with this individual.

In another case the behaviour of a senior psychopathic leader (a board director) is described by a HRM director as making them feel 'vulnerable' and 'unsure' about their future as well as reporting that other employees were in general 'afraid' of the subclinical psychopath. This interviewee commented that:

You are not quite sure how to predict somebody's behaviour. ...there was a fear factor.

Another interviewee likened the workplace environment generated by the psychopathic leader to being in the reign of terror created by the frequent use of the guillotine in the French revolution:

He (a subordinate of the psychopathic leader) was genuinely terrified of what this man was going to do if he found out he was talking (to HR) about him.....He was convinced he (the psychopathic leader) was going to come and kill him... It was through intimidation and fear downwards.... There was psychological and physical intimidation.

In this case, the police were eventually brought in to regulate the psychopathic leader who ended up incarcerated for fraud.

Theme 5: Subclinical psychopaths: dysfunctional affective empathy

An emergent theme that emanates from our analysis suggests the reported subclinical psychopaths have little by way of affective empathy. An interviewee states that whilst the subclinical psychopath 'can see it on a spreadsheet, they do not 'get the emotional piece'.

Another interviewee reports a psychopath as being poor at negotiating with clients because of an inability to ‘understand clients’ emotional responses’. This is also reflected in another interviewee’s account where they describe a subclinical psychopath as manipulating employees into a position whereby they (the employee) thought trust and understanding was shared. Having then got an employee into this position, the subclinical psychopath would then exploit and take advantage of them. This is supported by the following comment:

He didn't really respond to trust or kindness in a normal manner. In fact, if anything he got people in to positions where there was a degree, they thought, of mutual trust and understanding and he then manipulated them to take advantage.

Subclinical psychopaths’ behaviour recounted by interviewees, in general, emphasise these individuals’ inability to understand the emotional content and significance of an affective interpersonal exchange. The subclinical psychopaths have no compunction in humiliating, undermining, shouting and screaming at others. The subclinical psychopaths’ behaviour includes bullying, laughing at others’ distress and being rude and dismissive.

Discussion

The next section coalesces the findings using the two questions posed at the beginning of this research as a frame for this purpose. With regard to the first question *how do moral emotions and the subclinical psychopath play out during interpersonal workplace exchanges?* The present study finds no positive association whatsoever between the subclinical psychopath, moral emotions, and the moral self and ethical treatment of others. The subclinical psychopaths display nothing by way of being anchored to self-conscious moral emotions. During interpersonal workplace exchanges the subclinical psychopaths signal employees

have little significance and value. In line with prior work, the subclinical psychopaths derive pleasure from others' misfortune and pain by directing *schadenfreude* at employees (Ali, *et al.*, 2009). The predominant negative moral emotion that is directed at employees by the subclinical psychopaths in this study is anger. Anger is typically elicited as a response to being unfairly treated, however, in this case and as supported by extant research it seems likely that fake anger is utilised by the subclinical psychopaths as a means of distracting others in order to opportunistically gain selfish objectives (Walker & Jackson, 2016). The predominant moral emotion triggered in employees by the subclinical psychopath during interpersonal workplace exchanges is fear. Fear signals to a moral interaction agent that normative behaviour has been transgressed and behavioural change is required. Similar to clinical samples the subclinical psychopaths do not appear to affectively recognise fear in others and do not moderate or change their behaviour in any way.

It appears likely a deficit in the subclinical psychopaths' affective empathy is implicated in the reported dysfunctional interpersonal workplace behaviour. Impaired affective empathy impedes affective connectedness to the moral self and others. Central to moral functioning is an ability to internalise self-directed moral emotions such as guilt and shame which are critical for moral behaviour towards others. Jennings, *et al.*, (2015) refer to this as the 'having' and 'doing' sides of the moral self. Research consistently links a strong moral self to ethical decisions and behaviour (Jennings *et al.*, 2016). Affective empathy thereby inhibits harmful behaviour towards others such as aggression (Price *et al.*, 2007) and has significant implications for moral behaviour (Dietz and Kleinlogel, 2013; Eisenberg, 2000; Tagney *et al.*, 2007; Pohlling *et al.*, 2016) serving as a precursor for experiencing self-directed moral emotions (Seara-Cardoso *et al.*, 2012). *If we feel others' emotions and affectively understand what it is like to be treated badly, it is less likely that opportunistic advantage will be taken of*

others (Batson, 2003). Juxtaposed are the subclinical psychopaths reported in this study, who in line with Iria and Barbosa's (2009) work, have problems especially in recognising the negative emotion of fear in others. It appears likely that these individuals are affectively unconnected to themselves and are therefore unable to feel others' emotions.

The second question posed in this study is *What if any, are the implications for employees and organisational effectiveness?* An affective workplace event is an important influencer of workplace attitudes (such as job satisfaction and organisational commitment), affect driven behaviour (such as lateness) and judgment driven behaviour (such as, intention to quit). Negative affective workplace events typically result in workplace deviance (Judge *et al.*, 2006). A recent study that utilises AET to explore employees' emotions and the impact of gender finds an association between abusive supervision, withdrawal and intention to quit behaviour (Atwater *et al.*, 2016). In the current study employees are cognitively distracted from successful job performance (Basch and Fisher, 1998; Weiss and Cropanzano, 1996) and an implication is increased negative affect and judgment driven behaviour. Commonly reported attitudes and behaviour following negative interpersonal workplace encounters include reduced job satisfaction and intention to quit (Dasborough, 2006). Specifically, intention to quit is a common outcome of abusive supervision such as bullying (Glaso *et al.*, 2011) and psychological breach of contract (Zhao *et al.*, 2007). In line with these findings, employees' moral emotions in the current study serve as a base for activating their behaviour (Haidt, 2003). They are distracted from workplace tasks and successful job performance. The personal and organisational cost of negative workplace behaviours are well documented (Liang *et al.*, 2018) and the implications for the organisations in this study are pernicious in terms of productivity and effectiveness. Specifically employees resort to avoidance and withdrawal behaviour and ultimately intentions to quit become a reality.

Practical implications

It is generally acknowledged that subclinical psychopaths are highly skilled in upward impression management (Fennimore, 2017) which makes for easy admittance to organisations (Cohen, 2016). However, these individuals' ability to mask their true personality is short lived once they are in post and the implications for organisational effectiveness are severe. It is observed that few employees raise their heads above the organisational parapet to report it (Smith and Kelloway, 2016). In view of employees' well-being constituting a key driver of organisational effectiveness (Nielson, *et al.*, 2017), HRM professionals have a crucial role to play. Not only are HRM professionals influencers of organisational strategy which is now much better understood (Higgins, *et al.*, 2016), they are also gatekeepers and custodians of employees' and organisations' welfare (Parkes and Davis, 2013). This is emphasised in recent work where HRM's experience in dealing with conflict in the workplace is identified as "...the most important resource held by HR professionals" (Roper and Higgins, 2020, p.2). If suitably educated on subclinical psychopathy, HRM will be better equipped to recognise and understand that employees' dysfunctional affect driven behaviour as potentially symptomatic to the presence of a subclinical psychopath in the workplace. In this respect, the signaling quality of employees' negative moral emotions and subsequent avoidance and withdrawal behaviour can serve as evidence of potential transgressions of organisational normative behaviour by subclinical psychopaths and that a deviant personality 'has passed through the gate' (Fischbacher-Smith, 2015, p.134). Detection would also be much easier for organisations with strong ethical norms governing

interpersonal workplace relationships and with appropriate supporting systems for capturing ‘early warnings and near misses’ (Fischbacher-Smith, 2015, p.142).

Limitations and future work

As far as limitations are concerned, it is generally acknowledged that recruiting appropriate subjects for this type of scholarship is problematical. Recollections of emotions can be deficient (Pham, 2004) with negative reported stimuli taking precedence over positive emotions in a workplace setting (Dasborough, 2006). Future studies are encouraged to utilise quantitative methods where there is more room for the objective testing of data. Future work is called for that sheds more light on how best to detect subclinical psychopaths in a workplace setting and it is hoped that the preliminary research presented in this paper might prove a useful base in this context.

Concluding comments

Summary

The present study makes new use of AET to explore subclinical psychopathy as a negative affective workplace event. Given the significance of emotion on day-to-day organisational life in terms of employees’ job satisfaction and performance this lens was particularly useful for illuminating the harmful consequences for employees and implicitly, organisations. The findings from this study also contribute early insights as to how a subclinical psychopath might get detected in the workplace. In view of the cost of counter-productive workplace behaviour as well as ethical and legal responsibilities upon organisations to provide

employees with a safe and secure working environment, this study has considerable implications for the practitioner community.

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